



# Country Coordinating Mechanism (BCCM)

Health Services Division  
Ministry of Health and Family Welfare  
BCCM Secretariat

**Subject: Minutes of the 41<sup>st</sup> Oversight Committee meeting.**

Date (dd.mm.yy)	16.05.2022
Venue of the meeting	Conference Room, Ministry of Health and Family Welfare
Meeting started	11:45am
Meeting adjourned	01:15pm
Meeting Chaired By	<b>Kazi Zebunnessa Begum</b> Additional Secretary (WH), HSD, MOHFW; and Chair, BCCM Oversight Committee
Meeting Facilitated by	<b>Manaj Kumar Biswas</b> BCCM Coordinator, BCCM Secretariat
Total number of participants	23
Meeting attendance	<ul style="list-style-type: none"><li>• OC Member(s): 09</li><li>• Principal Recipients (PRs): 10</li><li>• Others: 01 (DGHS: 01)</li><li>• BCCM Secretariat Staff: 03</li></ul>
Attendance list	Yes
Others supporting document	Yes

## Meeting Agenda:

Agenda #	Title of Agenda
01	Approval of 40 <sup>th</sup> BCCM OC meeting minutes
02	Update on BCCM Evolution Threshold Result
03	Technical Committee meeting update
04	Change of Membership - BCCM Oversight Committee
05	Agenda Item of 11 <sup>th</sup> BCCM Meeting (scheduled on 18 May 2022)

At the commencement, BCCM Oversight Committee Chair Kazi Zebunnessa Begum, Additional Secretary (WH), HSD, MOHFW welcomed all participants. At the end of self-introduction, the Chair of the meeting directed BCCM Coordinator to proceed to agenda-wise discussion.

**Conflict of Interest: No Conflict of Interest has been reported**

## DISCUSSION(S) AND DECISION(S):

### Agenda Item # 1: Approval of 40<sup>th</sup> BCCM OC meeting minutes.

**BCCM Secretariat:** Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat presented the decision points and implementation updates of 40<sup>th</sup> BCCM meeting (presentation attached as *Annexure A*). He mentioned that some activities have been implemented, some activities are ongoing and few of

them are pending which will be implemented soon. He requested the meeting to endorse meeting minutes of 40<sup>th</sup> BCCM Oversight Committee meeting.

**The Chairperson:** The Chairperson of the meeting requested all participants to make comment, if any. If no comment is made, she proposed to endorse 40<sup>th</sup> BCCM Oversight Committee meeting minutes.

**Decision:** *The 41<sup>st</sup> meeting of the BCCM Oversight Committee endorsed decisions of 40<sup>th</sup> BCCM Oversight Committee meeting.*

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**Agenda Item # 2: Update on BCCM Evolution Threshold Result.**

**BCCM Secretariat:** BCCM Coordinator informed the meeting that The Global Fund CCM Hub selected Bangladesh for BCCM Evolution. They have employed a Consultant for BCCM Threshold establishment. The Global Fund consultant Rob Ward has shared the report of BCCM Threshold Establishment and also shared a presentation (attached as Annexure B) on the report. BCCM Coordinator presented the presentation and informed the meeting that following recommendation were made:

- i. Hire an Oversight Officer
- ii. Remote coaching to train the Oversight/Transition Officer and Oversight Committee
- iii. Train civil society representatives pre- and post- BCCM meetings and strengthen CS networks.
- iv. Engage constituencies, revisit composition, and coordinate BCCM Election.
- v. Map existing health governance bodies and platforms (Locally sourced consultant)
- vi. Develop positioning options and a Positioning strategy plan (Locally sourced consultant)
- vii. Conduct BCCM orientation

BCCM Coordinator informed the meeting that BCCM Evolution Threshold Result needs to be endorsed by CCM. After endorsement, it would be sent to The Global Fund for funding. Once the funding is confirmed and implementation letter is signed, the BCCM reconstruction will start. Expected timeline to end BCCM reconstruction is August 2023.

**The Chairperson:** The Chairperson of the meeting queried about the CCM Dashboard which was being used as Grant Oversight Tools. She also opined that BCCM is a large committee and, sometimes, participation is too high to accommodate within this meeting room.

**BCCM Secretariat:** BCCM Coordinator informed that CCM dashboard could not be used during to NFM-2 as we were unable to change indicators and achievement threshold in line with the new grant performance framework targets. CCM Dashboard development consultants also tried but could not solve the issue. According to the decision of last Oversight Committee meeting, BCCM Secretariat has sent a request letter to The Global Fund for financing to revive the dashboard with local consultants so that we can solve issues when arise.

BCCM Coordinator replied that sometimes both members and alternate members attend the meeting and increases the number of participants while voting number are less than actual participation due to their duplication. We tried to explain several times but could not maintained the participating rule.

**OC Member(s):** Prof. Dr. Mahmudur Rahman PhD, Former Director, IEDCR and Vice-Chair, BCCM Oversight Committee explained that beyond attendance of member and alternate, a significant number of PR representative attend Oversight Meeting to provide update about program implementation and meeting queries of Oversight Committee members. He also informed that Oversight Committee had a practice to meet separately as "Part 2" of the meeting where some discussion and decision took place. He recommended to restart practice.

Prof. Dr. Meerjady Sabrina Flora, ADG (Planning and Development), DGHS and Malaria Expert member of BCCM Oversight Committee opined that sometimes alternate members are requested to attend the meeting even though member is attending.

**BCCM Secretariat:** BCCM Coordinator replied to ADG (Planning and Development) and stated that sometimes it is important to attend alternate members for their expertise. Thus, with the direction of Oversight Chair, alternate members are specially requested to attend the meetings.

**OC Member(s):** Dr. Saima Khan, Country Director, UNAIDS and HIV Expert Member of BCCM Oversight Committee informed that The Global Fund has supported a committee to form BCCM, assign membership across constituencies etc. The support came through USAID which is not available now.

**The Chairperson:** The Chairperson opined that we can form a committee to do the job for this time.

**BCCM Secretariat:** BCCM Coordinator replied that BCCM Taskforce (working under the leadership of Additional Secretary-Development, HSD) is responsible for this job.

**Decision(s): The 41<sup>st</sup> meeting of BCCM Oversight Committee**

- *acknowledged the report of BCCM Evolution Threshold Result.*
- *also decided to recommend 111<sup>th</sup> BCCM meeting to endorse the BCCM Evolution Threshold Result report*
- *recommended to ensure presence of only member or alternate member (avoid attendance of both) as per BCCM Governance Manual. The meeting also directed to issue the meeting notice with clear guidance on participation*
- *decided to form a committee to work with DGHS-MIS to review and find a way out to revitalize CCM Dashboard. The Committee members will be:*
  - *DS, WH-2 will be the chair of the committee*
  - *One from each program*
  - *One/Two representative from DGHS-MIS*
  - *One from BCCM Secretariat*

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**Agenda Item # 3: Technical Committee meeting update.**

**BCCM Secretariat:** BCCM Coordinator informed the meeting that last Oversight Committee decided that each program should conduct Technical Committee meeting before Oversight Committee meeting and provide update. Accordingly, Technical Committee meetings have been conducted. He requested National Malaria Control Program to update the meeting followed by TB and HIV/AIDS.

**PR Representative(s):** Dr. Ekramul Islam, DPM, Malaria and Ades Transmitted diseases informed that they have conducted 55<sup>th</sup> meeting of Malaria Technical Committee. The minutes is not final yet but he informed major decisions as below:

- a) A team will visit three high endemics upazillas, Thanchi, Lama and Alikadam of Bandarban, for Epidemiological and Entomological investigation from 22 May 2022.
- b) LLIN coverage and accessibility of diagnosis & treatment should also be analyzed for same upazillas.
- c) Analysis of 159 Death Cases will be done with the support from WHO.
- d) Joint monitoring has been scheduled during 24 July 2022 - 08 August 2022
- e) Mid term review and epidemiological analysis will be conducted by International Experts and it is scheduled during second - fourth week of June 2022



**The Chairperson:** The Chairperson of the meeting queried about the PSA plants which has been planned under C19RM Fast-Track funding request.

**PR Representative(s):** DPM, Malaria replied that committee has been formed and visits have been scheduled by end of this month for readiness verification of sites for PSA Plants. A checklist has been developed also.

**OC Member(s):** ADG (Planning and Development), DGHS pointed that the C19RM budget do not have any provision of human resources for PSA plants which is big gap in planning. She proposed to request The Global Fund Country Team during upcoming visit for human resource for an interim period tentatively for two years which will enable post under GoB. If The Global Fund do not agree, these human resources can be proposed under ADP as it will be revised.

**PR Representative(s):** Dr. Rupali Sisir Banu, NPC, NTP presented the summary of last TB Technical Committee meeting. She highlighted following decisions:

- a) Preceding TB Technical Committee decided to conduct Gene X-pert test for microscopy positive TB cases to increase RR TB identification. But it could not be implemented due to shortage of Gene X-pert Cartridge (it required about 130,000 cartridge) which has been solved recently as 600,000 cartridge is in pipeline.
- b) TB program is implementing 9 months oral treatment regimen. For this implementation, training has been conducted, supplies have been ensured etc. during this Covid-19 pandemics. Recently WHO has circulated another rapid communication on MDR TB treatment for 6 months oral treatment. TB Technical Committee decided to review the implication of newly endorsed MDR - TB with country program in relation with supply chain, training etc. A sub-committee has been formed to review the feasibility of new regiment in our country.
- c) TB Technical Committee was updated on 9<sup>th</sup> Joint Monitoring Mission where following eight technical / thematic areas have been proposed to be reviewed under 9<sup>th</sup>JMM:
  1. TB Laboratory and Infection Control
  2. Procurement and Supply Chain Management (PSM)
  3. PMDT & aDSM
  4. Health System Strengthening (HSS), UHC, Social Protection, DOTS, ACSM, UNHLM-follow up, MAF-TB
  5. Public-Private Mix (PPM)
  6. Child, Adolescent TB
  7. TB preventive treatment (TPT)
  8. TB-HIV and other comorbidities

**OC Member(s):** ADG (Planning and Development), DGHS suggested for pilot implementation of new treatment regimen.

**The Chairperson:** The Chairperson of the meeting highlighted that the new regimen will reduce treatment duration which will increase service number as Bangladesh is high burden country. She requested to start feasibility study and start preparation to implement the new guideline within earliest.

**OC Member(s):** Vice-Chair, BCCM Oversight Committee also requested to conduct operational research or pilot implementation.

**The Chairperson:** The Chairperson of the meeting queried about the progress for shifting DOTs Center into Government Health Facility as part of the transition plan. She also requested to coordinate with Hospital wing of MOHFW and other administrative wings.

**OC Member(s):** ADG (Planning and Development), DGHS suggested to prepare a plan for this shifting including mapping. She also requested to pay attention in urban areas.

**PR Representative(s):** Md. Akhtaruzzaman, Senior Manager, NASP informed the meeting they have conducted 24<sup>th</sup> HIV Technical Committee meeting. The minutes is not final yet but he informed major decisions as below:

- a. As planned under NFM 3 proposal of HIV/AIDS, Save The Children has to relocate 13 Delivery Points (DIC/CDIC/Outlet/OST Centre) from community setting to Government Health Facilities particularly for clinical services. Save the Children already submitted a plan to ASP (in 2021) with request to arrange space in the government health facilities in respective areas. A meeting will take place withing earliest possible time with relative Directors of DGHS including Hospital & Clinic to expedite the process.
- b) HIV self-testing will introduce across the country as recent study of icddr,b has found effective. Self-testing kits are already budgeted under ASP
- c) NIPSOM presented their proposal for FDMN mapping
- d) Planned a workshop to discuss way of increasing HIV test coverage.

**OC Member(s):** Vice-Chair, BCCM Oversight Committee queried about the sensitivity and specificity of saliva testing.

**PR Representative(s):** Senior Manager, NASP informed the meeting that both sensitivity and specificity is 99%.

**The Chairperson:** The Chairperson of the meeting queried in case of positive result further.

**OC Member(s):** Country Director, UNAIDS replied that every positive saliva test will require confirmatory test according to the guideline. Thus, an SOP is urgent to implement self-testing.

ADG (Planning and Development), DGHS queried who will go for confirmatory test whether positives or negatives.

Country Director, UNAIDS replied that every negative saliva test will repeat test after four months.

**The Chairperson:** The Chairperson of the meeting suggested further assessment of prospects, constraints and potential threat in next Technical Committee meeting before implementation. She also proposed to conduct workshop/meeting with HIV/AIDS Experts, if necessary.

**Decision(s): The 41<sup>st</sup> meeting of BCCM Oversight Committee**

- *acknowledged the update of technical committee meeting*
- *suggested to assign several teams with representative from CDC, DGHS and MOHFW to assess readiness of selected sites for PSA plant establishment and complete the assessment within shortest possible time*
- *suggested to complete the PSA establishment as early as possible. If necessary, support to be taken from MOHFW*

**The 41<sup>st</sup> meeting of BCCM Oversight Committee**

- *requested TB Technical Committee to revisit the feasibility of WHO recommendations for implementation of 6 months regimen of MDR TB oral treatment. Also requested to invite TB expert (aside from OC members) for these feasibility review, if necessary;*
- *recommended LD-NTP to take necessary steps (mapping DOT Centers, Communicate with*

- *Hospital wing of MOHFW etc.) to establish DOT Centers within the Government Hospitals as in future Government will have to take over the services;*
- *also suggested HIV/AIDS program to further review the self-testing mechanism by HIV/AIDS Technical Committee before implementation and suggested to invite HIV experts (aside from OC members) for these feasibility review, if necessary. (HIV TC should take the decision);*
- *decided that ASP would to take necessary measures to ensure earliest shifting of implementation of clinical services to the Government hospital facilities from non-government PRs. If necessary, Non-Government PRs would ensure the services at the initial period after shifting of the services to the Government facilities.*

**Agenda Item # 4: Change of Membership - BCCM Oversight Committee.**

**BCCM Secretariat:** BCCM Coordinator informed the meeting that we have some vacant position in Oversight Committee. He requested the meeting to nominate appropriate expert to fill these positions.

**The Chairperson:** The Chairperson of the meeting suggested to collect CV of prospective candidates and share in next Oversight Committee meeting.

**Decision(s):** *The 41<sup>st</sup> meeting of BCCM Oversight Committee decided that*

- *OC Chair will finalize representative of Government members.*
- *BCCM Secretariat will collect CV to propose new member for other vacant positions e.g. KAP, Procurement Expert etc.*

**Agenda Item # 5: Agenda Item of 111<sup>th</sup> BCCM Meeting (scheduled on 18 May 2022).**

**BCCM Secretariat:** BCCM Coordinator informed the meeting that The Global Fund has requested to form an evolution task-force for CCM Reconstitution. He also informed that this committee will require time investment for long time, tentatively one year.

**Decision(s):** *The 41<sup>st</sup> meeting of BCCM Oversight Committee reviewed the draft agenda and finalized the agenda items of 111<sup>th</sup> BCCM meeting as below:*

Agenda Item	Title of Agenda Item	Facilitators
Agenda Item: 1	Approval of 110 <sup>th</sup> BCCM meeting minutes	BCCM Secretariat
Agenda Item: 2	Update on The Global Fund OIG	GF OIG
Agenda Item: 3	BCCM Evolution Threshold Result	Consultant
Agenda Item: 4	Presentation of ICF activity plan	GF CT
Agenda Item: 5	Integration of BCCM Secretariat in HSD, MOHFW	BCCM Secretariat
Agenda Item: 6	AOB	BCCM Secretariat

Having no other issues to discuss, the Chairperson thanked all participants for their attendance and active participation physically & virtually and wrapped up the meeting.

**Decision(s) of 41<sup>st</sup> meeting of BCCM Oversight Committee:**

***1. Committee endorsed decisions of 40<sup>th</sup> BCCM Oversight Committee meeting***

2. *Decided to recommend 111<sup>th</sup> BCCM meeting to endorse the BCCM Evolution Threshold Result report*
3. *Recommended to ensure presence of only member or alternate member (avoid attendance of both) as per BCCM Governance Manual. The meeting also directed to issue the meeting notice with clear guidance on this issue*
4. *Decided to form a committee to work with DGHS-MIS to review and find a way out to revitalize CCM Dashboard. The Committee members will be:*
  - *DS, WH-2 will be the chair of the committee*
  - *One from each program*
  - *One/Two representative from DGHS-MIS*
  - *One from BCCM Secretariat*
5. *Suggested to assign several teams with representative from CDC, DGHS and MOHFW to assess readiness of selected sites for PSA plant establishment and complete the assessment within shortest possible time*
6. *Requested to complete the PSA establishment as soon as possible. If necessary, support to be taken from MOHFW*
7. *Requested TB Technical Committee to revisit the feasibility of WHO recommendations for implementation of 6 months regimen of MDR TB oral Treatment. Also requested to invite TB expert (aside from OC members) for these feasibility review, if necessary.*
8. *Recommended LD-NTP to take necessary steps (mapping DOT Centers, Communicate with Hospital wing of MOHFW etc.) to establish DOT Centers within the Government Hospital as in future Government will have to take over the services*
9. *Requested HIV/AIDS program to further review the self-testing mechanism by HIV/AIDS experts before implementation. Also requested to invite HIV expert (aside from OC members) for these feasibility review, if necessary. (HIV TC should take the decision)*
10. *Decided that ASP would to take necessary measures to ensure earliest shifting of implementation of clinical services to the Government hospital facilities from non-government PRs. If necessary, Non-Government PRs would ensure the services at the initial period after shifting of the services to the Government facilities.*
11. *Decided that OC Chair will finalize list of representatives of Government members.*
12. *Decided that BCCM Secretariat will collect CV to propose new member for other vacant positions e.g. KAP, Procurement Expert etc.*
13. *Reviewed the draft agenda and finalized the agenda items of 111<sup>th</sup> BCCM meeting*

  
23/06/2022

**Kazi Zebunnessa Begum**  
Additional Secretary (WH)  
Health Services Division,  
Ministry of Health and Family Welfare  
and  
Chair, BCCM Oversight Committee