



## Country Coordinating Mechanism (BCCM)

Health Services Division  
Ministry of Health and Family Welfare  
BCCM Secretariat

**Subject: Minutes of the 115<sup>th</sup> Meeting of BCCM**

<b>Date (dd.mm.yy)</b>	05 <sup>th</sup> February 2023
<b>Venue of the meeting</b>	Conference Room, Ministry of Health and Family Welfare
<b>Meeting started</b>	11:30 am
<b>Meeting adjourned</b>	02:00 pm
<b>Meeting Chaired By</b>	<b>Dr. Md. Anwar Hossain Howlader</b> Secretary, HSD, MOHFW & Vice Chair, BCCM
<b>Meeting Steered by</b>	<b>Kazi Zebunnessa Begum,</b> Additional Secretary (WH), HSD, MOHFW
<b>Meeting facilitated by</b>	<b>Manaj Kumar Biswas</b> BCCM Coordinator, BCCM Secretariat, HSD, MOHFW
<b>Total number of participants</b>	<b>53</b>
<b>Meeting attendance</b>	<ul style="list-style-type: none"><li>• BCCM Members and Alternate Member: 25</li><li>• Non-CCM OC Members: 02</li><li>• Observer 02</li><li>• PR Representative(s): 13</li><li>• Non CCM HSD, MOHFW: 07</li><li>• LFA: 01</li><li>• BCCM Secretariat: 03</li></ul>
<b>Attendance list</b>	Yes
<b>Others supporting document</b>	Yes

### Agenda Items:

<b>Agenda Item</b>	<b>Title of Agenda Item</b>
<i>Agenda Item: 1</i>	Approval of 114 <sup>th</sup> BCCM meeting minutes
<i>Agenda Item: 2</i>	Global Fund Allocation Letters for the 2024-2026 for TB, Malaria, HIV and C19RM
<i>Agenda Item: 3</i>	Endorsement National Strategic Plan (NSP) for TB and Malaria
<i>Agenda Item: 4</i>	Funding Request Development for Road Map 2024-2026
<i>Agenda Item: 5</i>	TB and Malaria PRs continuation and HIV PR selection issues
<i>Agenda Item: 6</i>	BCCM Reconstitution Update
<i>Agenda Item: 7</i>	AOB: NTP CD VAT and Procurement lot issue Release and recruitment

At the commencement of the meeting **Respected Secretary, HSD, MOHFW & Vice Chair, BCCM Dr. Md. Anwar Hossain Howlader** welcomed all the participants. He directed the Global Fund Bangladesh CCM Coordinator to facilitate the meeting in accordance with predetermined agenda. The Global Fund Bangladesh CCM Coordinator facilitated the 115<sup>th</sup> BCCM meeting accordingly.



Minutes of each agenda items:

**Agenda Item #1: Approval of 113<sup>th</sup> BCCM meeting minutes**

**Conflict of Interest: No conflict of Interest declared.**

Discussions by the constituencies:

**BCCM Secretariat:** With permission of respected Chair of the meeting, Mr. Manaj Kumar Biswas, The Global Fund Bangladesh CCM Coordinator presented the agenda items, decision points and implementation status of the 114<sup>th</sup> BCCM meeting minutes which was held on 06<sup>th</sup> December 2022. He informed that the draft 114<sup>th</sup> BCCM Meeting minutes was shared with all members, alternate members, PRs and other stakeholders for their comments & feedback. All the available feedback and comments incorporated in final draft and signed copy also shared with all electronically.

**The BCCM OC Chair:** Respected Kazi Zebunnessa Begum, Additional Secretary (WH), HSD, MOHFW proposed to endorsed the 114<sup>th</sup> BCCM Meeting minutes as proposed by the BCCM Secretariat if anyone does not have any comments or feedback.

**Decision (s):** The 115<sup>th</sup> meeting of the BCCM confirmed and approved the 114<sup>th</sup> BCCM meeting minutes unanimously.

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**Agenda Item #2: Global Fund Allocation Letter for the 2024-2026.**

**Conflict of Interest: No conflict of Interest declared.**

Discussions by the constituencies:

**BCCM Secretariat:** The Global Fund Bangladesh CCM Coordinator shared the presentation in the meeting on the Global Fund Allocation Letter for 2024-2026 grant period. He also shared the detail presentation on C19RM allocation letter from the Global Fund in this meeting. He mentioned that The Global Fund has sent TB, Malaria and HIV grant allocation letter for 2024-2026 and also sent C19RM grants allocation letter with implementation period till 2025 to the BCCM Chair and BCCM Members (attached herewith as Annexure A &B). The letters have been shared with all stakeholders electronically and print copies shared with HSD, MOHFW.

He presented the TB, Malaria and HIV grants of allocation summary as below:

Sl. No.	Components	Allocated Amount	Implementation Period
1	HIV/AIDS	25,393,719	January 2024 - December 2026
2	TB	120,811,080	
3	Malaria	20,091,193	
Total		166,295,992	

He presented the summary of the allocation letter (presentation attached as Annexure C) and highlighted following issues:

**Cut-Off period:** Current TB, Malaria and HIV grants till 31 December 2023 and unspent balance of the grants funds of the current grants cannot be carry forwarded to next grant cycle (2024-2026) but reprogramming options are to be continued for the unspent balance with approval of the GF Secretariat.

**Program split:** BCCM can re-allocate/split funds among the programs with proper justification ensuring the total is same. The Global Fund will further review the proposed allocation and approved as justified.



**RSSH Investment:** It would be cross-cutting among programs and will focus on community system strengthening. The Global Fund recommended to plan RSSH Component activities to be done under One PR.

**Matching Fund:** Bangladesh is eligible for matching fund of USD 1 million for HIV prevention in Key Population, USD 5 million to find and successfully treat the missing people with drug-susceptible TB and drug-resistant TB; and USD 1 million for scaling up programs to remove human rights and gender related barriers.

**Consolidation of HIV PRs:** The Global Fund has requested to consolidate the two HIV NGO grants under one Principal Recipient, with a renewed Principal Recipient selection process for the management of the consolidated grant and strongly discourages any other grants under the TB or Malaria components from being consolidated at this stage.

**Continuation of TB and Malaria PRs:** The GF Country Team provided other information according to the disease components which are shared by the BCCM Secretariat electronically. The GF suggested to consolidate HIV grants reselecting NGO PRs to make the HIV intervention more cost effective, to build the capacity of community-based organizations and community-networks and integrating service delivery mechanisms into government structures. BCCM decision Required and BCCM OC decided to recommend BCCM to continue current HIV PRs with reduction of management costs and it is required. For the stability of the portfolio, the Global Fund strongly discourages any other grants under the TB or Malaria components from being consolidated at this stage. That means GF discourages PR reselection in TB and Malaria grants

**Mandatory Co-financing:** Bangladesh needs to agree on the commitment of 50% domestic financing of the Global Fund total allocation according to the GF Funding Strategy as Bangladesh in the row of Low Middle-Income Country now;

**Immunity privilege:** The Global Fund has given condition to approve the immunity privileges for the GF employees in Bangladesh as like as UN Organizations. The GF asked Immunity and privileges since 2013. This year Bangladesh needs to share the plan of action with timeframe to implement this condition.

**C19RM Grants:** C19RM funding in 2023 will prioritize investments in components of RSSH that simultaneously contribute to the COVID-19 response and reinforce pandemic preparedness such as Strengthening CHW programming, including community based/led organizations, Strengthening integrated laboratory systems and diagnostic networks, Building early warning surveillance and response systems, Strengthening medical oxygen and respiratory care systems, Strengthening infection prevention and control programs as an integral part of community health worker programming / Human Resources for Health, and laboratory and surveillance systems, Targeted investments in strengthening supply chain systems.

Bangladesh has been awarded, in principle, US\$26,919,421 in incremental funding from C19RM Portfolio Optimization Wave 1 to cover unfunded demand in the areas of TB Mitigation, Laboratory systems and Diagnostic Networks, Community Health Workers and Oxygen and respiratory care. Bangladesh could prepare US\$82 Fund portfolio optimization funding from C19RM Portfolio Optimization Wave 2 to cover unfunded demand for priority areas.

**PR representative(s):** Dr. Rupali Sisir Banu, National Program Coordinator (NPC), NTP informed the meeting that the Global Fund has suggested to incorporate RSSH component within one PR preferably the fastest submitting and highest allocated PR.

**BCCM Secretariat:** BCCM Coordinator opined that Funding Split should be responded if BCCM agree. If BCCM propose re-allocation, it should also be communicated to The Global Fund. After communication, the Global Fund will review the justification and approve as necessary.



PR representative(s): Deputy Director, Disease Control & CDC opined that malaria program needs more investment in HRs, Surveillance etc. But the Global Fund has decreased fund. The program needs to secure more fund to continue current achievement.

National Program Coordinator, NTP opined that the allocation amount is almost similar to the previous allocation while Gene X-pert machine has increased during last three years which need more cartridge.

The OC Chairperson: The Chairperson of the BCCM OC suggested to include some of the activities for the Dengue under the unfunded quality demand which can be proposed under the Funding Request for next cycle. She informed the meeting that we all know GF does not fund other than TB, Malaria, HIV and C19RM, however Bangladesh can propose to combat dengue under the GF Grants.

The Vice Chair of BCCM: Dr. Md. Anwar Hossain Howlader, Secretary-HSD and Vice Chair BCCM said that although UQD proposal should be prepared for TB, Malaria, HIV and C19RM, however Bangladesh can propose to combat dengue under the GF Grants. He requested BCCM Coordinator to summarize the issues to response or communicate with The Global Fund.

Decision(s): The 115<sup>th</sup> meeting of BCCM

- *acknowledged The Global Fund funding allocation 2024-2026 for HIV/AIDS, TB and Malaria (attached herewith as annexure B)*
- *decided to agree with the Global Fund split of allocation among HIV/AIDS, TB and Malaria components for the allocation period 2024-2026.*
- *directed PRs to assess their progress of current grant implementation immediately and prepare action plan for reaching highest possible absorption rate. Assessment result and action plan should be presented in the next Oversight Committee meeting.*
- *decided to recommend BCCM to keep the program fund split as GF proposed in the allocation letter for the allocation period 2024-2026 which is mentioned in a above table*
- *decided to send a letter signed by the Chair-BCCM /Vice Chair (GOB) -BCCM/ BCCM OC Chair to the GF Secretariat that BCCM is keeping as it is that the GF proposed fund split in the allocation letter for Bangladesh*

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**Agenda Item #3: Endorsement National Strategic Plan (NSP) for TB and Malaria**  
**Conflict of Interest: No conflict of Interest declared.**

Discussions by the constituencies:

BCCM Secretariat: The Global Fund Bangladesh CCM Coordinator shared the presentation in the meeting about the National Strategic Plan for TB (2024-2030) and National Strategic Plan for Malaria 2023-2030. He informed the meeting that both documents are existing documents but due to the Global Fund requirements for the Funding Request for C7, NTP and NMEP took initiative for the updating of the National Strategic Plan for TB (2024-2030) and National Strategic Plan for Malaria 2023-2030. Accordingly, TB Technical Committee and Malaria Technical Committee made necessary revision of these two strategic plan with the support of WHO and international consultants. Then NTP and NMEP shared these two documents with the wide range of stakeholders for their comments and feedback for the revisions. Incorporating available all comments and feedback NTP and NMEP prepared final draft of updated National Strategic Plan for TB (2024-2030) and National Strategic Plan for Malaria 2023-2030 and shared with the BCCM. Then BCCM shared with all the GF stakeholders and BCCM members and alternate



members again for their comments and feedback if any. Again, BCCM got some of the expert comments and feedback and shared with international consultants to incorporate those comments and feedbacks.

Finally, he requested NMEP to present brief presentation on the revision of the National Strategic Plan for Malaria (2024-2030).

**NMEP-NSP Presentation:** ON behalf of NMEP, Dr. Mishuqur Rahman Bitu, Technical Expert presented detail presentations and he mentioned that changes are made in the National Strategic Plan for Malaria (2024-2030) described below:

- ***Subnational certification***
  - ***Mymensingh zone – 2027***
  - ***Sylhet zone, Cox’s Bazar and Chattogram – 2029***
- ***Validation of non-endemicity in 51 districts and other non-endemic upazila – 2024***
- ***Bandarban specific interventions – TDA***
- ***Additional HR in Bandarban and SMO in 51 endemic districts at divisional level***
- ***Risk population based on 2022 census (health and non-health product and ABER calculation revised)***

Finally, he requested the meeting to endorse the revised and updated National Strategic Plan for Malaria (2024-2030) to comply with the GF Requirements for the Funding Request submission for the next grant cycle (2024-2026).

**BCCM Secretariat:** BCCM Coordinator requested Dr. Mustafizer Rahman, LD-TBL & ASP to present brief presentation on the revision of the National Strategic Plan for TB (2024-2030).

**NTP:** Dr. Mustafizer Rahman, LD-TBL & ASP authorized Dr. Rupali Shishir Banu, NPC-NTP to present the revision of the National Strategic Plan for TB (2024-2030). Accordingly, Dr. Rupali Shishir Banu, NPC-NTP presented the National Strategic Plan for TB (2024-2030) and changes were made in the NSP. She informed the meeting which are described below:

- *Securing and sustaining enhanced funding to End TB in Bangladesh: Current financing is only half of what is required to meet committed targets. Given the global currents limiting the national capacity to enhance funding, NTP will look at newer alternative streams of funding to fund the NSP activities. Enhanced future levels of funding are expected to gradually close the current financing gap.*
- *Aligning the End TB interventions with broader Universal Health Coverage (UHC) movement. The alignment with the broader UHC movement, incorporation of benefits for TB patients and families in the National Social Protection schemes, and integration and collaboration with other public health programmes and initiatives will become increasingly crucial for the sustainable TB response in the near future.*
- *Setting up a high-level mechanism for coordinated national multisectoral approaches to End TB: Ending TB requires the highest level of political commitment. Moreover, addressing the drivers of the TB epidemic requires inputs from multiple sectors beyond health. Hence, setting up a high-level mechanism under the patronage of the highest office in the country preferably the Prime Minister’s Office will give a significant push to the TB elimination efforts by directing other ministries beyond health and big business/corporates in TB elimination.*
- *Expanding universal access to digital chest X-ray, molecular WHO recommended rapid diagnostic tests(mWRD), and newer tools for screening and diagnosis: Introduction of ultra-portable X-rays equipped with artificial Intelligence (AI)/CAD to rule out CXR abnormalities and thus address the*





capacity and capability issues to study X-rays in a timely manner will be a key prerequisite to early diagnosis and treatment. During the NSP period the country will also expand screening and diagnostic procedures to ensure all presumptive TB patients are tested upfront with mWRDs. The country will expand testing including TB antigen-based skin tests, and LF LAM for people living with HIV. The country will continue to use LPA for first- and second-line TB drugs and new mWRD (like Xpert XDR assay for second line drugs and INH DST) as appropriate.

- 5. Prompt initiation of and adherence to appropriate treatment for all people with DS and DR TB with quality assured drugs with proven bioequivalence. The focus will be on expanding the all-oral DR TB regimens, including 6-month regimens; introducing 4-month DS TB regimen for children with non-severe TB; pediatric FDCs and formulations for all forms of TB treatment; zeroday ambulatory treatment for DR TB, and supporting treatment adherence by the use of digital adherence technologies.
- Massive scaleup of prevention and treatment of TB Infection with new shorter, combination therapies (3HP, 1HP and 3HR). 7. Engaging private care providers and strengthening the involvement of private hospitals, laboratories, pharmacies, and pediatricians: Nearly two thirds of presumptive TB patients first approach a private provider. Pharmacies beyond the Social Marketing Company (SMC), Laboratories, and Private hospitals can contribute substantially to early TB case finding in addition to the Graduate, and Non-Graduate private providers. Not all private providers and facilities are currently engaged in TB case detection and many public and private hospitals do not notify all diagnosed TB patients. Expanding the coverage and quality of TB interventions is expected to yield early diagnosis of TB patients contributing to greater notification during the NSP period.
- Addressing special need of vulnerable and key population, including slum dwellers, workers in the garment/knitwear industries, transport workers, cross country and internal migrants and cross-border issues. The efforts of the NTP is directed towards reaching all key and vulnerable population with customized and targeted interventions to leave no one behind.
- Strengthening health product management systems and capacities, incl. accurate quantification and forecasting, timely order placement, e-LMIS scale-up, use, and a systemic approach to CD/VAT clearance from the port. Strengthen the country's first-line medicine production and/or regulatory capacity, in line with the applicable guidance.

Finally, Dr. Banu requested the meeting to endorse the revised and updated National Strategic Plan for TB (2024-2030) to comply with the GF Requirements for the Funding Request submission for the next grant cycle (2024-2026).

**Decision(s): The 115<sup>th</sup> meeting of BCCM**

- decided to endorse the revised and updated National Strategic Plan for Malaria (2024-2030) to comply with the GF Requirements for the Funding Request submission for the next grant cycle (2024-2026).
- decided to endorse the revised and updated National Strategic Plan for TB (2024-2030) to comply with the GF Requirements for the Funding Request submission for the next grant cycle (2024-2026).
- also decided that if any changes make in future again by NMEP and NMEP for their revised National Strategic Plan for Malaria and TB then the proactively would inform BCCM officially.



### Agenda Item #3: Funding Request Development for Road Map 2024-2026

**Conflict of Interest:** No conflict of Interest declared.

#### Discussions by the constituencies:

**BCCM Secretariat:** The Global Fund Bangladesh CCM Coordinator informed the meeting that The Global Fund Replenishment Conference 2022 conducted in New York, USA in September 2022. More than 17 billion funds have been mobilized by the GF Secretariat for the next grant cycle. Still the GF Secretariat waiting some of the donor countries' commitment and declaration of their contributions. However, in the last week of December 2022, the GF Secretariat will declare the allocation envelope for all countries including Bangladesh where the GF is investing their grants. He mentioned that Bangladesh CCM has to submit the Funding Request for the next grants (2024-2026) cycle by 20<sup>th</sup> March 2023 (1<sup>st</sup> Window of Application) for TB and Malaria components and as last grant cycle started a bit later for HIV Grants, BCCM has to submit the HIV Funding Request by 29<sup>th</sup> May 2023 (2<sup>nd</sup> Window of Application)

He mentioned that BCCM Secretariat has to work for both (a) Funding Request Development and Submission (including many meetings, stakeholders meeting, writing group meetings, country dialogue, public sharing, Funding Request Development Committee Meeting, Oversight Committee meetings, incorporation of feedback and finalization and endorsement of BCCM then finally submission to the Global Fund) and (b) BCCM Reconstitution under the BCCM Evolution Project (including 5 SCO constituencies membership advertisement, election of new members and alternate members, Selection of BCCM members and alternate members from Government 8 Ministries, MLBL Constituency and Private Sector Constituency).

He also stated that it is very limited time to do these all activities in accordance of the Global Fund policy and guidelines to ensure the eligibility performance assessment before the submission of Funding Request in March 2023. As BCCM has very limited time, BCCM should endorse the Funding Request Development and submission Roadmaps which are shared electronically and in the meeting folders. He presented the FR development and Funding Request submission road maps one by one as TB, Malaria and HIV programs shared with BCCM as attached as annexure-A.

behalf of BCCM which Oversight Committee would oversee and manage the FR Development and sharing with stakeholders and forward it to BCCM OC and BCCM for the endorsement and submission to GF Secretariat in accordance of the submission roadmaps on 19<sup>th</sup> March 2023 and 29<sup>th</sup> May 2023.

**The BCCM OC Chair:** Respected Additional Secretary (WH), HSD, MOHFW opined that the 44<sup>th</sup> BCCM OC meeting discussed the proposed FR development Roadmaps. She requested the 115<sup>th</sup> BCCM meeting to endorse the FR Development and submission roadmaps for TB, malaria and HIV as well as C19RM.

**The BCCM Vice Chair:** Respected Secretary, HSD, MOHFW and Vice Chair-BCCM stressed on the Global Fund guidelines for the Funding Request Development for the next grant cycle to ensure catching up with the submission window. He also suggested to endorse the FR development and submission roadmaps for TB, malaria and HIV as well as C19RM.

#### **Decision(s):** *The 115<sup>th</sup> Meeting of BCCM*

- *decided to endorse the FR development and submission roadmaps for TB, malaria and HIV as well as C19RM as attached as Annexure-A*
- *decided that Core Committee would submit their Final Draft to FR development Committee by 15<sup>th</sup> February 2023, FR development Committee would submit to BCCM OC by 18<sup>th</sup> February 2023, BCCM OC will meet, discuss and endorse FR & recommend to BCCM by 25<sup>th</sup> February and BCCM would meet by 02<sup>nd</sup> March 2023 to endorse in meeting and make space to submit by 19<sup>th</sup> March 2023*





- with all individual member/alternate members' endorsement signature for FR to the GF Secretariat;*
- *decided that Core Committees Chairs (LD TBL & ASP and LD NMEP) will assign someone from his/her office to make the necessary all documentations for the FR development process including public sharing, sharing with key populations, stakeholders meeting, country dialogue, core committee meetings, with attendance list etc. in accordance of GF FR Development Guidelines*
  - *decided that TB and Malaria Funding Requests to be submitted by 19 March 2023 (by submission window 1) and HIV/AIDS Funding Request would be submitted by 29 May 2023 (by submission window 2 and F Development Committee would act accordingly for the respective disease components);*

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#### **Agenda Item #4: TB and Malaria PRs continuation and HIV PR selection issues**

***Conflict of Interest: No conflict of Interest declared.***

***COI declaration:*** BCCM Coordinator announced that this agenda item is highly confidential and declared only voting members will participate in the discussion to decide. He requested all others (except Oversight Member and BCCM Secretariat Staff) to leave only BCCM members along in the room.

***BCCM Secretariat:*** BCCM Coordinator informed the meeting that The Global Fund has requested to consolidate the two HIV NGO grants under one Principal Recipient, with a renewed Principal Recipient selection process for the management of the consolidated grant in their information note of the TB, Malaria and HIV allocation letter for the grant cycle 2024-2026. This Principal Recipient selection process needs to be completed before the funding request submission. It also requires to comply the Global Fund PR selection guideline which will take time. If BCCM agrees with the proposal, prompt initiative is mandatory to select new PR. To reduce the management cost, they have recommended to consolidate PRs.

He also informed the meeting that for the stability of the portfolio, the Global Fund strongly discourages any other grants under the TB or Malaria components from being consolidated at this stage. That means GF discourages PR reselection in TB and Malaria grants

***The OC Chairperson:*** The Chairperson of BCCM OC opined that consolidation will reduce management cost as the Global Fund suggested in the Allocation Letter for the 2024-2026; however, the current PRs are working for a long period of time, and very few organizations are working in HIV/AIDS at this scale. She referred about the meeting with HIV stakeholders including UNAIDS, USAIDS, WHO, UNICEF, BCCM OC HIV Experts, BCCM Vice Chair and renowned Disease Expert Prof. M A Faiz, NASP as well as HIV PRs and SRs separately to know about the HIV PRs reselection advantages and consequences. All the stakeholders actually suggested to continue the current HIV non-government PRs with reducing the management costs accordance with justified manner. Because Bangladesh already entered into the elimination phase for HIV and the current non-Government PRs have long experiences with the different key population interventions modality as well the experiences with Key Population networks and CBOs. If the change brings new non-Government HIV PR, it would be a great challenge to continue the flow created over the last decades. She informed the meeting that based on the stakeholders' feedback on new PRs selection for HIV, BCCM Oversight Committee 45<sup>th</sup> meeting decided to recommend the current HIV non-government PRs continuation till the next cycle as the GF suggested to prepare the FR for Bangladesh as programs continuation modality (not full program review FR). She requested participants to comment on this agenda item.

**Prof. Dr. Tahmina Shirin**, Director, IEDCR opined that current Two PRs working with separate target populations in different working areas. If it is integrated, new PR will have to require hiring of relevant and experienced staff which will also cause costly and thus management costs will not be significantly reduced.



Furthermore, new PRs might not have same level of expertise. Thus, the program will be at risk. She also highlighted that HIV/AIDS program is currently under integration process (within government health facilities). New PR selection will threaten for current program integration.

**Mr. Milon Kanti Datta**, Presidium Member, BCHOP highlighted that The Global Fund always recognized program performance of current PRs. And HIV NGO PRs are always getting a higher rating. In this letter, apart from management costs, no valid reason has been explained. He also opined that New PR selection might hamper program implementation, create various problems and might also cause delay in submission of the grant proposal.

**Mr. Shahed Ibne Obaed**, NPUD Representative member opined that current HIV NGO PRs are working for a long time. Also, the two PRs are very responsive to the community people and they understand the community dynamics which is essential for the program implementation. So they have gained efficiency which should reduce program cost. Oversight Committee can also guide to reduce program management cost during the proposal development process.

**The Chairperson:** The Chairperson of the meeting appreciated The Global Fund for their funding and continued review and policy support to the programs. He also thanked all the Oversight Committee members for their meeting to get the justifications from HIV stakeholders, donors and technical partners comments and feedback on the HIV PR selection through a reselection process. He also summarized that changing the PRs at this moment would be a threat for the program and endanger the HIV prevention effort of the Government of Bangladesh. On the other hand, program management cost should be justified. He also suggested to review the management costs for the HIV PRs as proposed by the BCCM Oversight Committee to review their management-related budget and expenditure so that program management cost is rational.

**Decision(s):** *The 115<sup>th</sup> meeting of BCCM Committee-*

- *decided to continue HIV interventions with current two NGO PRs (icddr,b and Save the Children) under the Global Fund HIV grants along with Government PR, AIDS and STD Program (ASP)*
- *also decided to continue current PRs (Govt. and Non-Govt both) for TB and Malaria as recommended by the Global Fund in the allocation letter;*
- *also decided to review program management cost (budget and expenditure) of HIV NGO PRs under the Global Fund Grants to suggest the reduction of management costs for HIV grants and increase the coverage of key populations.*
- *decided to send a letter signed by BCCM Chair/Vice Chair/ BCCM Oversight Committee Chair about the decision of both the Oversight Committee and BBCM regarding the HIV PR continuation issue to the Global Fund Country Team.*

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**Agenda Item #6: CCM Reconstitution and CSO Election Advertisement update**

***Conflict of Interest:*** No conflict of Interest declared.

**Discussions by the constituencies:**

**BCCM Secretariat:** BCCM Coordinator informed the meeting on the update of CCM Reconstitution and CSO Election Advertisement update. He informed that a meeting has been conducted to review the support from APCASO to BCCM Reconstitution. The meeting agreed that APCASO would provide support to KAP-PLHIV as described their ToR signed between APCASO and The Global Fund. The meeting also decided that BCCM Secretariat will prepare a concept note to request support from Donor Consortium.



He also informed the meeting that BCCM Reconstitution requires public announcement. For this purpose, an advertisement needs to be published in two national dailies so that CSO representatives can get the opportunity to connect to be represented. BCCM Secretariat has prepared a draft advertisement which need to be published as soon as possible. He requested the meeting to approve the advertisement so that it can be published.

Mr. Biswas also described that CCM membership composition and engagement recommendations by the GF Consultant shared with all stakeholders electronically for their comments and feedback including BCCM Members, alternate members and committees. The membership election and selection could be done as BCCM did in the last reconstitution of BCCM. Membership criteria and election process and selection process will be same but if any BCCM Constituency needs to change their criteria and election process that constituency should make their own decisions by election or selection process should be transparent and inclusive as per the GF Guidelines.

He stated that the limitation of the capacity of BCCM Secretariat for the huge tasks for the BCCM Reconstitution. He informed the meeting that last two election and reconstitution done by the technical and financial support from the UNAIDS and USAID/GMS for all constituency election and selection process. This time the GF CCM Hub providing the Technical and Financial support through an organization based in Thailand called APCASO. But APCASO will support for election conduction, documentation and nomination members from Key Affected Population (KAP) for TB, HIV and Malaria and People Living with Diseases (PLWD) for the TB, Malaria and HIV. Other CSO constituencies including NGO, Academia, FBO, Private Sector election and selection are not included in their TORs. Although BCCM Secretariat was requested GF CCM Hub to include all CSOs Constituencies election and selection conduction, nomination and documentation support in the single TA provider organization in a single agreement. Unfortunately, APCASO TORs is not included all CSOs election and selection support. He stated that BCCM Secretariat needs to get TA support for the conduction of members election from NGO, Academia and FBOs;

Mr. Biswas also presented the BCCM Reconstitution Timeline in the meeting with a screen presentation. He opined that we have to do these tasks simultaneously with FR Development and submission process to make BCCM eligible to comply with GF Eligibility Performance Assessment before the FR Submission in March 2023. He requested to endorse this proposed timeline for BCCM Reconstitution under CCM Evolution Project. He also requested to endorse that BCCM can ask the necessary TA from UNAIDS or USAIDS or other donor organization for the NGO, Academia, FBO, Private Sector election and selection support which are not included in the APCASO support TOR.

He also requested the 114<sup>th</sup> BCCM meeting to endorse that WH Section of HSD, MOHFW would send the request letter to nominate the members and alternate members from the Government Ministries, Private Sector Organizations who have the health-related Corporate Social Responsibility (CSR). He also requested to endorse the issuance of invitation letter to renowned Academia and Researchers who are working or worked for the TB, Malaria and HIV in Bangladesh to submit their interest letter to be a member or alternate members in the Academia & Researcher Constituency.

Finally, Mr. Biswas presented the BCCM Membership Compositions ad BCCM Standing Committee compositions in the 115<sup>th</sup> BCCM meeting. The Global Fund Bangladesh CCM Coordinator also presented the presentation on recommendations on CCM compositions and engagement which was presented by the GF Consultant in last BCCM Evolutions Taskforce Committee meeting on 20<sup>th</sup> September 2022.

**The BCCM OC Chair:** Respected Additional Secretary (WH), HSD, MOHFW and Chair BCCM-OC discussed that according to BCCM Governance Manual BCCM Membership Reconstitution could be done. BCCM CSO Constituencies membership selection would be done by the election process by the constituencies in accordance with the GF CCM volution project plan. But Government constituency



members and alternate members should be selected from the relevant Ministries and Divisions. She informed that according to last OC meeting decisions HSD sent letter to the ministries and divisions from WH Section, HSD, MOHFW to nominate their members and alternate by first week of January 2022. FBO, Academia, Private Sector and Multilateral & Bilateral constituencies issues are under process hope soon HSD would send the election/selection letter. She also suggested that as the election process is very complex in context of Bangladesh, it is need to be done very carefully and taking sufficient and necessary time period. She opined that as decided by the 44<sup>th</sup> BCCM OC meeting, BCCM Secretariat should publish the CSO election advertisement soon by the support of UNAIDS/USAID. She also informed the meeting that as it is very complex process to elect/select CSO members in Bangladesh, it should be done very carefully. If necessary current CCM would endorse the TB and Malaria Funding Requests and before HIV FR submission, Bangladesh would present the new BCCM membership to the Global Fund.

**Chair of the meeting:** The Chairperson of the meeting suggested BCCM Secretariat to publish the CSO election advertisement as decided by 44<sup>th</sup> BCCM OC meeting. BCCM Secretariat should publish by in second week of February 2023 with the support of UNAIDS or USAID.

**Decision(s):** *The 115th meeting of BCCM*

- *acknowledged the update on progress of CCM Reconstitution.*
- *decided that BCCM Secretariat would request support from Donor Consortium (specially UNAIDS and USAIDS) to elect/select of BCCM Members and Alternate Members from NGO, Academia and Research, Private Sector and other CSO constituencies etc.*
- *decided that APCASO would communicate with GF about the costs of BCCM Election conduction for the KAP (TB, Malaria and HIV) and PLWD (TB, Malaria and HIV) according to their assignment in TOR.*
- *also decided that BCCM Secretariat would publish the CSO Election advertisement by 10th February 2023 with the support of UNAIDS or USAID.*
- *decided that CSO members and alternate members election need to be done very carefully in accordance of the GF Guidelines to comply eligibility requirements with appropriate documentation, If necessary current CCM would endorse the TB and Malaria Funding Requests and before HIV FR submission, Bangladesh would present the new BCCM membership to the Global Fund.*

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**Agenda Item #7: AOB: CD- VAT and Procurement lot issue release and recruitment**

***Conflict of Interest:*** No conflict of Interest declared.

**The BCCM OC Chair:** Respected Additional Secretary (WH), HSD, MOHFW and Chair BCCM-OC discussed that there is some of the issues about the CD/VAT and clearance of medical and non-medical products from the port. She mentioned that after a long time from product reached in port in Bangladesh, HSD getting letter from the Global Fund with a condition that the GF would arrange the port clearance with their funds but they would deduct the fund from next grants. She mentioned that unfortunately HSD receiving the letter at the very late when already done much of port demurrage and penalty. She requested the NTP, NMEP and NASP to communicate HSD, MOHFW very timely manner to solve the CD/VAT issues for the GF foreign procurements, so that HSD can try to solve the issue timely without any extra charges and demurrage.

Respected Additional Secretary (WH), HSD, MOHFW and Chair BCCM-OC discussed about the government recruitment system. She referred that recently NTP published a recruitment notice on BDjobs.com but without approval of the Government Approved Recruitment Committee. Even NTP didn't take any administrative approval from the HSD so far. She discoursed that all government PRs must get





prior approval for any type of recruitment including the GF funded recruitment from the appropriate authority of HSD, MOHFW. She mentioned that GF can suggest to make it quickly through the third-party recruitment but need to get approval from HSD and Recruitment Committee.

**Principal Recipient (NTP):** Dr. Mahfuzer Rahman, LD-NTP & ASP responded on the port paying CD/VAT and Demurrage for the medical and non-medical products. He informed the meeting that NTP already met with CMSD to solve the problem. CMSD as a consignee supposed to take necessary action to release these products paying CD/VAT and port charge. CMSD would pay for the CD/VAT and demurrage with approval of the Finance Division.

**The Chairperson:** Respected Secretary, HSD and BCCM Vice Chair tried to dig out the problems communicating with Planning wing, CMSD and Ministry of Shipping. He directed to planning wing and CMSD to allocate necessary amount and to take necessary action to release these products or paying or exempting the CD/VAT and demurrage as it is given by the Global Fund for people's wellbeing in Bangladesh. He also has given same direction for the medical product under NTP program. He invited all the LDs for this issue to come to Secretary-HSD very timely manner. He will solve the issue discussing with CMSD, Finance Division and NBR.

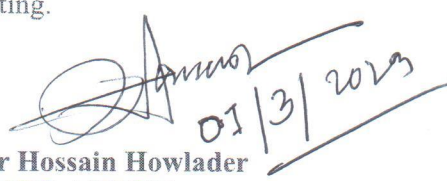
Respected Secretary also discussed about the recruitment of the Government PRs. He agreed with Additional Secretary (WH) proposal to ensure administrative approval for the NTP, NMEP and NASP recruitment.

**Decision(s):** *The 115th Meeting of BCCM*

- *decided that LDs would communicate with HSD, MOHFW to take immediate action to release medical and non-medical products from the sea port and airport either paying CD/VAT and demurrage or exempting CD/VAT and demurrage from port authority and NBR.*
- *decided that Government PRs must recruit their GF funded staffs by the established recruitment process of the Government (HSD, MOHFW).*

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

  
**Dr. Md. Anwar Hossain Howlader**  
Secretary, HSD, MOHFW  
&  
Vice Chair, BCCM