

Bangladesh Country Coordinating Mechanism (BCCM)  
Ministry of Health and Family Welfare  
Health Services Division  
BCCM Secretariat

**Subject: Meeting Minutes of the 58<sup>th</sup> BCCM Oversight Committee Meeting**

<b>Date (DD/MM/YY)</b>	04/02/2025
<b>Venue of the meeting</b>	Conference Room, MOHFW, Bangladesh Secretariat
<b>Meeting started</b>	10.00 am
<b>Meeting adjourned</b>	11:30 pm
<b>Meeting Chaired By</b>	<b>Sheikh Momena Moni</b> Additional Secretary (WH), HSD, MOHFW and Chair, BCCM Oversight Committee
<b>Meeting Steered by</b>	<b>Mohammad Harun-Or-Rasid</b> Deputy Coordinator, BCCM Secretariat
<b>Total number of participants</b>	27
<b>Meeting attendance</b>	<ul style="list-style-type: none"><li>• OC Member(s): 09</li><li>• Principal Recipients (PRs): 15</li><li>• BCCM Secretariat Staff: 03</li></ul>
<b>Attendance list</b>	Yes
<b>Others supporting document</b>	Yes

**Meeting Agenda:**

<b>Agenda Item</b>	<b>Title of Agenda Item</b>
<b>Agenda Item: 1</b>	Approval of 56 <sup>th</sup> and 57 <sup>th</sup> BCCM OC Meeting Minutes
<b>Agenda Item: 2</b>	Program Update on- <ul style="list-style-type: none"><li>• GC7 Grants Implementation (TB, Malaria, HIV/AIDS)</li><li>• Climate Change and Health Project</li></ul>
<b>Agenda Item: 3</b>	Update on The Global Fund Country Team Visit
<b>Agenda Item: 4</b>	OC Member- <ul style="list-style-type: none"><li>• Resignation of C19RM Expert</li><li>• Inclusion of Climate Change Expert</li><li>• Other Vacant Positions</li></ul>
<b>Agenda Item: 5</b>	Update on BCCM Governance Manuals (BCCM and Oversight Manual)
<b>Agenda Item: 6</b>	Update on BCCM Secretariat Expenditure Report 2024 and Costed workplan 2025
<b>Agenda Item: 7</b>	Update on BCCM Secretariat's Performance Assessment

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

At the commencement, Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW and Chair of the BCCM Oversight Committee greeted all participants. He invited oversight members & meeting participants to introduce themselves and requested the Deputy Coordinator, BCCM Secretariat to initiate the meeting.



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**DISCUSSION(S) AND DECISION(S):**

**Agenda Item # 1: Approval of 56<sup>th</sup> and 57<sup>th</sup> BCCM OC Meeting Minutes**

**BCCM Secretariat:** Dr. Ahmed Muttasim Billah, Oversight Officer provided a concise overview of the agenda items and implementation status of the 56<sup>th</sup> and 57<sup>th</sup> BCCM OC meeting (Annex-1). He mentioned that most of the decisions have already been implemented and stated that signed meeting minutes for 56<sup>th</sup> and 57<sup>th</sup> OC meeting has already been shared with BCCM members, alternate members, OC members and PRs. Regarding loss to follow up strategy and update, ASP shared a presentation for the convenience (Annex-2).

**BCCM Secretariat:** Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat, reported that the meeting between Ms. Gyongyver Jakab and the NBR Chairman was successful. The NBR Chairman confirmed that all CD-VAT on local and international procurement, along with export-import taxes, will be exempted for the Global Fund grant under specific conditions. VAT exemptions will not apply to for-profit activities, and income tax waivers will not be granted. Additionally, tax exemptions on vehicle purchases will be contingent on transferring the vehicles to the government after the grant period. A new circular will be issued soon in coordination with NBR and MOHFW.

**OC Member Govt. (MOHFW):** Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW emphasized the need for proactive coordination with NBR to issue the exemption letter. He suggested that BCCM provide a letter to the WH Wing outlining the decisions from the NBR meeting. MOHFW will then proceed with an official letter to NBR upon approval from the Secretary, HSD, MOHFW.

**The Chairperson:** Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW & Chair, BCCM OC informed that HSD, MOHFW will issue a letter to NBR, and the file has already been submitted for processing. NBR has agreed to share the draft exemption letter with MOHFW for feedback before final issuance and circulation.

**PR representative (NMEP):** Prof. Dr. Md. Halimur Rashid, Line director-CDC, DGHS informed the meeting that an MoU has been signed between NMEP and UNOPS for human resource recruitment, service procurement and procurement of equipment and logistics under the Climate Change and Health project. The recruitment process is expected to be completed by the end of February 2025.

**Disease Expert (TB):** Prof. Dr. Shakil Ahmed, former Director-MBDC and TB disease expert raised concerns about whether the guideline permits statutory bodies like BSMMU or the University of Dhaka to bid as PRs in the procurement process. He emphasized the need to explicitly include statutory bodies, along with registered organizations, in the guideline to ensure a fair and unbiased selection process.

**BCCM Secretariat:** Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat, informed that the revised PR selection guideline now includes a provision allowing any eligible organization, including statutory bodies, to participate in the PR selection process as bidders.

**PR representative (NMEP):** Dr. Md. Mushfiqur Rahman, Program Operations Advisor, NMEP provided an update that the Global Fund has not yet approved the final budget for the Climate Change and Health project. Once approved, a kick-off meeting will be held to share the detailed budget and implementation plan.

**The Chairperson:** Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW & Chair, BCCM OC stated that the Mr. A K M Sohel, Additional Secretary and Wing Chief, UN, ERD, also

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shared some observations and requested explanations. She expressed hope that grant recipients will address these issues in the next meeting.

Since no comments were made, the Chairperson proposed to endorse the 56<sup>th</sup> and 57<sup>th</sup> BCCM Oversight Committee meeting minutes.

**Decision: The 58<sup>th</sup> meeting of the BCCM Oversight Committee-**

- *endorsed meeting minutes and decisions of the 56<sup>th</sup> and 57<sup>th</sup> BCCM Oversight Committee meetings.*
- *decided to issue a letter to NBR with clear requirements on CD-VAT exemption for the Global Fund grant, referencing the agreed discussion between the NBR Chairman and Gyongyver Jakab.*
- *decided that NMEP will complete the HR recruitment under the Climate Change and Health project by 28 February 2025.*
- *decided that a date will be fixed from HSD, MOHFW with coordination with ERD to sit for detailed budget and implementation plan presentation from NMEP, BRAC and IEDCR.*

**Agenda Item # 2: Program Update on GC7 Grants Implementation (TB, Malaria, HIV/AIDS) and Climate Change & Health Project**

**BCCM Secretariat:** Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat requested all PRs to give disease wise program update on Global Fund GC7 Grants Implementation.

**PR Representative (ASP):** Md. Akhtaruzzaman, Senior Manager of ASP, DGHS presented the program update for July–December 2024. A total of 1,438 new HIV cases were reported in 2024, with 326 deaths. MSM and MSW accounted for 43% of the positive cases. Currently, 10,010 people living with HIV are alive, 7,804 are on ART, and 5,422 have a suppressed viral load. For Q3 and Q4, most performance indicators exceeded 100% across all three PRs—ASP, SCI, and icddr,b. Between July and December 2024, 794 new cases were detected. In December 2024, an ART center was inaugurated at Mymensingh Medical College Hospital and is now operational. Among the general population, most HIV cases were diagnosed in Dhaka. (Annex-3)

**The Chairperson:** Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW & Chair, BCCM OC inquired about the HIV positive prone district for the general population.

**Disease Expert (TB):** Prof. Dr. Shakil Ahmed, former Director-MBDC and TB disease expert suggested providing absolute numbers for HIV cases by population, along with percentages, to offer a clearer picture. He also emphasized the importance of engaging private hospitals for HIV diagnosis and treatment.

**PR representative (NTP):** Dr. Rupali Sisir Banu, National Program Coordinator, NTP, presented the TB Program Update for July–December 2024. The total TB case notification reached 161,008 (100%), with a treatment success rate of 96%. TB preventive therapy and contact investigations exceeded 100%. The notification rate for RR-TB/MDR-TB was 78%, and the treatment success rate in the private sector was 93%. Child TB detection showed a gradual increase in 2024. GeneXpert expansion reached 735 in 2024, up from 622 in 2023, and Truenat testing increased to 150 from 38. (Annex-4)

**PR representative (NMEP):** Prof. Dr. Md. Halimur Rashid, Line director-CDC, DGHS provided updates on the implementation of the Malaria program. His presentation covered milestones and targets for elimination, trends in malaria incidence, updates on C19RM-PSA plants, and financial progress.



In 2024, there were 13,099 malaria cases and 6 deaths, marking an improvement compared to 16,576 cases in the same period of 2023. The Annual Parasite Index reduced to 0.72, and severe malaria occurrence is only 1.45%. For FDMN, 350,000 ITNs were distributed in 2022. Under C19RM funding, 29 oxygen PSA plants have been installed, although 26 positions in these plants remain vacant (Annex-5).

**OC Member Govt. (MOHFW):** Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW, emphasized the need to reduce TB-related deaths. He highlighted the necessity of a comprehensive survey to guide future action, with leadership from TB-L and ASP. MOHFW will fully support this initiative. He also noted delays in the OP and stressed the need to find a solution, as it is linked to grant conditions.

**BCCM Secretariat:** Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat informed the meeting that if the OP is not approved by March, there may be a shortage of TB medicine, which could hamper treatment.

**PR representative (NTP):** Dr. Zubaida Nasreen, Deputy Director-NASC and Line Director-TB,L & ASP (In-charge) informed that the stock of first-line TB medication is available until March 2026. Additionally, an emergency fund request has already been submitted to MOHFW in case the OP is not approved by that time.

**The Chairperson:** Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW & Chair, BCCM OC stated that the recruitment for the Government PR will be done through outsourcing, and the waiting list must remain valid until the extended period. She also emphasized the need to validate the 4th generation HIV kit and ensure its use in the program.

In the absence of any comments, the 58<sup>th</sup> meeting of the BCCM Oversight Committee acknowledged the update of the program.

**Decision: The 58<sup>th</sup> meeting of the BCCM Oversight Committee-**

- *Recommended to include absolute numbers for KP wise HIV positive diagnosed number along with percentage for clear impression.*

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**Agenda Item # 3: Update on The Global Fund Country Team Visit**

**OC Member Govt. (MOHFW):** Mr. Md. Mohiuddin Al Helal, Senior Assistant Secretary (WH-2), HSD, MOHFW provided an update and stated that the meeting with the Hon'ble Health Advisor focused on policy-level discussions, with operational decisions to be made by the BCCM committee. Bangladesh will continue to receive Least Developed Country (LDC) graduation benefits until 2029. The Health Ministry has suggested deferring the LDC graduation further to ensure continued vaccine support. Additionally, another meeting was held with the Special Assistant, MOHFW, where discussions centered on health resilience systems, waste management and PSA plant.

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**Agenda Item # 4: OC Member - Resignation of C19RM Expert, Inclusion of Climate Change Expert, Other Vacant Positions**

**BCCM Secretariat:** Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat informed that Prof. Dr. Tahmina Shirin, Director of IEDCR, has resigned from the Oversight Committee to avoid a conflict of interest, as IEDCR is currently implementing the Global Fund's Climate Change and



Health project. Ms. Gyongy suggested including an expert member on climate change from the Ministry of Environment, Forest and Climate Change (MOEF), as a new project is being implemented. Additionally, there are a few vacant positions, including 3 for Malaria experts, 1 for a C19RM expert, and 1 for a Gender expert, that need to be filled.

**The Chairperson:** Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM OC recommended including a Climate Change expert member from MOEF. BCCM will send an email to existing OC members to share nominations for the vacant positions, and the OC will finalize the selection based on the members' CVs.

**Decision:** *The 58<sup>th</sup> meeting of the BCCM Oversight Committee-*

- *decided that a new member as Climate Change expert will be included in OC from Ministry of Environment, Forest and Climate Change (MOEF).*
- *decided that BCCM will send an email to existing OC members to share nominations for the OC vacant positions.*

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**Agenda Item # 5:** Update on BCCM Governance Manuals (BCCM and Oversight Manual)

**BCCM Secretariat:** Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat informed that there are two possible approaches to finalizing the BCCM Governance Manuals: forming a short committee or appointing a consultant, provided that funding can be arranged.

**The Chairperson:** Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM OC, suggested arranging a virtual meeting with OC members to discuss the finalization of the BCCM Governance Manuals further.

**Decision:** *The 58<sup>th</sup> meeting of the BCCM Oversight Committee-*

- *decided that BCCM will share zoom link with OC members for a virtual meeting on BCCM governance manuals (BCCM and Oversight Manual) through fixing a date from OC Chair.*

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**Agenda Item # 6:** Update on BCCM Secretariat Expenditure Report 2024 and Costed workplan 2025

**BCCM Secretariat:** Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat share the BCCM Secretariat Expenditure Report 2024 and Costed workplan 2025 as presentation. (Annex-6 and 7)

**Decision:** *The 58<sup>th</sup> meeting of the BCCM Oversight Committee-*

- *endorsed BCCM Secretariat share the BCCM Secretariat Expenditure Report 2024 and Costed workplan.*

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**Agenda Item # 7:** Update on BCCM Secretariat's Performance Assessment

**BCCM Secretariat:** Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat informed that the performance assessment of the BCCM Secretariat and staff has been completed by the Performance Evaluation Committee. The committee also approved the extension of Dr. Ahmed



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Muttasim Billah, Oversight Officer, for the year 2025. A report will be shared with the Performance Evaluation Committee soon.


**Decision: The 58<sup>th</sup> meeting of the BCCM Oversight Committee-**

- *acknowledged the update on BCCM Secretariat's Performance Assessment.*

With no further issues to discuss, the Chairperson expressed gratitude to all participants for their attendance and active participation, concluding the meeting.

**Decisions at a glance: The 58<sup>th</sup> meeting of the BCCM Oversight Committee-**

- *endorsed meeting minutes and decisions of the 56<sup>th</sup> and 57<sup>th</sup> BCCM Oversight Committee meetings.*
- *decided to issue a letter to NBR with clear requirements on CD-VAT exemption for the Global Fund grant, referencing the agreed discussion between the NBR Chairman and Gyongyver Jakab.*
- *decided that NMEP will complete the HR recruitment under the Climate Change and Health project by 28 February 2025.*
- *decided that a date will be fixed from HSD, MOHFW with coordination with ERD to sit for detailed budget and implementation plan presentation from NMEP, BRAC and IEDCR.*
- *Recommended to include absolute numbers for KP wise HIV positive diagnosed number along with percentage for clear impression.*
- *decided that a new member as Climate Change expert will be included in OC from Ministry of Environment, Forest and Climate Change (MOEF).*
- *decided that BCCM will send an email to existing OC members to share nominations for the OC vacant positions.*
- *decided that BCCM will share zoom link with OC members for a virtual meeting on BCCM governance manuals (BCCM and Oversight Manual) through fixing a date from OC Chair.*
- *endorsed BCCM Secretariat share the BCCM Secretariat Expenditure Report 2024 and Costed workplan.*
- *acknowledged the update on BCCM Secretariat's Performance Assessment.*

  
16.02.2025

**Sheikh Momena Moni**  
Additional Secretary (WH)  
Health Services Division,  
Ministry of Health and Family Welfare  
and  
Chair, BCCM Oversight Committee



Bangladesh Country Coordinating Mechanism (BCCM)  
Health Services Division, Ministry of Health & Family Welfare (MOHFW)

## Annex-1

# The 56<sup>th</sup> Oversight Meeting Decisions and Implementation Status

# Agenda Item # 1: Approval of 54th and 55th BCCM OC Meeting Minutes

## **Decisions:** *The 56<sup>th</sup> meeting of the BCCM Oversight Committee-*

- *endorsed meeting minutes and decisions of the 54<sup>th</sup> and 55<sup>th</sup> BCCM Oversight Committee meetings.*
- *decided that Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW will give a presentation in the next BCCM meeting on SRCMF meeting updates.*
- *decided that ASP will share strategy for prevention of HIV-positive LTFU in the next OC meeting.*
- *decided that a presentation on earlier OC visit will be given on the next OC meeting from now on.*
- *decided that feedback will be collected on OC visit recommendations from the visited district health facilities.*
- *decided that a team from the HSD, MOHFW, led by Mr. Mamunur Rashid will meet NBR Charman to revise the CD VAT exemption letter later.*

## **Implementation Status:**

- *ASP will share HIV positive Loss to follow up strategy and update today.*
- *Ms. Gyongyi has a meeting with NBR during recent GFCT visit. NBR assured that a revised exemption letter will be issued.*



## **Agenda Item # 2: Update on Climate Change & Health Funding and Emergency Funding**

**Decisions:** *The 56<sup>th</sup> meeting of the BCCM Oversight Committee-*

- *decided that NMEP, BRAC and IEDCR will jointly share the detailed implementation plan by 22 December 2025 with BCCM OC.*
- *recommended that HR recruitment must be completed by 15 January 2025.*

### **Implementation Status:**

- *57<sup>th</sup> OC meeting was held on 26 December 2024, based on agenda of sharing detailed implementation plan by NMEP, BRAC and IEDCR.*
- *HR recruitment is currently under processing. NMEP has signed MoU with UNOPS for recruitment.*

## **Agenda Item # 3: a) TB OP Planning Discussion, b) HR Vacancies in Government Programs (TB and HIV)**

### **Decisions: The 56th meeting of the BCCM Oversight Committee-**

- decided to include in the minutes that the 1st line drug procurement will be completed using the GC7 GeneXpert cartridge budget, and the adjustment will be made through the 1st line drug procurement line of the OP-approved budget.*
- decided that NTP will inform BCCM OC after the adjustment of cartridge procurement from OP-approved 1<sup>st</sup> line drug purchasing budget.*
- decided that Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM OC will inform by 25 December 2025 whether the process can proceed with the waiting list or if a new recruitment process needs to be initiated.*

### **Implementation Status:**

- The issue of 1st line drug and GeneXpert cartridge procurement through GF & OP budget was included in 56<sup>th</sup> OC meeting minutes.*
- FLD has been purchased using the budget (11.5M USD) of 1,300,000 Xpert cartridges kept for 2026. For FLD the expense was 13.M USD. For this procurement, NTP is in shortage of 1,300,000 Xpert cartridges (11.5M USD) for 2026. OP Approval yet not done . And NTP informed Policy maker to make this adjustment in OP budget for 2026.*
- A meeting was held yesterday at HSD, MOHFW and new recruitment will be initiated through third-party outsourcing.*

## **Agenda Item # 4: Endorsement of amendment of Governance Manual and Oversight Manual**

**Decisions:** *The 56<sup>th</sup> meeting of the BCCM Oversight Committee-*

- *decided that consultant will present in next BCCM meeting on draft amendment of the Governance Manual and Oversight Manual.*

**Implementation Status:** *Consultant has drafted both Governance Manual and Oversight Manual and his contact ended on December 2024. Need initiative to finalize those documents.*

## **Agenda Item # 5: Endorsement of the TOR for HIV PR Selection Committee**

## **Agenda Item # 6: Endorsement of the PR Selection Guidelines**

### **Decisions: *The 56<sup>th</sup> Meeting of the BCCM Oversight Committee-***

- decided that the PR selection committee will carefully review the PPR to determine whether existing PRs will be permitted to provide comments on the PR selection guideline. The decision will be communicated in due course.*
- decided that OC members will review further the PR selection guideline and provide their comments directly to consultant Mr. Graham.*

### ***Implementation Status:***

- As per PPR, existing PR can't provide comment on PR Selection and Nomination Guideline. It was informed to all.*
- Consultant added all the comments from OC members and shared with BCCM. In next PR selection and nomination committee meeting, the ToR and Manual will be finalized.*

## **Agenda Item # 7: ) Endorsement of 2025 BCCM Yearly Workplan and Oversight Committee Workplan, b) Endorsement of Costed Workplan (Budget 2025 for BCCM Secretariat)**

### **Decisions: *The 56<sup>th</sup> Meeting of the BCCM Oversight Committee-***

- recommended to increase the number of OC visits in 2025 to gain more insights into GF grant activities.*
- decided that BCCM secretariat will discuss with the Global Fund regarding the inclusion of a budget for documentation purposes.*
- endorsed the 2025 BCCM Yearly Workplan and Oversight Committee Workplan.*

### ***Implementation Status:***

- BCCM proposed 08 visit, where GF has approved 06 OC visit.*
- 2343 USD has been included in 2025 BCCM Secretariat budget for documentation.*



Bangladesh Country Coordinating Mechanism (BCCM)  
Health Services Division, Ministry of Health & Family Welfare (MOHFW)

# The 57<sup>th</sup> Oversight Meeting Decisions and Implementation Status

# Agenda Item # 1: Review of the Implementation Plan of Climate Change and Health Funding

**Decisions:** *The 57th meeting of the BCCM Oversight Committee-*

- *Decided that a workshop on a detailed implementation plan of the climate and health project will be arranged after the revised budget form the Global Fund with feedback from LFA.*

**Implementation Status:** *One workshop on climate and health project held on 29 January 2025.*



*Thank You!*





# Discussion on Lost to Follow-up (LTFU) - PLHIV

AIDS/ STD Programme, DGHS  
58 Oversight Committee Meeting

*Annex-2*

# Development of Guidance Note for LTFU

- In April 2022 a guidance note on **Management of Challenges in Treatment Adherence and Lost to Follow-up HIV Cases under the National ART Program** was developed by ASP, SCI and UNAIDS:
- ASP started to implement the guidance note partially since 2023

## Causes of the missing cases or non-adherence :

- Lack of required information- Phone number/ caregiver address, phone number/ details of present and permanent addresses, NID, etc.
- Some PLHIV may be going into hiding -lack of proper counseling and family support and myths around ART
- Difficulty in tracing: homeless PLHIV, those who do not have permanent address
- Internal & external migration
- **Purpose of this Guidance Note:** Support the identifying and defining of the missing cases and re enrolled into ART/ tacking



# Definition of LTFU

**Lost to follow-up (LTFU):** individuals not receiving ARV medicine within 3 months (90 days) of their scheduled pick-up are considered lost to follow-up



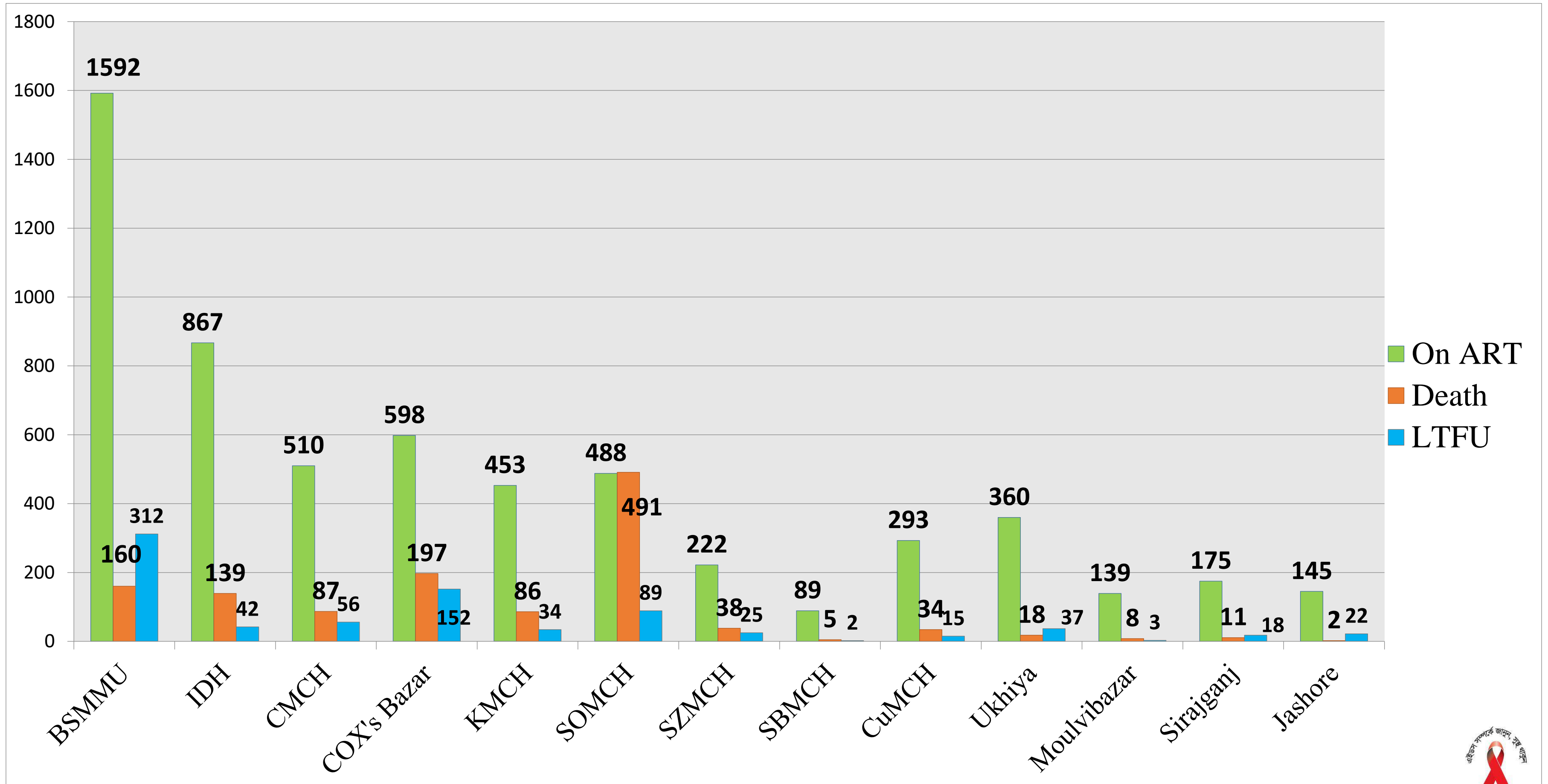
# Background

- During a recent visit to Cox's Bazar by the BCCM Oversight Committee, a recommendation was made to identify lost-to-follow-up cases among PLHIV.
- In response to the recommendation, ASP has initiated efforts to locate and re-engage lost cases through the Community Peer Counselors (CPC) from the PLHIV group.
- Principal Recipients (PRs) are also actively involved in locating lost cases using their peer navigators.
- In the GC-7 budget, ASP has allocated additional funds for increasing CPC in each ART center, home visits and mobile communication for enhancing CPC's outreach efforts in finding lost cases.
- ART centers under ASP are actively working to gather and analyze information on lost cases to improve service delivery and re-engagement strategies.

As of June 2024, approximately 843 PLHIV were lost to follow-up.



# Lost Cases as of June 2024



জাতীয় এইডস/এসটিভি কন্ট্রোল  
যায় অবিভক্ত, যাহু ও পরিবার কলমে মরকলে

# Initiative taken to Track LTFU

- In the GC-7 budget, ASP has allocated additional funds for Increased number of Community Peer Counselor among the PLHIV, provision of home visits and mobile phone communication, care giver meeting in finding lost cases.
- Training/ capacity building of the CPC
- Collect missing information of the PLHIV like phone number, current address
- Regular phone calls and home visit where necessary



# Current Status of LTFU PLHIV- June, 2024

Centre	Total LTFU	Current Status							
		Re-enrolled	Communicate over phone & home visit but not yet enrolled	Transferred to another healthcare facility	Medicine taken from abroad	Migration to Another Country	Currently in prison or detention	Refused to take ARV	Dead
13 GoB ART center	807	13	64	17	10	36	3	28	16

A total 187 lost cases has been tracked as of June, 2024



# Initiative to be continued to increase ART adherence and find LTFU

- To increase the treatment adherence streamline the CPC services:
  - 1 CPC per 300 PLHIV
  - 2 CPCs for 900 PLHIV
  - 3 CPCs for 900 + PLHIV
- In the meeting of the 40th HIV/AIDS Technical Working Group (TWG) of BCCM, it was decided that the PLHIV network will share their member list with ASP. ASP will then identify those individuals who are lost to follow-up (LTFU).
- The PLHIV network will assist in determining the status of these LTFU cases and will help facilitate their re-enrollment in ART when necessary.
- ASP proposed Save the Children to take initiative, in collaboration with AAS, to arrange a training session for all community peer counselors focused on strategies for re-engaging lost-to-follow-up PLHIV.





# Challenges

- PLHIV who are receiving ARV from abroad and who are migrated to another country.
- PLHIV who do not enrolled on ARV yet.
- Few cases missing since 2017, yet not tracked due to lack of detail particular of the patients



# Thank You!

এইডস সম্পর্কে জানুন, সুস্থ থাকুন



জাতীয় এইডস/এসটিডি কন্ট্রোল  
স্বাস্থ্য অধিদপ্তর, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

এইডস সম্পর্কে জানুন, সুস্থ থাকুন



জাতীয় এইডস/এসটিডি কন্ট্রোল  
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# Progress Update

## HIV Grant- GC7

(July – December, 2024)

PR: AIDS/ STD Programme, DGHS  
icddr,b and Save the Children

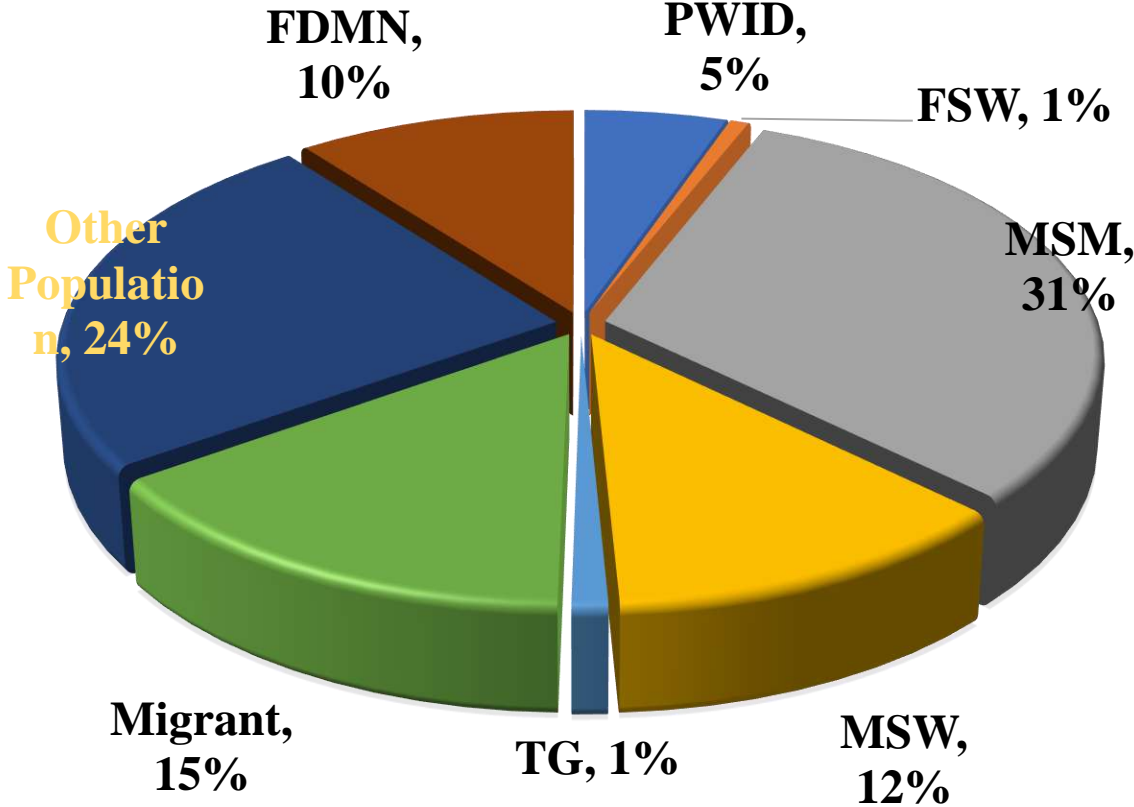
Date: 4 February 2025

58 Oversight Committee Meeting

**Annex-3**

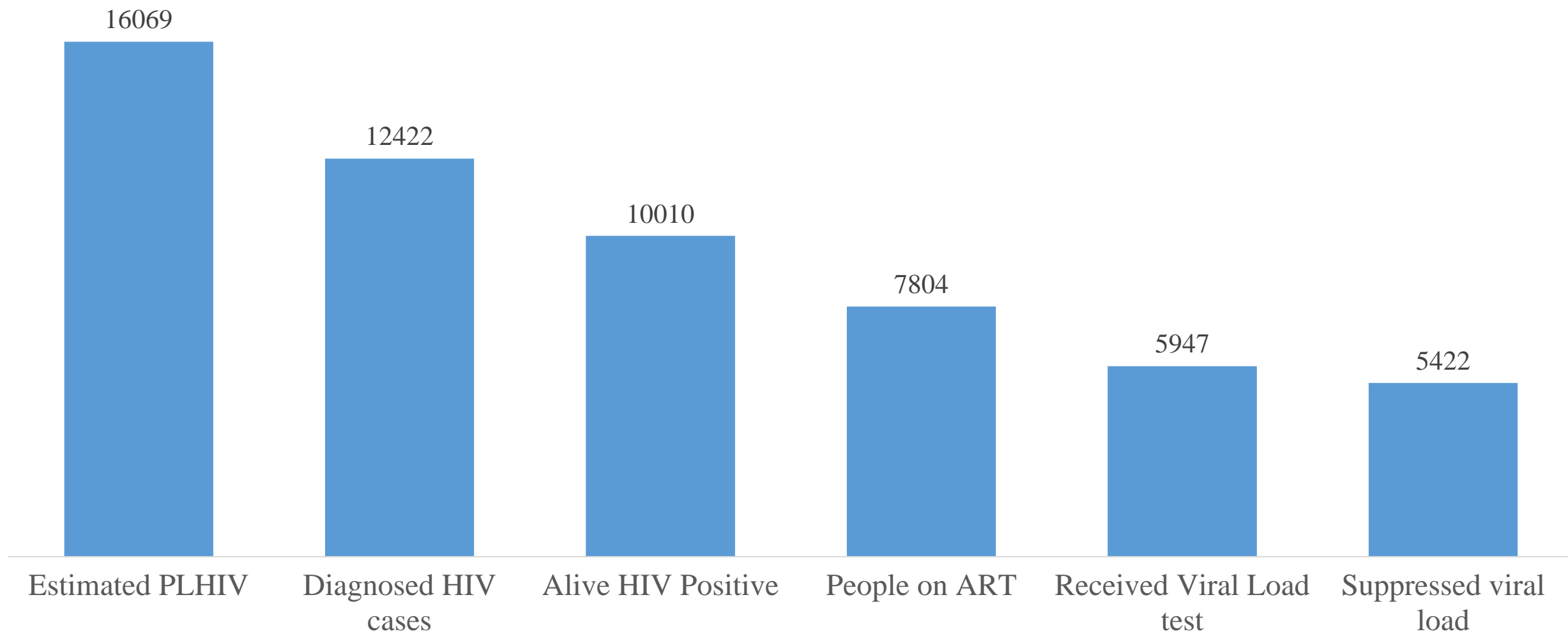
# Cumulative HIV Cases and Cross Sectional Cascade for HIV Treatment and Care, Bangladesh, 2024

Indicator	New Cases in 2024	Cumulative Cases 1989-2024
HIV positive	1438	12,422
Death	326	2,412



# Cumulative HIV Cases and Cross Sectional Cascade for HIV Treatment and Care, Bangladesh, 2024

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# Grant Summary- Grant Cycle -7

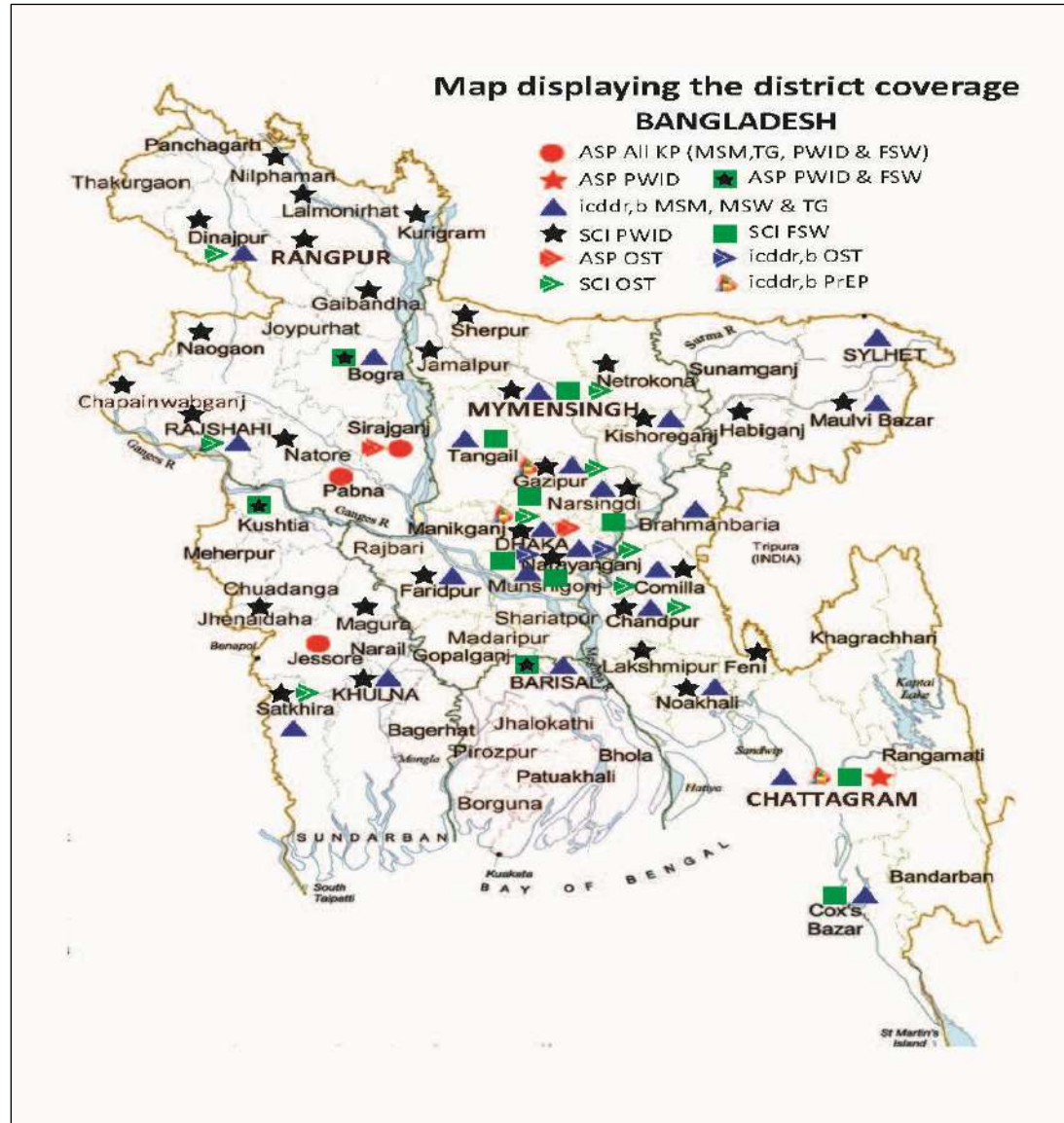
## Prioritized Activities of the Global Fund in GC7

1. Prevention of HIV/ STI among Key Population including PWID, FSW, MSM/W, TG
2. Complementary support to comprehensive treatment care of the People Living with HIV (PLHIV)
3. Capacity building of the services providers and engagement of other ministry/ directorate/ INGO/ NGOs
4. Strategic information and research/ survey

PR	USD in Million (%)
ASP	4.98 (18%)
Save the Children	10.89 (39.8%)
icddr,b	11.50 (41.9%)
Total	27.39



# Map showing the Key Population intervention districts by PRs



Population coverage in GC7 by KPs			
Men Sex Men	Hijra	People who inject Drug (PWID/ OST)	Female Sex Workers –FSW
82,205	6,995	29,897	25,573

District coverage in GC7 by KPs		
MSM and Hijra	PWID/ OST	FSW
26	38	14



# Population Coverage Target of various KPs- GC7 (2024-2026)

PRs	Coverage target of various KPs			
	MSM/MSW	Hijra	PWID (NSE/OST)	FSW
ASP, DGHS	7,846	514	4,339	4583
Save the Children	-	-	24,908	20,990
icddr,b	74,359	6,481	650	-
<b>Total (%)</b>	<b>82,205</b> <b>(50% of Size Est. Survey)</b>	<b>6,995</b> <b>(55% of SE)</b>	<b>29,897</b> <b>(87% of SE)</b>	<b>25,573</b> <b>(23% of SE)</b>

Coverage of MSM/MSW and hijra is 80% in 26 districts



জাতীয় এইডস/এসটিডি কেন্দ্র  
স্বাস্থ্য অধিদপ্তর, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়



# Progress of Q3 and Q4 – July- December, 2024

Programme Indicators	ASP, DGHS		Save the Children		icddr,b	
	Target: N	Achiev. N (%)	Target: N	Achiev. v. N(%)	Target: N	Achiev. N (%)
KP-1a Percentage of Man Sex with Men reached with HIV prevention programs	2942	3543(120%)	N/A		55,769	61,995 (111%)
KP-1b Percentage of Transgender people reached with HIV prevention programs	193	215(111.4%)	N/A		6,481	7,742 (119%)
HTS-3a Percentage of MSM that have received an HIV test during the reporting period	1398	1929 (137%)	N/A		25,657	26,6158 (104%)
HTS-3b Percentage of TG that have received an HIV test during the reporting period	92	84 (91%)	N/A		2,992	3,279 (110)



# Progress of Q3 & Q4– July- December, 2024

Programme Indicators	ASP, DGHS		Save the Children		icddr,b	
	Target: N	Achievement: N(%)	Target: N	Achievement: N (%)	Target: N	Achievement:(%)
KP-1d Percentage of PWID reached with HIV prevention programs	3236	3377 (104%)	20,493	21,015 (103%)	N/A	
HTS-3d Percentage of PWID received an HIV test during the reporting period	1537	1805 (117%)	19,468	20,280 (104%)	N/A	
KP-1c Percentage of FSW reached with HIV prevention programs	4020	4298(107%)	19,500	19,899 (102%)	N/A	
HTS-3c Percentage of FSW that have received an HIV test during the reporting	1910	2227(116%)	18,525	19,137 (103%)	N/A	
HTS-3f <sup>(M)</sup> Number of people in prisons that have received an HIV test and know their results	8495	8464 (99.6%)	N/A		N/A	



# Case Diagnosis and Treatment Enrolment July- December, 2024

Programme Indicators	Country Programme	
	PLHIV	Enrolment: N(%)
HIV case diagnosed among MSM/ MSW/Hijra	354	322 (91%)
HIV case diagnosed among TG	7	7 (100%)
HIV case diagnosed among PWID	51	46 (90%)
HIV case diagnosed among FSW	6	6 (100%)
HIV case diagnosed among general population including returnee migrant, others	376	342 (91%)
Total	794	723 (91%)

# Financial Progress (January-December, 2024)

SL	Name of the PR	Budget \$	Expenditure \$	%	Comments
1	AIDS/ STD Programme, DGHS (regular & C19RM)	21,66,213	13,48,555	62%	Low absorption due to vacant position, Human Rights related activities and 3 <sup>rd</sup> party payment (wambo)
2	icddr,b	33,61,687	24,33,484	72%	Human rights and CLM activities could not be started
3	Save the Children	37,19,740	30,96,473	83%	

# Progress of C19RM Grant Activities (July-December, 2024)

- Total number of HIV testing - 4,384
- Found positive- 2
- Number of district covered- 12



# Programmatic Challenges

- 1) The delay in implementing approved human rights-related activities and the approval of CLM has affected field-level operations and the absorption rate.
- 2) Mainstreaming Health Services for KPs in public hospitals
- 3) 3<sup>rd</sup> Generation of HIV testing Kits use by the country
- 4) Current country situation increase vulnerability of Key population which leads to stigma and discrimination





*A female Injecting Drug User found at early morning playing with flower petals, holding used syringe with another hand waiting for her drug partner for sharing remaining drug.*

**THANK YOU**





# Program Update - TB

Principle Recipient (PR) -1 (NTP)

Principle Recipient (PR) -2 (BRAC)

**58 BCCM Oversight Committee Meeting**

Venue: Conference Room, MOHFW

Date : 04 February, 2025

**Annex-4**

**National Tuberculosis Control Programme**

Directorate General of Health Services (DGHS), Bangladesh





# Major Activities at a Glance PR 1 - NTP

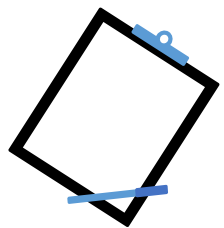
- **Development of Policy , Strategy and Guideline**
  - ✓ Ensure correct implementation guideline
  - ✓ SOP
  - ✓ Administrative Memo
- **Program Oversight , Monitoring and Supervision**
- **Management and Supervision of Gradually Expanding TB Diagnostics Network**
- **Partners /Stakeholder / Donor Coordination and Collaboration**
- **Procurement and Supply Chain Management of TB Drugs , Laboratory Consumables and Equipment**

- **Regular Working Group Meeting on different Technical Areas for effective TB Control Program in Bangladesh**
- **Training and Capacity Building**
- **Reporting**
- **Policy Advocacy**
- **Facilitate implementation of CRG and CLM Activities**
- **Facilitate implementation of PPM and Multisectoral Accountability Framework for TB ( MAF-TB )**
- **Fund Raising / Resource Mobilization**

# Major Activities at a Glance – PR 2 BRAC

- **Active case-finding activities**
  - ✓ Community-based: Mobilization, TB Campaign, Outreach centers, Contact Investigation
  - ✓ Facility-based: Digital Screening
  - ✓ Case finding among key and vulnerable populations (children, elderly, pregnant women, slum dwellers, refugees, prisoners etc.) using mobile vans
- **Sample transportation**
- **Diagnosis, Care and Treatment**
- **TB Preventive Treatment (TPT)**
- **Patient support and incentive for TB and DR-TB**

- **Capacity building of field level staff**
- **Supply chain management**
- **CRG and CLM-related activities**
- **Engagement of community, Public & Private sector:**
  - ✓ Courtyard meeting
  - ✓ Networking with healthcare providers
  - ✓ Private sector engagement
  - ✓ Workplace/ Multistakeholder sensitization activities



## Achievement of Performance Framework( PF ) Indicators ( PR -1 & PR-2 )

Indicator	Jan-June 2024		Jul-Dec 2024	
	Target	Achievement	Target	Achievement
TB <u>Case Notification</u> (All Forms)	159,560	151,887 ( 95% )	159,560	161,008 ( 100% )
<u>Treatment Success Rate</u> (All Forms)	95%	95%	95%	96%
Notified TB Patients-(All Forms): (Contributed by <u>Private Sector</u> )	24%	23%	24%	22%
Notified TB Patients (All Forms) (Contributed by <u>Public Sector</u> )	23%	23%	23%	22%
Notified TB Patients (All Forms) (Contributed by <u>Community</u> )	53%	54%	53%	56%

## Achievement of Performance Framework (PF ) Indicators

Indicator	Jan-June 2024		Jul-Dec 2024	
	Target	Achievement	Target	Achievement
Percentage of TB patients (All Forms) <u>with known HIV status</u>	<b>35%</b>	<b>16%</b>	<b>35%</b>	<b>29.00%</b>
Number of TB patients (All Forms) notified among <u>Prisoners</u>	<b>146</b>	<b>218</b>	<b>146</b>	<b>188</b>
Number of people in contact with TB patients who began <u>Preventive Therapy</u>	<b>84,005</b>	<b>82,957</b>	<b>84,005</b>	<b>94,380</b>
<u>TB Preventive</u> Treatment Success Rate	<b>70%</b>	<b>87.21%</b>	<b>70%</b>	<b>89.36%</b>
<u>Contact Investigation</u> (Total Contact Checked)	<b>189,908</b>	<b>180,615</b>	<b>189,908</b>	<b>249,591</b>

*HIV screening is low due to shortage of availability of 3rd generation kit. Quick validation of 4th generation kit will help to make sufficient HIV kit available.*

# Achievement of Performance Framework( PF ) Indicators

Indicator	Jan-June 2024		Jul-Dec 2024	
	Target	Achievement	Target	Achievement
Number of people with confirmed <u>RR-TB and/or MDR-TB notified</u>	1198	1411 (117%)	1198	939 (78%)
Percentage of confirmed RR-TB / MDR-TB that <u>began Second-line Treatment</u>	95.00%	57%	95.00%	56%
Percentage of TB patients with <u>DST result for at least Rifampicin</u>	66.12%	56%	66.12%	62%
Treatment Success Rate in <u>Private Sector</u>	90.00%	93%	90.00%	93%

*2<sup>nd</sup> test for RR/MDR confirmation is a major challenge in ensuring RR treatment and that is why the achievement is 58% of target.*

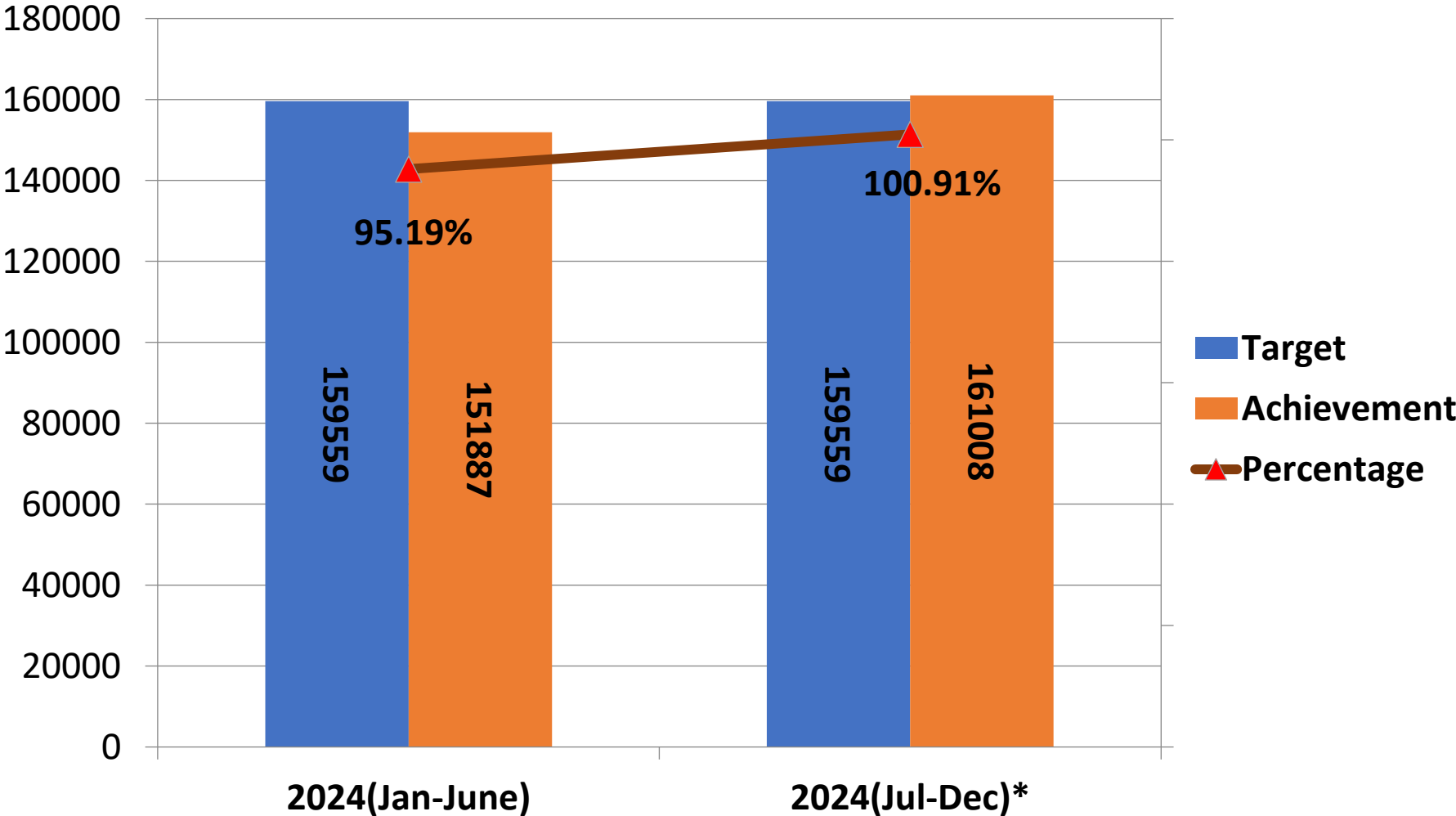
## FDMN (2024)

Indicator		Q1 2024	Q2 2024	Q3 2024	Q4 2024
Case Finding	Presumptive	14,327	10,293	11,646	11,802
	Total Case	655	665	710	720
HIV screening among TB patients*		597	472	672	694
Contact Investigation done		1,362	989	1,851	2,328
TPT	Eligible	1,227	476	412	681
	Enrolled	431	436	366	529
DR-TB	Confirmed	11	0	2	3
	Enrolled	11	0	2	2

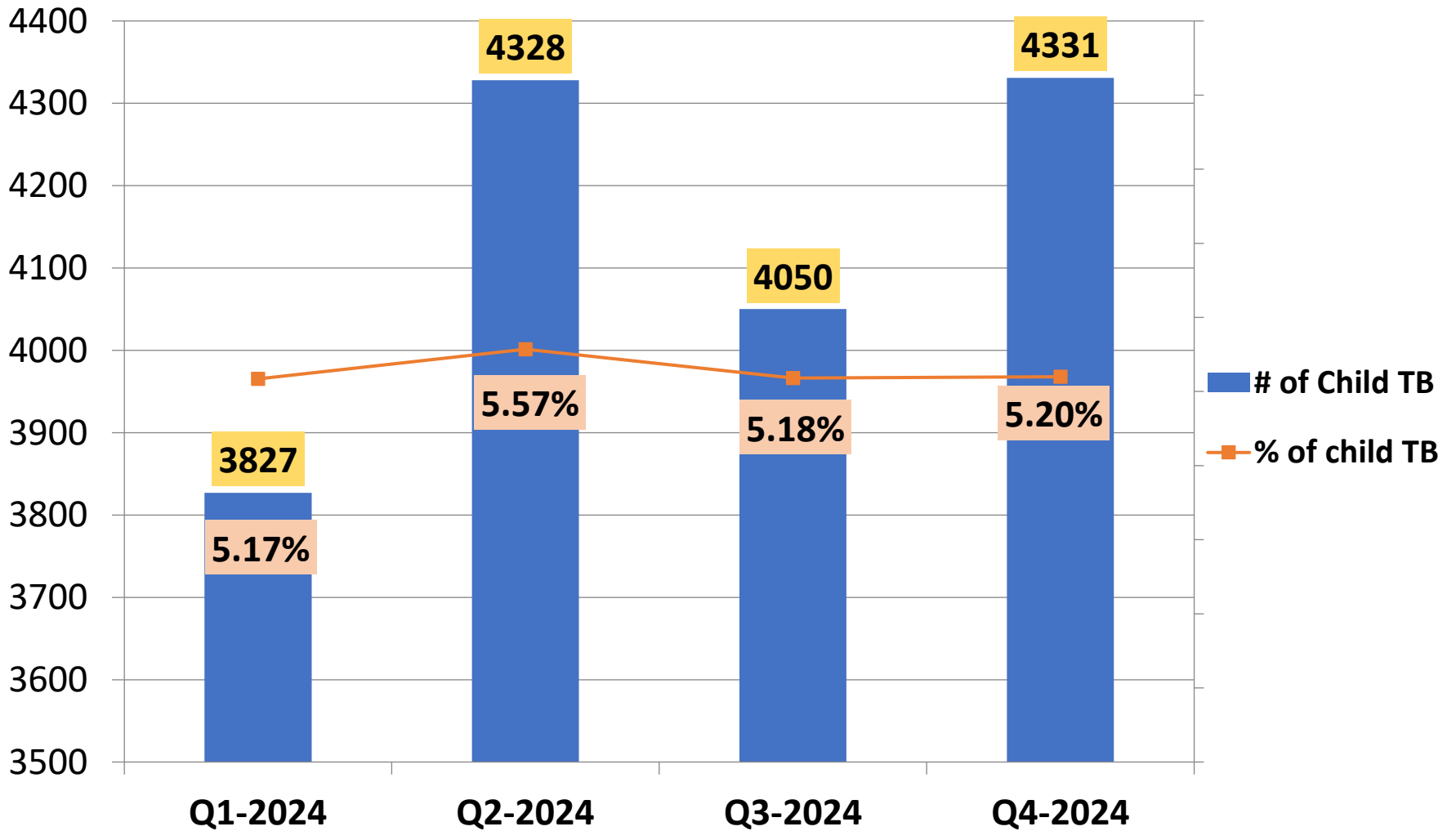
**Source: BRAC MIS**  
**(Tentative data)**

# Number of Notified Cases

## (Target Vs Achievement)

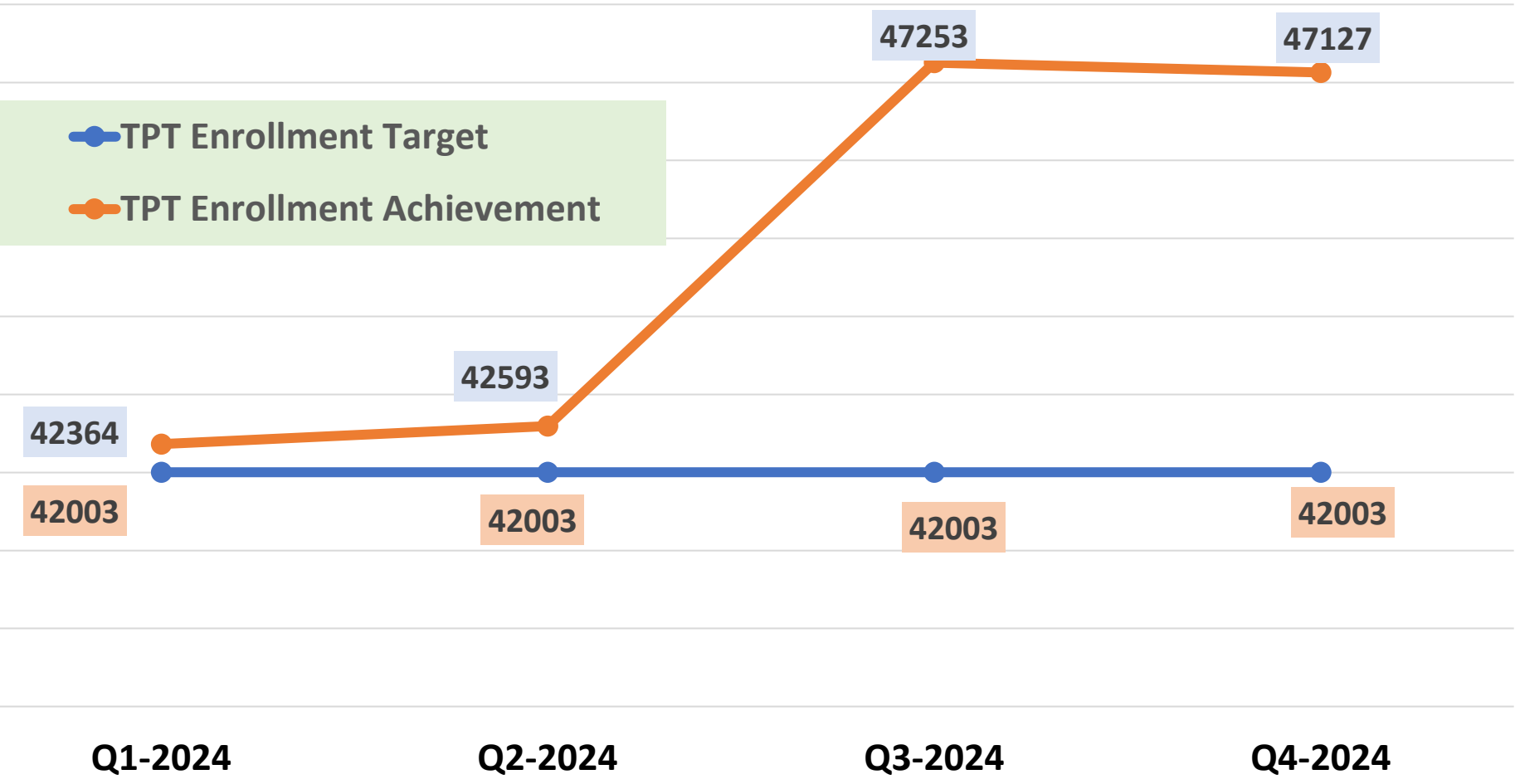


# Child TB



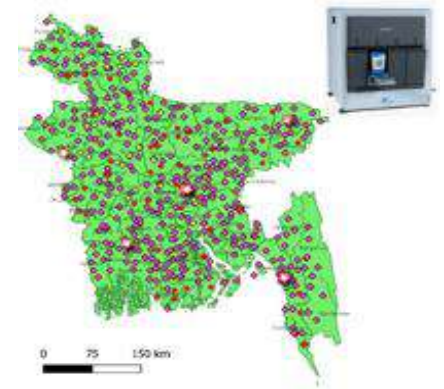


# TPT Enrollment Vs Target (All age group)

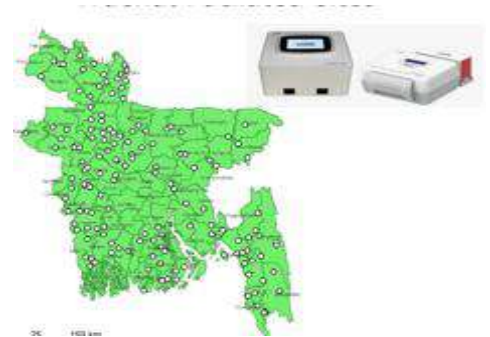


# Impact of Molecular Diagnostic Tool Expansion

Year	No. of Xpert Machine	No. of Presumptive Tests	No. of MTB Positive	No. of RR
2023	622	774,479	116,275 (15%)	2,702 (2.3%)
2024	735	1,620,865	186,695 (11.5%)	3303 ( 1.8%)



Year	No. of Truenat Machine	No. of Presumptive Tests	No. of MTB Positive	No. of RR
2023	38	62,737	5,611 (8.9%)	45 (0.8%)
2024	150	129,818	13,414 (10%)	141 ( 1%)



***Molecular coverage increased from 26% to 54% from 2023 to 2024***

## PROGRAMMATIC PROGRESS LABORATORY

1. NTP Bangladesh **has initiated process to achieve accreditation for 6 BSL2+ standard culture reference labs with the TA support from Global Fund**
2. NTP is undergoing **External Quality Assurance (EQA) of Xpert and Truenat** since 2022. In 2024, **150 Xpert labs have participated for EQA and submitted the reports successfully**. Additional 193 Xpert labs, 150 Truenat labs and 70 Xpert labs (for XDR test) is waiting to **submit EQA reports by February 2025**.
3. Development of **Google Complain Registration Form** to **notify equipment failure** from the field has **reduced machine downtime from 6-12 months to <2 months**
4. **NTP has initiated Diagnostic Network Optimization (DNO) activity from 2024 which aims to estimate demand of TB diagnostic network and digital X-rays, optimize the current TB diagnostic network and iii) to design an optimal Sample Referral System (SRS) that supports improvement of sample transportation efficiencies**

# Training Update 2024

	GFATM	
	Target	Achievement
Jan-December	345	410

## No of Participants-

1. Doctor- 675
2. CHCP- 1380
3. HA/HI/AHI- 6000
4. MT Lab- 1221
5. HIV Councilor- 30
6. NGO Staff- 1100

***Training budget burn rate (GFATM Fund) : 90% (Approximate)***

# Financial Update ( PR 2 BRAC ) : Jan-Dec 2024

Type	Budget (USD)	Expenditure (USD)	Burn Rate
Main	19,847,782	18,384,824	93%
C19RM	3,404,847	2,638,502	77%

# Achievements

- Overall TB Case notification increased including Child TB
- Provided Training for **7380** government field Staff (CHCP, HA,HI,AHI)
- Good performance for all PF indicator except MDR-TB enrollment and HIV screening

# Challenges

- Continuation of **Human Resources** in OP
- Continuation of **OP activities** including timely procurement of First Line TB Drugs
- **Significant resources gap** for TPT rollout and molecular diagnostics test kits
- Sudden Funding **suspended by USAID**
- Validation of **4th Generation HIV kit.**

**“Thank You”**



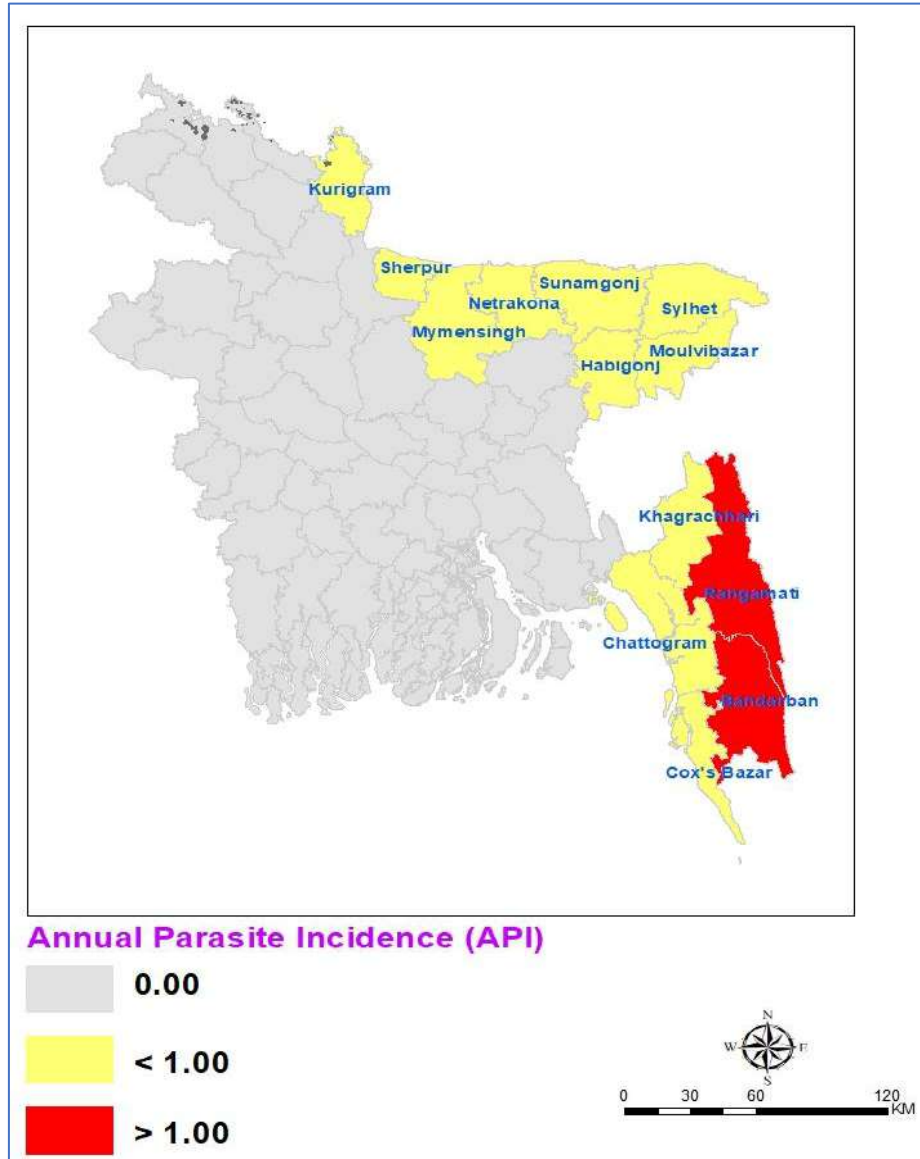


# GC7 Grant Implementation Update (PR-NMEP & PR-BRAC)

Annex-5

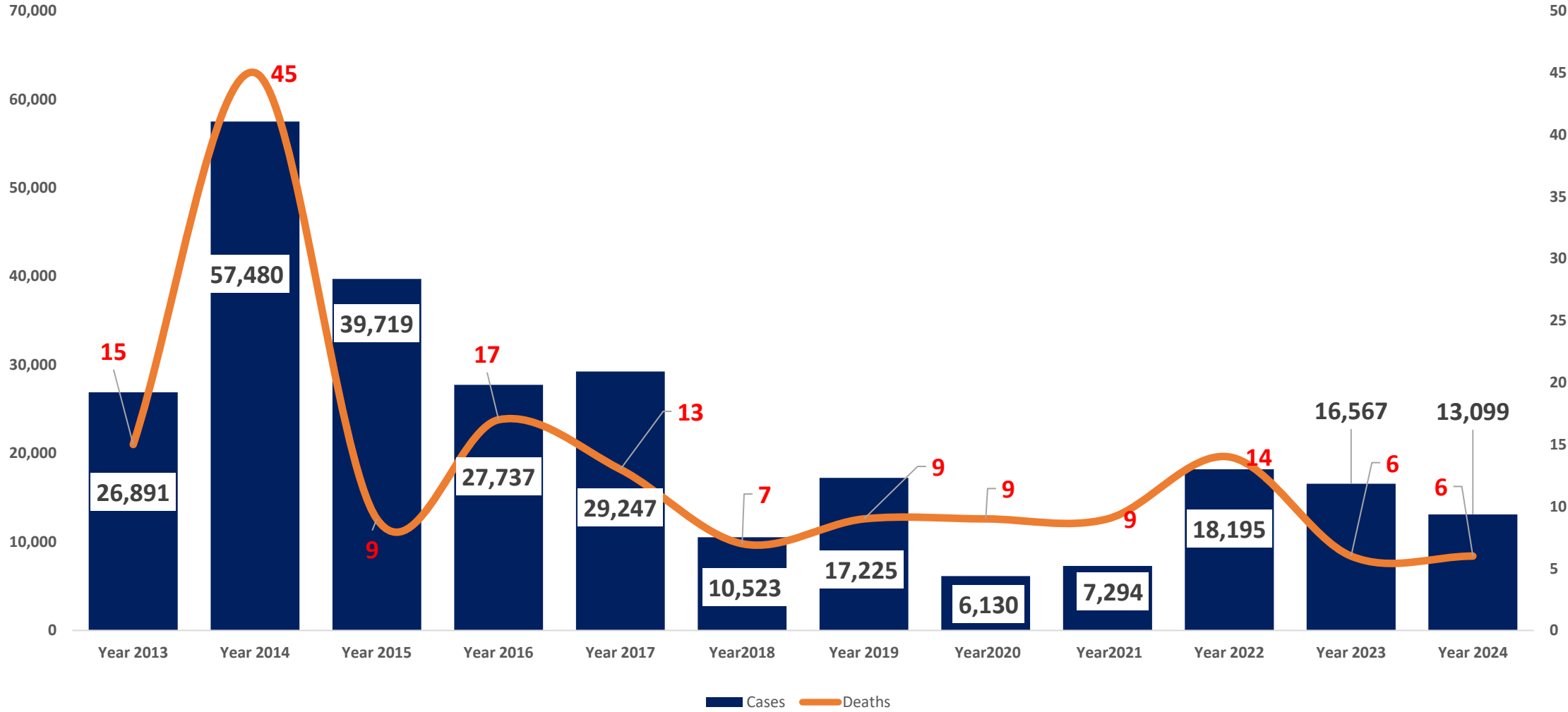
Prof. Dr. Md. Halimur Rashid  
Line Director, CDC, DGHS

# Targeted Phased Elimination: Milestones and Targets



- **By 2024:**
  - Local transmission interrupted in **4 districts of Mymensingh zone**
  - Malaria free status of **51 districts** determined
- **By 2026:**
  - Local transmission interrupted in 4 districts of Sylhet zone, **Chattogram and Cox's Bazar**
- **By 2027:**
  - API reduced to <1 per 1,000 population in **03 CHT districts** and **zero mortality** due to indigenous malaria attained
- **By 2030:**
  - Local transmission interrupted **nationwide**.
- **By 2033:**
  - Malaria elimination certificate received from WHO

# Malaria Cases and Deaths Trend from 2013 to 2024



# Malaria Situation Among Displaced Myanmar Nationals

## Demography


 Population: 10,03,394


 Bashan Char: 35,629

 Growth Rate: 3.77%

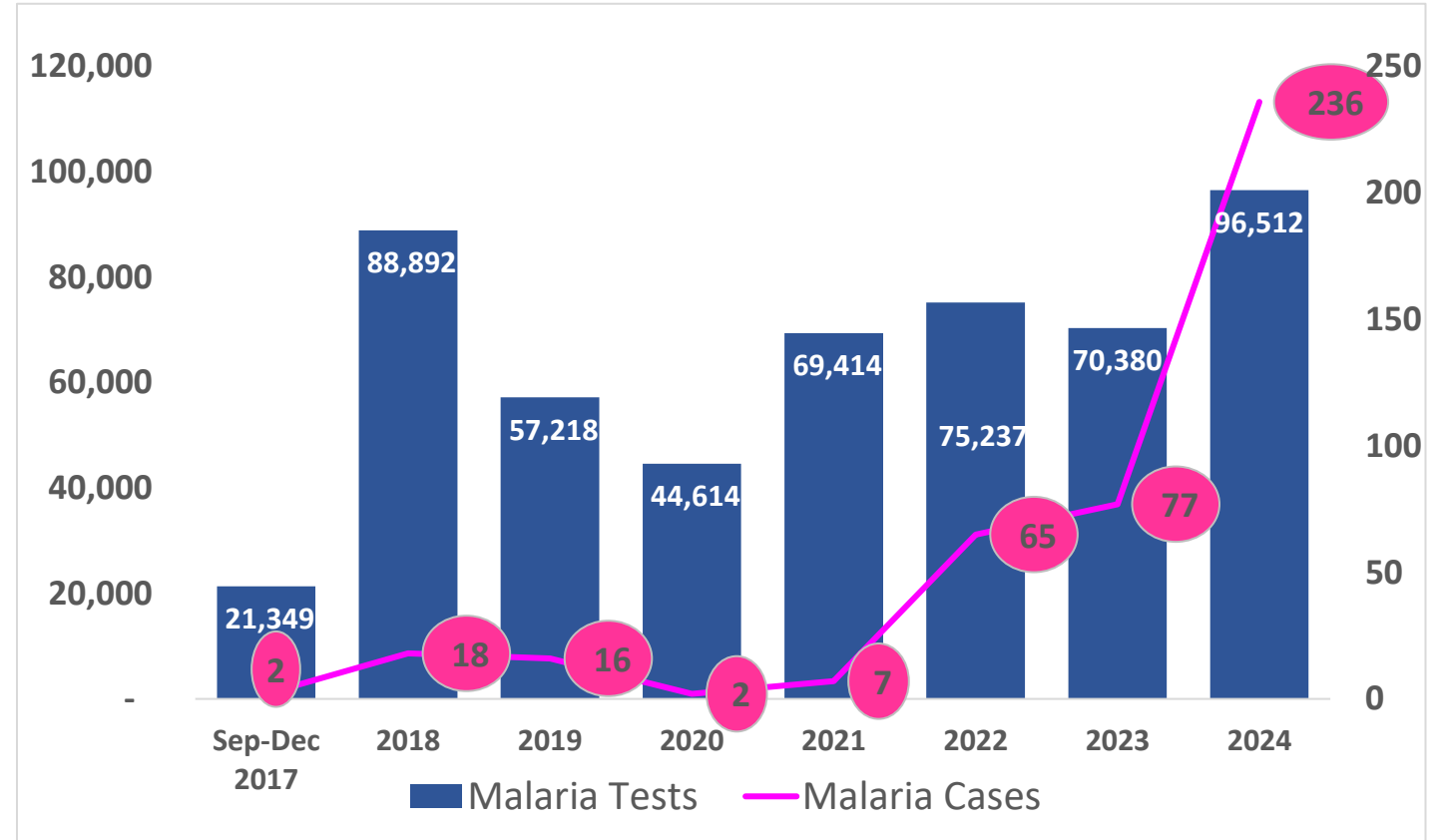
 Children 52%

## Our Activities

 Integrated Malaria, TB, HIV, COVID-19 services at 33 camps and Bashan Char by PR2

 10 peripheral Laboratories

 3,50,000 ITNs distributed in 2022.



# Key achievement in Malaria from 2008 to 2023

- 85% Case Reduction
- 96% Death Reduction
- Annual Parasite Index reduced to 0.72
- More than 85% population has access to malaria treatment in community
- Occurrence of Severe Malaria is 1.45% only
- National Malaria Elimination Program has distributed 16 million ITNs
- Around 97.6% households has ITNs coverage in 13 endemic districts
- Program transformed from control to elimination

# Core Malaria Services

- Diagnosis & Treatment at the Facility & Community level
- Lab Diagnosis available at both Facility and Community level
- Distribution and use of ITNs (mass and continuous distribution)
- Awareness Raising Activities
- Established 63 Malaria Health Post in National and International Border
- Extended malaria services to the forest area through mobile malaria worker



# Core Malaria Elimination Services Cont-----

- Uninterrupted Supply of Drugs & Diagnostics
- Capacity Building
- Surveillance and M&E
- Entomological Surveillance
- Operational Research: TES, TDA, Vaccine Trial



# Budget: GC 7 (USD)

Module	Total Budget 2024-26	Total Expenditure 2024
Program management (HR, Guidelines dev, overhead)	1,307,129	356,293
RSSH: M&E (surveillance, supervision, monitoring, TDA)	1,198,110	332,287
RSSH/PP: Human resources for health (Capacity building)	219,453	63,376
RSSH/PP: Laboratory systems (lab related training and activities)	52,438	15,508
RSSH: Health sector planning and governance (pvt sector engagement, lab and HW training, elimination guidelines and SoP)	56,690	15,348
Case management (Medicine, diagnostics, investigation)	2,294,507	980,982
Vector control (mosquito net procurement, distribution)	5,144,761	90,727
<b>Total</b>	<b>10,273,088</b>	<b>1,854,521</b>



# **Budget: C19 RM (NMEP)**

- Total Budget: USD 18,070,944 (up to Dec 2024)
- Total Expenditure: USD 17,422,025
- Burn rate: 96.4%

# Budget: BRAC (PR2)

<b>Grant Name</b>	<b>Budget (2024)</b>	<b>Expenditure (2024)</b>	<b>Burn Rate (%)</b>
<b>Regular Grant (GC7)</b>	4,678,784	4,534,260	97%
<b>C19RM (GC6)</b>	86,185	70,071	81%
<b>Grand Total</b>	<b>4,764,969</b>	<b>4,604,331</b>	<b>97%</b>

# PSA Oxygen Plant Progress update



# MEDICAL OXYGEN – Country Context

Demand is 100 tones daily in average

Supplied by private companies

Excess demand need to import from neighbouring countries

Demand went up to 300 tons daily during the peak

Spend Millions of dollars per year to buy from private sector

Backup supply is cylinders, cylinders through manifolds



# MEDICAL OXYGEN – Country Context-cont'd



ALJAZEERA

News ▾

War on Gaza

Trump 2.0

Opini

Bangladesh fears to face oxygen crisis as COVID-19 ca  
high



প্রথম আলো



সরাসরি অ্যাডিলেড টেস্ট: ১  
উইকেটে ৮৬ রান নিয়ে দিন ...

সর্বশেষ রাজনীতি বাংলাদেশ অপরাধ বিশ্ব বাণিজ্য মতামত খেলা বিনোদন চাকরি জীবন

## রোগী বাড়ছে, অক্সিজেন নিয়ে শঙ্কা

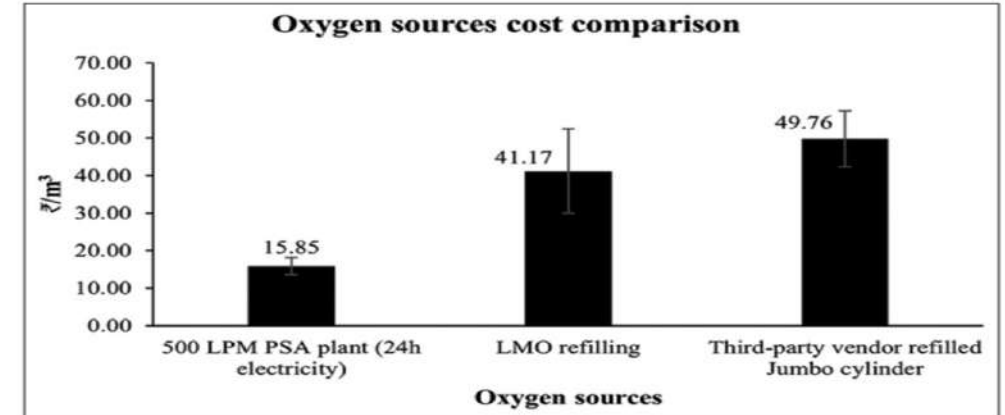
চাহিদা বেড়ে দ্বিগুণ। কোনো কোনো জেলায় বেড়েছে কয়েক গুণ। উৎপাদন, আমদানি, পরিবহন, সর  
ব্যবস্থাপনায় আছে বড় ঘাটতি।



লু লু করে বাড়ছে রোগী, কিন্তু নেই কেন্দ্রীয় অক্সিজেন সেবা।  
Brahmanbaria Hospital | Somoy TV

# Why PSA Plant?

- Reliability of Continuous Oxygen Supply
- Cost-Effectiveness and Reduced Operational Costs
- Scalability to Meet Hospital Demands
- Quality Control and Monitoring of Oxygen Purity
- Adaptability in Low-Resource Settings



**Figure 1:** Cost comparison of oxygen sources. *Error bars* indicate SD ( $n = 6$ ). LPM – Litres Per Minute; PSA – Pressure Swing Adsorption; LMO – Liquid Medical Oxygen; SD – Standard Deviation

# Project Information

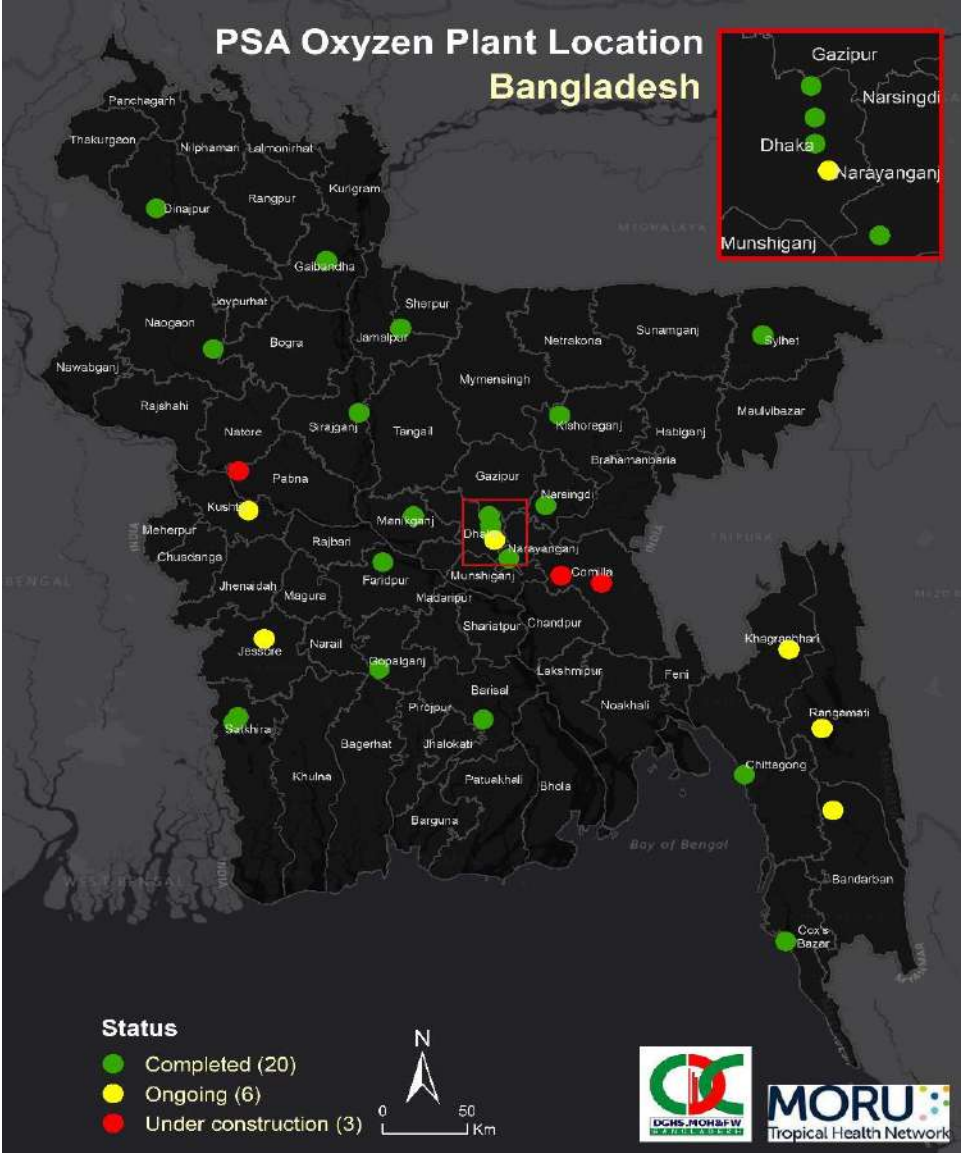
<b>Project</b>	PSA O2 Plant Project
<b>Scope</b>	<ul style="list-style-type: none"><li>• Procurement and installation of 29 PSA plants</li><li>• Procurement of medical and oxygen equipment (BiPAP, Oxygen cylinders, Oxygen mask and generators)</li><li>• Construction of PSA plant building and generator shed</li><li>• Construction of oxygen pipe system and connection to the central system</li></ul>
<b>Timeline</b>	1 Mar 2022 - 31 Dec 2024
<b>Budget</b>	\$16.8M

## Project Progress

- 100% procurement completed
- 29 PSA Plants - Infrastructure (Building + Generator Shed) completed
- 29 PSA Plants - Installation and commissioning completed
- 29 PSA Plants - Handed over to Hospital Authority
- 870 Jumbo Cylinder distributed-30 in site
- 1203 Small Cylinders procured and 1033 distributed



# PSA Plant at 29 Hospitals





# PSA Plant Staffs

Post	Planned.	Available	To be recruited
Biomedical Engineer	02	02	00
Site Engineer	06	06	00
Technician	29	22	07
Operator	116	97	19

# Acknowledgement & Thank You





**Summary overview of the ‘Climate Change and  
Health’ Project’  
NMEP, CDC, DGHS**

# Background information

- A high-level officials from HSD, MoH&FW; ERD and DGHS visited Global Fund HQ in 2023
- Discussed about the possibility of funding in climate change and health in Bangladesh
- GF positively responded and agreed to provide about USD 25 million support in following areas
  - ✓ Surveillance for priority epidemic prone diseases and events (Ensured budget: USD 1,320,000)
  - ✓ Community System Strengthening – Social Mobilisation (Ensured budget USD 6,200,000)
  - ✓ Waste management system (Budget not confirmed USD 6,300,000)
  - ✓ Climate resilient health-care facilities (Budget not confirmed USD 11,000,000)

# Background information

- A multi-stakeholder working group from Planning dept and research-DGHS, NMEP-CDC, IEDCR, and BRAC worked together for developing the proposal
- The proposal was presented and discussed in BCCM Stakeholder Consultation Meeting held on 3 Nov 2024
- After inclusion of the comments from stakeholder consultation, BCCM secretariate shared the proposal with BCCM members
- Hon'ble BCCM chair respected Advisor, MoH&FW and Respected Vice Chair, Senior Secretary, HSD endorsed the proposal
- Support letter was provided by Ministry of Environment, Forest and Climate Change
- The first two components of the proposal approved by GF

# Updated summary of the proposed GF climate project

Component	Amount (in Mil USD)	Status
Surveillance and Early Warning System for priority epidemic-prone diseases and events	1.32	Approved
Community Systems Strengthening	6.2	Approved
Waste management	6.2	<b>Yet to confirm funding.</b> Approved as Unfunded Quality Demand and pending for availability of funding
Climate resilient health-care facilities	11	<b>Yet to confirm funding.</b> Considered strategic investment, pending submission and review of detailed proposal

# Proposal at a glance (first 2 components)

Components	Component 1: Surveillance for priority epidemic-prone diseases and climate events Component 2: Community System Strengthening – Social mobilization
Duration	1 <sup>st</sup> January to 31 <sup>st</sup> December 2025
Principal Recipient(s)	1. Economic Relations Division (ERD), Ministry of Finance 2. BRAC
Lead Implementer(s)	1. National Malaria Elimination Programme (NMEP), CDC, DGHS 2. BRAC
Allocation Funding Request Amount	Component 1: US\$ 1.32M Component 2: US\$ 6.2M Total: US\$ 7.52M

# Status of the project

- The detailed budget and work plan has been prepared, shared with oversight committee and reviewed by Local Fund Agent (LFA) of Global Fund
- Since the project is only for one-year, the concerns and challenges of quick HR recruitment, logistics and service procurement to ensure project implementation within the timeframe were discussed in the coordination meeting held on 22 December 2024.
- As proposed by GF, HSD, MoH&FW, agreed and approved to accomplish the HR recruitment and procurement of services and logistics to be done by the third party (for component 1)
- All HR should be on board within February 2025.



# Status of the project

- Expression of interest regarding recruitment of HR and procurement of services and logistics sought from BRAC and UNOPS.
- Only UNOPS shared their expression of interest through e-mail communication.
- Draft MoU related to component 1 developed and shared with Global Fund for their review and comments.
- After inclusion of comments from GF, the MoU finalized and signed by Director General of Health Services on 30 January 2024

**Thank you**