

Country Coordinating Mechanism (BCCM)

Health Services Division
Ministry of Health and Family Welfare

BCCM Secretariat

Subject: Minutes of the 123rd BCCM Committee Meeting

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| Date (DD.MM.YY) | 19 February 2025 |
| Venue of the meeting | Conference Room of HSD, MOHFW, Dhaka |
| Meeting started | 03:00 pm |
| Meeting adjourned | 05:30 pm |
| Meeting Chaired By | Professor Dr. Md. Sayedur Rahman, Hon'ble Special Assistant Ministry of Health and Family Welfare (MOHFW) and Co-Chair, BCCM |
| Meeting Steered by | Mr. Md Saidur Rahman Secretary, HSD, Ministry of Health and Family Welfare & Vice Chair (Govt), BCCM |
| Meeting facilitated by | Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat |
| Total number of participants | 42 |
| Meeting attendance | <ul style="list-style-type: none"> • BCCM Members and Alternate Members: 24 • PR Representative(s): 13 • LFA Representative: 01 • Non-CCM HSD, MOHFW: 01 • BCCM Secretariat: 03 |
| Attendance list | Yes |
| Others supporting document | Yes |

Agenda Items:

| Agenda No | Title of Agenda |
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| <i>Agenda Item: 1</i> | Endorsement of New Co-Chairperson and Vice Chair (Gov.) and other new member/alternate members of BCCM |
| <i>Agenda Item: 2</i> | Approval of 122 nd BCCM meeting minutes |
| <i>Agenda Item: 3</i> | Update on Oversight Activities: Meetings (55 th -58 th) and Visits (Moulvibazar and Mymensingh) |
| <i>Agenda Item: 4</i> | Update on Global Fund Grants Implementation (Co-financing for HIV, TB and Malaria) |
| <i>Agenda Item: 5</i> | Update on Climate Change and Emergency Funding |
| <i>Agenda Item: 6</i> | Endorsement of Expenditure Report 2024 and Costed Workplan 2025 |
| <i>Agenda Item: 7</i> | AOB: Message from the Global Fund |

At the onset of the meeting **Professor Dr. Md. Sayedur Rahman**, Hon'ble Special Assistant, Ministry of Health and Family Welfare & Co-Chair, BCCM welcomed all the participants. He requested meeting participants to introduce themselves.

With his permission, **Mr. Md Saidur Rahman**, Secretary, HSD, Ministry of Health and Family Welfare & Vice Chair (Govt) directed Deputy Coordinator to facilitate the meeting in accordance with the predetermined agenda. Deputy Coordinator subsequently facilitated the meeting accordingly.

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:Minutes of each agenda item:

Agenda Item#1: Endorsement of New Co-Chairperson and Vice Chairperson (Gov.) of BCCM

Conflict of Interest: No conflict of Interest declared.

Discussions by the constituencies:

BCCM Secretariat: With permission of the Special Assistant-MOHFW, Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat discussed about the election process of BCCM Chairperson, Co-Chairperson, Vice Chairperson and other members. Deputy Coordinator mentioned that Bangladesh CCM has adopted State Minister of MOHFW as “Co-Chairperson” on 121st BCCM meeting. Accordingly, The Special Assistant will be the Co-Chairperson of BCCM. Similarly, respected Secretary, HSD, MOHFW will be the Vice Chair from the Government (one of three vice chairs, other two are from Civil Society and ML/BL). As per the BCCM governance policy, every change is to be endorsed/welcome by the subsequent CCM meeting. Thus, current meeting of the BCCM needs to Welcome New Special Assistant (State Minister) and New Secretary, HSD for these aforesaid positions.

He also informed in the meeting that since August 2024, there are some of the changes in members and alternate members. He proposed to welcome the changes in BCCM members and alternate Members as mentioned in table below:

| Sl No | Previous Member/Alternate (with Designation) | New Member/Alternate (with Designation) | Role in BCCM |
|-------|---|---|-----------------------------|
| 1 | Dr. Rokeya Sultana State Minister MOHFW Phone: +880255100510 Email: stminister@mohfw.gov.bd | Professor Dr. Md. Sayedur Rahman Hon’ble Special Assistant (State Minister) MOHFW Phone: +880255100510 Email: srkhasru@mohfw.gov.bd | Co-Chair of BCCM |
| 2 | M A Akmal Hossain Azad Senior Secretary, HSD, MOHFW Phone: +8802-223357199 Email: secretary@hsd.gov.bd | Md. Saidur Rahman Secretary, HSD, MOHFW Phone: +8802-223357199 Email: secretary@hsd.gov.bd | BCCM Member |
| 3 | Ms. Nargis Khanam Additional Secretary (Planning) HSD, MOHFW Phone: +8801741307336 Email: planningwing@hsd.gov.bd | Kazi Delwar Hossain Additional Secretary HSD, MOHFW Phone: +8801950103724 Email: planningwing@hsd.gov.bd | BCCM Member |
| 4 | Ms. Shaila Sharmin Zaman Joint Secretary (Planning) HSD, MOHFW Phone: +8801733505577 Email: shaila_sz@yahoo.com | Shah Imam Ali Reza Joint Secretary (Planning) HSD, MOHFW Phone: +8801911287128 Email: health@hsd.gov.bd | BCCM Alternate Member |
| 5 | Md Ziauddin Additional Secretary (Admin) HSD, MOHFW Phone: +8801715026961 Email: adminwing@hsd.gov.bd | Ms. Monoara Eshrat Additional Secretary (Admin) HSD, MOHFW Phone: +8801733505577 Email: shaila_sz@yahoo.com | BCCM Member |
| 6 | Mohammad Hasan Arif Director, CMSD, DGHS Phone: +8801310312861 Email: cmsd@cmsd.gov.bd | Dr. Enamul Habib Director, CMSD, DGHS Phone: +880222244087 Email: cmsd@cmsd.gov.bd | BCCM Member |
| 7 | Mohammad Shamim Alam Joint Secretary, LGRD Phone: +8801716092888 Email: urbandev1br@lgd.gov.bd | Dr. Md. Moniruzzaman Joint Secretary, LGRD Phone: +8801711904389 Email: wsbr@lgd.gov.bd | BCCM Member |

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| 8 | Md Mustafizur Rahman Deputy Secretary, LGRD Phone: +8801711235628 Email: lgws1@lgd.gov.bd | Ms. Ashfiqun Nahar Deputy Secretary, LGRD Phone: +8801795823205 Email: lgws1@lgd.gov.bd | BCCM Alternate Member |
| 9 | Most. Ferdousi Begum Joint Secretary, MOWCA Phone: +8801552397996 Email: jsbudget@mowca.gov.bd | Most. Arju Ara Begum Joint Secretary, MOWCA Phone: +8801552397996 Email: jsbudget@mowca.gov.bd | BCCM Member |
| 10 | Kazi Mohammad Saiful Islam Joint Secretary, MOSW Phone: +8801772707257 Email: kms.bd2013@gmail.com | Shamima Ferdous Joint Secretary, MOSW Phone: +8801739376570 Email: sf15463@gmail.com | BCCM Member |
| 11 | Mohammad Abdul Hamid Mia Deputy Secretary, MOSW Phone: +8801712053407 Email: mianmgst@gmail.com | A. B. M. Sadiqur Rahman Deputy Secretary, MOSW Phone: +8801712125771 Email: mswadm5rule@gmail.com | BCCM Alternate Member |
| 12 | Abu Rafa Mohammad Arif Deputy Secretary, MOCHTA Phone: +8801712061943 Email: dsdev@mochta.gov.bd | Munna Rani Biswas Deputy Secretary, MOCHTA Phone: +8801716402409 Email: dsdev@mochta.gov.bd | BCCM Member |
| 13 | Md Ali Reza Siddiquee Joint Secretary (Immi-1 branch) SSD, MOHA Phone: +8801886100555 Email: bc.immi1@ssd.gov.bd | Md Toufiq-E-Leahi Chowdhury Joint Secretary (Immi-1 branch) SSD, MOHA Phone: +8801712249715 Email: bc.immi1@ssd.gov.bd | BCCM Member |
| 14 | Shaikh Farid Ahmed Deputy Secretary (Admin-1 Section and Budget-1 section), SSD, MOHA Phone: +8801746688700 Email: admin1@ssd.gov.bd | Abeda Afsaree Deputy Secretary (Admin-1 Section and Budget-1 section), SSD, MOHA Phone: +8801717278432 Email: admin1@ssd.gov.bd | BCCM Alternate Member |
| 15 | Md. Abdul Gafur Joint Secretary (Budget), IRD, MOF Phone: +8801715028118 Email: abdul.gafur@ird.gov.bd | Mohammad Mahbubur Rahman Patwary Joint Secretary (Budget), IRD, MOF Phone: +8801712148758 Email: abdul.gafur@ird.gov.bd | BCCM Member |
| 16 | Tareq Mohammad Zakaria Deputy Secretary (Budget-1,2), IRD, MOF Phone: +8801911737922 Email: tmzakaria@ird.gov.bd | Bibhishan Kanti Das Deputy Secretary (Budget-1,2), IRD, MOF Phone: +8801818604030 Email: tmzakaria@ird.gov.bd | BCCM Alternate Member |

The Government: Ms. Sheikh Momena Moni, Additional Secretary (WH Wing), HSD, Ministry of Health and Family Welfare & Chair, BCCM Oversight Committee expressed interest about the endorsement process for the roles of Co-Chairperson and Vice Chairperson (Gov). She said that Co-Chairperson and Vice Chairperson (Gov) automatically co-opted or replaced by their position. She recommended meeting participants to welcome Professor Dr. Md. Sayedur Rahman and Md. Saidur Rahman against aforesaid positions of these roles based on their official decorum. Consequently, all members extended a formal welcome to the newly appointed Co-Chairperson and Vice Chairperson (Gov).

Co-Chairperson and Vice Chairperson (Gov) also cordially welcomed all new members and alternate members from other ministry in the BCCM. He stated that new members and alternate members changes are endorsed in the 123rd BCCM meeting.

Decision(s): The 123rd meeting of the BCCM

- welcomed Professor Dr. Md. Sayedur Rahman, Hon'ble Special Assistant, MOHFW as the Co-Chairperson of BCCM

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- welcomed Mr. Md. Saidur Rahman, Secretary, HSD, MOHFW as the Vice Chairperson (Gov) of BCCM
 - welcomed the changes of Members and Alternate Members as mentioned in the table above (in discussions of this agenda item)

Agenda Item#2: Approval of 122nd BCCM Meeting Minutes

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: With permission of the respected Co-Chairperson and Vice Chairperson (Gov), Deputy Coordinator presented updates on the implementation status of the decisions of the 122nd BCCM meeting (annex A). He informed the meeting that some implementations are ongoing and some are accomplished within deadline. He stated that the draft minute of the 122nd BCCM meeting was shared with all members, alternate members, PRs, and other stakeholders for their comment & feedback. All the available feedback and comment were incorporated in the final draft minutes and got signed accordingly. Deputy Coordinator also informed that the signed copy was also shared with all stakeholders electronically. He requested the meeting to endorse the minutes of 122nd BCCM Meeting Minutes.

He updated the meeting with special focus:

- a. **CD-VAT & Tax Exemption:** Health Services Division (HSD) was directed to communicate with the NBR to ensure CD-VAT under The Global Fund grants. He updated the meeting that HSD has communicated with NBR. And NBR has issued a letter for exemption. But the Global Fund has sent an email with queries. The Global Fund Country Team members recently visited Bangladesh and met NBR Chairman. HSD has also sent a letter to NBR and have regular communication in this regard. The revised letter is expected soon.
- b. **Funding Request submission:** The Global Fund informed during the last BCCM meeting that Bangladesh have the opportunity to get funding under Climate Change impact on Health and Emergency funding. The BCCM has decided and directed Funding Request Development Committee to prepare funding request and submit. The funding request has been submitted and partially approved.
- c. **Recruitment of Staff under Government PRs:** 122ndBCCM meeting directed Government PRs to fill vacant positions from the waiting list of latest recruitment process. But it could not be done due to the expiry of the validity of the waiting list of the last recruitment process. The recruitment committee conducted meetings and decided to outsource the process to the third party to expedite the process. NMEP has signed an MoU with UNOPS to conduct the recruitment for both Climate Change Impact on Health grant and GC7 grant. NTP has requested quotation from UNOPS and icddr,b and waiting for their reply. It is also expected to be assigned soon.
- d. **Separate Meetings for Each Disease:** Last BCCM meeting recommended separate meetings for each disease to discuss issues in detail and provide necessary direction. BCCM Secretariat was unable to organize meetings. As BCCM is a large forum, BCCM Secretariat want to propose separate meetings of Oversight Committee for such review and come up to BCCM with necessary issues.
- e. **PR Selection for HIV Grant:** BCCM has an obligation to select a single non-government PR for the HIV and AIDS program in GC8, which is to be started in 2027. Currently, Save The Children and icddr,b are implementing HIV programs, and both are doing well. In such a condition, it is really difficult to select one among them (drop the other). Considering the situation, the Oversight Committee has formed a PR Selection Committee, and they decided that a PR selection process will be operated to select a single PR in GC8 (where existing PRs

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will be able to apply). For this purpose, the development of the Guidelines for Selection of Principal Recipients of the Global Fund Grants is in progress. The Global Fund appointed an international Consultant to prepare this document along with the BCCM Governance & Oversight Manual. The Consultant prepared the Guidelines for Selection of Principal Recipients of The Global Fund Grants that needs to be reviewed and approved by the PR Selection Committee, Oversight Committee, and the BCCM. However, due to unavoidable circumstances, the BCCM Secretariat could not organize these meetings to review the document prepared by the Consultant. In the meantime, the agreement with the Consultant expired on December 2024. Thus, the BCCM Secretariat requested the Global Fund for a national Consultant to complete the rest of the task. They have approved this, and the selection of the national consultant will begin soon. Once the consultant is on board, the document for PR Selection will be finalized. The Consultants will also be assigned to work on the finalization of the BCCM Governance & Oversight Manual, the preparation of the HR manual for the BCCM Secretariat, and the update of the communication plan.

- f. **Validation Workshop and mainstreaming BCCM Secretariat:** Mapping and Positioning works for BCCM Secretariat has been completed. Validation workshop was planned to review and validate the results. The report recommended to mainstream BCCM Secretariat under MOHFW. As the workshop could not be organized the mainstreaming is yet to start. The workshop has been carry-forwarded to 2025 and will be organized as date is fixed by Hon'ble Advisor.
- g. **Co-financing for BCCM Secretariat:** As per the Global Fund regulation, BCCM Secretariat has to be financed by government. And the financing is to be 20% for the middle-income countries. BCCM Secretariat sent letter to the ministry in this regard and waiting for the reply.

The BCCM Member: Ms. Anupama Hazarika, Medical Officer, Communication Disease Control, WHO asked whether the contribution should be in cash or kind.

PR Representative(s): Dr. Rupali Sisir Banu, National Program Coordinator, NTP explained that the co financing is considered both in cash and kind.

The Chairperson: The Chair of the meeting queried about the amount covered in kinds from the MOHFW. As BCCM Secretariat did not calculate the value of support from the MOHFW in kinds, he directed to calculate it and request MOHFW for cash support to meet rest of the amount required.

The Global Fund: Ms. Gyongyver Jakab, Senior Fund Portfolio Manager, The Global Fund thanked for organizing 123rd CCM meeting. She also mentioned that she had visited Bangladesh in January 2025 and met with Hon'ble Special Assistant to Advisor, MOHFW and Respected Secretary, HSD, MOHFW to discuss different issues.

She stated Co-financing as one of the most important topics from The Global Fund perspectives because \$33 Million dollar allocation is dependent on co-financing issues. She explained that the requirement of co-financing amount is determined by considering few factors. Firstly, minimum amount of contribution against the allocation amount. Secondly, 20% increase compared to that of previous allocated amount. She informed that she will send a letter by end of the day to confirm the exact amount needed to be committed in current grant cycle.

In addition to the co-financing, there were some activities planned to be financed by the Government fund during the grant negotiation of current cycle. She told the meeting that Bangladesh committed to absorbing some health products financing specially Gene expert cartridge, continuation of some Human Resource (will be financed by The Global Fund till December 2025 e.g. Oxygen plant operation related HRs, District Surveillance Medical Officer etc.) are included in these committed activities.

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She also reminded that the Global fund has exceptionally reallocated some of the funding for diagnosis from Y3 to Y1 to cover the gap of TB first line medicine valued \$13 million. This gap still exists and program has to confirm same amount in year three and allocate fund for medicine onwards.

She reminded that about The US government order to freeze funding embargo which is already in effect. But she assured that implementation of the program for 2025 are not going to be affected and the program will be continued without any concern.

She informed the meeting that the Global Fund has launched 8th Replenishment yesterday. The Replenishment is basically fund-raising activity of the Global Fund. Current replenishment aimed USD 18 billion for next grant cycle. She explained Bangladesh as one of the successful investment cases. She conveyed a key message that the Global Fund board expects the implementing countries to advocate the importance of the Global Fund funding in country's health system strengthening and requested our representatives to do so in bi-lateral & multi-lateral meetings as applicable.

Decision: The 123rd meeting of the BCCM

- *endorsed the 122nd the BCCM Meeting Minutes and approved.*
- *acknowledged the progress of CV-VAT and Tax exemption*
- *directed BCCM Secretariat to calculate in-kind contribution of MOHFW to the BCCM Secretariat and send request for required amount in cash*
- *thanked Ms. Gyongyver Jakob explaining important issues from the Global Fund and our country program perspective*
- *acknowledged the requirement of co-financing requirement and directed the program to communicate their requirements including drug, HR etc. to the ministry*

Agenda Item#3: Update on Oversight Activities-Meetings (55th-58th) and Visits (Moulvibazar and Mymensingh)

Conflict of Interest: No conflict of Interest declared.

Discussions by the constituencies:

BCCM Secretariat: Deputy Coordinator informed the meeting that Oversight Committee has conducted four meetings. Among them one Oversight Meeting has been conducted for development of dashboards. In addition to the four meetings, the committee has conducted two visits at Moulvibazar and Mymensingh district to observe the Global Fund funded programs.

He also informed BCCM Secretariat has shared these meeting minutes and visit report both draft and signed copies with respective stakeholders electronically (all meeting minutes and visit reports are attached herewith as annex B). He requested permission of the Chair of the meeting to present decisions of these meetings and recommendations of these visits before endorsement.

The Chairperson: The Chair of the meeting explained that the visit reports have detailed description of the health service situation of visited areas. But, it does not reflect the improvements or trends of the particular area or facility. Moreover, the report becomes too long for the busy people. He suggested to accommodate a summary/snapshot of the report at the beginning (like executive summary) and include trends of disease (improved or not).

Finally, he queried the meeting participants including PR representatives if there are any comments on these minutes and reports. He also directed to endorse if there are no comments.

Decision(s): The 123rd Meeting of BCCM

- *thankfully acknowledged the activities of BCCM Oversight Committee and endorse decisions of 55th to 58th meeting and recommendations of visit in Moulvibazar and Mymensingh*
- *recommended to include a summary/snapshot of the report at the beginning*
- *also recommended to include trends of the disease and service details in the report*

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Agenda Item#4: Update on Global Fund Grants Implementation Program (GC7 Grants) Implementation (Disease Wise)

Conflict of Interest: No conflict of Interest declared.

Discussions by the constituencies:

The Chairperson: The chairperson of the meeting requested to present the program update on global fund GC7 Grants Implementation (Disease Wise) briefly.

BCCM Secretariat: Deputy Coordinator informed in the meeting that Bangladesh is implementing grant cycle 7 of the Global Fund. He requested the line director of TB, HIV and Malaria to give brief presentation on Grant implementation process (Disease Wise). He also requested to explain challenges of the program where intervention of MOHFW is required.

PR Representative(s): Dr. Zubaida Nasreen, Line Director, TB-L and ASP presented the HIV/AIDS program to the meeting (presentation attached as annex C). She explained the prevalence & coverage of Key Affected Population (KAP), program achievements against target and absorption rate of all PRs.

The Chairperson: The chairperson of the meeting queried if there is any challenge emerged in recent days. He invited other PRs inform their challenges in the meeting.

PR Representative(s): Dr. Sharful Islam Khan, Scientist and Head, Program for HIV and AIDS, Infectious Disease Division (IDD), icddr, explained that hijra (a specific sub-culture under the transgender umbrella) are facing diverse, multilayered challenges after the US President forcefully declared a stringent gender binary. Dr. Khan mentioned that the Government of Bangladesh officially recognized hijra as a separate gender category, beyond the binary. However, those in the community who do not view gender as a continuum beyond the binary are more actively abusing hijra. They try to undermine their rights as a citizen of Bangladesh by harassing and violating their human rights. Though Dr. Khan acknowledged this was always been a challenge, recent situations have exacerbated these complexities. Likewise, the MSM remain hidden due to social stigma. The HIV program has designed some strategic intervention approaches to situate them for health services and retain them under service coverage. Dr. Khan emphasized that if this socio-political climate persists, operating interventions may become increasingly difficult, thus aggravating the spread of HIV infection.

Dr. Rounak Khan, Chief of Party, HIV/AIDS Program, Save The Children elaborated that they are working with Female Sex Worker (FSW) and People Who inject Drugs (PWID) as well as treatment care and support for PLHIV under the leadership of the National Program (ASP). Save the Children has been working with the Key Populations since 2008. The HIV prevalence rate among FSW is maintained low due to the prevention work carried out by Save the Children but there is no reason to be complacent. Amongst the PWID, the HIV prevalence is still high in Dhaka and Narayanganj (more than 5%) but has come down from 2016. Save the Children is the pioneer and implements 14 OST (Opioid Substitution Therapy) clinics under the leadership of the Department of Narcotics Control (DNC). This initiative has helped many PWID to lead a drug free life. Out of 50 centres (PWID and FSW), Save the Children has relocated 14 centres into government/public hospitals. Now working with national program for integration of services and readiness of service providers and Key Population. From 2004, there were different campaigns for mass awareness like “Bachthe holey janthe hobe”. There was also great work carried out with religious leaders in the community. Even though the program has come forward with different priorities, these issues are very much contextually pertinent. Dr. Khan highlighted that social stigma and gender-based violence are very much rampant at the community level. These are the main challenges of the HIV/AIDS program. National level awareness programs, working with religious bodies/leaders are very much needed and important to maintain success and attain further heights in HIV prevention.

The Chairperson: The chairperson of the meeting explained the necessity of awareness program to increase knowledge on HIV/AIDS. He also noticed the reduction of mass awareness materials such

as bill board, signboard etc. He urged to increase awareness activities at different level. Additionally, he urged to critically analyse the investment case and ensure value for money. He directed to increase coverage so that no spark happens in future.

The BCCM Member: Professor Dr. Md. Aminul Haque, Department of Population Science, University of Dhaka suggested to provide a document with summary of targets vs achievement for last period. He opined that these detailed presentations become time consuming and causes loss of focus.

Mr. Md. Sharif Mustafa Helal, Executive Director, Bangladesh Women's Health Coalition (BWHC) agreed with Prof. Dr. Md. Aminul Haque. He also suggested that financial summary can be further reduced.

Md. Saidur Rahman, Secretary, HSD, MOHFW informed the meeting that ICT division is designated to disseminate awareness message to the public for national benefits. He requested Programs to communicate with them to disseminate important messages for mass awareness.

PR Representative(s): Dr. Rupali Sisir Banu, National Program Coordinator (NPC), NTP presented TB program progress on behalf of NTP and BRAC jointly (presentation attached as annex D). She highlighted on the achievement of the national TB program against set indicators.

The Chairperson: The chairperson of the meeting opined that the indicators presented here are very technical which is not understandable for all. He suggested to re-articulate these indicators in line with the national vision.

The BCCM Member: Md. Saidur Rahman, Secretary, HSD, MOHFW opined that there are some indicators where more efforts are required e.g. "Percentage of TB patients (all Forms) with known HIV status". Under this indicator the target is 35% but actual requirement might be close to 100%. He requested to explain.

PR Representative(s): Dr. Rupali Sisir Banu explained that the target is set considering the availability of requirement is based on some criteria and it might 65%. But due to resource constraints, it is set as 35% of newly diagnosed TB cases will be screened for HIV

The BCCM Member: Respected Secretary explained that MOHFW is currently working on the requirement of programs. He requested to submit need with justification for the allocation of fund from the ministry.

PR Representative(s): Dr. Rupali Sisir Banu highlighted some challenges which are as below:

- 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.

She urged that government financing is urgently needed to continue TB program at current pace.

The Chairperson: The chairperson of the meeting queried about the discontinuation of SRs under BRAC TB program. He opined that the letter should include the rationales and the implementation arrangement in absence of discontinued organizations.

PR Representative(s): Dr. Akramul Islam, Senior Director, BRAC Health Program informed the meeting that SR consolidation plan was discussed and agreed during the last grant negotiation with the Global Fund, and it is explained in the letter. BRAC will implement TB services in those areas in absence of 3 discontinued SRs (TLMI-B, RDRS and DF). However, he also assured that the suggestion will be complied in future.

Dr. Shyamol Kumar Das, DPM, National Malaria Elimination Program (NMEP) presented Malaria program progress on behalf of NMEP and BRAC jointly (presentation attached as annex E). He

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focused on the achievement of the National Malaria Elimination Program against set indicators. He explained the infection & death trend, LLIN distribution etc. He also explained that major challenge in malaria elimination program is the geography. He informed the meeting that NMEP has introduced different operational research and field activities to ensure malaria control in hard-to-reach areas. Malaria preventive therapy has been introduced in selected areas. In addition, local population who was infected and received service from the program are selected for providing service and increase awareness in these remote areas.

The BCCM Member: Respected Secretary suggested the program to collaborate with other agencies e.g. Bangladesh Border Guard (BGB), Military etc. to ensure service delivery in these remote areas.

Ms. Sheikh Momena Moni, Additional Secretary (WH Wing), HSD, MOHFW and Chair, BCCM Oversight Committee informed that one major challenge of malaria elimination in Bangladesh is cross-border movement. If malaria is not controlled in India (bordering area of Bangladesh), our success will be on threat.

Mr. Mohammad Ali, Executive Director, Shining Hill opined that local representative e.g. local government engagement is poor in Chittagong Hill Tracts. He urged to strengthen the inclusion of the local bodies.

Mr. Kazi Shajahan, Joint Secretary (ERD), Ministry of Finance opined that Chittagong Hill District Council can be an important part. Inclusion of malaria in the discussion points of regular coordination meeting of Hill District Council may strengthen the program in these areas.

Decision(s): The 123rd Meeting of BCCM

- *acknowledged the program implementation and progress of HIV/AIDS, TB and Malaria*
- *recommended to revisit the indicators of the programs so that it can be self-explanatory and impact creating*
- *also recommended to communicate with ICT division to disseminate awareness messages*
- *also recommended to align program objectives with national goal aiming to be nationally financed*
- *also directed to send the requirements of the programs to Ministry for fund allocation urgently*
- *also directed PRs, while sending any letter regarding change, to explain in detail in case of any change specially the cause and the adoption process*

Agenda Item#5: Update on Climate Change and Emergency Funding

Conflict of Interest: No conflict of Interest declared.

Discussions by the constituencies:

BCCM Secretariat: Deputy Coordinator informed the meeting that Bangladesh has received additional fund under Climate Change and Emergency Funding. He requested NMEP to update the meeting briefly on these grants.

PR Representative(s): Dr. Shyamol Kumar Das, DPM, National Malaria Elimination Program (NMEP) informed the meeting that four major components are proposed under the Climate Change impact on Health which are as below:

1. Surveillance and Early Warning System for priority epidemic-prone diseases and events (USD 1.32 million)
2. Community Systems Strengthening (USD 6.2 million)
3. Waste management (USD 6.2 million)
4. Climate resilient health-care facilities (USD 11 million)

He informed the meeting that first two has approved and funding secured. But last two are strategically approved but funding is not secured yet. The Global Fund will allocate fund upon availability in future.

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He also informed the meeting that the approved grants will be implemented by 31 December 2025. Thus, it needs prompt action to ensure timely implementation. This is why the recruitment has been outsourced (updated under the agenda item#2 of the meeting).

The Chairperson: The chairperson requested to inform about the emergency funding.

PR Representative(s): Dr. Mushfiqur Rahman, Program Operation Advisor, NMEP explained that recent sudden flood in Khagrachhari caused damage of LLIN in the malaria endemic areas. As LLIN is the key to malaria control, the area became vulnerable. As this was an unforeseeable incident, the loss was not calculated in the planning phase but being the key intervention required earliest re-distribution. In this circumstance, NMEP requested the Global Fund to allocate fund for these distributions. The Global Fund approved the proposal and allocated US\$ 4,077,128 additional funding.

Decision(s): The 123rd Meeting of BCCM acknowledged the update of Climate Change and Emergency Funding of the Global Fund

Agenda Item#6: Endorsement of Expenditure Report 2024 and Costed Workplan 2025

Conflict of Interest: No conflict of Interest declared.

Discussions by the constituencies:

BCCM Secretariat: Deputy Coordinator informed the meeting that BCCM Secretariat has prepared expenditure report of 2024. The report has been sent to the Global Fund CCM. The report was presented in the BCCM Oversight Committee (presentation attached as annex F). As per the Global Fund Policy, the report has to be endorsed by the CCM. He requested for the permission of Chair to present it to the meeting.

The Chairperson: The chairperson directed to explain summary rather than presenting detail as the Oversight Committee has reviewed it.

BCCM Secretariat: Deputy Coordinator informed that BCCM Secretariat received total of USD 1,95,094 for the year 2024 (under CCM Funding-\$1,47,904, CCM Evolution Funding - \$23,944 and C19RM funding \$23,247). He further informed that BCCM Secretariat has reported expenditure of \$1,35,820 in total (under CCM Funding-\$95,599, CCM Evolution Funding-\$23,944 and C19RM funding \$16,277). The burn rate (70%) was low as some activities could not be done due to the unstable political condition. Some activities have been carry-forwarded to current year i.e. 2025.

He also informed BCCM Secretariat has prepared Costed Workplan 2025 and shared with the Global Fund. After several addition and modification, the Global Fund has approved \$1,60,958 under CCM Funding and \$6,969 under C19RM funding (total USD 1,67,927). BCCM Secretariat has added USD 6,000 under UNAIDS as expected fund. Though UNAIDS did not confirm the funding, BCCM Secretariat added it to ensure comply the Co-Financing requirements (discussed in the agenda item # 2). Presentation on the budget 2025 is attached herewith as annex G).

Decision(s): The 123rd Meeting of BCCM endorsed the Expenditure Report 2024 and Costed Workplan 2025.

Agenda Item#7: AOB – Review of CCM membership.

Conflict of Interest: No conflict of Interest declared.

Discussions by the constituencies:

The BCCM Member: With the permission of the Chair, Additional Secretary (WH) explained that BCCM is a multistakeholder body comprised of 33 members from government, Multi-Lateral (ML) & Bi-Lateral (BL) development partners, civil society including Academia & Researchers, NGO

representatives, Key Affected Population (KAP), private sector etc. Membership is confirmed by election and selection (Government and ML/BL) by respective constituencies.

She informed the meeting that Hon'ble Advisor has requested to review this membership and update if there is any issue to consider.

The Chairperson: The chairperson explained that current government is reviewing and updating representation at different level in line with the spirit of current government. He asked for the permission of the meeting to review all representations by Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW and Chair, BCCM Oversight Committee to recommend change, if necessary.

Decision(s): The 123rd Meeting of BCCM

- *decided to review current representation to BCCM and recommend change, if necessary*
- *delegated Additional Secretary (WH), HSD, MOHFW and Chair, BCCM Oversight Committee*
- *recommendations will be presented in next BCCM meeting and decide way-forward according to the BCCM Governance Manual*

Decision(s) at a glance: The 123rd meeting of the BCCM

- welcomed Professor Dr. Md. Sayedur Rahman, Hon'ble Special Assistant, MOHFW as the Co-Chairperson of BCCM
- welcomed Mr. Md. Saidur Rahman, Secretary, HSD, MOHFW as the Vice Chairperson (Gov) of BCCM
- welcomed the changes of Members and Alternate Members as mentioned in the table above (in discussions of this agenda item)
- endorsed the 122nd the BCCM Meeting Minutes and approved.
- acknowledged the progress of CV-VAT and Tax exemption
- directed BCCM Secretariat to calculate in-kind contribution of MOHFW to the BCCM Secretariat and send request for required amount in cash
- thanked Ms. Gyongyver Jakob explaining important issues from the Global Fund and our country program perspective
- acknowledged the requirement of co-financing requirement and directed the program to communicate their requirements including drug, HR etc. to the ministry
- thankfully acknowledged the activities of BCCM Oversight Committee and endorse decisions of 55th to 58th meeting and recommendations of visit in Moulvibazar and Mymensingh
- recommended to include a summary/snapshot of the report at the beginning
- also recommended to include trends of the disease and service details in the report
- acknowledged the program implementation and progress of HIV/AIDS, TB and Malaria
- recommended to revisit the indicators of the programs so that it can be self-explanatory and impact creating
- also recommended to communicate with ICT division to disseminate awareness messages
- also recommended to align program objectives with national goal aiming to be nationally financed
- also directed to send the requirements of the programs to Ministry for fund allocation urgently
- also directed PRs, while sending any letter regarding change, to explain in detail in case of any change specially the cause and the adoption process
- acknowledged the update of Climate Change and Emergency Funding of the Global Fund
- decided to review current representation to BCCM and recommend change, if necessary

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- delegated Additional Secretary (WH), HSD, MOHFW and Chair, BCCM Oversight Committee
 - recommendations will be presented in next BCCM meeting and decide way-forward according to the BCCM Governance Manual

Having no other issues to discuss, the Chair of the meeting wrapped up the meeting with thanks to the all members for their attendance and active participation.



Professor Dr. Md. Sayedur Rahman
Hon'ble Special Assistant (State Minister)
Ministry of Health & Family Welfare
and
Co-Chair, BCCM

Bangladesh Country Coordinating Mechanism (BCCM)

Update on 122nd meeting decisionsPresented to 123rd BCCM Meeting

| Sl.No. | Agenda and Decision | Implementation Status | Remarks |
|--|--|--|---------|
| Agenda # 1: Welcome of New Chairperson and Vice Chairperson of BCCM | | | |
| ০১ (ক) | 122 nd meeting of BCCM welcomed Ms. Nurjahan Begum, Hon'ble Advisor-MOHFW as the Chairperson of BCCM in place of Dr. Samanta Lal Sen, Hon'ble Minister -MOHFW | ইতোমধ্যে সম্পন্ন হয়েছে। | |
| ০১ (খ) | 122 nd meeting of BCCM welcomed Mr. M A Akmall Hossain Azad; Senior Secretary HSD, MOHFW as the Vice Chairperson of BCCM | ইতোমধ্যে সম্পন্ন হয়েছে। | |
| ০১ (গ) | 122 nd meeting of BCCM welcomed the changes of Members and Alternate Members as mentioned in the table above in discussions of this agenda item | ইতোমধ্যে সম্পন্ন হয়েছে। | |
| Agenda # 2: Approval of 121 st BCCM Meeting Minutes & 53 rd Oversight Committee Meeting Minutes | | | |
| ০২ (ক) | 122 nd meeting of BCCM endorsed and approved the decisions of the 53 rd meeting of the BCCM Oversight Committee meeting which is attached as endorsed and approved the 121 st BCCM Meeting Minutes and the decisions of the 53 rd meeting of the BCCM Oversight Committee. | ইতোমধ্যে সম্পন্ন হয়েছে। | |
| ০২ (খ) | 122 nd meeting of BCCM decided that the WH wing of HSD would communicate with the NBR Chairman to meet and discuss this (goods and services procured by grants) CD VAT and Tax exemptions issue urgently | <ul style="list-style-type: none"> - গ্লোবাল ফান্ডের অনুদানের অর্থে পণ্য ও সেবা সংগ্রহের ক্ষেত্রে এনবিআর কর্তৃক CD VAT and Tax মওকুফের পত্র জারি করা হয়েছে। - উক্ত পত্রে কিছু বিষয় অস্পষ্ট থাকায় স্পষ্টীকরণের বিষয়ে এনবিআর-এর সাথে আলোচনা হয়েছে। মন্ত্রণালয় থেকে পত্রও প্রেরণ করা হয়েছে। | |
| Agenda # 3: Introduction of GF's Senior Fund Portfolio Manager & team + Declaration of emergency grant for Bangladesh | | | |
| ০৩ (ক) | 122 nd meeting of BCCM acknowledged the raised issues by Ms. Gyongyver Jakab, Senior FPM (Fund Portfolio Manager), the GF Secretariat, Geneva, Switzerland: Funding Request <ul style="list-style-type: none"> - Emergency Funding - Climate Change Funding | <ul style="list-style-type: none"> - Funding request প্রেরণ করা হয়েছে। - আংশিক অনুমোদন হয়েছে (Climate Change & Health বিষয়ক অনুদান) বাকি অংশ পর্যালোচনা পর্যায়ে আছে। | |

| Sl.No. | Agenda and Decision | Implementation Status | Remarks |
|--|---|--|---------|
| ০৩ (খ) | 122 nd meeting of BCCM directed to NTP, NMEP, and ASP to ensure the fulfillment of vacant positions from the waiting list with necessary approval from Senior Secretary-HSD, MOHFW as soon as possible | <ul style="list-style-type: none"> -বিগত নিয়োগ প্রক্রিয়ার মেয়াদ উত্তীর্ণ হওয়ায় নিয়োগের জন্য নতুন পদক্ষেপ নেয়া হয়েছে। -নিয়োগ ত্বরান্বিত করার জন্য সুনামখ্যাত ওয় পক্ষকে দায়িত্ব দেয়ার সিদ্ধান্ত নেয়া হয়েছে। -ম্যালেরিয়া নির্মূল কর্মসূচি: United Nations Office for Project Services (UNOPS) (চূড়ান্ত করা হয়েছে) -যক্ষ্মা (TB) নিয়ন্ত্রণ কর্মসূচি: icddr,b (আলোচনা চলছে) | |
| ০৩ (গ) | 122 nd meeting of BCCM directed that the GF Country Team and their consultants would work closely with the Principal Recipients to prepare Funding Request/ Proposals for the Climate Change and HSS Related Grants and GF Emergency Funding | <ul style="list-style-type: none"> - ক্রমিক ৩ (ক) এর অনুরূপ | |
| ০৩ (ঘ) | 122 nd meeting of BCCM decided that the new ADG Planning would be the Funding Request/Proposal Development Committee Chair while this position would be fulfilled with a new appointment | <ul style="list-style-type: none"> - অধ্যাপক ডা. শেখ ছায়েদুল হক উল্লেখিত পদে যোগদান করেছেন এবং দায়িত্ব পালন করছেন। | |
| Agenda # 4: Program Update on Global Fund GC7 Grants Implementation (Disease Wise) | | | |
| ০৪ (ক) | 122 nd meeting of BCCM acknowledged Program Update on Global Fund GC7 Grants Implementation (Disease Wise) | <ul style="list-style-type: none"> - কার্যক্রম চলমান। সভায় এ বিষয়ে প্রেজেন্টেশন দেয়া হবে। | |
| ০৪ (খ) | 122 nd meeting of BCCM recommended arranging separate meetings for each disease to discuss related issues in detail and solve the issues. | <ul style="list-style-type: none"> - বিসিসিএম সভা একটি বড় ফোরাম হওয়ায় স্বল্প সময়ে সভা আয়োজন কঠিন। - এ প্রেক্ষিতে প্রতিটি কর্মসূচির জন্য পৃথক সভা আয়োজনের বিষয়ে Oversight Committee কে দায়িত্ব দেয়া যেতে পারে। | |
| Agenda # 5: Update on Climate Change and Emergency Funding | | | |
| ০৫ | 122 nd meeting of BCCM decided that the Global Fund country team will work with PR recipients' technical team for build in the funding request proposal of Climate Change Related Health Financing and Emergency Grants. | <ul style="list-style-type: none"> - কার্যক্রম চলমান। সভায় এ বিষয়ে প্রেজেন্টেশন দেয়া হবে। | |
| Agenda # 6: Endorsement of HIV PR consolidation Plan and new PR selection committee | | | |
| ০৬ (ক) | 122 nd meeting of BCCM acknowledged HIV PR consolidation by the start of the GC8 Grants and its importance; | <ul style="list-style-type: none"> - দি গ্লোবাল ফান্ড এর নির্দেশনা অনুযায়ী HIV এর কার্যক্রম বাস্তবায়নকারী দুটি বেসরকারি প্রতিষ্ঠান | |

| Sl.No. | Agenda and Decision | Implementation Status | Remarks |
|--|---|--|---------|
| ০৬ (খ) | 122 nd meeting of BCCM endorsed the 53rd meeting of the BCCM Oversight Committee decision on HIV PR consolidation/Selection and the new PR Selection Committee as mentioned in above table in this agenda item | (বর্তমানে icddr,b এবং Save the Children) -এর পরিবর্তে একটি প্রতিষ্ঠানকে দায়িত্ব দেয়া প্রয়োজন। এ লক্ষ্যে গঠনকৃত কমিটি নতুন করে প্রতিষ্ঠান নির্বাচনের সিদ্ধান্ত নিয়েছে। | |
| ০৬ (গ) | 122 nd meeting of BCCM endorsed the decisions of the 53rd meeting of the BCCM Oversight Committee on the plan for HIV PR consolidation and new PR Selection | - প্রয়োজনীয় কার্যক্রম এ সহায়তা করার জন্য একজন পরামর্শক চাওয়া হয়েছিল। - দি গ্লোবাল ফান্ড এর পক্ষ থেকে অর্থ বরাদ্দ করা হয়েছে। | |
| ০৬ (ঘ) | 122 nd meeting of BCCM directed the BCCM Secretariat to work with the Global Fund Country Team to develop a roadmap for the consolidation and to propose the key principles to guide the consolidation | - দ্রুত পরামর্শক নিয়োগ দিয়ে যথাসময়ে কার্যক্রম সম্পন্ন করা হবে। - উক্ত বিষয়ে গ্লোবাল ফান্ডের সাথে নিয়মিত যোগাযোগ রাখা হচ্ছে। | |
| Agenda # 7: CCM Evolution: Deliverables and Validation/Consultation Workshop on mapping and positioning | | | |
| ০৭ | 122 nd meeting of BCCM decided that this workshop (Validation Workshop) would be organized and conducted including BCCM Members & Alternate members, Executive Committee Members, Non-CCM Oversight Committee Members, and potential Government and other stakeholders. The BCCM Secretariat will provide the working paper with the objectives of the proposed workshop to the BCCM Chair and Vice Chair as soon as possible. | - বিসিসিএম এর সাথে স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের কার্যক্রম সংক্রান্ত Mapping & Positioning এর প্রতিবেদন তৈরি করা হয়েছে। উক্ত প্রতিবেদন পর্যালোচনা ও অনুমোদনের জন্য Validation workshop আয়োজন করা প্রয়োজন। বিগত ডিসেম্বর ২০২৪ এর মধ্যে করা সম্ভব হয় নাই। - নতুন বছরের বাজেট অনুমোদন হয়েছে। - উপদেষ্টা মহোদয়ের সময় পাওয়ার ভিত্তিতে, আগামী মার্চ মাসে করার পরিকল্পনা রয়েছে। | |
| Agenda # 8: Mainstreaming of BCCM Secretariat | | | |
| ০৮ (ক) | 122 nd meeting of BCCM decided BCCM secretariat would send a letter to the Senior Secretary-HSD and Vice Chairperson, BCCM mentioning the BCCM mainstreaming with previous all meeting minutes, and related documents | - Validation Workshop সম্পন্ন হওয়ার পর এ বিষয়ে পদক্ষেপ নিতে হবে। | |
| ০৮ (খ) | 122 nd meeting of BCCM decided to resolve the 20% government financing issue for the BCCM Secretariat as soon as possible. | - গ্লোবাল ফান্ডের শর্ত অনুযায়ী বিসিসিএম সচিবালয় পরিচালনা ব্যয়ের ২০% সরকার কর্তৃক নির্বাহের বিষয়ে পত্র দেয়া হয়েছে। মন্ত্রণালয়ের সিদ্ধান্তের জন্য অপেক্ষমান। ১২৩ তম সভায় আলোচনা হতে পারে। | |

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

Subject: Meeting Minutes of the 55th BCCM Oversight Committee Meeting

| | |
|-------------------------------------|--|
| Date (DD/MM/YYYY) | 31/10/2024 |
| Venue of the meeting | Conference Room, MOHFW, Bangladesh Secretariat |
| Meeting started | 10.00 am |
| Meeting adjourned | 11:30 pm |
| Meeting Chaired By | Sheikh Momena Moni Additional Secretary (WH), HSD, MOHFW and Chair, BCCM Oversight Committee |
| Meeting Steered by | Manaj Kumar Biswas BCCM Coordinator, BCCM Secretariat |
| Total number of participants | 32 |
| Meeting attendance | <ul style="list-style-type: none"> • OC Member(s): 10 • Principal Recipients (PRs): 11 • BCCM Secretariat Staff: 05 • TIFA and IT Firm: 06 |
| Attendance list | Yes |
| Others supporting document | Yes |

Meeting Agenda:

| Agenda Item | Title of Agenda Item | Facilitator |
|-----------------------|---|-----------------|
| Agenda Item: 1 | Brief on Oversight Dashboard development process | BCCM IT Firm |
| Agenda Item: 2 | Administrative support required to have access on data source (letter from the Additional Secretary (WH) Sir, MOU between MIS unit of the DGHS and BCCM for data sharing) | IT Firm |
| Agenda Item: 3 | AOB (if any) | BCCM |

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 BCCM Coordinator to provide a brief on the Oversight Dashboard.

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DISCUSSION(S) AND DECISION(S):

Agenda Item # 1: Brief on Oversight Dashboard development process

Agenda Item # 2: Administrative support required to have access on data source (letter from the Additional Secretary (WH) Sir, MOU between MIS unit of the DGHS and BCCM for data sharing)

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator, gave an overview of the need to develop an oversight dashboard. This dashboard will serve as a tool to monitor the implementation of TB, Malaria, and HIV programs in Bangladesh through key indicators, including program management, financial management, procurement, supply chain management, and progress indicators. The Oversight Committee will be able to use this dashboard to promptly inform or advise the BCCM on necessary actions for various issues. The dashboard will pull information from real-time data management systems for each of the three diseases.

Disease Expert (TB): Prof. Dr. Shakil Ahmed, former Director-MBDC and TB disease expert mentioned that the TB program already has patient data management and procurement databases, such as eLMIS and eTB Manager. He questioned whether a new data management system is necessary in this context. He also highlighted potential proprietary concerns with MIS DGHS, suggesting it would be beneficial to consult with them before beginning the process. On data security, he emphasized the importance of ensuring security at the individual level and providing proper training.

PR representative (NTP): Dr. Md. Mahafuzer Rahman Sarker, Line Director of TB-L& ASP noted that MIS DGHS has a centralized mechanism for storing data on all diseases. He suggested it would be beneficial if the oversight dashboard could be linked to the MIS DGHS database.

Vice Chair ML/BL: Dr. Samina Chowdhury, Infectious Disease Team Lead, OPHNE, USAID explained that the oversight dashboard will not serve as a deep-dive platform. Instead, it will be connected to the national database to provide a visual overview of the status of the three diseases, enabling timely decisions and improvements in implementation.

IT Firm Focal: Mr. Shamim Abul Fazal Ashrafi, Founder & CEO, InNeed Cloud BD provided an overview of the oversight dashboard's development and administrative support. This dashboard will offer a high-level graphical visualization of the programs for the three diseases. A series of workshops will be organized with stakeholders, PRs, and BCCM. The technology will be non-proprietary, avoiding licensing and payment issues. It will be a web-based solution accessible from laptops, PCs, smartphones, tablets, and TVs.

OC Member Govt. (MOHFW): Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW, recommended scheduling a meeting as soon as possible at the MIS DGHS office. The meeting should include representatives from MIS DGHS, USAID, the IT firm, the BCCM Coordinator, MOHFW members, and other relevant technical personnel. Following this, a draft version of the dashboard should be developed and presented to the Oversight Committee for additional technical feedback. He also suggested including the Director of MIS, DGHS, on the technical committee.

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator requested that PRs facilitate communication between the IT Firm and TIFA for further development and encouraged active involvement from all PRs. He also asked the Line Director of TB-L & ASP to assist in organizing a meeting next week at the NTP office. Additionally, he requested the Chairperson to issue a letter from the WH section of MOHFW to the IT Firm to ensure smooth coordination with MIS DGHS and other relevant departments.



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PR Representative (ASP): Md. Akhtaruzzaman, Senior Manager of ASP, DGHS suggested that since the three disease programs work closely with MIS DGHS, it would be beneficial for the PR to coordinate directly with MIS to ensure smooth development of the oversight dashboard.

The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW & Chair, BCCM OC assured that data availability would not be an issue, as data will be sourced from MIS DGHS. She emphasized the importance of clearly defining the desired outputs for the oversight dashboard to guide the developers effectively.

Decision: The 55th meeting of the BCCM Oversight Committee-

- *decided to arrange a meeting at the DGHS office with MIS DGHS, USAID, the IT Firm, BCCM, MOHFW representatives, and other relevant technical personnel;*
- *decided to include Director, MIS, DGHS in the technical committee and he will be invited in the next OC meeting;*
- *decided to organize workshop with PRs and relevant stakeholders preferably in NTP conference room;*
- *decided to issue a letter from WH, MOHFW to request the administrative support needed for data access from MIS DGHS.*

Agenda Item # 3: AOB

OC Member Govt. (MOHFW): Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW informed the meeting that a recent BCCM OC visit was conducted in Sherpur and Mymensingh, where the Senior Secretary of HSD, MOHFW participated to oversee The Global Fund activities related to TB, Malaria, and HIV. He noted that a team from MOHFW needs to consult with NBR regarding the pending CD-VAT exemption issue as soon as possible.

Decision: The 55th meeting of the BCCM Oversight Committee-

- *recommended to prepare a presentation on the findings from the oversight visit and present it to the Senior Secretary at the next meeting;*
- *decided to visit NBR office regarding CD-VAT exemption on 1st week of November;*
- *decided that Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW will present in Next BCCM meeting on close border malaria issue from SRCMF meeting in Delhi.*

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 55th meeting of the BCCM Oversight Committee-

- *decided to arrange a meeting at the DGHS office with MIS DGHS, USAID, the IT Firm, BCCM, MOHFW representatives, and other relevant technical personnel;*
 - *decided to include Director, MIS, DGHS in the technical committee and he will be invited in the next OC meeting;*
 - *decided to organize workshop with PRs and relevant stakeholders preferably in NTP conference room;*
 - *decided to issue a letter from WH, MOHFW to request the administrative support needed for data access from MIS DGHS;*
 - *recommended to prepare a presentation on the findings from the oversight visit and present it to the Senior Secretary at the next meeting;*
 - *decided to visit NBR office regarding CD-VAT exemption on 1st week of November;*
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- *decided that Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW will present in Next BCCM meeting on close border malaria issue from SRCMF meeting in Delhi.*

SM 18.11.2024

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)
Ministry of Health and Family Welfare
Health Services Division
BCCM Secretariat

Subject: Meeting Minutes of the 56th BCCM Oversight Committee Meeting

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|-------------------------------------|--|
| Date (DD/MM/YY) | 15/12/2024 |
| Venue of the meeting | Conference Room, MOHFW, Bangladesh Secretariat |
| Meeting started | 02.00 pm |
| Meeting adjourned | 04:00 pm |
| Meeting Chaired By | Sheikh Momena Moni Additional Secretary (WH), HSD, MOHFW and Chair, BCCM Oversight Committee |
| Meeting Steered by | Mohammad Harun-Or-Rasid Deputy Coordinator, BCCM Secretariat |
| Total number of participants | 29 |
| Meeting attendance | <ul style="list-style-type: none"> • OC Member(s): 13 • Principal Recipients (PRs): 13 • BCCM Secretariat Staff: 03 |
| Attendance list | Yes |
| Others supporting document | Yes |

Meeting Agenda:

| Agenda Item | Title of Agenda Item |
|-----------------------|--|
| Agenda Item: 1 | Approval of 54 th and 55 th BCCM OC Meeting Minutes |
| Agenda Item: 2 | Update on Climate Change Proposal and Emergency Funding Proposal |
| Agenda Item: 3 | a) TB OP Planning Discussion b) HR Vacancies in Government Programs (TB and HIV) |
| Agenda Item: 4 | Endorsement of amendment of Governance Manual and Oversight Manual |
| Agenda Item: 5 | Endorsement of the TOR for HIV PR Selection Committee |
| Agenda Item: 6 | Endorsement of the PR Selection Guidelines |
| Agenda Item: 7 | a) Endorsement of 2025 BCCM Yearly Workplan and Oversight Committee Workplan b) Endorsement of Costed Workplan (Budget 2025 for BCCM Secretariat) |

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.



DISCUSSION(S) AND DECISION(S):

Agenda Item # 1: Approval of 54th and 55th 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 54th and 55th BCCM OC meeting (Annex-1). He mentioned that most of the decisions have already been implemented and stated that signed meeting minutes for 54th and 55th OC meeting has already been shared with BCCM members, alternate members, OC members and PRs.

Disease Expert (TB): Prof. Dr. Shakil Ahmed, former Director-MBDC and TB disease expert inquired about the SRCMF meeting previously held in Delhi. He expressed gratitude to Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW, for leading the meeting and looks forward to receiving key updates from the discussion.

OC Member Govt. (MOHFW): Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW stated that he will present updates on the SRCMF meeting at the upcoming BCCM meeting. He also plans to share the findings through the OC meeting minutes and forward them to the Line Director, CDC, via a forwarding letter. He suggested organizing a workshop involving all relevant stakeholders for the development of an oversight dashboard. In response to the discussion related to the letter from NBR, he informed the house that there is no indication of exemption of CD VAT from local procurement. Therefore, they have plan to meet with NBR chairman soon to raise the issue ad accordingly revise the letter. Additionally, Ms. Gyongy raised some queries regarding the NBR VAT exemption letter, which will be addressed in due course.

PR representative (NTP): Dr. Rupali Sisir Banu, National Program Coordinator, NTP, informed that a working group has been formed to organize a lesson-learned workshop on COVID-19. All PRs have been requested to prepare their documentation for presentation at the workshop. A request has been submitted to the Global Fund for reprogramming costs for the COVID-19 lesson-learned workshop. The workshop is expected to take place in the last week of January 2025. The outputs from the workshop will be used for further documentation.

Disease Expert (HIV): Dr. Tasnim Azim, HIV expert inquired at the meeting about strategies for preventing HIV-positive individuals from being lost to follow-up (LTFU). She asked how this can be effectively addressed. Mr. Akhteruzzaman, ASP has said that ASP (in coordination with other two HIV PRs) is reviewing the list of LTFU to make an updated list. They have ART centre-based mechanism to follow up lost HIV cases. Additionally, they are planning to utilize PLHIV network, wherever it is required.

The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW & Chair, BCCM OC briefed on OC visit at Sherpur and Mymensingh and requested the meeting to provide a presentation on visit during OC meeting. Also, she proposed to increase the number of OC visit from 2025.

Since no comments were made, the Chairperson proposed to endorse the 54th and 55th BCCM Oversight Committee meeting minutes.

Decision: The 56th meeting of the BCCM Oversight Committee-

- *endorsed meeting minutes and decisions of the 54th and 55th 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.*

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

OC Member Govt. (MOHFW): Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW informed that the Climate Change & Health Funding initiative will be implemented from 1 January 2025 to 31 December 2025. He has requested a detailed implementation plan, including a Gantt chart, from implementers (NMEP, BRAC, and IEDCR) within 2–3 days. Additionally, HR recruitment must be completed by 15 January 2025.

BCCM Secretariat: Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat requested updates from NMEP on the implementation arrangements for the Climate Change & Health Funding initiative.

PR representative (NMEP): Dr. Md. Mushfiqur Rahman, Program Operations Advisor, NMEP provided updates confirming that funding has been secured for two components. HR recruitment will be managed by a third party, either UNOPS or BRAC, to ensure prompt processing.

Disease Expert (TB): Prof. Dr. Shakil Ahmed, former Director-MBDC and TB disease expert recommended preparing a detailed implementation plan at the earliest opportunity and sharing it with the BCCM OC Chair ahead of the BCCM meeting.

PR representative (BRAC): Dr. Nur-E-Naznin Ferdous, Senior Program Manager, BRAC stated that BRAC will implement the community system strengthening component at the field level. She also confirmed that human resources will be recruited through BRAC's HR department.

PR Representative (ASP): Md. Akhtaruzzaman, Senior Manager of ASP, DGHS informed that approximately 239,223 USD has been approved under emergency funding for FDMN through the AIDS/STD Programme. The funding also includes smaller components for TB and Hepatitis C. The project duration is January-December, 2025. There is a plan to onboard few human resources from existing PMTCT Programme of Cox's Bazar general hospital and Ukhiya UHC as it is phased out recently. Besides this, field level workers will be deployed by BRAC as the fund is allocated to them.

Disease Expert (HIV): Dr. Tasnim Azim, HIV expert inquired about the role of BCCM OC in the two funding proposals (Climate change and health funding, Emergency funding). She suggested reviewing the Global Fund guidelines to clarify the involvement of BCCM OC in this context.

The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW & Chair, BCCM OC instructed NMEP, BRAC, and IEDCR to submit their detailed implementation plans by 22 December 2025. Following this, a suitable date will be set to discuss the plans in detail during an OC meeting.



Decision: *The 56th 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.*

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

PR representative (NTP): Dr. Rupali Sisir Banu, National Program Coordinator, NTP, informed that The Global Fund is seeking an update on the status of the TB operational plan, which is currently under approval. Until it is approved, the total figure cannot be presented. Additionally, she mentioned that the 13M USD procurement for 1st line drugs from the 2026 GC7 budget for GeneXpert cartridges has been approved by GF. The Global Fund is requesting a commitment that, once the operational plan is approved, the cartridges will be procured from the 1st line drug OP budget. She emphasized that this policy-level discussion should be addressed in the OC meeting and documented in the meeting minutes.

Both TB and HIV programs have approximately 80 vacant positions. The recruitment committee had previously decided to fill these positions from the waiting list panel. This decision needs to be reconsidered to ensure that the vacant positions can be filled as soon as possible.

Disease Expert (TB): Prof. Dr. Shakil Ahmed, former Director-MBDC and TB disease expert, inquired whether the adjustment will be made using OP money and if this is included in the OP manual. He emphasized the need for clarity to prevent any issues in the future. Also please inform OC when it will be adjusted later.

The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM OC, stated that the validity period for the HR waiting list will expire by 25 December 2024. She will inform whether the process can proceed with the waiting list or if a new recruitment process needs to be initiated.

Decision: *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 1st 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.*

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

BCCM Secretariat: Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat informed that consultant Mr. Graham will present the draft amendments to the Governance Manual and Oversight Manual. However, due to time constraints, the presentation could not be covered during the OC meeting.



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The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM OC spoke with Mr. Graham online. She thanked him for his patience and informed him that, due to time constraints, the presentation would be rescheduled for the next BCCM meeting.

Decision: The 56th 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.*

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

Agenda Item # 6: Endorsement of the PR Selection Guidelines

BCCM Secretariat: Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat asked the meeting about any further comments on PR selection guideline.

OC Member Govt. (MOHFW): Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW, informed that a draft PR selection guideline has been developed and is aligned with the OC. The consultant is expected to present it at the next BCCM meeting. He clarified that the PR selection committee will not approve or confirm the guideline; this will be finalized in the BCCM meeting through the BCCM.

PR representative (icddr,b): Ershad Chowdhury, PSM Specialist, icddr,b emphasized that the PR selection guideline should be verified through market feedback or comments from potential bidders to ensure broad eligibility. He noted that without this dialogue, many bidders might be deemed ineligible and expressed confidence that PPR would not oppose this approach.

The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM OC, stated that PPR might not permit existing PRs or bidders to comment on the PR selection guideline. She assured that a final decision will be communicated after a careful review of the PPR.

Disease Expert (TB): Prof. Dr. Shakil Ahmed, former Director-MBDC and TB disease expert inquired whether the guideline permits statutory bodies like BSMMU or the University of Dhaka to bid as PRs in this procurement process. He noted that these institutions are not registered as NGOs, social service organizations, or firms. He emphasized that such think tanks should not be rendered ineligible due to the absence of the term "entity" in the PR selection guideline.

OC Member (ML/BL): Dr. Samina Chowdhury, Infectious Disease Team Lead, USAID, suggested that the guideline should be inclusive, allowing both NGOs and statutory bodies to apply.

Disease Expert (HIV): Dr. Tasnim Azim, HIV expert reviewed the guideline and noted that it specifies that any "registered organization" can bid for the procurement. She recommended replacing the term "organization" with "entity" to ensure that educational bodies are also eligible to apply.

The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM OC, requested all OC members to review the guideline further and provide their comments. She assured that valid comments would be incorporated into the guideline.



Decision: The 56th 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.*

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

BCCM Secretariat: Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat informed that the 2025 budget for BCCM has been prepared. The remaining amount from the 2024 budget has been carried over to the 2025 budget, which was shared with the OC for their feedback. Additionally, the BCCM work plan and Oversight work plan were shared earlier with the OC.

Disease Expert (TB): Prof. Dr. Shakil Ahmed, former Director-MBDC and TB disease expert suggested increasing the number of OC visits in 2025, referencing Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM OC. He also suggested to provide a yearly OC visit plan for members convenience and joining in the visit.

BCCM Secretariat: Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat informed that the 2025 budget proposes a total of 08 OC visits, compared to 04 in 2024.

OC Member Govt. (MOHFW): Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW suggested including a budget in 2025 for the documentation or publication of project lessons learned.

Decision: The 56th 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.*

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 54th meeting of the BCCM Oversight Committee-

- *endorsed meeting minutes and decisions of the 54th and 55th 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.
- 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.
- 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 1st 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.
- decided that consultant will present in next BCCM meeting on draft amendment of the Governance Manual and Oversight Manual.
- 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.
- 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.


 22.01.2025
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)

The 54th Oversight Meeting Decisions and Implementation Status

Agenda Item # 1: Approval of 53rd BCCM OC Meeting Minutes

Decisions: *The 54th meeting of the BCCM Oversight Committee-*

- *endorsed meeting minutes and decisions of the 53rd BCCM Oversight Committee meeting.*

Implementation Status: *Done*

Agenda Item # 3: Program Update on Global Fund GC7 Grants Implementation (TB, Malaria, HIV/AIDS)

Decisions: *The 54th meeting of the BCCM Oversight Committee-*

- *acknowledged the update of the Program Update on Global Fund GC7 Grants Implementation (TB, Malaria, HIV/AIDS); commended to establish a strategy to reach consensus with the Global Fund for a safe and effective exit or phase-out of C19RM funding in 2025;*
- *decided to engage in discussions with the Operational Plan (OP) team to ensure the sustainability of key HR positions post-funding after phase out of C19RM;*
- *decided to determine the number of staff required to be transitioned to the government revenue budget, in collaboration with DGHS, supported by appropriate justification. This work would be done by Government PRs (NTP, NMEP and ASP);*
- *agreed to document lessons learned from the COVID-19 response and highlight the achievements of Global Fund initiatives in Bangladesh.*
- *decided to fulfil the vacant positions for PSA Oxygen plant from waiting list based on merit under NMEP;*
- *decided to submit ideas/proposals to prevent HIV Positive loss to follow up cases.*

Implementation Status:

- *Most of the tasks are ongoing.*
- *Budget reprogramming request submitted to GF for workshop on Covid19 lesson learnt, PRs are wrking on documenting lesson learnt, Technical working group meeting will be held in January.*

Agenda Item # 5: Update on- Climate Change Related Health Financing, Emergency Funding, CD-VAT Exemptions from NBR, HIV PR Consolidation Committee

Decisions: *The 54th meeting of the BCCM Oversight Committee-*

- *Climate Change Related Health Financing and Emergency Funding which would be developed by related PRs and GF Country Team and at final level GF Country Team and Related PR would share with BCCM and stakeholders;*
- *CD-VAT Exemptions from NBR;*
- *HIV PR Consolidation Committee.*

Implementation Status:

- *Climate Change Related Health Financing and Emergency Funding proposal has been developed and endorsement done from MOHFW.*
- *NBR circulate Govt. order for CD-VAT exemptions for The Global Fund grant procurements.*
- *02 meeting of HIV PR consolidation committee held and Intl. consultant is drafted PR selection guideline*

Agenda Item # 6: Validation/Consultation Workshop for Mapping and Positioning of CCM

Decisions: *The 54th meeting of the BCCM Oversight Committee-*

- *acknowledged update on validation workshop on CCM mapping and positioning;*
- *recommended to select a convenient date and time in October 2024 for rescheduling discussing with Senior Secretary, HSD, MOHFW and Vice Chair -BCCM.*

Implementation Status: *Ongoing*

Agenda Item # 7: Update on GF's Consultant to Amend BCCM Governance and Other Manuals

Decisions: *The 54th Meeting of the BCCM Oversight Committee-*

- *acknowledged the update on Update on GF's Consultant to Amend BCCM Governance and Other Manuals;*

Implementation Status: *International Consultant is working on all the manuals and shared draft for review from BCCM's various committees.*



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

The 55th Oversight Meeting Decisions and Implementation Status

Agenda Item # 1: Brief on the Oversight Dashboard development process

Decisions: *The 55th meeting of the BCCM Oversight Committee-*

- *decided to arrange a meeting at the DGHS office with MIS DGHS, USAID, the IT Firm, BCCM, MOHFW representatives, and other relevant technical personnel;*
- *decided to include Director, MIS, DGHS in the technical committee and he will be invited in the next OC meeting;*
- *decided to organize workshop with PRs and relevant stakeholders preferably in NTP conference room;*
- *decided to issue a letter from WH, MOHFW to request the administrative support needed for data access from MIS DGHS.*

Implementation Status: *Ongoing*

Agenda Item # 3: AOB

Decisions: *The 55th meeting of the BCCM Oversight Committee-*

- *decided to visit NBR office regarding CD-VAT exemption on 1st week of November;*
- *decided that Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW will present in Next BCCM meeting on close border malaria issue from SRCMF meeting in Delhi.*

Implementation Status: *NBR circulate a letter for CD-VAT exemption.*

OC – BCCM Recommendations and Implementation Status

| Sl no | Event | Activities | Decision/Recommendation | Progress update |
|-------|---------------------------------|--|--|---|
| 1. | Oversight Visit Recommendations | Moulvibazar district visit, Date:28-30 sept 2024 | To enhance advocacy and community based behavioural change programs to reduce stigma in HIV and cover HIV testing outside the district hospital | 1. Satellite HIV testing session conducted from 27 October to 31 October 2024 in Kulaura, Sreemongol, Kamalganj, Rajnagor and Jury upazila under Moulvibazar district. Mass people attended in the HTS session where 922 persons tested. Its indicate that the stigma didn't affected to conduct HIV test among general population. |
| 2. | | Sherpur and Mymensingh district visit, Date:25-27 October 2024 | 1.Take necessary action to start ART center in Mymensingh Medical College Hospital 2.Arrange space for Outlet and OST services for PWUD intervention in old Civil Surgeon office 3. Review, Plan and take necessary action to create employment opportunity for KPs of HIV/AIDS as part of sustainable livelihood. | 1. On November 19, 2024, ASP sent a request letter to the Director of Mymensingh Medical College Hospital, requested to nominate a dedicated nurse, and an ART focal person for the establishment of an ART center. Meanwhile 2 doctors already trained in 2 nd week of November, 2024 2. ASP has also prepared a draft list of PLHIV who are currently receiving medication from the BSMMU and IDH, Dhaka ART centers, who reside in Mymensingh district. Its is expected to start the ART services in 2 nd week of December, 2024 3. NGO PRs/ SRs are suggested to establish a functional relation with social welfare and relevant department to create livelihood |
| 3. | Oversight Meeting | 53 rd Oversight committee meeting | 1. Include HSD, MOHFW in human rights strategy development committee for HIV formed by ASP, DGHS. 2.Procurement of medical and non-medical product for the HIV programs through pooled procurement by icddr,b. | 1. Human rights strategy development committee for HIV: Md. Mamunur Rashid, Joint Secretary (WH), HDS from MOHFW has been included in Human rights strategy development committee for HIV as member and attended in meeting at NHRC. 2. A triparty MOU has been signed between ASP, icddr,b and Save the Children. As per the MoU, commodities are procuring by the PRs and supplying according to the need. |

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|----|--|---|--|---|
| 4. | | 54 th Oversight committee meeting: | Submit proposal/ideas to prevent HIV positive loss to follow up cases. | <p>1. Regarding HIV-positive individuals who have lost to follow-up, ASP is engaging community peer counselors, while the PR icddr,b and SCI are also addressing loss to follow-up issues through their peer navigators. ASP has prepared an updated list of cases, indicating that out of a total of 808 LTFU cases, the updated as of October as follows</p> <ul style="list-style-type: none"> a. 16 are died b. 13 PLHIV have re-enrolled in ART c. 64 PLHIV have been contacted via phone and home visits d. 29 have refused to take medication e. 17 have been transferred to other ART centers f. 21 have migrated to another country g. 10 are receiving medication from abroad h. 3 are in prison. i. 131 PWID – PLHIV died during the period from 2013-2023, a special arrangement by the SCI/ Care Bangladesh these information was found. <p>So, total 304 PLHIV has been tracked by the special activities from March, 2024.</p> |
|----|--|---|--|---|



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

Subject: Meeting Minutes of the 57th BCCM Oversight Committee Meeting

| | |
|-------------------------------------|--|
| Date (DD/MM/YY) | 26/12/2024 |
| Venue of the meeting | Conference Room, Health Economics Unit, Ansari Bhaban |
| Meeting started | 03.00 pm |
| Meeting adjourned | 04:30 pm |
| Meeting Chaired By | Sheikh Momena Moni Additional Secretary (WH), HSD, MOHFW and Chair, BCCM Oversight Committee |
| Meeting Steered by | Mohammad Harun-Or-Rasid Deputy Coordinator, BCCM Secretariat |
| Total number of participants | 16 |
| Meeting attendance | <ul style="list-style-type: none">• OC Member(s): 08• Principal Recipients (PRs): 05• BCCM Secretariat Staff: 03 |
| Attendance list | Yes |
| Others supporting document | Yes |

Meeting Agenda:

| Agenda Item | Title of Agenda Item |
|-----------------------|--|
| Agenda Item: 1 | Review of the Implementation Plan of Climate Change and Health Funding |

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.

DISCUSSION(S) AND DECISION(S):

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

BCCM Secretariat: Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat, announced that the Global Fund-approved grant on climate change and health will commence implementation on January 1, 2025. Grant recipients NMEP, BRAC, and IEDCR will present their detailed implementation plans to the Oversight Committee.

PR representative (NMEP): Dr. Md. Mushfiqur Rahman, Program Operations Advisor, NMEP, shared updates on the approval of two components: surveillance system strengthening (USD 1.3M), to be implemented by IEDCR, and community system strengthening (USD 6.2M), to be implemented by BRAC. Both IEDCR and BRAC will present detailed implementation plans.

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Representative from IEDCR: Dr. Md. Ferdous Rahman Sarkar, SSO, IEDCR, stated that their focus will be on strengthening the surveillance system and developing an early warning response system. He also outlined the timeline and detailed activities for implementation (Annex-1).

Disease Expert (HIV): Dr. Tasnim Azim, HIV expert, inquired during the meeting about the climate-sensitive diseases referenced in the implementation plan. She noted that while activities related to flu, dengue, and rotavirus are included, malaria appears to be missing. She also sought clarification on the specific diseases being targeted and the framework for the early warning system.

Representative from IEDCR: Dr. Md. Ferdous Rahman Sarkar, SSO, IEDCR, stated that IEDCR currently conducts surveillance on dengue, rotavirus, and cholera, which have been identified as climate-sensitive diseases. He added that additional diseases may be included based on data from the MIS.

The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, inquired about the vehicle support activity, specifically the type of vehicle required for sample transportation and the associated expenditure details.

Representative from IEDCR: Dr. Md. Ferdous Rahman Sarkar, SSO, IEDCR, explained that staff will use regular transportation, such as buses or trains, for routine activities. Additionally, two vehicles will be rented for emergency outbreak situations at a rent cost of USD 50,000 per year.

OC Member Govt. (MOHFW): Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW emphasized the need for a detailed budget breakdown to clarify each activity. He noted that the current plan, which includes only activities and timelines, lacks clarity, particularly for line items with high budget allocations. He recommended preparing the implementation plan with a detailed budget and comprehensive descriptions of all activities.

PR representative (NMEP): Dr. Md. Mushfiqur Rahman, Program Operations Advisor, NMEP, stated that every activity has a detailed budget, all of which have been approved by the Global Fund.

The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, suggested that each activity should include budget details. She also proposed organizing a workshop where three small groups can be formed to discuss the details in depth.

OC Member Govt. (MOHFW): Mr. Md. Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW also emphasized the need to arrange a workshop for detailed discussions on the implementation plan, including budget descriptions. He suggested that the workshop should involve expert members from the OC and PRs to ensure proper alignment. Additionally, he noted that HR must be onboard by February 15, 2025, and the procurement plan needs to be finalized on time. Materials development for community engagement should also be addressed in the workshop.

PR representative (NMEP): Dr. Md. Mushfiqur Rahman, Program Operations Advisor, NMEP, informed that the LFA is currently reviewing the budget and will provide feedback. If necessary, the budget will be revised. Once the revised budget is approved by the Global Fund, NMEP, BRAC, and IEDCR can organize the workshop with Global Fund approval.

OC Member Govt. (MOHFW): Md. Mohiuddin Al Helal, Senior Assistant Secretary, WH-2, HSD, MOHFW, highlighted the need for a climate change mitigation strategy alongside adaptation. He emphasized the importance of minimizing energy usage in the project to reduce the carbon footprint.


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The Chairperson: Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, stated that a workshop will be arranged after the revised budget from the Global Fund, in consultation with the OC Chairperson.

Decision: *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 from the Global Fund with feedback from LFA.*

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


22.01.2025
Sheikh Momena Moni
Additional Secretary (WH)
Health Services Division,
Ministry of Health and Family Welfare
and
Chair, BCCM Oversight Committee



GLOBAL FUND CLIMATE CHANGE & HEALTH FUNDING

National Malaria Elimination Program

BRAC

IEDCR

CLIMATE CHANGE

Approved: US\$ 7,520,000 additional funding

Component 1: Surveillance systems strengthening - US\$ 1.32 ([PR- NMEP](#))

Component 2: Community systems strengthening - US\$ 6.2 ([PR-BRAC](#))

Timeline: **1 January – 31 December 2025**

Mitigating measures:

- Implement TRP recommendations as per latest version of proposal (esp. sustainability, coordination)
- Outsourcing of HR recruitment and procurement to an NGO/UN agency which can deliver on time (MA)
- TA from CLMI funds to support surveillance and EWARS system design, development of normative guidance, improving governance. Submit training materials and data collection tools for review and approval prior to the implementation of related activities (MA)
- LFA review of budget and HPMT (ongoing). Recommend to reinvest any identified savings in development of MWM normative guidance (#TRP additional recommendation).

Implementation Plan IEDCR

| Activity Details | Responsible Entity (Name/Designation of Responsible Person) | Key Responsibilities | 2025 | | | | | | | | | | | | Implementer Name | Budget (USD) for 2025 | Source of budget | Activity Status |
|---|--|---|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|------------------|-----------------------|-------------------------|-----------------|
| | | | January | February | March | April | May | June | July | August | September | October | November | December | | | | |
| Situation analysis of the existing climate sensitive disease surveillance system | Director, IEDCR through MoU with NMEP, CDC | Multiple Stakeholders Workshops; Situation analysis report | ✓ | ✓ | ✓ | | | | | | | | | | IEDCR | \$4,000 | Climate Change & Health | Not Initiated |
| Stakeholder mapping and scoping review for integration | Director, IEDCR through MoU with NMEP, CDC | Multiple Stakeholders Workshops; Stakeholder mapping and scoping review | ✓ | ✓ | ✓ | ✓ | | | | | | | | | IEDCR | \$4,000 | Climate Change & Health | Not Initiated |
| Gap analysis including need assessment for further strengthening/expansion of existing system and establishment of new sentinel based surveillance system | Director, IEDCR through MoU with NMEP, CDC | Multiple Stakeholders Workshops; Need assessment report | | | ✓ | ✓ | ✓ | | | | | | | | IEDCR | \$4,000 | Climate Change & Health | Not Initiated |
| Development of coordination mechanism between stakeholders for both surveillance and meteorological and environmental components | Director, IEDCR through MoU with NMEP, CDC | Multiple Stakeholders Workshops; Coordination mechanism identification | | | ✓ | ✓ | ✓ | ✓ | | | | | | | IEDCR | \$4,000 | Climate Change & Health | Not Initiated |
| Strengthening of IEDCR capacity for coordination of integrated surveillance system | Director, IEDCR through MoU with NMEP, CDC | Gap analysis & protocol for climate-sensitive disease environmental surveillance integration | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | IEDCR | \$8,000 | Climate Change & Health | Not Initiated |
| Algorithm development for sentinel sites, meteriological data, community level data integration from community systems streghthening - social mobilization activities | Director, IEDCR through MoU with NMEP, CDC | Multiple Stakeholders Workshops, TWG Meetings | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | IEDCR | \$4,000 | | Not Initiated |
| Establishment of regional surveillance hub for integrated disease surveillance including recruitment of human resources, setting of networking facilities and establishment of linking with the district epidemiological unit | Director, IEDCR through MoU with NMEP, CDC | Multiple Stakeholders Workshops; Road Map for Networking | | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | IEDCR | \$33,000 | Climate Change & Health | Not Initiated |
| Strengthening of outbreak identification and response through coordination of the regional surveillance hub | Director, IEDCR through MoU with NMEP, CDC | Multiple Stakeholders Workshops; Revision of PHEOC guideline for coordination in perspective of climate-sensitive disease | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | IEDCR | \$20,000 | Climate Change & Health | Not Initiated |
| Enhancing capacity of laboratory testing at the regional level and central level of IEDCR | Director, IEDCR through MoU with NMEP, CDC | Training, managing communication expenses and coordination meeting | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | IEDCR | \$16,000 | Climate Change & Health | Not Initiated |
| Include more climate related health risks, as well as vulnerable populations and refined scope | Director, IEDCR through MoU with NMEP, CDC | Multiple Stakeholders Workshops; Revision of PHEOC guideline for coordination in perspective of climate-sensitive disease | | | | | | | | | ✓ | ✓ | ✓ | ✓ | IEDCR | \$22,000 | Climate Change & Health | Not Initiated |

Implementation Plan IEDCR

| Activity Details | Responsible Entity (Name/Designation of Responsible Person) | Key Responsibilities | 2025 | | | | | | | | | | | | Implementer Name | Budget (USD) for 2025 | Source of budget | Activity Status |
|---|--|---|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|------------------|--------------------------|-------------------------|-----------------|
| | | | January | February | March | April | May | June | July | August | September | October | November | December | | | | |
| Supervision and monitoring | Director, IEDCR through MoU with NMEP, CDC | Multiple Expert Group Workshops; Check List | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | IEDCR | \$32,000 | Climate Change & Health | Not Initiated |
| Develop the National strategic plan for EWARS, Climate-informed early warning system, Risk communication strategy, Exit & Continuation Plan | Director, IEDCR through MoU with NMEP, CDC | Multiple Expert Group Workshops; Draft Strategic Plan | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | IEDCR | \$76,162 | Climate Change & Health | Not Initiated |
| Stakeholder mapping including mapping of data availability for development and threshold identification for different climate sensitive diseases | Director, IEDCR through MoU with NMEP, CDC | Multiple Expert Group Workshops; | | √ | √ | √ | √ | √ | | | | | | | IEDCR | \$8,000 | Climate Change & Health | Not Initiated |
| Collection of available historical data on prevalence of different climate sensitive diseases | Director, IEDCR through MoU with NMEP, CDC | Coordination Meetings; Summary report | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | IEDCR | \$13,000 | Climate Change & Health | Not Initiated |
| Collection of meteorological data and align with the climate sensitive disease data | Director, IEDCR through MoU with NMEP, CDC | Periodical summary report | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | IEDCR | \$27,176 | Climate Change & Health | Not Initiated |
| Prioritize climate-sensitive diseases to develop integrated monitoring system with climate/weather data | Director, IEDCR through MoU with NMEP, CDC | Multiple Expert Group Workshops; Monitoring tool | | | √ | √ | √ | | | | | √ | √ | √ | IEDCR | \$5,000 | Climate Change & Health | Not Initiated |
| EWARS tool validation for national implementation | Director, IEDCR through MoU with NMEP, CDC | Validation of tool | | | | | | | | | √ | √ | √ | √ | IEDCR | \$10,000 | Climate Change & Health | Not Initiated |
| Dashboard based risk prediction tool implementation at national level & Sentinel sites | Director, IEDCR through MoU with NMEP, CDC | Implementation at Central Level | | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | IEDCR | \$45,000 | Climate Change & Health | Not Initiated |
| Human Resource for Surveillance in IEDCR | Director, IEDCR through MoU with NMEP, CDC | Planning, implementation, monitoring, evaluation, supervision, resource mobilization, reviews, surveillance, procurement, budget management, and quality control of the project | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | IEDCR | \$111,600 | Climate Change & Health | Not Initiated |
| Sentinel site supplies :Universal VTMs with swab stick, PPE items (Powdered free nitrile gloves, disposable surgical masks),sputum cup, glass slides, biohazard bag, stool pot, syringe, red cap tube etc | Director, IEDCR through MoU with NMEP, CDC | Purchasing supplies and materials for implementing laboratory activities | √ | √ | √ | √ | | | | | | | | | IEDCR | \$10,000 | Climate Change & Health | Not Initiated |

Implementation Plan IEDCR

| Activity Details | Responsible Entity (Name/Designation of Responsible Person) | Key Responsibilities | 2025 | | | | | | | | | | | | Implementer Name | Budget (USD) for 2025 | Source of budget | Activity Status |
|---|--|--|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|------------------|--------------------------|-------------------------|-----------------|
| | | | January | February | March | April | May | June | July | August | September | October | November | December | | | | |
| Provision of ancillary reagents to perform tests | Director, IEDCR through MoU with NMEP, CDC | Purchasing supplies and materials for implementing laboratory activities | √ | √ | √ | √ | | | | | | | | | IEDCR | \$12,500 | Climate Change & Health | Not Initiated |
| Consumables and reagents for PCR (Influenza, Dengue, Rota), Sequencing & Taqman array | Director, IEDCR through MoU with NMEP, CDC | Purchasing supplies and materials for implementing laboratory activities | √ | √ | √ | √ | | | | | | | | | IEDCR | \$95,000 | Climate Change & Health | Not Initiated |
| Reagent/Kit (FTD 33 Respiratory pathogen detection kit) | Director, IEDCR through MoU with NMEP, CDC | Purchasing supplies and materials for implementing laboratory activities | √ | √ | √ | √ | | | | | | | | | IEDCR | \$10,000 | Climate Change & Health | Not Initiated |
| Laboratory Attendants (02 FTEs) | Director, IEDCR through MoU with NMEP, CDC | To support laboratory activities | √ | √ | √ | √ | | | | | | | | | IEDCR | \$8,000 | Climate Change & Health | Not Initiated |
| Metagenomic sequencing (200 samples) | Director, IEDCR through MoU with NMEP, CDC | Purchasing supplies and materials for implementing laboratory activities | √ | √ | √ | √ | | | | | | | | | IEDCR | \$35,000 | Climate Change & Health | Not Initiated |
| Sample transportation | Director, IEDCR through MoU with NMEP, CDC | Transportation of different disease sample from field to IEDCR | √ | √ | √ | √ | | | | | | | | | IEDCR | \$10,000 | Climate Change & Health | Not Initiated |
| Procurement of IT equipments for server installation | Director, IEDCR through MoU with NMEP, CDC | Purchasing supplies and materials for implementing laboratory activities | √ | √ | √ | √ | | | | | | | | | IEDCR | \$267,583 | Climate Change & Health | Not Initiated |
| Cost for Vehicle | Director, IEDCR through MoU with NMEP, CDC | Vehicle for Monitoring, Field Visit, Outbreak response | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | IEDCR | \$50,000 | Climate Change & Health | Not Initiated |

Implementation Plan BRAC

| Activity Details | Responsible Entity (Name/Designation of Responsible Person) | Key Responsibilities | 2025 | | | | | | | | | | | | Implementer Name | Budget (USD) for 2025 | Source of budget | Activity Status |
|--|--|--|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|------------------|-----------------------|-------------------------|-----------------|
| | | | January | February | March | April | May | June | July | August | September | October | November | December | | | | |
| Survey/Assessment of Climate Migrants, Including Climate-Induced Diseases Affecting Vulnerable Populations and Linkages to Early Warning Systems for Disease Forecasting | Program Manager/Senior Manager, BRAC Malaria Project | The survey will be conducted by third-party vendors in collaboration with the National Malaria Elimination Program (NMEP) and the Institute of Epidemiology, Disease Control and Research (IEDCR). These vendors will gather baseline data on climate migrants, focusing on disease burden, migration patterns, and other critical factors related to health and environmental impacts. | √ | √ | √ | √ | √ | √ | √ | | | | | | BRAC | \$260,870 | Climate Change & Health | Not Initiated |
| Sr. Specialist, GIS; Sr. Specialist, Meteorology; Specialist/Deputy Manager, Entomology | Human Resource Division, BRAC | These technical positions will provide technical support to enrich and establish the surveillance system in case of climate migrant mapping as well as climate induced disease surveillance from the community | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | BRAC | \$32,711 | Climate Change & Health | Ongoing |
| Officer, Climate Change & Health | Human Resource Division, BRAC | To keep everything on track and ensure smooth coordination, these HR roles are crucial. They'll play a big part in building awareness and skills for government staff and local communities affected by climate and health issues. These team members will also work closely with local health authorities to make sure activities run successfully. Each district will have three dedicated staff, while each city corporation will have two, and seven people will focus on the Pourasabhas. | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | BRAC | \$532,661 | Climate Change & Health | Ongoing |
| Interministerial Coordination meeting with Ministry of Finance, Ministry of Forest, Environment, and Climate Change, Ministry of Health, DGHS, Bangladesh Meteorological Department, National Programme, IEDCR, BRAC etc.(Focal Point) | Programme Management Unit/ Project Manager | Planning, Development, Organize, Conduct of quarterly progress meeting and update accordingly | √ | | | | | | √ | | | | | | BRAC | \$3,652 | Climate Change & Health | Not Initiated |
| Quarterly progress meeting with Environment, and Climate Change Department, DGHS, Meteorological Department, National Programme, IEDCR, BRAC etc (Sub-group). | Programme Management Unit/ Project Manager | Planning, Organize, Conduct of quarterly progress meeting and update accordingly | | | √ | | | √ | | | √ | | | √ | BRAC | \$3,443 | Climate Change & Health | Not Initiated |
| Capacity Building workshop on establish/ building community responder network (engaging youth volunteers, local leaders, Religious leaders, Teachers, elite persons, etc.) to respond during climatic events and capacity building of community people on minimizing health shocks due to climate change | Sr. Speciality, Capacity Building | To keep everything on track and ensure smooth coordination, these HR roles are crucial. They'll play a big part in building awareness and skills for government staff and local communities affected by climate and health issues. These team members will also work closely with local health authorities to make sure activities run successfully. Each district will have three dedicated staff, while each city corporation will have two, and seven people will focus on the Pourasabhas. | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | BRAC | \$354,667 | Climate Change & Health | Not Initiated |
| Courtyard meetings to strengthen the capacity of community people to ensure a climate resilient health system | Officer, Climate Change & Health | To build the knowledge and made the community people ready to tackle any climate induced health disaster, a community responder network will be established in the most climate vulnerable areas of the country by engaging the community youth volunteers, local leaders, religious, teachers , and other community GoB stakeholders. | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | BRAC | \$291,750 | Climate Change & Health | Not Initiated |
| Cleaning Campaigns: Planning, advocacy, and coordination workshop at the central level engaging City Corporations, youth volunteers, and other relevant stakeholders to conduct cleaning campaigns (Central Urban Area and Ward Level) | Sr. Specialsit, SBC Material Development | Planning, Organize, Facilitate of cleaning awareness session in the urban area along with local health and city corporation authorities | | | √ | √ | √ | √ | √ | √ | √ | √ | | | BRAC | \$1,012,276 | Climate Change & Health | Not Initiated |
| IEC material development including massage s on Community, Rights and Gender | Deputy Manager, Procurement | To collect data from the community level, these registers will be used by the CHWs and CMs. | | √ | √ | | | | | | | | | | BRAC | \$119,740 | Climate Change & Health | Not Initiated |

Implementation Plan BRAC

| Activity Details | Responsible Entity (Name/Designation of Responsible Person) | Key Responsibilities | 2025 | | | | | | | | | | | | Implementer Name | Budget (USD) for 2025 | Source of budget | Activity Status |
|---|--|---|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|------------------|-----------------------|-------------------------|-----------------|
| | | | January | February | March | April | May | June | July | August | September | October | November | December | | | | |
| Communication Campaign to Raise Awareness Among Community Members About Climate Change, Related Communicable and Vector-Borne Diseases, and Preventive Measures, Including Seasonal Weather Updates | Sr. Specialists, SBC Material Development | Planning, Organize, Facilitate of cleaning awareness session in the urban area along with local health and city corporation authorities | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$86,275 | Climate Change & Health | Not Initiated |
| Advocacy Workshop Engaging Building Societies, and Associations, School Authorities to Reach Urban Households and Enhance Awareness | Sr. Specialists, SBC Material Development | Planning, Organize, Facilitate of Advocacy meeting along with local health authority & other relevant stakeholder and document accordingly | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$107,122 | Climate Change & Health | Not Initiated |
| Coordination Meeting Involving Local Health Authorities (GoB), Community Members, and Other Stakeholders for Efficient Planning, Implementation, and Analysis | Officer, Climate Change & Health | Planning, Organize, Facilitate of coordination meeting along with local health authority & other relevant stakeholder and document accordingly | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | | ✓ | ✓ | BRAC | \$213,255 | Climate Change & Health | Not Initiated |
| Capacity building and strengthening of Climate Change and Health Promotion Unit (CPU), MoHFW | Sr. Speciality, Capacity Building | Planning, Development, Organize, Conduct of training events of Climate Change and Health Promotion Unit (CPU), MoHFW | | | | | ✓ | ✓ | ✓ | | | | | | BRAC | \$10,000 | Climate Change & Health | Not Initiated |
| Development/update of training materials for healthcare workers on climate risk to health | Sr. Speciality, Capacity Building | Development, design, printing of training manual and material | | ✓ | ✓ | | | | | | | | | | BRAC | \$3,653 | Climate Change & Health | Not Initiated |
| Printing cost of register, data collection form, etc.; General Office Supplies; Rent & utilities for Field office / PMU | Deputy Manager, Procurement | Climate migrants tends to move to the urban areas when they get displaced due to climatic events. Often they lives in crowded condition in the urban slums. Also, urban areas are most vulnerable to vector-borne disease such as Dengue. Crowded living conditions, poor hygiene and scarcity of clean and safe drinking water also causes many communicable diseases such as TB, diarrhea, cholera, etc. Therefore, to sensitize the urban communities and build a inclusive community system this activity will be done at the central-level of the big and most vulnerable urban areas. | | ✓ | ✓ | | | | | | | | | | BRAC | \$93,085 | Climate Change & Health | Not Initiated |
| Project Manager, Climate Change & Health; Sr. Specialist, M&E, Sr. Specialist, Capacity Building; Sr. Specialist, Material Development | Human Resource Division, BRAC | To maintain the day-to-day office activities this is required. | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$51,995 | Climate Change & Health | Ongoing |
| Salary for Community Health Worker (Rural Area) & Community Mobilizer (Urban Area) | Officer, Climate Change & Health | They will be placed in vulnerable areas to support local health activities, participate to community surveillance and referral linkage between health care centers to the community. | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$1,739,269 | Climate Change & Health | Not Initiated |
| Travel cost of Field Level Staff | Officer, Climate Change & Health | Associated travel cost of field staff to conduct project activities and booking accordingly | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$624,446 | Climate Change & Health | Not Initiated |
| Training of New and Existing Government Health Assistants, Community Health Workers (CHWs), Community Mobilizers (CMs), and Community Health Care Providers (CHCPs) from Community Clinics, etc. | Sr. Specialist, Capacity Building | Planning, Organize, Facilitate of capacity building sessions along with local resource person and document accordingly | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$39,033 | Climate Change & Health | Not Initiated |
| Capacity building for local climate change mobilizers (UHFPO, Public Health Managers, MODC, Community Groups (CG) and Community Support Groups (CSG), among Others on health impacts of climate change and emergency response | Sr. Speciality, Capacity Building | Planning, Organize, Facilitate of capacity building sessions along with local resource person and document accordingly | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$152,013 | Climate Change & Health | Not Initiated |
| Financial advocacy and strategy development to establish and sustain funding streams for long-term sustainability | Central Advocacy Team and Central Programme Management team | Facilitate different national and international financial advocacy meeting with local and global donors to establish a platform and sustain funding stream | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$80,287 | Climate Change & Health | Not Initiated |
| Capacity building for government staff (HI, HA, Staff Nurse) on the impact of climate change, surveillance, data entry, and referral linkages | Sr. Speciality, Capacity Building | Planning, Organize, Facilitate of capacity building sessions along with local resource person and document accordingly | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$85,605 | Climate Change & Health | Not Initiated |
| Referral support for the impacted people particularly pregnant women, under 5 children, hospital patients, ongoing TB, Malaria, HIV patients and elderly people | Officer, Climate Change & Health | Provide referral support Referral support for the impacted people particularly pregnant women, under 5 children, hospital patients, ongoing TB, Malaria, HIV patients and elderly people during any climatic events | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$6,957 | Climate Change & Health | Not Initiated |
| Overhead | Finance and Accounting Department | Booking of ICR as per GF policy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | BRAC | \$295,238 | Climate Change & Health | Not Initiated |

Implementation Plan NMEP

| Activity Details | Responsible Entity (Name/Designation of Responsible Person) | Key Responsibilities | 2025 | | | | | | | | | | | | Implementer Name | Budget (USD) for 2025 | Source of budget | Activity Status |
|---|--|---|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|------------------|--------------------------|-------------------------|-----------------|
| | | | January | February | March | April | May | June | July | August | September | October | November | December | | | | |
| Recruitment and Salary of HR for GIS Mapping | Deputy program manager, NMEP, CDC through MoU with UNOPS | Planning, implementation, monitoring, evaluation, supervision, resource mobilization, reviews, surveillance, procurement, budget management, auditing, and quality control of the project | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | NMEP | \$256,770 | Climate Change & Health | Not Initiated |
| Commodities for Village Mapping | Deputy program manager, NMEP, CDC through MoU with UNOPS | Purchasing supplies and materials for field and office activities | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | NMEP | \$9,478 | Climate Change & Health | Not Initiated |
| Cost for Travel, Food & Accommodation | Deputy program manager, NMEP, CDC through MoU with UNOPS | Managing travel, food and accommodation related expenses during field activities | | √ | √ | √ | √ | √ | √ | √ | √ | √ | | | NMEP | \$22,942 | Climate Change & Health | Not Initiated |
| Cost for village field mapping | Deputy program manager, NMEP, CDC through MoU with UNOPS | Managing travel, food and accommodation related expenses during field activities | | √ | √ | √ | √ | √ | √ | √ | √ | √ | | | NMEP | \$2,484.00 | Climate Change & Health | Not Initiated |
| Capacity building and training workshop at upazila level (17 upazilas) for local level ward members | Deputy program manager, NMEP, CDC through MoU with UNOPS | Managing travel, food and accommodation related expenses during field activities | | | | | | | √ | √ | √ | √ | √ | √ | NMEP | \$24,412 | Climate Change & Health | Not Initiated |
| Training on village mapping for data collector (project staff) | Deputy program manager, NMEP, CDC through MoU with UNOPS | Training project personnel, managing communication expenses and coordination meeting | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | NMEP | \$1,901 | Climate Change & Health | Not Initiated |
| Training on village field mapping and malaria village data entry for community health workers | Deputy program manager, NMEP, CDC through MoU with UNOPS | Training project personnel, managing communication expenses and coordination meeting | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | NMEP | \$1,664 | Climate Change & Health | Not Initiated |
| Capacity building and training workshop for GIS Mapping at upazila level with health personnel. | Deputy program manager, NMEP, CDC through MoU with UNOPS | Managing venue and communication related expenses | | | | | | | √ | √ | √ | √ | √ | √ | NMEP | \$2,270 | Climate Change & Health | Not Initiated |
| Hosting of data collection system and geospatial dashboard and other related cost | Deputy program manager, NMEP, CDC through MoU with UNOPS | Managing hosting site for data collection and geospatial dashboard system | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | NMEP | \$16,306 | Climate Change & Health | Not Initiated |
| Additional Human Resources for NMEP to implement and oversee the climate change project including monitoring cost | Deputy program manager, NMEP, CDC through MoU with UNOPS | To support the project activities | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | NMEP | \$36,753 | Climate Change & Health | Not Initiated |



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

Subject: Meeting Minutes of the 58th BCCM Oversight Committee Meeting

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

Meeting Agenda:

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

DISCUSSION(S) AND DECISION(S):

Agenda Item # 1: Approval of 56th and 57th 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 56th and 57th BCCM OC meeting (Annex-1). He mentioned that most of the decisions have already been implemented and stated that signed meeting minutes for 56th and 57th 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. Mushfiquur 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

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 56th and 57th BCCM Oversight Committee meeting minutes.

Decision: The 58th meeting of the BCCM Oversight Committee-

- *endorsed meeting minutes and decisions of the 56th and 57th 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 58th meeting of the BCCM Oversight Committee acknowledged the update of the program.

Decision: The 58th meeting of the BCCM Oversight Committee-

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

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.

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 58th 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.*
-

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 58th 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.*
-

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 58th meeting of the BCCM Oversight Committee-

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

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

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

Decision: The 58th 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 58th meeting of the BCCM Oversight Committee-

- *endorsed meeting minutes and decisions of the 56th and 57th 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.*

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)**Ministry of Health and Family Welfare****Health Services Division****BCCM Secretariat****Oversight Visit Report****Moulvibazar District, Visit Date: 28-30 September 2024****Date of Report:** 9 October 2024**Date and place of site visit:** 28-30 September 2024; Moulvibazar Sadar and Kamolganj Upazilla**Purpose of the site visit:** The purposes of the BCCM Oversight site visit in Moulvibazar district included:

- Observe the TB, Malaria and HIV program in Moulvibazar.
- Observe program implementation at 250 Bed District Hospital Moulvibazar and Upazila Health Complex (UHC), Kamolganj.
- Visit the DOTS center, Gene Xpert facility and ART Centre at 250 Bed District Hospital Moulvibazar, as well as the DOTS center and Gene Xpert facility at Kamolganj UHC.
- Meet with local stakeholders, including representatives from local government health departments, CSOs, and beneficiaries, to ensure a collaborative effort to eliminate and control TB, Malaria and HIV in Moulvibazar district.

Names of the members of the visiting team:

- Ms. Sheikh Momena Moni, Additional Secretary (WH), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Mr. Md Mamunur Rashid, Joint Secretary (WH), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Mr. Mosaddeq Mehdi Imam, Deputy Secretary (WH-2), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Milon Kanti Datta, Presidium Member, BHBCOP, Bangladesh Hindu Budha Christian Unity Council, Dhaka
- Ms. Farzana Sultana, Development Advisor, Global Affairs Canada
- Dr. Momena Khatun, Health Technical Specialist, Global Affairs Canada

Program representatives:

- Dr. Md Anisur Rahman, Divisional Director (Health), Sylhet
- Dr. Chowdhury Jalal Uddin Murshed, Civil Surgeon, Moulvibazar
- Dr. Pronoy Kanti Das, Superintendent, 250 Bed District Hospital Moulvibazar
- Dr. Binendu Bhowmick, Assistant Director, 250 Bed District Hospital Moulvibazar
- Joynal Abedin, UNO, Kamolganj Upazila
- Dr. Md Mahbubur Rahman Bhuiyan, UH&FPO, Kamolganj UHC
- Dr. Ahmed Faisal Zaman, RMO, 250 Bed District Hospital Moulvibazar
- Dr. Md. Rabiussani, Medical Officer, Civil Surgeon Office

- Dr. Md. Zahangir Kabir, Program Manager-TB, NTP, DGHS
- Dr. Rupali Sisir Banu, National Program Coordinator, NTP, DGHS
- Tanzida Begum Rumi, Microbiologist, NTP, DGHS
- Dr. Shahid Anwar, Divisional TB Expert, Sylhet
- Dr. Md. Shariful Islam, DSMO, TB
- Dr. Nurjahan Ara Khatun, Asstt. Director, CDC, DGHS
- Dr. Suman Biswas, SMO, Sylhet Division, NMEP, DGHS
- Sudipta Chakma, Procurement Coordinator, NMEP, DGHS
- Md. Akhtaruzzaman, Senior Manager (Management & Coordination), ASP, DGHS
- Dr. Nusrat Momen, Monitoring & Evaluation Expert, ASP, DGHS
- Dr. Md. Sayeduzzaman, Regional Coordinator, BRAC
- Md. Mahidul Islam, Procurement Coordinator, BRAC
- Jacob Mondol, Project Director, TB Control Program, Heed Bangladesh

BCCM Secretariat for facilitation of this visit:

- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat
- Dr. Ahmed Muttasim Billah, Oversight Officer, BCCM Secretariat

Persons contacted:

- Director (Health), Sylhet Division
- Civil Surgeon, Moulvibazar
- Superintendent, 250 Bed District Hospital Moulvibazar
- UH&FPO, Kamolganj UHC
- Divisional TB Expert, NTP, Sylhet

BACKGROUND:

The Global Fund (GF) Country Coordinating Mechanism (CCM) is a country-level public-private partnership to oversee grant applications and monitor grant implementation by the Principal Recipients (PRs) of the funds. The primary role of CCM is to access and oversee the management of funds received from GF and to complement Bangladesh's efforts to fight these three diseases i.e. HIV/AIDS, Tuberculosis and Malaria. As one of the key elements in the Global Fund architecture, CCM is central to the GF's commitment to national and local ownership of country proposals and to ensure inclusive and participatory decision-making. The CCM is a national, multi-stakeholder partnership that comprises members from the Government, NGOs, academia, private sector, key affected populations, faith-based organizations, UN agencies, and bilateral/multilateral agencies. The Oversight Committee is a technical committee selected by the CCM to support the CCM in ensuring two major functions: to provide guidance to "strategy and planning" activities, and to conduct overall "oversight" of the ongoing program implementation.



Activity Summary:

- Observed TB, Malaria and HIV program activities at 250 Bed District Hospital Moulvibazar and Upazila Health Complex (UHC), Kamolganj.
- Visited the Gene Xpert facility, ART center and Lab at 250 Bed District Hospital Moulvibazar.
- Inspected the DOTS center and Gene Xpert facility at Upazila Health Complex (UHC), Kamolganj.
- Held a coordination meeting with local stakeholders at the Civil Surgeon Office, Moulvibazar and Kamolganj UHC.

OBSERVATIONS/FINDINGS:

KAMOLGANJ UPAZILA HEALTH COMPLEX

Dr. Md Mahbubur Rahman Bhuiyan, UH&FPO, Kamolganj UHC greeted members of the BCCM Oversight Committee visit team and all other attendees to the UHC in Kamolganj. Mr. Manaj Kumar Biswas, BCCM Coordinator briefed the meeting on BCCM activities and shared the objectives of Oversight Committee visit at Kamolganj UHC. DSMO-TB began his presentation on the TB situation in Kamolganj Upazila with approval from Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW.

TB Situation in Kamolganj

Dr. Md. Shariful Islam, DSMO for TB, presented a comprehensive overview of the TB program in Kamolganj Upazila on behalf of the UH&FPO of Kamolganj UHC. Kamolganj Upazila includes 22 tea gardens and 7 Punji areas. As of August 31, 2024, there are 431 DS-TB patients, 7 MDR-TB patients, and 22 child TB patients under treatment. Diagnostic facilities for TB in Kamolganj include a 4-module GeneXpert machine, a microscopy center at the UHC. In Q1 and Q2 of 2024, 346 TB cases were diagnosed, with 53.47% being pulmonary bacteriologically confirmed (PBC), 21.68% pulmonary clinically diagnosed (PCD), 13.58% extrapulmonary (EP), and 11.27% retreatment cases. This marks an increase of 17 cases compared to Q3 and Q4 of 2023. The Case Notification Rate (CNR) rose to 235.40 in Q1 and Q2 of 2024, up from 224.64 in Q3 and Q4 of 2023. During the same period, 21 child TB cases were diagnosed, making up 6.06% of the total TB cases. Contact investigations for TB preventive therapy (TPT) were conducted for 202 index cases, with 97 individuals enrolled for TPT. The GeneXpert machine detected 177 cases of Mycobacterium TB and 3 cases of rifampicin-resistant MDR TB. The TB treatment success rate for 2022 was 92.41%. In Q1 and Q2 of 2024, 906 samples were tested through microscopy, and all TB patients tested negative for HIV. Child TB detection has improved through the use of GeneXpert, stool tests, and the inclusion of child TB in the IMCI manual. Challenges include vacant positions for TLCA and MT-Radiographer, insufficient notification of TB cases from the private sector, reduced transport support (due to the phase-out of the ACTB project) for impoverished TPT-eligible contacts, and the need for more counseling to encourage HIV screening for TB patients.

Malaria Situation in Kamolganj

Dr. Suman Biswas, SMO for Sylhet Division, NMEP, DGHS, provided an in-depth overview of the malaria program in Kamolganj Upazila. The upazila has 9 endemic unions, comprising 44 villages.

The Annual Parasite Index (API) was 0.0204 per 1,000 population in 2023. Dr. Biswas explained the surveillance activities, including the 1-3-7 approach. As of August 2024, Kamolganj reported 2 malaria cases, while 6 cases were reported in 2023. All cases in 2024 are from indigenous cases, with 69% of cases from 2018 to 2023 are indigenous origin. The 2024 malaria cases were caused by *Plasmodium falciparum* (PF). A total of 12,880 tests have been conducted in Kamolganj in 2024, and epidemiological screening was performed in 329 households, using 864 RDTs, following the detection of 2 positive cases. In 2023, 850 long-lasting insecticidal nets (LLIN) were distributed.

Challenges include a lack of concern about malaria among at-risk populations, behavioral changes in vectors, the shifting of malaria cases to new villages and areas, climate change, insufficient manpower, low literacy rates, non-immune travelers, superstitions, and a lack of quality diagnostics in the private sector.

Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and respected member of the BCCM Oversight Committee, emphasized that the purpose of the meeting was to foster collaboration to ensure the success of the TB and Malaria programs. She praised the efforts of the Divisional Director (Health), Civil Surgeon, UNO, UH&FPO, and the entire UHC team for their dedication to healthcare services at Kamolganj UHC. Acknowledging the staff shortages, she assured the meeting that solutions would be provided. She expressed her gratitude to all participants for their attendance, active participation, and commitment to eradicating TB and malaria, concluding the visit with these remarks.

DOTS Corner

The DOTS corner at Kamolganj UHC is currently supported by HEED Bangladesh and their field workers, overseeing the TB treatment of 431 patients. During a recent oversight visit, the team reviewed the management of patient registers, TB cards, follow-up processes, TPT enrollment, and the role of the DOTS provider. Nine different categories of staff carry out all the procedures within the DOTS corner. Representatives from HEED, including the Divisional TB expert, addressed all inquiries.

The MT-Lab team explained that after a presumptive positive result from microscopy or Gene Xpert, patients are referred to a doctor for treatment. Following the start of treatment, follow-up sputum tests are conducted at the 2-month and 6-month marks. If the results are negative, the patient is declared cured by the doctor. For TPT, contact investigations are conducted for family members of TB patients, and any suspected cases are sent for sputum tests. The majority of the patients come from the tea garden communities.

Mr. Md Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW, mentioned the importance of continuing regular DOTS services. He emphasized that there should be no missed doses, as the TB program must ensure adherence to prevent the development of drug resistance.

Gene Xpert

The Gene Xpert machine at Kamolganj UHC is a 4-module system capable of running 3-4 test cycles throughout the day. Reports are automatically generated by the machine's software. In addition to sputum testing, the machine can detect rifampicin-resistant TB. It also tests samples for extrapulmonary TB (EPTB). Currently, there are 518 cartridges available, with an average of 8-10 tests being conducted daily at the Kamolganj Gene Xpert facility.

Laboratory (Malaria Test)

The Oversight Committee inquired with the relevant staff about the patient testing procedures. Tests are conducted using both rapid and regular staining methods, with the rapid method being more commonly used, and results confirmed through microscopy. In August, one patient tested positive for malaria, with another case identified in April. Screening was conducted within a 500-meter radius of the positive patient's household. A requisition for the quarterly supply of reagents was submitted to the CS office, which has forwarded the request to CMSD for deliver.

Field Visit at TB Patient House hold

Led by Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, the Oversight Committee, along with program representatives from Kamolganj UHC, NTP, and HEED Bangladesh, conducted a random visit to the home of a TB-positive patient to evaluate her progress and the effectiveness of the TB program. The program staff provided an overview of the TB activities in that village during the visit. The patient began treatment in June 2024 and has shown significant improvement whereas she had previously been unable to walk. TB preventive therapy (TPT) was also administered to her family members.

HEED Bangladesh Kamolganj

Advocacy, communication, and social mobilization activities on TB were carried out by the HEED Bangladesh team through folk songs and drama. Additionally, a brief presentation showcasing HEED Bangladesh's activities in the Sylhet region was presented to the BCCM Oversight Committee.

250 BED DISTRICT HOSPITAL MOULVIBAZAR

Under the leadership of Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, the OC team conducted a visit to the 250 Bed District Hospital in Moulvibazar. This facility is equipped with modern technology and staffed by highly skilled medical professionals. During the visit, esteemed Oversight Committee members from the BCCM Secretariat closely observed the operations across various departments, including the DOTS corner, ART Centre, and laboratory. They engaged with service providers to discuss different aspects of the services. The committee expressed appreciation for the work being done at the DOTS corner and ART Centre, while also offering constructive feedback for improvement.

ART Centre

The 250 Bed District Hospital Moulvibazar provides Antiretroviral Therapy (ART) to HIV-positive patients with support from the AIDS and STD Programme (ASP) under DGHS. The hospital's records show that 150 HIV-positive patients are enrolled, of which 137 are currently receiving ART, while 8 dead, 3 loss to follow up and 2 transferred from Sylhet. Many patients were transferred from MAG Osmani Medical College, Sylhet, and most are returnees from Middle Eastern countries, hailing from Moulvibazar and Habiganj. Viral load tests are conducted every six months to monitor viral suppression. All data is securely stored on the DG-MIS server. Additionally, each ART center has a staff member who is HIV-positive, serving as a source of motivation for patients undergoing ART. Based on observations, key recommendations include improving monitoring of lost-to-follow-up cases by engaging stakeholders such as diagnostic centers and airport authorities.

Gene Xpert

The 250 Bed District Hospital Moulvibazar is equipped with a 16-module Gene Xpert machine for TB diagnosis, processing approximately 16 samples daily across 3 cycles, as reported by hospital staff. In addition to hospital samples, specimens from nearby upazilas are also tested here. This advanced machine can detect resistance patterns for all TB drugs, which is critical for initiating MDR-TB treatment. Stool samples are also tested here to aid in the detection of Child TB. The current stock includes 1,600 cartridges, and the facility is staffed by two MT-Lab technicians. On average, 14-15 samples are received daily from the hospital's indoor department.

Laboratory

The Oversight Committee engaged with the relevant staff to review the hospital's laboratory services. The lab conducts a range of tests, including malaria tests, CBC, microscopy, FBS, RBS, S. Creatinine, HbsAg, and thyroid function tests. A total of five staff members works in the lab. For malaria testing, both thick and thin blood films are prepared. In 2022, the hospital identified one malaria case through RDT, and as of September 2024, a total of 24 malaria tests have been conducted.

COORDINATION MEETING IN THE CIVIL SURGEON OFFICE

Dr. Chowdhury Jalal Uddin Murshed, Civil Surgeon, Moulvibazar greeted members of the BCCM Oversight Committee visit team and all other attendees to the Civil Surgeon office. The BCCM Oversight Committee convened in the conference room to engage with a diverse group of stakeholders, aiming to address the TB, Malaria and HIV burden in alignment with national commitments. Attendees included members of the BCCM Oversight Committee, the Civil Surgeon, the Superintendent of District Hospital, local stakeholders, PR and SR representatives, and representatives from the BCCM Secretariat. The Civil Surgeon of Moulvibazar warmly welcomed all participants at the start of the coordination meeting. Mr. Manaj Kumar Biswas, BCCM Coordinator from the BCCM Secretariat, provided a brief overview of The Global Fund activities, outlined the responsibilities of the Oversight Committee, and shared the objectives of the BCCM Oversight visit. With approval from Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, RMO of 250 Bed District began his presentation on the HIV situation in Moulvibazar.

HIV Situation in Moulvibazar

Dr. Ahmed Faisal Zaman, RMO, provided an overview of the HIV/AIDS program activities in Moulvibazar, starting with the key services offered at the ART Centre. These include HIV testing and counseling, ART enrollment with accurate diagnosis, regimen selection and treatment, viral load testing, management of opportunistic infections, referral for TB treatment if positive, IPT, ART drug counseling, psychosocial and peer counseling, positive living support, data entry and daily follow-up via DHIS-2, and collaboration with other organizations for patient referrals. The center also provides nutrition support for impoverished PLHIV. Currently, there are 150 HIV-positive cases, with a gender breakdown of 52% male and 45% female. To date, 8 patients have died from the disease. The ART center is treating 137 patients, with 3 lost to follow-up and 2 transferred from Sylhet. Of the total, 125 PLHIV are from Moulvibazar and 25 from Habiganj. Viral load tests have been conducted for 80 patients, with 75 of them achieving viral suppression.



TB Situation in Moulvibazar

Dr. Md. Shariful Islam, DSMO for TB, delivered a detailed presentation on the TB program in Kamalganj Upazila on behalf of the Civil Surgeon. In Moulvibazar, the program operates with 12 microscopy and DOTS centers, 8 GeneXpert labs, 2 Truenat labs, and 7 digital and portable X-ray machines, all provided by the NTP. The district, geographically diverse, includes 92 tea gardens, 10 rubber gardens, and 61 Punji areas. As of August 31, 2024, 2,353 drug-sensitive TB (DS-TB) patients, 26 multi-drug resistant TB (MDR-TB) patients, and 194 child TB patients were undergoing treatment. In the first half of 2024, 2,106 TB cases were diagnosed, with 51.67% being pulmonary bacteriologically confirmed (PBC), 23.31% pulmonary clinically diagnosed (PCD), 14.05% extrapulmonary (EP), and 10.97% retreatment cases. This marks an increase of 26 cases compared to the last two quarters of 2023. The Case Notification Rate (CNR) increased to 194.26 in Q1 and Q2 of 2024, up from 191.41 in Q3 and Q4 of 2023. During this period, 173 child TB cases were diagnosed, representing 8.24% of the total TB cases. Contact investigations for TB preventive therapy (TPT) were conducted for 842 index cases, resulting in 823 individuals being enrolled for TPT. The GeneXpert machine identified 1,214 Mycobacterium TB cases and 26 rifampicin-resistant MDR-TB cases. The TB treatment success rate in 2022 was 95.03%. In Q1 and Q2 of 2024, 6,716 samples were tested via microscopy, with all TB patients testing negative for HIV. The program faces several challenges, including numerous vacancies for TLCA and MT-Radiographer positions in UHCs, inadequate TB case notifications from the private sector, and the need for enhanced counseling to promote HIV screening among TB patients. Of the 7 upazilas, only one currently has a TLCA, and Kulaura and Rajnagar upazilas are in need of X-ray machines.

Malaria Situation in Moulvibazar

Dr. Suman Biswas, SMO for Sylhet Division, NMEP, DGHS, provided a comprehensive update on the malaria program in Moulvibazar. Elimination activities in the district began in 2017, with key strategies focusing on early case detection and prompt treatment, implementing the 1-3-7 approach for case-based surveillance, ensuring universal access to long-lasting insecticidal nets (LLIN), and addressing cross-border cases. In 2022, the Annual Parasite Index (API) stood at 0.00377 per 1,000 population. Since 2018, Moulvibazar has reported 42 malaria cases, with just 2 cases in 2023. Over the past decade, the number of cases has dramatically decreased from 334 to 2, with no reported deaths. All cases in 2024 were indigenous, and from 2018 to 2023, 71% of cases were also indigenous. Kamalganj Upazila recorded the highest number of cases in 2024, with 2 cases. These 2024 cases were caused by *Plasmodium falciparum* (PF). So far in 2024, a total of 37,082 malaria tests have been conducted across the district. In 2023, 3,350 LLINs were distributed to at-risk populations. However, the program faces several challenges, including a lack of concern about malaria among at-risk groups, behavioral changes in mosquitoes, the shifting of malaria cases to new villages, climate change, insufficient manpower, low literacy rates, non-immune travelers, superstitions, and poor diagnostic quality in the private healthcare sector.

Ms. Farzana Sultana, Development Advisor at Global Affairs Canada, recommended enhancing malaria testing efforts. She also emphasized the need for the program to focus on climate change-related shifts in hotspots, which are associated with suitable breeding grounds for malaria parasites..

Dr. Chowdhury Jalal Uddin Murshed, Civil Surgeon of Moulvibazar, stressed the importance of repairing the nonfunctional portable X-ray machine and the need to recruit a technician. He also called on NEMEMW to take swift action in repairing essential diagnostic tools, such as the X-ray machine.

Dr. Pronoy Kanti Das, Superintendent of the 250 Bed District Hospital in Moulvibazar, expressed his gratitude to the BCCM Oversight Committee for their visit to the hospital. He also conveyed his hope that the vacant positions would be filled promptly.

Mr. Md Mamunur Rashid, Joint Secretary (WH), HSD, MOHFW, and a respected member of the BCCM Oversight Committee, suggested that future visits should begin with the hospital or UHC inspection, followed by the debriefing meeting. He expressed concern over the number of HIV-positive cases and emphasized the need to strengthen prevention efforts through advocacy and behavioral change to reduce social stigma. He recommended that all PowerPoint presentations include national targets for Malaria and TB, and that online MIS data to be displayed during the debriefing. For public-private collaboration, he advised involving not only doctors but also stakeholders from various sectors to enhance TB detection efforts. He commended and encouraged the efforts of the Civil Surgeon, Superintendent, and the hospital team for their dedication to healthcare services in Moulvibazar District.

Ms. Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, emphasized that the aim of this meeting is to foster collaboration to ensure the success of the HIV, TB, and Malaria programs. The chairperson also commended and encouraged the efforts of the Civil Surgeon, Superintendent, along with the hospital team for their dedication to providing healthcare services in Moulvibazar District. She expressed gratitude to all participants for their attendance, active engagement, and commitment to eliminating TB, Malaria, and preventing HIV, concluding the meeting.

RECOMMENDATIONS:

The Oversight Visit Team recommended to ensure following propositions-

- *Recommended to provide an X-ray machine to Moulvibazar, contingent upon the availability of budget under the National Tuberculosis Program (NTP);*
- *Recommended to enhance efforts to enroll patients in TB Preventive Therapy (TPT), ensuring adequate drug stock to meet demand for TPT.*
- *It is recommended to include new potential malaria hotspots, alongside the previously identified areas, in the surveillance and detection strategy for Moulvibazar district.*
- *Recommended that Civil Surgeon and Hospital Superintendent should compile a list of human resource shortages, specifically TLCA, MT-Radiographer and outsourcing positions and forward it to the Additional Secretary (WH) to expedite recruitment and placement.*
- *Recommended to enhance advocacy and community-based behavioral change programs to reduce social stigma for HIV, TB, and Malaria and engage local leaders, media, and peer educators to promote awareness and encourage early diagnosis and treatment.*
- *Recommended to organize an orientation program or meeting for healthcare staff, involving the UHFPO and Upazila Nirbahi Officer (UNO), focused on TB and Malaria*

- *Ensure all presentations, particularly those presented to oversight committees or stakeholders, include national targets for Malaria and TB to align local progress with national objectives and facilitate strategic planning.*
- *Display online MIS (Management Information System) data during debriefing meetings to provide real-time insights into disease trends and program performance, enabling more informed decision-making.*
- *The Civil Surgeon (CS) should ensure the discussion of the progress, challenges, and strategies related to TB HIV and Malaria control in monthly performance review meetings with all UHFPOs and other health services providers. This will ensure accountability and continuous improvement in disease management across the district.*
- *The Hospital Superintendent should ensure the discussion of the progress, challenges, and strategies related to TB HIV and Malaria control in fortnightly/ monthly meetings with all doctors, nurses, technologists and other health services providers. These discussions should focus on case management, treatment protocols, and areas for improvement.*



(Sheikh Momena Moni)

Additional Secretary (WH)

HSD, MOHFW

and

Chair, BCCM Oversight Committee

Bangladesh Country Coordinating Mechanism (BCCM)**Ministry of Health and Family Welfare****Health Services Division****BCCM Secretariat****Oversight Visit Report****Sherpur and Mymensingh District, Mymensingh Division, Visit Date: 25-27 October 2024****Date of Report:** 31 October 2024

Purpose of the site visit: The purposes of the BCCM Oversight site visit in Sherpur & Mymensingh district included:

- Observe the TB, Malaria and HIV program in Sherpur District & Mymensingh division.
- Observe program implementation at 250 Bed District Hospital Sherpur District, Mymensingh division.
- Visit the DOTS center, Gene Xpert facility and HTC Centre at Mymensingh Medical College Hospital, Mymensingh, Mymensingh division.
- Visit the DIC center of ICDDRDB and Care Bangladesh in Mymensingh division
- Meet with local stakeholders, including representatives from local government health departments, CSOs, and beneficiaries, to ensure a collaborative effort to eliminate and control TB, Malaria and HIV in Mymensingh Division.

Names of the members of the visiting team:

- Mr. M A Akmal Hossain Azad, Senior Secretary, HSD, MOH&FW
- Ms. Sheikh Momena Moni, Addl. Secretary (WH), MOH&FW
- Mr. Md. Abdul Aziz, Deputy Secretary (WH-1), MOH&FW
- Mr. Mosaddeq Mehdi Imam, Deputy Secretary (WH-2), MOH&FW
- Mr. Ahsanul Alam Kishore, PLHIV, PLWD
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat
- Dr. Marina Binthe Alam, Coordination Officer, BCCM Secretariat

Program representatives:**Program representatives from Central Level:**

- Dr. Md Mahafuzer Rahman Sarker, Line Director (TBL and ASP), DGHS
- Dr. Sheikh Daud Adnan, Line Director (CDC), DGHS
- Dr. Rupali Shisir Banu, National Program Coordinator, NTP, DGHS
- Dr. Md. Zahangir Kabir, Program Manager-TB, NTP, DGHS

Program representatives:

- Dr. Prodip Kumar Saha, Divisional Director (Health), Mymensingh
- Dr Md. Jashim Uddin, Civil Surgeon, Sherpur
- Dr. Yasseer Hassan, Divisional TB Expert-Mymensingh Division, NTP, DGHS
- Dr. Sheikh Md. Rahat Kabir, Surveillance Medical Officer-Mymensingh zone, NMEP, DGHS



BCCM Secretariat for facilitation of this visit:

- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat
- Dr. Ahmed Muttasim Billah, Oversight Officer, BCCM Secretariat

Persons contacted:

- Director (Health), Mymensingh Medical College and Hospital
- Civil Surgeon Dr. Md. Nazrul Islam, Mymensingh division
- Superintendent, 250 Bed District Hospital Sheerpur
- Program coordinator at NASP, SCI, ICDDRDB for DIC.
- Divisional TB Expert, NTP, Mymensingh division

BACKGROUND:

The Global Fund (GF) Country Coordinating Mechanism (CCM) is a country-level public-private partnership to oversee grant applications and monitor grant implementation by the Principal Recipients (PRs) of the funds. The primary role of CCM is to access and oversee the management of funds received from GF and to complement Bangladesh's efforts to fight these three diseases i.e., HIV/AIDS, Tuberculosis, and Malaria. As one of the key elements in the Global Fund architecture, CCM is central to the GF's commitment to national and local ownership of country proposals and to ensure inclusive and participatory decision-making. The CCM is a national, multi-stakeholder partnership that comprises members from the Government, NGO, academia, private sector, key affected populations, faith-based organizations, UN agencies, and bilateral/multilateral agencies. The Oversight Committee is a technical committee selected by the CCM to support the CCM in ensuring two major functions: to provide guidance to "strategy and planning" activities and to conduct overall "oversight" of the ongoing program implementation.

Activity Summary:

- Observed TB, Malaria and HIV program activities at 250 Bed District Hospital, Sherpur
- Visited the Gene Xpert facility, HTC center and Lab at 250 Bed District Hospital Sherpur.
- Inspected the DOTS center DOTS Corner, Reviewed service delivery process, Presentations on TB and Malaria Status of Sherpur:
- Review and discussion on current status, Discussed the challenges and provided guidance & recommended ways for development of Sherpur
- Mymensingh Medical College and Hospital Gene Xpert Site: Reviewed service delivery process, inspect Covid-19 Cell, Reviewed current disease status & Outbreak preparedness and reviewed stock and supply status
- Visited DOTS Corner and ART Center of Mymensingh Medical College and Hospital
- Review of HIV/AIDS situation, MSM, Drug Abuser response, OST availability and service delivery provision and analysis of Challenges at DIC center at Mymensingh Division
- Held a coordination meeting with local stakeholders at the Civil Surgeon Office, Mymensingh

OBSERVATIONS/FINDINGS:**250 Bed District Hospital, Sherpur**

Dr Md. Jashim Uddin, Civil Surgeon of Sherpur & and Dr. Salim Miah, DD Sherpur District Hospital warmly greeted the members of the BCCM Oversight Committee visit team and all other attendees at the 250-Bed District Hospital, Sherpur.

Mr Manaj Kumar Biswas, the BCCM Coordinator, then provided an overview of the BCCM's ongoing activities and outlined the objectives of the Oversight Committee's visit to the hospital. With the approval of Sheikh Momena Moni, Additional Secretary (WH) of the Health Services Division, Ministry of Health and Family Welfare (MOHFW), the District Surveillance Medical Officer for Tuberculosis (DSMO-TB) initiated a presentation on the TB situation in Sherpur.

TB Situation in Sherpur

Dr Sudipta Bikash Bhattacharjee, District Surveillance Medical Officer, NTP, presented a comprehensive overview of the TB program in Sherpur Upazila on behalf of the DD of Sherpur District Hospital. His report was part of the biannual monitoring meeting for TB control activities in Sherpur, focusing on a range of initiatives designed to enhance TB prevention and treatment. Key efforts included orienting graduate private practitioners to improve TB case management and engaging community groups, such as lawyers and journalists, to increase public awareness. In remote areas, targeted TB awareness campaigns were conducted to reach underserved populations. Additionally, outreach sputum collection services were expanded to make TB diagnosis more accessible, while village doctors and pharmacy holders received orientation on TB management practices. Meetings with TB patients were also held regularly to provide support and monitor their treatment progress. To further raise awareness, World TB Day was celebrated, bringing together community members to highlight the importance of TB control. These initiatives reflect a strategic and collaborative approach to combatting TB in Sherpur. As of September 2024, Sherpur reports a total of 979 DS-TB patients, 9 MDR-TB patients, and 8 child TB patients currently under treatment. TB diagnostic facilities in the region include a 4-module GeneXpert machine and a microscopy center located at the Upazila Health Complex (UHC).

In Q1 and Q2 of 2024, a total of 974 and 972 TB cases were diagnosed, respectively. Among these, 57.7% were pulmonary bacteriologically confirmed (PBC), 28% pulmonary clinically diagnosed (PCD), 14.58% extrapulmonary (EP), and 11.27% were retreatment cases. Compared to Q3 and Q4 of 2023, this reflects an increase of 17 cases. The Case Notification Rate (CNR) for Q1 and Q2 of 2024 was 235.40, a rise from the 257.92 recorded in the latter half of 2023. Within the first half of 2024, 45 child TB cases were identified, constituting 4.02% of the total TB cases.

For preventive measures, contact investigations were conducted for TB preventive therapy (TPT), enrolling 705 individuals in Q3 of 2024. Diagnostic efforts using the GeneXpert machine revealed 177 cases of Mycobacterium TB and 9 cases of rifampicin-resistant MDR TB. Additionally, microscopy testing of 36 samples was conducted, with all TB patients testing negative for HIV. The treatment success rate for TB cases from 2022 stands at an impressive 96%. Notably, child TB detection has improved due to the availability of GeneXpert and stool tests, alongside the inclusion of child TB guidelines in the IMCI (Integrated Management of Childhood Illness) manual.

The TB management programme in Sheerpur District faces several key challenges. Staffing gaps, including vacant positions for the TLCA (Tuberculosis and Leprosy Control Assistant) and MT-Radiographer, hinder operational efficiency. Additionally, there is insufficient notification of TB cases from private sector facilities, limiting the comprehensiveness of case detection and tracking. Counselling resources are needed to encourage TB patients to undergo HIV screening, a vital component of holistic care. Finally, to strengthen diagnostic capabilities, there is a need for an X-ray



machine to enhance TB diagnosis in Sherpur District. Addressing these issues is essential to bolstering TB control efforts in the region

DOTS Corner

The DOTS corner at the 250-Bed District Hospital in Sherpur, supported by NTP and BRAC with their field workers, currently manages the treatment of 350 TB patients, providing comprehensive care through a well-coordinated, multi-layered approach. During a recent oversight visit, the team assessed critical elements of TB patient management, including accurate patient registration, TB card maintenance, follow-up protocols, TPT (TB Preventive Therapy) enrolment, and the roles fulfilled by the DOTS provider. A diverse team, comprising nine different categories of staff, carries out these essential tasks, each contributing uniquely to the holistic treatment and support offered within the DOTS corner.

Representatives from BRAC, including the Divisional TB expert and DSMO were present to address all inquiries, further demonstrating the collaborative framework of TB management. The MT-Lab team explained the diagnostic and treatment pathway: patients who test presumptively positive through microscopy or GeneXpert are referred to a doctor for the treatment plan. Follow-up sputum tests then conducted at the 2-month and 6-month intervals to assess treatment progress. If these tests are negative, the patient is officially declared cured by the registered doctor. In the realm of preventive care, contact investigations are carried out among family members of TB patients, with any suspected cases promptly referred for sputum testing. This structured, comprehensive approach ensures that patients receive both the treatment and preventive support needed to manage and contain TB effectively in Sherpur.

Gene Xpert

The GeneXpert machine at the 250-Bed District Hospital in Sherpur is an advanced 16-module system designed to significantly enhance TB diagnosis and management. This robust machine is capable of running 48-64 test cycles daily, ensuring high testing capacity to meet patient needs. Reports are automatically generated by the machine's software, which streamlines record-keeping and facilitates timely patient follow-up. In addition to conducting standard sputum tests, the GeneXpert machine is equipped to detect rifampicin-resistant TB, allowing for early identification and targeted treatment of drug-resistant cases. It also tests samples for extrapulmonary TB (EPTB), expanding the diagnostic capabilities to include non-pulmonary cases. Currently, the facility has 300 cartridges available, enabling an average number of tests to be conducted daily. This efficient testing capacity supports prompt diagnoses and effective TB management in the region, playing a crucial role in the overall TB control efforts at the hospital.

Laboratory (Malaria Test)

The Oversight Committee inquired with the relevant staff about the patient testing procedures. Tests are conducted using both rapid and regular staining methods, with the rapid method being more commonly used, and results confirmed through microscopy.



COORDINATION MEETING IN THE CONFERENCE ROOM 250 BED DISTRICT HOSPITAL, SHEERPUR:

Mr. M A Akmal Hossain Azad, Senior Secretary, HSD, MOH&FW significant concerns were raised regarding the increasing number of TB-positive cases and he also emphasized on TPT therapy. He also highlighted the importance of engaging a broad range of stakeholders, not just medical professionals, to enhance detection efforts for both TB and HIV. In his closing remarks, the dedication and hard work of the Civil Surgeon, Superintendent, and the hospital team for their invaluable contribution to healthcare services. He expressed gratitude to all participants of Sherpur for their active engagement and commitment to the mission of eliminating TB, Malaria, and preventing HIV in the community.

Mymensingh Medical College and Hospital:

Under the leadership of Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, the OC team conducted a visit to the Mymensingh Medical College and Hospital, Mymensingh. This facility is equipped with modern technology and staffed by highly skilled medical professionals. During the visit, esteemed Oversight Committee members from the BCCM Secretariat closely observed the operations across various departments, including the DOTS corner, HTC Centre, and laboratory. They engaged with service providers to discuss different aspects of the services. The committee expressed appreciation for the work being done at the DOTS corner and HTC Centre, while also offering constructive feedback for improvement.

HTC (HIV Testing Centre)

Mymensingh Medical College and Hospital, Mymensingh provides only HTC service to HIV-positive patients with support from the AIDS and STD Program (ASP) under DGHS. The hospital allocated 2 room for HTC center. The hospital's records show that 55 HIV-positive patients are enrolled, of which 50 are currently receiving ART from 2020 from BSMMU. 5 patients are missing. Many patients were transferred from Kishorghonj. Viral load tests are conducted every six months to monitor viral suppression. All data is securely stored on the DG-MIS server. ART center will be permanently facilitated in Mymensingh Medical College and Hospital, Mymensingh Medical college and hospital will be introduced ART center very soon. Based on observations, key recommendations include improving monitoring of lost-to-follow-up cases by engaging stakeholders such as diagnostic centers.

Gene Xpert

Mymensingh Medical College and Hospital is equipped with a 04 module 10 Color GeneXpert machine, which plays a crucial role in TB diagnosis. According to MT-lab the machine processes approximately 10-15 samples daily across 3-4 cycles. In addition to hospital samples, it also tests specimens from nearby upazilas and districts, enhancing its diagnostic reach. It also tests samples for extrapulmonary TB (EPTB), expanding the diagnostic capabilities to include extra-pulmonary cases. Microscopy test collected around 330 to 350 sample. This advanced machine is capable of detecting resistance patterns for all TB drugs, which is critical for the timely initiation of MDR-TB treatment. Additionally, stool samples are tested to aid in the detection of child TB, improving diagnostic accuracy for younger patients. Currently, the facility maintains a stock of 250 cartridges, ensuring a sufficient supply for ongoing testing. The GeneXpert facility is staffed by two MT-Lab technicians, who manage the workflow effectively. On average, the hospital's indoor department receives between 10 and 12 samples daily, reflecting a significant demand for TB diagnostic services in the region.



DOTS Corner

The DOTS corner at Mymensingh Medical College and Hospital, Mymensingh is currently supported by Damien Foundation and their field workers, overseeing the TB treatment of 578 patients and DOTS take around 90-100 patients. During a recent oversight visit, the team reviewed the management of patient registers, TB cards, follow-up processes, TPT enrollment, and the role of the DOTS provider. Nine different categories of staff carry out all the procedures within the DOTS corner. Representatives from Damien Foundation, including the Divisional TB expert, addressed all inquiries.

The MT-Lab team explained that after a presumptive positive result from microscopy or Gene Xpert, patients are referred by doctors for treatment. Following the start of treatment, follow-up sputum tests are conducted at the 2-month and 6-month marks. If the results are negative, the patient is declared cured by the doctor. He also explained that the patient flow is versatile and hope to surge at peak at the last quadrant of this year. For TPT, contact investigations are conducted for family members of TB patients, and any suspected cases are sent for sputum tests. The majority of the patients come from the tea garden communities. TPT under observation 1825 person.

Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, mentioned the importance of continuing regular DOTS services. She emphasized that there should be no missed doses, as the TB program must ensure adherence to prevent the development of drug resistance.

Laboratory

The Oversight Committee engaged with relevant staff to review the laboratory services at the hospital. The lab performs a variety of tests, including malaria tests, complete blood counts (CBC), microscopy, fasting blood sugar (FBS), random blood sugar (RBS), serum creatinine, hepatitis B surface antigen (HbsAg), and thyroid function tests etc. The laboratory is staffed by five personnel who ensure efficient operation. For malaria testing, both thick and thin blood films are prepared. As of October 2024, the hospital has not identified any malaria cases through rapid diagnostic tests (RDT). This review highlights the lab's capabilities and its role in providing essential diagnostic services.

DIC Save the Children (people who inject drugs PWID):

As part of CARE Bangladesh consortium, Ashokta Punarbhashan Songstha (APOSH) is implementing intervention for People Who Use Drugs (PUD) in Mymensingh district. During the oversight committee visit, Mr. S M Abdullah Al Reza, Program Manager, APOSH presented the major service components and its achievements related to Mymensingh project, to the respected BCCM oversight committee members. At the time of visit Ezazul Islam Chowdhury (PR representative, Save the Children) also briefed the team and respond to their queries. Md. Abul Bashir, ED of APOSH were also present during the visit. The basic information about the service center and progress update are as given below. APOSH covers 871 PUD in Mymensingh district (as per the last quarterly report): 718 from Mymensingh outlet and 153 from Muktagacha outlet (newly established). Services in Mymensingh outlet include comprehensive package of harm reduction program where major components are Needle/Syringes program (NSP), HIV Testing Services (HTS), condom programming, Sexually Transmission Infection (STI) management and Opioid Substitution Therapy (OST), however, Muktagacha outlet includes all the services, other than OST.



In July-September quarter, intervention distributed average 26 syringes among each PUD/month. HTS conducted among 520 PUD, however no positive cases were identified. Moreover, 461 were screened for tuberculosis (TB). OST is major component in Mymensingh outlet. A total of 200 PUD (28% of Mymensingh outlet PUD coverage) are currently taking services from OST center. Among the clients, except one all are male. Average daily dose of methadone per client is 44.00 mg. Current treatment retention rate is 83%. One People Living with HIV (PLHIV) PUD is taking support from Mymensingh outlet with linkage of government ART centre. As there is no ART centre in Mymensingh Medical College Hospital (MMCH), he has to receive support from Tongi/Dhaka. Abdullah, who is also a recovery drug user emphasized the importance of the self-help group for OST to organize the drug users to work for their own benefit. In Mymensingh, they have formed 'Jiboner Alo' a Self-Help Group (SHG) with 21 OST clients. The group plays a vital role in helping new clients about the benefits of OST, addressing misconceptions, and make them aware of the dangers of taking methadone along with other substances such as alcohol, methamphetamines, cannabis, and benzodiazepines. The group also conducts educational sessions and highlights success stories related to livelihood initiatives among OST users.

APOSH has very good coordination with local Civil Surgeon (CS) and his office, and they report their activity to the CS office and coordination meeting, held in each quarter. Also, they have close contact with District Surveillance Medical officer (DSMO). They look forward to establishing a good referral network for PUD with Mymensingh Medical College Hospitals (MMCH) and in this regard, they need support from CS and other relevant. Another appeal from them was to arrange a space for outlet and OST in old CS building. To ensure sustainability of HIV prevention services, relocation and integration of Key Population (KP) to government hospital has no alternative. APOSH is also trying to establish a linkage with youth department and social service department, Mymensingh for arranging livelihood support including skill building training for PUD.

DIC ICDDR, B (MSM)

The DIC centre of Mymensingh, in collaboration with ICDDR, B, presented a comprehensive overview of the continuation and scale-up of HIV prevention and treatment services in Bangladesh. The discussion encompassed several key areas, including programmatic performance and the service dimensions of ICT platforms, which feature a dedicated website and mobile app. Additionally, the presentation addressed DIC services and the expansion of Post-Exposure Prophylaxis (PEP) in GC7 for HIV. Community-led monitoring initiatives were also highlighted, along with the obstacles faced in implementing these services. The team concluded by outlining future activities and strategies to enhance the effectiveness of HIV prevention and treatment services in the region.

COORDINATION MEETING IN THE CIVIL SURGEON OFFICE

Divisional Director Dr. Pradip Kumar Saha and Civil Surgeon Dr. Md. Nazrul Islam, Mymensingh division, greeted members of the BCCM Oversight Committee visit team and all other attendees to the Civil Surgeon office. The BCCM Oversight Committee convened in the conference room to engage with a diverse group of stakeholders, aiming to address the TB, Malaria and HIV burden in alignment with national commitments. Attendees included members of the BCCM Oversight Committee, Divisional Director, the Civil Surgeon, the Junior Consultant of CDC, local stakeholders, PR and SR representatives, and representatives from the BCCM Secretariat. The Civil Surgeon of Mymensingh



warmly welcomed all participants at the start of the coordination meeting. With approval from of Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee, Divisional TB Expert began his presentation on the TB situation in Mymensingh.

TB Situation in Mymensingh:


Dr. Yasseer Hassan, Divisional TB Expert (Mymensingh), NTP, DGHS. for TB, delivered a detailed presentation on the TB program in Mymensingh Division. In Mymensingh, the program operates with 65 microscopy and DOTS centers, 42 GeneXpert labs, 08 Truenat labs, and 19 digital and portable X-ray machines (4 AI facilitated), all provided by the NTP. The district, geographically diverse in many districts. Types of TB Cases in Quarter 1 Bacteriologically Confirmed (B+) case 50%, Clinically diagnosed (CD), 28% Extra Pulmonary (EP) 22%. in Q2 - 2024 Bacteriologically Confirmed (B+) case 51%, Clinically diagnosed (CD), Extra Pulmonary (EP) 24.5%. Gene Xpert/TRUNAT Q3 – 2024 positivity rate is 9%. TPT Status in Q3 2024 Mymensingh Division eligible 5769 and enrolled 3919. MDR Patient Enrolled in Q3 2024 about 30 persons. TB Outcome Q1 2023 in Mymensingh Total Cases is 2330, No. of Death (DS) is 42(2%), Rx Success 98%.

Total Cases Q2- 2023 is 2607, No. of Death, 80 (3%) Rx Success 97%. TB Outcome Q1 2023 in Netrokona Total Cases is 894, No. of Death (DS) is 36(4%), Rx Success 96%. Total Cases Q2- 2023 is 861, No. of Death, 32(3.5%). Rx Success 96.5%. TB Outcome Q1 2023 in Sherpur Total Cases is 891, No. of Death (DS) is 37(3.7%), Rx Success 96%. Total Cases Q2- 2023 is 907, No. of Death, 33(3.6%). Rx Success 96.4%, TB Outcome Q1 2023 in Jamalpur Total Cases is 880, No. of Death (DS) is 33(3.7%), Rx Success 96.3%. Total Cases Q2- 2023 is 896, No. of Death, 33(3.6%). Rx Success 96.3%. The Challenges they faced Child TB detection in sub district level, Testing HIV screening for all TB patients and Ensures of TB Preventive Therapy.

As of September, 2024, 2700 drug-sensitive TB (DS-TB) patients, 48 multi-drug-resistant TB (MDR-TB) patients, and 194 child TB patients were undergoing treatment. In the first half of 2024, 2,106 TB cases were diagnosed, with 51.67% being pulmonary bacteriologically confirmed (PBC), 23.31% pulmonary clinically diagnosed (PCD), 14.05% extrapulmonary (EP), and 10.97% retreatment cases. This marks an increase of 26 cases compared to the last two quarters of 2023. The Case Notification Rate (CNR) increased to 194.26 in Q1 and Q2 of 2024, up from 191.41 in Q3 and Q4 of 2023. During this period, 173 child TB cases were diagnosed, representing 8.24% of the total TB cases. Contact investigations for TB preventive therapy (TPT) were conducted for 842 index cases, resulting in 823 individuals being enrolled for TPT. The GeneXpert machine identified 1,214 Mycobacterium TB cases and 53 rifampicin-resistant MDR-TB cases. The TB treatment success rate in 2022 was 95.03%. In Q1 and Q2 of 2024, 6,716 samples were tested via microscopy, with all TB patients testing negative for HIV. The program faces several challenges, including numerous vacancies for TLCA and MT-Radiographer positions in UHCs, inadequate TB case notifications from the private sector, and the need for enhanced counseling to promote HIV screening among TB patients.

Malaria Situation in Mymensingh:

Dr. Sheikh Md. Rahat Kabir, Surveillance Medical Officer-Mymensingh zone, National Malaria Elimination Program, DGHS, NMEP, DGHS, provided a comprehensive update on the malaria program in Mymensingh. Elimination activities in the district began in 2017, with key strategies



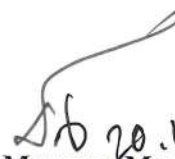
focusing on early case detection and prompt treatment, implementing the 1-3-7 approach for case-based surveillance, ensuring universal access to long-lasting insecticidal nets (LLIN), and addressing cross-border cases. By 2024- Local transmission has been interrupted and no indigenous malaria in 04 districts of Mymensingh zone. However, the program faces several challenges, including a lack of concern about malaria among at-risk groups, behavioral changes in mosquitoes, the shifting of malaria cases to new villages, cross border issues, climate change, insufficient manpower, low literacy rates, non-immune travelers, superstitions, and poor diagnostic quality in the private healthcare sector.

Sheikh Momena Moni, Additional Secretary (WH), HSD, MOHFW, and Chair of the BCCM Oversight Committee. She expressed concern about the rising number of HIV-positive cases, particularly among key populations such as Men who have Sex with Men (MSM) and People Who Inject Drugs (PWID), highlighting the urgent need to strengthen prevention efforts through advocacy and behavioral change to reduce social stigma. The chairperson underscored the importance of involving not only doctors but also stakeholders from various sectors to enhance TB and HIV detection efforts. In her closing remarks, Sheikh Momena commended the dedication and hard work of the Civil Surgeon, Superintendent, and the hospital team in providing healthcare services and expressed gratitude to all participants for their active engagement and commitment to eliminating TB, Malaria, and preventing HIV.

RECOMMENDATIONS:

The Oversight Visit Team recommended to ensure following propositions-

- *district-wise dedicated person should be employed to enhance public-private collaboration for strengthening TB services (referral for diagnosis, treatment etc.) in community level;*
- *to allocate X-ray machine to enhance TB diagnosis in CDC Mymensingh;*
- *to allocate 16 module Gene-Xpert machine in Mymensingh Medical College to enhance diagnosis capacity;*
- *take necessary action to start ART services in Mymensingh Medical College and Hospital;*
- *to enhance coordination among TB program implementers e.g. partners organization for strengthening earliest TB patient diagnosis;*
- *take necessary actions to increase child TB notification;*
- *increase involvement of mainstream health services providers in DOTs for sustainability;*
- *strengthen TPT activities to reduce TB burden for achievement of end TB strategy;*
- *strengthen surveillance activities to ensure malaria elimination as targeted in NSP;*
- *review, plan and take necessary action to create employment opportunity for KPs of HIV/AIDS as part of sustainable livelihood;*
- *Arrange space for Outlet and OST services for PWUD intervention in old Civil Surgeon office building.*



(Sheikh Momena Moni)

Additional Secretary (WH)

HSD, MOHFW

and

Chair, BCCM Oversight Committee



Progress Update

HIV Grant- GC7

(July – December, 2024)

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

Date: 19 February 2025

123 BCCM

HIV Epidemiology - Bangladesh



HIV Prevalence is **<0.1%** in general population
<1% among Key Populations (KP) [ASP,2024]



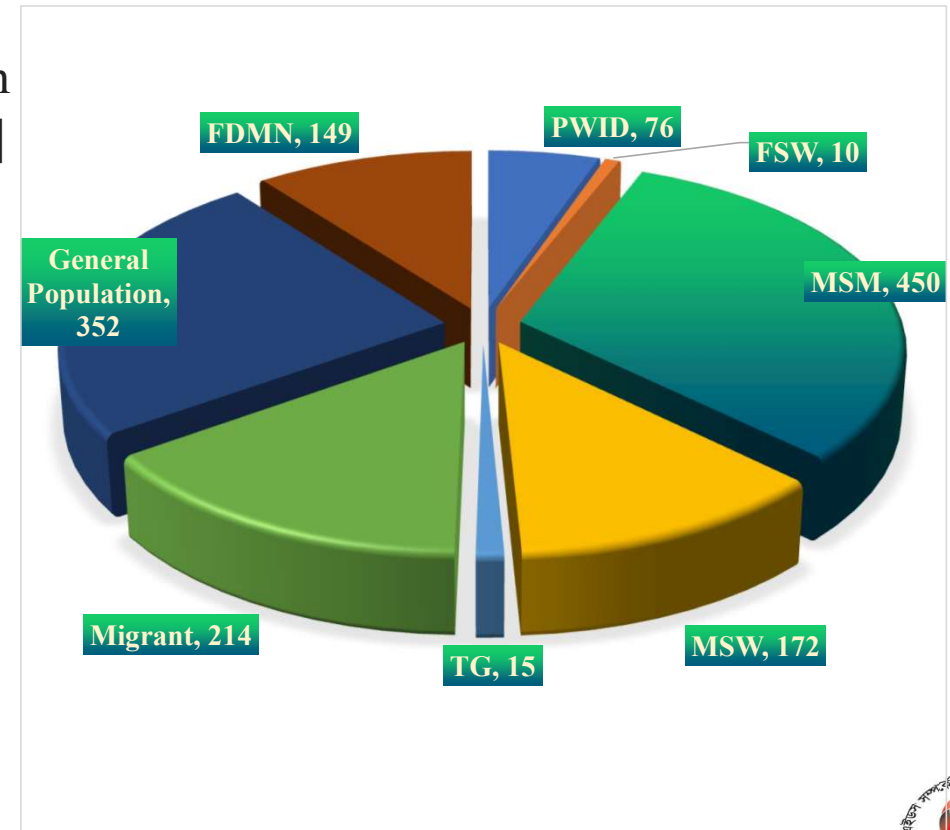
HIV prevalence among PWID is **4.1%** and concentrated epidemic level (**>5%**) in two districts (Dhaka and Narayanganj) as per IBBS 2020



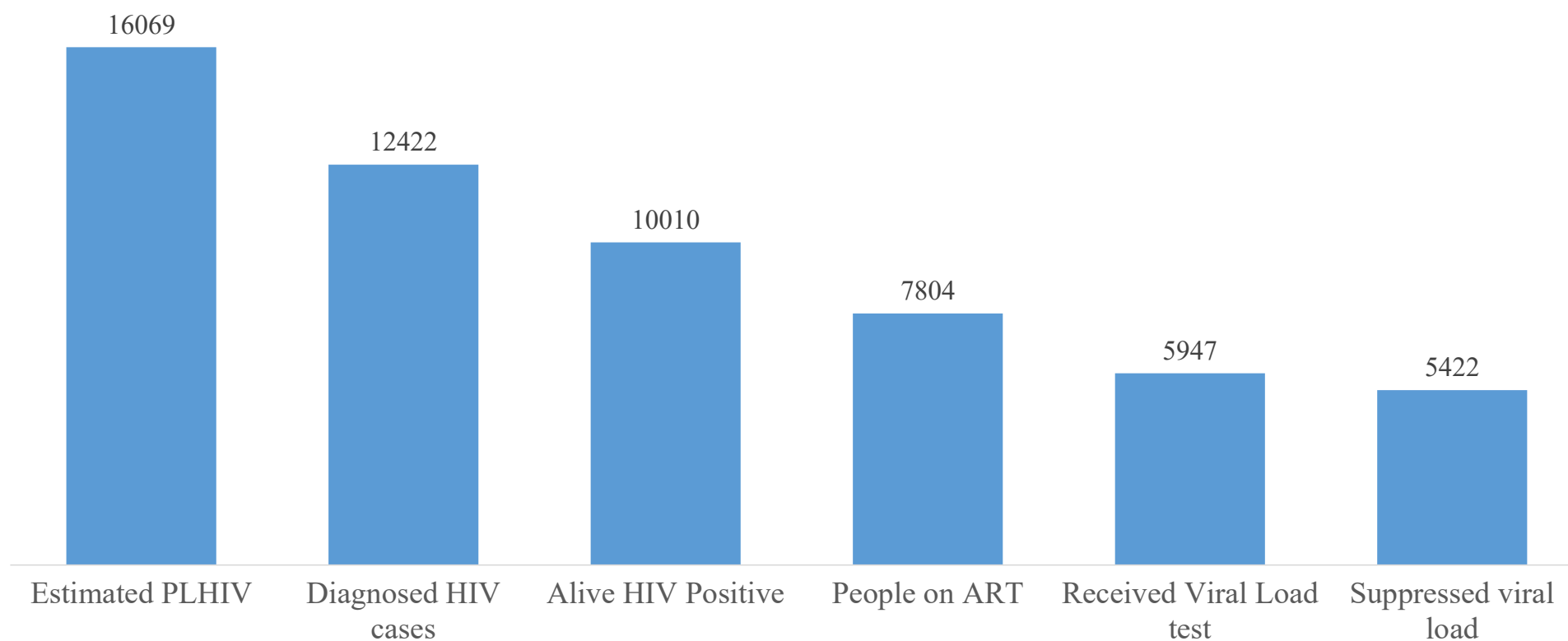
Estimated **16,069** People Living with HIV [ASP, 2024]



Cumulative number of reported HIV cases is **12,422** with **1,448** new cases in 2024. [ASP, 2024]



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



Grant Summary- Grant Cycle -7

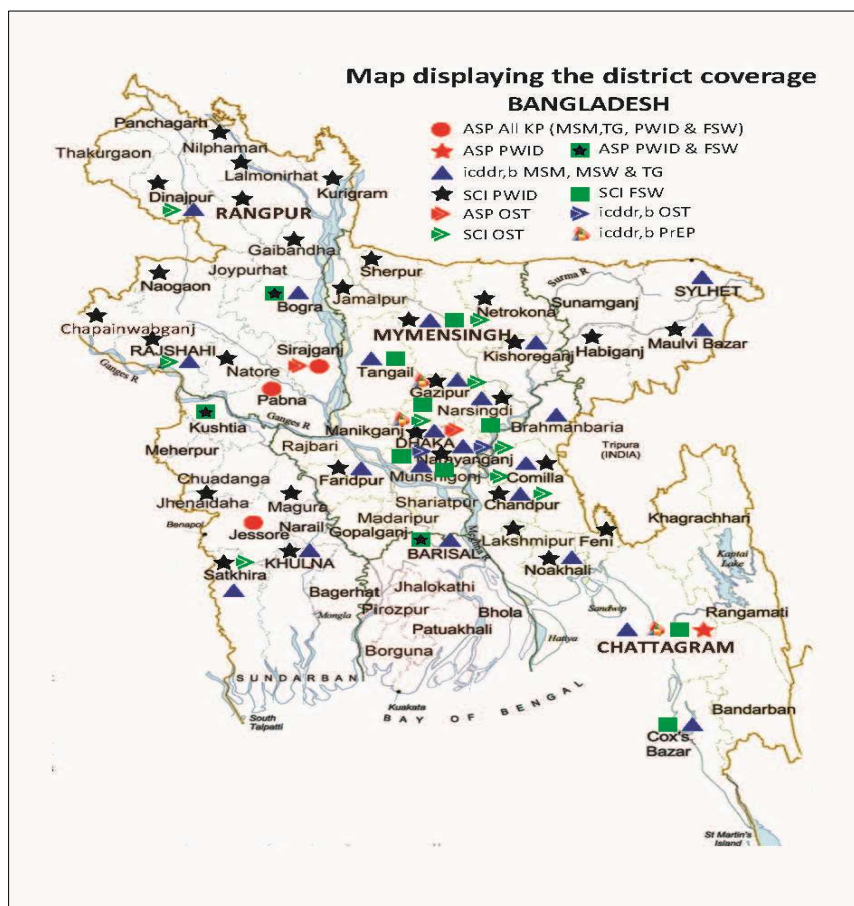
Prioritized Activities of the Global Fund in GC7

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 | - |
| Total (%) | 82,205 (50% of Size Est. Survey) | 6,995 (55% of SE) | 29,897 (87% of SE) | 25,573 (23% of SE) |

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



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 ^(M) 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 rd 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 HIV testing - 4,384
- Found positive- 2
- Number of district covered- 12



Programmatic Challenges

- The delay in implementing approved human rights-related activities and the approval of CLM has affected field-level operations and the absorption rate.
- Mainstreaming Health Services for KPs in public hospitals
- 3rd Generation of HIV testing Kits use by the country
- 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





Annex D

Program Update - TB

Principle Recipient (PR) -1 (NTP)

Principle Recipient (PR) -2 (BRAC)

123 BCCM Meeting

Venue: Conference Room, MOHFW

Date : 19 February, 2025

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**

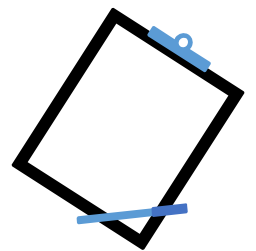
➤ **Capacity building of field level staff**

➤ **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> | 35% | 16% | 35% | 29.00% |
| Number of TB patients (All Forms) notified among <u>Prisoners</u> | 146 | 218 | 146 | 188 |
| Number of people in contact with TB patients who began <u>Preventive Therapy</u> | 84,005 | 82,957 | 84,005 | 94,380 |
| <u>TB Preventive</u> Treatment Success Rate | 70% | 87.21% | 70% | 89.36% |
| <u>Contact Investigation</u> (Total Contact Checked) | 189,908 | 180,615 | 189,908 | 249,591 |

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% |

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

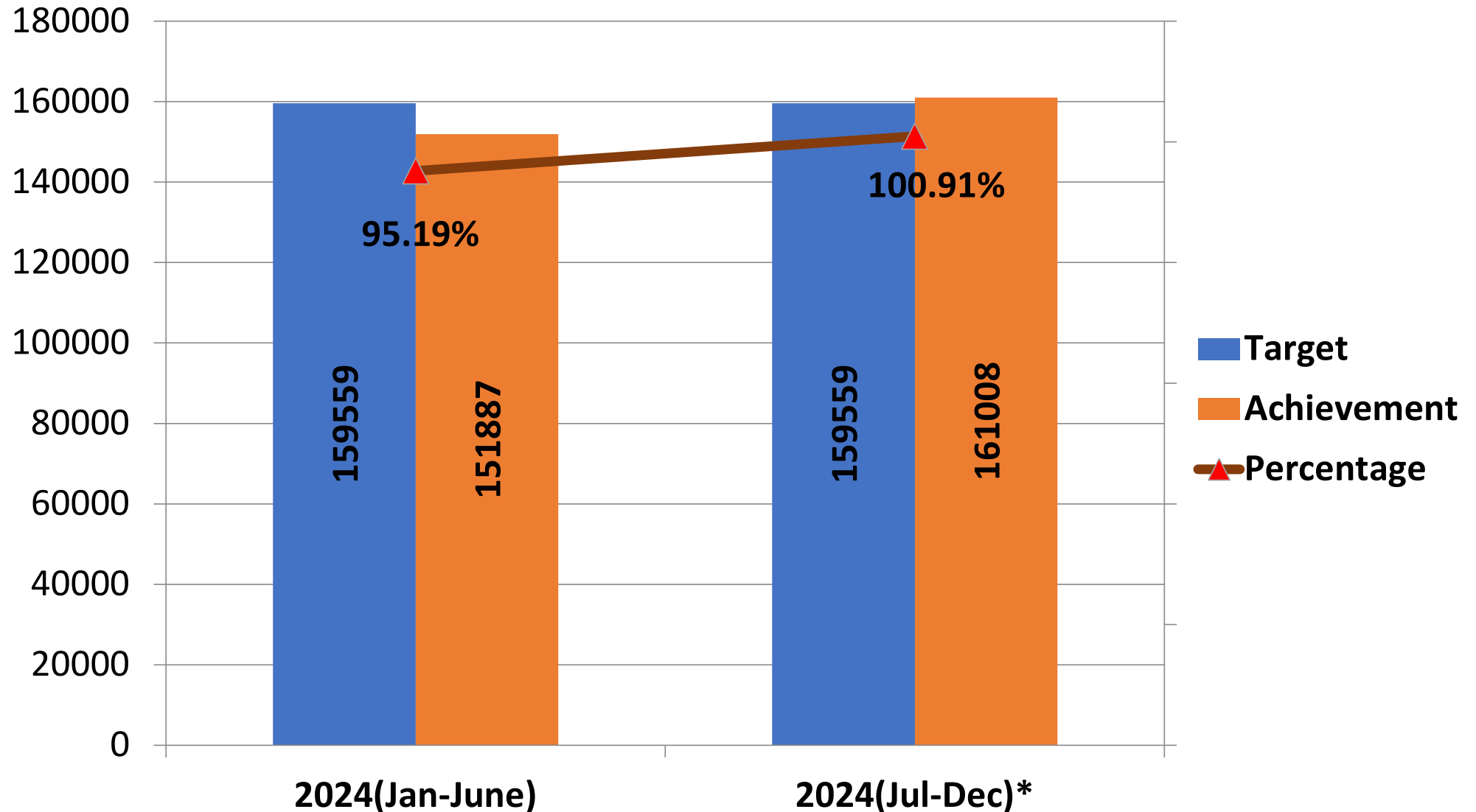
FDMN (2024)

| 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 |

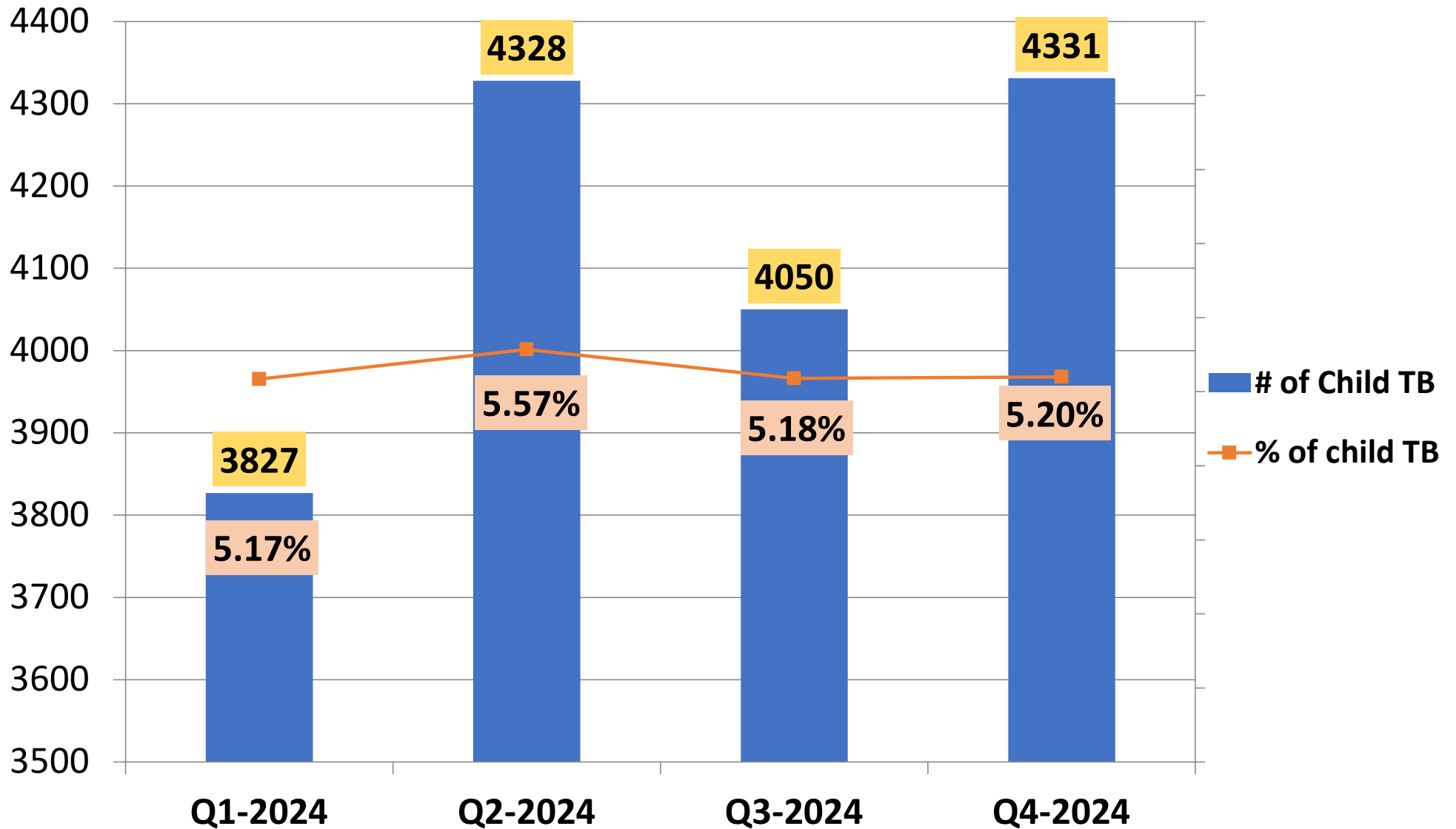
Source: BRAC MIS
(Tentative data)

Number of Notified Cases

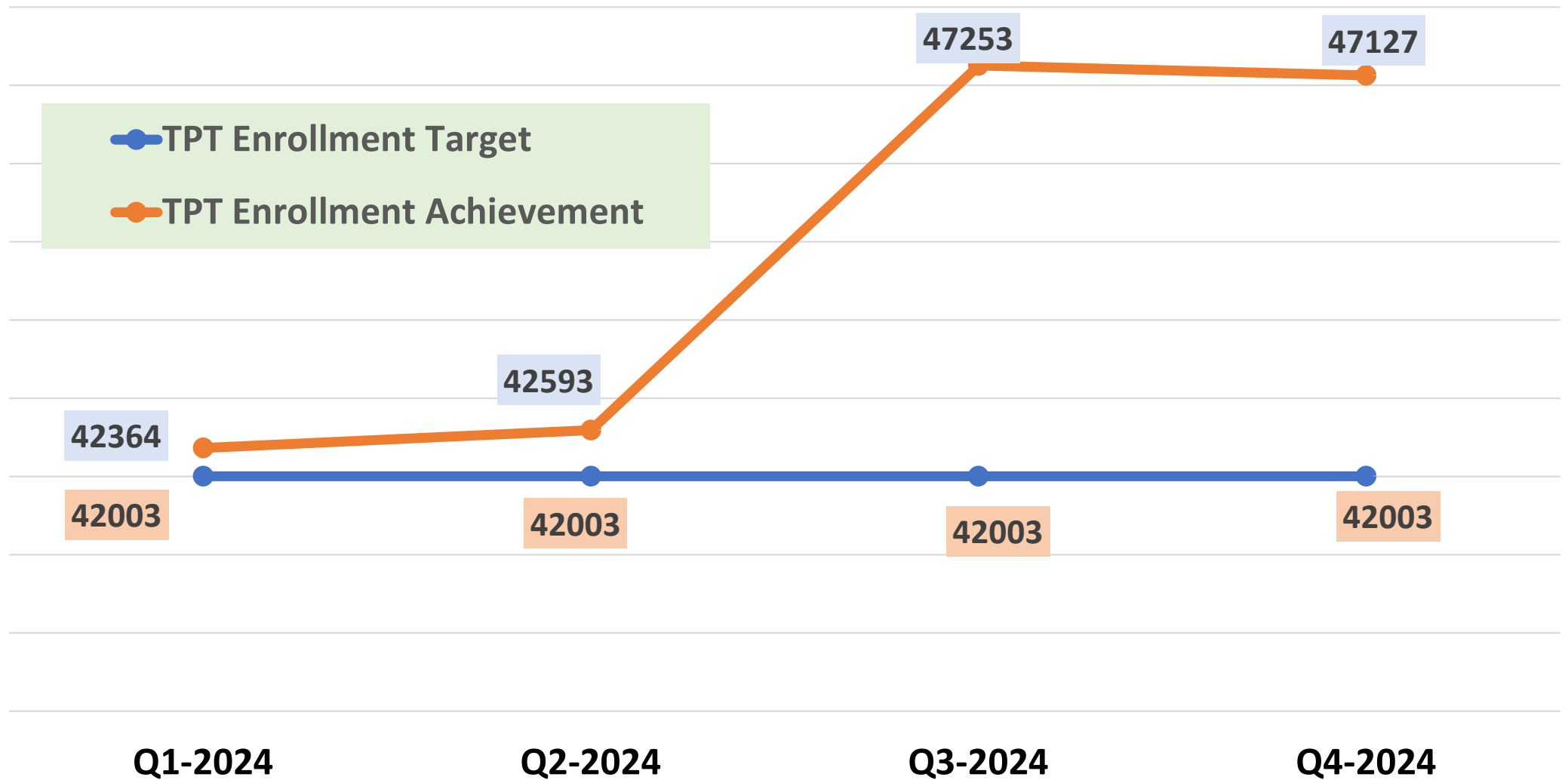
(Target Vs Achievement)



Child TB

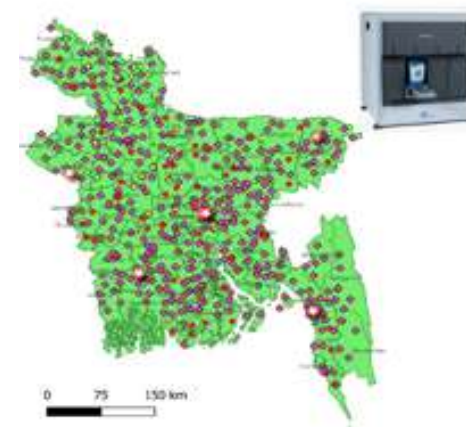


TPT Enrollment Vs Target (All age group)



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 (Maintenance – BRAC)**
- 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)

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**

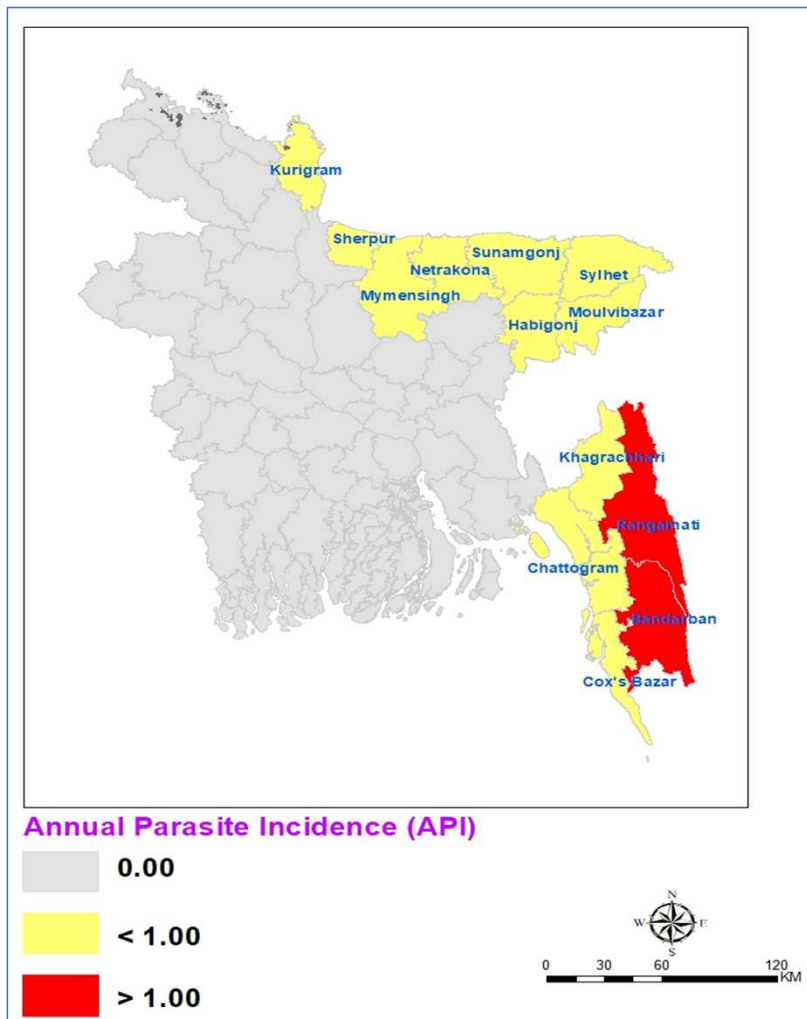
Challenges

- 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.**

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

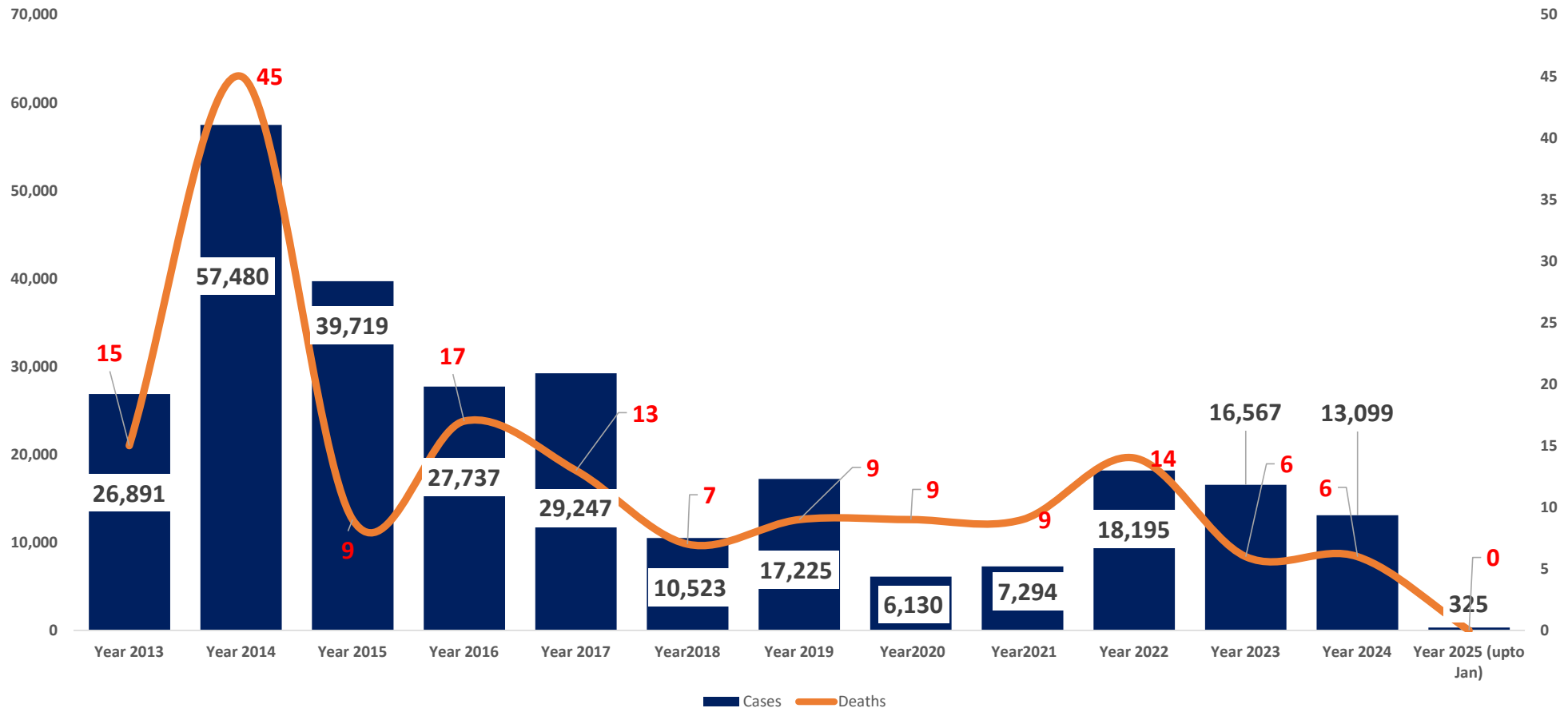
Prof. Dr. Md. Halimur Rashid
Line Director, CDC, DGHS

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 2025 Upto Jan)



Jan 2024: Cases 664 and Deaths 2

Jan 2025: Cases 325 and Deaths 0

Malaria Situation Among Displaced Myanmar Nationals

Demography



Population: 10,03,394



Bashan Char: 35,629



Growth Rate: 3.77%



Children 52%

Our Activities



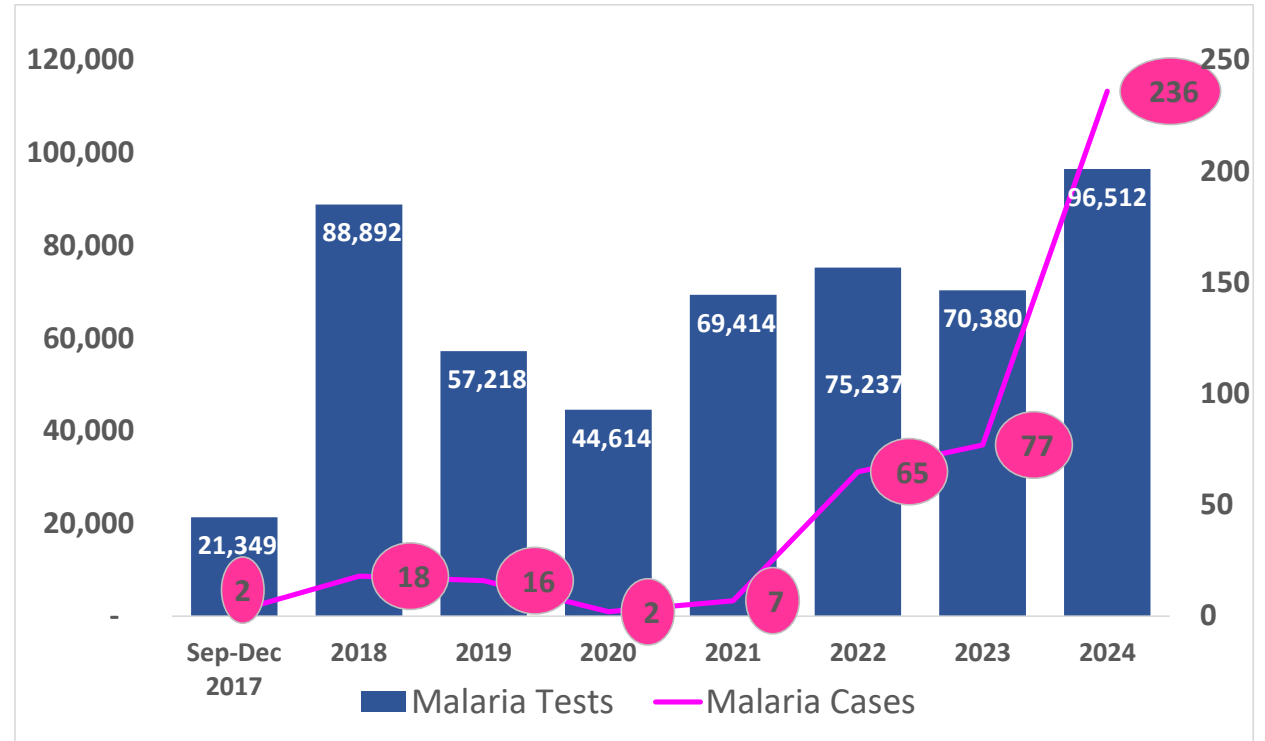
Integrated Malaria, TB, HIV, COVID-19 services at 33 camps and Bashan Char by PR2



10 peripheral Laboratories



3,50,000 ITNs distributed in 2022.



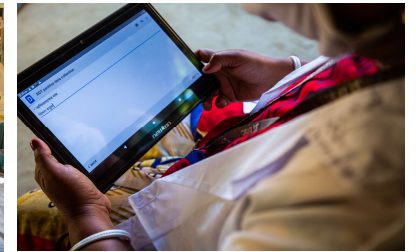
Ref. National Malaria MIS

Key achievement in Malaria from 2008 to 2024

- 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

| 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 | 1,015,982 |
| Vector control (mosquito net procurement, distribution) | 5,144,761 | 457,658 |
| Total | 10,273,088 | 2,256,452 |

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)

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

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

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



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

প্রথম আলো

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, সরবরাহ স্থাপনায় আছে বড় ঘাটতি।



ALJAZEERA

News

War on Gaza

Trump 2.0

Opini



হু হু 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

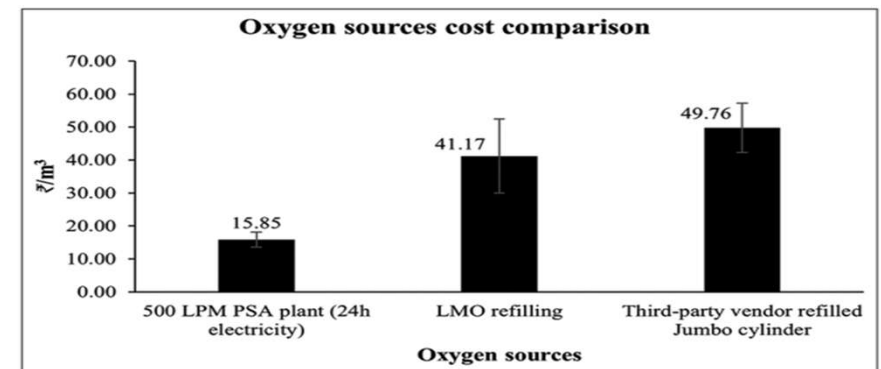


Figure 1: Cost comparison of oxygen sources. *Error bars indicate SD (n=6).* LPM – Litres Per Minute; PSA – Pressure Swing Adsorption; LMO – Liquid Medical Oxygen; SD – Standard Deviation

Project Information

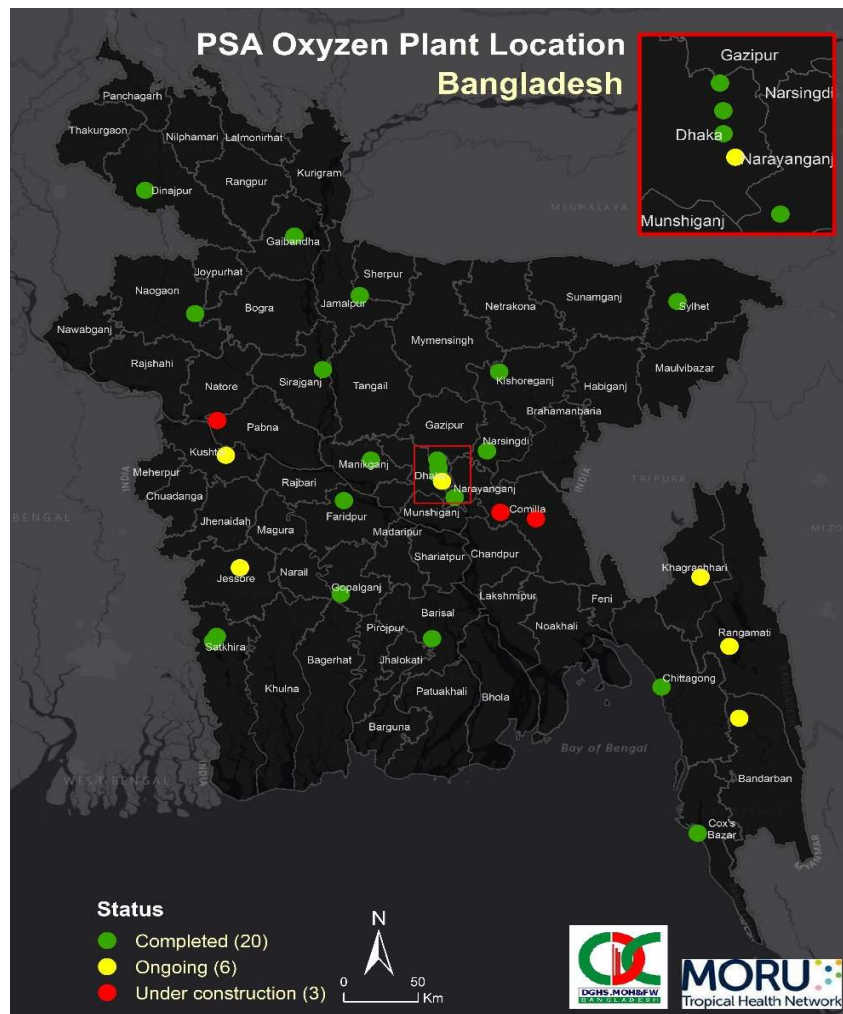
| | |
|-----------------|--|
| Project | PSA O2 Plant Project |
| Scope | <ul style="list-style-type: none"> • Procurement and installation of 29 PSA plants • Procurement of medical and oxygen equipment (BiPAP, Oxygen cylinders, Oxygen mask and generators) • Construction of PSA plant building and generator shed • Construction of oxygen pipe system and connection to the central system |
| Timeline | 1 Mar 2022 - 31 Dec 2024 |
| Budget | \$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 | 05 | 01 |
| Technician | 29 | 20 | 09 |
| Operator | 116 | 91 | 25 |
| Total | 153 | 118 | 35 |

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 | Yet to confirm funding. Approved as Unfunded Quality Demand and pending for availability of funding |
| Climate resilient health-care facilities | 11 | Yet to confirm funding. Considered strategic investment, pending submission and review of detailed proposal |

Proposal at a glance (first 2 components)

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

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
- Recruitment of HR is ongoing
- BRAC:
 - ✓ Recruitment at central level completed and ongoing at field level
 - ✓ Kick off meeting with field level staff started

BCCM Secretariat

Summary of Expenditure Report 2024

Summary of Expenditures by Funding Source

| Funding Source | Budget | Expenditure | Absorption rate |
|-----------------------|---------------------------|---------------------------|-------------------|
| CCM Funding | \$ 1,47,904 | \$ 95,599 | 65% |
| CCM Evolution Funding | \$ 23,944 | \$ 23,944 | 100% |
| C19RM Funding | \$ 23,247 | \$ 16,277 | 70% |
| <i>Total</i> | <i>\$ 1,95,094</i> | <i>\$ 1,35,820</i> | <i>70%</i> |

Secretariat related Cost – HR and Others

| Sl. No. | Activity | Budget | Expenditure | Absorption Rate |
|---------|--|-------------|-------------|-----------------|
| 1 | Salary and benefits of BCCM Secretariat Staff Members (BCCM Coordinator, Deputy Coordinator, Oversight Officer and Coordination Officer) | \$ 1,01,163 | \$ 91,919 | 91% |
| 2 | Capacity Development of BCCM Secretariat Staff | \$ 5,400 | \$313 | 6% |
| 3 | BCCM Secretariat Administrative Cost (Office telephone, Internet & other communication; Rentals & supplies; Cleaning & Securities; Refreshment; Computer Accessories; Website Maintenance. etc.) | \$ 10,880 | \$ 7,883 | 72% |
| 4 | Procurement of Furniture and equipment | \$ 17,253 | \$ 6,424 | 37% |

BCCM and Oversight Related Cost

| Sl. No. | Activity | Budget | Expenditure | Absorption Rate |
|---------|---|-----------|-------------|-----------------|
| 5 | BCCM Meeting | \$ 8,573 | \$ 2,545 | 30% |
| 6 | BCCM Executive Committee meeting | \$ 816 | \$ 593 | 73% |
| 7 | BCCM Ethics Committee meeting | \$ 1,557 | \$ 186 | 12% |
| 8 | Oversight Committee meeting | \$ 4,486 | \$ 2,522 | 56% |
| 9 | Oversight visit (outside Dhaka -3 and inside Dhaka-3) | \$ 13,606 | \$ 10,205 | 75% |
| 10 | Unpaid transport allowance of CCM and OC member | \$ 253 | - | 0% |

Consultant and Constituency Consultation

| Sl. No. | Activity | Budget | Expenditure | Absorption Rate |
|---------|--|-----------|-------------|-----------------|
| 11 | Consultant - Mapping and Positioning | \$ 10,000 | \$ 9,791 | 98% |
| 12 | Consultation meeting with BCCM Stakeholders | \$ 4,001 | - | 0% |
| 13 | Workshop with national health bodies and representatives from BCCM and Oversight Committee | \$ 2,112 | - | 0% |
| 14 | Constituency Consultation Meeting | \$ 7,846 | \$ 2,493 | 32% |
| 15 | Communication Plan for KAP/PLWD Constituency | \$ 2,081 | - | 0% |

Other Meeting and related Cost

| Sl. No. | Activity | Budget | Expenditure | Absorption Rate |
|---------|---------------------------------------|----------|-------------|-----------------|
| 16 | Sustainability and transition meeting | \$ 3,579 | - | 0% |
| 17 | Yearly Performance Assessment Meeting | \$ 700 | - | 0% |
| 18 | Procurement Committee meeting | \$ 787 | \$ 947 | 120% |

Other Fund(s) received

Support from USAID:

One Program Officer, financed by USAID, has been working for BCCM Secretariat since February 2023.

This funding enabled BCCM to meet the co-financing requirement in 2024.

BCCM Secretariat
(Budget) Costed Workplan 2025
Tentative Cost and Source of Fund

Summary of Costed Work-plan

| Budget Item | Funding Source | | | Total Estimated Budget (USD) |
|---------------------|---|---|---|------------------------------|
| | CCM Funding | C19RM | UNAIDS | |
| Total Cost for 2025 | \$ 1,60,958 (120,000+40,958) | \$ 6,969 | \$ 6,000 | USD 1,73,927 |
| Funding status | Yearly allocation for 2025 + Savings 2024 | Savings of approved amount to be implemented by 2025. | Expected funding from UNAIDS for KAP engagement | |

** Activities and savings of 2024 will be carry forwarded to 2025. Thus, the budget amount and activity plan will be finalized on the beginning of next year i.e. 2025.*

Human Resource related Cost

| Sl.No. | Budget Item | Funding Source | | Total Estimated Budget (USD) |
|--------|--|----------------|----------|------------------------------|
| | | GF CCM Funding | GF C19RM | |
| 1 | Salary and benefits of BCCM Secretariat Staff Members (BCCM Coordinator, Deputy Coordinator and Oversight Officer) | \$ 78,143 | | \$ 78,143 |
| 2 | BCCM Secretariat Administrative Cost (Office telephone, Internet & other communication; Rentals & supplies; Cleaning & Securities; Refreshment; Computer Accessories; Website Maintenance. etc.) | \$ 11,702 | | \$ 11,702 |
| 3 | Procurement of Furniture and equipment | \$ 6,000 | | \$ 6,000 |

BCCM and Oversight Related Cost

| Sl.No. | Budget Item | Funding Source | | Total Estimated Budget (USD) |
|--------|---|----------------|----------|------------------------------|
| | | GF CCM Funding | GF C19RM | |
| 4 | BCCM Meeting | \$ 7,875 | | \$ 7,875 |
| 5 | BCCM Executive Committee meeting | \$ 782 | | \$ 782 |
| 6 | Oversight Committee meeting | \$ 3,959 | | \$ 3,959 |
| 7 | Oversight visit (outside Dhaka -3 and inside Dhaka-3) | \$ 10,340 | | \$ 10,340 |
| 8 | BCCM Ethics Committee meeting | \$ 1,454 | | \$ 1,454 |
| 9 | Sustainability and transition meeting | \$ 2,747 | | \$ 2,747 |

Other Meeting and related Cost

| Sl. No. | Budget Item | Funding Source | | Total Estimated Budget (USD) |
|---------|---|----------------|----------|------------------------------|
| | | GF CCM Funding | GF C19RM | |
| 10 | Yearly Performance Assessment Meeting | \$ 776 | | \$ 776 |
| 11 | Procurement Committee meeting (2 meetings) | \$ 515 | | \$ 515 |
| 12 | Constituency Consultation Meeting | \$ 3,419 | \$ 6,969 | \$ 10,389 |
| 13 | PR Consolidation/Selection Committee meetings (10 meetings) | \$ 4,147 | | \$ 4,147 |
| 14 | PR selection related other costs | \$ 4,755 | | \$ 4,755 |

Carry Forwarded Activities

| Sl.No. | Budget Item | Funding Source | | Total Estimated Budget (USD) |
|--------|--|----------------|----------|------------------------------|
| | | GF CCM Funding | GF C19RM | |
| 15 | Mapping and Positioning report validation Workshop (Carry forwarded activity) | \$ 9,352 | | \$ 9,352 |
| 16 | CCM Bulleting publication | \$ 1,399 | | \$ 1,399 |
| 17 | Manual Finalizing and printing (Three meetings and printing of BCCM and Oversight Manual) | \$ 1,562 | | \$ 1,562 |
| 18 | National Consultant for Finalization of CCM Governance documents and PR Selection | \$ 12,031 | | \$ 12,031 |

Other Fund(s) expected

1. Support from USAID:

One Program Officer, financed by USAID, has been working for BCCM Secretariat since February 2023.

It helped to meet the co-financing requirement in 2024.

His service was expected to be extended till March 2026. But he is going to be discontinued after this month due recent order from US government.

Thus, it will threat in meeting the co-financing requirement.

2. Funding from UNAIDS:

\$ 6,000 is expected but no commitment yet.

3. Government Financing:

Minimum co-financing requirement is 5% (for eligibility) and to access highest ceiling of the GF CCM Funding the rate is 20% of annual budget.