

**Academia and Researchers Constituency of Bangladesh Country  
Coordination mechanism (BCCM)  
Meeting Date: 29 November 2019  
Venue: Conference Room IEDCR, Mohakhali. Dhaka**

**Background**

The Global Fund (GF) Country Coordinating Mechanism (BCCM) is a country level public- private partnership to oversee grant application and monitor grant implementation by the principal recipients of the Fund. The primary role of CCM is to access and oversee the management of funds received from the GF and to complement Bangladesh's efforts to fight the three diseases, 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. BCCM is a national, multi-stakeholder partnership that comprises members from the government, NGO's, academia, private sector, key affected population, faith-based organizations, UN Agencies, and multi/bilateral agencies.

In continuation of BCCM functions- Academia and Researchers Constituency of BCCM organized a meeting with the objectives

1. To update Academia and Researchers constituency about the Global Fund & BCCM activities.
2. To identify PPP in the GF programs involving Academia and Researchers constituency.
3. To engage Academia and Researchers constituency in decision making of the BCCM related to HIV/AIDS, Tuberculosis, and Malaria under the global fund grants.

Members from academic and research institutions bring a range of knowledge of the epidemics as well as social, political and cultural determinants involved in fighting the three diseases (TB, malaria and AIDS), including knowledge of key affected groups as well as insights into demographic factors and potential challenges to scaling up activities.

Meeting with Academia and representatives from Research Institutions and BCCM (of Global Fund) was organized by academia constituency with the support from BCCM Secretariat and was held on 29<sup>th</sup> November 2018 in IEDCR, Bangladesh.

At first the coordinator of BCCM Mr. Manaj Kumar Biswas gave a brief presentation on BCCM and Global Fund.

Later on, Professor Mahmudur Rahman presented program progress and update on the use of global fund in Bangladesh. Bangladesh CCM has six Principal recipients for three diseases which all are rated A and A+ in regard to their performance. These are NTP, NMCP, NASP, BRAC, icddr'b, SCI. He stated that the prevalence, incidence and TB mortality rate are decreasing and meanwhile case notification, number of MDR TB enrollment, Treatment success rate are increasing. Malaria is gradually becoming a focal disease, 3 CHT districts accounted for 78% of cases in 2010, It was 93% in 2017. Bandarban is the highest endemic district – 60% of total cases. Our aim is Malaria Elimination-Malaria free Bangladesh by 2030 (revised).

Mr. Md. Habibur Rahman Khan in his speech as Chairperson appreciated the activities of BCCM and Global fund. Every year around 4 billion USD Dollar transferred to low resource country through Global Fund. He stated the mechanism of using GF. Regular meeting of BCCM Committee are held every three monthly and also made comments about activities of the oversight committee. Oversight committee regularly visit the field in a structured format, supervises the activities of the program financed by GF (HIV, TB, Malaria). He also mentioned about financial norms of the GF. He advised for possible reform of the academia and researchers' constituency and mobilize the activities of the constituency and collect input from the members of the constituency.

Prof. M A Faiz presented about the role of academia and researchers constituency in BCCM and how to better engage this constituency in the BCCM decision making process regarding TB, Malaria, HIV program and plan to integrate academia and researcher in BCCM activities.

### **Criteria for membership of Academia constituency**

1. Government approved academic institutions, universities and research organizations that can bring a range of knowledge of the epidemics as well as social, political and cultural determinants involved in fighting the three diseases, including knowledge of key affected groups as well as insights into demographic factors and potential challenges to scaling up activities.

2.The organizations must submit their copy of the registration certificates or registration number and date of registration;

3.The organizations must have been operational for a minimum of 10 years and have work/research experiences in the health sector in particular HIV/AIDS, TB and malaria and implemented at least one health sector program;

4.The institutions have specified service/research areas;

5.The institutions/organizations have ability and mechanism to coordinate within the sectors as well as capable of informing the organizations within the constituencies and ensuring their decision and participation for the CCM processes.

### **Role of Academia & Researcher to BCCM**

Being well conversant about public health, various GF relevant and other diseases of national importance they are in important position to contribute in the various aspects of BCCM. Already they have been involved in

- various technical committees (TB, malaria, HIV/AIDS)

- In oversight committee, and in BCCM

- Contributed in the development of ‘National Strategic Plan’, example- TB, malaria, HIV/AIDS.

- Involved in multi-stakeholder consultation during Concept note development.

- Contributed in proposal development for GF regarding Technical Issues related to TB, Malaria and HIV.

Facilitate technical decision making in BCCM related to TB, Malaria and HIV technical issues to remove barrier and bottlenecks for smooth and effective grants/programs implementations in Bangladesh

### **Open Discussion.**

One of the participants (representative from BMRC) proposed to extend the activities of BCCM beyond the three diseases. He also mentioned about possible role of BCCM in attaining SDGs by 2030. The activities of academia and researchers constituency of BCCM should be coordinated, documentation should be and systematic and dissemination of information should be made at regular interval.

In response the BCCM coordinator mentioned that the members of academia and researchers constituency of BCCM was elected by UGC in 2014. It was doing its regular job, the activity of academia and researchers was boosted

up when new members of the committee introduced from 2016. Till now this committee is continuing the activity of academia and researchers. The meeting proposed to select a **coordinator** who will regularly communicate with academia and researchers and arrange regular meeting also updating the information through mail or any electronic communication.

Representative of Principal DMC asked to involve the Government stakeholder like medical colleges, medical universities, physician's organization, social and faith-based organization in the BCCM activities to strengthen the screening, detection of cases and treatment.

Participant from NSU addressed that they are running MPH program in their university and welcome to conduct and arrange a meeting in their premises with financial support. AFMC representatives invites to coordinate military and civil authority to participate combating the diseases both in researches and implementation of activity. Prof. M A Faiz proposed to involve AFM wing in Government constituency.

Prof. M A Faiz proposed to select a coordinator, Director of IEDCR and its institution up to next election. Prof. Ridwanur Rahman proposed to include all government and non-government institutes in formation of academia and researchers constituency.