

Expanded CCC Meeting Minutes (Term 2018-2019)
10 April 2018, 10:30–11:30pm
At National AIDS Authority

Note: See attached Attendance List for members and alternates who are present and those who are absent with apologies.

No	Agenda Item	Summary of Discussion Points	Decisions Made	Action, By Whom, By When
1	<p>Introductions: Chair to welcome participants;</p> <p>a) Declaration of the Conflict of Interest by CCC members (based on the agenda)</p>	<p>Excellency CCC Chair welcomed participants, a special warm welcomed to Mr. Mark Edington, GF Head of Grant Management and GF Country Team that provided valuable time to participate in this meeting. Agenda of the meeting was introduced to the meeting for comment. No comment was made so agenda was endorsed.</p> <p>All participants were introduced to the meeting.</p> <p>Excellency CCC Chair gave general expression that today meeting is an expanded CCC meeting with present of Head of Grant Management and GF Country Team. Chairman thanked to MEF that has successfully organized launching ceremony yesterday. Senior Minister of MEF has met with Mr. Mark Edington and GF Country Team and in country high management team to exchange idea and find out a good solution for new grant implementation. Excellency CCC Chair also met with Mr. Mark Edington and GF CT before this meeting.</p> <p>Chairman informed that the country proposed MEF as CCC Chair and also as PR in the new implementation arrangement is to make MEF to deeply involve with GF program, to know how much fund is need for the program and to support for better operation of the grant.</p> <p>Chairman added that MEF representative has participated in the CCC retreat, which is good that MEF could clarify with some pending issues for the current grant in order to speed up implementation. MEF and MoH/LIT should do their best to solve all issues arrived during grant implementation.</p> <p>No announcement of Conflict of Interest was made.</p>		
2	<p>Introduction from Global Fund delegation</p>	<p>Mr. Mark Edington, GF Head of Grant Management thanked Excellency CCC Chair, thanked for the present of CCC members from different stakeholders, and thanked for inviting other stakeholders involved in the GF program. He introduced Mr. Olivier Cavey, incoming FPM and also thanked Ms. Qi Cui, outgoing FPM, introduced Ms. Izaskun Gaviria new FPM for RIA2E. He stressed that the partnership between the Global Fund and the Royal Government of Cambodia is very strong because of excellence leadership of Excellency CCC Chair. He acknowledged significant achievement during His Excellency leadership and it is extremely valuable to bring relationship on the program on the right road. Cambodia has significant achieved the impact of the program which all stakeholders in this meeting should be proud off. Cambodia is one the few countries that met MDG targets for the three diseases, eventhough the coverage of people on ARV in Cambodia are the highest in the region.</p> <p>He congratulate all stakeholders for submitting funding request on time and grant was signed on time for period 2018-2020 with total budget around \$100M. The GF is trying to make thing easier but there were a lot of opinions that are not easy to accommodate.</p> <p>GF support Cambodia set an ambitious goal over the next few years and</p>		

		<p>believe that with new implementation arrangement MEF, MoH/LIT, National Program, UNOPS, CSO are working together in order to achieved this goal. GF is continues to support Cambodia and want to see Cambodia achieved the goals for the three national programs by 2020 and 2025 as well as Health System Strengthening.</p> <p>The transition of moving to MEF is very important. He met with Senior Minister of MEF including H.E Hem Vandy, new CCC Chair has discussed about long term sustainability. The MEF will know exactly the cost to operate these programs. MEF is already thinking of Cambodia will become middle income country and beyond that in which how Cambodia will absorb all cost of the programs. GF is looking forward to see MEF moving to its roles and accountability.</p> <p>However, some challenges overtime for the country as well as the Global Fund, but it is extremely positive time to be here as we have new grant signed and new implementation arrangement. He is optimistic about the future and believes that all people in this room can deliver over the next few years and look to come back in couple of years.</p> <p>Excellency CCC Chair thanked for very positive remark and hopes that good cooperation between the Royal Government of Cambodia and hope GF to continue support to Cambodia.</p>		
3	<p>Update from the new grants 2018-2020</p> <p>1) Update TB and HIV grant</p> <p>- MEF/MoH-LIT Q&A</p> <p>- CENAT Q&A</p>	<p>Dr. Chea Sovann, MoH/LIT representative made presentation on progress update of GF grant 2018-2020, which include grant information, program overview by disease components (HIV and TB), budget summary by cost grouping, and progress update. Total grant fund is US\$55,410,198.00 and starting date is 1 Jan 2018-31 Dec 2020 and MEF is PR. The presentation on HIV component includes information on HIV goals and objectives (3 goals and 4 objectives); planned activities (4 activities); target group/beneficiary (3 types of beneficiaries-KAP, PLHIV and General Population).</p> <p>Moreover, for TB component includes information on TB goals and objectives (2 goals and 3 objectives); planned activities (TB Care and Prevention, MRD-TB, TB/HIV, andRSSH); target group/beneficiaries (presumptive TB cases; patients with TB, children, high risk groups such as PLHIV, contacts of TB patients, prisoner, and diabetics; NS Community living in rural areas and with poor access to health services will be targeted).</p> <p>Grant signed between MEF-PR and the GF is on 13 Dec 2017, MoH-LIT signed with NCHADS (total amount \$40,698,423) and CENAT (total amount \$13,728,239) on 12 Jan 2018. GF released 1st disbursement \$2,214,968 and MoH-LIT disbursed to CENAT \$761,153 and to NCHADS \$1,202,081. NCHADS and CENAT have further disbursed to all SSIs, except 5 SSIs under HIV grant is delayed due to they have to make budget adjustment (disbursement will take place before the end of this week). Annual work plan and procurement plan were approved by MEF. Contracted staff of 179 positions were approved by MEF with the total amountUS\$1,219,154 for 2018. Other proposed 20 vacancy positions will be considered later. All contracted staff were interviewed, except CNM will interview on 18 April. MOH-LIT and Development Informatique et System de Suivi (DISS) to procure Financial Accounting System(TOMPRO) with the total amount of Euro 88,527.First training was conducted in mid-March for focal persons (MEF, MOH-LIT, NCHADS-SI and CENAT-SI).</p> <p>Dr. Tieng Sivanna, Deputy Director CENAT made presentation on update TB grant 2018-2020. Total TB grant is \$13,728,239 (CENAT-SI: \$9,843,981 and \$3,884,258 for 5 SSIs. MOH-LIT has disbursed \$761,153 to CENAT on 6 March and CENAT disbursed \$291,620 to SSIs on 9 March. There are 5 SSIs (RHAC, CHC, Op-ASHA, CRS and HPA) with</p>		

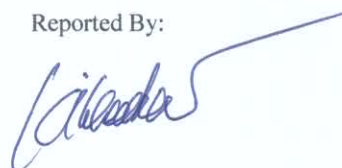
	<p>- NCHADS Q&A</p>	<p>coverage area 20 provinces, 46 ODs and 644 HCs.</p> <p>TB goals:</p> <ul style="list-style-type: none"> - To reduce the incidence of TB cases by 4% and reduce mortality due to TB at least 5% each year. - To find all forms of TB (33,400 cases in 2018; 33,700 cases in 2019; and 34,000 cases in 2020). - To maintain treatment success rate of over 90%. - To find MDR-TB: (130 cases in 2018; 135 cases in 2019; and 140 cases in 2020). - To maintain treatment success rate of MDR-TB at least 75%. - To conduct Epi-review/assessment which was planned on 20 April? <p>Dr. Ly Penhsun, Director NCHADS made presentation on update HIV component that grant start date is 1 Jan 2018 to 31 Dec 2020 with total amount of \$40,698,431. MoH-LIT has disbursed fund to NCHADS on 9 March. There are 9 SSIs and NCHADS has signed agreement with all of them but the disbursement in 1st quarter has only been made to HACC, SHCH, Chouk Sar and AHF and the rest will disburse in the coming days. MEF has approved all existing contracted staff positions. Contract with procurement agent has already been signed and procurement for ARV, RDT, and consumables is started, and TRC is implemented. Some activities are in progress, for example finance supplemental guidelines, learning curve for procurement procedures involving MoH-LIT and MEF; new accounting software to be implemented and revision of accounting processes with the support of GF finance; and orientation meeting for SSIs planned in April.</p> <p>Questions:</p> <p>Q1: Since we moved from GF SOP to using MEF SOP, is there any obligation that we need to repeating on Travel Related Cost again.</p> <p>Responses:</p> <ul style="list-style-type: none"> - MEF representative informed that actually SOP is to support operation of the project, but the delay is because of delay since the beginning, so the documents submitted to MEF is already late. MEF immediately process the document when received from MoH-LIT. Added that SOP did not state about TRC plan. Any payment related to travel cost will follow Prakas 838 (no mention about TRC plan). - Mr. Mark Edington responded that GF is happy to the Royal Government of Cambodia to move toward using the government system. We would expect the MEF will enforce government system as it is a positive loop and it is also consistence with the country operate and see that a good step to move toward a long term sustainability. - Excellency CCC Chair echoed above response that this is very important clarification from the Global Fund with related to TRC issue. Actually, we moved from old system to the new system (government system), therefore there no reason to apply the old system. <p>Q2: MSM representative expressed appreciation for having an opportunity to meet with high ranking official from the Global Fund. He raised question about using saving fund from one grant to support other grant rather than return to GF because some grant have more funds and some grant have less fund, especially to support key intervention activities for KP. Some NGOs has less fund and some NGOs have closed their office due to no support.</p> <p>Q3: We knew that it is against the GF policy that did not allow to shift fund from one grant to other grant, but it is very important to have a realistic approach, critical disease approach to support the system and in line with SDG and make sure no one is left behind.</p> <p>Responses:</p> <p>Mr. Mark Edington informed that this question was also asked in other</p>		
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	<p>2) Update Malaria grant - PR- UNOPS/CNM Q&A</p>	<p>countries. Normally money allocated to the grant is based on country decision (in this case is CCC) to support high priority activities to deliver impact. There are two reasons: first the un-spend from the last period cannot be carried forward to the new grant (board decision). The reason for that is the GF does forecasting un-spend money for all grants is already put in new allocation, so it's already been accounted for the new allocation. Second, for moving money between disease and country is that if the country increase value of money need to obtain approval from the board (not from country team or GF secretariat and require strong reasons to do that).</p> <p>Cambodia has signed grant, MoH-LIT has signed with SIs and SIs signed with SSIs and fund has already been disbursed to the implementers. So, suggested to focus on that as an emergency to start implementation as in some countries after grant signed they are reluctant (don't spend). GF invested money for deliver impact for the three diseases and want to use money for that reason, if the country did not use the money for that reason GF will allocate to other country.</p> <p>Excellency Chair added that from now on we have MoH-LIT and MEF, so they should speed up the process and accelerate implementation.</p> <p>Mr. Mohammad Naeem DURRANI, UNOPS representative made summary presentation about RAI2E that the grant start date is 1 Jan 2018 to 31 Dec 2020. Total allocation for 5 countries is \$242, 393, 579 which country allocation for Cambodia is \$42, 823, 974. There are 6 key activities (Case Management; Universal coverage with LLINs; Surveillance and outbreak response; IEC/BCC; MMP specific interventions; Updated Guidelines and QA). Malaria Core Package is Case Management, Vector Control, IEC/BCC, and Surveillance (passive). UNOPS has already signed agreement with all SRs (CRS, CARE, PSI, CNM, and WHO) and fund has been disbursed and implementation is going on. There are 5 clusters all together (cluster 1&2 is implement by PSI consortium which include PSI, HPA, PFD, MC; and cluster 3 implement by CARE; cluster 4 implement by CRS; and cluster 5 implement by CNM. He also present flow chart of grant management which include reports and workplan/budget flow (fund disburse from GF to UNOPS and from UNOPS to CNM/NGOs and then to PHD and lastly to HC). A flow chart demonstrates a strong coordination arrangement was presented for better understanding on how to manage grant effectively. Final slide is about challenges and changes such as low capacities at PHDs-ODs; NGO SRs are PHDs-ODs to implement; PPM implementation Model (The CNM Model). Change from the social marketing model to public sector managed model; web based surveillance and the need for trouble shooting in the initial stage; and increase in malaria cases and focus on targeted interventions to contain outbreak.</p> <p>Comments/questions:</p> <ul style="list-style-type: none"> - We should learn challenges faced in the past grants. In the future GF and UNOPS should be more flexible and should be based on the real need of the program. The failure is not because of environment, patients etc. it's the difficult of people working with that causing delay in decision making which causing delay in grant implementation. If we want to make change we should start from changing behavior of people working with (mind set) not just change strategy or ways of working. - The success of Cambodia is the success of donors, partners, development partners as well as Technical Assistants. Failure of the program will affect all. - Probably to set some performance indicators (set duration) in each level to measure the delay (which level causing the delay) in order to ensure that invested money is used as plan. 	
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	<p>- RSSH update:</p>	<p>GF informed that GF approved budget and performance framework. Draft tripartite agreement between UNOPS, GF and MEF, MoH-LIT has been prepared and now GF is waiting for confirmation from MEF.</p> <p>Excellency CCC Chair offered the floor to Mr. Mark Edington to have final comments.</p> <ul style="list-style-type: none"> - It's positive that the engagement of questions and comments made during the meeting is a good process. - It's kind of natural that new implementation arrangement in place that will have some problems but we all need to see the grant is moving faster. It is just the balance between financial fiduciary control right and delivering on the program side. - There was a history in Cambodia that we all have to recognize it but we want to leave it in the past (don't want to emerge into the future). We all struggled to get that balance right. - GF does not think unreasonable but that is a country process, it is the country decision and get TRP signed off and board approved. - GF invest money and requested country to spend money as you should and deliver good result. - Too much conversation around travel, per diem etc. and not enough conversation about how we going to use that money and valuable time that everybody to actually deliver impact. GF hopes that discussion moving toward using SOP of MEF is a great step as what the government is used as a country system. - Really focusing on implementing the malaria grant on the RAI is critical. Cambodia is one the RAI country that need to speed up implementation to achieve the result as set by the country. - It's clear that one of the implication of having a regional grant on the RAI, if that money is not been spent on one of the RAI country the GF will look at spending on other one of the RIA country. But moving from one disease money to another disease is inapplicable. <p>On behalf of CCC, Excellency CCC Chair thanked Mr. Mark Edington that spent valuable time to participate and listen update progress of all programs and challenges during grant implementation and wish him have a safe trip and successful work.</p>		
4	<p>Other business Announce upcoming CCC meetings</p> <ul style="list-style-type: none"> - 20 April 2018 at 3:00pm at NAA to review and endorse TB migrants regional proposal - 2 May 2018 to hand over the CCC Chairmanship to MEF 	<p>On 20 April at 3:00pm will have another meeting to endorse TB migrant regional proposal.</p> <p>On 2 May 2018 will have another meeting at MEF to hand over chairmanship to MEF. Detail agenda CCC Secretariat will be prepare later.</p>		

Seen and Approved:

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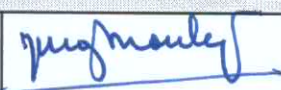
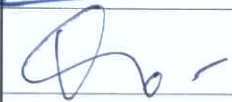




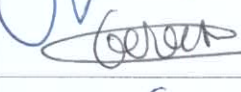




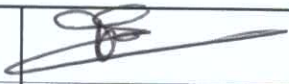
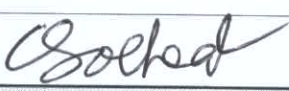
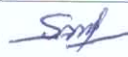

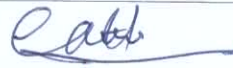

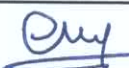

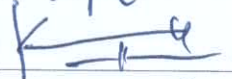

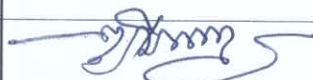
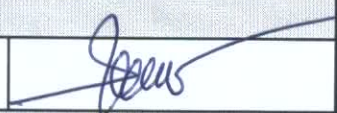
Ieng Mouly
Chair of CCC
Date: 30/04/2018

Kith Vanthy
Admin and Finance Officer
Date: 30/04/2018

Extended CCC Meeting (Term 2108-2019)

10 April 2018, at *NAA*

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III. NGO SECTOR					
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