

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES



MEETING DETAILS										
COUNTRY (CCM)		Romania				TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT (INCLUDING ALTERNATES)			27	
MEETING NUMBER (if applicable)		5				TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			57	
DATE (dd.mm.yy)		15 May 2014				QUORUM FOR MEETING WAS ACHIEVED (yes or no)			yes	
DETAILS OF PERSON WHO CHAIRED THE MEETING										
HIS / HER NAME & ORGANISATION		First name	Iulian				DURATION OF THE MEETING (in hours)			5
		Family name	Petre				VENUE / LOCATION			Bucharest
		Organization	UNOPA				MEETING TYPE (Place 'X' in the relevant box)			Regular CCM meeting
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair				Extraordinary meeting			X	
		Vice-Chair		X		Committee meeting				
		CCM member				GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)			LFA	
		Alternate				OTHER			X	
HIS / HER SECTOR* (Place 'X' in the relevant box)								NONE		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS			
				X						

LEGEND FOR SECTOR*			
GOV	Government	PLWD	People Living with and/or Affected by the Three Diseases
MLBL	Multilateral and Bilateral Development Partners in Country	KAP	People Representing 'Key Affected Populations'
NGO	Non-Governmental & Community-Based Organizations	FBO	Religious / Faith-based Organizations
EDU	Academic / Educational Sector	PS	Private Sector / Professional Associations / Business Coalitions

## AGENDA SUMMARY

AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW
AGENDA ITEM #1	The eligibility of the Romanian CCM
AGENDA ITEM #2	Country dialogue calendar
AGENDA ITEM #3	
AGENDA ITEM #4	
AGENDA ITEM #5	

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)															
GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS															
	Review progress, decision points of last meeting – Summary/Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals /appointments	Constituencies engagement	CCM Communications / consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
AGENDA ITEM #1	X					X			X						X
AGENDA ITEM #2								X							
AGENDA ITEM #3															
AGENDA ITEM #4															
AGENDA ITEM #5															

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and click on the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

## MINUTES OF EACH AGENDA ITEM

<b>AGENDA ITEM #1</b>	The eligibility of the Romanian CCM
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

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WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) > **yes**

### SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The eligibility criteria for the Romanian CCM are presented and discussed. Technical assistance for developing future actions in order to comply with GFATM eligibility requirements is considered.

### SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

*Please summarize the respective constituencies' contributions to the discussion in the spaces provided.*

GOV	
MLBL	
NGO	<b>Valentin Simionov (RHRN): presents the eligibility status of the CCM Romania (see annexed documents)</b> – the application for technical assistance from GFATM <b>Akjagul Karajakulova (GFATM): there already is a waiting list for technical assistance because there are several countries sending in concept-notes this year, so the request for assistance better be sent as soon as possible</b>
EDU	
PLWD	<b>Iulian Petre (UNOPA):</b> – until we send the concept-note, we must show that the first two requirements are fulfilled – the application for technical assistance from the GFATM (vote)
FBO	
KAP	

### DECISION(S) *Summarize the decision in the section below*

**Vote: application for technical assistance from the GFATM regarding the criteria and recommendations for the CCM in order to improve and evaluate its capacity of implementing GFATM funds**

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
<i>Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.</i>		
<b>To send a technical assistance request by the CCM vice-president to the GFATM secretariat.</b>	<b>Iulian Petre</b>	

### DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS			
	VOTING	x	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	x	
				SECRET BALLOT		
	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION				>	27
	ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION				>	0
*Consensus is general or widespread agreement by all members of a group.				ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>	0



To add an additional 'Agenda Item', copy a blank version of the Agenda 1 table. To do this, rest the pointer on the upper-left corner of the table until the table move handle appears (see diagram on the left). Copy the table to a new location by copying and pasting. Then adjust the Agenda Item #. Repeat as necessary for additional Agenda items.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #2	Country dialogue calendar
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
MoH, Unicef, OMS, ASPTMR, RHRN, ARAS, IP Marius Nasta, INBI Matei Bals, RAA	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM <i>Please summarize the respective constituencies' contributions to the discussion in the spaces provided.</i>	
GOV	<p><b>Amalia Șerban (MoH):</b></p> <ul style="list-style-type: none"> <li>- the concept-note and the strategy must include the same things</li> <li>- postpone the deadline of 1 October 2014 (following dr. Alexandru Rafila (MoH) proposal)</li> <li>- reply (1) to Mihaela Ștefan (RAA): the endorsing process includes several steps – after finalizing the NPTC (with attached budgets, etc.), it follows the internal MoH endorsing process (1-3 weeks because there is a political commitment – to a month maximum); then it must enter the public debate process for at least 30 working days (as any government decision) – this means approximately 45 calendar days that it must stay on MoH's site; then NPTC is reviewed with the observations and proposals received and the process must be reiterated, which will go till 30<sup>th</sup> of July; then follow the other ministries that have their own pace (especially the MoF that must approve each budget); so 15<sup>th</sup> of August is not a very realistic deadline for the government decision endorsement</li> <li>- reply (2) to Mihaela Ștefan (RAA): because the NPTC was not yet sent to MoH, so I cannot tell how long will take to analyse the National Strategy or the TB Control</li> <li>- reply (3) to Mihaela Ștefan (RAA): NPTC will not be an appendix for the National Health Strategy, but a document on its own that will follow the NHS by a government decision</li> <li>- there will have to be an evaluation visit from WHO – the timing will be chosen by the Ministry of Health and, eventually, the prime minister</li> <li>- reply (4) to Nicolas Farcy (GFATM): this is the only way</li> <li>- the programs in progress now are based on the funds given to us, not based on necessities; we start from what is necessary, what we estimate to be the total budget and the needs, and the MoF cuts it down to a quarter or a half; we should start from needs and get the money based on then, and not the other way</li> <li>- the GFATM requirements for the strategy is that it should be written involving the infected populations and the civil society besides the authorities – the same workgroup would be the most efficient solution for the NPTC and the concept-note</li> <li>- the memorandum and the strategy are distinct documents: the memorandum is a usual document issued by the Romanian government to show commitment to certain topics, but this does not mean that if there is written that there will be some specific amounts of money allotted to some areas, the budget next year will have the same exact amounts – „it is just a commitment of will”; there is no link between the strategy and the memorandum</li> <li>- the document will have to be endorsed as a government decision, not as a memorandum (because the latter „has no value regarding the implementation; it is document of will, marking the intent”)</li> <li>- in 2012 the MDRTB Plan was launched and it should have been followed by concrete measures (but it remained just a theoretical plan); Pierpaolo de Colombani (WHO) has requested now a follow-up visit to assess what has been implemented from this plan by the government; my proposal is that the plan or strategy to be constructed should include all that concerns the TB (no discrimination between TB/MBR/XDR/HIV-TB etc. in separate plans)</li> <li>- MoH volunteers for the workgroup (as coordinator), and the person delegated from MoH – Cristinela Velicu</li> <li>- for the next CCM meeting we must start from the proposal of action plan (linked only to the concept-note), with the review of the current strategy draft</li> </ul>
MLBL	
NGO	<p>Valentin Simionov (RHRN): MoH recommends that the deadline of 15 August for sending in the concept-note should be postponed in order to harmonise the concept-note with the other programs, such as the National Strategy for TB Control</p> <ul style="list-style-type: none"> <li>- proposes that Marina Carzol should collaborate with the expert group</li> <li>- those nominated cannot cast their vote in the matter</li> <li>- in order to document the country dialogue we need information from WHO regarding the consultations, methodology, target-groups that have been already contacted, so as to know what groups to address next</li> </ul> <p>Marina Carzol: agrees to work with the expert group</p> <p>Mihaela Ștefan (RAA):</p> <ul style="list-style-type: none"> <li>- 1. the National Strategy for TB Control (NSTC) is a necessary document (if endorsed, with multiannual budgets and multiannual targets) – without it, the concept-note is invalid; 2. MoH will work on the NSTC, and the CCM on the concept-note and there are people working on both – question (1) for Amalia Șerban (MoH): how long will it take for the NSTC to be endorsed? (15<sup>th</sup> of August may overlap with the parliamentary vacation)</li> <li>- since the NSTC must also go through the MoF, the deadline of 15 August is not feasible; question (2) for Amalia Șerban (MoH): could we expect for some delays from the MoF, that they should send back the strategy so it will have to be posted again on the website?</li> <li>- the NHS includes a TB component speeding on two pages with targets and indicators, and for appendix it has the budget for 2014-2020 (of 100 million Euro): question (3) for Amalia Șerban (MoH): the NHS should include targets and budgets; the TB strategy will remain as an appendix in the NHS?</li> <li>- why is the MoF not present here?</li> <li>- the evaluation visit should have the program review report in order for it to be included in the strategy; a high-level visit is necessary because the people from the MoF always have sent the message that there are no money and that we should speak to a higher level (moreover, there should have been a meeting with the MoF when the program-review was made and it could not be done)</li> <li>- NSTC must be made by experts from MoH, by experts from the NPTC, by experts from WHO</li> <li>- it is important that the civil society should have a representative on the area comprising activities directed to increasing treatment adherence in vulnerable groups</li> <li>- concerning the work group – should there be two groups or a common one with two coordinators?</li> </ul>

- the National Plan for MDR-TB Prevention and Control made with technical support from WHO with a budget of 100 million USD that should have been launched in October 2012 with plenty of cutbacks, ending up with 5 millions Euro/year vs. 20 de million USD, without attached budget, and that in the end was not endorsed – turned into zero Euro (the NPTC budget remained the same); for the NSTC or the NPTC we need the maximum annual sum of the budget; I understand that we will develop a full strategic plan
  - GFATM wants to see the sustainability of the interventions (regardless of the title on this document)
  - 15<sup>th</sup> of July as deadline for the reviewed strategy draft;
  - consultations with the key-populations: 1. we must define these populations; 2. these have been documented by RAA during the program review by means of focus-groups with patients, experts and stakeholders from which we extracted the needs and the priorities; Fidelie Kalambayi (RAA) will finish by the end of the month the report that will be the basis for the TB patient law: are there similar consultations involving TB-HIV or MDR patients? question (3) for Nicolas Farcy (GFATM): may we consider these focus-groups as documentation or do we need to document the situation based on an interview guideline (are we allowed to use the program review and a study on the TB patients or do we need something new)?
  - during the program review there were conducted focus-groups with the TB/MDR-TB patients; I am not aware of similar focus-groups with IDU, homeless people or any other vulnerable groups
  - at the end of May the Tubldu project will end – and there will follow the dissemination of information and the integration in other projects of the activities implemented; at the final meeting we invite the CCM, stakeholders, etc. in order to identify the groups to be addressed, to realise some mapping at these consultations, etc.
  - after the work group will identify the key-populations, we will be able to identify also the needs
- Fidelie Kalambayi (RAA): we should ask the organisations for data on other vulnerable populations; ar there any recent interviews with IDUs (on access to services in general and access to TB services)
- Silvia Asandi (RAA): MoF was a member of the CCM for years, they were informed and invited here but they never participated, so they were excluded from the CCM by the prime-minister; a new request was dent to the MoF, but they gave no reply
- I propose as coordinator for the concept-note a representative from WHO Romania; alternately, from UNICEF (they actually volunteered)
  - at this time, the coordinator for the concept-note is WHO Romania, so we do not have the task of actually writing it; we will contribute on the revision and other aspects if the deadline is 15<sup>th</sup> of October.
  - concerning the strategy: we will contribute
  - proposal: CPSS should be part of the strategy work group
  - actually, are we talking about a memorandum signed by the government or about a strategy?
  - the document must be endorsed and assumed by the government, otherwise it will share the fate of the National Plan for MDR-TB Prevention and Control launched in October 2012
  - what are the conflicts of interests? (who is allowed to vote)
  - we could use the email as the work medium for revising the strategy draft
  - from the institutions, do we need signatures only from the representatives or also from the alternates? (answer from Akjagul Karajakulova (GFATM))
- Cassandra Butu (WHO): question (1) for Nicolas Farcy (GFATM): is there a possibility for the concept-note to be sent till 15<sup>th</sup> of August and the strategy to be endorsed till the end of the year?
- we cannot afford two distinct groups, but only a core that will work on the strategy and the concept-note, and for the latter to include a few extra experts
  - GFATM does not requests a strategy, but a national strategic plan (with the aforementioned qualities), that does not necessarily has to obey the law for strategy and may pass a memorandum, as is the MoH's proposal
- Victor Olsavszky (WHO): the high-level follow-up visit is a reinforcement for the endorsement of these documents; there will be some international pressure in the period until October (a visit at the PI Nasta) – in Geneva there is now endorsed a new TB resolution, and in September another resolution will be adopted in the regional committee (TB becomes a no. 1 priority in Europe)
- we need only a quite small work group with extra contributors when needed
- Gina Apolzan (UNICEF): if the CCM agrees, UNICEF will work on the TB-HIV component together with the WHO
- Pierpaolo de Colombani (WHO): I understand your pessimism, but right now the situation is different, having quite a number of available donors, a review of the TB program with the participation of national and international experts, including the MoH involvement; there is also the high-level visit in Romania in October 2012 from the WHO regional manager; the official launch by the prime minister of a MDR/XDR plan – all these contribute to the present situation;
- when we talk about a TB strategic plan (made not only in view of the concept-note), we also talk about TB and MDRTB prevention and control – a thing that WHO promotes for many years now; we talk also about the international commitments signed by Romania; there is also the MDR regional plan signed by Romania
  - this plans is not being made only to have a valid concept-note, but in order to prevent and control TB in this country and it is a most necessary thing – so much, that I will propose a new high-level follow-up visit of the regional manager together with the head commissioner in order to clearly assess what happened with that plan and what is the progress concerning the revised national strategic plan (after the recommendations of a WHO-ECDC common commission) launched in 2012 – visit that will be proposed to take place in October
  - WHO take on its role in evaluating, pushing and doing everything it takes to obtain this TB strategic plan for the good of the Romanian population
  - the visit will take place in October in order to put pressure before the presidential elections
  - WHO understands that a strategic plan should be budgeted and based on needs (and not on what we are able to do with the funds available) – you must abandon the soviet way of making plans, this plan must be based on what must be done, not on what budgets we have or we may have at one point, and its budget must be realised accordingly – and here you must include everything the government can give, everything other donors can give or you may even leave it with a question mark
  - the approval from the Minister of Finance is a commitment of the government on what it is able to do, leaving empty the rest of the budget
- Nicolas Farcy (GFATM):
- reply (1) to Cassandra Butu (WHO): the concept-note must be sent in as soon as the national strategy is sent for endorsement (in order to make sure that the concept-note is built on the national strategy's content and to have aclear image of all the donors); after this, the endorsement of both documents may be pursues in the same time (we don't have to wait for the NSTC to be signed by the government in order to send in the concept-note, because we will delay things till the 15<sup>th</sup> of January 2015 this way, and we will have to wait afterwards for the GFATM endorsement); the GFATM endorsement process will take approximately 5 months; I hope that in these 5 months we will have a NSTC endorsed by the government; if the concept-note is approved by the GFATM, the first disbursement will be available only after the government will endorse the NSTC; so the documents must be ready as soon as possible; to Amalia Șerban (MoH): the document must not be a update to the draft created two years ago – there are many other things to be done in order to show a commitment to reform the TB system (ambulatory treatment, a new law for patients' social support, the inclusion of TB in the basic medical assistance, the decrease in the number of beds, etc. – things that don not have necessarily to be detailed in the NSTC, but at least as a plan for the next years); if the NSTC will include these things, the GFATM will be more than happy to support Romania
  - reply (2) to Dana Fărcașanu (CPSS): no; the minimum guarantee that we may consider is a NSTC approved and officially endorsed by the government and that has a multiannual budget attached; it is my understanding that a multiannual budget is not possible, but it is possible a memorandum signed by the government and in which it commits to this multiannual budget – we know this from the ministry of Health himself (in our discussions with the ministry, with Mr. Rafila, with Ms. Serban the answer is "yes, we can and we will do it")
  - GFATM does not enforce as condition the existence of 20 million USD/year from the domestic funds dedicated to the strategy; we want to know in detail all the needs for the TB strategy (which sums up to approximately 20 million USD in

	<p>the strategy draft from 2 years ago), and from this we would like to know how much the government can cover in reality; again, we must know clearly how much from it are from the Norway Grants, to know how much we will have to contribute (in conformity with the concept-note), moreover, how much will come from the World Bank and through the European structural funds – there are funds available from all directions, and this a chance that must not be missed</p> <ul style="list-style-type: none"> <li>- GFATM will offer any help necessary for fundraising (for example, if there is need for 20.000 Euro for consultancy in order to get 20 million Euro through structural funds, GFATM is willing to help)</li> <li>- now we will create the workgroup with 5-7 permanent members, a WHO consultant, a representative from MoH</li> <li>- concerning the HIV strategy: this grant is for TB, so I cannot impose conditions for the HIV strategy; but the NSTC should have a HIV-TB component, as should the concept-note (based on the WHO recommendations on collaborative activities regarding HIV in IDUs); if it is possible (in order to avoid the overlap in the strategies on TB and on HIV), this may be explained by an existing HIV strategy, although it would be better if this HIV-TB component should be included in NSTC</li> <li>- I agree with Pierpaolo de Colombani (WHO); question (4) for Amalia Șerban (MoH): is it possible for the plan and the budget to be realised in the manner described by Pierpaolo de Colombani (WHO) – a budget that expresses the needs, with what the domestic funds can cover, with what other donors can cover (World Bank, Norway Grants, GFATM) and eventually the parts left without funds, but that may be covered by other donors?</li> <li>- GFATM needs a national strategy in the definition from the WHO, that has 5 components: co-plan, national plan, technical support plan, evaluation and monitoring plan and, most important, a multiannual budget (that must identify the needs – how much should come from the GFATM to cover all needs and what needs are covered by which donors – domestic funds, GFATM, Norway Grants, structural funds, World Bank and, of course, how much and what is missing); additionally, we should have a commitment (according to the Romanian legislation) from the government with the signature of the prime-minister by which the strategy is approved and by which they commit themselves to ensure the existence of the funds specified in the document for the next 6 years</li> <li>- there may be several people in charge of the online platform</li> <li>- the workgroup shouldn't have to many members, but only dedicated people that will get the job done</li> <li>- you should nominate the persons in the workgroup, not only the organisations; there should be also somebody from the MoH that will give the political value expected from this document</li> <li>- Valentin Simionov (RHRN) should be in charge only of the secretariat and not to be included in the workgroup (because of the conflict of interests)</li> <li>- the first thing in the timeline: when will the NSTC be sent to MoH (after today's meeting, the resolution will be signed also by the MoH); a new CCM meeting next month in order to approve the concept-note and to develop the NSTC, to elect the PR and to evaluate the country dialogue and to see if there are comments or complaints from the stakeholders;</li> <li>- concerning the HIV-TB situation, there should be a joint official letter from the PI Nasta and INBI Balș where the coordinators of both institutions should decide the main problem that will have to be included not necessarily in the NSTC (that is MoH's responsibility), but at least in the concept-note</li> <li>- to PI Nasta and INBI Balș: a very simple document that will underline the main problems addressed on the common direction TB-HIV to be included if not in the NSTC, at least in the concept-note</li> <li>- face to face meetings are more efficient than work on e-mail – there should be a CCM meeting to discuss the strategy project</li> <li>- reply (3) to Mihaela Ștefan (RAA): if these data are already collected, then they may be used; I will get in touch with Valentin Simionov (RHRN) in order to assess the methodology of the documentation, and to distribute the documents to the other CCM members if he has any doubts after verifying them against the recommendations</li> <li>- we need the deadline for sending in the NSTC to the MoH (NSTC should already be at the MoH when the concept-note will be received by the GFATM; afterwards, both documents will follow the approval process in the same time; and the concept-note will be approved only after the NSTC will be approved by the government)</li> <li>- the resolution made after today's meeting: the topics voted in the meeting, the preliminary content that should be included in the concept-note (based on the recommendations from the WHO, GFATM and on the debates in the meeting) and in what measure in the NSTC will be included a reform plan to rationalise the number of beds, ambulatory treatment, social support (with the CCM's agreement for following this path, signed by the ministry of Health in office and, if this not possible, by the MoH – in order to include it in the NSTC)</li> </ul> <p>Dana Fărcașanu (CPSS):</p> <ul style="list-style-type: none"> <li>- 1. there is the government decision 870/2006 that stipulates the way in which the strategic documents are created and approved; the procedure requests not only a certain format for the strategy, but an <i>ex ante</i> analysis of the situation, a budgetary impact analysis</li> <li>- 2. the plethora of strategies that Romania must acquire by the end of 2014 – these usually are rejected by the MoF with the note that there are no funds</li> <li>- it is less likely that there will be a government decision with “strategy” in its title (except when the domestic contribution to the strategy is extremely modest)</li> <li>- considering that there is a National Health Strategy for 2014-2020 (still unendorsed at this time) and that has a specific objective on the „TB control”, here is a question (2) for Nicolas Farcy (GFATM): could the document required be the National Plan for TB Control (and not NSTC) that would answer the specific objective form the NHS (and with objectives, directions, budgets attached, etc.)?</li> <li>- a strategy may include only the national budget and some others only if they are certain</li> <li>- even if the strategy would be completed with all the components and budgets, the government will not sign it; but I think that a NSTC with a budget that will be harmonised with the predictable growth in the domestic budget on the same line from the last 10 years may pass as a government decision no later than this summer</li> <li>- I decline the offer to be included in the workgroup (also to be applied to my abstaining from voting): we can create a National Strategic Plan for TB Control that may be endorsed as a government decision and which will reflect the priorities and the needs that should be budgeted; I do not believe in the possibility of a NSTC; a strategy without budgets is void; a strategy with budgets that includes the list of needs will never be endorsed</li> <li>- there is a crucial difference between a strategy and a strategic national plan – the latter, even if it is adopted as government decision, does not need all the documents that are very hard to acquire even by the end of the year; and there is a difference in content: the national strategic plan has only those activities that can be implemented as an answer to priorities in a very precise span of time and that needs to have budgets attached – in a strategy we may have some holes</li> <li>- we should know for what period we build this plan, what are the necessary activities and the available donors (a strategy is what we wish to get done by a certain moment in time and with what resources)</li> <li>- Pierpaolo de Colombani (WHO) was speaking about a national strategic plan</li> <li>- all the deadlines in the document you have just gave us should be postponed with a month; the CCM should have monthly meetings for consultations and to assess the progress made by the workgroup</li> <li>- there are two things necessary for a strategy: 1. the Rroma NGOs are missing (and the technical assistance may suggest to us some other stakeholders to be addressed); the family medicine doctors, the Romanian College of Physicians and those in charge with the lifelong medical education, the Nurses' Order; the Ministry of regional Development and of Public Administration; 2. everything should be of maximum transparency and to appear on the CCM's website (all the documents, even the drafts, etc.)</li> </ul> <p>Victoria Mihăescu (Romanian Red Cross): we will contribute on the topics that the Red Cross has experience with</p>
EDU	<p>Adrian Abagiu (INBI Balș): MoH told us last year that, because of the technical difficulties, any proposal that will come after 15<sup>th</sup> of August – 1<sup>st</sup> of September will not pass, meaning will not be financed, in the next year's budget; we should do our homework as soon as we can and see what happens after, because otherwise we will never apply to the GFATM</p> <ul style="list-style-type: none"> <li>- the national antidrug strategy has been approved without a budget, as a principle, and with funds that will come as they are available; GFATM requests a financial commitment; the only minister that has read the strategy agreed with its</li> </ul>



	<p>contents, but could not sign it because of the lack of money; a national health strategy that will include as appendixes the other specific strategies that will be budgeted increasingly as fund become available is a feasible thing; a NSTC with specific budgets will not come to pass</p> <p>Mariana Mărdărescu (INBI Balș): there is a functional order for programs that includes technical guidelines with the two chapters (the treatment and the prevention) and that specifies funds (that are insufficient)</p> <ul style="list-style-type: none"> <li>for the expertise, experience and collaboration from the INBI Balș we will have soon an answer from the INBI's management</li> </ul> <p>Gilda Popescu (PI Nasta): we will make several experts available</p> <p>Jonathan Stillo (CUNY): Michael Belson (CCRB NIAID) mentioned that he is interested in participating to the concept-note's creation (he is in Romania until mid-July)</p>		
PLWD	<p>Iulian Petre (UNOPA):</p> <ul style="list-style-type: none"> <li>the decision to write a concept-note and to apply for the NFM was adopted in the previous meeting, with deadline 15<sup>th</sup> of August 2014</li> <li>the strategies are setting priorities in the needs within some boundaries</li> <li>vote for postponing the concept-note deadline from 15<sup>th</sup> of August in 15<sup>th</sup> of October 2014: all vote in favour with one abstention</li> <li>the workgroup for the concept-note (a common workgroup for the concept-note (under the care of CCM Romania) and NSTC (under the care of the MoH)) – how can the same group take upon different responsibilities?</li> <li>a common group with 2 coordinators: the MoH through its representative (delegated by the ministry) and who will be in charge of the concept-note?</li> <li>experts in the workgroup for the NPTC: MoH (Amalia Șerban – coordinator, Cristinela Velicu – active participation), WHO (Cassandra Butu, Victor Olsavszky, Pierpaolo de Colombani), UNICEF (Gina Apolzan), PI „Marius Nasta” (Gilda Popescu), RAA (Silvia Asandi), ASPTMR (Cătălina Constantin), Marina Carzol, RHRN (Monica Dan (ARAS))</li> <li>we should also invite the Ministry of Labour</li> <li>the resolution (the draft plus the conclusions from the panels) – a document that must be presented to the ministry of Health in order to be taken as a working plan</li> <li>the action plan for the concept-note: <ul style="list-style-type: none"> <li>collecting the proposals for the strategy (responsible – CCM secretariat), 30th of May</li> <li>a new CCM meeting that will approve/support the NSTC; the evaluation of the steps taken until today's meeting: deadline 18<sup>th</sup> of July (after the finalizing of the draft)</li> <li>a common letter from IP Nasta – INBI Balș</li> <li>consultations with the key-populations (in order to have all the information by the 15<sup>th</sup> of July): deadline 1<sup>st</sup> of July</li> <li>CCM meeting – elections for the CCM management (the candidates must announce themselves at least a few days earlier), the PR election (according to Appendix 3 from the PPR of the CCM – the secretariat should send the document to the CCM members; the institutions willing should make announcements on the e-mail as respecting the criteria for the PR PR): between 20<sup>th</sup> and 30<sup>th</sup> of June</li> <li>sending in the NSTC to the MoH: 1<sup>st</sup> of September</li> <li>meeting for revising the draft of the concept-note (and approval by the CCM): 18<sup>th</sup> of July</li> <li>uploading the documents on the online platform of the GFATM: 7-10 October (everything must be filled in online, and the narrative should be uploaded as a Word (.doc) file)</li> </ul> </li> <li>vote for the country dialogue plan: all in favour</li> <li>the resolution of the extraordinary CCM-GFATM meeting of 14-15 May 2014 – it must be signed by all the participants at the meeting: approval as a principle, with the possibility of e-voting on e-mail (before the next CCM meeting it must be send in to the MoH with all the signatures)</li> <li>proposes to publish the resolution</li> </ul>		
FBO			
KAP			
<b>DECISION(S)</b> <i>Summarize the decision in the section below</i>			
<ol style="list-style-type: none"> <li>vote for postponing the concept-note deadline from 15<sup>th</sup> of August in 15<sup>th</sup> of October 2014: all vote in favour with one abstention</li> <li>experts in the workgroup for the concept-note (common workgroup for the concept-note (under the supervision of CCM Romania) and NSTC (under the supervision of the MoH: MoH (Amalia Șerban – coordinator, Cristinela Velicu – active participation), WHO (Cassandra Butu, Victor Olsavszky, Pierpaolo de Colombani), UNICEF (Gina Apolzan), PI „Marius Nasta” (Gilda Popescu), RAA (Silvia Asandi), ASPTMR (Cătălina Constantin), Marina Carzol, RHRN (Monica Dan (ARAS)): all in favour with 8 abstentions (7 self-declared as being in conflict of interests + 1)</li> <li>draft of the concept-note: 15 July</li> <li>vote for the country dialogue plan: all in favour</li> </ol>			
<b>ACTION(S)</b>	<b>KEY PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	
<i>Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.</i>			
collecting the proposals for the strategy	CCM secretariat	30th of May	
CCM meeting – elections for the CCM management and the PR	CCM	20-30 June	
consultations with the key-populations	CCM members	1 <sup>st</sup> of July	
common letter from IP Nasta – INBI Balș	IP Marius Nasta, INBI Matei Bals		
the draft of the concept-note	WHO - working group	15 <sup>th</sup> of July	
CCM meeting for revising the draft of the concept-note (and approval by the CCM), for approving/supporting the NSTC, for evaluating the steps taken after today's meeting	CCM secretariat	18th of July	
Sending in the NSTC to the MoH	CCM	1 <sup>st</sup> of September	
uploading the documents on the online platform of the GFATM	CCM secretariat	7-10 October	
<b>DECISION MAKING</b>			
<b>MODE OF DECISION MAKING</b>	<b>CONSENSUS*</b>		<b>IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS</b>

(Place 'X' in the relevant box)	VOTING	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	X
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION	>	17
			ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	>	
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>	8

\*Consensus is general or widespread agreement by all members of a group.



SUMMARY OF DECISIONS & ACTION POINTS			
AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	application for technical assistance from the GFATM regarding the criteria and recommendations for the CCM in order to improve and evaluate its capacity of implementing GFATM funds	CCM's vice-chair	
AGENDA ITEM #2	collecting the proposals for the strategy	CCM secretariat	30th of May
AGENDA ITEM #2	CCM meeting – elections for the CCM management and the PR	CCM secretariat and members	20-30 June
AGENDA ITEM #2	consultations with the key-populations	WG – CCM NGOs	1 <sup>st</sup> of July
AGENDA ITEM #2	common letter from IP Nasta – INBI Balş	IP Marius Nasta and INBI Matei Bals	
AGENDA ITEM #2	the draft of the concept-note	WHO - WG	15 <sup>th</sup> of July
AGENDA ITEM #2	CCM meeting for revising the draft of the concept-note (and approval by the CCM), for approving/supporting the NSTC, for evaluating the steps taken after today's meeting	CCM Secretariat	18th of July
AGENDA ITEM #2	Sending in the NSTC to the MoH	CCM	1 <sup>st</sup> of September
AGENDA ITEM #2	uploading the documents on the online platform of the GFATM	CCM Secretariat	7-10 October

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)	
TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	20-30 June 2014
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
AGENDA ITEM #1	Recap on decision points of previous meetings
AGENDA ITEM #2	Elections for the CCM management
AGENDA ITEM #3	Elections for the PR
AGENDA ITEM #4	
AGENDA ITEM #5	

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
ANNEXES ATTACHED TO THE MEETING MINUTES	Yes	No
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	

IF 'OTHER', PLEASE LIST BELOW:
 Valentin Simionov (RHRN), CCMs ER an   participanti CCM 14-15 mai 2014.pdf

CHECKLIST			
(Place 'X' in the relevant box)			
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE		x	The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	x		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	x		Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	x		Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	x		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.

\* Often CCM minutes are approved at the next meeting. Since many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

GLOSSARY FOR ACROYNMS USED IN THE MINUTES:	
ACROYNM	MEANING
CCM	Country Coordination Mechanism
CCRB NIAID	Collaborative Clinical Research Branch, National Institute of Allergy and Infectious Diseases
CPSS	Centrul pentru Politici și Servicii de Sănătate (The Center for Health Policies and Services)
CUNY	City University of New York
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
INBI Balș	Institutul Național de Boli Infecțioase „Prof. Dr. Matei Balș” (The National Institute for Infectious Diseases „Prof. Dr. Matei Balș”)
PI Nasta	The Pneumology Institute „Marius Nasta”
MDRAP	Ministry for Regional Development and Public Administration
MoF	Ministry of Finance
MoH	Ministry of Health
WHO	World Health Organisation
NPTC	The National Plan for TB Control
PR	primary recipient
RAA	Romanian Angel Appeal
RHRN	Romanian Harm Reduction Network



NS	National Strategy
NSTC	The National Strategy for TB Control
NHS	National Health Strategy
UNOPA	Uniunea Națională a Organizațiilor Persoanelor Afectate de HIV/SIDA (The Union of the Organisations of the People Affected by HIV/AIDS)

To add an additional 'Acronym', highlight the entire row corresponding to the last 'Acronym' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows

<b>CCM MINUTES PREPARED BY:</b>			
TYPE / PRINT NAME >	Valentin Simionov	DATE >	
FUNCTION >	CCM secretary	SIGNATURE >	

<b>CCM MINUTES APPROVAL:</b>			
APPROVED BY (NAME) >	Iulian Petre	DATE >	
	CCM vice-chair	SIGNATURE >	