CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS

COUNTRY (CCM)		Romania	TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)	18
MEETING NUMBER (if applicable)		8		
DATE *(dd.mm.yy)*		30.09.2014	TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)	8
DETAILS OF PERSON WHO CHAIRED THE MEETING				
HIS / HER NAME & ORGANISATION	First name	Alexandru	QUORUM FOR MEETING WAS ACHIEVED (yes or no)	da
	Family name	Rafila	DURATION OF THE MEETING (in hours)	2.40
	Organization	MoH	VENUE / LOCATION	INBI Balș, Bucharest

HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair	x	MEETING TYPE (Place 'X' in the relevant box)	Regular CCM meeting
	Vice-Chair			Extraordinary meeting
	CCM member			Committee meeting
	Alternate		GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)	LFA
				FPM / PO: x
				OTHER
				NONE

HIS / HER SECTOR* (Place 'X' in the relevant box)

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

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)

GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS

AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	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	**National TB Strategy**								X							
AGENDA ITEM #2	**Concept note**								X							
AGENDA ITEM #3	**Conflict of interests, oversight committee, CCM regulations – output from the working group**			X									X			
AGENDA ITEM #4	**Workplan** **CCM website**		X				X									
AGENDA ITEM #5	**Legislation proposal produced within the project "Together for Romania without TB" (ASPTMR-RAA)**															X
AGENDA ITEM #6	**Any other bussiness**															X

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

AGENDA ITEM #1	National TB Strategy

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No conflict of interests is declared.

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Alexandru Rafila chairs the meeting and moderates the debate on the National TB Plan. Main comments come from the national coordonator institutions (EDU) and NGOs. Main points: data on TB prevalence among IDUs should be updated; active case finding should be decribed more clearly, as multi-disciplinary intervention; Mihaela Ștefan describes the process of writing the NTP and answers the comments.

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	**Alexandru Rafila, CCM chair, opens the meeting by referring to the goal of the meeting: Our goal is to understand not only the status of the application to the Global Fund, but also to establish a coherent policy on TB surveillance and control in Romania.** **By the Chair's request, the CCM approves themeeting agenda by consensus.** **The Chais gives the floor to Nicolas Farcy, in the opening of the meeting.** **Agenda: the Chair speaks about the National Strategic Plan for the Control of Tuberculosis in Romania 2015-2020. Special thanks to Mihaela Ștefan, who has the greatest merit in this process.** **In the coming days, the Strategy will be published on the MoH's website, as government decision project draft. This government decision project has been already announced by MOH and it can be found on the list of legislation projects to be approved by the Romanian Government until the end of this year.** **"In terms of procedure, the strategy will be published for public debate for 30 working days, which equals 45 calendar days. In the first 10 days, amendments and comments can be addressed in written to MOH. Any other amendments, even if outside this deadline, can be sent to MoH. The government decision can be simple, one or two articles specifying the approval of the NTP, annexed to the decision. You also have the NTP at your disposal, very probably, the strategy draft will not suffer considerable changes in its final form.** **Strategy content: it approaches various priority areas on TB surveillance and control, including the TB treatment and it estabishes a financial framework, so as until 2020 some spacific indicators are reached, in order to transform Romania in a country in which TB incidence and MDR TB cases will drop and patients access to treatment to be improved, this also including incentives for patients and employees involved in DOT."** **The Chair presents a document which shows the improvements in TB funding in Romania. „The promise made in the previous meetings has been fulfilled in the sense that funding for the National TB Program has been increased by 60% in real numbers, with the budget amendment in the beginning of September and which generates a bigger pressure on those who work in this program because now they have the money and they have to prove they know how to spend it efficiently, because the chance to continue this funding depends a lot on the program performance."** **After Ms. Stefan's speech, the Chair ask for the CCM members' approval for submitting the National TB Plan for public debate. The CCM members agree.** **The Chair proposes the endorsement by consensus of the current draft of the National TB Plan, with the amendment that all comments and proposals are welcomed and they will be take into accound int the public debate procedure.** **The Chair answers Mr. Farcy's comment in relation to the introduction of reform measures in the National TB Plan: „Yesterday we had a discussion at MoH in which we reached all those points, and the radical change in the way patients are treated implies various aspects which are linked to the way the system and the staff salaries are organized, but also the way in which medical services are reimbursed to the lung disease hospitals, and the this aspect is referring to the social status of some patients, who cannot be treated in out-patient facilities, we cannot transform out-patient in street patient treatment, because street patient treatment does not solve the problem. We have to be realistic and, going beyond rigid treatment procedures, to provide treatment to those patients.** **The problem is the following: do we have to insure treatment for those patients who do not have a home? What is GF's position with regards to homeless patients?"**
MLBL	
NGO	**Mihaela Ștefan (RAA): „A WHO consultant has helped us with producing the strategy. The working group composition for the two tasks (national stratgy and concept note) was approved by the CCM. Several weeks of intense work followed, at the National Institute for Lung Diseases headquarters, in which the NTP review recommendations were anaysed and, based on this, we organised the objectives, interventions and activities in the strategy draft.** **A second process followed, in which we estabished the targets and their budgets. For any program component there is a detailed budget. The NTP experts were consulted with regards to all strategy details. At present, we received several remarks on behalf of the GF, which has reviewed the strategic plan and today we received the last version of the strategy from the WHO consultant. The strategy was circulated in English, and it was probably translated into Romanian by now and, following its publishing on MoH's website, we will have comments, in case we forgot anything."** **Mihaela Ștefan – referring to dr. Abagiu's remark: reviewind data is the easiest thing to do. The new strategic plan incudes very clear interventions for at risk groups: IDUs, homeless people, prisoners, poopr populaitons with limited access to health services.** **Monica Dan (ARAS): „I believe it will be usefull to describe active case detection among vulnerable populations more clearly, as multi-disciplinary interventions."** **Mihaela Ștefan(RAA) – re. to Monica Dan's comment: „I agree that the strategy should refer to a working protocol, on how things should be done: NGOs, network, etc. In the strategy there is a section on developing this protocol by NTP experts and people with**

	experience on the ground, to find the best options – active case detection and treatment monitoring, because Save the Chilrden's experience show that referring homeless people to dispansaries and further monitoring helps the physician in treating them. There is an intervention which consists in developing this protocol, a document to include norms on how the active case detection is made."
EDU	**Dr. Adrian Abagiu (INBI Matei Balș): „The [TB] incidence in HIV patients is somewhere at 3,7%,and in IDUs HIV patients is 18%. PUD are at high risk and I believe all this info should be added in the strategy draft, data from 2012 is old and it should be updated. The last dat shows clearly that the phenomenon went out of control concerning PWID."** **Dr. Mariana Mărdărescu (INBI Matei Balș): she confirms the info on increased TB incidence among IDU. On one hand we see an increase in HIV amng IDU, on the other hand the health system is more and more warned and testing among PWID has increased.** **„I had two meetings with colleagues from the National HIV/AIDS Commission and we discussed the data, which show 29% out of new HIV cases (number of cases from the IDU community), in which approximately 12% have been diagnosed with TB. I am astonished by the fact that this phenomenon [e.g. drug using] does not seem to be acknowledged in the rest of the country, it looks like it is localised only in Bucharest and its surroundings, even though every day I see news about drug users in Constanta, Iasi, Timisoara in terms of medical info. To conclude, TB among IDUs living with HIV is slowly increasing. On the other hand, the medical community is more and more aware. Tests are being made, but a person using drugs and especially somebody who does not inject drugs will avoid to mention his/her drug user status as and infection risk when doing the testing, unless explicitly interogated. Most drug users do not inject. Here we have the problem of the way we ask and maybe this is why we need trening and collaboration with social workers who know how to ask with regards to the respective person's risk factors."** **„Following two international meetings, in which one in Talin, I noted that, currently, at European level, everybody is alarmed with regards to the HIV increase among drug users."** **„Concerning gender distribution, if gender distribution was fairly equal, now we are going towards a predominantly male proportion. It is possible to be connected to MSM/bisexuals, IDUs. From my point of view it is not true, I insist in saying that female IDU living with HIV are brought to maternity hospitals, they do not access the medical service not ecause it is denied to them but because they arrive in the last hour, they are tested, they give birth, they abandon their children and they leave. We had the 8th birth by the end of this month, by the way, children born by female IDUs leaving with HIV. Usually the partners are not known."** **„I am angry for the fact that, in the Constanta meeting nobody said anything about TB among children, which reresents a milestone for diagnosis. We should not forget those children are abandoned by mothers using drugs and living with HIV or TB and who dissapear from the system. In 2012 we hav over 7 children infected with TB."** **Dr. Gilda Popescu (INP Marius Nasta): „We are working on the TB-HIV protocol for a few days already, we have sent it to you and to the CCM, [the protocol] has been updated usingv the latest data from the TB database, my request is to have update info in the HIV database too. We believe that we have an accurate status of data. Concerning TB."** **Dr. Ghilda Popescu – o active case detenction: „We started collecting desegregated data in the software. Starting with this year, cases are recorded based on the population type, so as we know which populations maintain the high level of the TB endemic. Now we know how many are IDUs, how many homeless, Roma, other populations. In present we have them in the software and next year we will be able to sent more accurate data."** **Dr. Domnica Chiotan asks her colleagues from HIV/AIDS what is going on with IDUs living with HIV referred to TB dispensaries: does anybody know is those patients ever make it to the TB dispensaries?** **Dr. Abagiu: We write a TB confirmation sheet and send it to the epidemiology [department].** **Dr. Chiotan: I don't know if from there [the epidemiology department, Matei Bals Institute] the sheet reaches us [the Lung Disease Institute Marius Nasta]. In the National TB Control Program we have a template, the notification sheet and this has to be sent to the TB dispensary where the case is being diagnosed.** **Dr. Abagiu: We give them to the epidemiology department in the Institute, I could not say where they go from there.** **Dr. Chiotan: I am surprized by this 12% incidence, which I don't think it can be seen in our national database, because I don't think it reached us.** **Dr. Abagiu: There are about 200-300 IDU patients living with HIV, but about 12% among them are also TB positive, the other 895 cases in the whole year are 7% [TB positive].** **Dr. Chiotan: If we are talking about several dozen cases, we have them.** **Dr. Angheluță: „I fiind it relevant to develop multi-disciplinary services for HIV/TB patients in the same place. The human problem of transporting patients for HIV and TB patients can be thus solved."** **Dr. Abagiu: „This is already happening in a way, but it has already been exceeded: IDU patients living with HIV are being transfered to the Victor Babes Hospital, as 5 years ago HIV cases detected in prisons were sent to Jilava Prison Hospital. When they were 15-20 it was OK. Now the Jilava Prison Hospital hosts over 340 prisoners living with HIV and they ran out of places. The initial unit had a bit over 100 beds; they have already expanded in half of the hospital. Nobody else want to host them. Rahova prison hospital has already organized a unit for 30 females living with HIV."** **Dr. Mărdărescu: „For some years already, a lung doctor works in the National Institute Matei Bals. HIV implies high immune-depression, and I dont know if it is recommended to move the patient in other places; the HIV/TB patient cannot be hospitalized in chickenpox or measles departments."** **Dr. Popescu – reaction to Nicolas Farcy's comment: „40% of our patients are not insured. Those un-insured lack serious chances [to access medical care]. Concerning the confirmation rate and therefore patients with positive bacilloscopy, they are about 60% (from the total number of patients). If we are thinking of the epidemiological risk represented by those patients, as longas they stay BK positive, they have to stay in a hospital. We cannot leave them out."** **Dr. Abagiu: „The problem is we cannot hold them. We have BK positive patients, they come for 3-7 days, without the ID code, NHIH approves their papers and they run from the hospital back in the sewer the moment they can walk."** **Mihaela Ștefan – re. on the treatment system reform: in this strategy, the approach is centered on the patient. This does not mean that hospitals will be disbanded, it means there will be specialised centres, another two MDR-TB social/palliative centres, etc. Community worker and multi-disciplinary teams are to be developed in order to monitor the patient from a social, psychological, and medical point of view, and to decide, based on criteria to be developed, if the patient should be hospitalized and on what duration or if he/she can be sent home, if he/she has the necessary conditions, keeping in mind that they are monitored by community workers, family doctors – the introduction of incentives for family doctors for diagnosis and treatment monitoring is also planned. Sowe are talking about integrated services, planned in such a manner that they could be taken over by the system in time.**
PLWD	
FBO	
KAP	

FGATM	**Nicolas Farcy: „From the GF perspective the work is going very well. We are going to discuss today the draft strategy and the content of the concept note. I'd like to thank all of you who participated, as members of the working group or as members of the CCM, and I am sure if we will continue like that we will reach our goal to have the national strategy endorsed by the government, with a multi-annual budget and with all the sources of funds that can be accommodated to the same objective and with a very good concept note within the Global Fund grant. Thank you!"** **Final comment: „Our expectation from the National TB Plan is to include the reform of the TB system, mainly to switch from in-patient to out-patient system and rationalize the hospitalization, for programatic reasons, in order to dicrease the hospotalization of MDR-TB infected patients and to insure that all the funds that are now are for in-patient treatment, which are, according to the estimates included in the strategy, about 25 million Euro per year could be much more efficient in out-patient settings. We would suggest to include in the strategy so called reform indicators, that would be, for instance, dicrease of the numebr of beds alocated in the counry, the average time spent in in-patient treatment, full number of patients who start the treatment in out-patient phase etc. for your information, other countries are also doing this, introducing the indicators in their national strategies."** **Answer to the Chair's question on treating homeless patients in the in-patient system: „Of course, the position of the GF is that they should be treated, the position of the GF is not to close all the dispensaries and leave only out-patient units, we also understand that the medical facilities represent a social aspect. According to statistics in other countries, the number of patients who need more timein in-patient facilities either for medical reasons or for social reasons is not so big compared to the number of patients who a recurrently in the TB dispensaries. That is one point. The second point, negative patients should no go to the dispensaries at all, which is unfortunately the case today. These negative patients could be infected by MDR-TB (in in-patient facilities), I don't know if everybody understands here what we are talking about! Last, but not least, I want to share with you the models from another countries, for example the project Sputik, from Russia, where patients are reached by mobile units and they receive their treatment, DOTS, and their social support, and I can tell you that this project has been assessed various times and it showed efficiency."**

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

The National TB Plan is approved by the CCM in consensus.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
The NTP draft will be published on MoH website for public debate.	**Ministry of Health**	**Next week.**

DECISION MAKING

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

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #2	Concept note

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No conflict of interests is declared.

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Silvia Asandi presents the main points of the concept note, and technical aspects concerning the CN ellaboration process. Discussions about the MDR-TB treatment centre from MoH and GF's perspective.

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	**The Chair gives the floor to Silvia Asandi, for the CN presentation.** **The Chair answers Ștefan Răduț's question: „Not necessarily a social centre; we have identified more locations; more criteria have to be fulfilled: for instance it depends on the geographical distribution, keeping in mind that there is a centre in Bisericani, another one in Bucharest and it will be an area in which the incidence is important. We have few locations identified, we have to decide where."** **The Chair refers to Nicolas Farcy's comment on GF's priorities: „I hope that the first objective of the Global Fund in Romania, access to treatment and improvement of treatment rates in curing TB patientis will be reached through the Norvegian Grants, and**

	concerning public health policy decisions to be made in order to move the system from in-patient to out-patient care, this is being made within the national health program. It is still to be established which is GF's contribution in the two areas mentioned by Nicolas, because with support from the Norwegian Grants and by MoH decision, I believe we will succeed in covering these two areas. We would like to know which are the type of activities that can be financed by GF and which will not overlap what we can cover right now."
MLBL	
NGO	**Silvia Asandi (RAA): by the end of the last week, the concept note structure has been sent to the working group.** **She presents the CN structure.** **"Our work has started in parallel with the work on the NTP, the working group was more or less the same, we benefited of WHO support, from our Romanian colleagues but also from David Berger, the WHO consultant helping with the elaboration of the NTP and CN. Our work was based on 7-8 pillars: first, there were the NT review recommendations, second – the portfolio analysis sent by GF in March, third – the national strategic plan and the programatical financial gap associated to the NTP, also the cotributions of our colleagues – WHO Romania, national partners, consultations with NGOs, consultations with TB patients, their relatives and how the medical staff does the treatment, all in a research finalized by the report on mapping TB patients and also the discussions within the CCM, in previous meeings.** **Silvia Asandi, re to the location of an MDR-TB treatment centre: „We would need to identify it as soon as possible and, in the coming period to know exactly what we are doing in there, because if we are taling about renovating a bilding we will need a feasibility study, a technical study… GF requests for explanation for every Euro asked from them, there is an assumptions sections in which expenditures have to be explained as detailed as possible. If the explanations are not sufficient, GF will ask for more details and, if they are still unclear, the expenditure is cut. We won't be able to include a bulk amount, we have to know what is it for."** **Daniela Fărcășanu asks for clarifications on the budget allocated for IDU interventions: 1,6 million Euro is OK for 300 patients detected, which means 5,000 Euro/person reched, compared to the group or poor populations with limited access to medical services – the costs are disproportioned.** **Mihaela Ștefan: "For IDUs, the targetis set to 2500 people who inject drugs in which all will have access to harm reduction services and, theoretically, among which there will be 250 TB patients detected, in homeless people there are 1,000 persons tested in which about 100 patients detected. The budget for IDUs and homeless people associated active case detection with incentives for patients. The two, 500 plus another 1,400 equals 2 million – the budget allocations can be readjusted, including increasing them. Our target is to reach 6,000 persons monitored with DOT and receiving incentives, about 40%, in 2 years, because this project will be implemented in 6 counties, with endemia which would total 25% ofthe total endemia. The counties are not nominated yet, this is to be decided."** **Dana Fărcășanu: „You should detail more clearly this target and I tell you that from the perspective of reducing pontential questions from the GF on it."** **Silvia Asandi – answers Carmen Angheluță's question: "The presentation of the concept note will be attached to the meeting minute. Concerning the CN, you will not be able to access the original unless you have a password, and there are two accounts allocated, one to Valentin Simionov (for the CCM), the other one for Misu (working group). But we will copy/paste the info in a document to be sent to the CCM, because the CN has to be addopted by the CCM."**
EDU	**Carmen Angheluță: „Will we receive the CN? What is the procedure?"**
PLWD	**Ștefan Răduț - question to the Chair: „Have you already thought about the location of this centre? Hospital, region?"**
FBO	
KAP	
GFATM	**Nicolas Farcy: „The concept note is very good from our perspective. There is only one position with wich we may face problems with the Technical Review Panel, which regards the renovation of the MDR centre in Romania in the context in which all the partners are considering moving the system towards out-patient treatment. Besides this, the most important is the National Strategy (e.g. National TB Plan), because it is the document which insures sustainability. If the strategy details as much as possible how the switch from in-patient to out-patient treatment will be done ove the next years, I can tell the TRP that the concept note is based on the strategy which has been assessed as a very good one.** **For the GF the priority is to give sustainability to the treatment success rate of the MDR TB patients in Romania. The current treatment rates are unacceptably low, with less than 20%, which is less than the spontaneous rate of recovery for the MDR-TB patients and thus this should be definitely the main direction to insure the sustainability to the grand that shall be financed by the Global Fund. How to insure that? [Trough] centralized procurement, access to all second line drugs that can be accessed as of today in Romania and that dispite in-patient or out-patient treatment. The second priority is the switch from in patient to out-patien treatment. The Global Fund know there are also need to renovate some MDR-TB facilities but, I already know in advance that is may assess this is not a priority."** **Nicols Farcy answers the Chair's question about the areas covered by the GF grant: „GF is supporting all the activities triggering the reform within the TB system in Romania."**

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

The concept note is approved in the form presented by Silvia Asandi.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
The concept note will be updated and uploaded in the Grant Management Platform until October 15th, 2014.	**Mihaela Ștefan, Valentin Simionov**	**15.10.2014**

DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)					
	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING		VOTING METHOD	SHOW OF HANDS	

	(Place 'X' in the relevant box)	SECRET BALLOT	
	ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
	ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
*Consensus is general or widespread agreement by all members of a group.	ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >		

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	**Conflict of interests, oversight committee, CCM regulations – output from the working group**

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No conflict of interests is declared.
The members of the working group abstain from voting regarding the amendments to the CCM Regulations, the conflict of interest procedure and the terms of reference for the oversight committee.

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Iulian Petre presents the main elements updated in the CCM Regulations, such as revising the CCM componence, constituencies representativity, the maximum number of seats in the CCM per constituency, terms of reference for the oversight committee members and the conflict of interests policy.

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	**The Chair gives the floor to Iulian Petre for the presentation.** **The Chair proposes the committee to be formed from at least 6 members, 3 experts and 3 alternates, in case the expert is not available to attend the meeting and to be represented by an alternate.** **Lucia Mihailescu (NPA): "Is the monitoring manual from the projects used during the monitoring visits or does this committee have to create its own procedures? Because one of the problems in the past year, when the CCM members were invited to visit the NPA project and somebody had offered to visit, the question was on which basis?! Which monitoring sheet has the person visiting an implementer?"** **The CCM Chair: comment 1 – why two seats per constituency?; comment 2 : "relevant activity in the field": who decides an organisation has relevant activities in the field? comment 3: what is the meaning of the criteria about infected or affected people? Everybody is affected. Comment 4: there are public institutions with unlimited number of seats.** **"I believe we should have a limited number of seats. In the case of other types of members, where there is a limitation in seats, the total number should not be exceeded. [Iulian Petre mentions the total number ofmembers is 35]. Otherwise we will turn the CCM unfunctional. One one hand, we need representativity, on the other hand we need functioning. The public institutions have to be identified, because it is not correct for some to have unlimited number of seats and others – limited." [Iulian Petre says he is not sure how many public institutions will registerfor another membership term].** **The Chair proposes the minimum treshold for the CCM Secretariat to be 1,000 Euro. Beyond 1,000 Euro, the Chair will approve the expenditure.** **The Chair considers the update made by the working group is in agreement with the GF requirements.** **Comment on the conflict of interests declaration: "A declaration can be signed, valid on the entire term with the specification that, anytime there is a situation that requires changing this declaration, the deadlineis 30 days.''** **Following Iulian Petre's presentation, the Chair asks the CCM if it approves the proposals of the working group.**
MLBL	
NGO	**Monica Dan (ARAS): „There should be a job description for the oversight committee members."**
EDU	**Carmen Angheluță (SNS…): „The committee should work simply and precisely. We need simple tools, but clear enough to provide a realistic image over the activities on field."**
PLWD	**Iulian Petre (UNOPA): „7 members ofthe CCM have been assigned to revise the CCM regulations, the conflict of interest policy and to elaborate terms of reference for the members of the oversight committee. The work and communication were done via email."** **He presents the terms of reference. There are relations of incompatibility – for instance the members of the oversight committee cannot have relations with the PR, and the Chair and Vice-chair cannot be members in it.** **Iulian Petre – re to Monica Dan: „This is the job description."** **Iulian Petre – re to Luciei Mihăilescu: „There is a very good monitoring tool on GFs website. I do not know if we will have the experts to work with this tool or if we have the amount of information because the grant is small and we fiind out about anyt hing we want to know about the grant by simply attending the CCM meetings. I believe this committee should develop its own working procedures. We are interested to see which information they bring to the CCM at least twice per year, when they will report on their visits."** **The supervision is done at macro level and it does not go into details, as the monitoring done by the PR or LFA."** **„One of the committee members should have a coordinator role, it is not a function, but a respobsibility. We have to make sure somebody will mobilize in fulfilling those tasks."** **<u>Updatingthe CCM Regulations</u>** **There was a discussion about the CCM constituencies. The [EPA] consultants discussed this issue. The CCM regulaitons specify the constituencies.** **He answers the Chair's comment 2: "Relevant activity in the field" is the exit so we do not have a limitation.** **He answers the Chair's comment 3: „There is a perception that individuals, more exactly the patients should represent themselves. I believe here there are persons who, by their CV and by their activity for years have proved their committment. It was a highlight to avoid the impression that only patients have this capacity. We have the example of Mr. Eduard Petrescu, who was no longer UNAIDS and not yet Unicef, yet we invited him to be with us every time, because he has won this right [by his activity and commitment]."**

	„Public institutions have unlimited number of seats in the CCM; in rest, the maximum number of seats will be set in further discussions and for CCM members review." **It was mentioned that the CCM is old and its composition has to be renewed and validated by public procedure. We described in the CCM regulations how can anybody become member of the CCM: the process is permanent, an individual or a legal person addresses to the CCM Secretariat with a request to become a member in the CCM; we kept the CCM members recommendations for any request for membership.** **There was a discussion about constituencies and representatives delagation. As far as I know, we do not have in Romania organisations interested in being part of the CCM and not accepted. Following the CCM renewal, in case there will be more demands than seats available, the Secretariat should organise a process to mediate and facilitate the discussions for representatives assignement [with the respective organisations/constituencies].** **„The CCM members are mainly public institutions and NGOs which designate a representative and alternate. There was the request to limit the mandate of members. Until now, the mandate was unlimited. There is a proposal to limit the membership mandate to 3 years, with the possibility to extend it." [The Chair notes the current project is designed for thre years, after this there won't be a CCM]. The CCM will continue to exist if it will become permanent."** **There is a request to the Chair to approve any expenditure bigger than 500 Euro made by the Secretariat.** **„In terms of CCM transparency, it should be mandatory fo all CCM members to specify their participation in the CCM on their websites and in their annual activity reports. Those representing a constituency should have the obligation to report about their activity to those he/she represents."** **„We added in these regulations few details about the oversight committee, according to the terms of reference."** **<u>Conflict of interests policy</u>** **We reveiwed more information sources, the National Agency for Integrity, the GF definitions on conflict of interests. We concluded that the CCM regulations define quite clearly the conflict of interests. In case a person/institution is inconflict of interest, the person/institution cannot participate in the discussions and decisions related to the respective point.** **We added in the regulations something which is also incuded in the GF practice, an annual declaration of conflict of interests, which will be developed by the Secretariat. The annual declaration will include all potential conflicts of interest.**
FBO	
KAP	

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

The updated CCM Regulations, the conflict of interests policy and the terms of reference for the oversight committee are approved by the CCM.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		

DECISION MAKING

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

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4	**Workplan** **CCM website**

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No conflict of interests is declared.

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Valentin Simionov presents the CCM Improvement Plan and the new CCM website.

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	**The Chair gives the floor to Valentin Simionov, CCM Secretary.**

MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	
CCM Secretariat	**Valentin Simionov has brought a list with signatures for the CCM Improvement Plan endorsement by the CCM. In its previous meeting, the CCM has endorsed the Plan B, (non-costed version of the CCM improvement plan), which is a document that needs to be updated in the concept note.** **Training on the CCM functions to be provided by the CCM secretary for the CCM members, following an online trainining provided by GF to the secretary.** **The oversight plan implementation is ongoing.** **The outputs from the working group established in July were presented in the current meeting.** **The endorsement of the new CCM regulations – term: October 6 – the approval is discussed in the current meeting.** **The opening of the CCM to new members – October 6, 2014 – an announcement will be published on the CCM website.** **Confirming the mandate of representativity by all CCM members. In the case of NGOs, the CCM Secretariat is not mandated to mediate the discussions within the constituencies, this is the role of the organisations, which have to organize transparent internal ellections and to document thisprocess. The role of the CCM Secretariat is to document these processes on its turn, asking for meeting minutes and election procedures which represent the proof for the new delegated representatives. Term – January 31.** **In May 2015 there will be the first CCM meeting in the new composition.** **Regarding the conflict ofinterests, besides situations in which CCM members are invited to declare their conflict of interests (prior to voting, during discussions on agenda items, etc.), if one CCM member forgets mentioning a confict of interests situation, the Secretariat can be informed about this by other members, and it has to keep the confidentiality of the information source, if requested to do so.** **The CCM Secretariat is supervised by the CCM leadership.** **RHRN should withdraw from the CCM, as recommended by the EPA consultants, in order to avoid a potential conflict of interests. This will be done probably by email, sent by one of the two RHRN representatives inthe CCM, Carusel Association or Parada Foundation.** **He presents the website but the website is not functioning. After several attempts, the website structure is online. He recommends the CCM members to refresh the web page whenever they access the website.** **CCM website: http://ccmromania-gfatm.com/**

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

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		

DECISION MAKING

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

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #5	**Legislation proposal produced within the project "Together for Romania without TB" (ASPTMR-RAA)**

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No conflict of interests is declared.

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Silvia Asandi and Diana Negruț present the ASPTMR – RAA partnership and the legislation project on psychological and social support for TB patients in Romania.

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	**The Chair gives the floo to Diana Negruț.**
MLBL	
NGO	**Silvia Asandi takes the floor and presents the project. She thanks the CCM members who attended the press conference in the morning (September 30th). The project was implemented by ASPTMR in partnership with RAA and it was focused on addressing the social needs of the TB patients from a multi-disciplinary perspective, having as main output a legislation project presented in the press conference, together with the MoH representatives, as well as representatives from the Madicine and Pharmacy Faculty, the Public Health Department and colleagues form the STOP TB partnership in Romania. Diana Negruț is one of the experts who workd on the legislation project. Silvia Asandi invites Diana Negruț to present the main provisions of the legislation project.** **Diana Negruț: "This legislation project aims to complete the efforts to improve the quality of life for TB patients by 1) insuring complementary psycho-social services in addition to the medical treatment, 2) providing a food allowence of 13 lei/day, in order to insure the minimum 4000 calories needed by patients to maintain the treatment in good condition and to allow them to pay for the suplemental medication to treat side efects or disorders, 3) harmonizing the social and health insurance framework concerning medical leave and the allowance for temporary incapacity to work, currently provided for one and half years for specific TB cases; the legislation project expands the medical leave and the allowance to two years, dependingon the doctor's recommendation. 4) the project provides solutions to offer treatment under direct observation.** **Today, the Ministry of Health has confirmed, by the voice of Dr. Rafila, its support for this legislation project."** **Silvia Asandi – a petition to support the legislation project was also initiated. The legislation project is also supported by a delegation of British MPs who visited Romania this summer.**
EDU	
PLWD	
FBO	
KAP	

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

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		

DECISION MAKING

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

SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	**The National TB Plan is approved by the CCM in consensus. The NTP draft will be published on MoH website for public debate.**	**Ministry of Health**	**Next week**
AGENDA ITEM #2	**The concept note is approved in the form presented by Silvia Asandi. The concept note will be updated and uploaded in the Grant Management Platform until October 15th, 2014.**	**Mihaela Stefan, Valentin Simionov**	**15.10.2014**
AGENDA ITEM #3	**The updated CCM Regualtions, the conflict of interests policy and the terms of reference for the oversight committee are approved by the CCM.**		
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.

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)	
TIME, DATE, VENUE OF NEXT MEETING (*dd.mm.yy*)	
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	
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 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	CCM part list 30 sept 2014.pdf	
AGENDA	Agenda CCM Sept.docx	
OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		
1. CN structure 2. CCM improvement plan 3. TOR Oversight committee 4. Updated CCM Regulations DOC_10_CN_Structure_CCM approved. CCM improvement plan_VS.pptx TOR Oversight commission 2014.do CCM Regulations revised draft 12 11 2		

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 2 weeks 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 1 week of the meeting for their comments, feedback.