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Minutes of CCM Meeting February 21, 2012

THE COUNTRY COORDINATING MECHANISM

Minutes of the Meeting: FEBRUARY 21, 2012

Participants:

CCM Members

- 1) NTP - M. Nasta Institute: Dr. Elmira Ibraim
- 2) NTP - M. Nasta Institute: Mariana Andrei
- 3) National Institute of Infectious Diseases, Dr. Matei Bals: Dr. Mariana Mardarescu
- 4) WHO Country Office, Romania: Dr. Cassandra Butu
- 5) CHSP: Dr. Dana Farcasanu
- 6) Save the Children Romania: Sorina Fekete
- 7) Romanian Red Cross: Dr. Victoria Mihaescu
- 8) National Penitentiary Administration, PIU-TB: Dr. Lucia Mihailescu
- 9) General Directorate for the Disabled Persons, Ministry of Labor, Family and Social Protection: Paulian Sima
- 10) PSI: Tudor Kovacs
- 11) RHRN: Valentin Simionov
- 12) ARAS: Alina Bocai
- 13) UNICEF: Gina Apolzan
- 14) Romanian Angel Appeal Foundation: Dr. Silvia Asandi
- 15) Romanian Angel Appeal Foundation: Dr. Mihaela Stefan
- 16) Romanian Angel Appeal Foundation: Fidelie Kalambayi

CCM non-members

- 17) Constantin Catalina: Association for MDR TB Patients Support
- 18) Dr. Adrian Abagiu: doctor coordinator of Arena center, National Institute of Infectious Diseases "Prof. Dr. Matei Bals"
- 19) Eduard Petrescu, consultant (ex-coordinator of UNAIDS Office for Romania), currently national consultant of National Institute of Infectious Diseases "Prof. Dr. Matei Bals"

LFA representatives (PricewaterhouseCoopers):

- 20) Nicoleta Oprea
- 21) Ioana Ariton

CCM Secretariat:

- 22) Romanian HIV/AIDS Center: Dr. Mioara Predescu
- 23) Romanian HIV/AIDS Center: Alexandra Mardarescu

Location of the meeting: HIV/AIDS European Academy – National Institute of Infectious Diseases "Prof. Dr. Matei Bals"; Duration of the meeting: 3 hours.

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The meeting was chaired by Mr. Eduard Petrescu.

Participants agreed the Agenda of the meeting:

1. Discussion regarding the new HIV infection cases among the intravenous drug users and MSM
2. Global AIDS response – national report
3. PR - RAA report ref. the implementation stage of the TB – R6 Grant:
 - a. Technical and financial report nr. 9 (July 1 – December 31, 2011)
 - b. Global Fund Feedback on the procurement review
 - c. Calendar of 2012 Grant and GFATM request for the CCM (e.g. close-out plan)
4. Preparing the application to the Transitional Funding Mechanism (TFM)
 - a. Reviewing CCM decisions for the TFM application*

**In November 2011, GFATM Board decided to cancel Round 11 and its replacement with the Transitional Funding Mechanism. The decisions made regarding the development of R11-TB application must be reviewed for TFM application, accordingly:*

 - i. Decision that CCM to apply to TFM
 - ii. Decision that CCM to approve the interventions to be included in the application
 - iii. Decision regarding the working-group for application development
 - iv. Decision regarding the schedule of development of the TFM application
 - v. Decision regarding nomination/re-nomination of the Principal Recipient for TFM (based on performance evaluation and meeting the GFATM criteria)
 - vi. Approving the list of sub-recipients for the TFM
 - vii. Adopting the plan regarding supervision of GFATM grant's implementation
 - b. Planning the approach for obtaining an official document from the Government / MoH requested by GFATM from countries applying to TFM (compulsory Annex at the application) which should stipulate:
 - i. TB remains a priority for the Romanian GOV./MOH and it shall make efforts that the NTP financing/budget shall progressively increase in the next years
 - ii. At present, Rom. Government / MOH is not able to finance the investment to be included in the TFM-GFATM application.
 - c. Presentation of Romania draft application to TFM - the main additions to be made with support from the Secretariat.
5. Information regarding the proceedings for supporting and accelerating the approval of the MDR TB National Plan
6. Analysis of the request submitted by the Association for the Multidrug-Resistance Patients Support to gain membership in the CCM; presentation of the association, discussion, voting.

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Point #1: Discussion regarding the new HIV infection cases among the intravenous drug users and MSM

The meeting was opened by the presentation of Dr Mardarascu, coordinator of the HIV/AIDS Evaluation & Monitoring Compartment in Romania – NIID "Matei Bals", regarding the increase of HIV cases notified among the IV drug users. Epidemiologic data presented can be found in the presentation attached to the present minutes.

Considering the complexity of the issue and the little time for approaching the other points of discussion, it was proposed that this subject to be separately approached within the HIV M&E group.

Point #2: Global AIDS response – national report

Dr Predescu and Dr Mardarescu presented the new format of the national report and requested the collaboration of the partners for filling in the report.

The report shall be disseminated to the partners, in order to be completed, in week February 27 - March 2nd.

Point #3: PR - RAA report ref. the implementation stage of the TB – R6 Grant:

Several CCM members requested that the information regarding the TB - RF grant implementation stage to be send via e-mail, after the LFA and GFATM shall finalize the verification of the July 1 - December 31, 2022 reporting.

At the beginning of April, PR representative shall send the presentations, as well as the management letter corresponding to the implementation period July 1 - December 31; also the reports shall be uploaded by RAA on the program website (www.fondulglobal.ro).

Point #4: Preparing the application to the Transitional Funding Mechanism (TFM)

(a) Reviewing CCM decisions for the TFM application*

As a consequence of GFATM board to annul Round 11 and to replace it with TFM, the decisions already made by the CCM regarding the preparation of the R11-TB application needed to be updated for the TFM application.

Decision #1. Re. the application of CCM to the Transitional Funding Mechanism financed by the Global Fund (GFATM).

All participants agreed that the CCM must apply to TFM in order to continue the essential treatment and prevention interventions after October 1, 2012, since they are a response to the needs identified in TB control. It has been discussed how the continuation of current interventions funded under the R6 TB Grant would help prevent a number of extremely negative effects such as alteration of life quality of MDR TB patients (including deaths), possible outbreaks of TB and MDR TB in vulnerable groups.

Since there was no quorum, the decision shall be done via electronic voting.

Decision #2 Ref. Composition of the working group appointed to develop the application for the Transitional Funding Mechanism

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All the participants agreed the proposal regarding the TB working group competence for TFM application development, but because there was no quorum, the decision shall be made via electronic voting.

Decision #3. Regarding the development schedule of the Transitional Funding Mechanism application

All participants agreed the revised schedule of application development, but because there was no quorum, the decision shall be made via electronic voting.

Decision #4 Ref. Nomination of the Principal Recipient for the Transitional Funding Mechanism application

As for the Round 11 application development, all the participants agreed with the Romanian Angel Appeal re-nomination as PR for the TFM application. The nomination decision was based on the evaluation of RAA performance as Principal Recipient (Report attached) conducted by the Secretariat among CCM members. Tthe Secretariat sent the CCM members a questionnaire to be filled in, and the information was consolidated in the Evaluation Report regarding Romanian Angel Appeal Foundation (RAA) Competencies as Principal Recipient based on the criteria included in the procedure of PR nomination foreseen in the CCM by-laws. Since there was no quorum at the meeting, the decision shall be done via electronic voting.

Decision #5 Ref. Approval of the CCM Oversight plan re. Financing approved by the GF.

All participants agreed the CCM Oversight plan re. Financing approved by the GF, but because there was no quorum, the decision shall be made via electronic voting.

For the other decisions:

- CCM to approve the interventions to be included in the application,
- CCM to approve the list of sub-recipients for the TFM,

the official decision of CCM regarding the final approval of interventions to be included in the TFM application and the Sub-recipients shall be made by electronic voting, after the next meeting of the TB working group (1 – 2 March). The proposed interventions and sub-recipients are:

INTERVENTIONS	SUB-RECIPIENTS
Prevention of transmission among street children and youngsters	Save the Children Romania
Timely detection and efficient treatment of TB patients among street children and youngsters	
Health education sessions for prisoners	National Administration of Penitentiaries
Communication for behaviour change in poor populations including Roma	Center for Health Services and Polices
DOTS Plus project (CoS)	RAA Foundation Marius Nasta Institute
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Early detection of M/XDR-TB cases	Center for Health Services and Polices
Support for M/XDR-TB patients	Marius Nasta Institute, RAA Foundation, UNOPA

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All participants agreed that since the Romanian TB patients' organisations are very few and young (2 organisations, one was registered in August 2011), do not possess the capacity and adequate management systems in place for the implementation of GF sub-grants and have no history of similar-scale project implementation requiring significant capacity building, organizational and infrastructure development, the best choice is UNOPA as sub-recipient for A8 (Support for M/XDR patients). UNOPA will work in partnership with the two TB patients' organisations in order to provide the MDR/XDR-TB patients with peer support during the entire treatment period.

- (b)** Planning the approach for obtaining an official document from the Government / MOH requested by GFATM from countries applying to TFM (compulsory Annex at the application) which should stipulate:
 - a. TB remains a priority for the Romanian GOV./ MOH and it shall make efforts that the NTP financing/budget shall progressively increase in the next years
 - b. At present, Rom. Government / MOH is not able to finance the investment to be included in the TFM-GFATM application.

During 27-29 February 27-29, the draft letter for the Government/ MOH shall be developed, which shall request an official answer of the stakeholders. The letter shall be submitted on March 2nd, 2012 at late.

- (c)** Presentation of Romania draft application to TFM: development stage, consultation with target groups, tasks for the secretariat, etc.:

Silvia Asandi presented the work performed by the TB working group related to the elaboration of TFM application: draft Sections 1-2 and draft Section 3-8. The TB working group started a series of consultations through focus groups with-at-risk populations - prisoners, Roma and persons living in remote rural areas, MDR-TB patients – in order to review, validate and prioritize the proposed essential activities and interventions to be included in the TFM proposal. The recommendations of the focus groups will be finalized at the beginning of March and will be included in the TFM application.

It was agreed by the participants about filling in the Section 3-8 – Financial Gap Analysis and Counterpart contributions: a request to the Ministry of Health to provide the financial information to be used in the calculation of national contribution and for issuing the commitment letter will be managed by the TB working group's secretariat (RAA Foundation) on behalf of CCM.

It was also agreed by the participants that a similar request will be addressed to the National Administration of Penitentiaries.

The CCM secretariat was requested to update the list of member organizations and their representatives (Membership Details Attachment of the TFM form). The list should be updated until March 25, 2012 the latest, considering that one TFM application section shall contain all details about member organizations and their representatives and, more than that, the application shall be send to the GFATM signed by all CCM members.

The other requests to the CCM secretariat regarding application development shall be directly requested by the TB working group members (meetings minutes, documents regarding CCM organization and functioning, etc.).

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Point # 5: Information regarding the proceedings for supporting and accelerating the approval of the MDR TB National Plan

In 16 February 2012, the action for supporting and accelerating the National MDR TB Plan approval initiated by RAA and sustained by CCM members was submitted and registered to the Romanian Presidency, Romanian Government (Prime Minister) and Ministry of Health. In case the answer shall be negative or there shall be no answer, this approach shall be followed by other actions decided by the initiating group.

Point 6: Analysis of the request submitted by the Association for the Multidrug-Resistance Patients Support to gain membership in the CCM; presentation of the association, discussion, voting.

Ms Catalina Constantin, Vice-president of the Association for the Multidrug-Resistance Patients Support, presented the association within the meeting, as foreseen in the CCM by-laws.

The same time, Ms Catalina Constantin presented the official documents of the organization, intent letter and recommendation letters. She also answered the answers of the CCM members regarding the situation of association members, the proposed activities, it's funding and such.

The majority of the present members agreed to include the Association for the Multidrug-Resistance Patients Support in the CCM, but the formal including decision shall be done by electronic voting, since there was no quorum.

Conclusions on the Evaluation of Romanian Angel Appeal Foundation (RAA)

Competencies as Principal Recipient

The conclusions presented in this document are based on the consultations conducted by the Secretariat among CCM members (questionnaires, interviews, auto-evaluation of the PR, PR's reporting documents, GF ratings, etc.).

1. Capacity for programmatic management

a. Legal status

RAA Foundation is a non-governmental organization legally founded, which has the legal authority needed to enter a contractual relation with the GFATM. RAA Foundation doesn't have any legal problems, which might wound in any way entering the contractual relation with the GFATM and grants implementing. The organization benefits of permanent legal assistance and has the capacity to timely identify any legal change in its area of activity.

b. Management and organization

RAA Foundation has a solid performance history in the area of management and implementation of all management processes and developed projects. Since 2007 the organization is certified for quality management system (ISO 9001: 2008), working according to the 8 principles of quality management: client orientation, leadership, staff involvement, process based approach, management as a system approach, continuous improvement, evidence based approach in decision making, mutual advantageous relations with providers. RAA reacts pro-actively in relation with the GFATM-CCM, periodically informing its members and every time is necessary regarding the programmatic and financial status of the grants implementation and the potential difficulties identified as part of the risk management process.

c. Infrastructure and information systems

RAA Foundation has not only a modern information system, with appropriate equipment (computers, strong servers, optical fiber network, modern terminals), but also the necessary procedures to insure an information communication media which is able to meet the present needs relative to GFATM grants implementation and communication with the national partners and donor.

Data collection and reporting within the GFATM funded programs are based on an on-line information system, which enables data introduction and analysis in real time, as well as correct and timely reporting to the donor.

d. Technical expertise

RAA Foundation has qualified personnel with the experience required by GF grants implementation: within RAA there is a department dedicated to GFATM grants management, led by a program director and a financial director, which have authority over 4 to 8 national technical coordinators (based on the grants width) in the following areas: monitoring-evaluation, purchasing and financial-accounting.

The entire staff of this department has over 4 years of experience in the management of GFATM funded programs and also technical expertise in implementing programs in the area of HIV/AIDS and TB (7 to 10 years or even more).

e. Performance history ad PR

RAA Foundation proved its capacity to manage, financially and programmatic, HIV/AIDS and TB grants (R6) with value over 16 million Euros.

The rating given by the GFATM based on regular evaluations were as follows:

- B1 (appropriate):
 - o 6 B1 ratings for the HIV/AIDS program obtained for the implementation period July 1, 2007 – June 30, 2010
 - o 1 B1 rating for the TB program for the implementation period October 1, 2007 – March 31, 2008.
- A2 (according expectations):
 - o 4 A1 ratings for the TB program for the implementation period April 1, 2008 – March 31, 2009.
- A1 (exceeds expectations):
 - o 3 A1 ratings for the TB program for the implementation period April 1, 2009 – June 30, 2011.

RAA succeeded a high rate of funds spending, which maintained within the 96-99% range for both grants.

There wasn't any interruption or postponing of implementation or funds transfer from RAA to the subrecipients. This situation is mainly owed to the internal management system of RAA, quality oriented, the efficient and effective implementation and the decrease of bureaucracy.

RAA initiated and eventually succeeded, with CCM support, changing the legal regulation regarding VAT for the GFATM grants, and then reinvesting with GFATM approval the funds obtained in order to maximize the programs' results.

RAA acted and still acts pro-actively in identifying the potential implementation risks, as well as in the area of technical assistance and support for the sub-recipient organizations and institutions.

2. Financial management systems

RAA Foundation has a procedural financial-accounting system, certified according to ISO 9001:2008 requirements, which insured and still insures the financial management of the GFATM grants and the European funds.

Financial risk analysis is a regular process taking place within RAA. The managers and financial officers, the procurement officers as well as the accounting staff are specialists with wide experience in the area.

The financial-accounting and procurement procedures have an extensive description in the following documents: RAA internal financial-accounting handbook, quality handbook, operational Manual for the GFATM R6 grants.

Registration of data and transactions in the financial-accounting system have been and is continuously the subject of internal and external audit.

3. Pharmaceutical and Health Product Management ((PHPM)

RAA Foundation has a procurement system in the area of pharmaceutical and health products (PHP), as well as the experience proven in the area of PHP procurement according to GFATM policies. The RAA procurement system is based on the following principles: competitiveness, efficiency and transparency.

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RAA has an important history of procurements for different PHP, using various procedures, according to the national and international legislation in the area and to the products quality insurance.

Within the GFATM grants implementing department, RAA has personal appointed and specialized in procurement management. The practice of the last 4 years proved RAA capacity to efficiently and effectively manage the procurement, storage, distribution, and inventory of large amounts of pharmaceutical and health products.

There weren't deficiencies regarding the quality and quantity of procures PHP, and there also weren't complains issued from beneficiaries or providers.

4. Sub-recipients management (SRs)

RAA Foundation has an important experience in SR management. It developed a SR selection system, a system for evaluating capacity of potential SR (programmatic-institutional, financial, procurement and project management). The organization managed over 36 SR from all over the country, from the non-governmental area and also from the governmental one.

RAA possesses an efficient and effective system of SR supervision and monitoring-evaluation, which allows early detection of potential barriers in implementation and adequate risk management.

RAA policy regarding SR management is based on communication, transparency, objectivity, quality-orientation, measurement of interventions impact and, last but not least, applying the principle of performance based financing.

The operational manual of the GFATM - R6 grants developed by RAA, as well as the on-line reporting system, integrates user-friendly procedures and instruments specially designed for the SR. RAA runs regular evaluations among the SR regarding the performance of the Principal Recipient and encourages the SRs to express recommendations to improve the Principal Recipient activity.

5. Monitoring & Evaluation Systems

In the last 11 years, RAA Foundation has consolidated its M&E capacity, proving during the GFATM grants implementation that it has adequate M&E systems; accuracy of data reported to the GFATM is found at the upper end (over 95% according to the on-site data verification annually done by the Local Fund Agent). Beginning with 2000, RAA coordinated national researches (operational, serologic and behavioral) and participated and international research projects, and from 2007 it directly managed complex grants from the indicators point of view.

The principles of the M&E system implemented by RAA are: adjustment to the national M&E plans, systematic data verification by field activities, as well by desk-research and use of M&E data as programs' foundation.

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Questionnaire for performance evaluation of RAA Foundation as Principal Recipient

Please evaluate the activity of RAA Foundation as Principal Recipient of the GFATM R6 grants, in the following performance areas/subareas, marking X the score you consider best fitted (5 being the maximum score and 1 the minimum):

Area / subarea of performance to be evaluated	1	2	3	4	5
Programmatic management capacity					
- Legal status					
- Management and organization					
- Infrastructure and information systems					
- Technical expertise					
- Performance history as PR					
Financial management systems					
Pharmaceutical and health products management					
Sub-recipients (SRs) management					
Monitoring & Evaluation (M&E) systems					