

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1 **Statement of reasons and introduction of delegates**

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

- COI was managed

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

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CCM Chair: Welcome the OIG audit delegation, the country team and CCM members to the meeting. A meeting was held to review the results of the Q1 / 2018 project activity and to hear the first audit report of the OIG Audit Mission.

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

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)

CONSENSUS*

X

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

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 >

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>

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

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #2 Audit report

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

- COI was managed

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 the OIG audit team's overall assessment:

- Overview of QTC's aid in Vietnam. Criteria and aspects of the mission, how the audit.
- The summary is divided into 3 parts: Sustainability; Program management

1. Sustainability:

- Recognizing many activities with the Government's commitment especially in strengthening the health system, focusing budget for health insurance for HIV infected people, striving to bring infected people into the health insurance program. The commitment of the government is also reflected in CSO engagement activities, strengthening the role of professional social organizations. Vietnam is considered one of the most effective CSOs in the region.
- Risks still exist because of abandonment and stigma. For HIV, OPC sites have difficulty receiving patients, for example, in physicians working at OPC sites that must have a practicing certificate of at least 2 years in the field.

- The position of CSOs should be maintained by strengthening management capacity and planning.
- Procurement for the procurement and distribution system during the PEPFAR transition period.

2. Program management

- The management system needs to be moved from the manual system to the electronic system. This has been committed by the government in the implementation guidelines.
- Recognize the effective activities of VUSTA and the harm reduction intervention.

Remaining difficulties include: In target 90-90-90, 90% target HIV-infected people have access to new treatment at about 60%. TB detection in children is still low. GeneXpert use should be enhanced by strengthening the sputum culture. Limited budget for prevention activities in the VUSTA project. VUSTA's programs related to KAPs are not fully covered. The rates of malaria detection and treatment are low.

3. Finance

- Effective use of financial management software "BRAVO" in the PR, medical facilities and SR. There are cost norms as prescribed. PR financial management and settlement of accounts according to the report of the SR and medical basis in half a year regulation.
- The Global Fund fraud detection mechanism has not been fully implemented in all PRs.
- The use of cash should be more limited while keeping the focus on the implementation of activities.
- Use of funds is delayed.

For CCM

- CCM meetings focus on progress, focus on risk management, and monitoring. They need to support the program and make suggestions. For example, the risk in the procurement program, the import of drugs. The CCM should focus more on advocacy.

CCM Chair: Invited the PR and CCM members to clarify some points

PR: Very happy the overall message is good. More importantly, it will focus on the findings to complete the program.

Social insurance: coverage for HIV patients has been included in the law. Co-payments: Also note

Discrimination: New guidelines guide hospitals to reduce HIV infection in treatment. This week will be conducted by the Ministry of Health across provinces. Maximize OPC for insurance payments.

The procurement of PR and CPU: the Ministry of 28, the procurement of CPU transfer is not VAAC. The death toll is much less, not 30k as reported.

90-90-90, we now 75-60-92. The first two 90 goals are important and must be focused. Only 75% of HIV cases have been identified. Will send more clarification to the audit delegation.

PR TB:

Relating to tuberculosis: the rate of detection is low in tuberculosis. Detection of drug-resistant TB is a strength of PR with high rate of attainment. Coverage of drug discovery and treatment in Vietnam has grown rapidly.

Success rate in treatment: 72%. Target 85% by modifying the shorter treatment program from now to 2020.

Extensive screening, screening, and specialist screening for both suspected and suspected cases should be made. Vietnam has a new law relating to the management of articles, requirements higher than in the past. More accurate. Must communicate. There should be a focus for change.

Low morbidity: There were many interventions in the 9 provinces during the pilot period, with increased child labor in these areas. However, in a province with many children with TB, the rate is not uniformly distributed so the data is not accurate. The diagnosis of tuberculosis is very difficult. PR will continue to focus on this and there will be solutions. Recognize weak points.

PR Malaria: 16 indicators have been reached, two indexes failed. The management of information is not updated much, the CHAI project is currently supporting reporting software. In the coming time, we will deploy to overcome. update of progress: signed and approved in RAI2E. Currently PR is explaining the purchase of 6 cars. Development of the project document RAI2E transferred BYT approval.

PEPFAR: Why is there still a problem in health insurance and health care facilities: it will take time. There are some criteria that need to be met: must have a doctor's certificate, the patient needs an id. For doctors, the certificate must be renewed and must have two years of experience in the industry. If OPC can not sign a contract with social insurance, it may be interrupted with some patients.

UNAIDS: More information on comprehensive risk assessment of CSO activities. Resources allocated to target audiences. People with HIV, some people are being treated but not having health insurance.

OIG: project manament: VAAC is in transition and has a lot of work to do. Split phase into two stages: to see what the risk is, encourage people to buy insurance. The CCM acts as the lead agency for risk assessment. All of the risks we talk about here are VAAC.

The CCM needs to focus on the points other than just about progress updates, performances. Understand the difficult issues of PR and make recommendations. In addition to monitoring PR's, more PR needs to be addressed in government regulations

CCM Chair: OC has implemented monitoring activities in localities from 2010 rather than 2017. Each term of the Committee is responsible for monitoring the implementation of the project. At the local. Each year CCM and OC go to about 9 to 10 project provinces for inspection according to regulations.

PR: In terms of patient support, there is no satisfactory mechanism. There is no health insurance for 100% of TB patients. Cost sharing: Even 5-10% is also great. The requirement for health insurance is 100%. We want to have the All-People Fund because everyone can contribute.

VPCP: In February there were 2 QTC funding decisions for AIDS: VUSTA and AIDS, March: TB. For malaria: need to explain them. The BYT will soon be deployed. Involving importation of ARV drugs: under MOH jurisdiction and internal Ministry, not governmental. Regarding sustainability: Funding and target programs, after 2020, are undergoing transformation: health insurance, state budget, local and social mobilization from patients and enterprises. As recently as the TB hospital has formed a fund against TB.

VAAC: HIV has different aid programs: we want a common mechanism for coordinating aid. Hope to have your support.

Country team: Next time when we arrive in late May, early June will have a clearer working session with the PR on the issue of PR's existence.

Audit Delegation: The report will also be reviewed and sent to CCM members and PRs as soon as it is approved.

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

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>		

DECISION MAKING								
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS					
	VOTING		<table border="1" style="width: 100%;"> <tr> <td data-bbox="721 359 1057 422">VOTING METHOD (Place 'X' in the relevant box)</td> <td data-bbox="1057 359 1409 411">SHOW OF HANDS</td> <td data-bbox="1409 359 1494 411"></td> </tr> <tr> <td></td> <td data-bbox="1057 411 1409 464">SECRET BALLOT</td> <td data-bbox="1409 411 1494 464"></td> </tr> </table>	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS			SECRET BALLOT
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			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >					
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >					

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3 OC report and conclusion

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

- COI was managed

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

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CCM Chairman: combining PR's and CCM's monitoring

There should be a detail written report on the census scheduling of PR provinces to avoid overlap between the CCM and the PRs. CCM Chair must receive the report from the province before the OC trip

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			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	

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.

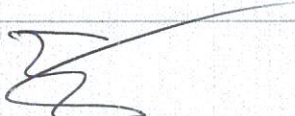
* Often CCM minutes are approved at the next meeting. Since many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

GLOSSARY FOR ACRONYMS USED IN THE MINUTES:

ACROYNM	MEANING
COI	Conflict of Interest
GF	Global Fund

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

CCM MINUTES PREPARED BY:

TYPE / PRINT NAME >	Do Thi Hai Ha	DATE >	
FUNCTION >	Secretariat	SIGNATURE >	

CCM MINUTES APPROVAL:

APPROVED BY (NAME) >	Prof. Trinh Quan Huan	DATE >	
		SIGNATURE >	