

CCM Meeting Minutes

MEETING DETAILS											
COUNTRY (CCM)		Zimbabwe			TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT (INCLUDING ALTERNATES)			28			
MEETING NUMBER (if applicable)		2 nd of 2018			TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			29			
DATE (dd.mm.yy)		11 June 2018			DETAILS OF PERSON WHO CHAIRED THE MEETING						
HIS / HER NAME & ORGANISATION	First name	Major General (Dr) Gerald			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes			
	Family name	Gwinji			DURATION OF THE MEETING (in hours)			3			
	Organization	MOHCC			VENUE / LOCATION		Holiday Inn Hotel				
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair			x		MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting		x	
	Vice-Chair							Extraordinary meeting			
	CCM member							Committee meeting			
	Alternate										
HIS / HER SECTOR* (Place 'X' in the relevant box)								GLOBAL FUND SECRETARIAT / ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA	x
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	FPM / PO			
x								OTHER			
								NONE			

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		

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	Welcome remarks, prayer and Adoption of the Agenda and Declaration of Conflict of interest															
AGENDA ITEM # 2	Adoption of minutes from the previous meeting and matters arising from the previous meeting															
AGENDA ITEM # 3	Grant implementation Updates – PR (MOHCC PCU)															
AGENDA ITEM # 4	Grant implementation Update – PR															

	(UNDP)																		
AGENDA ITEM # 5	Medicines status Update - DPS																		
AGENDA ITEM # 6	Laboratory Status Update - DLS																		
AGENDA ITEM # 7	Updates from the TWG – HIV Committee																		
AGENDA ITEM # 8	Updates on VAT Issues																		
AGENDA ITEM # 9	Other Updates																		

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	Welcome Remarks, Prayer and Adoption of the Agenda and Declaration of Conflict of Interest
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No member declared to be conflicted at this stage of the meeting	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<ul style="list-style-type: none"> - The meeting was called to order at 0926 hours. The CCM Executive Secretary informed the members that the term of office for the June 2015 – May 2018 CCM, including that of the leadership had expired, and as such it was a requirement to select new CCM leadership. A one month notice would be given to the new CCM membership to nominate and select the CCM leadership that is the Chair and Vice Chair for the June 2018 – May 2021 term. The CCM members unanimously chose Major General (Dr) Gerald Gwinji to chair the meeting. - Mr Taurayi Nyandoro led into the day's devotions, and self-introductions were done and this was followed by welcome remarks by the Chairperson. New CCM members were welcomed to this first meeting after being selected by their constituency into the CCM. The meeting agenda was adopted after adding an item on 4.5 'VAT Tax update' which would be given by the MOHCC Permanent Secretary, Major General (Dr) Gerald Gwinji. The call for declaration of conflict of interest was done with no one declaring to be conflicted, and members were reminded to declare Conflict of Interest at whatever stage of the meeting when they felt conflicted during the deliberations. 	
MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM # 2	Adoption of minutes from the previous meeting and matters arising from the previous meeting
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No member declared to be conflicted at this stage of the meeting	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<ul style="list-style-type: none"> - The minutes from the CCM meeting of 7 March 2018 were adopted as a correct record of what transpired after some corrections on the spellings for the following people's names; <ul style="list-style-type: none"> • Mr Hussein, corrected to read, Mr O.Hussian, • Mr G. Van Montfert, corrected to read, Mr G. Van Montfort, • Mr P. Mayanya, corrected to read, Mr P. Mayanja, • Mr T Tobaiwa, corrected to read, Mr D.D Tobaiwa. - The action points from the previous meeting were discussed with the following feedback given; <ol style="list-style-type: none"> a) TB UQD application – The Ministry had not yet received some feedback from the GF on this application and no timeframe had been given regarding the expected time of receipt of the 	

response. NTP Deputy Director was going to make a follow up on the application to ascertain the GF's position on the application.

- b) NatPharm warehouse project – the meeting was informed of the new developments where the construction work would be done by the Chinese Government as an agreed negotiation between the Zimbabwe Government, GF and the Chinese Government. The latter had requested to be part of the GF effort in funding health projects in Zimbabwe. It was however learnt that the product would be smaller compared to the initial design through the GF support.
- c) The other action points were going to be part of the day's update from the Ministry of Health and Child Care and UNDP.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 3	Grant implementation Updates – PR (MOHCC PCU)
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No member declared to be conflicted at this stage of the meeting proceedings

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

- The update from PCU highlighted that most of the conditions for the new grant had been met except for two, ie, PCU External Review that was scheduled to start on the 18th of June 2018 and the HRH long term plan for transitioning from Retention Scheme that was due by 31 December 2018. The quarter 1 disbursements to PMDs were done mid-month in March which translated to 2 weeks implementation for quarter 1. This meant most of the activities could not be done or completed and spilled into the second quarter.
- The presenter further informed the CCM members that all the budgets for the 3 grants were now seated on the PFMS and were split down to District level and the PFMS configuration was now complete. Pursuant to the same, the GF PFMS specialist had reviewed the system and was satisfied. The presentation also noted that the MOHCC had received and submitted to the GF, the Auditor General's report and was unqualified.
- The update on Grant rating highlighted that Malaria was rated A2 and TB had a B1 for the reporting period January to June 2017. The MOHCC indicated that efforts would be put to move out of the B category for the TB grant. The PR had conducted an RBF learning visit to Rwanda in April where lessons on GF support to community Performance Based Financing (PBF) in Rwanda was a take-home message.
- The financial update compared the burn rates for the old grants before and after commitments where significant improvements were noted in the latter scenario. The overall quarter 1 budget utilization for both TB and Malaria grants as at 31 March 2018 stood at 49% and 59% respectively against a target of 80%. The low budget utilization was attributed to late disbursement of funds for the first quarter.
- A breakdown on budget utilization was done by cost category, as well as by implementing partner for both TB and Malaria grants.
- PSM update for both grants highlighted that the signing of 3-year contract for servicing and maintenance of equipment under the TB grant was expected by June 2018. Other procurement processes were at different levels of execution.
- The indicator performance under the TB grant showed that one indicator (percentage of notified TB cases all forms contributed by non-NTP providers - community referrals) out of the 8 tracked performed poorly at 60%, while the rest scored 98% and above. This poor performance was attributed to poor reporting at that level, and the Ministry was urged to do more to improve on this indicator performance. Under the malaria grant, the lowest performing indicator scored 88%, and this was an indicator on 'percentage of confirmed cases fully investigated' (malaria elimination phase), and the rest scored 94% and above.
- The PCU then presented their request for CCM endorsement some obligations that included activities done or services already received but could not be paid through the old grant since they were received after 31 December 2017. Under the TB grant the obligations had a total value of \$ **5,208,130.90**, while the Malaria grant had total value of \$ **1,735,186.10**.

- The two challenges highlighted by the presenter were centred on PFMS and low burn rate by both grants, and the suggested solutions were provided to address the challenges.

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	<ul style="list-style-type: none"> - Clarification was sought on discrepancy between target achievement and burn rate for the quarter 1 activities for 2018 where targets were green but with low burn rate. The response clarified that the activities would have been done although the payments not yet effected, as such this results in this state of affairs. There will be time lag between implementation and movement of money. - Another question was on the capacity building plan for the operational level to effectively deliver, and the response highlighted that the plan was in place and assessments had been done at the operational level to inform the operationalization of the capacity building plan. - Clarification was sought on why a lot of procurements were still pending and in process. It was clarified that the new Procurement Act impacted on the procurement processes during the first quarter since there was need to adhere to the new guidelines. - The PR was also asked to clarify on the requested activities for inclusion in the PAAR whether they included those endorsed during the previous CCM meeting of March 2018. The response clarified that the GF gave some guidance that the Ministry should consolidate both commitments and obligations and seek CCM endorsement. Commitments were classified as those activities and services whose contracts were received before December 2017, while obligations relate to the services and activities received but contracts not signed before December 2017.

Call for Endorsement for the TB and Malaria obligations

- After exhausting the issues relating to the endorsement of proposals, the chairperson called for endorsement of the proposals for both the **TB (\$ 5,208,130.90)**, and the **Malaria (\$1,735,186.10)** grants. Dr Alva Senderayi proposed for the endorsement and Ms Angelica Broman seconded the endorsement.

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

- The CCM endorsed the inclusion in the PAAR the PR's request for endorsement of the TB grant proposal valued at \$5,208,130.90 and Malaria grant proposal valued at \$1,735,186.10. This was proposed by Dr Alva Senderayi and seconded by Angelica Broman.

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

<ul style="list-style-type: none"> - Update on the PCU External Review expected by June 2018 - Update on the signing of contract for servicing and maintenance of equipment under the TB grant. - Feedback on the TB UQD application 	Dr. Basera Dr. Sandy	Sept 2018
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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	N/A
				SECRET BALLOT	N/A
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR</u> OF THE DECISION	>	N/A
			ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	>	N/A
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>	N/A

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 4	Grant implementation Update – PR (UNDP)
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No member declared to be conflicted at this stage of the meeting	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<ul style="list-style-type: none"> - The UNDP update opened by highlighting on the NFM 2014-2017 grant closure and implementation of approved NFM HIV Grant Closure activities that ended on 31 March 2018. The PR asserted that SR grant closure reports had been submitted. It was also said that partners had been requested by the PR to return cash balances by 30 June 2018. It was further highlighted that AAZ had been engaged to assess selected NFM vehicles under NAC Local partners to determine their roadworthiness and those found worthy would be distributed to AUP 2018-2020 SRs and SSRs. The assessment was expected to be completed by 22 June 2018. - The financial performance for the NFM was also shared. The update on infrastructure support indicated that Masvingo Warehouse was more than 95% completed, while Mutare Warehouse contracting had been put on hold pending confirmation of availability of funding. The project for the construction of main NatPharm Harare Warehouse would be taken up by the Chinese Government, and communication to that effect had been received. - It was further shared that the installation of two incinerators in Harare and Bulawayo had been completed; renovations at all 76 sites to improve storage space and condition of storage of health products had been completed, as well as installations of solar systems (40kW, 10kW, 7kW & 5kW) at 405 high volume ART sites. - UNDP also highlighted that the GF Management Letter for Semester 7 (period January -June 2017) was received in May 2018 with a performance rate of B1. The PR clarified that 3 out of 11 tracked indicators scored less than 55% and these included Viral Load Tests done, Number of CARGS, vulnerable girls reached with comprehensive HIV prevention packages. - The update on AUP 2018-2020 highlighted that all SR/SSRs Agreements had been signed and an orientation workshop was conducted on the overview of Global Fund/UNDP grant implementation, financial management, monitoring and evaluation as well reporting policies and guidelines. - The update on HRH retention highlighted that the GF approved \$29,747,144 for 3 years as support to Human Resources. UNDP further informed the house that approval for the current payment modality was limited to 2018 budget only (\$9,828,397) versus \$10,487,382 requested. Pursuant to the same, the Global Fund noted recent changes in implementation arrangements and payment modalities by partners supporting HWRS, including the Government transition to RBF. The GF would undertake a review of the HWRS modality in the coming months, and the outcome of the review would determine their future support for 2019 and 2020. - The financial update indicated that the approved budget for 2018-2020 was \$426,811,012, and \$150,286,191 was the budget for 2018 of which 55% had been disbursed to-date. Total Expenditures and Commitments as of 7 June 2018 was \$82,525,321 translating to 99, 7% burn rate cumulative expenditure and commitment versus cumulative disbursement. - PSM update highlighted on the procurement of pharmaceuticals where PO had been issued with UNICEF for Paediatric ARV. Delivery timelines indicated that 7,733,284 units of TLE400mg would be delivered in 3 lots, which are July; August and October 2018. TLE600mg PO had been issued for 900,000 units and delivery would be expected in 3 lots in July and December 2018. Procurement for other items was in process and would be expected as per timelines. - M&E update highlighted on Viral Load verification key finding that the indicator on number of People on ART with Viral Load test done within 12 months was under reported by 52,357, and the contributory factors for underreporting were highlighted. The suggestions to strengthen the M&E system were also discussed. - The update on Capacity Development indicated that the final draft of the Combined Adolescent Girls and Young Women and Key Populations CD Plan had been developed and was being costed; First Full Draft costed Collated MOHCC Capacity Development Plan 2018-2020 had been developed; as well as First Full Draft of the Civil Society Organizations Strategic Gaps Capacity Development Plan. The presenter further indicated that the next steps would be to finalize costing of the plans for submission to CCM/GF for approval. 	

- The challenges faced during implementation of the 2018-2020 HIV grant were highlighted. The PR also shared on the savings realized from the procurement of TLE where a total amount of \$9,600,114.46 was realized from product costs and freight costs.
- **Request for Endorsement:** The UNDP presentation concluded by a request for CCM endorsement for 2 issues:
 1. Proposal for inclusion in PAAR the support for the ARV gap and M&E tools amounting to \$16,100,000.00 and \$4,569,692 respectively with grand total of \$20,669,692.
 2. Proposal for allocation of savings to fund Masvingo and Mutare warehouses projects, LAN/WAN, shelves and ACs for renovated sites with grand total of \$8,097,317. This will be resourced from the TLE total savings amounting to \$9,600,114.46, and would leave a balance of \$ 1,502,797.

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	<ul style="list-style-type: none"> - A suggestion was put forward to consider procuring Toyota single cabs with long nose instead of double cabs which attract duty since the former can be used in the place of the latter, and are very durable. The response highlighted that approval from the GF would be sought and if approved would consider the suggestion.
MLBL	<ul style="list-style-type: none"> - A positive compliment and appreciation was given for the savings realized from TLE procurement that would go a long way in addressing other gaps in grant implementation. The PR was requested to share the grant closure report, and it was learnt that the report would be ready by end of August 2018. It was also clarified that the draft report could not be shared now since the financial part of the report was not yet ready until end of July 2018. - Clarification was made on the solar for Health project which was initially not part of the grant, and was an approved reprogramming project. - The need for a comprehensive HRH Strategy was underscored since this would facilitate for the provision of human resources welfare to motivate them. It was further highlighted that a well-coordinated approach for partners involved in supporting HRH was critical.
NGO	<ul style="list-style-type: none"> - Clarification was sought on what would lead to ineligible expenditure in the presence of SOPs, and the response clarified that misinterpretation of the SOPs was mainly the reason. This had been addressed through convening an orientation workshop for all SRs and SSRs for the current grant on the guidelines, grant management and financial issues. - A follow up question on what the PR was doing to avoid further recurrence of ineligible expenditure, and it was clarified that this would be addressed through capacity building and orientation of the operation level. - Concern was raised on the HIV grant rating of B1 and the PR was also not happy with this rating, and all partners were urged to work together to address the indicators that performed poorly in the last rating.
PLWD	<ul style="list-style-type: none"> - A representative from PLHIV sought clarification on what could have caused VL verification key finding where People on ART with Viral Load test done within 12 months was under reported by 52,357. He highlighted that he needed to have correct facts for feedback to the constituency to address the anomaly as a collective effort. The response highlighted that a VL TWG was set up to address any challenges with VL, and the Ministry welcomed all players in the TWG including PLHIV to help in addressing any challenges faced. Integrated sample transportation was being strengthened to address transportation challenges. The presenter further clarified that the major reason was mainly to do with underreporting. - Clarification was sought on what the Ministry was doing to address the 2018 ARV gap, and the response clarified that a donation from Tanzania had been sourced which would reduce the gap by \$2,5 million. The Ministry and partners were working together to ensure sustained availability of ARVs and related services.
	<p>Endorsement of the PR's Request The chairperson called for the endorsement of the proposal by the PR that included:</p> <ol style="list-style-type: none"> 1. Proposal for inclusion in PAAR the support for the ARV gap and M&E tools amounting to

\$16,100,000.00 and **\$4,569,692** respectively with grand total of **\$20,669,692**.
 2. Proposal for allocation of savings to fund Masvingo and Mutare warehouses projects, LAN/WAN, shelves and ACs for renovated sites with grand total of **\$8,097,317**. This will be resourced from the TLE total savings amounting to **\$9,600,114.46**.
 The CCM endorsed the proposals from the PR, and this was proposed by Mr M. Mudzungayiri and seconded by Ms S. Maseko.

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

- The CCM endorsed the PR's request for the inclusion in PAAR the support for the ARV gap and M&E tools amounting to a grand total of **\$20,669,692**; as well as allocation of savings to fund Masvingo and Mutare warehouses projects, LAN/WAN, shelves and ACs for renovated sites with grand total of **\$8,097,317**

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

<ul style="list-style-type: none"> - Update on the assessment of vehicles expected to be completed by June 2018 - Update on the costing of CD Plans expected by end of August 2018 - UNDP to share Capacity Development Plan for the Civil Society with partners - Return of NFM cash balances by SRs by 30 June 2018 	Emmanuel Boadi	Sept 2018
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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	N/A
				SECRET BALLOT	N/A
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR</u> OF THE DECISION	>	N/A
			ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	>	N/A
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>	

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

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 5	Medicines status Update - DPS
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No member declared to be conflicted at this stage of the meeting

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

- The medicines status update for adult ARVs highlighted on the commodities whose months of stock was low and were expected in June/July and such shipment would address the low MOS. Tenofovir/Lamivudine/Efavirenz 300/300/600MG had stock level of 7,8 months and it was noted that most stocks were at facility level. The DPS was going to institute redistribution to address the supply discrepancy. The house was informed that full transition from TLE 600 to TLE 400 would be done by June 2018, and the next shipment of TLE 400 whose month of stock was at 8 was expected by July-August 2018. Lopinavir/Ritonavir 200/50mg had MOS of 20,5 and the DPS assured the house that there was no risk of expiry since the commodity had long shelf life.
- There were some commodities under Paeds ARVs with low MOS like Efavirenz 200mg and Zidovudine/Lamivudine 60/30mg with months of stock of 2,9 and 3,5 respectively. Shipment for these medicines was expected in June 2018 and this would address the low stock levels. It was highlighted that the consumption of Lopinavir/Ritonavir 80/20mg was low and expiry of the May batch was anticipated since the commodity had MOS of 14,6.
- The 3rd line medicines were reported to be overstocked, especially Ritonavir whose stock status

was at 36 months. It was clarified that the product was overstocked due to the introduction of rifabutin in the treatment of HIV/TB patients on 2nd line ARVs. The Ministry was in the process of seeking authority to transfer some stock to SBU for private sector through NatPharm to mitigate against expiry.

- The members were also informed of the donation of lamivudine/nevirapine/zidovudine 150/200/300mg and efavirenz 600mg that the Ministry was expecting from Tanzania. This arrangement would reduce the ARV gap by \$2.5million if the CCM would endorse the channeling of savings realized from TLE procurement towards reduction of the ART gap.
- The presentation also revealed that the VMMC commodities like PrePex devices, Sodium Hypochlorite, and Ibuprofen 400mg were overstocked. It was further highlighted that PrePex devices would most likely expire, and DPS was opening stock to other programs for Sodium Hypochlorite and Ibuprofen to circumvent the possibility of expiry.
- The TB medicines update indicated that there were some challenges with RHZE due to global supply challenges and facilities were combining RHZ + E (single formulation) as stop gap measure. There were also some arrangements for bridging supply from Sudan and the Ministry was working on transportation arrangements.
- The presentation went further to highlight on the 1st and 2nd line TB commodities by month of stock, as well as the malaria commodities. Shipment timelines were shown for different commodities. Under the malaria medicines, Artesunate Injection had MOS of 4 and DPS was going to bring forward the shipments and redistribution of the product was also envisaged. It was also highlighted that the country was moving out of the pick period for malaria and as such the consumption would be low.
- The shipments requirement for 2018 for DPS was valued at \$21,091,190.00 and this would cover ART, Malaria medicines and Opportunistic Infections commodities. The presentation concluded by highlighting on the challenges and recommended solutions to such challenges.

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.

PLWD	<ul style="list-style-type: none"> - The representative for PLHIV sought clarification on quality assurance on medicines sourced from other countries like Tanzania and Sudan. The presenter clarified that the commodities from these countries are WHO pre-qualified and the products expected would be very safe, and as a country we have internal mechanisms for quality control where MCAZ ensures that all health products coming in-country are assessed for quality. - The representative insisted that the rationale for seeking the assurance was for purposes of communicating correct information with the constituency members. This would also prevent the circulation of speculations related to donations of health products from outside the country.
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ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
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Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.

<ul style="list-style-type: none"> - Update of the shipment of products that had low MOS - Update of the receipt of donated drugs from Tanzania and Sudan 	DPS	Sept 2018
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MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 6	Laboratory Status Update - DLS
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No member declared to be conflicted at this stage of the meeting

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

- The DLS update highlighted on the National Laboratory Quantification Exercise that was done in February 2018 with a forecast period of 2018-2020, and the quantification report had been shared with all stakeholders in April 2018.

- The update on equipment service and maintenance indicated that the last service round was done in quarter 1 of 2018, and the Ministry was in the process of getting the contract in place for 2018 and the allocation was available under AUP.
- The VL forecast showed incremental targets from 2018 up to 2020, and 737,767 tests would be expected in 2018 increasing to 1,186,943 in 2020. This had an implication in terms of resources as indicated by the quantification outputs by funding partner which indicated a total funding gap amounting to \$31,829,500.82. The funding gap showed an incremental trend from 2018 (\$5,790,661.04) to 2020 (\$11,009,239.92). The VL platforms stock status indicated low MOS with level of stock ranging between 2 (Samba) and 5 (Abbot) months of stock and the DLS was working on addressing the stock levels.
- The presenter also shared on the VL POC functionality as well as the achievement by sites. The house was informed that the machines were partially functional in January 2018 owing to the installation and training process but fully functional in February and March 2018. DLS envisaged higher figures in quarter 2 taking cognizant of the trend experienced.
- It was good news to learn that the demand for the EID/VL bundle had increased implying improved service availability and accessibility. More shipments were coming through PEPFAR (75,000 kits) and GF (855,150 kits) to ensure sustained service delivery.
- The pending issues highlighted by DLS included:
 - 3 Hologic Panthers through CHAI that would be installed at the three stations Marondera, Kadoma, and Bindura;
 - Laboratory Equipment mapping exercise;
 - Lab equipment mapping and optimisation of sample referral for testing;
 - Installation of Matebeleland South and Matebeleland North VL machines.
- The presentation concluded by highlighting on the challenges that included drastic increased demand for the EID/VL Bundle; parallel management of laboratory commodities through partners; and management of VL waste generated from Abbott and Biomuriex platforms. The suggested solutions to the cited challenges were given.

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.

NGO	<ul style="list-style-type: none"> - Clarification was sought on the timelines in terms of receipt of the 3 Hologic machines since the report on the pending receipt of the machines was given during the CCM meeting of March 2018. It was clarified that the procurement of the machines was an arrangement from partners (CHAI and UNITAID) and it was difficult to give timelines on the receipt of the machines. It was however said the 3 machines were expected any time and members will be notified when the machines are received.
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ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
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Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.

<ul style="list-style-type: none"> - Update on the receipt of 3 Hologic Panther machines through CHAI - Update on the Lab Equipment Mapping exercise - Update on the installation of VL machines – Mat South and North - Update on the signing of contract for equipment service and maintenance for 2018 	DLS	Sept 2018
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MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 7	Updates from the TWG – HIV Chairperson Committee
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No member declared to be conflicted at this stage of the meeting

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The HIV Committee Chairperson briefed the members on the following issues:

a. Prioritizing activities under PAAR

- The HIV committee chairperson highlighted that the current grant had already begun to realize savings, as such the HIV Committee resolved to set up a small technical working group to reprioritize the activities under PAAR. This would make it easy for the CCM to identify activities to be supported as soon as savings are realized during implementation.
- The TWG would comprise of members the following organizations:
 - UNAIDS (chair)
 - WHO
 - USAID
 - Development Partner
 - ZAN
 - ZNNP+
 - TransSmart
 - UN Women
 - MOHCC (Lab, Pharm, HMIS, ATP)
 - NAC
- This team was expected to meet in the next few weeks and would report back to the HIV Committee by mid-July 2018 on the reprioritization and the outcome of that meeting would be shared with the CCM for their consideration

b. Request for CCM Endorsement

- The HIV Committee recommended for endorsement by the CCM the two proposals that had already been highlighted by the PRs:
- **Activities to be considered for inclusion under PAAR**
 - ARVs amounting to \$16m to cover the ARV gap and
 - HIV M & E tools for \$4,5m (total \$20.5m)
- **Activities for consideration under the savings**
 - Completion of the Masvingo and Mutare warehouses and procurement of equipment for the Masvingo warehouse
 - Procurement of shelves and AC for the renovated facilities
 - To support the LAN/WAN systems
 - The total amount being requested for from the savings is \$8,1 million.

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>		
- Feedback on the outcome of the TWG for reprioritization of the PAAR expected mid-July 2018	HIV Committee	Sept 2018

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 8	Updates on VAT Issues
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No member declared to be conflicted at this stage of the meeting	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

- The PS for the Ministry of Health and Child Care, Major General (Dr) Gerald Gwinji briefed the members on the VAT issue where it was learnt that the Treasury was going to sit on Wednesday, 12 June 2018, and deliberate on the VAT issues on GF supported procurements. The feedback on the outcome of the meeting was going to be available on Thursday, 13 June 2018. Members were requested to forward some issues that they felt could be discussed during the VAT meeting

through the CCM secretariat. It was noted that the VAT issue was also affecting Development Partners, and the general programming in the country with regards to donor-supported procurements, and expeditious resolution was welcome.

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>		
- Feedback on the outcome of the meeting by Treasury on VAT issues affecting GF supported procurements	MOHCC PS	18 June 2018

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 9	Other Updates
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No member declared to be conflicted at this stage of the meeting	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p>a. GF CT Country visit</p> <ul style="list-style-type: none"> - The CCM Executive Secretary informed the house that the GF CT would visit Zimbabwe from 24-29 June 2018, and the purpose of the visit would be to introduce the new Senior Fund Portfolio Manager, Ms Tatjana Peterson. <p>b. Farewell by Honourable D.D.E Mumvuri</p> <ul style="list-style-type: none"> - Honourable Senator Mumvuri bade farewell to the CCM since he would not be contesting for the upcoming 9th Parliament. He expressed gratitude on the experience and exposure he got through being a CCM Alternate member representing Parliament. He highlighted that during his tenure as an Alternate member to Dr. Ruth Labode, they managed to push for the repeal of the Public Health Act which had not been amended for the past 94 years. He was happy to inform the CCM members that a new Public Health Act would be ushered in due course. He thanked all members for mentoring him into the CCM and GF processes as an Alternate member. The Senator was voluntarily stepping down to give the opportunity to the young blood in Parliament. <p>c. Announcement of the new East and Southern Africa GF Representation</p> <ul style="list-style-type: none"> - Major General (Dr) G. Gwinji informed the CCM members of his re-election into the new East and Southern Africa Constituency as GF Board Alternate member. The house was happy to learn this and the PS was congratulated for the new appointment. <p>d. Selection of new CCM Leadership, Sub-Committee Chairpersons and Orientation of new CCM members</p> <ul style="list-style-type: none"> - The chairperson informed the house that the selection of new CCM Leadership, and Sub-Committee Chairpersons would be done during the next meeting scheduled for September 2018. - The members were also informed that the orientation of new CCM members was tentatively scheduled for August 2018, and confirmation would be done in due course. <p>End of meeting</p> <ul style="list-style-type: none"> - The meeting adjourned at 1240 hours and the closing prayer was given by Ms S. Maseko. 	

SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #3	- The CCM endorsed the inclusion in PAAR the MOHCC's TB grant proposal valued at \$5,208,130.90 and Malaria grant proposal valued at	CCM Chair	June 2018

	<p>\$1,735,186.10, proposed by Dr Alva Senderayi and seconded by Angelica Broman</p> <ul style="list-style-type: none"> - Update on the PCU External Review expected by June 2018 - Update on the signing of contract for servicing and maintenance of equipment under the TB grant. - Feedback on the TB UQD application. 	Dr. Basera	Sept 2018
		Dr. Sandy	Sept 2018
AGENDA ITEM #4	<ul style="list-style-type: none"> - Update on the assessment of vehicles expected to be completed by June 2018 - Update on the costing of CD Plans expected by end of August 2018 - The CCM endorsed the PR's request for the inclusion in PAAR the support for the ARV gap and M&E tools amounting to a grand total of \$20,669,692; as well as allocation of savings to fund Masvingo and Mutare warehouses projects, LAN/WAN, shelves and ACs for renovated sites with grand total of \$8,097,317 - UNDP to share Capacity Development Plan for the Civil Society with partners - Return of NFM cash balances by SRs by 30 June 2018 	Emmanuel Boadi	Sept 2018 June 2018
AGENDA ITEM #5	<ul style="list-style-type: none"> - Update of the shipment of products that had low MOS - Update of the receipt of donated drugs from Tanzania and Sudan 	DPS	Sept 2018
AGENDA ITEM #6	<ul style="list-style-type: none"> - Update on the receipt of 3 Hologic Panther machines through CHAI - Update on the Lab Equipment Mapping exercise - Update on the installation of VL machines – Mat South and North - Update on the signing of contract for equipment service and maintenance for 2018 	DLS	Sept 2018
AGENDA ITEM #7	<ul style="list-style-type: none"> - Feedback on the outcome of the TWG for reprioritization of the PAAR expected mid-July 2018 	HIV Committee	Sept 2018
AGENDA ITEM #8	<ul style="list-style-type: none"> - Feedback on the outcome of the meeting by Treasury on VAT issues affecting GF supported procurements 	MOHCC PS	18 June 2018

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	
AGENDA ITEM #2	
AGENDA ITEM #3	
AGENDA ITEM #4	
AGENDA ITEM #5	

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		
IF 'OTHER', PLEASE LIST BELOW:		


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*			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
ARV	Antiretroviral Drugs
ASO	AIDS Service Organization
AGYW	Adolescent Girls and Young Women
CCM	County Coordinating Mechanism
COI	Conflict of Interest
CHAI	Clinton Health Access Initiative
DR	Disbursement Request
EID	Early Infant Diagnosis
EQA	External Quality Assurance
FBO	Faith Based Organization
GF CT	Global Fund Country Team
GOV	Government
HDF	Health Development Fund
HSB	Health Services Board
HIV	Human Immuno-deficiency Virus
HR	Human Resources
HWRS	Health Worker Retention Scheme

HMIS	Health Management Information System
LAN	Local Area Network
LLIN	Long Lasting Insecticide Nets
LFA	Local Fund Agent
MCAZ	Medicines Control Authority of Zimbabwe
MDR-TB	Multiple-drug Resistant- Tuberculosis
MLBL	Multilateral –Bilateral
MOHCC	Ministry of Health and Child Care
MOFED	Ministry of Finance and Economic Development
MOPSE	Ministry of Primary and Secondary Education
MOS	Month of Stock
NAC	National AIDS Council
NGO	Non-Governmental Organization
NFM	New Funding Model
NTP	National TB Program
OC	Oversight Committee
OI	Opportunistic Infection
PAAR	Prioritized Above Allocation Request
PBF	Performance Based Financing
PCU	Program Coordinating Unit
PR	Principal Recipient
PLWD	People Living with the Disease
PMTCT	Prevention of Mother to Child Transmission
PO	Purchase Order
POC	Point of Care
PS	Permanent Secretary
POZ	Parliament of Zimbabwe
PSM	Procurement and Supply Management
PF	Performance Framework
PFMS	Public Finance Management System
RBF	Results Based Financing
SR	Sub-Recipient
SOP	Standard Operating Procedures
TB	Tuberculosis
TLE	Tenofovir Lamivudine Efavirenz
TWG	Technical Working Group
USAID	United States Agency for International Development

UNDP	United Nations Development Programme
UNICEF	United Nations Children's Emergency Fund
WAN	Wide-Area Network
VAT	Value-Added Tax
VMMC	Voluntary Medical Male Circumcision
VHW	Village Health Worker
VL	Viral Load
WHO	World Health Organization
ZNCC	Zimbabwe National Chamber of Commerce
ZNNP+	Zimbabwe National Network for People Living with HIV

CCM MINUTES PREPARED BY:					
TYPE / PRINT NAME	>	Edmond Mushambi	DATE	>	13 June 2018
FUNCTION	>	CCM Program Assistant	SIGNATURE	>	

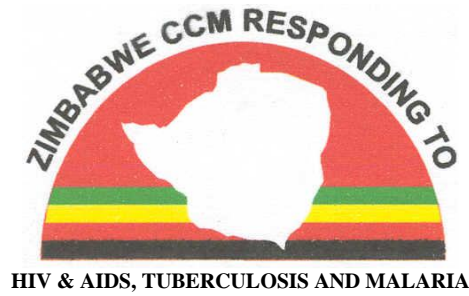
CCM MINUTES APPROVAL:					
APPROVED BY (NAME)	>		DATE	>	
			SIGNATURE	>	

ANNEX

Annex 1: Agenda

Annex 2: List of Participants

Annex 1: Agenda



PROPOSED AGENDA FOR THE CCM MEETING

DATE : 11 June 2018

VENUE: Holiday Inn

TIME : 0900 - 1300hrs

1. Welcome Remarks, Prayer and Adoption of Agenda and Declaration of Conflict Of Interest (5 minutes)
2. Introduction of CCM Members.
3. Adoption of Minutes of Previous Meetings (**10 minutes**)
4. Matters Arising from the Previous Meeting (**10 minutes**)
- 5. New Business**
 - 4.1. Grant Implementation Updates
 - a) PR (MOHCC PCU) – 30 minutes
 - b) PR (UNDP) – 30 minutes
 - 4.2. Medicines status update – 20 minutes
 - 4.3. Laboratory Services Update – 15 minutes
 - 4.4. Updates From TWGs – 15 minutes
5. VAT discussion.
6. AOB.

Annex 2: List of Participants

#	Name	Organization
CCM Members		
1.	Mr P. M. Fusire	AOG Projects
2.	Ms T. Kutadza	DAPP- Zimbabwe
3.	Ms P.B. Dube	H.A.C.N
4.	Ms A. Sango-Page	Zimbabwe Young Positives ZY+
5.	Mr M. Mudzungayiri	MOFED
6.	Ms P.J Sibanda	T.M.P.C
7.	Ms K. Webb	USAID
8.	Dr J. Nabyonga	WHO
9.	Ms A. Broman	Swedish Embassy
10.	Mr L. Mandishara	NANGO
11.	Mr S. Sigauke	CHEMPLEX
12.	Mrs R. Rushwaya	BTTC
13.	Major General (Dr) G. Gwinji	MOHCC
14.	Dr T. Magure	NAC
15.	Ms S. Maseko	EMCOZ
16.	Dr A.M Senderai	ZNCC
17.	Senator D. D.E Mumvuri	P.O.Z
18.	Mr J. Nyathi	MOLSW
19.	Mr A. Mutidzawanda	Mutare Teacher's College
20.	Mr S. Mahlangu	ZNNP+
21.	Mrs E. Sibanda	ZNNP+
22.	Mr T. Nyandoro	ZAN
23.	Ms J. Kalweo	UNAIDS
24.	Mrs E. Masiyiwa	Women's Coalition
25.	Mr G. Laurent	French Embassy
26.	Dr. R. Mudyiradima	MOHCC
27.	Ms L. Madyirapanze	Women's Colition
28.	Ms M. Mia	UNAIDS
Other Members in Attendance		
29.	Mr O. Mundida	CCM Sec
30.	Mr E. Mushambi	CCM Sec
31.	Dr. S. Midzi	WHO
32.	Ms D. Hanisch	UNFPA
33.	Mr S.P Mayanja	UNDP
34.	Ms H. Joseph	UNDP
35.	Mr M. Mweha	UNDP
36.	Mrs S. Musungwa	UNDP
37.	Mr E. Boadi	UNDP
38.	Mr O. Hussian	UNDP
39.	Mr A. Mpofu	NAC
40.	Mr M. Ndlovu	MOHCC
41.	Dr. R. Choto	MOHCC
42.	Mrs J. Chaumba	PEPFAR
43.	Ms C. Terezi	NANGO
44.	Dr C. Mupanguri	MOHCC
45.	Dr C. Chakanyuka	WHO
46.	Mr L. Chikondowa	CCM Sec
47.	Dr T. Apollo	MOHCC
48.	Mr A. Makone	LFA-PWC
49.	Mr G. Magwindiri	LFA-PWC

50. Ms L. Fuller	CDC
51. Ms C. Pierotti	UNICEF
52. Dr C. Sandy	MOHCC
53. Dr P. Magande	MOHCC
54. Mr S. Ntini	MOHCC
55. Mr P. Machandi	T.M.P.T.C
56. Ms M. Marume	UN Women
57. Mr R. Simbi	MOHCC