

**CCM HIV Sub-Committee Second Quarter Meeting, 6 June 2018, 4<sup>th</sup> Floor Kaguvi Boardroom, 0900 hours.**

<b>Name</b>	<b>Organization</b>
1. Dr C. Chakanyuka (chairing)	WHO
2. Ms K. Webb	USAID
3. Mr O. Mundida	CCM Sec
4. Mrs J. Chaumba	PEPFAR
5. Mr E. Mushambi	CCM Sec
6. Mr L.Chikondowa	CCM Sec
7. Mr E. Boadi	UNDP
8. Mrs S. Musungwa	UNDP
9. Mr M. Mweha	UNDP
10. Mr O. Hussian	UNDP
11. Ms H. Joseph	UNDP
12. Mr S.P Mayanja	UNDP
13. Dr T. Apollo	MOHCC
14. Dr R. Choto	MOHCC
15. Mr M. Dube	MOHCC
16. Mr A. Mutambara	MOHCC
17. Ms A. Chibghwa	MOHCC
18. Dr C. Chasokela	MOHCC
19. Mr M. Ndlovu	MOHCC
20. Dr C. Mupanguri	MOHCC
21. Dr S. Mukungunugwa	MOHCC
22. Dr P. Magande	MOHCC
23. Mr N. Sithole	MOHCC
24. Mr J. Nyakura	MOHCC
25. Mr E. Makondo	MOHCC
26. Mr D. Tirivashoma	MOHCC
27. Mr B. Gotora	HSB
28. Ms M. Marume	UN Women
29. Dr T. Murimwa	UNICEF
30. Mrs T. Ndori-Mharadze	CeSHHAR
31. Ms P. Matambanadzo	CeSHHAR
32. Mr A. Mpofu	NAC
33. Ms J. Benza	Crown Agents
34. Gumisai Bonzo	TransSmart
35. Ms A. Shayahama	PAPWC-Zim
36. Ms J. Masiwa	ZCBC
37. Mr B. Dziki	EMCOZ

<b>Item</b>	<b>Responsibility</b>
<p><b>1. Welcome remarks, opening prayer, introductions, and adoption of the agenda</b></p> <p>- The meeting was called to order at 0915 hours and a prayer was led by Mrs S. Musungwa. The CCM secretariat informed the house on the expiry of term of office for the June 2015 - May 2018 CCM HIV committee. The committee was advised to choose a chair for the day. The committee</p>	

agreed that Dr C. Chakanyuka would chair the meeting. The chairperson welcomed all present and this was followed by the adoption of the agenda which was done after adding an item on DTG update, 4.1 (e). Call for the declaration of conflict of interest was done with no member declaring to be conflicted at this stage of the meeting.

**2. Previous meeting minutes adoption and matters arising from the meeting**

- The minutes from the HIV committee meeting of 27 February 2018 were adopted as a correct record of what transpired after the following corrections:
  - a. Page 1, PEPFER corrected to read, PEPFAR
  - b. Page 4, implantation corrected to read, implementation
  - c. Page 5, ---delays in the signing of training plans, corrected to read, ---delays in the approval of training plans---
  - d. Page 6---transition of patients to TLD as from January 2018, corrected to read, ---transition of patients to TLD as from January 2019.
  - e. Page 8---because of the rain season, corrected to read, because of the rainy season---

**3. Matters arising from the previous meeting**

- The following action points were discussed:
  - a) Sharing of guidance documents on approved UQA with the committee- this was done
  - b) Update on signing of SSR agreements – these were signed
  - c) Update on receipt of Hologic machines – this was part of DLS update

**4. SR Grant Implementation Updates**

**4.1 (a) MOHCC HIV program update - Dr C. Mupanguri**

- The presentation started by highlighting on the financial update whereby the quarter 1 2018 budget was at \$2,419,236.38. The received quarterly disbursement was \$2,052,091.38 and \$1,269,260.99 had been utilized for the period January to March 2018. Quarter 2 budget of \$2,047,945.94 had partial disbursement of \$1,075,948.46 and implementation was still in progress at the time of the meeting.
- There were some outstanding acquittals from the six provinces amounting to \$128,380.07 from NFM and the Ministry was doing follow ups in the provinces to ensure that acquittals were done.
- The update on indicator achievement made a comparison between the same period (first quarter) of 2017 and 2018. There were some fluctuations in terms of achievement between the compared periods. The indicator on HTC performed higher in 2017 than in 2018 because of the campaigns conducted in 2017 that resulted in increased demand for the service. The presenter further clarified that the indicator on infants exposed to HIV receiving prophylaxis was affected by the shortage of AZT during the period of late 2017 and early 2018. The situation was reported to have improved at the time of the meeting.
- VMMC had also been affected by the disruption in funding some time in 2017 when the funder had briefly stopped providing the support for the program, and the situation had since normalized after resumption of the

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support. The number of patients receiving ART was on an incremental trend owing to the adoption of new guidelines on ART, for example, the 'Treat All' strategy.

- The house was informed that the HIV budgets were uploaded in the PFMS soon after the grant was approved, however all expenditure was done outside the system and the process of populating the expenditure into PFMS was still in progress. MOHCC acknowledged that there were still some technical challenges with the system, where some codes were not working, and the Ministry was addressing the challenges.
- MOHCC concluded the update by highlighting on the priority areas that they requested for consideration to be part of the PAAR as indicated in the table below;

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**Priority Activities requested by MOHCC for inclusion in the PAAR**

Activity	Budget
- Printing of M&E tools	\$4,569,692.00
- Laboratory fees and Rapid HIV testing training	\$ 6,000.00
- Waste Management	\$ 137,016.00
- Support and Supervision to regional Laboratories	\$ 103,517.00
- Workshop on Lab Quality Assurance Guidelines SOPs	\$ 16,500.00
- Provisional staff training on Guidelines and SOPs for laboratory quality management systems	\$ 98,750.00
- Cartridges for results printing	\$ 7,200.00
- Generator fuel and maintenance	\$ 2,368.80
- ARVs gap for 2018	\$16,100,000.00

**Comments**

- Clarification was sought if the priority areas presented by MOHCC were part of the PAAR or were new activities. The response indicated that some were already in the PAAR, while some were new, and the request was to consider them when resources become available through savings. It was reiterated that the activities already under the approved PAAR would get preference as opposed to new activities.
- The need to revisit the PAAR and identify agreed high priority areas was underscored and the committee agreed to come up with a small technical team to work on the task. The team would work on the PAAR to reprioritize the activities and give feedback to the HIV committee. The agreed deadline for the submission of a finished product was mid-July 2018, and this would then be shared with the CCM.
- The team to work on the reprioritization of the PAAR included UNAIDS (chair), WHO, USAID, Development Partner, ZAN, ZNNP+, TransSmart, UN Women, MOHCC (Lab, Pharm, HMIS, ATP), and NAC.
- MOHCC was requested to clarify on the outstanding NFM acquittals from the provinces amounting to \$128,380.00 and the response clarified that a deadline of 30 June 2018 had been set to have all acquittals cleared by

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<p>provinces. UNDP reiterated on the need to avoid aging advances since partners would be required to return funds to the PR after 6 months of non-absorption.</p> <ul style="list-style-type: none"> <li>- A clarification was sought on the challenges associated with PFMS. The presenter highlighted that there were some provinces still having connectivity challenges, and they had to come to the Head Office for transactions through the PFMS. Concern was also expressed from the house on the costs associated with travelling to the HQ, and the Ministry was urged to facilitate expeditious resolution to the challenges.</li> <li>- A member requested to know if the two incinerators procured would be able to manage the waste, and if any costs would be incurred in the process. It was clarified that the two incinerators were expected to minimise the waste management challenge, and some minimum costs would be involved in the transportation of the waste. The two incinerators are placed in Bulawayo and Harare.</li> </ul>	
<p><b>4.1 (b) NAC Update – Mr A. Mpofu</b></p>	
<ul style="list-style-type: none"> <li>- The presentation highlighted on the approval of NFM Close Out Plan in February 2018 with a budget of \$195, 167.00. The Close Out Activities were done in February and March 2018.</li> <li>- The SR informed the house on the outstanding issues from NFM that included formal hand-over of IT equipment and generators to BC IPs; and some guidance from the PR was required. Assessment of NFM vehicles and distribution for use by SSRs in the AUP 2018-2020 was another outstanding issue.</li> <li>- AUP grant 2018-2020 contracts had been signed by all SSRs for the two grants (AGYW and KP) in March/April 2018. The update on resource utilization indicated that out of the quarter 1 budget of \$2,014,291; \$154,207 had been disbursed to SSRs giving a balance of \$858,058.00. The reason for low absorption was late start of implementation, and accelerated implementation would be done to catch up with time lost.</li> <li>- The Grant Management update highlighted that the following had been done; <ul style="list-style-type: none"> <li>• AGYW sensitization meeting in Kadoma, 21-23 February 2018,</li> <li>• 1st quarter SR and SSR review meeting, Gweru 8-11 April 2018,</li> <li>• Development of accelerated plans during the review meeting.</li> </ul> </li> <li>- The update further highlighted that NAC had recruited 30 Youth Officers, 300 S2S Mentors and 1156 Behaviour Community Motivators. Provincial Training of Trainers (TOT) had been done for S2S mentors, 30 Youth Officers, 30 DACs, and 10 Provincial Managers. It was also indicated that NAC had to co-fund the Activity to cover for the gap from the budget line. The district level training had also been done, and the recruitment of AGYW into Clubs was in progress and almost complete.</li> <li>- Plan International implementation update highlighted that staff had been recruited, and the SSR's acceleration plan was in place to expedite the implementation process. It was however highlighted that the SSR had transport challenges in implementing the planned activities.</li> <li>- The implementation update for ZACH and CeSHHAR showed that both partners had completed staff recruitment and had both developed accelerated implementation plans. The presenter further reported that hand-</li> </ul>	<p>NAC</p>
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<p>over of equipment for the 4 CBI Clinics by MOHCC to CeSHHAR was in progress and scheduled for 4-12 June 2018.</p> <ul style="list-style-type: none"> <li>- UNFPA had signed contracts with SRC and GALZ as SSRs, and staff recruitment for the SSRs was in progress at the time of the meeting. Both implementing partners had developed accelerated implementation plans.</li> </ul>	<p>NAC</p>
<p><b>Comments</b></p> <ul style="list-style-type: none"> <li>- The presenter was advised to focus on target achievement rather than on the process, and this was well noted by the SR. The presenter further clarified that not much had been done for the period under review, and more would be reported in the next quarter in terms of target achievement. Clarification was sought if the disbursement received was for quarter 1 or 2, and it was highlighted that it was for quarter 1. The SR also clarified that accelerated plans were in place to cover for the delayed start, and were confident that they would catch up with time. NAC also acknowledged the support provided through UN Women especially for the SASA project, and was cited as a good example of synergy in program implementation.</li> <li>- A question was raised to know if the PS for MOHCC was aware of the hand-over of assets to CeSHHAR. It was clarified that the PMDs and DMOs were present representing MOHCC, and a representative from Head Office was also present. Further clarification highlighted that it was the hand-over of services not clinics to CeSHHAR. A representative from CeSHHAR further clarified that the organization was coming in to complement services already existing, and would work together with North Star who were supporting the CBI clinics. CeSHHAR was being introduced to get some working space and this was not meant to replace the services going on.</li> </ul>	
<p><b>4.1.(c) HSB Update – Mr Gotora</b></p> <ul style="list-style-type: none"> <li>- The update highlighted that HSB had signed the Grant Agreement with the PR in January 2018. It was however reported that the SR was still waiting for the approval of the administrative budget by the GF to sign the SSR Grant agreement with the Crown Agents. As such no funds had been absorbed pending budget approval by the GF.</li> </ul>	
<ul style="list-style-type: none"> <li>- The target against establishment indicator achievement showed that all posts were well established, even recording higher than the target.</li> </ul>	<p>HSB</p>
<p><b>Comments</b></p> <ul style="list-style-type: none"> <li>- Clarification was sought on why HSB combined laboratory and pharmacy personnel in reporting. The response from UNDP highlighted that it was some guidance from the GF to focus on critical staff since there were too many indicators initially reported on. This reduction in reported indicators resulted in the Laboratory and Pharmacy staff being combined.</li> <li>- Another observation was for the HSB to do an analysis on the available support against the requirements. The PR and SR would have a bilateral to come up with a position on the observation. The SR also clarified that they would have a correct position in terms of new posts for nurses by end of June 2018 after the receipt of such information</li> </ul>	<p>HSB/UND P</p>
<p><b>4.1 (d) Update on Dolutegravir (DTG) – Dr C Chakanyuka</b></p>	



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. The Global Fund had noted recent changes in implementation arrangements and payment modalities by partners supporting HWRS, including the Government transition to RBF. A review would be done by GF on the HWRS modality in the coming months, and the results would determine the future support for 2019 and 2020.
- The update on financials highlighted on the approved budget for 2018-2020 valued at \$426,811,012, and \$150,286,191 was the budget for 2018. The PR noted that 55% had been disbursed to-date. Total Expenditures and Commitments as at 7 June 2018 was \$82,525,321 which translated to 99, 7% burn rate cumulative expenditure and commitment versus cumulative disbursement.
- The update on PSM highlighted on the procurement of pharmaceuticals where PO had been issued by UNICEF for Paediatric ARV. Delivery timelines for the 7,733,284 units of TLE400mg were July; August and October 2018. TLE 600mg PO had been issued for 900,000 units and delivery would be expected in July and December 2018. Procurement for other items was in process and would be expected as per timelines in procurement plan.
- M&E update highlighted on Viral Load verification which identified that the indicator on number of People on ART with Viral Load test done within 12 months was under reported by 52,357. The contributory factors for underreporting were explained, and 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 also been developed; as well as the First Full Draft of the Civil Society Organizations Strategic Gaps Capacity Development Plan. UNDP further indicated that the next steps would be to finalize costing of the plans for submission to CCM then GF for approval.
- The challenges faced during implementation of the 2018-2020 HIV grant were highlighted. Savings realized from the procurement of TLE amounted to \$9,600,114.46, and were realized from reduced product and freight costs.
- The PR's presentation concluded by a request for the HIV committee to recommend for CCM endorsement two proposals (see under comments 'request for CCM endorsement')

<p><b>Comments</b></p> <ul style="list-style-type: none"> <li>- Clarification was sought on the progress in the eLMIS project where a consultant was engaged in 2017 to lead in the process. The response clarified that MOHCC was in the process of mobilizing support from different partners to support the project and the response was very positive.</li> <li>- UNDP further clarified on the savings realized through procurement of TLE which was as a result of reduction in unit cost and freight costs.</li> <li>- Some members expressed fears and pessimism on the new arrangement in the construction of the new Harare NatPharm warehouse by the Chinese Government, since the same arrangement had failed to bear results initially as per agreement on the same project. The house was informed that there was an agreement and commitment from the Chinese Government, and positive results were anticipated from the arrangement.</li> <li>- The HIV committee agreed to set up a small technical working group to work on the PAAR (reprioritization of activities) for reference when resources become available. The team would be comprised of the following organizations; UNAIDS (chair),WHO,USAID, Development Partner, ZAN, ZNNP+, TransSmart, UN Women, MOHCC (Lab, Pharm, HMIS, ATP) and NAC. The team would work on the task and feedback to the HIV committee with a finished product by mid-July 2018. TORs were going to be developed to guide the team in their work.</li> <li>- <b>Request for CCM endorsement:</b> The PR requested the HIV committee’s recommendation for CCM endorsement the following 2 proposals: <ol style="list-style-type: none"> <li>1. Proposal for inclusion in PAAR the support for the ARV gap and M&amp;E tools valued at \$16,100,000.00 and \$4,569,692 respectively with grand total of \$20,669,692.</li> <li>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. Resources will be from TLE total savings amounting to \$9,600,114.46.</li> </ol> </li> <li>- The HIV committee unanimously recommended for CCM endorsement the PR’s request as highlighted above.</li> </ul> <p><b>4.3 DPS Update – M. Ndlovu</b></p> <ul style="list-style-type: none"> <li>- The update on adult ARVs showed that Tenofovir/Lamivudine/Efavirenz 300/300/600MG and Tenofovir/Lamivudine 300/300mg had MOS of 7.8 and 7.2 respectively. The presenter clarified that shipments for the commodities was expected in June and July and would bring the stock levels to desirable levels. There were commodities with months of stock above 11, and the clarification assured the house that there was no risk of expiry because the commodities had long shelf life, and would expire in 2020.</li> <li>- Paeds ARVs update also had commodities with low MOS like Efavirenz 200mg and Zidovudine/Lamivudine 60/30mg whose levels were at 2.9 and 3.5 respectively. The shipments were also expected in June 2018, and this would bring the stock levels up. The Ministry was also going to do redistribution of Zidovudine/Lamivudine 60/30mg that was stocked out at</li> </ul>	<p>DPS</p> <p>DPS</p>
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<p>central level but with high stocks at some lower level facilities.</p> <ul style="list-style-type: none"> <li>- The stock status for 3<sup>rd</sup> line ARVs showed that the commodities were overstocked with MOS above 23 for the three items, and DPS was seeking authority to transfer some stock to the private sector through NatPharm.</li> <li>- The house was informed that there was a funding gap of \$16,1 million under essential medicines for the 2018 period. Further update highlighted that donation of lamivudine/nevirapine/zidovudine 150/200/300mg and efavirenz 600mg was expected from Tanzania. This would reduce the gap by about \$2,5 million if the CCM would endorse the savings to be channelled towards gap reduction.</li> <li>- The presentation concluded by highlighting on the challenges experienced that included managing transitioning to new regimens, and delays in receiving shipments. The suggested solutions were urgent roll out of eLMIS and having pipeline meeting updates respectively.</li> </ul>	<p>DPS</p> <p>DPS</p>
<p><b>Comments</b></p> <ul style="list-style-type: none"> <li>- It was clarified that there was an overstock of PrePex as a result of policy change on tetanus vaccination, and some expiries were expected on the commodity. The presenter also informed the house that HIV test kits would be reported under Laboratory Services Department.</li> </ul>	
<p><b>4.4 DLS Update – Mr A. Mutambara</b></p> <ul style="list-style-type: none"> <li>- The DLS presentation opened by highlighting on the National Laboratory Quantification Exercise that was done in February 2018. The forecast period for the exercise was 2018-2020, and the quantification report had been shared with all stakeholders in April 2018.</li> <li>- The update on equipment service and maintenance indicated that the last service round was done in quarter 1 of 2018. The Ministry was in the process of getting the contract in place for 2018 and the allocation would be drawn from AUP resources.</li> <li>- The VL forecast showed incremental targets for the period 2018 up to 2020, and 737,767 tests would be expected in 2018 increasing to 1,186,943 in 2020. This would have an impact in terms of resources. The quantification outputs by funding partner showed a total funding gap amounting to \$31,829,500.82.</li> <li>- 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.</li> <li>- The update on VL POC functionality as well as the achievement by sites showed that the machines were partially functional in January 2018 owing to the installation and training process. They became fully functional in February and March 2018, and DLS anticipated higher figures in quarter 2 basing on the trend experienced.</li> <li>- The house also learnt that the demand for the EID/VL bundle had increased owing to improved service availability and accessibility. More shipments were coming through PEPFAR (75,000 kits) and GF (855,150 kits) to ensure sustained service delivery.</li> <li>- The pending issues highlighted by DLS included; 3 Hologic Panthers through CHAI; Laboratory Equipment mapping exercise; Laboratory equipment mapping and optimization of sample referral for testing; and</li> </ul>	<p>DLS</p> <p>DLS</p> <p>DLS</p>

<p>installation of Matabeleland South and North VL machines.</p> <ul style="list-style-type: none"> <li>- The presentation concluded by highlighting on the challenges that included 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 mitigate against the cited challenges were provided by members present.</li> </ul>	
<p><b>Comments</b></p> <ul style="list-style-type: none"> <li>- It was noted that there were some VL reagents that were expected to expire and a TWG meeting was convened to discuss the issue. Some resolution was reached to identify some institutions that would require the commodity so that they could be transferred for use before expiry.</li> </ul>	DLS
<p><b>4.5 Selection of new HIV Committee members</b></p> <ul style="list-style-type: none"> <li>- The CCM Executive Secretary informed the house that the term of office for the June 2015 - May 2018 HIV committee members had ended by end of May 2018, as such a new committee should be selected. The old team members' list was beamed on the presentation board for members to see. The HIV committee went on to make the following selections pending endorsement by the CCM: <ul style="list-style-type: none"> <li>i. CCM member (chair)</li> <li>ii. Dr. T. Magure</li> <li>iii. Jane Kalweo</li> <li>iv. Dr. Chakanyuka</li> <li>v. Dr. T. Apollo</li> <li>vi. Misheck Ndlovu</li> <li>vii. Rep for PLWD</li> <li>viii. Mr. N Banda</li> <li>ix. Kathy Webb</li> <li>x. Chiara Pierotti</li> <li>xi. Ms. N N Zhou</li> </ul> </li> </ul>	
<p><b>5. End of Meeting</b></p> <p>The meeting adjourned at 1226 hours after exhausting all the agenda items.</p>	
<p><b>6. Action points</b></p> <ul style="list-style-type: none"> <li>- Update on acquittals from the provinces on NFM resources - \$128,380.07,</li> <li>- Update on the PAAR reprioritization by the TWG team,</li> <li>- Update on the formal hand-over of IT equipment and generator to BC IPs and assessment and distribution of NFM vehicles to SSRs,</li> <li>- Update on recruitment of AGYW into clubs,</li> <li>- Update on the hand-over of equipment for the CBI clinics which was in progress during the last meeting,</li> <li>- Approval of the admin budget which was pending during the last meeting,</li> <li>- Update on return of cash balances by partners by end of June 2018,</li> <li>- Update on delivery of TLE,</li> <li>- Update on costing of Capacity Development Plans,</li> <li>- Update on transfer of overstocked 3<sup>rd</sup> line ARVs to the private sector,</li> <li>- Update on the receipt of donation of ARVs from Tanzania,</li> </ul>	MOHCC TWG chair  NAC NAC  NAC HSB UNDP UNDP UNDP DPS DPS

- Update on the contract for service and maintenance of equipment-2018,	DLS
- Update on the procurement of Hologic Panthers.	DLS
- Update on handover of VL reagents nearing expiry to private institutions to utilise before expiry	DLS