**DRAFT MINUTES**

**OF THE REPUBLIC OF ARMENIA COUNTRY COORDINATION MECHANISM FOR HIV/AIDS, TUBERCULOSIS AND MALARIA PROGRAMS**

**MEETING**

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| **MEETING DETAILS** |
| COUNTRY (CCM) | CCM Armenia | **TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)** | 20 |
| MEETING NUMBER | N 3 |
| DATE (dd.mm.yy) | 22.12.2021 | **TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)**  | 22 |
| **DETAILS of person who CHAIRED the meeting** |
| **HIS / HER NAME &****ORGANISATION** |  **First name**  | Zhenya  | **QUORUM FOR MEETING WAS ACHIEVED** **(yes or no)** | Yes |
| **Family name**  | Mayilyan  | **DURATION OF THE MEETING (in hours)** | 3 hours  |
| **Organization** | "Real World, Real People" NGO | **VENUE / LOCATION** | “The Alexander, a Luxury Collection Hotel” Yerevan |
| **HIS / HER ROLE ON CCM** | **Chair** |  | **MEETING TYPE** | **Regular CCM meeting** | V |
| **Vice-Chair** |  |
| **Extraordinary meeting** |  |
| **CCM member** | V |
| **Committee meeting** |  |
| **Alternate** |  |
| **HIS / HER SECTOR\*** | **GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING** | **LFA** | V |
| **OTHER** |  |
| **GOV** | **MLBL** | **NGO** | **EDU** | **PLWD** | **KAP** | **FBO** | **PS** |  |  |
|  |  | V |  |  |  |  |  |

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|  | **Select a suitable category for each Agenda item** |
| **Governance of the CCM, PROPOSALS & grant management related topics** |
|  | 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 |
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| **AGENDA SUMMARY** |
| **AGENDA ITEM No.** | **WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW** |
| N 1 | Opening speech,Approval of the agenda  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| Management of Conflict of Interests |  |  | V |  |  |  |  |  |  |  |  |  |  |  |  |
| N 2 | Brief presentation on progress for GrantProjects (TB-REP, C19RM and HIV/AIDS,TB and Malaria, 2022-2024) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 3 | National Center for Infectious DiseasesProgress Report |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 4 | National Center of PulmonologyProgress Report |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 5 | National Center For Addictions TreatmentProgress Report |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 6 | "Armenian Red Cross Society" NGOProgress Report |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 7 | "New Generation" NGOProgress Report  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 8 | "Real World, Real People" NGOProgress Report  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 9 | Question and Answer  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 10 | Brief presentation of the updated and costed Transition Plan |  |  |  |  |  |  |  |  |  |  |  |  | V |  |  |
| N 11 | Question and Answer  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |
| N 12 | CCM Y3 Costed Work Plan endorsement  |  | V |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N 13 | Progress Report on CCM WGs (TB, HIV, CRG, COVID, Oversight)  |  |  |  |  | V |  |  |  |  |  |  |  |  |  |  |
| N 14 | Questions and Answers  |  |  |  |  | V |  |  |  |  |  |  |  |  |  |  |
| N 15 | Wrap-Up  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | V |

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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #1** | Opening speech,Approval of the agenda  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **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 SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**On 22 December, 2021 the third meeting of Country Coordination Mechanism for HIV/AIDS, Tuberculosis and Malaria programs (CCM) of Republic of Armenia was conducted. CCM secretary Inessa Asmangulyan greeted CCM members and guests. She noted that the quorum is ensured. Zhenya Mayilyan, vice president of CCM also greeted participants of the meeting, presented the agenda of the meeting. CCM members approved the agenda. (See Annex 1.) |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |  |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |  |
| **DECISION(S)** |
| It was decided to start the meeting in accordance with approved Agenda Items.  |
| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
| -------- | ---------- | ---------- |
| **DECISION MAKING** |
| **MODE OF DECISION MAKING** | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |

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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM** | Management of Conflict of Interests |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| Inessa Asmangulyan mentioned that before passing to the main Agenda items, the CCM members should fill in the conflict of interest form. CCM members filled out the conflict of interest form. No Conflict of Interests were registered. (See Annex 2.) |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**  |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |   |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |  |
| **GOV** |  |
| **DECISION(S)** |
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| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
| ------- | ------------- | ------------ |
| **DECISION MAKING** |
| **MODE OF DECISION MAKING** | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |

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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #2** | Introductory on Grant Projects Reports’ Presentation  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| Hasmik Harutyunyan, Head of the Global Fund Program Coordination Group of the Ministry of Health of the Republic of Armenia, underlined the importance of 2 basic achievements related to grant applications to the Global Fund. She mentioned that the previous grant ended on 30 September of this year. During the April-June period, two applications were submitted to the Global Fund. To support continuity of TB and HIV/AIDs programs and fight against COVID-19 GF approved both grants. She underlined the supporting role of CCM secretariat and WGs’ functioning under CCM for timely and accurate submission of grant applications.Hasmik Harutyunyan passed the word to the sub-recipients to present the annual progress reports. |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |  |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |   |
| **DECISION(S)** |
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| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
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| **DECISION MAKING** |
|  | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |

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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #3** | National Center for Infectious DiseasesProgress Report  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| Marietta Mirzoyan and Kamo Davtyan from the National Center for Infectious Diseases presented the report. The report is presented in the attached documents (Annex 3).  |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |  |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |  |
| **DECISION(S)** |
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| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
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| **DECISION MAKING** |
|  | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |

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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #4** | National Center of PulmonologyProgress Report  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **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 SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**Naira Khachatryan from the National Center of Pulmonology presented the report. The report is presented in the attached documents (Annex 4). |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |  |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |  |
| **DECISION(S)** |
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| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
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| **DECISION MAKING** |
|  | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM # 5** |  National Center for Addictions Treatment Progress Report  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| Anna Asatryan from the National Center for Addiction Treatment presented the report. The report is attached to the documents (Annex 5) . |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |  |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |  |
| **DECISION(S)** |
| To adopt the Code of Ethical Conduct. |
| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
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| **DECISION MAKING** |
|  | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |
| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #6** | “Armenian Red Cross Society” NGOProgress Report  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| The report was presented by Kristina Ispiryan from the "Armenian Red Cross Society" NGO. The report is presented in the attached documents (Annex 6). |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |  |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |  |
| **DECISION(S)** |
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| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
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| **DECISION MAKING** |
|  | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #7** | “New Generation” NGOProgress Report  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| Hmayak Avetisyan presented the report from "New Generation" NGO. The report is presented in the attached documents (Annex 7). |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |  |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |  |
| **DECISION(S)** |
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| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
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| **DECISION MAKING** |
|  | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #8** | “Real World, Real People” NGOProgress Report |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **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 SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**The report was presented by Zhenya Mayilyan from "Real World, Real People" NGO. The report is presented in the attached documents. (Annex 8) |
| **GOV** |  |
| **MLBL** |  |
| **NGO** |  |
| **EDU** |  |
| **PLWD** |  |
| **FBO** |  |
| **KAP** |  |
| **DECISION(S)** |
|  |
| **ACTION(S)** | **KEY PERSON RESPONSIBLE** | **DUE DATE** |
| ------- | ------------- | ------------ |
| **DECISION MAKING** |
|  | **CONSENSUS/NOTICE** | V | **IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS** |
|  | **VOTING** |  | **VOTING METHOD** | **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>** |  |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #9** | Question and Answer |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
|  |
| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| **Question: Vaghinak Ter-Hovhannisyan** - I address my question to the representative of the National Center for Infectious Diseases. I wonder how many people have been left out of treatment. And most importantly, do you have information about the reasons for treatment interruption?**Answer: Marietta Mirzoyan**- research is being performed to find out the reasons of treatment interruptions. When the patient does not contact the doctor for more than a month treatment interruption is registered. We have recently study the reasons for treatment interruption, however we should find solution to this issue and keep the patients within treatment process. With the help of "Real World, Real People" NGO, we try to reconnect patients to treatment. **Answer: Kamo Davtyan**- Based on information obtained from NGOs, 35 newly registered and 2 patients registered earlier left the treatment. 19 people have not passed the blot stage yet, and the numbers may increase in the next report. Another explanation for treatment interruption could be the use of rapid tests, which are not reliable and their specificity is low. **Question: Vaghinak Ter-Hovhannisyan** - I would like to ask the National Center for Addiction Treatment to report the center's most important achievement and also the obstacles that the Center met. **Answer: Anna Asatryan** - As an achievement, I should mention that in 2020 we introduced the social-psychological support service. Three psychologists and two social workers started working for us. They provide considerable support to both patients and their families. We have had outpatient psychiatrist consultations since 2021. One of the obstacles, I can mention is that in 2020, interruptions were registered among the people receiving methadone replacement treatment due to coronavirus infection: previously they visited the center every day. We had to make changes in our schedule for patients’ visits, changing it for once per week. During the COVID period, once per week, the patient was taking the medicine in our center, but for the remaining six days we could not control whether the patient was taking the medicine correctly or not.**Question: Fr. Grigor Grigoryan** - I address my question to the representative of the National Center for Addictions Treatment. Are there any data on how many people have completed the treatment, are no longer dependent, how many have reduced the dose?**Answer: Anna Asatryan**- At the moment, I can not present such statistics. I can state that we have a reduction of the number of patient with reduced dose to about 10%, and with successful completion of the treatment is less than 10%. Usually those patients came back.**Question: Mamikon Hovsepyan**- I address my question to the representative of the Armenian Red Cross Society. Under the first goal you mentioned, that you involved volunteers to provide social-psychological support to TB patients. I am interested in what age group these volunteers are in, what qualification they have?**Answer: Kristina Ispiryan**- Anyone over the age of 15 can become a Red Cross volunteer and we have volunteers of different age groups involved. Qualifications also vary. There are doctors, nurses, teachers involved. Social-psychological support can be provided by anyone who has passed a course. I am not talking about specialized social assistance. The services of a specialized social worker and psychologist are provided by professionals.**Question: Naira Khachatryan**- I want to ask my question to the representative of the Red Cross. You mentioned in your report that you have patients (7% of drug-sensitive and 10% of drug-resistant patients) with whom you could not contact within the period of outpatient treatment. What is the main reason of that? In case you can not contact the patients, who will receive information about that very patien: the doctor of the polyclinic or the National Center of Pulmonology? How do you evaluate the patients in the risk zone and at what stage?**Answer: Kristina Ispiryan** - If the patient continues the treatment, but does not want to be in additional contact with another person, in that case we contact the doctor of the given office. If the patient does not continue the treatment, we try to get in touch through our volunteers and staff members. For data on how many people have been contacted and all reports on ongoing work are provided to the Global Fund.I mentioned in the report that only 16 people interrupted the treatment and I can assure if staff and volunteers would not worked with them, that number would have been much higher.**In addition, Naira Khachatryan** - Thank you for the answer. Our data on treatment interruptions is a bit higher. I have a suggestion to discuss this issue separately, after the meeting.**Question: Victoria Avakova**- Thank you for the reports. The format of this CCM meeting was quite interesting and productive. I have few questions. Firstly, I would like to ask the representative of the National Center for Infectious Diseases about monitoring and evaluation. Would you please provide details on the specifics of conducted analysis, what information are you collecting?**Answer: Kamo Davtyan** – In presented migrant program, which includes 51 regional medical institutions, all possible trainings on stigma, discrimination and HIV testing were provided. During the individual monitoring visits we examined all the registers, we made monitoring calls asking patients about monitoring and testing. We performed monthly calls to confirm the number of tests and HIV positive cases.**Question: Victoria Avakova** - I would like to ask my next question to the representative of the National Center for Addictions Treatment. As it is known, the Global Fund has significantly reduced the financing of methadone, but it is clear that the number of patients has not decreased. My question is, was the need assessed conducted, do we have enough funding, if not enough, how do the patients cover those costs, to what extent the paid services are available?**Answer: Anna Asatryan** - As I have already mentioned, 445 patients receive methadone treatment in our country, out of them 85 receive paid treatment. As of 2019, the monthly fee was 65,000 AMD, after which the monthly fee was decreased and was equal to 50,000 AMD, due to which more people with Drug Dependence were involved. In collaboration with the "Real World, Real People" NGO, those people who are not included in the program according to the GoAM decree, but are in a difficult social situation, are able to receive the medicine for one or two months. Thus, their financial burden is decreasing. We have cases, where people received the support for one or two months, after which were able to find a job and pay for the treatment. The NGO also helped the mentioned people to find jobs. **Question: Giorgi Soselia** - According to the information provided by NGOs, there are fewer people who were tested through rapid tests, due to which patient follow up problems may occur. I suggest to use blood tests and follow WHO recommendations: using rapid tests to confirm status.**Answer: Kamo Davtyan** - Blood tests are considered for NGOs. As for the WHO recommendations for using rapid tests, the Ministry of Health has contacted with WHO for confirmation research and we will start the rapid tests initial research to ensure that the 3 tests using model for Armenian is effective and we will slowly refuse to use the blots, because as you mentioned it is time consuming and costly. After the status is confirmed through rapid tests it will be possible to quickly attach the patient to the treatment. |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #10** | Brief presentation of the updated and costed Transition Plan |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
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| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| Hasmik Harutyunyan, the head of the program coordination group of the Global Fund of the RA MOH, presented the Transition and Sustainability Plan for 2021-2025. She presented objectives: (Please see Annex 9.)* Objective 1. Enhance governance, effective coordination of HIV and TB national programs and decrease stigma and discrimination
* Objective 2. Achieve zero financial dependence on external funding and ensure efficient use of public resources
* Objective 3. Ensure continuous supply of quality and affordable medicines and health supplies
* Objective 4. Safeguard adequate and continuous supply of quality human resources
* Objective 5. Ensure enhancement and public funding of M&E, surveillance systems and research
* Objective 6. Streamline service delivery ensuring expanded coverage, quality, coordination and continuity of care
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| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #12** | CCM Y3 Work Plan endorsement  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
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| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| Inessa Asmangulyan mentioned that CCM Y3 Work Plan was previously sent to CCM members and asked for endorsment․ She also mentioned that if any CCM member has questions or need for clarification, that they was not able to confirm with CCM secretariat before the meeting, can ask that questions before the endorsement. All CCM members endorsed the CCM Y3 Costed Work Plan. |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #13** | Progress report on CCM WGs (TB, HIV, CRG, COVID, Oversight) |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
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| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| Inessa Asmangulyan presented CCM all working groups’ progress and path forward. The report is attached to the documents in Annex 10. |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM #14** | Question and answer  |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
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| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| **Question: Naira Khachatryan**- Thank you for the report. You mentioned that the CRG working group, as a result of WG meetings, developed a work plan. I would like to know if the work plan activities on protection of the rights of TB patients are covered: at the moment, a lot of work should be done here.**In response, Inessa Asmangulyan** - If you do not mind, let our chairman of the CRG working group answer this question.**In response, Mamikon Hovsepyan**- I would like to mention that in the past the CRG working group included a representative from TB NGO, who sometimes attended the meetings, sometimes not and it was very difficult to involve the TB field issues. We do not have a representative of the TB sector in this working group as a member, we have an expert. At this moment the draft version of the work plan is ready. I think we can circulate all the proposals related to the TB sector before finalizing the document.**In addition, Victoria Avakova** - I think any information related to the TB sector will be very useful and we are ready to discuss all the points. **In addition, Naira Khachatryan** - At the moment, "Spitak Eritsuk" NGO cooperates with our center, which works directly with patients. I think they can provide information about stigma and discrimination in the TB field.**In addition, Victoria Avakova** - I think regardless of the fact whether the organization is a member of the CRG working group or not, we can invite the group to the meetings as an expert. **In addition, Inessa Asmangulyan**- Arman Avchyan, who is CCM member, regularly raises issues in the field of TB. I think we can also include him in this process. He did not want to be a member of CRG working group, but he can provide that information.**Question: Victoria Avakova**- As far as I remember, previously the Center for HIV Prevention was developing and implementing a system within the framework of the Global Fund for the provision of uninterrupted supply of medicines. Isn't that relevant now?**In response, Hasmik Harutyunyan**- Yes, I must say that they had a system, but the system is outdated. The EXCEL platform was used for the epidemiological control, which was quite heavy and quite difficult to use, not user friendly. As for drugs, they never had an automatic drug prediction system. It is possible to continue to work this way, but it is time consuming and labor-intensive effort. **Question: Victoria Avakova**- Not only on this platform, but also on many different platforms, we discuss the issue of stigma and discrimination. How much will this issue expand? Will we solve the issue of the law or we will be limited to the group's work?**In response, Hasmik Harutyunyan**- As you know, there is no law on discrimination. As an initiative of the Ministry of Health, I think it will be quite difficult. We can put the need for law in the action plan, but I think we should put the functions that are feasible. We think more about having an anti-discrimination action plan. Some activities are currently being implemented, but they are not systematic. We also plan to conduct STIGMA INDEX research, in cooperation with UNAIDS. **In addition, Roza Babayan**- I should mention that at the beginning of the year we already have agreements with an international expert to conduct the STIGMA INDEX research in Armenia for the first time. I think such a comprehensive study, in addition to the research conducted by non-governmental organizations, will provide an opportunity to understand the most common cases distribution and we will try to develop Working Groups to address these issues on institutional level. I hope the works will start in January, we will have data as soon as possible.**In addition, Hasmik Harutyunyan**- I would like to add that experience shows that if people (for example, PHC doctors) are involved in the program, the level of stigma and discrimination goes down. Over the years HIV support has been concentrated in one institution, the medical staff of other institutions were not involved in the process and not receiving knowledge, remained linked to stigma-discriminating. When they participate in the programs, we have a pretty good result.**Zhenya Mailyan** - I wanted to add to all these topics that whatever programs we are implementing, Artsakh is naturally out of these programs. We visited Artsakh last week and I must say that the picture is quite bad. Naturally, we will have discussions with the Ministry to understand what steps we are defining in order to provide assistance to people living with HIV in Artsakh. I want whatever plans we have, to always have in mind the person living with HIV in Artsakh.**Kamo Davtyan**- I would like to add on the issue of Artsakh. As you know, we have sent a specialist to Artsakh and he has already talked to the Artsakh Minister, the Deputy Minister, and from next year we will try to work with Center for Infectious Diseases to involve Artsakh, and will have a small group that will work with people living with HIV in Artsakh.**Khachatur Araskhanyan** ("Real World, Real People" outreach worker - beneficiary) mentioned the problems he observed in the field, the problems he personally met. In particular, he mentioned that there are gaps in the legislative system, which create unnecessary obstacles in the process of purchasing medicine.**Zhenya Mailyan** - Thank you. I think it is very important that problems are talked about not only by people who are aware of the problems, but also by people who work with the community and personally met the problems.**In addition, Hasmik Harutyunyan**- Thank you. I want to mention that I am aware of the problems you mentioned. There is a big block in the review of the legal field, which refers to methadone replacement treatment, addressing the issues you mentioned. The same applies to the registration of the drug Naloxone. The medical institutions will surely have the medicine, but I cannot say whether it will be available for free sale in pharmacies or not. |
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| **MINUTES OF EACH AGENDA ITEM** |
| **AGENDA ITEM # 15** | Wrap-Up |
| **CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)** |
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| **WAS THERE STILL A QUORUM AFTER MEMBERS’ RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)** | Yes |
| **SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED** |
| **Zhenya Mailyan**- Thank you to the colleagues and guests for participating in the session. Congratulations to all of you on the coming New Year. Peace and all the best.**Inessa Asmangulyan** expressed her gratitude to all CCM members for their participation.  |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** |
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| **SUPPORTING DOCUMENTATION** |
| **ANNEXES ATTACHED TO THE MEETING MINUTES** | **Yes** | **No** |
| **ATTENDANCE LIST** | V |  |
| **AGENDA** | V |  |
| **OTHER SUPPORTING DOCUMENTS** |  | V |

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| **CHECKLIST**  |
|  | **Yes** | **No** |  |
| **AGENDA CIRCULATED ON TIME BEFORE MEETING DATE** | V |  | **The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members at least 5 working days before the meeting took place.**  |
| **ATTENDANCE SHEET COMPLETED** | V |  | **An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting confirming with signatures.**  |
| **DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING** | V |  | **Meeting minutes should be circulated to all CCM members, Alternates and non-members within 7 working days of the meeting for their comments, feedback.**  |
| **FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS** | V |  | **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** | V |  | **Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM’s website where applicable within 15 days of endorsement.** |

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| **ccm minutes prepared by:** |
| Specialist on Financial and Administrative Issues of CCM Secretariat Translation done by CCM Secreatriate | **DATE :** | 17 January 2022 |
| **SIGNATURE :** |  |

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| **ccm minutes approval:** |
|  | **DATE :** |  |
| **SIGNATURE :** |  |