**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 4 | | | | | | | |
| DATE (dd.mm.yy) | | | 13.10.2022 | | | | | | | | **TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)** | | | 32 | | |
| **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** |  | | |  |
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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 October 13, the third meeting of the Country Coordination Mechanism (CCM) for HIV/AIDS, Tuberculosis and Malaria programs was held in RA.  CCM secretary Inessa Asmangulyan greeted the attendees and noted that the quorum is ensured and gave the floor to Zhenya Mayilyan, vice president of CCM. Zhenya Mayilyan, vice president of CCM also greeted the 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>** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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)** | | | | | | | | | | | |  | | | | | | | | | | | | **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>** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **MINUTES OF EACH AGENDA ITEM** | | | | | | | | | | | | **AGENDA ITEM #2** | | | CRG update | | | | | | | | | **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** | | | | | | | | | | | | **Davit Melik-Nubaryan**, the coordinator of the CRG working group of the Country Coordination Mechanism for HIV/AIDS, Tuberculosis and Malaria programs in RA, briefly presented the works carried out by the working group. (Annex 3)  **Davit Melik-Nubaryan** presented the structure of the working group, the objectives and principles of the working group. He mentioned the outcomes of the working group's activity. In connection with the difficulties related to the placement of persons with HIV and extrapulmonary forms of tuberculosis in social protection institutions under the Ministry of Labor and Social Affairs of the Republic of Armenia, a package of necessary amendments to paragraph 5 of Annex 3 of the Resolution No. 1112-N of the Government of the Republic of Armenia dated 25.09.2015 was developed, in order to exclude discrimination during blood donation provided for in Article 17, Part 5 of the Law on Donation of Human Blood and its Components and Transfusion Medical Assistance, a package of recommendations for amendments to the orders of the RA Minister of Health No. 06-N of February 7, 2013 and No. 02-N of January 24, 2012 was developed, in order to develop a tool for monitoring and control of cases of discrimination in healthcare institutions, as well as of problems related to the privacy of patients' personal data, a working group was created by the order of the RA Minister of Health. | | | | | | | | | | | | **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** | | | | | | | | | | | | **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>** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **MINUTES OF EACH AGENDA ITEM** | | | | | | | | | | | | **AGENDA ITEM #3** | | | Updated and costed Transition Plan | | | | | | | | | **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** | | | | | | | | | | | | **Samvel Kharazyan** noted that during the review and update of the transition plan, emphasis was placed on ensuring financial stability and on the outline of measures in the transition phase, which should further contribute to ensuring stability. He also mentioned the planned main directions: management, financing, inclusion of society and human resources management, provision of access to services. He presented the measures and actions planned for each direction. Samvel Kharazyan mentioned the importance of defining the service package, by clarifying which services will be included in that package. He added that after a clear definition of the package, it is necessary to evaluate it by performing actuarial calculations (number of beneficiaries, applicability, price of services), then plan the budget by adjusting the annual state budget indicators. The applicability of tuberculosis and HIV/AIDS was also presented by population groups. According to the data, the applicability of tuberculosis is high among the disabled and socially vulnerable groups. Since information on HIV/AIDS is not presented in the form of individual data, it is therefore not possible to divide it into different groups. (Annex 4).  Zhenya Mayilyan noted that the data presented are worrying. | | | | | | | | | | | | **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** | | | | | | | | | | | | **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>** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **MINUTES OF EACH AGENDA ITEM** | | | | | | | | | | | | **AGENDA ITEM #4** | | | Questions and Answers | | | | | | | | | **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: Mamikon Hovsepyan –** I direct my question to Samvel Kharazyan. You mentioned about the decentralization of the services provided. Do you think institutions are ready for these changes, given the stigma and discrimination that exist in polyclinics and small communities? It was also mentioned that work related to the reduction of stigma and discrimination will be carried out, but we all know that these works are quite extensive and changes require a long time. Is there a successful experience of service decentralization in Armenia?  **Answer: Samvel Kharazyan** – As an example of decentralization of services, I can mention the decentralization of dermatovenerology services, which was also not a quick process. Providing access to services takes place in parallel with the increase of knowledge, professional abilities, and access to medication. This transition did not proceed according to a clearly planned schedule, but in our case, we have financial resources and donors whose work is aimed at implementing these programs and ensuring access. I think that non-governmental organizations can use their potential to support these processes.  **Addition: Lena Nanushyan –** I would like to add that it is quite a difficult situation to make a choice: it is necessary to have separate medical institutions that will deal with certain diseases, or whether these services should be integrated into the system. In the case of centralized services, no matter how many educational programs have been implemented in the PHC sector, unfortunately they have not yet brought the expected results, particularly in the issues related to stigma and discrimination. Naturally, now we are also trying to understand whether our PHC sector is ready to receive these patients. On the other hand, concentration naturally deepens the stigma and discrimination, because other medical institutions state that they do not deal with such cases. A few years ago, when we already wanted to implement this program so that the doctors of the PHC sector would also do counselling and testing, I must mention that we were very concerned about what degree of stigma or discrimination cases we might encounter. For this reason, before designing the program, we included a stigma and discrimination education component for primary care sector doctors. There are positive reactions from the system and it is noted that the primary care sector doctors have started to treat it more positively. I think it will be quite interesting to assess what effect these changes have had.  **In addition: Roza Babayan –** I must mention that the country will conduct a "STIGMA INDEX" research for the first time, and according to Mrs. Nanushyan, questions assessing stigma and discrimination have been included in the research questions. I should also add that we had the opportunity to receive a grant from the Ministry of Health of the German Federation for the implementation of the program aimed at mitigating the consequences of COVID-19. The program is implemented by the National Center for Infectious Diseases, which is related to increasing the availability of drugs in the marzes. Within the framework of this process, marzes were selected, where work has already started with the infection departments of regional medical institutions, and there is quite a large response regarding this cooperation. I can mention that as a first step in the process of whether the services can be decentralized, it has already been done. The methodology has already been completed and will soon be submitted to the Ethics Committee for approval. Then the works will start, by March next year we will have the results and will be able to make a clear assessment.  **In addition: Zhenya Mayilyan** – I would like to mention that our organization is actively involved in the drug decentralization program and at the moment 50-60 patients are already receiving the medication in Lori, Shirak and Aragatsotn marzes. Before the start of the program, the doctors of NCID carried out preparatory works, in particular, on the topic of stigma and discrimination. The program started in April-May of this year and a two-week monitoring is being implemented. I would like to mention that until today we have not had any negative reaction. I think that if there is a political will to decentralize the services, then with the current resources it will be feasible.  **Question: Hasmik Harutyunyan** – I would like to direct my question to Samvel Kharazyan. We are all aware that ensuring the appropriate level of state funding is an important issue of the Transition Plan and we are striving to increase that level whenever possible. At the end of each year, I am involved in the collection of government expenses and I would like to know if the expenses of the Ministry of Health for acquiring drugs for the treatment of tuberculosis and HIV/AIDS through centralized purchases are included.  **Answer: Samvel Kharazyan** – There is no separation for drugs. Here, there are mainly the costs of treatment, separated at the hospital and outpatient level. Centralized acquisition of drugs is considered as medicine expenditure in public expenditure and is not separated by diseases.  **Question: Lena Nanushyan –** I am addressing my question to Davit Melik-Nubaryan. We talked about the revision of all legal acts, which unfortunately are rather long processes, as we try to include all interested parties. We plan that these changes will be implemented anyway, however, will there not be a need to carry out works related to stigma and discrimination in accommodation facilities, for example? I think that in addition to having legislative grounds for making a change, it is also necessary to ensure the implementation of that change.  **Answer: Davit Melik-Nubaryan** – When our CRG working group met with the Ministry of Labor and Social Affairs, a member of the group, Zhenya Mayilian, suggested that a corresponding program be implemented, and as far as I know, there is a preliminary agreement between the "Real World, Real People" NGO and that agency, so that a specified number of people undergo the relevant trainings.  **In addition: Zhenya Mayilyan** – We have already started conducting trainings with some support centers, but we have a request from the Ministry of Labor and Social Affairs to work also with the employees of the unified social service, whose number is around 3,000. With the support of the United Nations united HIV/AIDS Program, we implemented a small program within the framework of which we worked with some centers, but we also expect to have long-term training courses in the future. We have already developed the module, sent it to the Ministry, which was approved.  **Question: Shuhsanik Khnkoyan** – I’m directing my question to Davit Melik-Nubaryan. In your speech, you mentioned about the 2012 blood donation law. It was noted that you have achieved success. I would like you to mention this success, say at what stage the works are and at what level this success was recorded?  **Answer: Davit Melik-Nubaryan** – The proposal has been clearly formed, where it is indicated which points are proposed to be removed or changed. The proposal was submitted to the Ministry of Health, where professional discussions took place, the order was developed and the draft to make amendments to the order was circulated. Next week, in accordance with the established procedure, it will be sent to the Ministry of Justice for an expert opinion, which is a mandatory requirement. In case of a positive conclusion, after two weeks it will become a legal act and the provisions subject to amendment will be removed.  **Question: Viktoria Avakova** – I would like to direct my question to Samvel Kharazyan. I would like to point out that during the decentralization process, we have a problem not only with stigma and discrimination, but also with data privacy. How will that issue be resolved? And my second question concerns the availability of the data you mentioned. What data will be available and to whom?  **Answer: Lena Nanushyan** – I will answer the first question if possible. Confidentiality issues are not only related to HIV/AIDS, but medical confidentiality issues in general are related to many other issues. Two or three years ago, when we were preparing a new draft of the Law on Medical Aid and Service, of course one of the priority issues was privacy issues, and I should mention that the draft was approved last year and other by-laws were approved after it, which should ensure the regulation of issues of stronger protection of medical confidentiality. Of course, there were many vulnerable issues and we hope that these issues have already been settled and we should carry out extensive awareness-raising activities among the medical care providers, so that it is clear to them which part is considered to be medical secret and which part is not. I think that there is also work to be done among journalists, because we often witness how information related to human health is spread and we cannot prevent the process in any way. We can plan an online awareness course, with the help of which we can include a large number of health professionals. As far as I remember, I had requested donor organizations to conduct similar trainings.  **In addition: Roza Babayan** – Yes, it was partially included in the courses in the complete package provided to medical professionals, but we are developing a separate course that will be ready by the end of the year.  **Question: Viktoria Avakova** – Thank you. I would also like you to answer my second question, which is about data availability.  **Answer: Samvel Kharazyan** – The availability of data mainly depends on what services the final package of services will include. When it is already clear, all the service providers who will be able or will declare that they can provide these services within the framework of the planned legislative changes, will apply with the proposal to provide these services and the state will already sign a contract with them.  **Question: Viktoria Avakova** – I must mention that the procurement process for non-governmental organizations limits their activities and the process of providing services. If the state has to provide grants to non-governmental organizations for the provision of services, the mechanism must be more adapted to the use of the NGO and the services that are provided. If we can work on that process, then I think it will be possible to reduce the inconveniences that public organizations have in the future.  **Answer: Hasmik Harutyunyan** – We have two mechanisms for concluding service contracts with non-governmental organizations. The first is the contract for the implementation of the services itself, which is carried out in accordance with the procurement legislation. The process there is not complicated, but there is a certain limited point, in particular, the provision of an advance payment on the basis of a bank guarantee, which is generally not acceptable for NGOs, since they are non-profit organizations. There is another legislative act, the RA Government's Decision N 1937-N dated 24.12.2003, on the basis of which grants are provided, which is outside the field of procurement. I would like to mention that the authorized body implementing changes is the Ministry of Finance, it is beyond the authority of the Ministry of Health. In the course of several years, there were already changes in that same decision N 1937 and the procedures were sufficiently simplified. Although the Global Fund grant funds are used, they are considered state budget funds and we are obliged to apply state procedures. When you use it, you will see how many simplifications we have made.  **Question: Hmayak Avetisyan** – I’m directing my question to Davit Melik-Nubaryan. You mentioned that you have success with donating blood and you also mentioned that there were discriminatory terms associated with belonging to certain groups. Please specify, what groups and what success are you talking about? My second question is related to the newly formed working group mentioned by you. On what basis were the members of that group selected?  **Answer: Davit Melik-Nubaryan –** The current minister's order on blood donation, which is already ten years old, includes an absolute contraindication for donation - being "homosexual", which directly contradicts the law on donation, as the law clearly prohibits any type of discrimination. The law clearly states that the state encourages the involvement of the largest possible number of people for donation. Our proposal, which we hope will become an effective amended legal act within three weeks, is to remove that term, not to make a person's sexual orientation the basis for the ban on donation, but on the contrary, studying the international experience, to make the basis for the generally risky behaviour that can be demonstrated by a person of any orientation.  The formation of the working group aims to solve two problems: monitoring, recording and developing a tool for responding to cases of discrimination, as well as ensuring continuity of access to medical services for vulnerable groups in emergency situations. The group was formed by relevant sector experts and three members of the CRG working group.  **In addition: Inessa Asmangulyan** – Letters were sent to the relevant structures and the structures responded with official letters through the Mulberry system about whose candidacy they are proposing from their institution. Several candidates were proposed, all of which were included in the working group.  **Mamikon Hovsepyan** – I would like to note that the CRG working group is one of the unique working groups that works quite efficiently and on behalf of the group I would like to thank the coordinator of the group, Davit Melik-Nubaryan, because it is due to his work and dedication that we have done a lot of work in this short period of time. I should also add that I am surprised and did not expect that the Ministry would step forward, but if the Ministry did not support, these working groups would not have been formed and the changes would not have been implemented. This is a successful story in the life of the CCM.  **Davit Melik-Nubaryan** – It is the consistency of the members that "makes" me work. Thank you.  **Lena Nanushyan** – I would like to thank the chairman, members of the CRG working group and Davit Melik-Nubaryan, because when we created the working group, we had the expectation that it should work closely with the people and organizations carrying out field work, raise all the issues that additionally create a basis for discrimination and stigma and make them available to the Ministry of Health and other agencies.  **Question: Hmayak Avetisyan** – I would like to understand what our strategic vision is, whether the country goes for state financing in 2024, or whether we expect the continuation of the Global Fund program.  **Answer: Lena Nanushyan** – At the moment, negotiations are underway with the Global Fund, and the continuation of the program depends on the outcome of those negotiations. We are waiting for the final decision of the Global Fund and we hope that the country will be included. | | | | | | | | | | | | **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** | | | | | | | | | | | | **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>** | | | | |  | |  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **MINUTES OF EACH AGENDA ITEM** | | | | | | | | | | | | | | | | | | | | |
| **AGENDA ITEM # 5** | | | | | | Analysis of the Transition Plan for State Funding of HIV Services in Armenia | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | |
| **Hmayak Avetisyan from "New Generation"** humanitarian non-governmental organization stated that the analysis of the transition plan made by them focused more on the groups among which the organization implements HIV prevention services. The research was conducted based on the methodology developed by the donor organization. The aim of the study was to examine the extent to which the needs and challenges of HIV-vulnerable target groups (Female sex workers (FSWs), Men who have sex with men (MSM) trans) are expressed and addressed in the transition plan of Armenia. In order to better understand the needs and challenges of the target groups, focus group discussions were also conducted among the representatives of the above-mentioned groups. Taking into account the goals of the transition plan, the results of the FGDs the studies were developed in the following main directions: legal environment, political environment, financial resources, human resources and health systems. The gaps identified as a result of the research carried out by the NGO in each field are presented in the report. A package of recommendations was developed based on the presented results.  (Annex 5) | | | | | | | | | | | | | | | | | | | | |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** | | | | | | | | | | | | | | | | | | | | |
| **GOV** | |  | | | | | | | | | | | | | | | | | | |
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| **DECISION(S)** | | | | | | | | | | | | | | | | | | | | |
| To adopt the Code of Ethical Conduct. | | | | | | | | | | | | | | | | | | | | |
| **ACTION(S)** | | | | | | | | | | | | **KEY PERSON RESPONSIBLE** | | | | **DUE DATE** | | | | |
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| **DECISION MAKING** | | | | | | | | | | | | | | | | | | | | |
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| **MINUTES OF EACH AGENDA ITEM** | | | | | | | | | | | | | | | | | | | | |
| **AGENDA ITEM #6** | | | | | Questions and Answers | | | | | | | | | | | | | | | |
| **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: Mamikon Hovsepyan** – I have a question about the methodology of the research. I would like you to provide detailed information about the focus groups: how many groups were formed, by what criteria were they formed, and how many people were included in those groups?  **Answer: Hmayak Avetisyan** – The focus group discussions were conducted among three groups: FSW, MSM and Trans people, including 20 participants in each group, and two focus group discussions were held within each group. That is, two discussions were held in each group with ten participants. We recruited participants mainly through outreach workers, ensuring diversity in the group, as the methodology of the focus group research requires that the group be diverse.  **In addition: Viktoria Avakova -** I would like to add that, yes, we have a rather serious problem related to criminalization and penalties. During this period, Armenia was reporting to the UN Convention and a question was raised regarding the mentioned penalties. Last year, there were also recommendations regarding changing or removing these penalties. I think we should pay attention and find a solution.  **In addition: Roza Babayan** – I agree that we have a problem related to criminalization, particularly the criminalization of HIV, but it should be noted that during the past two years, we have made achievements and it is not one-day work, but we all know that especially the change of laws that regulate also other fields is quite extensive and years-long work. As for the rest of the legal inequalities, in the direction of which we need to implement work, steps are already being taken. A good basis for these changes is the strategic document adopted in January this year, which was signed and accepted by the minister, where all the international approaches that were recorded in the global strategy are included and obligations are assumed. All these changes should be introduced gradually with the efforts of all of us. Regarding the cases of stigma and discrimination by medical facilities, which were presented by both the humanitarian NGO "New Generation" and the NGO "Real World, Real People", from those reports, the names of the medical centers where these cases were recorded were removed one by one, and the specialists of these centers were consistently involved in the trainings that we are conducting together with the National Institute of Health. I hope that the continuous training of these specialists will bring results. We have also discussed with you the introduction of an online tool that will allow you to immediately record all cases of violations, and we have now initiated work in that direction as well. I hope that in the near future we will discuss with a smaller group how this online application will be available to everyone.  **Addition: Hmayak Avetisyan –** If there are no other questions, I would like to add that Alina Mirzoyan, coordinator of human rights and interest protection of our organization, made a report at the UN these days and presented all these issues that we are raising now. I should also note that all the problems I mentioned, most of them are reflected in the transition plan of the Global Fund. | | | | | | | | | | | | | | | | | | | | |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** | | | | | | | | | | | | | | | | | | | | |
| **GOV** |  | | | | | | | | | | | | | | | | | | | |
| **MLBL** |  | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | |  |
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| **MINUTES OF EACH AGENDA ITEM** | | | | | | | | | | | | | | | | | | | | |
| **AGENDA ITEM #7** | | | | | Other Questions | | | | | | | | | | | | | | | |
| **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 Mayilyan** – Before we move on to the section addressing other issues, I would like to pass the floor to Samvel Kostandyan. First of all, I would like to thank you for your presence. This is the platform where you can talk about the problems you have faced in recent years. I should mention that one of the issues presented by the CRG working group had a direct impact on Samvel's life as well. Please provide more details.  **Samvel Kostandyan –** Greetings to you. My name is Samvel, 71 years old. In 2017, I went for a check-up due to feeling unwell. I was diagnosed with HIV, after that I went to the HIV center, they registered me so that I could start receiving medicines, which I am still receiving. After that I had a vascular problem. I'm a single retired man, I don't have anyone, but when I could walk, I was able to rent a house and take care of myself. My right leg was operated on in December after the condition of my legs worsened. I was no longer able to rent an apartment and live on a pension. "Real people, real world" organization helped me a lot during that period. I was accompanied to the Ministry of Labor and Social Affairs. Nobody would accept me. I asked them to allocate me some kind of accommodation or a place so that I would not be left out. No one came close, nor did they answer. Imagine five days their employee sat with me in that cold. I called the spokesperson and presented the situation. They answered me that the law does not allow me to be provided with accommodation or to be placed in a nursing home. They mentioned my illness as the reason. I wanted to know the reason, because I was told that my disease is not spread by contact. However, the reasoning remained the same. On the fifth day, they called me and told me that they can provide one-room accommodation. I was very happy. Meanwhile, the condition of my other leg also started to deteriorate and two months ago, that leg was also amputated. Before that, I could take care of myself with one leg, but after amputating my other leg, I cannot do anything at all. The room is not suitable for a person with my abilities. Again, with the help of the "Real World, Real People" organization, I applied to the ministry with a request for a caregiver. They mentioned again that the law does not allow it. They told me to write an application and they will respond to that application. I got a call from "Armenia Mission" and mentioned that I have to go to the committee so that they can make a decision. I am sure that there are many people like me. The people are afraid of this disease, I don't know why. A law should be adopted to help people like me, and at the same time to inform that people with HIV are not dangerous in everyday life. Today, the "Real World, Real People" organization helps me in every matter. I don't know how I will organize my fees, I can't organize it only with my pension. I repeat again that there are many people like me. Of course, I am not saying that you are obliged, but many people need your help.  **Zhenya Mayilyan** – Thanks Samvel. We work with each other on a daily basis. Unfortunately, we do not have participants from the Ministry of Labor and Social Affairs at the meeting, but we do have a CCM participant from the Ministry of Justice. I must mention that we have received quite a lot of support from the Ministry of Health on this matter, and I am full of hope that a change will take place in the law. Samvel and people in a similar situation will be able to use the services available to them in a dignified way, regardless of their HIV status.  **Babken Ardyan** – Hello, I am representing the "For Freedom" NGO. Since it was mentioned that we have a CCM member from the Ministry of Justice, I would like to present the situation. I would like to inform you that everything that Samvel mentioned is happening in penitentiary institutions as well. In other words, people living with HIV are singled out, the rest do not get enough education. If different non-governmental organizations are able to support people in a similar situation in freedom, then in penitentiary institutions there is no such possibility. I think both the Ministry of Health and the Ministry of Justice have work to do in those institutions.  I would also like to add that there are some of my outreach friends here, who I think will agree with me. We work with vulnerable groups and carry out testing with the support of the Global Fund and the Ministry of Health. Lately, groundless accusations were made on the scale of the public organization and the Ministry of Health. Such accusations have consequences both for members of the community living with HIV and for people who want to be tested. I assure you that after discovering the initial status of five HIV-positive persons who trust me, I directed them to the National Center for Infectious Diseases, however, they have expressed their concern about the data leakage. The main object of their suspicion is that the relevant bodies have neither denied nor confirmed this information. A similar situation happened not only to me, but also to other outreach workers, when the beneficiaries stated that they would not apply at all and would not receive medicine. I would like to ask you to take some measures to refute this false information.  **Addition: Lena Nanushyan** – I would like to respond regarding the changes. After the first case of HIV was reported, stigma and discrimination against people living with HIV continue to exist around the world, which has been reinforced in people's behaviour. It is clear that it takes a long time for people to change their behaviour. In the state system as well, since the existing procedures have already been strengthened and I agree that time is needed for all interested parties to express their opinion and not make any wrong move. I highly appreciate the role of non-governmental organizations, which are able to provide us with additional support.  **Question: Mamikon Hovsepyan** – I was looking at the data on syphilis. After the years 2019-2020, the numbers have increased about three times. We all know that these numbers are not the true picture, and the state has taken quite a few steps to ensure free check-ups and treatment, but it may not have been enough to raise public awareness. Are there any steps being taken to reduce those numbers? My other question concerns the new epidemic spreading in the world after the COVID-19 epidemic, monkey pox, and if it has not yet been registered in Armenia, then one day it will be registered for sure. Developed countries already have the vaccine, but Armenia still doesn't have one. Are there any steps being taken to acquire that vaccine and provide it to vulnerable groups?  **Answer: Lena Nanushyan –** Syphilis data are also a concern for us, as a large number of syphilis cases have been registered in recent times. We have had several meetings with specialists in the Ministry of Health. We are still unable to assess whether this is due to another wave of syphilis or the fact that diagnosis and treatment are free and the increase may be due to detectability. In addition to the fact that the Ministry initiated discussions with specialists in the field, at the same time, we asked the specialists of the associations to develop procedures and guidelines, because this field has not been in the centre of attention for quite a long time. Procedures and guidelines have been developed and approved by the Ministry. At the same time, we appealed to the WHO to carry out an assessment in order to understand what the systemic problems are that need attention.  As for the monkey pox, I should mention that no case has been registered in our republic yet. Tests have been acquired through the European Union and the Russian Federation, we have developed a number of methodological guidelines, and we have also conducted trainings among medical workers. We haven't taken any steps regarding the vaccine yet. I should mention, based on previous experience, that it is quite difficult for us to deal with the acquisition of vaccines, but we have already mentioned it in our strategy.  **Addition: Gayane Ghukasyan** Regarding the question to syphilis, I would like to highlight that the most important issue now is development of the national strategy to control sexually transmitted infections (STIs). Yes, the WHO's attention to HIV/AIDS has also been quite high, but sexually transmitted infections have not been so much at the spotlight. The country is encouraged by the WHO’s Global Validation Advisory Committee (GVAC) to also (in addition to HIV) consider validation of elimination of the mother to child transmission (EMTCT) of congenital syphilis (CS). On the MOH request, the WHO is currently conducting a pre-assessment of CS situation in Armenia, and the observations show that there is a long way to go to be ready for the official validation of EMTCT of CS. For example, one of the important issues are absence of case definitions - both clinical and surveillance case definitions for CS. Another important observation I would like to highlight is to consider integrated management of HIV and STI issues in the country – this way the country can ensure the Global Fund support can be extended to improve service delivery and management of STIs in the country. (The expert from Moldova confirmed that once they integrated both services, the STI service delivery in Moldova starting to be more functional). By the end of November 2022, the WHO expert team will provide thorough recommendations based on the results of the pre-assessment mission to Armenia. The commitment of the country to address STIs issues is very high, and this determines the success. I also would like to suggest that a representative from the National Center of Dermatology be included in the CCM membership – to enable better coordination and integration.  **Addition: Inessa Asmangulyan** – I would like to add that the CCM Secretariat recently received a letter from the "Public Health Alliance" organization, where it is stated that the organization wants to apply for a regional program and they are asking for a letter of support from the CCM, particularly involving the non-governmental organizations of the CCM composition. Those organizations that are interested, please contact the CCM Secretariat.  **Addition: Roza Babayan** – I should add that we are currently working with the Armenian office of the WHO to organize trainings among MSM. We have already had one online discussion in which medical workers and representatives of non-governmental organizations participated. At the moment we are focusing more on holding similar educational events.  **Question: Zhenya Mayilyan** – As you know, due to the Russian-Ukrainian war, we had quite a large inflow from the Russian Federation in February-March. It was the financially secure group, mainly from the IT sector. In connection with the declared mobilization, there is quite a large inflow both in Armenia and Georgia. It is clear that due to this inflow, we will have an increase in the epidemic, the numbers of HIV will increase. Our organization is mainly approached by people living with HIV regarding access to ART treatment, but not everyone knows our organization and not everyone knows about their HIV status. Are any steps being taken in this direction? There is concern that due to this situation, we may lose control.  **Question: Hasmik Harutyunyan** – I should mention that this issue was discussed with the Global Fund's regional team, and in fact they are aware of it, and we should definitely take these people into account in the new grant application. That is why we regularly ask organizations for data on foreign citizens. We need to have full information and include these people in our application.  **Addition: Romella Abovyan** – Unlike the Russian Federation, HIV testing and treatment is free for foreign citizens as well. We did quite a lot of work so that our citizens could get the treatment free of charge, but we failed. It was explained that the migration is much higher in their country. In fact, the situation is the opposite at the moment, and under our law we must provide testing and treatment for these people free of charge. Forecasts must be made in order to be ready for those volumes.  **Addition: Zhenya Mayilyan** – My question was more about people living with HIV who enter Armenia and do not know who they can turn to. Maybe it will be possible to post informational banners in airports so that people will be informed somehow.  **Addition: Armen Aghajanov** – I think putting anything at the airport is unrealistic. When this all started, I was in various Russian online groups, announcing that HIV testing and ART treatment were free and mentioning the organizations they could turn to. I was called a "traitor" and blocked in most groups, because it is accepted that there are no LGBT people in Armenia and there is no HIV.  **Addition: Irina Davtyan** – I would like to mention that at the moment we have 42,000 citizens of the EAEU member states. I would suggest that the information be in the places where these citizens visit most often. For example, first they visit the passport and visa department to get a public service number, they visit banks to open an account, tax service, immigration service. In other words, information can be disseminated within the framework of these bodies.  **Addition: Qnar Ghonyan** – If a person, being a foreign citizen, comes and expresses a desire to be served at a primary care institution, then we have no restrictions. The person can register in the medical institution of his choice. Here the question is about the paid or state order. If a person, being a foreign citizen, receives a "special residence status card" in the Republic of Armenia, the state guarantees free primary care services in the preferred polyclinic institution. If the person continues to be a foreign citizen, he receives the services on a paid basis.  **Question: Shushanik Khnkoyan** – Since you mentioned that we have a representative from the Ministry of Justice, I would like to raise a very important issue related to Trans people. In the Republic of Armenia, Trans persons cannot perform sex change surgery, because the legislative field is open in this regard. Trans persons are forced to carry out these operations abroad or in Armenia, but secretly. In order for this field to be legally controlled, we had developed a draft and tried to cooperate with the relevant departments in order to finalize it. The Ministry of Justice categorically refuses to discuss this draft. In addition, we had a meeting with the Ministry of Health regarding this draft, for which I would like to thank Mrs. Harutyunyan, because we had a meaningful discussion. However, during the discussion, we had a very unpleasant situation, which I would like to speak about. At the end of the meeting, the head of the Legal Department of the Ministry of Health, Anna Mkrtumyan, joined us, who, to put it mildly, behaved shamefully, making homophobic and insulting remarks towards the representative of the community. I would like to ask you to take a very serious approach to this issue. We wrote to the ministry, but we received an answer that there is no regulation of the behaviour of civil servants. In fact, it turns out that the head of the Legal Department can exhibit discriminatory and homophobic attitudes and no process will be carried out against her. As an official, it is very important to show appropriate behaviour.  **Answer: Lena Nanushyan** – I would like to give a very brief response. I would ask that we refrain from different qualifications, because I personally had a conversation with the head of the Legal Department regarding the incident. She voiced other qualifications, and I am trying to approach the issue objectively. In response to your letter, we noted that there is no such regulation. I must mention that the head of the department is quite well informed about the issues of human rights, stigma and discrimination against people living with HIV, but in that situation there was a misunderstanding and insulting remarks were also made against her.  **Addition: Hmayak Avetisyan** – Shushan presents the situation very correctly and I was personally present at that incident. No qualifications were addressed to her, but they were addressed by her.  **Answer: Lena Nanushyan** - Since the person is not here, I think it is not ethically correct to have a discussion in her absence. If you want, we can arrange this discussion at another time. If you have any suggestions, please submit your suggestions in writing.  **Question: Artyom Movsisyan** – Since we talked about residence cards, people who arrived in Armenia, syphilis numbers, I should mention that we also have a problem in this regard, because in fact, these people use our prevention programs, but if syphilis is detected, they cannot receive treatment within the framework of the state order. Either they have to pay or get the residence card, which, if I am not mistaken, is almost of the same cost. In other words, it turns out that in one case, we involve them in the program, but on the other hand, there is quite a large gap.  **Answer: Irina Davtyan** – Once again, I would like to mention that the citizens of the EAEU states, if they work here, receive the residence card for free.  **Addition: Artyom Movsisyan** – Many representatives of vulnerable groups do not work and are in a rather difficult situation, and making these payments is still a big problem.  **Addition: Hasmik Harutyunyan** – When we analyze the data of this year, we will review the financial possibilities of the program and understand what volumes we are talking about. If possible, we will try to include them in the program as well. | | | | | | | | | | | | | | | | | | | | |
| **SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM** | | | | | | | | | | | | | | | | | | | | |
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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** | | | | | | |  |
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| **MINUTES OF EACH AGENDA ITEM** | | | | | | | | | | | | | | | | | | | | |
| **AGENDA ITEM #8** | | | | | 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.  **Inessa Asmangulyan** expressed her gratitude to all CCM members for their participation. | | | | | | | | | | | | | | | | | | | | |
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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 :** | 27 October 2022 |
| **SIGNATURE :** |  |

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| **ccm minutes approval:** | | |
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