DRAFT MINUTES

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

MEETING DETAIL	LS										
COUNTRY (CCM)		CCM Armenia			TOTAL NUMBER OF VOT	ING MEMBERS		17			
MEETING NUMBER	R	N 6			PRESENT (INCLUDING ALTERNATES)						
DATE (dd.mm.yy)				31.01.2024			TOTAL NUMBER OF NON	-CCM MEMBERS /		32	
DETAILS of person	who C	HAIRED	the meet	ting			OBSERVERS PRESENT (IN	NCLUDING CCM			
				_			SECRETARIAT STAFF)				
HIS / HER NAME &	&	First	name		Zhenya	a	QUORUM FOR MEETING	WAS ACHIEVED		Yes	
ORGANISATION		FIISt	паше				(yes or no)				
		Family	name		Mayilya	an	DURATION OF THE MEET	ΓING (in hours)		3 hours	
		Ougoni	rotion	"Real '	World, Re	al People"	VENUE / LOCATION		Nationa	al Institute of l	Health
		Organi	ızatıon		NGO						
	Cl	hair					MEETING TYPE	Regular CCM me	eeting	V	
HIS / HER ROLE C	N Vi	ce-Chair									
CCM								Extraordinary me	eting		
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HIS / HER SECTO	R*						GLOBAL FUND SECRETA]	LFA	V
							ATTENDANCE AT THE M	EETING			
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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 Summary Review CCM annual work plans / budget Conflict of Interest / Mitigation PR / SR selection / assessment Request for continued funding Constituencies engagement periodic review / phase II / TA solicitation / progress management actions, LFA CCM member renewals/appointments consultations with in-country Proposal development Oversight (PUDRs, Gender issues **CCM Communications** Grant Negotiations / Agreement Grant Consolidation meeting AGENDA SUMMARY last WRITE THE TITLE OF EACH **AGENDA** ITEM No. AGENDA ITEM / TOPIC **BELOW** Opening speech, presentation ٧ and adoption of the meeting agenda. Welcoming the new CCM Members. Management of Conflict of ٧ Interests Presentation of the work done ٧ by the Global Fund to fight HIV/AIDS, Tuberculosis, and Malaria in Armenia during 2023 **Questions and Answers** V Presentation of the activities ٧ implemented in 2023 by CRG WG and presentation/approval of CRG WG action plan for 2024 Presentation of the results and ٧ recommendations of the study

N 1

N 2

N 3

N 4

N 5

N 6

	carried out by the CCM Oversight WG								
N 7	Questions and Answers								٧
N 8	Updates on GF New Grant Application process				V				
N 9	Presentation of approved priorities of the Civil Society and Communities by CRG WG within the framework of GF grant application				V				
N 10	Questions and Answers								V
N 11	Other questions								V
N 12	Wrap-up								V

MINUTES OF EACH AGENDA ITEM						
AGENDA ITEM #1 Opening speech, presentation and approval of the meeting agenda (Appendix 1)						
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)						
WAS THERE STILL A QUORUM AFTER MEMBERS	S' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)	Yes				
SUMMARY OF PRESENTATIONS AND ISSUES DIS	CUSSED					
On January 31, the sixth meeting of the Country Cool	dinating Mechanism (CCM) against HIV/AIDS, Tuberculosis and Malaria in the	Republic of Armenia				
took place.						

Hripsime Atoyan, CCM Secretary, welcome	ed the attendees and note	d that	the quorum was se	cured a	nd passed the floor to Zhenya	a Mayilyan, (CCM Vice
President. Zhenya Mayilyan, CCM Vice Pr	esident, welcomed the p	articip	ants of the meeting	g and pr	esented the agenda of the me	eeting. CCM	members
approved the agenda of the meeting. (See A	appendix 1)	-	·	_	<u> </u>	G	
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SUMMARY OF SPECIFIC CONTRIBUTION	NS / CONCERNS / ISSUES	S AND	RECOMMENDAT	IONS R	AISED BY CONSTITUENCIE	S ON THE C	CM
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It was decided to start the meeting in accordance	with approved Agenda Item	S.				T ==	
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			ABSTAINED>				

MINUTES OF EACH AGENDA ITEM					
AGENDA ITEM #2	Identification of potential conflicts of interest on matters to be considered (Appendix 2)				
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)					

WAS THERE STILL A QUORUM AFTER MI	EMBERS' RECUSAL DUE	TO DI	ECLARED CONFLICT	S OF I	NTEREST (yes or no)	Yes	
SUMMARY OF PRESENTATIONS AND ISSU	JES DISCUSSED						
Hripsime Atoyan mentioned that CCM mentioled out the conflict of interest form. On the as they are also CCM members (See Appendit Question: Arman Sahakyan: I welcome every finalized by the CRG working group was prefamilized by the list will not be approved.	nbers should fill out the cone items of the agenda, CR ix 2) yone. At the meeting, the esented to the Global Fund conflict of interest on this d by CCM.	G won priori , will point	rking group members of ty list developed by the also be presented. Is the great as the priorities were	cannot ne gran nere a c develo	vote for the approval of the 2 t-affiliated civil society and conflict of interest on this point ped and approved by the men	024 action pla ommunities a at, as well? abers of the CI	lan, and
SUMMARY OF SPECIFIC CONTRIBUTION	S / CONCERNS / ISSUES A	ND R	ECOMMENDATIONS	RAISE	D BY CONSTITUENCIES ON	THE CCM	
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ENTER THE NUMBER OF VOTING CCM MEMBERS WHO	
ABSTAINED>	

MINUTES OF EACH AGENDA ITEM		
AGENDA ITEM #3	Presentation of the work carried out by the Global Fund to fight against HIV and Malaria in Armenia during 2023 (Appendix 3)	//AIDS, Tuberculosis
CONFLICT OF INTEREST. (List below the names of men	nbers / alternates who must abstain from discussions and decisions)	
	RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCU		
<u> </u>	gram coordinating group of the Ministry of Health of the Republic of Arm	•
activities carried out by the Global Fund to fight against	t HIV/AIDS, tuberculosis and malaria in Armenia during 2023 (Appendix 3).	
Inessa Asmangulyan presented that the deficit caused	by the exchange rate of the US dollar in the current grant program was fil	lled with additional
funding in the amount of 1,514,836 US dollars through	the optimization of the grant program, aimed at HIV prevention programs,	, multidrug resistant
	f the principal beneficiary and sub-beneficiaries (December 15, 2023).	o o
1 0	the Global Fund in the amount of 392,049 US dollars aimed at the needs of the	ne forcibly displaced
· · · · · · · · · · · · · · · · · · ·	8, 2023. If partners are interested in what features are included in this offer,	• =
informed.	5, 2025. If partifels are interested in what reactives are included in tims offer,	mey win keep them
	numerals for numeriding IIIV provention functions among such assure	as and noonla living
	proposals for providing HIV prevention functions among vulnerable group	_
•	anked all the organizations that submitted the price proposals. In recent mo	
	inancing the grant program in the year 2025-2027. In the development pro-	'
international expert who has met with all interested par	rties. Hasmik Harutyunyan will present more details about this grant progra	m later.
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCE.	RNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES	ON THE CCM
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			ABSTAINED>				

MINUTES OF EACH AGENDA ITEM		
AGENDA ITEM #4	Question and Answer	
CONFLICT OF INTEREST. (List below the names of me	mbers / 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 DISCU	USSED	
Zhenya Mayilyan: "Thank you, Mrs. Asmangulyan. I k	know how much effort has been made by you and your team to be able to comp	ensate the dollar
deficit so that the programs are not suspended, because	the interruption of HIV treatment and prevention programs can have a very seri-	ous consequence.
No questions were raised.		
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCI	ERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON	THE CCM
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			ABSTAINED>				

MINUTES OF EACH AGENDA ITI	$\mathbf{E}\mathbf{M}$					
AGENDA ITEM #5	The work carried out by the CRG Working Group in 2023 and 2024 Action plan presentation/approval of plan					
	(Appendix 4)					
CONFLICT OF INTEREST. (List b	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 Yes					
no)						

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Davit Melik-Nubaryan welcomed the participants of the CCM meeting. He briefly presented the achievements of the CRG working group in 2023.

- Works aimed at increasing access to HIV post-contact prevention, as a result of which the amendments to Order N. 75-N of the RA Ministry of Health of the Republic of Armenia dated November 22, 2013 were approved.
- Activities aimed at revising discriminatory legal regulations, as a result of which the draft law on amendments to the Law on Medical Care and Services of the Population was developed and circulated.
- Activities aimed at ensuring the confidentiality of personal information, as a result of which the draft amendment to Order N. 40-N of the RA Ministry of Health dated May 18, 2021 was developed and circulated.
- The priorities presented by the civil society and communities were developed and presented within the framework of providing a new grant program to RA by the Global Fund.

Davit Melik-Nubaryan also presented the main provisions of the CRG Action plan of 2024:

- Participation in the review of the legal acts against tuberculosis (Order N. 21-N of the RA Ministry of Health dated 20.12.2008 and Order N. 35-N of the RA Ministry of Health dated 17.12.2010) in terms of discrimination, human rights and privacy of patients' personal data
- Developing a monitoring tool to assess geographic access to HIV services, privacy issues, stigma and discrimination

- · Studying the WHO standard approach to pregnant women living with HIV and assessment of the possibilities of its implementation in Armenia
- Advocacy addressed to the change in Paragraph "b" of Subclause 10 of Clause 10 of Decision N.198-L of the RA Ministry of Health dated January 22,2 020, aiming at making the second HIV examination mandatory for all pregnant women at 30 weeks
- Advocacy addressed to the change in Paragraph "b" of Subclause 2 of Clause 3 of Appendix N. 1 to Order N. 80-N of the RA Ministry of Health dated November 29, 2013, which will enable pregnant women living with HIV to apply to any institution of the appropriate level
- · Advocacy for the registration of the drug Naloxone within the WHO risk reduction
- Exploring and advocating for the decriminalization of HIV transmission
- · Investigation of cases of violation of the rights of persons providing sexual services and recommendations based on it
- Studying and submitting recommendations to the RA Ministry of Health for the regulation of the (legal) gender recognition and gender change process
- Other activities according to the job description of the CRG Working Group

Inessa Asmangulyan: "Thank you. In the action plan you presented the necessary work for the registration of the drug Naloxone. I should mention that Naloxone was purchased within the current grant and provided to those institutions where we believe there will be an application for Naloxone. Reports are being collected from the latter to understand whether it will be necessary to provide the same amount in the future?"

Lena Nanushyan: "Continuing the idea, I have a request to the CCM working groups, in particular the HIV working group to submit a proposal to the Ministry of Health, to understand what approach can be implemented to ensure for the beneficiaries to have a quick and effective access to Naloxone. As Mrs. Asmangulyan mentioned, we were acquiring it for the first time at this stage and Naloxone was provided to medical institutions, but we know that the international experience is different. In the next step, I will ask you to develop a proposal, indicating to whom else we can provide Naloxone and under what procedure or standard it will be more effective."

Zhenya Mayilyan: "Thank you. It is welcome that Naloxone is already available in Armenia, but I would like to mention that last year 4 of our outreach workers died of overdose. Unfortunately, it is not recorded that they have died from an overdose and it is usually recorded as a cardiac arrest. I cannot really imagine the barriers, but I would like to point out that Naloxone needs to be in the hands of outreach workers involved in harm reduction services and accessible to beneficiaries, that's for sure. Naloxone, which is available in medical facilities, unfortunately does not prevent overdoses because beneficiaries rarely seek medical facilities. I thank Mr. Melik-Nubaryan for his work. I like the CRG working group very much because it is a very efficient working group. I would also like to add something. In 2022, when the provision on support centers was changed that people with HIV and non-infectious TB could not apply to these facilities, after that I can say with confidence that most of our beneficiaries have access to these centers. In 2023, with the support of the United Nations Joint Program on HIV/AIDS, we have been able to train around 600 specialists who work in support and crisis centers under the Ministry of Labor and Social Affairs, which I consider to be a very important step in improving the quality of services".

Knar Ghonyan: "I express my gratitude to Mr. Melik-Nubaryan. May I add something? A proposal was made regarding pregnant women living with HIV. I would like to point out that the draft decision is already in the process of being signed, per which we specified that all third-level maternity care institutions accept, serve and manage pregnant women living with HIV."

Davit Melik-Nubaryan: "I thank you. This is really important."

Lena Nanushyan: "When the order comes into force, it should be ensured that the maternity hospitals that are to start providing the service should be as ready as possible to receive these women, so that it does not happen that they have been given the opportunity, but they have not performed their duties properly".

Rosa Babayan: "We had a discussion with Mrs. Nanushyan about making the second HIV examination mandatory at 30 weeks, it will be implemented soon."

Zhenya Mayilyan: "At this point of the agenda, we also have the approval of the 2024 Action plan of the CRG working group. Who are against the approval of the CRG Action plan?

The CR	G Action plan was unanimously approved.						
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WHO ABSTAINED>	

AGENDA ITEM # 6	Presentation of the results and recommendations of the research carried out by the CCM Oversight Advisory						
	Working Group (Appendix 5)						
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)							
WAS THERE STILL A QUORUM AFTE	R MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) Yes						
SUMMARY OF PRESENTATIONS AND	ISSUES DISCUSSED						
D D1 "T ' 1 '							

Rosa Babayan: "I am introducing myself now not as the head of the joint UN program on HIV/AIDS, but as the chairwoman of the CCM Oversight Working Group. I will present the work carried out by the CCM Oversight Technical Working Group. According to the CCM policy, all CCMs establish a permanent operational CCM oversight working group with appropriate skills and experience to ensure periodic oversight of Global Fund-supported programs. Like the Action plan of the other working groups, the Action plan of the CCM Oversight Working Group was approved by CCM. The work of the working group is supported by the coordinator of the Oversight Working Group. I must mention that after the formation of the group, the work did not start from January, because there was a need to develop the work program in a new format. With that project format, we first planned the way to harmonize the abilities of the members of the Oversight Group, as a result of which the online course developed by the Global Foundation was sent by CCM Secretariat to the members of the Oversight Group and we all took that course in order to have a clear and directed vision of our actions. As a result of the discussions of the working group, it was decided, that this year the focus of action will be on evaluating the implementation of tuberculosis grant programs, since the working group had previously studied HIV grant programs, as well as Methadone treatment implementation, and the tuberculosis component had never been considered. This year, these activities were initiated and extensive field work was carried out, a questionnaire was drafted, which covered questions on human rights, stigma and discrimination, and access to services. In addition to the field work, extensive work was carried out aimed at studying the existing legislation and regulations. As a result, as of now we have a prepared report which is in the finalization stage and I think it will be presented to CCM Secretariat in the first half of February. The report was quite comprehensive, since interviews were conducted with decision makers and the Global Fund team, as well as with various stakeholders. The goal was to consider what recommendations we can make in the programs implemented by the National TB Program and the Global Fund, so that the next grant program is more focused on solving those gaps that we have recorded. There will be quite extensive proposals that will be presented and shared with all of you. In the near future, I think the development of the Action plan of our working group for this year will be initiated in February, and I think you will be informed about it electronically. I am not presenting the results at the moment, but some of the recommendations made by us have been included in the list of priorities submitted by the civil society and communities attached to the Global Fund grant application, which will be presented by Davit Melik-Nubaryan. I can point out more correct recommendations. The biggest gaps we have identified are gaps in primary health care physician services, particularly referrals, confidentiality issues,

dispensary surveillance, and co-morbidity management for opportunistic illnesses. The main focus of the study was on multidrug-resistant tuberculosis and treatment interruptions. We tried to understand what caused treatment interruptions. For the most part, we have eliminated the lack of awareness, the lack of continuous monitoring by primary health care doctors, etc. The proposals will be mainly in the following directions: provision of services, human rights, decision-making."

Question: Mamikon Hovsepyan: "Thank you for the work done and for the presentation. I have a question about the course: When I was joining the working group, the course was sent and I passed. I wonder if it is mandatory to become a member and we must definitely pass it and learn during that class, at the end of which we are given a certificate. Did the members who just joined the group pass it, and how can we be sure that the person in question passed it, and not because of someone's tips? As an oversight working group, if that course is serious, how do we oversee this process?'

Answer: Roza Babayan: "I think I will not be able to fully answer the question. Maybe the secretariat can answer. I know that the secretariat has been constantly reminding us, and they were asking us to take the course. I can say that I passed the course myself. I think the control you mentioned is not the function of our working group. This was a unanimous decision, which we initiated when writing the program, so that we could speak the same "same language" as a group. To what extent it is mandatory, I will have a hard time saying.

Answer: Hripsime Atoyan: "Thank you for the question. The training link has been sent to the working group members. Soon we will make clarifications to understand who is in which stage. As for supervision, do they pass the course themselves, otherwise, I have no suggestion at the moment, if you have any, please share. Thanks a lot".

Question: Lena Nanushyan: "I would like to find out if the format of the completed works will be fixed in any way, so that the next working groups will do the upcoming works in the same format."

Answer: Roza Babayan: "In fact, it is a very good approach if we can regularly evaluate the effectiveness of our proposals. We have repeatedly spoken out that steps should be taken in the direction of the proposed work in order to change the situation. The indicated issues can be regulated, because there are issues that are purely regulated, but are not implemented in practice. We have raised more large-scale problems aimed at the continuous improvement of knowledge and access to services. If you think that we can fix that approach, then we are ready to not consider a new component this year, but implement our recommendations, and in the third year we can evaluate the implementation of our proposals with the same tool. I think we can fix it and have it as our action plan in the future."

Addition: Lena Nanushyan. "I suggest that you submit proposals regarding the identified problems to our respective divisions, the Global Fund, the CCM, as well as have discussions with the program coordinator of the National Pulmonology Center as to which issues should be addressed to which approaches. I would like to ask you not to finish these works at the stage of proposals, but to solve these problems with the help of various measures. After that, we can evaluate how the joint works went."

Answer: Roza Babayan: "We will include this function in the first point of this year's Action plan and will be consistent in its implementation."

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AGENDA ITEM #7	Questions and An						
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MINUTES OF EACH AGE							
AGENDA ITEM	#8 Presentation of th	he new grant applic	cation process to t	he Globa	l Fund to combat l	HIV/AIDS, Tubercu	losis and Malaria
	(Appendix 6)						
CONFLICT OF INTERES	T. (List below the names of mem	nbers / alternates wh	ho must abstain fro	om discus	sions and decisions		
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Hasmik Harutyunyan: "Dear colleagues, as you know, the work of developing the grant application has already begun, in which CCM working groups are actively involved. In this process, with the support of the United Nations HIV/AIDS Program and the World Health Organization, an international expert, Liliana Karaulan, with whom we had a very positive experience during the development of the previous grant application, is also included. The grant application is being developed in order to continue the programs for the period of 2025-2027. The grant funds allocated for that period and the proposed distribution are presented. During the application process, this allocation must be approved by the CCM prior to submission of the grant application. If this number changes, we need to present it to the CCM and get approval. The grant allocated for the upcoming period is less than the current grant in the amount of 30,000 US dollars. The period of upcoming grant is from January 1, 2025 to December 31, 2027. I will also present the schedule for the development and submission of the grant application. At the initial stage, the working groups were reshaped and confirmed, their work was activated. Since December last year, an active dialogue has been held in the country, including the visit of the Global Fund team, an international expert, meetings,

discussions with interested parties regarding the priority measures to be included in the grant application. As last time, the application will consist of the main application, as well as the application for additional measures, which will enable us to finance them as a result of additional savings or additional optimization processes. On February 20, the first draft of the grant application (including text, action plan and budget, framework of indicators) will be ready and presented to the CCM working groups and the Global Fund for feedback. In the next phase, by March 20, an interim draft of the grant application will be developed and submitted to the CCM working groups, technical partners (WHO) and the Global Fund for feedback. By April 10, we plan to develop a preliminary version of the new grant application, taking into account the feedbacks received from partners. In the period between April 15-19, we will have a meeting of the CCM for the purpose of submitting and approving the application.

I would like to note that the grant program will be written in the transition period format. As you know, we used that format when creating the current grant application, which is quite complicated, because it is planned that the HIV/AIDS grant will be the last one. Why was the last time not the last, because during the IBBS research, the number of people living with HIV was reassessed, vulnerable groups were reassessed, we had COVID, we had a war, as a result of which the Global Fund made a decision to provide a grant for the next period, as well. As you can see, the size of this grant is almost the same as the current grant.

I must mention that the main goal of the program is to reduce the burden of HIV/TB morbidity in Armenia by creating a human-centered, gender-sensitive and legal environment and systems in order to effectively fight against HIV and TB, aimed at achieving conformance with the international challenges of eradicating these diseases until 2030-2035. In particular,

- By reducing the gap with the 95-95-95 targets in the field of HIV, by increasing the volumes of HIV early detection and quality treatment programs, applying innovative approaches.
- Ensuring universal access to TB detection, quality diagnosis and treatment services using innovative approaches.

We will try to apply innovative approaches during the entire project."

Hasmik Harutyunyan presented the strategic goals, modules and interventions of the 2025-2027 HIV/TB grant application. Another component of the grant application is the Resilient and Sustainable Health System component (RSSH). We do not have a special fund allocation for RSSH. We have to separate the budget from the funds intended for the two diseases. Hasmik Harutyunyan presented the strategic goals, modules and interventions of the HSSS program. (Appendix 6)

Hasmik Harutyunyan: "When introducing these interventions the priorities developed by communities and non-governmental organizations will be taken into account. Considering the lack of funds, we have to focus on activities that are directly related to the elimination of TB and HIV/AIDS, because there are also activities that are related indirectly."

Question: Mamikon Hovsepyan: "I noticed that prevention of sexually transmitted diseases is not included in the package of preventive services among trans people."

Answer: Hasmik Harutyunyan: "I should mention it was not included in the current program, either. However, under the "men who have sex with men" component, if there were funds, we did it. In my opinion, since their number is small, we should try to ensure that, as well. It is not mentioned separately,

but it is done. This is done within the framework of financial resources allocated to the organization. When we address the performance and see that it is possible, we will add it separately under that line, as well."

Question: Mamikon Hovsepyan: "Raising awareness about legal knowledge is a wrong approach, because it is not the person's fault that he/she is subjected to discrimination, it is the discriminators who are to blame. We should work with them, not tell the victim. "Know your right." This is a rejected decision all over the world, and if the proposal for this intervention came from non-governmental organizations, then it is not good."

Answer: Hasmik Harutyunyan: This proposal was actually made by the international expert. There is such an approach that every person should be aware of his/her rights. Experience shows that when a person knows his/her rights, it helps somewhere. I am not saying that the responsibility should be imposed on him/her, but when he/she is aware of his/her rights and has knowledge, the process of struggle becomes easier."

Question: Mamikon Hovsepyan: "And my last question, which I think is very important, because I myself represent a public organization, when we do ongoing projects, we evaluate the organization's strategy from time to time in order to eliminate problems and obstacles. During the meeting of one of the working groups, you lightly mentioned that there were problems, but you avoided answering what problems. I think that talking about problems is important. I would like you to state with clear examples today what problems there were during the implementation of the project, especially in the public sector, what concerns there are and how we plan to change it."

Answer: Hasmik Harutyunyan: "As part of my presentation, I did not prepare the problem analysis section. As Mrs. Asmangulyan mentioned, the results of the programs implemented during 2023 will probably be presented separately. In general, we are quite far from the 95-95-95 scale, we are even far from the 90s scale, although we are implementing a program and many activites. We want to cover 80 percent of detestability in vulnerable groups, but we don't have the financial means, that's why we need to review our approaches. this applies to HIV, and in the field of tuberculosis, the low proportion of positive treatment outcomes is a problem. This is also slightly higher than the burden of tuberculosis estimated by the WHO, but in general we accept that there are cases of tuberculosis that we are not detecting. The most important problem is also that people leave treatment incomplete, which leads to further increase in drug resistance, the proportion of drug-resistant cases continues to increase.

Question: Victoria Avakova: "I have a question related to public organizations working in the TB sector, which, as we know, are few. What can we do to make public organizations more active in this field?"

Answer: Hasmik Harutyunyan: "At the moment, I think that public organizations active in the field of HIV can help us, because we cannot create an organization. We have been working with the Armenian Red Cross Society for years, which is an organization with quite a lot of potential."

Addition: Inessa Asmangulyan. "In this matter, it will be very interesting to hear your proposal, because your organization also works in the field. What do you think we can do to activate their potential?"

Answer: Victoria Avakova: "I believe that if there is funding in this field, then organizations will be more interested. The functions in the field of HIV are quite defined for public organizations, but not so much in the field of TB. I think that with such clarity it will be easier for organizations."

Addition: Inessa Asmangulyan. "We had a discussion on this issue with Naira Khachatryan, director of the National Pulmonology Center. To be honest, we never saw such an organization that would carry out active work in TB field."

Addition: Naira Khachatryan. "I think we already have well-established public organizations that work in the field of HIV and there are such functions that intersect with the interests of TB patients. For example, the range of outreach functions, because sometimes the target groups are the same or overlap. It is possible to develop a strategy according to which the more established non-governmental organizations in the field of HIV, which have experience and capabilities, can also be included. Perhaps with additional support from the Global Fund it could be implemented. But, of course, we have unique functions in the field of TB, because medical care in the fields of HIV and TB are organized a little differently. The TB service is an organization based on peripheral services and this is where we should think about how to develop the potential of one or two NGOs in this direction. I think we can implement this when we raise all the problems we have, as well as study the international best practice of different countries, for example, the experience of non-governmental organizations of the Republic of Moldova, the Republic of Belarus, which are working in the field. We can support the formation of patient organizations, which are very popular in the field of TB. We just need to understand the problems, how they are separated so that strategies can be developed. In my opinion within the framework of the TB working group, perhaps the very first meeting of this year can be dedicated to it."

Question: Zhenya Mayilyan: "I would like to know if the antiretroviral intravenous treatment is being considered in Armenia?" If so, at what stage is it?' Answer: Hasmik Harutyunyan: "Of course it is under consideration. We will certainly discuss what is new and a new approach. I regret to mention here that we have to look at cost-effectiveness, keeping in mind the lack of financial resources. In other words, in some cases we cannot afford "luxury". It is necessary to look at the entire program. If somewhere that "luxury" can bring a good result, then we can discuss it. We don't have a budget yet. When we start working out the budget, we will do those calculations together. In any case, as I said, we have the possibility of an above allocation. The PAAR is activated first when we have savings in above allocation funds. Within the framework of the program, we are able to use and contribute to the directions that are not included in the main application."

Addition: Zhenya Mayilyan. "Thank you. I think that when it comes to people's health, we should not think about money first. If we have the desire, we will be able to find the means. Our approach, as a community-oriented organization working with the community, is such that the pharmaceutical drugs should not affect the quality of life as much as possible, and on the contrary, people should not have treatment interruptions because of it. So, there is our support here and also demand, that the new pharmaceutical drugs, that are used worldwide and improve people's quality of life, must be available in Armenia."

Question: Hovsep Davtyan: "Mrs. Harutyunyan, as you mentioned, we have not reached the 90-90-90 targets. Have you done any analysis as to why we are not reaching every 90? And if we reach those indicators, will our capacity suffice to provide quality medical care? I think that one center will not be able to cover and fulfill the entire volume."

Answer: Hasmik Harutyunyan: "We tried to make current analyses. The issue is not that we cannot reach the three 90s. For example, in the case of the second 90% of treatment enrollment, we do not have major financial problems, as the state provides almost all the funds, but there are other obstacles in keeping people in treatment, as well as in strengthening the public organizations that provide services. The others should come from the first 90, but there

are also shortcomings in the others. Taking into account the capabilities of the center, we are trying to implement pilot programs of decentralization. We have discussed with the partners of the Global Fund that maybe it is possible to focus on one place, for example, the city of Gyumri, but to implement full decentralization so that the disease is not only diagnosed, but also treated and monitored, because we understand that the growth of people living with HIV will bring with it other difficulties. That's why we have to follow the path of decentralization."

Addition: Arman Sahakyan. "I would like to add that last year we conducted an analysis of the cascade of provision of HIV-related services among "men who have sex with men". I will agree with you that everything starts with the first target, where we have a problem, but in recent years we have high indicators in terms of accessibility. Detectability among "men who have sex with men" living with HIV is quite high. Sadly, research has shown that only 50% of "men who have sex with men", who know their status receive treatment at National Center for Infectious Diseases and 50% of those treated are in viral suppression. To find out the reasons, we carried out a small research (community led monitoring). The main reason was the geographical inaccessibility, as well as the lack of trust among the representatives of the communities towards the employees of the state medical institutions, which forces people to reject medical treatment."

Answer: Hasmik Harutyunyan: "For years, we have had the fear that going to another place for diagnosis would lead to improper treatment. The experience of the decentralization program for migrants has shown that the medical facilities that were involved in the program, which is accompanied by educational programs, have a noticeable reduction in the manifestation of stigma and discrimination. If only the educational component is present, but there is no relationship with the patient, then the behavioral change is quite small. This is a positive indirect result of the decentralization program. This result allows us to move towards a more complete decentralization."

Addition: Zhenya Mayilyan. "In addition, I should mention that we had a small pilot program of decentralization of antiretroviral drugs, and we also recorded that as a result of the right work with doctors, there is no stigma and discrimination."

Question: Victoria Avakova: "Actually, the financing is carried out by the Global Fund, some part is carried out by the state. Do we have a budget planned for 2025-2027, which will be provided by the state?"

Answer: Hasmik Harutyunyan: "The state is fully able to cover the costs of antiretroviral treatment, as well as the costs of preventing mother-to-child HIV transmission. At the moment, I am not ready to specify specific numbers. We are trying to purchase TB drugs, as well as the entire amount of Methadone, using state funds. The maintenance costs of the centers are also covered by state funds. Also, we made a change in the government's decision so that the procurement mechanism, which is used for the purchase of pharmaceutical drugs, is also used for the purpose of purchasing testing systems."

Addition: Arman Sahakyan. "It should also be noted that the state pays the value added tax, which the Global Fund does not cover."

Answer: Hasmik Harutyunyan: "Including customs fees."

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

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Presentation of the priorities presented by the civil society and communities attached to the grant application submitted to the Global Fund as approved by the CRG Working Group

Davit Melik-Nubaryan: "First, I would like to briefly present the process of priorities presented by civil society and communities attached to the grant application submitted to the Global Fund. CRG Working Group members met with international expert Liliana Karaulan, during which it was suggested that the group establish 20 priorities presented by the civil society and communities. Group members had productive discussions, resulting in 18 priorities that were presented to the Global Fund. I should mention that the established priorities were consistent with the strategy of the national program.

Davit Melik-Nubaryan presented the priorities.

Kamo Davtyan: "I have no question. I would like to make a suggestion that will be considered in the establishment of priorities:

1. Establishing standards of services provided by medical and non-medical organizations in HIV/AIDS fields

This document will help approve the standards of providing quality services in the field to the general population, key population groups and people living with HIV by medical organizations (National Center for Infectious Diseases, regional medical centers, polyclinics, clinics, private clinics, etc.) and non-medical organizations (NGOs, foundations, networks, etc.) in the field, as well as the document will help the CCM Oversight body and monitoring group to evaluate HIV/AIDS sectoral programs more effectively.

2. Approval of the minimum and maximum package prices provided to the main population groups

The minimum and maximum package prices were last calculated in 2019, after which they have not been updated. In addition, the calculations made in 2019 did not include all costs related to services. It is necessary to have such calculations, both for the calculation of the prices of the next sub-grants of NGOs, and for the financing of services by the state through the social contract. It is also important to note that the calculations must be reviewed each year, adjusting them according to the annual inflation rate, as well as including any other factors that may affect the prices of the packages.

At the moment, calculations are being made for the main population groups (IDU, FSW, sMSM, TG) and the final calculations will be available within 1-2 months.

3. Establishing a roadmap for decentralization of HIV testing, HIV status and HIV treatment

Given that the testing decentralization programs are expanding every year to more medical facilities in Yerevan and the regions, as well as the fact that the National Center for Infectious Diseases has already started the treatment decentralization pilot program and will soon start the HIV status decentralization pilot program, it is required to have a comprehensive road map that will allow the given processes to be organized more efficiently.

4. Implementation of social contracting mechanism

Armenia has undertaken such an obligation for many years, but it has not yet been possible to launch this mechanism. I think this should also be considered as a priority and advocated for the launch of this mechanism this year. This will also show the readiness of the state in terms of financing services in the field of HIV/AIDS after leaving the Global Fund.

Addition: Zhenya Mayilyan. "Thank you for the proposals. I can say that these documents are already ready, and we have shared them with the working groups. As of now, we have not had any feedback. The documents will be translated into Armenian soon. These are important documents for the state, for which there is no need to spend additional resources. It's just necessary to observe and introduce in the programs."

Addition: Inessa Asmangulyan. "We had a meeting during which you presented these proposals. Thank you for sharing these documents. This information was also conveyed to the international expert. If it is necessary to make references in the grant application, the expert will definitely use them. I suggest that the proposals presented by Kamo be submitted to CRG Working Group for approval."

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CM meetings should be held at least once every three months, and not once or twice a year for voting."							st that, as was don	e in the past, the
Civi meetings should be need at least once every times months, and not once of twice a year for voting.	CCM meetings should be he	ld at least once every thr	ree months, and not one	ce or twice a yea	r for votii	ng."		

Addition: Zhenya Mayilyan	. "I support Mamikon on this	issue. I also reque	st that we do it n	nore ofter	n. At the moment	, our organization	has 5-6 items to
present."							
Answer: Hripsime Atoyan:	"Thank you for the suggestic	on. We also plan to	o hold CCM mee	tings moi	re frequently. Thi	is year, the discuss	ions were much
more intensive within the	working groups. The agenda	of the meetings is,	of course, also fo	ormed bas	sed on your propo	sals. Please submi	t your proposals,
	ill draft the agenda of the CC	_			, 1 1		, , ,
	CONTRIBUTIONS / CONCER			ΓΙΟΝS RA	AISED BY CONST	ITUENCIES ON T	HE CCM
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	DRUM AFTER MEMBERS' RE		PECLARED CON	FLICIS (JF INTEREST (yes	s or no) Yes	
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SUPPORTING DOCUMENTATION		
ANNEXES ATTACHED TO THE MEETING MINUTES	Yes	No
ATTENDANCE LIST	V	
AGENDA	V	
OTHER SUPPORTING DOCUMENTS		V

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	V	Meeting minutes should be circulated to all CCM members,
MEETING		Alternates and non-members within 7 working days of the meeting
		for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED	V	Feedback incorporated into revised CCM minutes, minutes
MINUTES ENDORSED BY CCM MEMBERS		electronically endorsed by CCM members, Alternates and non-
		members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES	V	Final version of the CCM minutes distributed to CCM members,
AND NON-MEMBERS		Alternates and Non-members and posted on the CCM's website
		where applicable within 15 days of endorsement.

CCM MINUTES PREPARED BY:		
Specialist on Financial and Administrative Issues of CCM	DATE:	25.02.2024
Secretariat Translation done by CCM Secreatriate		
	SIGNATURE:	

CCM MINUTES APPROVAL:				
	DATE:			
	SIGNATURE:			