

DRAFT MINUTES

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

MEETING DETAILS											
COUNTRY (CCM)		CCM Armenia				TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			19 present 2 online		
MEETING NUMBER		N 7									
DATE (dd.mm.yy)		19.04.2024				TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			58		
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			National Institute of Health		
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	NG O	EDU	PLW D	KAP	FBO	PS				
		V									

		Select a suitable category for each Agenda item														
		Governance of the CCM, PROPOSALS & grant management related topics														
		Review progress, decision points of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals/appointments	Constituencies engagement	CCM Communications /consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
AGENDA SUMMARY																
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW															
N 1	Opening speech, presentation and adoption of the meeting agenda. Welcoming the new CCM Members.															V
N 2	Management of Conflict of Interests			V												
N 3	Presentation of New Funding Request to the Global Fund fighting Against HIV/AIDS, TB and Malaria, 2025-2027 Implementation Period										V	V				
N 4	Questions and Answers															V
N 5	Approval of the allocation amounts and the program split for Armenia for 2025-2027 Implementation Period											V				
N 6	Approval of the New Funding Request to the Global Fund fighting Against HIV/AIDS, TB and Malaria, 2025-2027 Implementation Period											V				
N 7	Presentation of results in the field of HIV/AIDS recorded during															V

	2023 within the framework of the Global Fund grant program															
N 8	Questions and Answers															V
N 9	Presentation of results in the field of Tuberculosis recorded during 2023 within the framework of the Global Fund grant program															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 and approval of the meeting (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' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
On April 19, the seventh meeting of the Country Coordinating Mechanism (CCM) against HIV/AIDS, Tuberculosis and Malaria in the Republic of Armenia took place. Hripsime Atoyan, CCM Secretary, welcomed the attendees and noted that the quorum was secured and passed the floor to Zhenya Mayilyan, CCM Vice President. Zhenya Mayilyan, CCM Vice President, welcomed the participants of the meeting and presented the agenda of the meeting. CCM members approved the agenda of the meeting. (See Appendix 1)	
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM	
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
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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 <u>IN FAVOUR OF THE DECISION</u> >	
				ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	
				ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>>	

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #2	Management of Conflict of Interests (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 MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)	
	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
Hripsime Atoyan mentioned that CCM members should fill out the conflict of interest form on the items of the agenda. CCM participating members filled out the conflict of interest form. (See Appendix 2) Hripsime Atoyan: "Thank you for your participation. At the moment, 19 CCM members are present, and two members have joined online. Two more members were warned in advance that they would be on the flight at this time. All necessary documents have been sent to everyone in advance."	
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
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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 <u>IN FAVOUR OF THE DECISION</u> >		
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >		
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >		

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #3	Presentation of New Funding Request to the Global Fund fighting Against HIV/AIDS, TB and Malaria, 2025-2027 Implementation Period (Appendix 3)
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)	
Yes	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
Hasmik Harutyunyan: "Dear colleagues, I will present the grant application program developed by the CCM working groups. I would like to mention that Liliana Karaulan, an international expert, also supported the preparation of the grant application. The expert also participated in the preparations for the ongoing dialogue within the country. Let me start with the fact that the total cost of the application is 9,632,053 US dollars, exactly as much as our country's allocation was. We tried to fit in the allocated budget, which was quite difficult. The difficulty lies in the fact that the estimated size of key population has increased significantly, and the	

coverage indicators have also increased, while the total volume of grant funds is almost the same, a little less than the allocation of the previous period. It was quite difficult to plan priority actions within the framework of the main allocation, but we tried.

The grant application has three components: HIV/AIDS response, TB response, and RSSH (Resilient and Sustainable Health Systems) components. We didn't have the last component before. This time, the format required us to have a separate resilient and sustainable health systems component. The application for the grant program is written in the format of the transition, which is why we needed the last component. Through this component, the country should prepare to take the burden of the grant program.

The first is the HIV component. This component has two purposes.

The first objective is to prevent HIV transmission among key population by using innovative prevention methods and ensuring continuity between HIV prevention treatment/care services. The first column shows the module, the second the measure/intervention, the third the budget, and the fourth the activities included in the additional funding request and their estimated cost. I should mention that an additional financial application will be submitted along with the main application.

1. The first module of the first objective deals with the prevention of HIV among MSM and their sexual partners. This operation has been carried out for years, but there is a change. The change is that contact with the beneficiary must be ensured at least twice a year, during which the beneficiary must be provided with preventive measures and must be tested for HIV at least once. We have tried to ensure that within the framework of the main allocation, we can provide 50% and more coverage of the already increased number of key population. I would like to note that the indicator is almost the same in all key population, and we provide 53% proportional coverage. A separate line shows the provision of preventive measures: 100 condoms and 100 ml of lubricant per beneficiary per year.

A separate line presents the provision of HIV prevention services in community-based centers (drop-in centers) for an average of 250 people per month. Next is the detection and treatment of sexually transmitted infections of 10% of the beneficiaries, which is carried out through the health facility but with the referral of a non-governmental organization. The fifth line presents the pre-exposure prophylaxis (Prep), the volumes of which should be expanded: 115-240-420 correspondingly according to the three years. I should mention that the coverage has been 70 so far. Within the framework of the grant program, the non-governmental organization selected by NCID must acquire funds to create demand for HIV prevention services through online platforms and other means. As you can see, the cost of the HIV prevention module among MSM is 1,656,888 US dollars. In the additional grant application, the coverage will be expanded. I would like to note that the application has been reviewed by experts from the World Health Organization as well as the United Nations Joint Program on HIV/AIDS, and undergone preliminary examination by the Global Fund and we have been recommended to increase the coverage, aiming to reach 70%. if additional financial resources are provided. Expanding the package by providing psychological and legal support for 20% of the beneficiaries was also proposed. The provision of STI services will also be expanded, expanding coverage of STI detection and treatment. It is also included in the doubling of coverage provided in the main part of PrEP, in case of availability of financial resources.

2. Prevention Package for Transgender People (TG) and their Sexual Partners includes the provision of the Basic package of prevention services (coverage 22.66%- 35.47%- 53.20%), supply of condoms and lubricants for distribution under the basic package (250 condoms, 100ml lubricants per beneficiary a year, STI Management - at least 10% of overall reached individuals, scale up PrEP for TG 7 - 10 – 20 for three years. The total cost for this group is 56.831 US dollars. The additional package includes scale-up of reach with the basic package at least to 35%-50%-70% coverage in 2025-2026-2027, provision of an extended package including psychological, legal support, endocrinologist's consultations for 50 % of targeted TG, scale up STI service provision for additional coverage, scale up PrEP to double the coverage.

3. Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners includes the provision of the Basic package of prevention services (also includes information, demand creation, and referral for OAMT); Coverage- 45,71%)- 49,26%-53.51%, supply of syringes and condoms distribution under the basic package (200 syringes, 30 condoms per beneficiary a year, procurement of Naloxone for overdose management-- 40% of the covered will receive 2 ampules of Naloxone, OAMT Entry Support-- 35 PWID per year receive OAMT entry support, scale up PrEP for PUD—12-25-30, virtual demand creation and service delivery. The total budget for this basic package is 1.139.221 US dollars. In the additional grant application, will be scale-up of reach with basic package at least to 55%-62%-70% coverage in 2025-2026-2027, provision of extended package including psychological, legal support services and additional safe injection commodities for 40% of targeted PUD, support for two drop-in centers in Gyumri and Vanadzor cities to serve about 200 people per month, procurement of Hep B rapid tests for 50% of targeted PWID, and linkage to Hep C and Hep B diagnostic, preventive and curative care at facility level for 100 - 275 - 500 people in 2025-2026-2027.

4. Prevention Package for Sex Workers, their Clients and Other Sexual Partners includes following activities: provision of the Basic package of prevention services.with coverage: 49,14% -52,28%- 56.27%, supply of condoms and lubricants for distribution under the basic package (200 condoms, 100ml lubricants per beneficiary a year, STI Management (at least 10% of overall reached individuals,scale up PrEP for SW- 8-15-20. The total budget is 615.319 US dollars. In additional package: scale-up of reach with basic package at least to 55%-62%-70% coverage in 2025-2026-2027, scale up STI service, provision for additional coverage scale up PrEP to double the coverage.

5.Prevention Package for People in Prisons and Other Closed Settings includes provision of the Basic package of prevention services with coverage: 49,14% -52,28%- 56.27%, supply of condoms and lubricants for distribution under the basic package (200 condoms, 100ml lubricants per beneficiary a year, STI Management -- At least 10% of overall reached individuals, scale up PrEP for SW- 8-15-20. For years, we have faced difficulties in providing syringes/needles in prisons, as the use of drugs is prohibited in these institutions, which is why in the additional grant application we included study visit for penitentiary institutions' representatives to a country with positive experience of implementation of needle and syringe exchange. In additional package there is also included procurement of Hepatitis B rapid tests for screening of 2,500 prisoners yearly.

6. Prevention Package for other Vulnerable populations (OVP) [Migrants] includes screening for hepatitis C as part of the HIV testing program for migrants and their partners-- 26.000 labor migrants per year, targeted internet-based information, education, communication, including social media.

Thus, the first objective, which was related to HIV prevention, was completed.

The second objective is to ensure early HIV detection, scale up ART and improve HIV care quality, by scaling-up innovative testing approaches, ensuring access to quality ART, implementing differentiated people-centered models of HIV treatment and care.

The first module of the second objective for the basic package is for differentiated HIV testing services which means different types of testing for different groups. This module includes following activities: community-based testing for KP programs, supply of rapid HIV saliva-based tests for community based assisted testing for KPs-- 100% of reached MSM, TG, PWID and SWs are tested, community based index testing (500 index cases will be tested each year), social network-based testing is a new method that is quite similar to IBBS research. It will be implemented with incentives through special vouchers, they will carry out testing among the beneficiaries of their network. In other words, somewhere our beneficiaries will become their outreach workers. It is planned to test at least 600 people in year 1, and 700 people in year 2 and 3, self-testing through 5 vending machines: 3 vending machines in Yerevan, other two in Vanadzor and Gyumri. Another activity is facility based HIV testing for migrants and their partners at PHC (26,000 migrants per year), HIV testing for prisoners-- 2,500 people in prison per year. The cost for this module is 914.424 US dollars.

The second module of this objective is Reducing Human Rights-related Barriers to HIV/TB Services which include following activities: educational sessions for non-health personnel of prisons, as well as police departments, educational sessions for KPs (legal literacy), community paralegal services for KPs. The budget for this module is 56.400 US dollars.

The third module of the second objective is for treatment, care and support which includes following activities: provision of basic package of adherence and treatment support for adults and children. The service is considered completed if the beneficiary has received at least one service. At the very beginning, all beneficiaries must pass an assessment, so that the work carried out with the beneficiary in the future is structured on the basis of that assessment.

Basic package includes needs assessment for PLHIV and provision of a peer-based basic care package tailored to individual needs, counseling on living with HIV, ARV treatment and adherence, ARV treatment side effects and their management, child planning, PMTCT, legal counseling, social assistance and counseling on existing state and non-state support programs, as well as guidance on the rights and responsibilities of PLHIV and documentation of cases of PLHIV rights violations, psychological counseling services and referral for psychotherapy and other professional support when needed, regular adherence follow-ups in collaboration with the treating physician to assist with the medication delivery process. Community support is provided through peer groups and mutual aid gatherings at least once a month. Additionally, PLHIV are supplied with condoms, up to 30 annually, to encourage safe sexual practices. Coverage - 2,400 PLHIV (40% of the total estimated) and 70-75-80 children receive at least one of the services included in the basic package (estimated number of people on ART 4,200 PLHIV in 2025, 4,700 in 2026 and 5,300 in 2027. This module also includes treatment monitoring (VL, CD4, etc.) and provision with OI medicines. **Zhenya Mayilian:** "I don't see social support in the described services. If it's missing by mistake, please add it to the list."

Hasmik Harutyunyan: "It's definitely missing by mistake. It is a basic package service. Thanks for the warning."

I would like to note that ARV drugs, as well as Prep drugs, will be reimbursed by the Government. The purchasing cost of Prep tests is included in grant application which are combined HIV/syphilis tests, hepatitis B and hepatitis C tests. In other words, the purchase of tests is planned for the number of beneficiaries that I showed. The cost of treatment will be received by the Government. I think this is a very important intervention by the Government aimed

at ensuring stability. The Government has already taken on Prep coverage of 100 beneficiaries, but the coverage needs to be expanded in order to reach the targets we have set. Post-contact prevention is free for everyone. In 2023, ARV drugs were purchased in full with state budget funds. We have provided for the acquisition of ARV drugs in the additional application. The total cost of this module is 627,500 USD. I completed the HIV component at a total cost of \$5,212,972.

The next is TB component which has objective to Sustain effective TB responses by ensuring universal access to people-centered high-quality TB and DR-TB prevention, diagnosis, treatment and support. The modules are not presented in individual slides. The cost of the total component is 1,520,300 USD. Here are the main modules: 1. Drug-resistant (DR)-TB diagnosis, treatment and care, 2. TB/DR-TB prevention, 3. Key and Vulnerable Populations (KVP) – TB/DR-TB, 4. TB/HIV, 5. Removing human rights and gender related barriers to TB services. Overall the cost for this component is 1.520.300 US dollars. The activities are following:

Purchase of laboratory consumables and supplies. As I mentioned, the medicine is purchased by the Government. I should mention that the Government has also begun to take over some part of the purchase of laboratory consumables. In the last year of the project, it is planned that will be purchased 60% of laboratory consumables, as well as consumables for drug resistance determination, and 70% of HIV consumables. The purchase of two additional GeneXpert instruments is planned. We have 18 GeneXpert instruments, two of which were not in good condition. Support to specimen transportation will be continued. Large-scale TB screening and active case finding among KVPs and contacts - 2,400 people, another intensified TB screening in mobile populations and awareness raising-2400 people is planned. Screening will be performed with CAD equipment, which is a mobile X-ray digital device, by vehicle. It has artificial intelligence aimed at diagnosing TB. We want to use this equipment in the mobile clinics used by the National Center for Infectious Diseases. Those mobiles go to rural settlements, and as is known, the number of labor migrants in those settlements is large. The opportunities for X-ray examination in rural areas are limited. Within the framework of this operation, it will be possible to examine up to 2000 people per year. This operation is planned to be implemented together with HIV testing, up to 500 people per year. This module also the activity of procurement of supplies and equipment for infection control. The activity of scoring of TB legal environment and human rights and community led advocacy is very important. The community led advocacy action aimed at the analysis and improvement of the legal framework of TB is also included. Until then, only legal regulations in the field of HIV were ignored. This module also includes the activity of the incentive payment of the health workers of the PHC unit for the detection of new cases and the successful completion of treatment. It is planned to purchase one passenger vehicle for the National Pulmonology Center, which will be used for screening purposes. Within the framework of the TB program, the implementation of preventive treatment of people living with HIV among contacts with TB is a novelty. The budget for this component is 1.520.300 US dollars.

The additional request includes - Procurement of laboratory consumables, -scaling up CAD technology for TB screening (procurement of 4 additional ultraportable digital X-ray instruments with CAD/AI for TB screening activities among population groups at risk; -next-generation sequencing (tNGS) technology for DR-TB diagnosis in line with the new WHO guidance using NGS equipment available at the Armenia NCDC, Reference Lab, Scaling up differentiated treatment support to people with DR-TB, Procurement of drugs for DR-TB treatment (in case that additional funding will be required. Training on IPC and OR on new schemes of TPT for DR-TB contacts. The budget of the additional bid is 963,000 US dollars.

The third and the last component is component for Resilient and Sustainable Health Systems (RSSH). It consists of several modules: 1. Health sector planning and governance for integrated people-centered services, 2. Community Systems Strengthening, 3. Health Financing Systems, 4. Human Resources for Health (HRH) and Quality of Care, 5. Laboratory Systems (including national and peripheral), 6. Monitoring and Evaluation Systems, 7. Program Management. The activities are following: Legal field amendments for HIV and TB, decentralization of HIV services, health education and awareness raising sessions, strengthening of CLM and community-led advocacy for review of legislation, policies and practices in HIV and human rights, strengthening of social contracting regulations as necessary, development of HIV and TB workforce-- In-service training of health care workers, development of advanced laboratory information system, as integral part of the national TB information system and its update, monitoring of HIV and TB program activities and further development of national HIV information system, TB key and vulnerable population size estimation, LTBI related research, coordination and management of national disease control programs. The budget for this component is 2.898.831 US dollars.

The total amount of the main grant is 9,632,053 US dollars, and the additional grant is 5,112,283 US dollars.

Now, let's delve into the implementation mechanisms. The primary beneficiary of the grant funds will be the Ministry of Health. Subsequently, the grant program will involve several sub-recipients, including the National Center for Infectious Diseases (NCID), the National Center for Pulmonology (NCP), the Penitentiary Medicine Center, and the National Institute of Health. Additionally, there will be partnering non-governmental organizations, meticulously chosen by NCID and NCP to execute sub-programs focusing on HIV prevention among vulnerable demographics, care and support for people living with HIV, as well as psychological and social assistance for those with TB.

The allocation of grant funds, earmarked for disease-related initiatives by the Global Fund, stands at a total of 9,632,053 US dollars. This sum comprises 6,550,471 US dollars dedicated to HIV efforts and 3,081,582 US dollars designated for TB programs.

Compliance with Global Fund requirements mandates the approval of this fund distribution by the CCM in the initial stage, followed by the endorsement of the grant application in the subsequent phase. That concludes the presentation. Thank you for your attention."

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
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DECISION MAKING				
	CONSENSUS/NOTICE	V	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING		VOTING METHOD	SHOW OF HANDS
				SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >	
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	

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: Babken Ghardyan - "I represent the 'In the Name of Freedom' legal non-governmental organization and work as an outreach worker at the 'New Generation' humanitarian non-governmental organization. I have several questions. Firstly, concerning vending machines, I am interested in how you will ensure that only representatives of key populations will use these machines. Or will everyone have access to them? There is a concern that they may not serve their intended purpose because individuals with our mindset might take multiple tests from the vending machines. In other words, how will we determine who is using the vending machine: MSM, transgender, SWs or IVDU? Secondly, regarding the amount of money allocated to the social networks system (SNS) program for people living with HIV/AIDS, I believe it might be more beneficial to allocate these funds elsewhere. From my experience as an outreach worker, there have been instances where I offered HIV-positive individuals 10,000-20,000 Armenian drams (AMD) to encourage them to bring people from their network, but they did not follow through. I doubt that the planned 4000 AMD incentive will be effective. Therefore, perhaps this amount can be earmarked for a purpose that will yield better results. Regarding educational activities in penitentiary institutions, you mentioned that education is not needed among medical workers but rather among non-medical workers. As a former convict, I believe education is essential for healthcare workers, as in my experience, many of them lack information about HIV. While I agree that education is crucial for everyone, including convicts who often think that HIV can be a transmissible droplet, I believe significant educational efforts should also target medical workers. Currently, HIV tests are not conducted as frequently as planned, sometimes occurring only once every two years and in the presence of many individuals, around 6-7 people. Despite raising this issue multiple times, no changes have been implemented.	

Finally, regarding PrEP, I believe its coverage and effectiveness would increase if beneficiaries received the medicine more promptly. Sometimes, beneficiaries reach the doctor but are forced to wait 4-5 hours due to various issues before receiving the medicine. Thank you for your attention."

Answer: Hasmik Harutyunyan - "Thank you, dear Babken, for bringing up many important questions. I'd like to emphasize that the materials presented here outline the actions planned by the grant program. If our grant application is approved, we will engage in many discussions about mechanisms. The presentation currently focuses on actions and targets, such as the targets for PReP, which we couldn't set lower as it might jeopardize our application approval. The primary recipient and subrecipients must strive for and achieve the given targets. In other words, we should all discuss and understand how to attain the coverage defined by the given target.

Regarding the first question about vending machines, it is planned that all beneficiaries from key populations should have plastic cards for the vending machines and receive items according to the barcode. In this way, other citizens who are not beneficiaries of the program will not be able to receive anything from the machine. This mechanism will enable us to track how many beneficiaries used the machines and what they received.

The second question was related to the social network-based (SNS) approach. We cannot be certain about its effectiveness; however, similar approaches have been successful in other countries. For instance, the portfolio manager of the Global Fund shared the experience of Kazakhstan, where the program worked very well. While it may not have worked in our country in the past, the grant provider, Global Fund, suggested that we include this approach, and together we will assess its feasibility. We may also have the opportunity to meet with program implementers from other countries to discuss details and determine whether this approach will work for our country.

Regarding penitentiary institutions, I mentioned non-medical staff and police because they relate to the Human Rights module. However, for medical staff in penitentiary institutions, there will be courses covering HIV, TB, hepatitis treatment methods, and human rights. These courses are included in the RSSH component as part of the action plan for training health workers and are planned as part of the human resources module. Education of 700 health workers per year is included over the three years of the program, which will include health workers from various fields who work with our beneficiaries. The Penitentiary Medical Center, which is already under the Ministry of Health, will definitely be included".

In Addition: Zhenya Mayilyan - I would like to request that your questions focus more on distribution and budget, as we will still have the opportunity to discuss mechanisms. I would also like to make an observation. There are very few resources allocated to the care and support program for people living with HIV. While it's commendable that we are focusing on strengthening prevention programs and health systems, I've noticed that the number of beneficiaries has increased while the budget has remained almost the same. I hope we will have a chance to address this imbalance in the future.

Answer: Hasmik Harutyunyan - "Allow me to clarify that the combined bids for this program amount to approximately \$100, if I'm not mistaken, with \$60 allocated for the basic package and \$40 for the additional allocation package. I would like to mention that the estimated figures for the development of standard packages by non-governmental organizations were lower than the figures we included in the application, particularly in the area of care programs and for people who inject drugs (IVDU). However, we have chosen not to reduce the amount. We understand that it may seem insufficient, but as you can see, the finances for the entire project are limited."

In addition: Zhenya Mayilyan - "Indeed, I understand the limitations involved. It would be beneficial if the organizations issuing tenders considered the increasing number of beneficiaries, ensuring the quality of currently available services remains high. Thank you for your attention to this matter."

Question: Sergey Gabrielyan - "Hello everyone! As the chairman of the observation group of penitentiary institutions and bodies of the RA Ministry of Justice and the chairman of the 'New Generation' humanitarian NGO, I have a pressing question regarding penitentiary institutions. Since 2000, when our monitoring group commenced its work, we've consistently raised concerns about the lack of access to condoms and lubricants in these institutions. I won't touch upon the issue of syringes, as a recent discussion with the Deputy Minister of Justice revealed a significant gap in this area. Providing syringes implies

the existence of drugs within the penitentiary, raising questions about their source. Therefore, our focus needs to be on ensuring access to condoms and lubricants. This issue, along with concerns raised by a representative of a partner organization regarding HIV testing, remains unresolved. Either testing is not conducted or, when it is, it's done improperly without adequate pre-test or post-test counseling. Although Index testing is a very good component, I also think it will not work. Because organizations implementing HIV/AIDS programs among the MSM, transgender, SWs, and IVDU groups are prohibited from having lists of HIV-positive persons. Given these limitations, how do you propose outreaches can effectively implement this plan?

The next question concerns the refugees transferred from our Nagorno-Karabakh to our Armenia. HIV/AIDS prevention programs have not been implemented there, especially among young people aged 18-35 and key populations. Is it planned to conduct separate courses for young people aged 18-35 from Nagorno-Karabakh? I want to understand what can be done in this direction because some people have never participated in such programs.

Our colleagues from Artsakh are present here and can attest to the absence of such projects there.

I welcome that you have included the "Community-led monitoring" and "React" programs in the program. I want to mention that the ITPC international organization developed another system and it would be good to invite all organizations to a discussion before starting the process of registering human rights violation cases. Thank you."

Answer: Hasmik Harutyunyan - "Let me address the last question first. Other legal platforms will not be overlooked. The goal is for all of them to work together collaboratively. We will explore this aspect separately.

Regarding our compatriots from Nagorno-Karabakh, the issue is connected not to Nagorno-Karabakh but to a group of young people. This is significant in the global context, especially for Armenia, which is classified as a 'focus' country by the Global Fund. In such countries, where economic development levels are relatively high, and HIV rates are lower compared to many others, the emphasis should be on key populations. I've discussed this issue with Mrs. Valeria Grishechkina.

For instance, you may have noticed the absence of a disease prevention component among pregnant women. The state will cover this, as the grant program application does not include funding for these groups. In our context, young people are not recognized as a vulnerable group. Given our country's epidemiological situation, we need to be realistic and avoid harboring any ambitious expectations. From the beginning, the other members of Ms. Asmangulyan's team can prove that we tried to some extent to involve pregnant women in testing for sexually transmitted infections and hepatitis because the prevention of mother-to-child transmission is essential. However, Mrs. Grishechkina said these groups should be excluded from the application because money will not be allocated for that part. And the forcibly displaced citizens from Nagorno-Karabakh are considered citizens of our country. You, dear representatives of non-governmental organizations, should try to involve them in your programs as much as possible. They are not refugees but are considered RA citizens.

Regarding the next question, Index testing will be carried out by those organizations that implement care and support programs for HIV-positive people."

In addition: Zhenya Mayilyan - "For the past two years, on our own initiative—meaning, there were no program targets—we have been conducting Index testing among the beneficiaries of the care program, and it has worked well. The IVDU program initiated with Médecins du Monde (MDM) has also been successful. This approach works very well when the organization already knows the HIV-positive status of the people involved. While it may not be as effective with other programs, it is successful with care program beneficiaries."

In addition: Lena Nanushyan - "A question was raised, to which Mrs. Harutyunyan answered that the youth are not considered a target group. Still, I want to add that our compatriots forcibly displaced from Nagorno-Karabakh in Armenia are provided with free medical care both in the field of primary health care and in hospitals. The free medicine that is available to RA citizens is also available to them. Moreover, we provide free medical care in RA to all non-RA citizens who have HIV or TB. They are also included in preventive programs because, for us, it is not important which country the person is from, but it is essential that we try to prevent the further transmission of the infection by providing medical care."

Question: Naira Khachatryan - "I noticed that the term 'sputum transfer' was mentioned in connection with the tuberculosis program. However, I must highlight that our TB peripheral laboratory system has been problematic for the past two years. If we continue with the same approach, it may lack clarity and continuity, hindering our ability to eventually transfer it to the state. Therefore, both I and the NPC suggest that we focus not only on the continuation of sputum transport functions but also on optimizing the laboratory network and functions of sputum transport. This is just a suggestion."

Answer: Hasmik Harutyunyan - "We have a separate action among the changes in the legal framework of the TB sector, which refers to optimization. Including the development and introduction of relevant legal regulations of the laboratory network. "

Question: Naira Khachatryan - "Thank you. My second question concerns the fact that more large-scale TB prevention activities will be planned within the WHO and Global Foundation support programs in the next five years. From my experience, this is quite a costly operation because it will affect not only the TB patient contacts but also a larger number of the population. We have to take all this into account in order to ensure coverage and access. "

Answer: Hasmik Harutyunyan - "We will attempt to obtain the necessary materials within the program's framework. I know some effective skin tests for TB, but I think you have more expertise in this area. During the process, we should consider that the state will need to acquire a significant volume of laboratories. We can also include the appropriate number of tests in the grant program. "

Question: Naira Khachatryan - "In relation to the HIV program, you mentioned the possibility of obtaining additional medication in case of problems. With regard to TB, short-term treatment regimens may involve drugs that could increase the cost of the four-month treatment period. While I believe the state will likely provide support in this regard, it's prudent for us to also consider this issue to mitigate any potential risks."

Answer: Hasmik Harutyunyan - Dear Nara we have included in the above allocation application. Let's see what will happen.

Question: Victoria Avakova - "I have two questions. Firstly, regarding Naloxone, is it already registered? Could you also explain the specified doses and how it will be provided to the beneficiaries?

Secondly, I'm seeking clarification on the definition of 'migrants.' Who do we consider migrant workers? Are they solely Armenian citizens working abroad, or does this also include foreign workers who have come to Armenia, such as those from Russia, India, etc.? There has been a significant influx of people from countries with complex epidemic situations into Armenia."

Answer: Hasmik Harutyunyan - "As mentioned earlier, we now refer to labor migrants as 'mobile groups.' This includes both our citizens working abroad and foreign citizens who have come to work in Armenia. Currently, we plan to include both of these groups in the program. We have also discussed this with the Global Fund, and they have suggested including mobile groups in all screening programs.

No separate funding is allocated for naloxone registration, as advocacy efforts can be made without additional financial resources. To register a medication, generating demand in the country is crucial so that the manufacturer is motivated to pursue registration. Therefore, our focus at this stage is on creating demand.

Medication centrally purchased by the Ministry, funded by the state budget or the grant program, does not require mandatory registration. We plan to purchase and distribute Naloxone among our beneficiaries by stimulating demand in this manner. We have tentatively calculated that 40 percent of the IVDUs will require the medication, as precise numbers are currently unknown. The cost of the drug is approximately 1 US dollar. Following international experience, our plan is for the narcologist to prescribe the medication, and the beneficiary will receive it according to the prescription and use it when necessary. Further details on the mechanism will be discussed later."

In addition: Hripsime Atoyan - "I would like to add that the CCM CRG technical working group initiated work on Naloxone registration last year. This year, the work will continue, and we will see how we can further promote the process."

Question : Lena Nanushyan - "Within the framework of the last program, we attempted to expand and promote testing in the primary health sector, and the process was quite successful. I would like to know which primary healthcare facilities: (polyclinics, ambulatory clinics, or medical-midwifery centers) are included in this new grant program?"

Answer: Hasmik Harutyunyan - "Ms. Nanushyan, I believe the National Center for Infectious Diseases recently shifted its focus from polyclinics to rural outpatient clinics, including approximately 10-15 outpatient clinics. It's essential that we continue this approach because I don't think we can achieve our planned coverage of 26,000 people per year without including them. Currently, our focus is on regional and Yerevan polyclinics, as well as rural outpatient clinics. However, we need to expand the program to include more rural clinics. Medical-midwifery centers not yet been considered."

In addition: Lena Nanushyan – "At the moment, we are trying to increase the tasks of nurses in medical-midwifery centers, including writing out prescriptions, performing ECGs, etc., within the framework of PHC reforms. We can also arrange for nurses to carry out tests. We constantly speak out about cases of discrimination and disclosure of medical secrets by healthcare workers. It is necessary to increase their knowledge, but by including them in these services, we can reduce the number of these cases. Of course, you should not rely only on our opinion and assessment. Perhaps there is a study that will show whether their involvement reduces the incidence of discrimination."

Addition: Hasmik Harutyunyan - "We will definitely take it into consideration. Thank you."

Question: Anahit Papikyan - "Since we will now use the term 'drug users' instead of 'IVDU,' do we plan to conduct awareness activities among drug users? I believe it's crucial to work in connection with this change.

My second question pertains to the courses for police and penal institution staff. I would like to know if any modules have already been developed and how and where they will be implemented. For doctors, the National Institutes of Health handles this.

Lastly, my question concerns TB. Based on our monitoring, it was found that psychologists' roles are not significant, and doctors mostly assume their functions. In other words, this system is not functioning correctly. Are there any planned changes in this regard?"

Answer: Hasmik Harutyunyan - "The term 'drug users' is new to us, and we have limited experience working with this group. In the grant application, we allocated 10 percent of the total coverage to 'drug users.' They will receive the same package as other beneficiaries, but certain components such as needle transfer, syringe distribution, information about Methadone Substitution Treatment, and Naloxone provision are excluded as they are not deemed necessary. We have included this group in the program as a test, and adjustments will be made during implementation as needed.

It's essential to determine the organizing body and location for training for police and penal institution staff. The National Center for Infectious Diseases (NCID) or non-governmental organizations, that are active in this field, could potentially organize this.

Regarding tuberculosis, in many countries, nurses working with TB patients provide certain psychological services. Médecins Sans Frontières (MSF) also recommends training TB nurses as parapsychologists instead of employing psychologists, which we find intriguing. In the grant application, we have allocated a separate line for socio-psychological support in the TB sector, which will be implemented by a public organization."

Question: Nairuhi Safaryan - "I represent the "Real World Real People" NGO, and I am the coordinator of the HIV/AIDS program. You mentioned that TB and HIV screenings will be mainly in rural areas, among migrants and immigrants, but I didn't see the part concerning the key populations. "

Answer: Hasmik Harutyunyan - "2400 people from key populations, mainly IVDUs, and 2400 from mobile groups are included.

I would also like to mention that 17 of the priorities developed by communities and non-governmental organizations are fully or partially included in the main application, and 3 are fully or partially included in the above allocation application. "

Zhenya Mayilian – "Dear colleagues, thank you for the questions and answers. A special thank you to Mrs. Harutyunyan for the detailed presentation and for patiently addressing the questions."

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		
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MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #5 **Approval of the allocation amounts and the program split for Armenia for 2025-2027 Implementation Period**

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

GOV					
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DECISION(S)					
Approve the allocation amounts and the program split for Armenia for 2025-2027 Implementation Period.					
ACTION(S)				KEY PERSON RESPONSIBLE	DUE DATE
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DECISION MAKING					
	CONSENSUS/NOTICE		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
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MINUTES OF EACH AGENDA ITEM					
AGENDA ITEM # 6		Approval of the New Funding Request to the Global Fund fighting Against HIV/AIDS, TB and Malaria, 2025-2027 Implementation Period.			
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					
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DECISION(S)					
The New Funding Request to the Global Fund fighting Against HIV/AIDS, TB and Malaria, 2025-2027 Implementation Period was approved.					
ACTION(S)				KEY PERSON RESPONSIBLE	DUE DATE
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DECISION MAKING					
		CONSENSUS/NOTICE	V	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
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				ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	
				ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	1 didn't answer
MINUTES OF EACH AGENDA ITEM					
	AGENDA ITEM #7	Presentation of results in the field of HIV/AIDS recorded during 2023 within the framework of the Global Fund grant program (Appendix 4).			
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					
Zhenya Mayilyan: "Dear colleagues, next, I invite Zaruhi Grigoryan from RA MOH National Center of Infectious Diseases - Head of the grant program "Support to the National Program to Fight HIV/AIDS in the Republic of Armenia" to present "The results in the field of HIV/AIDS recorded during 2023 within the framework of the Global Fund grant program".					

Zaruhi Grigoryan: "I would like to present the entire dynamics of the HIV epidemic in Armenia as of December 31, 2023. As you can see from the graph, 500 cases were registered in 2023. In the last 5-6 years, most of the total morbidity was accounted for. The second graph shows the estimated total number of people living with HIV in Armenia: 0.3% of the population, as well as according to key population: 0.2% among the CSWs, 2.2% among the IDUs, and 5% among the MSMs and among TG- 2.5% prevalence.

The program is in line with the fight against HIV/AIDS in the Republic of Armenia

2022-2026 program of activities and the priority target of 95-95-95% HIV diagnosis and treatment cascade. The priority areas of the strategic plan are: prevention, research, treatment and care, stability, strategic information. The 4 main areas of the project are: HIV prevention among migrants and their partners, HIV prevention among key population and the provision of care and support services, external quality control and technical support for HIV research laboratories, monitoring and evaluation of project components. As an introduction, let me present the cascade, all indicators of which according to the targets should be: 95-95-95. The first number in the cascade is 75.1%, which indicates that a person living with HIV is aware of their status, the second number in the cascade is 76.7%, which is the rate of inclusion in treatment for people who know their status, and the third, people who are under treatment and already have an undetectable level of the virus, which is 85.5%".

Zaruhi Grigoryan presented the scope of testing carried out within the framework of the program, the effectiveness of target testing (testing positivity).

Zaruhi Grigoryan: "Testing in Armenia is carried out with two main approaches: by the initiative of the health worker and by the community. At the initiative of the medical worker, the tests are carried out in the testing network of 83 medical institutions in all regions of Armenia, where more than 210 medical workers are involved, 11 rural medical clinics, 56 urban institutions of the marzes, 17 Yerevan primary care institutions. As I mentioned, the other approach to testing is the community-based approach, which is implemented with the help of "Real World, Real People" and "New Generation" organizations.

Zaruhi Grigoryan presented the results of the testing carried out at the initiative of the medical workeru in 2023 by trimesters. Out of the 25,000 targets identified, 24,160 were examined and tested. 124 (83%) had a positive rapid test result, of which 115 (93%) achieved NCID, 107 had confirmed status, and 103 were added to ARV treatment. Testing performance was 97%. The detection target performance is 83%.

Zaruhi Grigoryan presented the **tested-NCID reached-approved cycle** over the years. The results of the community-based testing for 2023 were presented, as well as the results of performance of testing targets by key population for 2023. Performance of testing targets by key population strives for 90%, which is an excellent result from a program implementation perspective.

In order to achieve the second and third targets, the following works are being carried out. "Real World, Real People" NGO provided 11,734 care and support services within the framework of the "Care and Support" program, of which peer-to-peer counseling: 6415, social worker counseling: 4905, psychologist counseling: 217, lawyer counseling: 197. The list is not complete, additional services are provided that are not presented in the slide.

In order to achieve the second and third targets, another important process is underway: the decentralization of HIV treatment services. Zaruhi Grigoryan presented the path of decentralization of HIV services in Armenia: 2022-2023- Decentralization of ARV provision in three pilot regions, 2023-Verification study, 2024 (cont'd) - Decentralization of ARV provision in Ararat and Lori, 2024- Decentralization of comprehensive outpatient HIV treatment and care in Gyumri. In 2023, more than 250 patients agreed to receive ARV treatment in three decentralized medical facilities. This contributed to the creation of cooperation with medical institutions, which will later serve as a basis for complete decentralization. 31 patients from Ararat marz, 64 from Shirak marz, and

42 from Lori marz received actual medication. This was a big step in realizing that the country and its beneficiaries are ready to receive HIV services in the communities. Other indicators are also reported to the Global Fund: Hepatitis C: 23,396 people tested, 333 positive cases found Syphilis: 24,029 people tested, 158 positive cases found, number of people diagnosed with HIV/TB co-infected: 18, TB preventive the number of treated HIV patients: 368, the number of people in intensive care units who were tested for HIV infection during the reporting period and know the results: 2545, the number of representatives examined for sexually transmitted infections: 1241, the number of representatives of key population treated for sexually transmitted infections: 294. Prevention activities were also realized: prep - 77 cases and pep - 64 cases. The awareness raising campaign started at the end of the year. A clip was developed and was broadcast in January-February 2024. Capacity building activities were carried out: "Stigma and discrimination against people living with HIV. The psychological aspect of coping" training among senior medical workers, law enforcement and penitentiary institutions employees, 38 participants, 3 CPD credits and "Basics of HIV prevention, detection and treatment" training among healthcare workers performing HIV testing: 183 participants 8-course one-day course series, 6 CPD credits.					
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM					
GOV					
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DECISION(S)					
ACTION(S)				KEY PERSON RESPONSIBLE	DUE DATE
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DECISION MAKING					
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MINUTES OF EACH AGENDA ITEM					
AGENDA ITEM #8		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					
No questions asked.					
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM					
GOV					
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DECISION(S)					
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MINUTES OF EACH AGENDA ITEM			
	AGENDA ITEM #9	Presentation of results in the field of Tuberculosis recorded during 2023 within the framework of the Global Fund grant program (Appendix 5).	
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 Naira Khachatryan: "I will present the measures implemented in the field of TB with the support of the Global Fund. Those measures are naturally aimed at strengthening and empowering the national program, and the main goal of the TB program and the main political document on the basis of which we work is the national strategic plan developed for 2021-2025. The main goal of the strategic plan is to eliminate tuberculosis as a public health problem in Armenia by 2035. Let me present the targets: a 50% reduction in morbidity, a 5% reduction in mortality each year, catastrophic costs, which are currently estimated. The main directions of the Global Fund's grant program activities in 2023 are: TB detection support; modernization of laboratory services, support for the provision of laboratory materials and supplies, promotion of TB detection in primary health care, treatment provision and efficiency improvement, introduction of new methodology, encouragement of TB specialists, drug supply and management, program management support, support for the development of clinical guidelines, monitoring and evaluation, support for treatment-centered models, screening programs in risk groups, social-psychological support for patients, educational events, improvement of professional abilities. The main epidemiological indicators of TB are morbidity and mortality, calculated per 100,000 population. This is not a percentage, but an index. The incidence rate of 2023 is 13.5, which is 63% lower than the rate of 2015. The mortality rate for 2023 is 1.0, which is 17% lower compared to 2022. The absolute number of detected cases in 2023 is 435. These are the cases identified and included in the treatment. The 2023-2027 Global Targets of the WHO European Region for Armenia were presented. These targets are more realistic than before. Since the Global Fund and TB programs are focused on improving the epidemiology of drug-resistant TB and TB/HIV co-epidemic in the country, as shown in the slide, these indicators have decreased from 3.4 to 1.4, respectively, compared to 2013 and from 2.2 to 1.4. It is also a very good indicator that the prevalence of drug-resistant TB is decreasing, which speaks of a good result of therapeutic interventions. TB morbidity among children for 2012-2023 was also presented. According to the presented data, one may have the impression that morbidity among children has increased, but I must note that this was due to detectability. We are concerned that most of the children are cases of family contact. This year we had five cases of family tuberculosis. In terms of actions, this is good to the extent that we have detected, because they were detected during the last year, not later, but from another point of view, it means that we have work to do in the framework of primary preventive measures. I will also present the program indicators of the Global Fund. There are many of them, but I will present two of them. The first indicator is bacteriologically confirmed cases, which is 56% of all cases, but the target is 70%. We noticed the decreasing tendency of this indicator and tried to study the reasons. The results of studies gave us the initial reason, which is that our laboratory peripheral network has been working poorly for 2-3 years. We have			

some marzes where we do not have a laboratory network, there is a problem of sample quality and storage, and there is also a problem of sample quantity: one sample is collected from each patient, which is not informative. This issue needs to be studied more seriously by the program, so that we can understand what additional measures are needed or how the system needs to be changed in order to return to the index we had. There is also another reason why the WHO has changed its definitions. The understanding of clinical diagnosis has become quite up-to-date among doctors, and they are trying to move forward with clinical diagnoses, slightly deviating from the algorithm or quite deviating. The 2023 cascade of laboratory and DST tests, preventive treatment of TB contacts 2020-2023, in particular the average number of contacts tested per case by year, were presented. According to the Global Fund, we had to research up to 6 contacts, but unfortunately we could not, as it was assumed that the TB patient should be able to bring the contacts with him. For 2024, we need to think about how we can promote contact-examination. The results of TB risk group screenings carried out until March 2023-2024 were presented. As a result of the CAD screening of 1763 persons of the target groups, 7 cases of TB were recorded, which is 11%. This is not a bad indicator, but it is 0.4% among all surveyed. The latter should be 1-5% according to international standards. In the future, we should pay attention to what kind of target groups we will choose for future screening programs. The results of treatment efficiency for the years 2012-2022 were presented. As it can be seen from the slide, the rates of TB treatment are increasing year by year, reaching 69% for 2021, which is not a bad indicator, but the target for this indicator is 90%. It should be noted that this indicator has improved with the introduction of short-term treatment schemes. In the case when the treatment is 12-20 months, the duration of the treatment was reduced to 9 months. It means that the number of omissions and violations has decreased, and monitoring of patients has become easier. This is a research project, the first cohort was regional, the second cohort is the national cohort, which is ongoing. In the completed regional cohort, there was an 82% treatment efficacy rate for MDR TB. After completing the complete study of the regional cohort within one month, it will be possible to compare the available data with the general cohort of 16 countries of the region. The next step is the introduction of 6-month treatment regimens, with guidelines approved in 2023. The medical measures of 2023 were presented: social support, ambulatory models of treatment care, program of support bonus introduced in PHC. Development of professional skills, development of guidelines and educational activities were carried out within the framework of the project. The last two slides present the opportunities for the development of the project, as well as the problems and difficulties accompanying these opportunities.		
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM		
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DECISION MAKING							
		CONSENSUS/NOTICE	V	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS			
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MINUTES OF EACH AGENDA ITEM							
AGENDA ITEM #10		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: Lena Nanushyan: "Thank you for the presentation. I would like you to mention again the difference between the two cohorts, because you mentioned that the efficiency of the first cohort is higher than the second one" Answer: Naira Khachatryan: "The second cohort is not finished yet, and the first cohort is completely finished and we have the final results. The second cohort is the national cohort, within which we still have 9 patients under treatment. After the end of the treatment of those patients, I think we will reach a higher index." Question: Lena Nanushyan: "What is the international index of effectiveness of short-term treatment?" Answer: Naira Khachatryan: "The effectiveness of the treatment of all MDR TB is 90%. General data from 16 countries is being processed by the WHO and the results of the latest cohort will be published soon in the scientific journal "LANCET". Addition: Gayane Ghukasyan. "I read the article that should be published in "LANCET". Armenia's index is in quite a good position." Answer: Naira Khachatryan: "If I'm not mistaken, the highest was the indicator of Belarus, which is 86 or 87%. The problem is still leaving the country, because of which we are not able to supply medicine and follow them. We need to find and develop some mechanism to be able to do this. Of course, there are also cases who refuse treatment altogether, but these are rare cases. In this cohort, we had a patient who was not an RA citizen and left. From the							

observations, it was also found that not from this cohort, we had 5 cases of MDR TB who were not RA citizens, whom we included in the treatment, but they left and we are unable to do anything in these cases either. In these cases, the behavior of the patients has a direct impact on our numerical indicators”. Question: Lena Nanushyan: "Let's address this issue to Ms. Harutyunyan. Do we have an effective mechanism for patients who have left the country, as in the case of HIV, in the case of TB in the upcoming grant application”? Answer: Hasmik Harutyunyan: "There is no clearly formulated measure, but we can plan under care and support programs. The problem here is treatment control, because in the case of HIV there is no need for daily treatment control, I think the difficulty may be in the control process”. Answer: Naira Khachatryan: "The situation will change if NGOs work with us." Question: Lena Nanushyan: "My other question concerns treatment interruptions. What is the situation compared to the previous years?" Answer: Naira Khachatryan: "In 2021, the effectiveness of the treatment of MDR TB is 69%, that is, 31% of unsuccessful cases, of which 20% are interruptions. We have had one or two cases who refused treatment because they did not believe their TB." Question: Lena Nanushyan: "What is the effectiveness index of the treatment of drug-sensitive TB at the international level?" Answer: Naira Khachatryan: "At the moment, all indicators are 90%." Addition: Lena Nanushyan. "Our international partners pointed out that the efficiency indicators of the treatment of DS TB are below average." Answer: Naira Khachatryan: "In our country, the indicator is 84%. The problem is that in 2023 the indicator dropped by two percent. According to the data of 2022, it was 86%. We will improve this 84% if we introduce a 4-month treatment regimen, the guideline of which has already been approved. In this case, it is important to create a universal council in order to invest in supervision and understand who we are targeting in these short-term treatments."		
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
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DECISION MAKING		

		CONSENSUS/NOTICE	V	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
		VOTING		VOTING METHOD	SHOW OF HANDS	
					SECRET BALLOT	
				ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >		
				ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >		
				ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >		
MINUTES OF EACH AGENDA ITEM						
	AGENDA ITEM #11		Other questions			
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						
Other questions weren't raised.						
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	
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DECISION MAKING						

		CONSENSUS/NOTICE	V	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
		VOTING		VOTING METHOD	SHOW OF HANDS
					SECRET BALLOT
				ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >	
				ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	
				ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	
MINUTES OF EACH AGENDA ITEM					
	AGENDA ITEM #11		Wrap-up		
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					
Zhenya Mayilian: "I thank all the participants of today's session. I would like to express my thanks to this CCM, as well as to the working groups working within this CCM. I am in almost all groups and I know how all groups worked and what good changes happened. For example, there was a change in the law on social support centers and people living with HIV already have access to these centers, PEP became free in RA. We all worked very well within the composition of this CCM. I congratulate all of us. This is our last meeting with this composition, but I am full of hope that the next composition will work no less effectively and the problems that we have recorded, the next CCM will target with its working groups and we will create better conditions for people living with HIV in Armenia and HIV- for key population. Thank you once again."					
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
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DECISION MAKING				
	CONSENSUS/NOTICE	V	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING		VOTING METHOD	SHOW OF HANDS
				SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >	
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	

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 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.

CCM MINUTES PREPARED BY:		
CCM Secretariat Translation done by CCM Secretariat	DATE :	29.04.2024
	SIGNATURE :	

CCM MINUTES APPROVAL:		
	DATE :	
	SIGNATURE :	