**Minutes**

Meeting of the National Committee of Experts (CNE) for the oversight of Global Fund (GF) grants in semester II, 2011

**Date & Time & Location**: June 20, 2012, 13.00, The National Center for Health Management

**Participants:**

**CNE members:**

1. Gabriela Ionaşcu, Coordinator, UNAIDS Moldova, CNE chairperson
2. Lucretia Ciurea, Chief, Section for the coordination of external assistance (State Chancellery)
3. Cristina Gaberi, Head of the Department of National programs in public health (Ministry of Health / MH);
4. Lilia Gantea, Chief Deputy, Department of Health, Budget and Finance (Ministry of Health);
5. Ana Ambrosie, consultant, Section of finance of the Department of finance in healthcare (Ministry of Finance);
6. Silviu Ciobanu, Coordinator, **Division of Communicable Diseases** STD / HIV / AIDS (WHO)

**Permanent guests:**

1. RP UCIMP - Victor Volovei, Executive Director; Victor Burinschi, TB Program Director; Svetlana Plamadeala, HIV Programs director;
2. RP PAS Center - Valeriu Crudu, TB Program Manager; Liliana Caraulan, HIV program coordinator;
3. AIDS Center - Stefan Gheorghita, Director, National coordinator of the National Program for HIV/AIDS Control and Prevention (NPCP HIV/AIDS);
4. Institute of Phtisiopneumology (IFP) - Ana Ciobanu, deputy director;
5. League of PLHA - Igor Chilcevschi, president;
6. Soros Foundation-Moldova - Vitalie Slobozian, Public Health Program;
7. CCM TB/AIDS Secretariat - Violeta Teutu, Coordination / Stakeholder Communication Advisor.

**The objective of the meeting**:

Programmatic evaluation of TB & HIV grants provided to the Republic of Moldova by the Global Fund and managed by the Principal Recipients - (PR) IP UCIMP RSS and PAS Center.

**Materials distributed in advance**:

• 2 dashboards of programmatic evaluation (HIV grant) for UCIMP and PAS Center;

• 2 dashboards of programmatic evaluation (TB grant) for UCIMP and PAS Center.

**Reporting period**: July 1 to December 31, 2011.

**Meeting agenda:**

1. Evaluation of results of GF grants oversight in sem. II, 2011, on the basis of dashboards information (tool developed by GF) submitted by Principal Recipients.
2. Review of CNE membership in accordance with institutional changes made by the Ministry of Health at the level of the National AIDS Center.
3. Coordination of CCM TB/AIDS members’ options for TB and HIV grants oversight field visits in the first semester of 2012.
4. Various

**Meeting Moderator**: Gabrela Ionascu, CNE chairperson.

At the beginning, the CNE chairperson stated the meeting agenda and summarized information on the CNE mission & objectives, frequency of meetings, instruments to assess grant progress and setbacks and the GF rating for grants implemented by the beneficiary countries.

Further, it was proposed to address specifically the implementation results of TB and HIV control grants - current situation, achievements and problems.

**HIV Grants:**

Principal Recipient (PR) Centre PAS, represented by the HIV program coordinator, Liliana Caraulan, has referred to the data stated in the dashboards, the GF performance evaluation tool, which highlights financial and project management outcomes registered by the PRs and sub-recipients. Ms Caraulan affirmed:

• A clear situation in the process of grant implementation within the reporting period. Activities were implemented in accordance with the work plan and contract terms.

• GF rating for the HIV grant is A1. 8 of 11 indicators reported – attained by more than 100%. The other three indicators were reached by 93-99% and refer to: 1) coverage of HIV+ persons with care and support services 2) providing persons in substitution/methadone treatment with psychosocial support services 3) trainings for medical and non-medical care providers.

• Lack of major problems in implementing the grant, except for delayed disbursements, due to which, at the end of2011, PAS Center testified:

* resources fully absorbed and an account with negative value for grant HIV; and
* lack of clear terms for GF grant disbursements for the period.

Delays in disbursements made it difficult for the PAS Center to commit in real terms for the proper implementation of the program (purchase of goods, services, etc.). And that, in PR’s opinion, will have a negative impact on the progress expected for the next implementation period.

**Q & A:**

• Have there been made or not adjustments to the initially established targets for the attained indicators (Gabriela Ionascu, UNAIDS)? PAS Center suggested and initiated adjustments to these targets within the framework of HIV Technical Working Groups (TWGs) established at the level of CCM TB/AIDS. Adjusted targets for 2012 were included in the CCM Application to GF for the renewal of consolidated HIV grant to be implemented in phase II (2013-2015).

• The dashboards are perceived as complicated and difficult to understand. Could other alternative reporting tools be used, or it is possible to follow the logical framework of the application for the renewal of GF grants in phase II (Igor Chilcevschi, LPTHS)? In response it was mentioned that dashboards are a standard tool. For a better understanding, though, of costs planned and operated by PRs, it was suggested to read the quarter/semester reports developed by PRs and posted on GF’s and PRs’ websites.

Further, CNE members discussed the recent concerns expressed by the GF to the Ministry of Health of Moldova and CCM TB/AIDS, voiced during the visit to Chisinau of the GF Portfolio Manager for Moldova, Ms. Tatiana Vinichenko, and in the letter of Mr. Nicolas Cantau, GF’s Regional Manager FG for Eastern Europe and Central Asia of 15/06/2012. Mr. Cantau’s letter stated: 1) the consolidation of all structures in a single HIV specialized institution, initially planned for completion a few years ago within the Round 8 HIV grant, has not yet been completed and 2) a lack of coordination between the national health insurance system and the national HIV program, due to which the unit/department of palliative care, renovated with the support of the Global Fund and situated in the Department for ARV Treatment (the DDVR Republican Clinic Center), is not yet functional. Mrs. Ionascu proposed organization of an extraordinary CNE meeting to: a) address the issues in question, b) elucidate the causes of nonfunctioning of the palliative care section at DDVR, and c) recommend to MH to define the institutional framework for the coordination of the national HIV / AIDS / STI program (NPCP HIV/AIDS).

The usefulness of such a meeting was questioned by some participants at the CNE meeting as long as the DDVR institution was not (re)present at the meeting; and MH has not yet defined the standards of palliative care, the status of patients to be treated in the palliative care section, and the functions of the recently merged AIDS Center and DDVR.

Participants at the CNE meeting wanted to make sure that the GF/Mr. N. Cantau’s letter had been remitted to the Minister of Health, Mr. A. Usatîi. Violeta Teutu, the CCM TB/AIDS Secretariat’s Coordination/ Stakeholder Communication Advisor, informed the audience that that letter was translated into Romanian and sent to the MH and all CCM members and MH was identifying actions to solve the problem and prepare a response to GF.

MH’s Representative, Ms. Cristina Gaberi, mentioned that MH had subjected to review the status of the section of palliative care and hopefully that would soon become clear and enforceable.

CNE’s chairperson proposed, as a CNE recommendation, to organize in the near future a meeting at MH, aiming to identify appropriate solutions and draft a letter in response to GF’s letter from June 15. CNE promised to monitor the situation/problem.

Further, the floor was given to the PR IP UCIMP RSS to summarize successes and problems encountered while implementing the HIV grant in sem. 2, 2011.

Svetlana Plamadeala, director of HIV programs at the IP UCIMP RSS said the following:

• GF grants the HIV grant implemented by the PR UCIMP a B1 rating.

• Analysis of financial indicators shows a fluctuation/divergence between the project budget for this period and implementation costs or expenditures. Part of the grant has been committed (in the amount of 800,000 USD in contracts already signed). In the implementation period savings have been accumulated worth of one million dollars 600 thousand USD or 1mln 200 000 Euros, due to open tenders for service contracting and PR’s and GF’s policy to optimize costs. Accumulated savings are planned for use in phase II. There are no risks of "financial resources withdrawals" to be operated by the GF ​​in the HIV consolidated grant.

• Challenging targets to be attained by the PR UCIMP are related to HIV prevention among vulnerable/target populations. GF admitted that budget cuts for prevention services negatively affected objectives. At the end of 2011 - PR UCIMP was able to estimate the financial needs and increase the budget for prevention services. As a result of that exercise, the budget for those interventions registered a 17% increase from baseline, the budget adding about $ 124,000. The Sub-recipient Soros Foundation-Moldova, in early 2012, received additional resources to support prevention activities among target populations. They are engaged to increase the number of new people covered with prevention services by: hiring new outreach workers, providing them with motivational packages and by diversifying goods enjoyed by beneficiaries, thus increasing their treatment/service adherence.

• Indicators for all target groups increased significantly in Q1, 2012 compared to Quarter 1, 2011. Results remain to be evaluated at the end of the first semester 2012. Indicators to be attained in the near future (vulnerable groups) - Phase 2, were established within the TWG M & E of HIV/TB, based on new estimates of key populations resulted from the 2009 BSS study and the national targets set up in the National Program for HIV Prevention and Control, 2011-2015.

PR UCIMP reported 5 indicators attained by over 90 percent and 3 indicators - by 60 to 90%. The most problematic among them is the indicator *prevention of HIV transmission from mother to child,* especially inclusion of HIV + pregnant women in prophylaxis treatment. PR, together with the AIDS Center, has explained to the GF the difficulties in attaining this indicator, which actually refer to causes, and have suggested some solutions. On June 19 and June 22, 2012 meetings were held with interested stakeholders: MH, DDVR and AIDS Center, UNICEF, UNAIDS, WHO, League of PLWHA, and IP UCIMP RSS to assess the progress, update the situation, and provide a final response to the GF, which would include viable and feasible solutions needed to improve the situation.

**Q & A:**

• One of the "red" indicators regards testing people with co-infection TB/HIV. What are the causes of such a precarious situation? UCIMP representatives mentioned that this is a new indicator and its attainment is highly related to the state of health system. Since this is a "systemic" indicator, it should be reported with the participation of all system partners. In addition the reporting mechanism is not clear - who, how, based on which data/information reports? The NPCP HIV/AIDS’ Coordinator, Mr. S. Gheorghita, also referred to reporting difficulties: information overlaps and human factor problems. More training needs to be carried amongst local infectious disease doctors on referral and monitoring of cases and improvement of collaboration between TB & HIV services. According to UCIMP’s Executive Director, Mr. V. Volovei, systemic problems must be solved within the country team and not be just the responsibility of the PR. Clinical interactions should be monitored respectively. The tasks of different structures and responsibilities of each actor are not yet clearly stated. If no systemic changes are undertaken, existing medical services risk to be destroyed by human factor irresponsibility. Sub-recipient Soros Foundation says the situation at the local level is actually very complex. Feedback from the community of PLWHA or people affected by HIV shows a poor implication of infectious disease services.

A proposal supported by most participants at the meeting was to train infectious disease doctors. PR PAS Center has facilitated training in Kiev of doctors from four treatment centers of Moldova and is willing to organize other trainings if suggested by CNE members. Another opportunity to be used is the continuous medical education organized by the departments/chairs of the State University of Medicine and Pharmacy of Moldova. Accordingly, it is necessary to submit a formal request to this university asking for the organization of appropriate trainings for infection disease doctors.

• What are the performances of the indicator related to prevention services for commercial sex workers (CSW)? UCIMP says that recently funding for these activities has increased. The sub-recipient has reviewed the 2012 targets. The PR ensured a focused monitoring of SR and SSR. First results of these program management actions will be measured at the end of 1st semester of 2012.

**TB grants**

PR Centre PAS’ representative, Mr. Valeriu Crudu, states the following:

• The TB Grant implementation situation is clear.

• FG appreciates PAS Center’s performance with A1.

• Several problems have been identified during the implementation of the TB grant commited within Round 9, i.e. Community centers established in 10 districts with some delay. Currently, the activity of these centers is intense, with the exception of the one in the eastern region of Moldova (renovated and equipped, but still inactive). The key issue is the low level of responsibility of the human factor. It is hoped that with the change of the Tiraspol administration and the TB coordinator situation improves.

PR IP UCIMP RSS, Mr. Victor Burinschi, states:

• GF appreciates UCIMP’s performance in managing the TB grant with A2.

• In semester 2, 2011 major financial problems were not certified. GF disbursements were made on time. There were minor problems in providing capriomicine, but those problems were global and did not depend on UCIMP. The problem was remedied in February 2012. With joint efforts UCIMP managed to ensure uninterrupted treatment for patients with MDR TB, making use of internal resources.

• Most indicators are in the "the green / yellow" sector. An improvement registered the indicator that evaluates the percentage of TB ex-prisoners/ex-inmates, who continue to enjoy TB treatment in the civil sector through the support program.

• Problems/difficulties faced in the implementation of the TB grant: a) too high/optimistic targets, and GF did not allow their adjustment (currently GF also realized the need for adjustment), b) successful treatment rate among new cases - very low. And in this case too, the responsibility should not be borne just by the PR/UCIMP, which buys medicines on time. This should be the responsibility of local specialists, who provide treatment services to TB patients. Again, these are “systemic” indicators. UCIMP attempts to negotiate with the GF the adjustment of these indicators, whose complexity was recently admitted also by the M & E expert of the LFA (Local Agent of the GF).

**Q & A:**

• LPTHS informed the meeting participants about cases when TB patients who had abandoned treatment due to objective reasons, could not resume treatment and cases when the Commission to recruit MDR-TB patients did not meet for two months.

The Institute of Phtisiopneumology (IFP) representative claimed that each MDR-TB case is dealt with by the Committee for the Recruitment of patients for DOTS Plus Treatment, set up under the IFP, and approached individually. Specific criteria were developed and applied to include patients in the MDR-TB treatment. UCIMP says that abandonment rate rises to number 35 in the entire cohort. And abandonment, although very unfortunate, allows an increase in the number of new patients included in treatment.

**Question II**. Moving to the next discussion topic of the meeting agenda, CNE chairperson, Mrs. Ionascu, announced participants about her decision to resign from CNE’s presidency. Also, in order to increase the level of authority of the Commission, Mrs. Ionascu proposed to elect as CNE chairperson one of the MH deputy ministers.

Accordingly, CNE members agreed: a) to consider the proposal for the election of a new CNE chairperson and b) to review the institutional and nominal composition of CNE, including the permanent guests list, taking into account the merge of the National AIDS Center and DDVR.

**Question III**. CCM TB/AIDS Secretariat informed participants that following the segregation of field visits options for the oversight of GF grants/projects implemented with the PRs’ support, expressed at the CCM meeting on April 25, 2012, there have been identified 3 locations/projects to be visited in sem. I, 2012: 1) The TB Hospital in Vorniceni (a IFP branch) (TB project supported by PR IP UCIMP RSS), 2) the Day care Center for injecting drug users "Step by Step" in Chisinau (HIV project supported by RP PAS Center), and 3)the Regional social center for PLHA in Tiraspol (HIV project supported by PR Centre PAS). In the near future, the CCM Secretariat will organize these field visits for the CCM TB/AIDS members and other interested partner institutions.

**Conclusions and recommendations:**

• CNE members propose to review the institutional and nominal composition of the Commission, as well as the permanent guests list, and elect another CNE chairperson.

• CNE recommends to the MH to discuss the issue of the NPCP HIV/AIDS coordination, define the institutional frame for program coordination and ensure its sustainability, taking into consideration the status and functions of the new institution created by merging the National AIDS Center and DDVR.

• CNE recommends to the MH to undertake some viable measures to improve the standards of palliative care for AIDS patients and ensure full capacity operation of the Section/Department for palliative care located inside DDVR.

• To inform the new institution created - the Hospital of Dermatology and Communicable Diseases, about the progress of indicators related to the prevention of HIV transmission from mother to child and TB screening of HIV+ patients, and call for measures to be undertaken in order to improve the situation.

• To submit a formal letter to the State University of Medicine and Pharmacy of Moldova, Continuous Medical Education Department, requesting to include in their curriculum thematic trainings for infectious disease doctors.

After the meeting of June 20, 2012, CNE members will meet independently to develop specific recommendations on the results of GF grants implementation in sem. II, 2011 (see recommendations stated in the dashboards presented by the two PRs). The CNE oversight results and the developed recommendations shall be presented at the next CCM TB/AIDS meeting.

*CCM TB/AIDS Secretariat June 22, 2012*