**MINUTES OF HIV/TB DASH BOARDS REVIEW MEETING**

**November 24th, 2016 at the CCM Secretariat**

**Attendance:**

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| **No.** | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| **2** | Stephen Appiah | NMCP | PR / Government |
| **3** | Keziah Malm | NMCP | PR / Government |
| **4** | Wahjib Mohamed | NMCP | PR / Government |
| **5** | Kofi Osae | NMCP | PR / Government |
| 6 | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
| 7 | Margaret-Anne Wilson | MOFEP | Government |

**Absence:**

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| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
| 1 | Laud Baddoo | GH | OC / Co-opted member | Excused |
| 2 | Philip Ricks | USAID/CDC | OC / Bilateral | About to leave Gh |
| 3 | Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member | Excused |
| 4 | Dr. Sebastian Sandaare | District Health Directorate | OC / PLWD |  |
| 5 | Maurice Ocquaye | Independent consultant | OC / Co-opted member |  |
| 6 | Daniel Osei | Ghana Health Services | Government |  |
| 7 | Dr. Naa Ashiley Vanderpuye | Stop TB Partnership | KAP | Excused |

1. **Opening:**

The meeting started at about 9:10 chaired by Samuel Dodoo.

1. **Conflict of interest**

Annekatrin El Oumrany asked the OC if they had any potential or actual conflict of interest in relation to the malaria dashboard review or other items of the agenda, which was not the case.

1. **Tightened oversight**

Annekatrin El Oumrany reviewed the financial performance of NMCP together with NMCP and shared the results with the tightened oversight team. The gap identified is primarily due to postponed commodity shipment incl. associated PSM cost and private sector co-payment, which is not of immediate concern. It will be important to have a projection of savings to reprogram early.

1. **PSM deliverables**

Annekatrin El Oumrany presented an overview on the supply chain deliverables that shall be accomplished by the end of next year in exchange of the recovery of the value of GF commodities destroyed in the CMS fire.

1. **AGA Mal**
2. **Follow up:**

* Resistance survey: Report not yet ready. Collaboration with Noguchi. Report expected by mid Dec
* Next Generation IRS: Products ready by 2017. Very different products than the ones currently used. 3-4 additional districts in UE/R planned.

1. **Financial Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 89% burn rate, past 2 quarters average 71% burn rate | See below |
| **Disaggregated absorption rate by grant objective** | Past 2 quarters: HR 71%  Travel cost: 50%  Health products non pharma 40% | Spray team budgeted to work for three months, actual spraying took 7 weeks.  Savings on fuel, some communities had to be combined during the same day. Incl training cost for spray operators. 10 days of training budgeted (for new spray operators, refresher = 5 days). Most sprayers only needed refresher  730,000 USD invoiced, yet to be paid |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities** | 2.5 MoS of insecticide? Product procurement past due? | 2.5 MoS for one district, not for total implementation area. |
| **PSM cost** | Does not seem to correspond with Excel sheet | AGAMal requested to review |

1. **Programmatic Indicators:** Do house to house mobilization before IRS

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| **Indicator** | **Observation** | **Answer / Decision** |
| **IRS population** | 61% coverage due to mine closure and departure of residents? Please make use of the comment section | Increased amount of refusals (many are illegal miners, AGAMal unpopular among them). Lots of mine workers left Obuasi after they were laid off due to mine closure. |

1. **Recommendations: None**
2. **NMCP**
3. **Follow up:**

* **Prevention, diagnosis and treatment in prisons:** Will be reviewed in next reporting cycle.
* **Overview NGO results, challenges:** about 50% of NGOs contracted did not get an extension. No replacement of delisted NGOs. Reviewed scope of activities for remaining NGOs (adjusted targets, no change of geographical coverage)
* **Findings from Ashanti site visit:**
  1. Increasing case numbers in spite of stable OPD attendance
  2. Insufficient IEC on malaria: just distributed IEC materials to NGOs
  3. Lack of conviction on importance of LLIN use even among healthcare staff
  4. Low IPT coverage even when SPs were supposedly available:
  5. Allocation of RDTs, also see areas with microscopy: All RMS allocate RDTs due to previous shortages, not just in Ashanti to ensure that stock lasts
  6. Lack of ACTs while other regions had large over supply of stock
  7. Experiences with NGOs: now 12000 GHS for 4 months, before 8000 GHS for 6 months. Standardized reporting template proposed: NGOs recently reoriented, also on reporting template.

1. **Financial Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | July-Sep burn rate = 87%, cum. burn rate = 80%. Unspent amount = 13.4m USD | See below |
| **Disaggregated absorption rate by grant objective** |  | * 12m due to lower expenditures for case management (delayed commodity shipment and PSM cost, private sector payments). * 1m gap for SPI incl. SMC which is carried out with a delay. * 1m gap for health information systems and M&E, which is primarily for onsite training of data officers, postponed to 2017 |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities** | **Expiries:**  Oct. 16 5 MoS AL 20/120mg 6's in W/R  Nov 16: 4/5 MoS of artesunate suppositories in W/R  Nov 16: 4 MoS AA 25/67.5 in N/R  Nov 16: 4 MoS AA 25/67.5 in GAR  Nov 16: 4 MoS AA 25/67.5 in A/R  Dec 16 50MoS AL 20/120mg 6's in UW/R  Dec 16 25 MoS of quinine tablets in W/R  **Low stocks:**  AL, SPs, RDTs | Children under 5 in regions with SMC: cannot use AA, need to have at least one age band AL  Asked RMS to use this age band. 2/3 distributed  Old stock, not likely to be used anymore  IHS just finished distribution of commodities. RDTs are allocated. Storage limitations at the facilities. Should always have a min stock of 1 MoS |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **% 3+ doses of IPTp** | 40% vs. 61% target (increase from Q2 36%) | Commodities arrived in August. Advocacy visits to facilities that did not do well, particularly private sector. Few challenges with data entry. Visits also to bigger private facilities to take up IPT. It takes a while from the moment that SPs are available that facilities take them up again. |

1. **Recommendations:** None
2. **Closing**

The meeting came to a close at about 13:10.