

Minutes of the meeting

of the National Coordination Council on National HIV/AIDS/STI control and prevention and TB control and prophylaxis Programmes

Date: 27th of June, 4.00 p.m.

Location: Ministry of Health, 2nd floor, conference room

Agenda

1. Discussion and approval of the CCM Operational Manual, Raporteur: **Oleg Barbă**, CCM TB/AIDS Screening Policy Consultant (15 min)
2. Information related to the organization of the National HIV/AIDS Conference. Raporteur: **Vitalie Slobozian**, Program Coordinator, Soros-Moldova Foundation (10 min)
3. Information related to the Joint Assessment of the National HIV/AIDS/STI control and prevention Programme for the period 2011-2015 in the context of National Strategy Application to Global Fund Presented by: **Peter Godwin**, JA team leader (30 min).

Participants:

1. Viorel Soltan, Viceminister of Health, Chair of the meeting;
2. Iurii BUCINSCHI, CCM Vice-president, State Chancellery. Government of Moldova;
3. Igor CHILCEVSCHI, CCM Vice-president, League of People living with HIV/AIDS;
4. Galina Gavrilita, Ministry of Education;
5. Margareta Cararus, Ministry of Finance;
6. Veronica Hirbu, Ministry of Justice;
7. Nelea Prodan, Ministry of Internal Affairs;
8. Diana Doros, Ministry of Labour, Social Protection and Family;
9. Ștefan GHEORGHITĂ, Director, AIDS Centre;
10. Victor VOLOVEI, Director Executive, PCU;
11. Silviu Ciobanu, WHO bureau in Moldova;
12. Gabriela IONAȘCU, UNAIDS Coordinator in Moldova;
13. Andrei Brighidin, UNDP;
14. Victor URSU, Director Soros-Moldova Foundation;
15. Liliana Caraulan, PAS Centre;
16. Rodica Ivtodi, Director CRPC;
17. Ala IAȚCO, Chair of the Union of Organizations working in harm reduction;
18. Uzun Sidor, Chief of Health Department, Găgăuzia;
19. Veaceslav MULEAR, Director GENDERDOC-M;

Invited persons:

1. Aliona Serbulenco, MOH;
2. Lilia Gantea, MOH;
3. Lilia Pascal, MMPSF;
4. Eugenia Berzan, MOH;
5. Mihail Pîslă; MOH;
6. Oleg Barbă, CNMS;
7. Andrei Gherman, DDVR;
8. Valeriu Pleșca, CNMS;
9. Igor Condrat, CNMS;
10. Iurii Osoianu, AIDS Centre;
11. Svetlana Doltu, DPI;
12. Ludmila Marandici, DPI;
13. Liliana Domete, PNT;

14. Liliana Gherman, FSM;
15. Vitalie Slobozian, FSM;
16. Doina Munteanu, IDOM ;
17. Victor Burinschi, PCU;
18. Alexandrina Iovița, UNAIDS;
19. Svetlana Plămădeală, Secretariat CNC TB/SIDA;
20. Laurențiu Ionesii, PCU;
21. Silvia Munteanu, AFEW;
22. Otilia Scutelnicu, independent.
23. Elena Jidobin, UNODC

Joint Assessment Evaluation team:

24. Peter Godwin, Team Leader, Strategical Planning;
25. Alexander Turdziladze, Finance and Audit;
26. Mihai Ciocanu, PSM;
27. Ulrich-Lauchamm Josten, Program Management and health system;
28. Cindy Carlson, FG;
29. Boris Sergheev, HIV Epidemiology;
30. Translators

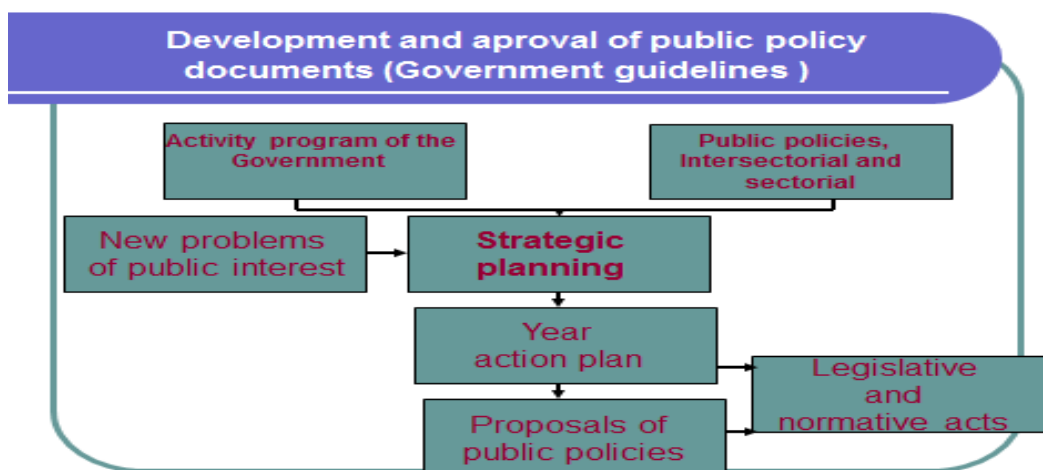
The synthesis of the discussions and the decisions

Viorel Soltan, the Deputy Minister of Health opened the meeting and greeted all the participants, including the team of evaluators of JA. He proposed to the forum the agenda of the meeting and after the consensus has been reached, the meeting started.

Oleg Barba, CCM TB/AIDS Screening Policy Consultant presented the CCM Operational Manual (OM). The OM is defined as a set of internal operational rules and procedures of CCM aimed at improving the administration and management process. The procedures refer to the ones of coordination, oversight; communication, information and reporting, alignment and harmonization. As a procedure, the OM development went through several stages: the CHAT research realized by the end of 2009. The conclusions of the research state the need to establish the OM. The first draft has been developed by the CCM Secretariat during 2010. The first draft has been presented during the strategic planning workshop from the 22-23rd of October 2010 (about 35 participants). Based on the CCM decision nr. 1 from 17.02.2011 the OM is being discussed within the TWG. 9 CCM TWG meetings have been held and the OM presented and discussed during those. From 17.02.2011, the draft of OM is placed on the web pages: www.ccm.md. The decision nr 2 from 9th of June 2011 approves the nominal compenence of the TWG and the institutions of the national committee of experts responsible for the CCM oversight.

The OM has the following content: Goal, mandate, principles, functions, structure, terms of reference at the decisional level, coordination and operational ones, specific procedures for the regulation of the conflict of interests, oversight, information, harmonization and alignment. The oversight is governed by the following principles: transparency, national involvement (both CCM and Non-CCM members), fare and equal governance, control to ensure the performance of the programmes, national ownership, mutual coordination and information, alignment and harmonization towards national programmes. The following areas of oversight have been listed: development and approval of draft policy documents and grant proposals; grant negotiations (based on GF rules); implementation of policy documents, including National Programmes and grants (programmatic oversight); coordination of donors activities and alignment of all those to National Programmes, evaluations and revisions of NP and of grants, ending the grants.

The algorithm of development and approval of public policz documents have been presented.



The process of the development of GF grants application has been presented. It has been stated the main principle of transparency ensured mainly through the use of the web pages. As process it is based on the public invitation to participate at the application development (CCM members and non-CCM members) and proposals to the TWG. It is followed by the evaluation of the Technical evaluation committee of the CCM (chiefs and secretaries of the TWG/ensuring there is no conflict of interests at that stage), discussion and approval at the CCM, submission to the GF. The oversight of the NP and of GF grants relates to the Programmes management, programmatic performance (objectives versus outcomes) and financial performance (planned disbursement, equitable, in time and correct, as well as real disbursements) based on the dashboards.

Oversight plan, 2011-2012

Activities	VI	VII	VIII	IX	X	XI
Approval of OM	27 June					
Revision of the TWG and monitoring of TEG activity.	27 June	X	X	X	X	X
CCM meetings, inclusiv 2 during which the PRs are reporting					X	
Reports of National committee of experts (new oversight tool)		X				X
Fields visits (oversight tool)				X		X

Contains performance indicators

Coordination, alignment and harmonization is realized through presentation of the information on the activities of every CCM member (sectorial plans, projects, coordination departments of National Programmes); reports of CCM members; national plans of strengthening capacities, technical assistance, year working plans of CCM and TWG and Monitoring and control. The revision of the OM is planned at the periodicity of 2 years under the coordination of CCM chair, facilitated by the CCM Secretariat.

As a result of the discussions it was decided to approve the operational manual. The CCM secretariat was designated as responsible to place the operational manual on the web pages: www.ccm.md

Vitalie Slobozian presented information related to the organization of the National HIV/AIDS Conference. He started by communicating the Soros Foundation Moldova (SFM) activates as a SR of the GFATM, round 8. As a SR, SFM is responsible for the capacity building of the social assistance system in HIV field, in a strong partnership with Ministry of Labors, Social assistance and Family. It is also responsible for the capacity building of the league of PLWHA and the NGOs members of the League. Within the 8th round grant it is planned to organize a national conference on HIV/AIDS. The conference has to ensure the continuity of those organized in I-2004, II-2006, III-2009. The conference will address the most important subjects within the National response to HIV: efforts consolidation in the fight against AIDS, the involvement of civil society in the national HIV response, successes and challenges in the activities for the PLWH, IDU, zouth, mobile populations etc., development of partnerships between governmental and nongovernmental structures. It is planned to organize the conference in Chişinău, in the first half of November, with duration of 2.5 days for at least 150 participants from all sectors. Mr. Slobozian invited all participants to contribute to the finalization of the content of the conference by providing concrete proposals by 15th of July 2011 and to have the final compilation of the proposals into an agenda by 31st of July 2011.

After the discussions it has been decided that all national stakeholders are going to provide the concrete proposals related to the content of the National HIV Conference to CCM secretariat by the 15th of July.

Peter Godwin, JA team leader presented an information related to the Joint Assessment of the National HIV/AIDS/STI control and prevention Programme for the period 2011-2015 in the context of National Strategy Application to Global Fund. It was communicated that Joint assessment is a process whereby country stakeholders and international partners come together... to carry out an independent assessment of a national strategy and its accompanying documentation..... that is seen as valuable and is accepted by multiple stakeholders (including within the country). The purpose of joint assessment is to provide country with constructive feedback on the national strategy that could be used to further strengthen it and to inform decisions on funding or technical support by the government and international agencies. Specific anticipated benefits of the JA are: Improved quality and credibility of national strategic frameworks; Renewed focus on national strategies as a basis for alignment and harmonization; Improved harmonization among funders that have agreed to use the same approach to assess the soundness of national strategies; Opportunity to improve strategy development/implementation process, including breadth of stakeholder involvement. As a process, the JA takes place in country, over an 8-12 calendar day period, conducted by an independent, multi-disciplinary joint assessment team of national and international experts (selected by country stakeholders and international partners), with the support of national facilitators. It is based on the set of attributes for sound national strategies contained in the Joint Assessment of National Strategies (JANS) Tool. The JA is organized by a multi-stakeholder, country-based Joint Assessment Organizing Body

And it involves the joint assessment team conducting documentation review, discussions with key stakeholders, and some site visits. The output of the assessment is debriefing to present and discuss findings with country stakeholders and a report highlighting the identified strengths and weaknesses of the country's national disease strategy documentation.

What a joint assessment is (and isn't)

It is...	It is <i>not</i> ...
a multi-partner process	a single-agency (e.g. Global Fund) process
a forward looking assessment focusing on strategic direction and feasibility of implementation	a review of previous and ongoing program implementation
conducted by a multi-disciplinary team of experts	conducted only by disease experts
aiming to assess strengths and weaknesses of national strategy documentation	leading to a funding decision or funding recommendation
part of a learning process (at this stage)	going to be perfect!

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Joint assessment team is being compound of members who must all be independent, members can be either external or local, team leader however must be external, and assessment team members conduct assessment and contribute to and sign off on final assessment report. National facilitators are local (or from locally-based international agencies); can be non-independent; can participate in assessment to observe or provide information, but not contribute to deliberations or report. The Joint Assessment of National Strategies (JANS) Tool and the “Information Note on the Use of the JANS Tool to Assess National Disease Strategies” are used as the basis of the assessment. The joint assessment team possesses expert knowledge of international best practice and standards in: disease control; national strategy formulation and implementation; relevant health system considerations; budgeting and financial management systems; procurement; monitoring and evaluation; and multi-stakeholder involvement. The JA assessment team in Moldova is formed as folloes: Peter Godwin: Team Leader, Strategic Planning, MSI; Alexander Turzeladze: Finance and audit; Boris Sergejev: HIV disease expert; Roger Drew: M&E, MSI; Ulrich Laukamm-Josten: Programme management; Mihai Ciocanu: Procurement and supply management; GF observer: Cindy Carlson; UNAIDS observer: Anja Nitzsche-Bell. The joint assessment team leader lives outside the country and has no ongoing or previous engagements with the country that could create the perception that he/she cannot fulfill his/her role as team leader in an independent and impartial manner. All joint assessment team members must be independent and impartial: each team member must have had no material involvement in the development of the national strategy; and National facilitators selected by the JA OB, with inputs from the team leader, to participate alongside the joint assessment team in interviews, fact-finding activities and assessment team discussions (as requested). They will provide context, clarifications, and other relevant information. They can take part in team discussions about findings and provide further context as needed. They will not contribute to writing the joint assessment report, but will be able to comment on draft versions of the report along with other country stakeholders. The final part was focused on JANS tool. JANS tool has been developed by multi-partner working group, under International Health Partnership (IHP+), 2008-2009; defined a set of principles to underpin joint assessment; developed for different types of national strategy (health sector or sub-sector/disease); piloted by IHP+ for various health sector joint assessments; – 5 countries in 2010/11; piloted in Global Fund NSA First Learning Wave (for disease strategies). As a structure it is based on the attributes of a sound strategy; 5 categories of attributes: The situation analysis, and coherence of strategies and plans with this analysis ('programming'); The process through which national plans and strategies have been developed; Financing and auditing arrangements; Implementation and management arrangements; Results, monitoring, review mechanisms. Attributes: describe ideal elements contained in a sound national strategy and characteristics: describe further the ideal elements in the attributes. Tool provides overall

framework for joint assessment and Not a ‘yes/no’ approach; attributes may be most useful level of reference; can serve as guide to joint assessment agenda setting and team composition; Joint assessment report sets out strengths and weaknesses according to each attribute; « National strategy/plan » in Tool refers to a portfolio of documents (national strategy document plus operational plan, M&E plan, budget, etc.); Guidance document entitled “Information Note on the Use of the JANS Tool to Assess National Disease Strategies” references technical documents for HIV/AIDS, tuberculosis, and malaria, that are recommended for use alongside the JANS Tool for certain attributes; More detailed information and interpretation of the JANS Tool is provided in the “Joint assessment guidelines” document on the IHP+ website.

JANS Tool: Five categories of attributes

Category	Focus of attributes
1. Situation Analysis and Programming	<ul style="list-style-type: none"> • Sound situational and response analysis • Clearly defined priority areas, objectives and interventions, contributing to improved health outcomes • Planned interventions, cost effectiveness, sustainability • Risk assesment and mitigation strategies
2. Process	<ul style="list-style-type: none"> • Multi-stakeholder involvement in development and endorsement of national strategy documentation • Consistency with higher and lower level strategies
3. Finance and Auditing	<ul style="list-style-type: none"> • Comprehensive budget/costing, financial gap analysis • Specification of allocation of funds • Financial management system
4. Implementation and Management	<ul style="list-style-type: none"> • Operational plans, resource deployment • Procurement policy • Governance, management and coordination framework
5. Results, Monitoring and Review	<ul style="list-style-type: none"> • Monitoring and evaluation • Joint periodic performance reviews

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Agenda for the joint assessment has been developed by JAOb in consultation with the team leader. The joint assessment agenda includes the opportunity for the joint assessment team to interview relevant stakeholders, including civil society and private sector organizations, and visit facilities to obtain and verify further information as needed.

After the discussions it has been decided that during the period from 27th of June to 8th of July all national stakeholders will ensure the implementation of the process of joint assessment of the National HIV/AIDS/STI control and prophylaxis programme for the period 2011-2015, ensuring also all the support for the assessment team.

At the end the draft of the CCM decision has been read. It has been approved by consensus by all CCM members who participated at the meeting.