

CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS									
COUNTRY (CCM)		Jamaica			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			21	
MEETING NUMBER (if applicable)					TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			10	
DATE (dd.mm.yy)		14, March, 2023			DETAILS OF PERSON WHO CHAIRED THE MEETING				
HIS / HER NAME & ORGANISATION	First name	Ivan			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
	Family name	Cruickshank			DURATION OF THE MEETING (in hours)			4	
	Organization	Caribbean Vulnerable Communities Coalition			VENUE / LOCATION	Virtual Meeting			
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair				MEETING TYPE (Place 'X' in the relevant box)	Regular CCM Board meeting		X	
	Vice-Chair					Extraordinary meeting			
	CCM member					Committee meeting			
	Alternate					GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA	
HIS / HER SECTOR* (Place 'X' in the relevant box)								FPM / PO	
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER	
		X						NONE	
								X	

LEGEND FOR SECTOR*							
GOV	Government			PLWD	People Living with and/or Affected by the Three Diseases		
MLBL	Multilateral and Bilateral Development Partners in Country			KAP	People Representing 'Key Affected Populations'		
NGO	Non-Governmental & Community-Based Organizations			FBO	Religious / Faith-based Organizations		
EDU	Academic / Educational Sector			PS	Private Sector / Professional Associations / Business Coalitions		

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)																
GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS																
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	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 ITEM #1	Opening Remarks & Greetings Call to order Apologies for absence	X														
AGENDA ITEM #2	Adoption of Agenda	X														
AGENDA ITEM #3	Reading of the Conflict of Interest Declaration	X														

AGENDA ITEM #4	Review, Correction and Confirmation- Minutes of meeting held November 24,2022																		
AGENDA ITEM #5	Presentations: Programme Update/Reports PR Programme Update SR Report OMC Update																		
AGENDA ITEM #6	JCCM Evolution Update																		
AGENDA ITEM #7	Endorsement of revised JCCM documents																		
AGENDA ITEM #8	JCCM Secretariat Update																		
AGENDA ITEM #9	Any other business																		
AGENDA ITEM #10	Adjournment																		

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and click on the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	<p>Call to order and opening remarks Convene Preliminaries</p> <p>Call to order At approximately 9:08 a.m., the JCCM Chair called the meeting to order after establishing that a quorum of all constituency was present.</p>
AGENDA ITEM #2	<p>Welcome and opening remarks The Chair welcomed everyone to the year's first quarterly general JCCM meeting.</p>
AGENDA ITEM #3	<p>Apologies for absence No apologies for absence were made.</p>
AGENDA ITEM #4	<p>Adoption of Agenda</p>
AGENDA ITEM #5	<p>Conflict of Interest Declaration The Chair invited the Administrative Coordinator to administer the Conflict of Interest Declaration.</p> <p>Following the reading of the Conflict of Interest Declaration, a conflict of interest was declared by Ms. Olive Edwards. She informed the JCCM of her position within her organization and noted that her salary is being paid by the Global Fund.</p>
AGENDA ITEM #6	<p>Confirmation of Minutes Having concluded the review of the minutes, there was no indication of any corrections that needed to be made. In that respect, the Chair asked for the confirmation of the minutes as complete and valid. The minutes were confirmed first by Mrs. Dionne Jennings-Government rep and seconded by Mrs. Claudette Richardson-Pious- CSO rep.</p>

Programmatic Update

PR Update

Mrs. Amoy Douse-Mullings provided the PR update. Her presentation focused on 2022 financial and programmatic performance. She began her presentation by discussing the financial performance of the regular grant. The overview of Year 1 budget for the various entities were as follows;

- MOHW & IEs total fund – US\$1,836,638
- ASHE – US\$436,388.00
- CF - US\$478,721.00
- JASL & SSRs- US\$1,651,162

She informed the members that the overall budget for the regular Global Fund grant was \$4,402,909, of which \$3,187,448 (72% of the budget) was spent. The top performing entity was Children First with usage at 96%, followed by ASHE with 92% and JASL with 75%. The MOHW had the lowest performance at 52%.

Relating C19RM for the period October 2021-September 2022, the total budget was \$2,616,601 of which \$804,082 was expended. The top entity for usage was ASHE spending \$66,021(73%), JASL \$68,329 (30%) and the PR at \$687,725 (30%) usage.

For the new C19 budget starting October to December 2022, the budget was \$263,798 of which 89% was expended. ASHE and JASL were able to expend 100% of the budget followed by the PR at 87%.

Mrs. Douse-Mullings then provided an expenditure report of module usage from the annual budget. The overall budget for each module were as follows:

- Reducing human rights related barriers to HIV/TB services- USD\$343,670
- Treatment, care and support-US\$937,297
- Prevention-US\$1,171,184
- Program management-USD\$871,615
- RSSH: Community systems strengthening- US\$350,362
- Differentiated HIV testing services- US\$541,702
- RSSH: Health management information systems and M&E-US\$187,079
- COVID-19-US\$2,616,601

The module with the highest burn rate of 84% was *Reducing human rights related barriers to HIV/TB services*. This was followed by *Treatment, care and support* at 82%, *Community systems strengthening* 77%, *Differentiated HIV testing services* 74%, *Program management* 69%, *Prevention* at 67%, *COVID-19* 40% and *Health management information systems and M&E* at 39%.

Annex 1 contains detailed information on all the modules.

Mrs. Douse-Mullings moved on to providing the Programmatic update. The annual target for the Key population reached and tested during the period January through to December 2022 are indicated as follows:

- MSM reached- 7,532
- MSM tested HIV- 6,779

- TG reached- 384
- TG tested HIV-346

- FSW reached- 8,467
- FSW tested HIV- 7,620

AGENDA ITEM #7

The percentage of the annual target for MSM reached was 91%, and the percentage of MSM tested for HIV was 97%. These indicators' targets were not met.

TG attained 104% of the annual target, while TG tested attained 108% of the annual target. Both indicators exceeded their targets.

FSW reached achieved 98% of the annual target while FSW tested for HIV achieved 103%. FSW tested for HIV exceeded their annual target however; the annual target for FSW reached was not met.

Mrs. Douse-Mullings continued her presentation discussing the key population reach, test and yield disaggregated by testing strategies for the period January through to December 2022. The mode of service delivery were as follows:

- Home based
- Other
- Site based
- Venue based
- NA

See annex for further details.

Regarding PrEP target for the period January to December 2022, the annual target for the PrEP indicators are as follows:

- MSM initiated- 950
- TG initiated- 34

Of the 950 annual target, 100 was reached which accounts for 11% of the target. For TG, no initiation of the target was made.

Mrs. Douse-Mullings mentioned that they have experienced some issues getting people started on PrEP. She explains that this difficulty is due to the fact that PrEP is a novel preventative method, and it is challenging to convince individuals to embrace it. As a result, there has been a rise in the promotion of PrEP in an effort to boost demand. She anticipates that more members of the key population will start taking PrEP in 2023.

The presentation continued with Mrs. Douse-Mullings presenting the treatment targets on ART as at December 2022. The annual target for each indicator used are as follows:

- % of people on ART among all people living with HIV at the end of the reporting period- 71%
- % of people living with HIV and on ART who are virally suppressed- 80.01%
- % of people newly diagnosed with HIV initiated on ART- 93%

The national 90-90-90 cascade as at December 2022 for the number of people living with HIV who are diagnosed, retained on ART and virally suppressed are as follows:

- Diagnosed- 91%
- Retained on ART- 53%
- Supressed-78%

Action point 1: Mrs. Douse-Mullings to share 2nd report for the Mystery Shopping Assessment at the end of Q1.

Question: Mr. **Richard Amenyah** mentioned his concern for our capacity to absorb the resources. He made reference to the 31% burn rate and had queries about what

could contribute to the low burn rate and which are the specific bottlenecks in terms of big-budget items that are not moving.

Response: Dr. Skyers explained that the 31% burn rate was specific to the C19 grant for the period October 2021 through to September 2022. There were significant challenges with the implementation of the C19 due to communication issues and inadequate budget lines. As a result, the majority of the activities did not begin during the first year of the Covid 19 grant. However, the burn rate for year two of the new grant, which began in October 2022, has increased because most of the issues with the C19 grant that resulted in the 31% burn rate have since been resolved.

Question: Mr. Jumoke Patrick expressed concern about the National Strategic Plan being delayed until December 2023. He was curious about the reasoning behind the decision, as well as if there would be any significant changes made to the document that will deviate from what was previously planned.

He also wanted to know if the broader civil society communities would be involved in the ratification of the Strategic Plan.

Further to Mr. Patrick's queries, the **Chair** asked if the Strategic Plan can be shared with the JCCM given it is near completion.

Response: Concerning the National Strategic Plan (NSP), **Dr. Skyers** clarified that the December 2023 deadline is for submission of the plan to the Global Fund (GF) and will not be used to rewrite the document. She also stated that the M&E Plan is almost completed. However, they are awaiting the arrival of a consultant in order to cost the document. After these processes are completed, the document will be returned to the Policy Unit for formal submission to the Cabinet for its approval. The approved document will be submitted to the GF by December 31st.

Action point 2: Dr. Skyers will share the draft NSP to the JCCM Administrative Coordinator for circulation to the JCCM members.

Question: Dr. Amenyah had an additional query regarding the uptake of PrEP as he is extremely concerned about the targets not being met. He added that with the new grant approaching, considerations should be made for what can strategically be done to start achieving the targets. He suggests looking into the specific barriers to PrEP uptake and find a solution in order to increase the programme performance for MSM and TG population.

The **Chair** requested that the technical working group provide an update on the issues around PrEP as well as details on the agenda of the upcoming Prevention Retreat meeting. He added that he believes some of the agenda items for the meeting will help the JCCM to better provide guidance and support to the PR and implementing entities on the issue surrounding PrEP.

Response: Miss. Nickeisha Barnes indicated that the Prevention Review is slated for the end of March. The focus will be on collaboration with the partners as well as discussion on the strategic approaches to be taken towards the identification of the gaps mentioned. She explained that in terms of PrEP and HIV, self-testing and the uptake of PrEP are low and so these will be two priority areas of focus during the review. In addition to that, they will also look at the adolescent and youth populations and work through strategic approaches to increase the uptake of SR services within the population. Focus will also be on the researches that were recently done to provide preliminary findings from the men's health survey as well as from the adolescent and youths rapid assessment. The information from the findings will be utilized in planning the way forward.

Question:

The **Chair** had two queries for the prevention group.

1. He mentioned that he noticed that site-based testing produced the highest yield across all population groupings. He suggests that it would be helpful to show in the report which site is producing the highest yield because it would assist in determining where we should place our emphasis. For example, in the report, distinguish between the yields from hospitals, health centers, and other site bases such as malls.

Response:

Dr. Skyers explained that facility-based testing within health centers and hospitals will not be reflected in the report since they are unable to identify who is from the key population due to how the data is obtained.

The **Chair** went on to say that the report indicated that facility-based testing was a good source for high outcome. He requested more clarity in order to align what was written in the report with what Dr. Skyers explained.

Dr. Skyers further explained that outreach testing is what is described in the report and it separate from hospital and health center based testing.

Action point 3: Amoy to distinguish in future report the difference between outreach based testing and facility-based testing.

2. The **Chair** highlighted that we are doing really well in terms of reaching and testing of our targets. He did notice, however, that despite our reaching and testing, we are still obtaining a very limited yield. He wanted to know how we could be more strategic in our targeting to determine where our yield opportunities are and how will we accept those opportunities?

Dr. Amenyah raised concerns about the KP data that had been shared. He wanted to know if individuals from the Key Population group were tested through outreach or from facilities where it would be difficult to disaggregate or identify them as members of the Key Population group in order to determine if we were testing the correct population. This, he added, is concerning, particularly in cases where the yield is 1% or 0%; we need to be certain that the people classified as FSW, MSM, or TG are, in fact, so.

The **Chair** had additional questions for the PR. He mentioned that transport was one of the issues raised in the report for entities interested in conducting site visits. He added that, given the importance of venue-based testing and outreach, will the grant support this challenge?

Dr. Skyers shared that a reprogramming exercise was conducted at the end of January during which the SRs submitted their additional needs; however, if those needs were not included in the initial request, entity representatives are being asked to submit those requests as soon as possible so that they can be submitted to the GF for permissions.

SR Reports**Children First Agency**

Mrs. Claudette Richardson-Pious provided a technical update for Children First Agency. She wanted to address Dr. Amenyah's question of concern about the Key Population group. She stated that currently, in terms of interventions for all CSOs,

the key population must self-identify before being counted as such. It is difficult to meet the targets if they do not self-identify.

Mrs. Richardson-Pious then continued into her presentation to speak on the entity's performance in Q4. She mentioned that the entity did well, nearly meeting the target numbers. However, there was some problems with TG.

See annex for details on the implementation plan activities.

Some of the challenges experienced by the entity are as follows:

- **Remuneration packages:** Currently CF is in the process of recruiting a Finance Officer however, the salary amount being offered for this position is unattractive to potential candidates. As a result, the hiring process for same is delayed.
- **Crime and violence:** There is still alleged targeting and violence directed at/against MSM/TG who frequent some of the most popular "Gay dating sites," which has resulted in the death of another client. This has caused considerable concern among the clients, especially in light of recent developments within the targeted group. When carrying out interventions and activities, the team has since increased its vigilance and awareness, and it continues to implore clients to be equally mindful of their surroundings as they go about their daily lives.

In concluding her presentation, the Agency will continue to follow-up with the Anti-Bullying consultant and Graphic Artist to fast-track and finalized the delayed Anti-Bullying activities/deliverables by Q1 Year 2.

Question/ Comment:

Ms. Serene Joseph asked if the activity/achievement table could be broken down further to clarify what was in Q4 because it was unclear if the numbers were for the entire year or specific to Q4, highlighting the dates and other age or sex disaggregation. She also stated that seeing instances of violence within the community is very concerning; however, she wanted to know if it would be possible to ensure that these instances are documented through incident case reports.

Mrs. Douse-Mullings was interested to know about the feedback CF has received on the ground regarding PrEP.

Mrs. Richardson-Pious stated that one of the major concerns is the newness of PrEP, which creates uncertainty about its effectiveness. She also stated that one of her officers was trained by Jamaica Aids Support for Life (JASL) to prepare them to provide additional PrEP information. She proposed running a campaign to promote PrEP and help drive its demand. She also added that information and sensitization should be ongoing for prospects to understand how the drug works.

The **Chair** recommends that this discussion around PrEP be further addressed at the prevention meeting.

Jamaica Aids Support for Life (JASL) Update

Mrs. Kandasi Levermore presented JASL's Q4 update. She started her presentation by sharing the prevention performance of the entity. The following targets were achieved year to date following deduplication:

MSM tested: 96%

FSW tested: 117%

TG tested 57%

In their treatment performance, JASL ended the year with 999 clients on their register, 899 (90%) of them were retained on ARVs, 816 got their viral load done and 773 (86%) were virally suppressed.

See annex for details on their EEHR Performance

The following are some of the achievement observed by JASL over the year:

- Consistency in retention seen year to year and they are still able to maintain higher than 85% suppression rates
- The St. Ann site was known as one with the lowest levels of treatment interruption (comparative analysis)
- Enrolled over 100 new clients on PrEP
- SSRS benefitted from technical meetings and system strengthening workshops that reflected in improved procurement, administration, reporting and general programme implementation.
- JN+ and JCW+ implemented over 90% of their activities

Some of the challenges experienced by JASL are as follows:

- Late finalization of budget delayed implementation
- Budget line interpretation and flexibility for key activities
- Reprogramming timeline was long and tedious and took over 7 months
- Administrative fees review time line (1st review after June 2022)
- Constant changing requirements of the PR for monthly reports
- Migration of key staff / clients

In concluding her presentation, Mrs. Levermore shared the way forward for JASL. These include:

- Continued implementation of Program activities
- Review and revise strategies for case finding among the prominent age/locations
- Advocacy for Budget alignment to Key activities
- Constant mapping of issues and risks concerning SRH that may impact health outcomes
- Targeted pursuit of enabling environment to stimulate treatment outcomes
- Timely review of Administrative Cost

Details of the line activities are attached for reference

The Chair asked if any of the members had any questions or comments regarding Mrs. Levermore's presentation.

Mrs. Douse-Mullings alluded to Mrs. Levermore's mention of the monthly technical report. She noted that this report is audited on an annual basis. She also stated that there is a discrepancy between the monthly technical and financial reports. As in cases where the financial report shows that an activity was paid for but the technical report shows that it was not carried out.

The **Chair** suggests that the PR meet with the SRs to determine what the reports are intended to accomplish and what elements will aid in accomplishing those objectives. Mrs. Temple-Anderson voiced her agreement and suggests that these reports also include lesson learnt, challenges and how these ties into the entire objective under the National Strategic Plan (NSP). This will allow the NFPB to do their work more effectively, allowing them to write reports about the programme at the end of the year.


	<p>ASHE Update</p> <p>Mr. Kurt Schmick presented ASHE’s quarterly report. He started his presentation by sharing the prevention performance of the entity. The following targets were achieved year to date following deduplication: MSM reached: 75.17% MSM tested: 83.57% TG reached: 25% TG tested: 27%</p> <p>See annex for reference</p> <p>He discussed some of their achievements:</p> <ul style="list-style-type: none"> • Online Interventions: A social media live event YOUTUBE, INSTAGRAM where they engage the target population in discussions about safe sex, gender issues, self-improvement, adopting healthy lifestyle practices, financial wellness, holistic health and addressing HIV myths and stigma and discrimination. • From January 17th to September 22nd, they have aired 36 episodes of tabs talk live show resulting in over 14, 844 views which they have seen as a core tool to not only inform but increase the reach of HIV testing services to the wider public with the use of influencers, guests and guest performers-bringing their audience to our services. <p>Some of the challenges experienced by the entity were as follows:</p> <ul style="list-style-type: none"> • Establishing a community/long term relationship with clients outside of testing to build trust in the community • Eliciting information from clients especially around partner testing • Not having a stationary office space in Westmoreland, increases traveling to and from the parish for outreach testing. <ul style="list-style-type: none"> ○ Client’s availability varies, and based on the schedule of visit, some clients might miss testing opportunities • Clients who test positive report accessing ‘private care’ which is not always easy to track.
<p>AGENDA ITEM #8</p>	<p>JCCM Evolution Update/ Endorsement of revised JCCM documents</p> <p>Ms. Yolanda Paul provided an update on the JCCM Evolution Initiative. She stated that the JCCM has been going through this Evolution process as part of its need for strengthening. A Task Force team was formed, and they, along with Carl, the consultant, have been reviewing these documents for updates in several sessions. She mentioned that a folder with these documents were shared with the members of the JCCM for approval and validation of the documents. A suggestion was made for the hosting of an Extraordinary meeting to be held to facilitate the ratification of these documents. The dates and other details for this meeting will be shared by the Secretariat at a later date.</p>
<p>AGENDA ITEM #9</p>	<p>Oversight Committee Update</p> <p>Dr. Serene Joseph provided the Oversight Committee update. The committee conducted their first meeting on the 10th of February. She added that the Oversight committee was tasked with reviewing the Gf Code of Conduct and Ethics for the JCCM and at the time of the review, the position of the OMC was that it could be adopted for the Jamaican context. However, she understands that it is now a document that has been incorporated into the review Evolution initiative and an approval from the committee is what is required at this time. An Oversight plan was also provided by the</p>

	<p>consultant for review and approval by the committee. Following the review, the committee felt the plan was clear and comprehensive and only a few comments were made.</p> <p>Ms. Joseph concluded by outlining some of the committee's plans for the year. Discussions took place about the activities in the work plan, including the potential site visits and quarterly meeting with the PR about PR and SR reports.</p> <p>The Chair reminded the PR and SRs to be more intentional about meeting the agreed-upon deadlines for submitting reports (two weeks before meetings). This is so that the Oversight Committee can meet to discuss the reports and return any feedback or questions to any entity, allowing them to produce proper reporting on the programmatic interventions to the JCCM.</p>
AGENDA ITEM #10	<p>JCCM Secretariat Update</p> <p>Ms. Danaille Scott provided an update on the JCCM Secretariat. She discussed some of the activities outlined in the work plan to carried out this year, onboarding of potential consultants (Oversight Officer, Web Developer), closure of year 1 activities as well as provision of an update on the new 2023 work plan and budget.</p> <p>Following the Secretariat update, Mr. Ricky Pascoe inquired about resources to support more community engagements. The Chair stated that the JCCM funding is extremely limited, so we must make decisions about how these funds are allocated. He suggests that we look into capacity building for CCM representatives in order to facilitate online engagements with community representatives.</p> <p>Ms. Olive Edwards queried about the mandate for the PLHIV representatives. The Chair stated that the mandate is the same as that of community representatives and that the details, including roles and responsibilities of the representatives, are outlined in the JCCM Governance and Operational Manual.</p>
AGENDA ITEM #11	<p>Any other business</p> <p>New Funding Allocation and associated issues (<i>incl. Other Funding Windows</i>)</p> <p>The Chair provided a brief update on Jamaica's new funding allocation. He shared with the JCCM a letter outlining the steps necessary to begin the process of developing a funding request. The country has received 13.5 million dollars under this new allocation for standard HIV programme responses. The goal of this allocation is to keep an eye on our key population response. The funding period for which the next proposal will be developed is January 2025 to December 2027.</p> <p>The GF requests that in developing the proposal we seek to address what they call Resilience Systems for Health. They ask that we maintain a minimum, of what was in the existing grant and if possible we should increase our allocation towards Resilience Systems for Health, formerly referred to as health systems or community systems strengthening.</p> <p>See letter attached for reference.</p> <p>The Chair explained that the JCCM participates in a Country Dialogue every cycle. In this case, the Gf has stated that they expect the Country Dialogue process to extend beyond the traditional HIV response players. They want to see engagement with the Ministry of Finance and other stakeholders, including private sector groups, to ensure that the application we are submitting reflects a national priority setting approach and that the issues we have included reflect a broad national consensus on what those priorities will be.</p>

	<p>Establishment of Proposal Development Committee</p> <p>The Chair indicated that we have been tasked with developing the road map for the country dialogue process, identifying resources to support this process and putting together a committee that will provide oversight to this process.</p> <p>The committee should comprise of a maximum of nine members, at least three should come from the JCCM from any sector. The following persons/ organizations were nominated to be a part of the committee:</p> <ol style="list-style-type: none"> 1. PAHO 2. UNAIDS 3. PEPFAR 4. PIOJ 5. Ministry of Finance-Ms. Oneisha Pinnock 6. Human Rights sector- Ms. Mickel Jackson 7. Civil Society sector- Jumoke Patrick 8. Academia sector- Ms. Yolanda Paul 9. NFPB <p>The Chair stated that where additional expertise is required, the committee will co-op those skill sets as we move through the development process.</p> <p>Action item: The JCCM Administrative Coordinator is expected to prepare letters of invitation to be disseminated to the respective persons mentioned above.</p>
	<p>Adjournment:</p> <p>There being no further business, the meeting was adjourned on a motion by Mrs. Dionne Jennings and seconded by Mrs. Claudette Richardson-Pious.</p>

<p>CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)</p>	
<p>WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) ></p>	<p>N/A</p>
<p>SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED</p>	
<p>SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM <i>Please summarize the respective constituencies' contributions to the discussion in the spaces provided.</i></p>	
GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

DECISION(S) Summarize the decision in the section below			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.			
DECISION MAKING –			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING		VOTING METHOD (Place 'X' in the relevant box)
			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>		>	
*Consensus is general or widespread agreement by all members of a group.			

 To add an additional 'Agenda Item', copy a blank version of the Agenda 1 table. To do this, rest the pointer on the upper-left corner of the table until the table move handle appears (see diagram on the left). Copy the table to a new location by copying and pasting. Then adjust the Agenda Item #. Repeat as necessary for additional Agenda items.

SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	Outstanding constituencies should engage in the election of their new constituency representatives.	Key Populations Academia	May 25, 2023
AGENDA ITEM #2	The draft National Strategic Plan is to be shared with the JCCM.	Dr. Nicola Skyers	May 25, 2023
AGENDA ITEM #3	Provision of an update on the public-private partnership programme including details on what that portion of the grant entails (how doctors are identified, how patients are identified).	Dr. Lovette Byfield	May 25, 2023
AGENDA ITEM #4	PR to share the second EFAF Mystery Shopping Report with the JCCM Secretariat.	Dr. Nicola Skyers	March 31, 2023
AGENDA ITEM #5	Coordinate an extraordinary meeting with members to facilitate the review of updated JCCM documents for approval.	Ms. Danaille Scott	April 12, 2023

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)

TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	May 25, 2023
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
PROPOSED AGENDA ITEM #1	
PROPOSED AGENDA ITEM #2	
PROPOSED AGENDA ITEM #3	
PROPOSED AGENDA ITEM #4	
PROPOSED AGENDA ITEM #5	
PROPOSED AGENDA ITEM #6	
PROPOSED AGENDA ITEM #7	
PROPOSED AGENDA ITEM #8	

PROPOSED AGENDA ITEM #9	
PROPOSED AGENDA ITEM #10	
PROPOSED AGENDA ITEM #11	
PROPOSED AGENDA ITEM #12	

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
ANNEXES ATTACHED TO THE MEETING MINUTES	Yes	No
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		

CHECKLIST			
(Place 'X' in the relevant box)			
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE		X	The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED		N/A	An attendance sheet (Register) was completed (Signed) by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING		X	Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*		X	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		X	Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.

* Often CCM minutes are approved at the next meeting. Since many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

GLOSSARY FOR ACROYNMS USED IN THE MINUTES:	
ACROYNM	MEANING
FSW	Female sex worker
NSP	National Strategic Plan
SR's	Sub Recipients
PR	Principal Recipient
MSM	Men who have sex with men
TG	Transgender
NGO	Non-Government Organization
JCCM	Jamaica Country Coordinating Mechanism
PAHO	Pan American Health Organization
NFM	New Funding Model
PrEP	Pre Exposure Prophylaxis

PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
JASL	Jamaica Aids Support for Life
JN+	Jamaica Network of Seropositives
JCW+	Jamaica Community of Positive Women
ARVs	Anti-retro viral drugs
PLHIV	People living with HIV/AIDS

To add an additional 'Acronym', highlight the entire row corresponding to the last 'Acronym' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows

CCM MINUTES PREPARED BY:					
TYPE / PRINT NAME	>	Danaille Scott	DATE	>	
FUNCTION	>	Administrative Coordinator	SIGNATURE	>	

CCM MINUTES APPROVAL:					
APPROVED BY (NAME)	>	Ivan Cruickshank	DATE	>	
			SIGNATURE	>	