**Minutes of the OC**

**18th February 2013 at CCM secretariat Meeting Room**

**Meeting: 13:30-17:30pm**

**Chair Person**: Dr. Philaysack (CS/IFMT)

**Present:** Mr. Thomas (US embassy), Dr. Soulany (LRC), Dr. Bounpheng (HSWC/CCM Sec), Mr. Pascal (UNAIDS), Mr. Kinoy (CS/PLWD)

**Excused:** Dr Nao, Mr YanPao (LYU),Dr. Keedeang **(**LRC), Mr Shumon Save Children, Ms, Yoshiko SWG.

**PR and SRs:** Mr. Pascal V, Ms. Nancy, Dr Ratanxay, Dr Viengsavanh, Dr. Bouasy (CMPE),Dr Soth (NTC),Dr Panasinh (NTC), DR Niramonh Ms. Dr.Vonhmixay, Khankham Burnet Institute.

**CCM Sec:** Dr. Sony, Miss. Viphaphanh, Dr. Marlon

**Other:** Dr. Deyer (WHO/Malaria), Dr Sebert (WHO/TB), Dr. Dominique (WHO/HIV/AIDS), Mary Ryan consultant WHO TBSSF’s proposal writer., Mr Bertrand Chenin, Mr Gerard Millot consultants FEI5%.

**Agenda:**

1. Review agenda, quorum, meeting minutes.
2. Feedback of PSM evaluation
3. Discussion with Burnett Institute
4. Organization of presentation of Gap analysis of Malaria
5. Proposal development of TBSSF request for Renewal Funding
6. HIVSSF Reprogram saving Y2
7. AOB: Site visit for Q2, Reform CCM, CCM meeting visit of FPM
8. Closing

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| **Summary of the OC meeting 18th February 2013** | | | |
| **No** | **ISSUES** | **Presentation/discussion** | **Actions to be taken** |
| 1. The previous OC meeting minutes were endorsed  * Quorum is reached * Agenda is approved.genda is apporved dnations assesment consultants FEI5%.evaluation GAS | | | |
| 1. PSM evaluation   TA French 5% | | Mr Gerard Millot & Bertrand Chenin consultants FEI5% presented their TORs & assessment plan as well as background of the PSM in Laos. The main findings of FEI5% assessment (12/12-date) were itemized. According to experts progress have been observed in terms of reduction of stocks in key medicines (ARV,ART,TB) though the risks of having shortages remains high mainly because systems at peripheral level (district + provinces) and central level (programs HQ+MPSC) aren’t properly integrated. Moreover communication and coordination PR/SRs is limited and quantification, work plans, procurement plans and budgets aren’t well integrated. Therefore to build a well-integrated national procurement and distribution system within a currently decentralized administration seems to face several limitations. Certainly and despite the 2009 ministerial decree instructing the integration of vertical programs procurement & supply at MPSC level no so much progress in resources sharing has been observed. This situation has consequences in terms of inadequately storage and distribution of drugs at provincial level affecting the supply of GF programs. Furthermore distribution of drugs is made by private sector but doesn’t follows the best practices and has reduced monitoring of the quality of transportation (safety, temperature etc).Other findings are: inefficient data consumption reporting from periphery to center, reporting system for villages data is also not efficient, weak stock management at all levels of the supply chain, general coordination & forecasting central level is limited. Currently the ongoing creation of a National Task Force Logistics (FDD) is a good step to improve the situation as this TF will report to FDD technical working group in SWC. HMIS is working adequately yet minor reinforcement seems necessary specially ensuring cross checking of information with LMIS trends. The consultants made a systemic & global proposition which could be summarized as: having a central unit (at programs? MPSC?) in which the relevant information coming directly from district levels is gathered, analyzed and the outputs in terms of average of monthly consumption and status of stocks of all provinces are produced and shared with provincial head levels to facilitate the prevention and promptly management of shortages at districts and HC levels (see more details in ppt). Some questions need more discussion as: how reach MPSC real integration? MPSC as service provider for all programs including other not only GF programs (MNCH,PEV etc)? , a stronger & clearest MOU between MPSC and vertical programs?, commitment of high levels of Lao government.  OC Discussion:  **Mr Tomas (USG**): Although the OC is not to take decisions he clarified that this is good presentation of information stating that any decision need to involve the MPSC as its proposed to become the service provider.  **TAFEI5%:** Further clarified that one component of the proposal is that MPSC is to be the main actor in central management & distribution and the second component of the proposition is the need to have a stronger central unit (at each program, MPSC?) analyzing and producing good outputs to reach adequate management of stocks at provincial and districts levels. At the same time provincial and district reinforcement to collect data and report respecting timeliness and completeness need to be foresee.  **Tomas (USG):** As this has been a permanent problem for years he requested more details in what we will do now –differently, that has not been done in the past - to resolve this situation?  **Dr Soth (NTC):** agreed that this is a very clear presentation and confirmed the never-ending characteristic of the problem which needs an urgent solution. He also inform that since 2009 they are waiting for the ministry guidelines for the implementation of the decree for the integration in MPSC and explain that MOU has not been signed between NTC and MPSC because some points are still unclear in terms of responsibilities in transportation of drugs as well as budgets transfers to MPSC. He concluded asking the team if they have found why these recommendations have not been implemented and why the system is not working until now, where exactly the problem is and who is responsible?  **TA FEI5%:** consultancy’s TOR request to formulate an action plan for solutions which is to be signed by high level authorities at MOH, as long as this is not signed the solutions can’t be implemented, therefore a meeting is planned next Monday to validate recommendations. Nevertheless action plan or project will proposes technical solutions but can’t say why things aren’t in place yet.  **Dr Phylaysack OC chair:** requested to stop discussion as we don’t have enough time now.  **DR Dominique WHO:** confirmed that the problem and solutions involve high levels of the MOH and partners proposing to have further discussion at the Health Sector Working Group.  **UNAIDS:** Highlighted the importance of having the TA’s feedback at OC/CCM level; in many times problems as showed by this comprehensive assessment are due to major structural issues & need to be handled with comprehensive structural aligned and harmonized solutions at all levels. This is exactly what is supposed to be highlighted and presented to CCM in order to be addressed in an adequate manner. He agrees with proposition to having larger discussion as suggested before. | * The report with results of the assessment as well as the proposal for solutions are to be submitted to Dr Nao CCM Executive secretary for requesting further discussions at HSWC, MOH + MPSC and CCM levels. * Workshop is to be conducted next Monday by PR + main stakeholders to further discuss the proposal. |
| 1. Discussion with Burnet Institute | | Dr Niramonh from BI made a recall of the BI history in the GF partnership as well as the different difficulties faced at different moments of the grant’s life and reasons forcing BI to request to withdraw of the GF, ex: at design level despite BI has a good experience working with MSM and in updated strategies to have more impact with MARPs the GF was inflexible and gave not opportunity to influence the design of the grants. At financial level the salaries provided by GF has stayed static during 5 years despite the cost of live has increased this forced to BI to subsidy the variances. At implementation level because several and regular delays to receive funds; BI proposed to pre-finance activities but was refused by GF instead GF requested to reach same targets and same action plan but without receiving funds on time or with less budge creating difficulties within the BI teams. Official reprograming is conducted every year but suggested changes weren’t approved. Overheads aren’t covered & reductions of budgets but keeping same targets are regularly requested. For all these reasons BI can’t afford be member of GF and has decided to withdraw but BI remains interested in being part of GF however the mentioned challenges and difficulties need to be solved if not BI can’t continuous to be a GF partner (more details in ppt).  Discussion:  First of all various OC members had requested to clarify if BI propositions, advices as well as request for reprograming have been submitted to the GF and responsible to approve these requests.  **Dr Ratnaxay; and PR team:** Clarified that all decisions have been done according to GF regulations. However PR can’t tell OC/CCM what is the procedure to keep or replace BI by other and advice to further discuss with GF.  **UNAIDS:** Indeed the first step is to better understand the reasons why BI is withdrawing. Secondly UNAIDS recognizes that BI is a very good valued GF partner in Laos including in policy formulation. Reminded that the external review of HIVSSF has recommended a better definition of MSM targets as well as prevention strategies and BI has a good expertise in, therefore their advice should be integrated when formulating proposals. In addition UNAIDS is concerned about the activities covering near 2000 MSM who are receiving services from BI. The question is if other actors (SRs) have the same capacity than BI or not. In this rationale he considers that everything should be done to keep BI as partner proposing to work in a budget that allows BI to remain as SRs.  **Tomas (USG):** requested clarifications if decisions are taken by PR or by GF? He clarified that during reprograming OC is not looking at SRs level but at PR levels, annual balances and new activities.  **PR:** all reprogramming’s are to be discussed by all SRs (HIV Task-Force) submitted to OC and submitted and approved by GF not by PR.  **Tomas USG:** Recalled that if the challenges are solved BI could continuous as SR in phase II. Therefore, solutions must be found by PR with BI and presented to CCM by PR. Do we can find solutions at country level?  **PR:** The point is BI’s contract for phase I is over (12/12) and budgets phase II are finished and can’t be modified without affecting the whole proposal.  **WHO:** if we increase 5% for salary for BI, all SRs will request the same and we will have problems in total budget. Moreover commitment to save 20% in second phase is done. Then is necessary to be careful when proposing to solve the BI request.  **Conclusion:** OC would like to recommend to CCM to keep BI as partner in second phase but as budgets can’t be easily modified therefore OC advice to translate this point to be discussed by HIV task Force, PR and BI to find adequate solutions without affecting other SRs or legal agreements. | * Requested to PR and HIV task Force to work in the BI request and if possible to conduct budgets arrangements in the HIVSSF reprograming of savings Y2. * PR is to submit the modifications to OC and CCM for approval |
| 1. Organization of presentation of Gap analysis of Malaria | | **Dr Bouasy National Director of CMPE**, presented a summary of current financial situation of Malaria program, he confirmed that for the moment funds (GF) are secured until 06/2013 plus the TFM budget approved and expected to be signed in March 2013.Despite this and according to NSAP malaria this GF funds cover only 3 million/year and whole malaria program needs 6 million a year. He confirmed the increase of malaria cases in southern provinces as well as the need to reprogram GF funds and MOH requested emergency funds from other donors (ECHO,USAID) 1.5 million were raised to cope with the outbreak last year. Currently we still need 1.7 million to fill the gaps as we are facing the same situation as observed last year in same region.  **OC chair:** recalled the request of CCM meeting 14/12 to CMPE to prepare presents this gap analysis in next CCM & invite donors.  **Tomas (USG):** informed about the recently conducted discussion with FPM concerning the possibility to increase funds of TFM or providing extra funds. Access to extra funds was not completely confirmed however FPM is very supportive and has requested to provide GF with more detailed information and try to have this prepared for her visit from 04-07 March 13.  **Dr Ratanaxay PR:** Confirmed that new funding model will be by invitation only and he is not sure that the GF will consider or not Laos for this time requesting more clarifications in how to prepare and submit  **CCM sec/TA:** Informed about the meeting conducted at WHO to review the outbreak situation with participation of some donors as well as the request of French Embassy to be invited to this kind of discussions.  **Tomas (USG):** FPM request to have discussion with other donor currently providing support as well as potential as Lux-Dev,WB, AUSAID , Japan etc. FPM requires presenting GAPS by issues as operational, drugs & products or TA, researching etc.  **Dr Ratanaxay PR:** in this context there should be some kind of strategic changes and this need to be included in the analysis as new factors as forest goers are involved then how the program is to better reach these groups? , with mobile teams?, special activities? , surveys? Other stakeholders are probably needed etc  **WHO:** Recall that government contribution is the key in the solution of the situation as some donors like ECHO and others could be tired to provide funds but don’t see the end as many things aren’t in place needing government intervention not only commitment but effective monitoring and mobilization of resources. Provincial governments support need to be reinforced and need to be mobilized in a better way. We can’t rely only in donor funds.  **In conclusion:** We need to have updated detailed information as:   * Gap by main items/operations, include donor and government contribution, need to involve CDCD. * Not only GAPS in items/donors or funds but also new and more adapted strategic propositions need to be developed. * Make immediate request to bilateral donors in CCM to work with CMPE in this new request. | * The CMPE is to prepare this information and be ready for next OC meeting that coincides with the visit of FPM and to present in next CCM plenary. |

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| 1. Proposal development of TBSSF request for Renewal Funding | Dr Jacques Sebert WHO, displayed the timeline for the submission of TBSSF second commitment proposal which has a deadline in 15 March 2013, informed that proposal writer team is currently composed by (WHO) himself and M.Mary Ryan a short term consultant. Informed that the TB Task Force will have a meeting in 22 February 2013 to further discuss the findings of the program’s review and interventions to be prioritized in the proposal. Dr Sebert has underlined that this is the first ever review of the national TB program as well as the first time that a national prevalence survey following international standards (as per WHO guidelines) is successfully completed. He summarized external review findings: Indeed several achievements are observed as coverage of the TB program which has reached 100% of country health structures, nevertheless the detection and notification remain a challenge as the last survey using more sensitive diagnosis tools (XRay, culture) found that the TB prevalence (all forms, > 15 years old) is two folds higher than expected [540(353-767) /100,000 hb]. According to presenters the total expected TB cases are 34,000 (22,000-48,000), new TB cases are 13,000 (8,300-20,000) per year and new HIV/TB cases 470(260-730) per year. These findings is to have an impact in TB control strategies as well as in the focus of the RRF proposal therefore priority is to improve the case detection and notification, reinforce the capacity and quality of Laboratories (MDR) ensuring network is equipped with new diagnosis tools, and improving the peripheral diagnosis and care reinforcing community strategies (ACSM). Other advices of the external review are: strengthen the links with other sectors (mining, Industry, education), strengthen TB program management (see ppt). In general JMM/External Review advices that routine TB control is to be strengthened and to initiate the response to new challenges as MDR-TB and TB in children introducing new and more sensitive diagnostics tools and ensuring good access to treatment. Moreover concerning HSS& TB the program is to be integrated in the ongoing health sector reform process, NTBSAP 2011-2015 need to be revised and updated, promote operational research and surveillance for evidenced based policy update, and increase TB infection control in health structures. The review of budgets of the 7 SRs as wells their action plans is ongoing. The NTC also proposes to integrate the reprograming of the savings Y1 (~ 600,000 usd) according to Dr Sebert the preliminary estimation of total RRF request is 9,621,913 usd, including savings phase 1 (Y1).  **OC discussion:**  **Mr Tomas USG**: these are general strategies of all TB programs; however the question is how exactly the national program will be strengthened? How the national program will be improved? Do the external review is providing explicit guidelines? He requested to know how external review found the TB situation amongst children. High? Low?  **Dr Sebert, WHO:** Indeed the presentation is general but we will translate into activities and everything will be detailed in the proposal. In reality the challenge is to ensure the quality of the implementation, we also expect to review the national strategic plan and integrate the recommendations, Concerning TB in children & based in case notification data the average is estimated to be around 10 -15% of all cases, we found very low rate (didn’t precise) but could be underestimated as pediatric dx of TB is difficult.  **Mr Tomas USG:** Do you will submit the reprograming at the same time than the proposal for second commitment? When it will be done? What’s the total budget?  **Mr Pascal Stenier, UNAIDS:** Requested to know how the capacity of SRs has been evaluated, which criteria is used? According to Mr Pascal this information is necessary to justify allocations which are sometimes very important ex: 7 associations receiving near one million USD. He thinks that the GF is interested to know what the quality of services provided by SRs is and how they manage the resources the GF provides? Do they have capacity, enough human resources, which are their results up to now?  **Dr Soth, NTC:** We monitor results with each SRs coordinator, looking at the routine activities and reports, for example PEDA has peer-educators, MAAP has activities with teachers and scholars. Etc..NTC has adequate information at provincial, district levels and review is ongoing.  **Dr Dominique WHO**: Concerning community activities, how we can evaluate what SRs are doing in provinces? The external review is not giving this information, how CCM can advise to improve their work? for example: can we request a peer-educator or Sex Worker to look for TB suspects too? It’s feasible? Do they have the capacity or how to reinforce them? We don’t know too much about the HIV-TB activities.  **TAFEI5%/CCM sec:** This is a very important point, GF has already made remarks concerning delays in reports and other management issues at SRs level, evaluation will help to answers these points; if JMM is not giving this information we need to work in this. SRs assessment (is also to be done by the PR) could be used to justify budgets according to each SR’s performance avoiding standard reductions (ex 10% for all)  **Dr Sebert WHO:** Even this is difficult to measure; points will be replied during the ongoing discussions between SRs/PRs. He proposed to have more discussion in how to evaluate these issues.  **Dr Dominique WHO:** proposed to have a joint meeting TB/HIV program to evaluate this activities looking for results obtained in programs as well as synergies & efficiencies in both programs.  **Tomas USG:** The problem is the time, the purpose of this review at OC is not to take decision but to share the information, to have clarity in what do we need to endorse in the CCM?  **Dr Sebert WHO:** the main strategies, activities, budgets, new diagnostics tools etc are to be presented and need to be endorsed by CCM.  **Mr Pascal, UNAIDS:** we expected to have a number of suggestions and recommendations to guide the design of the proposal development and we should discuss at TB Task Force trying to have more persons in the writing team. He advised to incorporate the recommendations for PSM/TB of French F5% in the proposal and to show how the TB program will be integrated in the health sector reform. He recommended OC to revise the reprogramming of savings TBSSFY1 but following the normal process and this to be endorsed by CCM. He considers that additional information needs to be provided regarding this reprograming as why the funds have not been spent which and why new activities are proposed?  **Dr Dominique WHO:** Concerning reprograming savings; is not possible to submit in the same proposal as the saving need to be used in 2013 and we don’t know exactly how much will remain. The left of 2012 can’t be carry on automatically in the second phase. The PUDR need to give you information in how much is left to reprogram in 2013.  **OC chair:** Recommended that PR and NTC/SRs work in this reprograming and submit to CCM in March 12 but separately from second commitment request. | * NTC and PR to further discuss the proposal for second commitment with Technical TB task Force. * The writing Proposal team is to integrate the results and advice of the Task Force * PR/SRs are to prepare the reprograming of savings Y1 and present to OC/CCM. * TB+HIV programs can also discuss and have assessment and discussion of how to improve community activities (peer-educators, outreach etc) * OC meeting before the 12 March (in 6 or 8th?) will be necessary to discuss these points. * PR & FPM are to give some clarifications during GF’s visit in early march |

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| 1. HIVSSF Reprogram saving Y2 | **Mr Khampiew PR:** informed about the period and presented the budgets that are to be submitted to CCM for endorsement (see ppt) clarified that MPSC didn’t present modifications  **Dr Dominique WHO:** clarified that modifications are mainly done by CHAS and advised to integrate the French5% recommendations for PSM and announced that this reprograming is to be discussed with FPM during their next visit, and to endorse by the CCM | * HIV task Force and PR are to review the reprogramming and made necessary modifications * Reprogramming is to be discussed with FPM and * to submit to CCM |
| 1. AOB by CCM sec/TA FEI5% | * **Site visit:** UNAIDS is the team leader and need to define the exact dates to proceed to invite other participants and ensure logistics and coordination. * **CCM reform report:** Reform committee has conducted two meeting after receiving the recommendations and proposals from GMS. The first meetin g was the review of such proposals clarifications were requested to GMS, second meeting was to follow instructions from ExCOm in validating or formulating concretes TORs and fix the schedule for second visit of GMS. * **CCM meeting:** Planned for 12 March, proposed points:   -TBSSF RFF endorsement, TBSSF reprogramming savings Y1, CCM’s reform, HIVSSF reprogramming savings Y2, Malaria GAP Analysis if completed. Self-declaration of COI needs to be signed. Oversight Plan is updated.   * **Incentive Scheme** : PR informed that this CP is still pending, Mr Tomas informed that Ministry of Finances and of Health has already approved this schemes (PR’s Director presented the documents to Ex-Com) however it seems this has not been approved by the GF? * **FPM visit:** Agenda is being confirmed, not possible to conduct a CCM in 12 of March as requested by FPM instead an Ex-Com meeting is proposed. * **TA plan:** PR also informed that TA plans has not been approved and that PR/UNs/TACCM sec have been working in a centralized form which includes all TA (PR/SRs etc). UNAIDS despite it has been proposed to GF however GF is still negotiating with PR and WHO separately therefore CCM need to be proactive in this point as is to CCM to decide what’s is necessary. It’s suggested by CCM/TAFEI5% to discuss and clarify with FPM as the CCM has already approved (statement submitted with TFM) | * WHO is to facilitate the teleconference room for meeting with GMS and RTF, DR Soulany is coordinating. * To confirm site visit date, Mr Pascal will inform date and CCM sec finish organization. * To confirm agenda and inform FPM * To follow preparation of reprogramming and TBSSF proposals * Incentive scheme and TA plans are to be included in points to be discussed by OC with FPM. * All documents for OC and CCM meetings need to be ready one week before the meeting. * It advised that all presentations are sent to members before the meeting. |

**Chair Note takers:**

CCM Secretariat