# **(Final Draft 5) Lao Country Coordinating Mechanism Positioning Pathway Plan 2021-2030**

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# **Background**

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The Global Fund in transition in the arena of Sustainable Development Plan and a New Normal of Covid -19 Pandemic encourages all countries including Lao PDR to build on their national structures, wherever possible, to position the Country Coordinating Mechanism (CCM) and CCM functions within existing health platforms to contribute to central coordination of health programs and investments. Since the last term of the eight five-years national socio-economic development plan, the government of Lao PDR has endorsed the decree on simplification of governmental structures and intensified implementation of Vientiane declaration on Aids effectiveness which aim at strengthening the government structural organizations and alignment of international support with the national bodies.

Recently the issue of positioning has been discussing for Lao CCM. There has been a broader ongoing process of alignment and harmonization of structures for implementation Global Fund Against HIV/AIDS, Tuberculosis and Malaria (GFATM) programs for a number of years. This has included merging of staff of project management unit, positions of principle recipient into relevant functional departments for example: finance, coordination and monitoring evaluation culminating in the merging of Tuberculosis and HIV/AIDS into a single grant embedded in Health And Nutrition Service Access (HANSA) project, whilst the positioning of the CCM and its governance function has yet to be bought into plan. Therefore, the framework of the pathway of evolution CCM positioning in Lao PDR has been formulated from the end of July 2021 expectedly to be finalized by the beginning of 2022.

# **Objective**

The objective of the CCM Positioning in Lao PDRisto tailor CCM on the national structures and to find a way to position the CCM and its function within existing health platforms to sustain effective coordination health programs and investment.

1. **Process frame-work**

To identify which national structure is the most appropriate for Lao CCM positioning in the near future, three principles process of CCM positioning pathway guided by the global fund was applied: Map health coordinating platforms for knowledge; Collect and analysis data jointly in shared dialogue through coordination and position CCM functions within a national body for sustainable structures.

* **Process frame-work**

**Knowledge Coordination Sustainable Structure**

Map National Collect and analyse data Position CCM functions

Coordinating jointly in shared dialogue within a national body

platforms

1. **Knowledge**

## **4.1. Review relevant documents and the national existing structure**

## The global fund guidelines, CCM policy, Lao CCM documents, high level and government development partners (DPs) coordination documents were reviewed from July to August 2021, there were 17 existing health committees (Table 1) were collected and analyzed with scoring based on 12 plus 4 components (Table 2). Each in 12 components was scoring maximum 3 and the lowest was at 0 or 1. A total maximum score of entire 12 components were at 36, the committee with highest or higher score means that committee is the most or more appropriate to CCM positioning while the committee with lower or lowest score implies the least appropriate one. Themes of amongst 12 components include entire health sector or a specific program/disease oriented; inside health body or outside; alignment with the 8th health programs; and its harmonization with the existing terms of references of respective health departments; inclusion of communicable diseases, HIV/AIDS, Tuberculosis and Malaria programs; ministerial chairmanship and its function; Cabinet of ministry of health secretariat coordination role and its functionality; coordination with CCM; integration to or with CCM GFATM showing formal and informal coordination in any organogram and having CCM roles in their current functions. The other 4 components were not scoring rather than observation about duplication with another existing structure or not, possibility of engagement of development partner and civil society in and up to date of the committee’s issued.

## There were two round of screening was performed. The 1st round all 17 committees were screened in scoring 12 components. The all-reviewed committees were put in to mapping exercise. The next was stratified the top 4 committees with highest scored took in to the 2nd screening round with the last 4 components. After then all 4 committees were brought in to detailed discussion on an optional pathway for the Lao CCM positioning. Through a consultative meeting with 35 peoples from national and international constituencies who are members of ExCom, OC, RMC, CCM Sec and representatives of the national programs and partners, and a face-to-face meeting with H.E Minister of Health, an appropriate option for the Lao CCM positioning was recommended for selection.

# **4.2. Key findings**

## There are 4 among 17 committees with highest scoring of appropriate to Lao CCM positioning namely 1) Health Sector-Wise Coordination, Health Sector Reform and Samsang (SWC) committee; 2) Health And Nutrition Service Access (HANSA) committee; 3) Technical committee for Prevention, Control, Response and Case Management (PCRCM) on Covid-19 and 4) Natural Disaster Prevent & Control committee.

## The only one is the Health SWC Committee which has the highest score of appropriateness to the CCM positioning. The committee represents of and aligns to all entire 8 health programs including HIV/AIDS, Tuberculosis and Malaria (ATM). The committee is a coordinating platform for national health programs and donors including GFATM stakeholder/DPs in the health sector. The committee chaired by H.E Minister of Health and co-chaired by H.E Ambassador of Japanese Embassy to Lao PDR and a WHO country representative. Under the committee there is a secretariat located in the cabinet which is the same body of the current CCM secretariat. Further there are an operational committee and technical working groups of each health programs which are engaged by DPs, INGOs for attending in the meeting, technical advisory and implementation of the programs which are similar to current ExCom, OC, RMC and CCM TWG respectively.

The HANSA committee, after the health SWC committee, has the higher score of appropriate to the CCM positioning. It is the initiative arrangement of pool Global Fund funding into the World Bank HANSA project. The HANSA project has a steering committee which is comprised of government members. The organogram has the CCM linking into this committee but the details of how coordinating mechanism, and the respective CCM roles in HANSA have not yet been spelt out. A chair of the committee is a director general of planning and international collaboration department and its secretariat is located at a division level. None CCM role is included in HANSA term of references. Some roles of the implementing committees are overlapping with other existing structures in health for instance finance and procurement. The HANSA committee does not include entire health program nor malaria disease. It is relatively project type approach. Some observation the committee may be melt or cancelled after the project phased out.

The Technical committee for Prevention Control Response and Case management on Covid-19 and the Natural Disaster Prevent & Control committee have moderate score of appropriate to the CCM positioning. Both committees focus on specific disease and program. They are not included ATM and less coordination with CCM. They are vertical ad-hoc committee which will be abolished in the future when these diseases / program will be not burden. For the rest of 13 committees are more specific program and disease oriented which is less appropriate to CCM positioning.

It is found that there are too many national bodies and health coordination mechanism existed. Some have a parallel and an overlap with the other structures while some are out of date and less function.

# **4.3. Mapping**

Generating of a Map of the existing of national coordinating platforms collected and reviewed **(Figure 1)** which defined coordination mechanism. It includes platforms of multisector, government-development partners, health sector and health sector-development partners. The high level multisectoral coordinating platform is illustrated in a top left of the map, there are Prime-Minister Office; Covid -19 National Task force; the Secretariat of Covid -19 Task force; National Committee on Advancement for Women (NCAW); National Committee on Nutrition (NCN) and Steering Committee for EU Budget Support for Nutrition (STCEUBSN). The high level multisectoral coordinating platform is formal link to High Level Round Table when it becomes national agendas. The platform is also formally link to health ministry. Though this platform has informal link to CCM.

The health sector coordinating platform is shown in a below part of the map, there are Health SWC; Disaster Prevention-Control, Procurement & Bidding; Single Door Coordination (SDC) on investments; Human Trafficking Control secretariat, Advancement for Women in health sector (AWC), HANSA and diseases/programs specific committees which including Non-Communicable disease (NCD); HIV/AIDS; Technical committee on prevention control response and case management on Covid-19; Covid -19 vaccine committees. This platform is formally link within health sector. They are informally link to CCM

The government-DPs platform includes High Level Round Table. The health sector-DPs coordination platform includes Health SWC committee; CCM. Both coordination platforms are elaborated on the right top and bottom of the map respectively. Obviously, the current health SWC committee is a comprehensive coordination mechanism in the health and between the sector and development partners.

The mapping exercise is to obtain knowledge on a formal and an informal coordination between current CCM and the existing national and health structures. In the map it highlights that CCM has a formal coordination with specific disease committee (HIV/AIDS, Tuberculosis and Malaria). While it has an informal coordination with the utmost national structures. The map illustrates the national body like health SWC may be appropriate to the CCM positioning that would be opportunities to enhance cooperation on health sector-DPs-CCM and ATM program investments. Building from this knowledge of the mapping of the donors’ platforms, governmental, health ministerial committees and specific diseases coordinating bodies among others, that can support to develop a pathway for the Lao CCM positioning which the CCM can contribute to robust national health governance.

**Figure 1: Mapping of Existing National Structures and CCM Positioning in Lao P.D.R in**

 **2021**

**Prime Ministry**

**High Level Round Table Meeting**

**CCM**

**HANSA committee**

**Health SWC**

**Diseases specific committees**

**Human trafficking control** **committee**

**AW committee**

**SDC Investment committee**

**Procurement & bidding committee**

Covid -19 National Task force

STC EU BS

NCAW

Sec TF

NCN

National Nutrition Committee

**Health sectoral coordination**

**Disaster prevention-control committee**

**Health sector-DPs coordination**

 **Govern-DPs coordination**

**High level Multisectoral coordination**

CCM: Country Coordinating Mechanism; HANSA: Health and Nutrition Services Access; NCAW: National Committee on Advancement for Women; NCN: National Committee on Nutrition; SDC: Single Door Coordination on Investment committee; Sec TF: Secretariat of the Covid -19 National Tas Force; SWC: Sector Wise Coordination, Health Reform and Samsang Committee; STCEUBSN: Steering Committee EU Budget Support for Nutrition;\* Non-Communicable Disease, HIV/AIDS, Covid-19 technical Committee and Covid-19 Vaccine Committees

Formal linkage

Informal linkage for

communication and collaboration

1. **Coordination**

## The finding and mapping were shared and discussed with stakeholders. Collect and analyse data jointly in shared dialogue to select an optional Lao CCM position through consultative meetings with a leader of ministry of health, ExCom, OC, RMC, ATM national programs and CCM sec. The principle of the Lao CCM positioning option is based on major agreement and the rationalization to the Lao context. Majority of ExCom, OC and RMC members, representatives of the national programs and partners, and a leader of ministry of health who attended to consultative meetings have agreed on selection of a better option. **It concludes that the health SWC is the most appropriate national body to position the Lao CCM.**

1. **Sustainable Structure**

The Lao CCM position in the Health SWC committee aims at transferring the CCM structure, shifting CCM functions and principles with inhealth SWC, aligned CCM in health program coordination and set up a single health sector DPs coordinating platform and building capacity of health SWC and CCM together in order to sustain effective coordination of health programs and investment. The sustainable structure here are required a couple steps

* 1st step: the development of the Lao CCM positioning pathway plan and its timeline
* 2nd step: the revision of structure of the new Lao CCM Position in SWC
* 3rd step: the revision of SWC – CCM TOR
* 4th step: the transitional phase
* 5th step: CCM full function in the new SWC structure
	1. **The 1st step: the development of Lao CCM positioning pathway plan and its timeline**

The 1st step is done in September to October 2021, that is the development of the Lao CCM positioning pathway plan and the timeline. The plan is circulated to stakeholders for comments and advices before getting endorsement from CCM and no objection from Global Fund. Due to the critical covid 19 outbreak in VTC and entire Laos unfortunately led to delay the process of the CCM endorsement and Global Fund green light on the Lao CCM positioning pathway plan. Nevertheless, the Global Fund portfolios had substantial input and recommendation on the pathway plan during the webinar meeting in October with a CCM chair, CCM secretariat and the local consultant. The detailed pathway plan is described in this whole document. The timeline is in following figure (figure 2).

**Figure 2: Time line of Lao CCM Positioning Pathway Plan**

 **Submit the proposal**

 **Next Round GF funding**

Set up a single H-Donor platform

Capacity building SWC & CSO Population affected CCM

Incorporating CCM works stepwise in SWC

MOH restructured

Development CCM positioning pathway

CCM position in SWC

Consult with GF& GF Approval

Consultative meeting ExCom OC RMC TWG CCM Sec

Develop time line update CCM Structure & TOR

1st CCM endorsement

Consultative Meeting Minister of Health

Consultative meeting ExCom OC RMC TWG CCM Sec

Review existing national structure

**2021 2022 2023 2024………………………………..2030 Year**

**Knowledge Coordination Transitional phase Sustainable Structure End ATM**

**Map National Collect and analyse data Position CCM functions Position CCM functions End GF Funded**

**Coordinating jointly in shared dialogue on within a national body within a national body**

**platforms CCM options for CCM positioning**

 **in health sector-wise coordinating**

 **committee**

* 1. **The 2nd Step: Structure of the new Lao CCM Position**

The 2nd step is taken in October 2021. The work of this step is the revision of a structure of the new Lao CCM position in SWC. The SWC and CCM structures are revised according to the key finding, analytical review and the recommendation of CCM potioning in SWC. The revision of the structure are formulated which is based on the stakeholders agreement during the consultative meeting. The current CCM committees including CCM, Executive CCM, Oversight Committee and CCM secretatriat, are to be incorporated in the SWC platform. The CCM, the Executive CCM and CCM secretariat are to be merged in SWC policy level, SWC operational level and SWC Secretariat, respectively. The Oversight Committee is to be continued and added at the technical working group progammes level. The Resources Mobilization Committee is exceptionally to be abolished. The structure of the new Lao CCM Position is illustrated in the following organogram **(figure 3).**

**Figure 3: Organogram of Positioning CCM in Health SWC Platform**

**Sector Working Group (Operational level)**

**Vice-Minister**

**Ambassadors**

**Advisors**

**Sector Working Group (Policy level)**

**Minister**

**Ambassadors**

**Advisors**

**MOH Steering Committee**

**Minister, Vice Minister, DG, DDG**

**Health Policy Dialogue (2 meetings/year)**

**CCM**

**Health Strategy & Coordination (4 meetings/year)**

**ExCom**

**Secretariat for SWG**

**CCM SEC**

Oversight Committee

Communicable disease TWG

Human resources for Health TWG

Food & Drug TWG

Health Care TWG

Hygiene Health Promotion TWG

Health Planning & Financing TWG

**Technical Consultation Discussion & Recommendation**

**( >4 meetings/year)**

Sub TWG

M Sub TWG

HIV Sub TWG

TB Sub TWG

Sub TWG

Sub TWG

Sub TWG

Sub TWG

* 1. **The 3rd step: Revision of SWC-CCM Terms of References (TORs) Incorporating roles and responsibility CCM in SWC**

The 3rd step, from November 2021 to January 2022 is to revise TORs of CCM, ExCom, OC and CCM Sec. The roles and responsibilities are updated and incorporated in SWC committee according to above structure and functioning alignment with the existing national operation to ensure CCM position in SWC effectively coordinate strategic & budget plans, improve monitoring and oversight ATM programmes. A detail of the updated TORs is in the attached 1.

* 1. **The transitional Phase**

The transitional phase is highly required to build capacity for and prepare the readiness of both SWC and CCM for full CCM function in the sustainable SWC structure.

* **Reference:**

According to The Global Fund guideline updated on March 2021 on projected transitions from Global Fund country allocations by 2028: projections by component to accelerate malaria elimination and end the HIV and tuberculosis epidemics, the Global Fund’s 2017-2022 Strategy addresses Sustainability, Transition and Co-financing (STC) Policy 3, the strategy emphasizes the critical importance of strengthening sustainability of programs and supporting successful transitions to full domestic financing and management of the national disease response.

* **Approach:**

The transitional phase of the sustainable Lao CCM structure (the 4th step in the 3rd process) is required to apply the So-called ***step wise approach*** for full function of CCM in the new structure. The transition may be taken a couple year from 2022 to get the SWC-CCM restructured, to acquire capable membership in order to position CCM functions within the strong SWC for health platform efficiently to commit on the Global Fund’s 2017-2022 Strategy.

* **Activities:**

The main activities, but not limited, are as following:

* Restructuring of MOH and SWC
* Capacity building of CSO and affected population
* Building capacity of SWC and CCM
* Set up a single health sector donor coordinating platform
* Incorporating CCM works and coordination into SWC programs
1. Restructuring of MOH and SWC: A leader of ministry of health has committed to complete restructuring of entire MOH including SWC committee within the year of 2021. A reformulation of the SWC committee and a revision of the SWC TOR will be following in 2022. After then the responsible department and committees are going to be revitalized and functioned. So that CCM Sec is recommended to continue actively work and closely coordinate through both formal and informal meetings with the SWC secretariat. The CCM sec should be engaged since beginning of the process of revision of SWC TOR to ensure CCM structure and functions (which have been updated in the CCM positioning pathway) are efficiently merged in the new SWC MOH restructured.
2. Capacity building of CSO and population affected network: The necessity of building capacity of CSO and population affected on CCM new structure are needed to ensure their active engagement in new CCM positioning which is alike the GF requirement. French Embassy is willingness to consider financial support from 5% initiative project. CSO and Population affected network are encouraged to submit the proposal anytime and CCM and OC are requested to support for the submission and the capacity building process.
3. Building capacity of SWC and CCM from 2022-2023: It is essential to build capacity of SWC for health committee and CCM together, mobilizing fund from development partners for organizing meeting/workshop/ seminar to orientate / disseminate the update SWC- CCM roles, responsibility and coordinating mechanism and CCM GFATM information sharing. World Health Organization has committed to support the capacity building of SWC. This capacity building of SWC and CCM together not only encompass transferable skill such as building human resources capacity but also entail functioning coordination resulting in strengthening of sustainable coordinating platform. This capacity is key of the readiness that makes the transition to new CCM positioning environment smoothly.
4. Set up a single health sector donor coordinating platform and strengthening its effectiveness
5. Incorporating CCM works and coordination into SWC programs, from 2022, step by step:

CCM Sec is recommended to play significant roles together with SWC Sec for incorporating CCM works and coordination in the SWC platform. The incorporation will be step by step as following:

* + - Transferring the CCM structure, shifting CCM functions and principles with in thehealth SWC, aligned CCM in health program coordination.
* Enlightening both CCM and SWC for instances CCM members take part in the SWC policy levels meeting semi-annually; CCM issues brought in to SWC policy level meeting agenda;
* Familiarizing GFATM program and GF financial cycle in SWC operational level for example integrate ATM programs in agenda of SWC operational level;
* Initiating OC in technical Working Group of SWC for instance OC meeting and function under umbrella of SWC for health platform
* Taking CCM GFATM works acquainted with in SWC platform in regularly
* **The optimal period of the transitional phase:**

Lao PDR may take transition from Global Fund support voluntarily or because of being prepared before the final GF allocation. The transition takes time for eventual at least few or several years or approximately three allocation cycles before funding for disease components is projected to end.

Moreover, the transitional phase is to reserve the current CCM until the preparedness and readiness of both SWC and CCM or the next global fund funded in 2024 as earliest time. The importance of keeping the current CCM function in the transitional phase because the current CCM has played significant efficient roles for the whole process of submission of the Lao Country Coordinated Proposals to GFATM since the 1st Round up to now and in 2023 for funding 2024-2027 as well. If abolishing the current CCM during the process of submission of the proposal (2023) and using the new SWC – CCM structure who are not familiar to the process it may be more difficult, challenged and complicated rather than facilitated mechanism.

Before implementation of the last pathway of Lao CCM positioning it requires to submit the Lao CCM positioning pathway plan to the CCM for their review and consideration for their endorsement then submit the endorsed plan to Global Fund for approval.

* 1. **The 5th step: CCM full function in the new SWC structure:**

The full function of CCM in SWC for health including CCM and GFATM funded programs in the strong SWC platform with inclusion of CCM and OC new update roles and responsibilities are the final process of the Lao CCM positioning pathway. Continuing of building capacity of SWC and CCM member and strengthening of the single government donor platform will ensure the full function CCM in the new structure efficiently. The function of CCM in SWC for health will be in country dialogue platform to incorporate transition and sustainability considerations, co-financing commitments, and program design to end elimination of three diseases HIV/AIDS, TB and Malaria by 2030 and beyond and to support sustained impact against the three diseases in Lao PDR. This is entire goal of the sustainable structure.

1. **Conclusion**

Accomplishment of transferring CCM structure and shifting its function to SWC for health will be in a short or long terms is influenced by commitments of policy makers, CCM and stakeholders, effective implementation of the transitional phase for preparedness-readiness of both SWC and CCM and a calendar of the final GF allocation. Expectation of successful at the end of the pathway of Lao CCM positioning in SWC will be measured by enhancements of multisectoral partnership coordination, realization and effectiveness of investments in health in particular HIV/AIDS, Tuberculosis and Malaria programs and improvements of GFATM grant oversight.