

Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

TERMS OF REFERENCE
For
Country Coordinating Mechanism
Global Fund To Fight HIV/AIDS, Tuberculosis and Malaria

4th Revision, 2016

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Abbreviations

APL+	Association of People Living with HIV
CCM	Country Coordinating Mechanism
CCML	Centre d'Infectiologie Christophe Mérieux du Laos
CHAS	Centre for HIV/AIDS and STI
CLE	Centre for Laboratory and Epidemiology
Ex-Com	Executive Committee
FBO	Faith Based Organization
HIV-TF	HIV Task Force
HSS-TF	Health System Strengthening Task Force
HPA	Health Poverty Action
INGO	International Non-Governmental Organization
Lao PHA	Lao Positive Health Association
M-TF	Malaria Task Force
NCA	Norwegian Church Aid
NGOs	Non-Governmental Organizations
NPA	Non-Profit Association
NSAP	National Strategy Action Plan
OC	Oversight Committee
PEDA	Promotion Education Development Association
PSI	Population Services International
RMC	Resource Mobilization Committee
TB-TF	Tuberculosis Task Force
WHO	World Health Organization

General Provisions

1. Introduction

- 1.1 The Country Coordinating Mechanism to Fight HIV/AIDS, TB and Malaria in Lao PDR (hereinafter referred to as “CCM”) was established in compliance with the requirements of the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter referred to as Global Fund) and based on the Notice of the Planning and Cooperation Committee, Ref. No. 154/PCC, dated 28 January 2003, and according to the framework agreement between the Global Fund and Lao’s People Democratic Republic dated on 09 June 2015 to incorporate all the provisions of the Global Fund Grant regulation.

2. Terms of Reference

- 2.1 This document is the Terms of Reference for the CCM and its three standing committees, and task forces.
- 2.2 These Terms of Reference shall take effect the day they are approved by a two-thirds majority vote of the CCM. Subsequent modifications to the Terms of Reference also require a two-thirds majority vote.

3. CCM Status

- 3.1 The CCM has the status of a national advisory body and represents a multispectral partnership of legal and natural entities, created on a voluntary basis.
- 3.2 In its activities and functions, the CCM is guided by the national legislation of Lao PDR and by the current regulations and recommendations of Global Fund

4. CCM Vision and Mission

- 4.1 The CCM vision is to expand the reach, equity and effectiveness of health services for populations affected by HIV/AIDS, tuberculosis and/or malaria.
- 4.2 The overall CCM mission is to contribute to the strengthening of measures to fight the spread of HIV/AIDS, tuberculosis and malaria in Lao PDR.
- 4.3 The CCM is divided in three main sectors (government, non-government, and international) and recognizes many kinds of subsectors - including the government, the private sector, academia, NGOs, donors, civil society, affected communities and other subsectors - that must be engaged in optimizing the delivery of care and services. These subsectors have individual missions that contribute to the overall CCM mission and each subsector is prepared, and guided by these Terms of Reference (TOR), which clarify their organization, roles and responsibilities and selection procedures. The TORs are filed at the CCM Secretariat.

5. General Principles of CCM Operations

- 5.1 The CCM adheres to the principles of broad participation of all stakeholders, overall transparency, joint partnership and effective activities. The CCM ensures that its activities and operations are based on the principles of good governance, including the following:
 - 5.1.1 National ownership and commitment to country-led and driven programs with inclusive and meaningful participation of multiple stakeholders with respect to the central role of the government in coordinating the country response to the three diseases;
 - 5.1.2 Management of conflicts of interest (COI) that ensures CCM credibility, unbiased deliberations, and the legitimacy of decision making;
 - 5.1.3 Equality among members with full rights to participation, expression and involvement in decision making;
 - 5.1.4 Full transparency and accountability in deliberations, decision-making, and operations of the CCM and its secretariat.

6. Role and responsibilities of the CCM

- 6.1 In fulfilling its role, the CCM must satisfy the Global Fund requirements for eligibility and functionality as outlined in the CCM requirements and standards and has the following collective responsibilities:
- 6.1.1 The CCM's role is to bring together multiple stakeholders representing the diversity of the Lao people to collectively identify country needs in the fight against HIV, tuberculosis and malaria, to apply strategic planning, design programming, submit requests for funding, oversee and support the implementation of projects initiated by the CCM and funded by the Global Fund, and enhance cooperation and coordination among
 - 6.1.2 Make decisions through consultation and deliberation and following-up on decisions agreed upon at CCM meetings;
 - 6.1.3 Coordinate the development and submission of funding applications/concept papers to the Global Fund based on national strategies for the three diseases, ensuring a country-owned, coordinated, and multi-sectorial approach that involves all relevant stakeholders; and documenting the engagement of key population groups in the development process;
 - 6.1.4 Submit to the Global Fund applications for continued funding for each approved grant after reviewing the PR's and SRs' performance at appropriate times;
 - 6.1.5 Respond to inquiries from the Global Fund concerning these funding requests;
 - 6.1.6 Identify an organization(s) most capable of meeting planned targets for a country program(s) and nominating/selecting it (them) as a principal recipient (PR), following a transparent and inclusive process;
 - 6.1.7 Oversee Global Fund activities in Lao PDR by receiving and reviewing progress reports and programmatic performance of the PR(s) and SR(s)
 - 6.1.8 Support the harmonization and alignment of Global Fund grants with national development instruments;
 - 6.1.9 Review and endorse the allocation of funds to the CCM secretariat based on prior yearly work plans and budgets submitted to the Global Fund;
 - 6.1.10 Review the annual external financial audit of Global Fund activities and overseeing the implementation of findings and recommendations.
 - 6.1.11 Regularly updating and reporting to the Secretariat for Sector Working Groups (SWGs) for Health and/or the SWG Operational Level/SWG (O);
 - 6.1.12 Ensuring effective participation by some of the most relevant SWGs established by the government for the implementation of the 2006 Vientiane Declaration on Aid Effectiveness. The SWGs will convene representatives from the government, donor agencies, and NGOs and serve as the primary platform for in-depth dialogue on key development issues as well as report relevant information during round table implementation meetings.
 - 6.1.13 Update the CCM TOR when needed.

7. CCM membership

7.1 CCM Membership representation

- 7.1.1 CCM member can come from any organization lawfully operating in the territory of Lao PDR, irrespective of citizenship as long as he/she has been selected or elected by his/her constituency in a transparent and documented process.
- 7.1.2 CCM members act on behalf of stakeholder constituencies (e.g. government, nongovernment, private sector, and people living with disease) and not on behalf of their own person or organization.
- 7.1.3 CCM membership is voluntary and involvement is not remunerated. The member's participation represents a voluntary contribution in fighting the three diseases.

7.2 CCM composition

- 7.2.1 The CCM is composed of 24 seats. The number of seats is defined and decided by the CCM and is subject to change.
- 7.2.2 Each seat has two representatives: a primary member (CCM member) and an alternate member (alternate).
- 7.2.3 CCM composition includes representation from 3 sectors: governmental and non-governmental national sectors and development partners sector.

CCM sectors	Sub-sectors/constituencies and number of seats
Government	<ul style="list-style-type: none">• Government Ministries (6)• Mass organizations (2)
Multilateral and bilateral organizations	<ul style="list-style-type: none">• Multi/Bilateral (5)
Non-governmental organizations	<ul style="list-style-type: none">• Non-Profit Association (NPA) (national NGO) (1)• Faith Based Organization (FBO) (1)• KAP/PLWD : Representatives of organizations, associations, etc., working with KAPs, PLWDs, women and girls, youth, etc. (5)• International Non-Governmental Organization (INGO) (2)• Academia (1)• Private sector (1)

- 7.2.4 Representatives on the CCM from the nongovernmental sector should comprise not less than 40 percent of the total number of CCM members.
- 7.2.5 CCM ensures that CCM representatives represent both rural and urban areas other than the capital, and reflect their interests.
- 7.2.6 The CCM will ensure the gender balance among CCM representatives and that the CCM includes numerous individuals with in-depth understanding of the gender dimensions inherent to the three diseases.

8. Rights of CCM Members

- 8.1 Elect officers: the chair and 2 vice-chair(s), to stand for such positions within the rules of this TOR;
- 8.2 Vote on any matter put to a vote, except those where the CCM member has a COI;
- 8.3 Participate in all discussions and activities of the CCM, except those where the CCM member has a COI;
- 8.4 Participate in the development of funding requests;
- 8.5 Provide oversight to grant implementation;
- 8.6 Participate in the selection of grant PRs;
- 8.7 Raise questions and issues for the CCM agenda;
- 8.8 Receive full information concerning grant implementation and secretariat management;
- 8.9 Receive timely advance notice and documentation for all CCM meetings and the results of those meetings.
- 8.10 When absent to be replaced by their alternate.

9. Responsibilities of the CCM Members

- 9.1 Participate actively in CCM meetings in a timely and responsible manner or, if unable, send their alternate to participate;
- 9.2 Participate in CCM functions;

- 9.3 Become familiarized with COI policy and procedure, complete the annual COI declaration (new members must complete the COI declaration upon admission into the CCM), and declare any COI to recuse themselves from deliberations and decision making;
- 9.4 Consult regularly with organizations and individuals within their constituency with an aim to fairly and accurately represent constituency views and concerns at CCM meetings;
- 9.5 Freely share with the CCM relevant experiences and information known to their constituency;
- 9.6 Provide feedback and inform their constituency of CCM decisions so that they may be applied and respected;
- 9.7 Join and participate actively in CCM-created working groups and committees;
- 9.8 Cooperate with the CCM secretariat;
- 9.9 Respect these TORs.

10. Term of Service of CCM Members

- 10.1 CCM members are elected/selected/delegated for a term of 3 (three) years with the possibility of one more term re-election/re-selection. Membership renewal needs to take place every three years.

11. Elections/Delegation of CCM Members

- 11.1 CCM subsector TORs establish procedures and regulate the process of election/ delegation of members in the CCM. Details may be found in the individual subsector TORs.

12. Alternate Members of the CCM

- 12.1 During election/selection/delegation of CCM members, the electing/selecting/delegating organization or sector must elect/select/delegate an alternate member of the CCM for each seat.
- 12.2 The alternate represents the same subsector or the same state organization as the CCM member and takes part in the operations of the CCM in the absence of the latter.
- 12.3 In the absence of the CCM member, the alternate has the same rights and duties, as the person whom s/he replaces.
- 12.4 Alternates of members elected to the posts of Chair and Vice-chair can continue to represent the interest of their sub-sectors; however they cannot substitute the Chair and vice-Chairs in the performance of their functions.

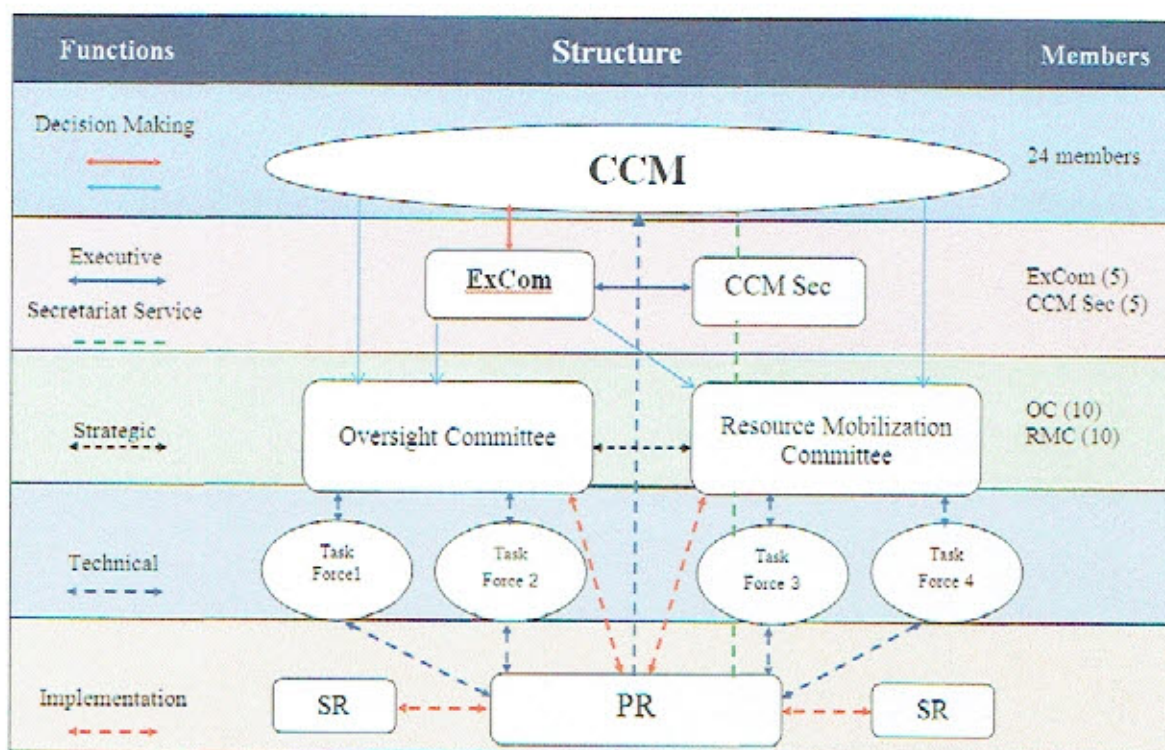
13. Abdication and Exclusion from the CCM

- 13.1 Any CCM member can leave the CCM structure at his/her own will or on the basis of a justifiable decision made by the organization or constituency, which nominated him/her. For this purpose, s/he or the organization and/or the constituency, which nominated him/her, will notify the Chair of the CCM (or Vice Chair) and the Secretariat, which will then inform CCM members. This will be followed by a call for elections for a replacement member. In this case, the organization and/or constituency, which have withdrawn its representative from the CCM, may select a new candidate to be approved by the CCM. In the meantime, the alternate will replace the member.
- 13.2 The CCM has the right to dismiss any CCM representative from its membership. Legitimate grounds for the dismissal of a representative by the CCM include: failure to fulfill his/her duties, and the misuse of powers and responsibilities entrusted. In case the two representatives of a seat are absent for 2 consecutive CCM meetings, the CCM shall take appropriate measures to reach out to the related subsector to fill out the seat in accordance with the subsector ToRs.
- 13.3 Decisions on changes of CCM membership will be recorded in CCM meetings minutes, which will subsequently be sent to the Global Fund Secretariat.

CCM Structure

14. Organizational Structure

- 14.1 The CCM structure consists of the Full CCM, three standing committees: the executive committee, the oversight committee, the resource mobilization committee and four task forces on: HIV/AIDS, tuberculosis, malaria, and Health Systems Strengthening.
- 14.2 The CCM is the only decision-making body unless otherwise specified and voted by the CCM in a clear delegation of power to the standing committees that routinely have a consultative strategic role. The task forces are the advisory technical bodies to the standing committees.
- 14.3 The CCM has the right to create additional committees or change names and functions of existing ones.
- 14.4 In addition, as required, the CCM has the right to set up working groups or delegate the task to the executive committee that can engage experts who are selected from outside of the CCM (i.e. non-members).



15. Chair and Vice Chair(s) of the CCM

- 15.1 Lao PDR CCM has a chair and two vice chairs
- 15.2 Representatives from both governmental and nongovernmental organizations can become chair and vice chair of the CCM. The CCM chair and at least one vice chair must represent different sectors. The Chair must be from a domestic organization.
- 15.3 CCM members nominate and elect the candidates for the posts of chair and vice chair(s) at the CCM meeting. During the nomination of candidates for the posts of chair and vice chair(s), CCM members should be guided by the Global Fund's recommendations and regulations included in the document on COI policy.
- 15.4 Candidates for the chair and vice chair are approved if they obtain a two-thirds majority of CCM members voting. One Vice-Chair should belong to a domestic organization, and the other should be from an international organization.
- 15.5 The vote for chair and vice chair(s) shall be by secret ballot.
- 15.6 The term of office for the chair and vice chair(s) is 3 years with possibility of one term re-election.

- 15.7 The CCM can vote to remove the chair or vice chair(s) in midterm. Any member can propose this vote with written approval from 10 CCM members. Such a vote requires a two-thirds majority.
- 15.8 If the Chair resigns or is removed in midterm, the vice-chair shall serve as acting chair until a new chair is elected. That election shall take place at the meeting at which the chair's departure is announced, or at the next meeting. The new chair shall be appointed to complete the term of the former chair and, can participate in the next planned election of the CCM chair.
- 15.9 If a vice-chair(s) resigns or is removed in midterm, an election shall take place at the meeting at which the vice-chair's departure is announced, or at the next meeting. The new vice-chair shall be appointed from the same subsector to complete the term of the former vice-chair and, can participate in the next planned election of the CCM vice chair.
- 15.10 Responsibilities of the CCM Chair are as follows:
During CCM meetings
- Conducting CCM meetings;
 - Signing CCM reports, minutes and decisions;
 - Seeking approval of the agenda of each CCM meeting;
 - Seeking for approval of the previous meeting minutes.
- As Chair of the Ex Com
- Strategic coordination of CCM committees, operations, supervision of the secretariat;
 - Carrying out overall control over the implementation of CCM decisions;
 - Proposing the agenda of CCM meetings
- 15.11 The CCM Chair bears responsibility for the activities that are carried out by the CCM and the Executive Committee, and also for inter-branch and inter-agency coordination as well as for the decisions made by the CCM. The Chair represents the CCM to the third parties and the organizations.
- 15.12 16.12 During the absence of the CCM Chair, his/her functions are fulfilled by the designated Vice Chair.

16. CCM Meetings and Voting Procedure

- 16.1 The CCM holds no fewer than four meetings in a year. If required, the chair or vice chair(s) of the CCM can call additional meetings. Additional meetings may also be convened at the initiative of not less than 50% of the CCM members. The CCM can deliberate validly if 50% of the members are present (quorum). 12 seat representatives (member or alternate)
- 16.2 Meetings of working groups and committees take place according to the planned schedule or as required. Meetings of the oversight committee and RMC take place not less than once in a quarter.
- 16.3 All CCM members must receive, by email, fax or letter, at least one (1) week prior notice of regular meetings of the CCM. The notice must specify the proposed agenda and contain all related supporting documents. The agenda may be modified and must be approved at the start of each meeting.
- 16.4 Decisions at CCM meetings are made by consensus. In cases when it is impossible to reach consensus, decisions are made by voting in the presence of a quorum. The CCM decisions are accepted by simple majority on the basis of voting by show of hands. Each time the vote is related to a person (election, sanction), the CCM shall conduct a vote by secret ballot.
- 16.5 Results of voting are recorded in the minutes and the draft minutes are distributed to all CCM members within 14 working days for the CCM members' consideration. At the following meeting, these draft minutes shall be discussed, amended as necessary, and approved by the CCM vote.

17. Electronic vote

- 17.1 In case of tight deadline or no time in between the Meeting to make a decision, requested decisions may be submitted to the CCM for electronic decision based on a "no objection" basis. The motion will stand unless at least 2 of CCM members from different CCM constituencies object to the requested decision by the deadline of the vote. The deadline will depend on the particular decision.
- 17.2 If approved, no action is required. However, if objected for a particular decision, the objection must be sent to the CCM secretariat no later than the deadline. The CCM will also register objection received by mail.
- 17.3 If CCM receives at least 2 of CCM members from different CCM constituencies, the CCM secretariat will facilitate a consultative process among all CCM members to review its decision. In case, no emails are received by the deadline, silence is deemed to be an approval.

18. Executive Committee

- 18.1 The CCM has an Executive Committee that consists of the CCM Chair, two Vice Chair(s) and the chairs of the Oversight Committee and Resource Mobilization Committee, and the executive secretary with no voting right.
- 18.2 The Executive Committee is responsible for the coordination and direction of activities of the CCM secretariat, to support and coordinate the committees and task forces, and also for carrying out continuous and urgent communications for which it is not necessary to gather all members of the CCM.
- 18.3 The frequency of Executive Committee sessions of the CCM is defined by the Executive Committee itself taking into account the need to fulfill its functions.

19. CCM Secretariat

- 19.1 The CCM secretariat is a permanent working organ of the CCM that bears responsibility for: logistics and administrative support of CCM operations and its committees. keeping minutes; maintenance of CCM documentation; organizing translation of key documents and simultaneous translation for the CCM meetings, and the collection and dissemination of information related to the activities of the Global Fund, the CCM and its committees, PRs and SRs, as well as other stakeholders involved in fighting HIV/AIDS, tuberculosis and malaria.
- 19.2 The CCM formally approves annual/biannual work plans and budget for CCM secretariat operations.
- 19.3 The secretariat is financed by the Global Fund and through contributions by international, state, commercial and other interested organizations.
- 19.4 The CCM, on recommendation of Ex Com, approves the structure and staffing needs for the CCM secretariat, approves staff TORs, and authorizes the executive committee to conduct the recruitment process, as necessary.
- 19.5 Employees of the secretariat are employed on a competitive basis and approved by the Ex Com.
- 19.6 In its activities, the secretariat is guided by decisions of the CCM meetings. Operational procedures of the secretariat and its structure and functions are regulated by the secretariat operating procedures.

20. CCM Documentation

20.1 CCM has and maintains the following framework and working documents:

20.2 Framework Documents:

- Terms of Reference of the Lao People's Democratic Republic Country Coordinating Mechanism to Fight HIV/AIDS, Tuberculosis and Malaria

- Oversight plan
 - Conflict-of-interest policy
- 20.3 Working Documents:
- CCM meeting minutes
 - CCM and secretariat work plans and budgets
 - Secretariat operating procedures
 - Membership renewal documentation
 - Correspondence between CCM and PR and SRs, and between CCM and the Global Fund
- 20.4 All CCM documents are maintained and archived by the CCM secretariat in conformity with the requirements of the Global Fund and the legislation of Lao PDR and are available upon request.

21. Resource Mobilization Committee (RMC)

21.1 RMC Goals and Objectives

- 21.1.1 The RMC is a permanent CCM committee whose purpose is to coordinate funding requests to different funders and selection process of PRs on behalf of the CCM. Its goal is to ensure the funding requests reflect the needs of the people affected and infected by the three diseases, does not duplicate any other funding, is aligned with the Lao PDR funding cycle and that the selected PRs have the capacities to implement future grants.
- 21.1.2 To reach its goals, the Resource Mobilization Committee fulfills the following objectives:
- 21.1.2.1 Ensure coordination of the CCM's funding requests and harmonization functions. Promote and organize country dialogue and translate its outcomes into the Global Fund concept note.
 - 21.1.2.2 Ensure development of the concept notes along the CCM choices in a timely manner according to a CCM approved calendar. Develop the best effort to be as inclusive as possible of AIDS, TB and Malaria affected populations in the design of concept notes.
 - 21.1.2.3 Design and follow an open and transparent process to select the most appropriate PR to implement the future grants.
 - 21.1.2.4 Follow up on the Technical Review Panel (TRP) and GF secretariat requests and remarks until the concept note becomes a grant agreement.
 - 21.1.2.5 Seek other sources of funding to fulfill the needs of people affected by AIDS, TB and malaria in Lao PDR and.
 - 21.1.2.6 Contribute with the CCM Sec to the elaboration of a sound and feasible CCM action plan and budget that will further be endorsed by the CCM.
 - 21.1.2.7 Optimize the CCM secretariat (CCM Sec) functioning.

21.2 RMC Roles

- 21.2.1 The RMC plays a key role in coordination of funding request by ensuring the country dialogues have been processed in open, transparent and inclusive manner. The RMC is not a decision-making body. The committee's role is to provide information and informed recommendations to guide the CCM in its oversight deliberations and decision making.

21.3 RMC Mandates

- 21.3.1 The CCM authorizes the Resource Mobilization Committee to organize the country dialogue, develop the concept notes along with the guidance of the CCM, follow up on the GF secretariat and TRP inputs to the concept notes, develop and implement the PR selection process in accordance to the CCM manual of procedures, seek for other sources of funding for the fight against the 3 diseases and elaborate alongside the CCM and CCM Sec yearly work plan and functioning budget.

21.4 RMC Structure

- 21.4.1 The RMC is a standing committee of the Lao PDR CCM structure and has a strategic role as a consultative function to the whole CCM to which it directly reports back.
- 21.4.2 The RMC works in coordination with the Oversight Committee (OC) under the direction of the CCM and the Executive Committee (ExCom). The RMC chair is a member of both CCM and ExCom.
- 21.4.3 The RMC's works has been technically supported by the 4 Task Forces and exccutively supported by the CCM Secretariat.

21.5 RMC Membership

- 21.5.1 The RMC has 10 members that are elected or selected by the CCM. Six members of RMC are current CCM representatives (either member or alternate) and 4 non CCM (chairs or representatives of the task forces and invited experts as needed).
- 21.5.2 The RMC members should include representatives of the following constituencies:
 - People living with the three Global Fund diseases or People who are at risk of these diseases (mandatory presence in regard to requirements).
 - Bilateral and multilateral partner organizations.
 - Public sector.
 - Non-governmental organizations, private sector, or both.
- 21.5.3 CCM members can nominate candidates or candidates can nominate themselves. Voting takes place during a CCM meeting and requires a quorum.

21.6 RMC Service Term

- 21.6.1 Committee members serve a term of 3 years. The CCM may reelect or reappoint RMC members once.
- 21.6.2 A RMC member's term ends when one of the following occurs:
 - Service on the committee for the maximum number of years (6).
 - A permanent conflict of interest.
 - Personal request to resign that the CCM has approved.
 - Poor performance or recurrent absences on the RMC as determined by the CCM.
 - For RMC members who are CCM representatives, termination of CCM membership due to poor performance as determined by the CCM.

21.7 RMC Competencies

- 21.7.1 To fulfill their responsibilities on RMC members must be ready to dedicate a substantial portion of time to committee activities.
- 21.7.2 Ideally, members collectively have experience and skills in the following areas:
 - HIV/AIDS, tuberculosis, and malaria program management and service delivery, monitoring, and evaluation.
 - Strategies for assessing target groups 'needs and experience advocating for target group interests.
 - Epidemiology of the three Global Fund diseases and the dynamics of these diseases in the country.
 - Financial planning and management.
 - Procurement and supply management.
 - Communication and advocacy.
- 21.7.3 However, a lack of expertise and experience in these areas does not preclude a CCM member from membership on the RMC because RMC members have to have access to technical support.

21.8 RMC Member Responsibilities

21.8.1 Concept note development

- 21.8.1.1 Advise and design a strategy to enhance “Country dialogue” prior to the development of concept notes.
- 21.8.1.2 Ensure that input from broad consultations under “Country dialogue” are collected and shaped for inputting into future concept notes.
- 21.8.1.3 Design and monitor a process and timeline for the elaboration and endorsement of the concept note.
- 21.8.1.4 Seek for documented advice from disease specific TF for the purpose of concept note development.
- 21.8.1.5 Make sure that harmonization of funding and alignments with government budget constraints are addressed by the TF.
- 21.8.1.6 Ensure the conditions for broad and meaningful participation of key affected populations (KAP) in the design of the concept notes.
- 21.8.1.7 Announce Call for Expressions of Interest (EoIs) to broad range stakeholders to identify potential implementing partners.
- 21.8.1.8 Design a PR selection process to be endorsed by the CCM.
- 21.8.1.9 Monitor the implementation and documentation of the PR selection process.
- 21.8.1.10 Receive preliminary drafts from TF, review and manage a broad and strategic discussion with full CCM before final endorsement of CCM members.
- 21.8.1.11 Review all eligibility criteria prior to sending concept note and on a yearly basis. Propose to full CCM all necessary adjustments for full compliance.
- 21.8.1.12 Respond to requests from TRP and GF secretariat for clarifications or amendments of concept notes.

21.8.2 Advocacy

- 21.8.2.1 Increase the awareness of all government agencies and other stakeholders about how the activities of Global Fund have been carried out and achieved in Lao PDR.
- 21.8.2.2 Advocate for the full participation of key affected populations in CCM activities as well as in Global Fund’s funded interventions, ensuring the reduction or elimination of stigmatization and discrimination against those infected and affected by the three diseases, women and youth and ethnic groups.
- 21.8.2.3 Document the real needs of the most affected populations in line with prioritized public health problems.
- 21.8.2.4 Show evidence of the impact of addressing discrimination, stigmatization, and gender balance on health outcomes.
- 21.8.2.5 Coordinate advocacy with civil society and international organizations.

21.8.3 Other resource mobilization activities

- 21.8.3.1 Based on strategic advocacy activities, develop or increase relationships with public and private donors, and design innovative financing arrangements for expansion of grant funding and for CCM budget.
- 21.8.3.2 Advocate for having a sustained and incremental growth in government contribution to the programs funded by the GF in the fight against the three diseases.

21.8.4 Elaborate with the CCM secretariat of the CCM work plan and budget

- 21.8.4.1 Based on CCM functioning and CCM members’ capacity building needs to fulfill eligibility criteria, the RMC will support the elaboration of a transparent and sound CCM work plan and budget.
- 21.8.4.2 Make sure that CCM performance indicators linked to the work plan and budget agreed with the GF are reached.

21.8.4.3 Seek for other sources of funding if necessary.

21.9 RMC Chair Responsibilities

21.9.1 RMC members elect a committee chair at the first meeting after the election or appointment of new committee members, the reelection or reappointment of committee members, or when the previous chair's term has ended. Committee members elect a chair for a term of 3 years with a possibility of one reelection. The CCM must formally approve the appointment of the newly elected chair.

21.9.2 The chair of the RMC is a member of the Executive committee. In case of absence he/she can delegate one member of the RMC to replace him/her at Ex Com meetings in order to allow a good coordination of committee work.

21.9.3 In addition to having at least some of the competencies described above, the RMC chair should have the following skills:

21.9.3.1 Coordinating and facilitating meetings and activities

21.9.3.2 Communicating and interacting with various in-country stakeholders

21.9.3.3 Networking and planning

21.9.3.4 Analyzing, reporting, and presenting

21.9.3.5 Understanding Global Fund processes and requirements

21.10 RMC Technical Resources and Outsourced Expertise

21.10.1 The RMC may call on external experts on a regular basis or for specific activities. The CCM secretariat maintains a database of external experts and assists the RMC in identifying appropriate experts when needed.

21.10.2 The CCM or the RMC decides when to consult an external expert depending on the magnitude or the specificity of the issue and the anticipated scope of work. The CCM and RMC should first try to find to seek advice from the TF, and in case of necessity rely on external experts who are willing to consult with the RMC on a voluntary basis. The CCM must approve all decisions to hire an external consultant at a plenary session or delegate this activity to the Ex Com.

21.11 RMC Communication and Decision Making

21.11.1 The RMC will inform on a regular basis the Ex Com about its analysis and recommendations through its chair as member of the Ex Com and will get endorsement from the CCM.

21.11.2 There are 2 ways of endorsement by the CCM, through regular CCM meetings or in case of tight deadlines and other time constraints; the CCM secretariat will circulate recommendations for endorsement through E-mail to all CCM members on a "no-objection" basis. In case of "no objection" decision please refer to art.17 of this TOR.

21.11.3 The CCM Secretariat will organize RMC meetings and keep minutes of all RMC meetings. These minutes (in both English and Lao languages) must be available to all CCM members on request.

21.11.4 Recommendations by the RMC have to be based on a consensus, if no consensus is reached by the RMC, the issue is referred to the CCM.

21.12 RMC Meetings

21.12.1 The RMC shall meet whenever necessary to carry out its work. It can be expected that the RMC will meet often during the concept note elaboration period.

22. Oversight Committee (OC)

22.1 OC Goals and Objectives

22.1.1 The OC is a permanent CCM committee whose purpose is to oversee the implementation of approved Global Fund grants in the country. Its goal is to ensure the implementation of

activities and the use of resources in accordance with the grant agreement. Achieving this goal might involve providing strategic direction to PRs when needed, ensuring compliance with Global Fund policies and procedures, establishing financial controls, and following up on key recommendations.

22.1.2 To reach its goal, the OC fulfills the following objectives:

- 22.1.2.1 Ensure implementation of the CCM's oversight function, one of the four core functions of a CCM
- 22.1.2.2 Ensure development, timely updates, and implementation of an oversight plan and corresponding work plan and calendar
- 22.1.2.3 Analyze problems and bottlenecks in grant implementation and provide recommendations for informed decision making by the CCM
- 22.1.2.4 Promote effectiveness in oversight by appropriate use of time and available resources
- 22.1.2.5 Improve relationships between the CCM and PR(s) and between PRs and sub-recipients (SRs) if necessary.

22.2 OC Roles

- 22.2.1 The OC plays a key role in the oversight process by ensuring appropriate, timely, and effective use of Global Fund monies; timely and effective implementation of PRs' and SRs' programmatic work plans; and transparent, competitive, and effective procurement and supply management with appropriate quality assurance in accordance with national legislation.
- 22.2.2 The OC is not a decision-making body. The committee's role is to provide information and informed recommendations to guide the CCM in its oversight deliberations and decision making.

22.3 OC Mandates

- 22.3.1 The CCM authorizes the OC to develop, update, and implement an oversight plan and corresponding annual work plans and calendars; identify problems and bottlenecks facing PRs and SRs, and provide guidance and recommendations for the CCM; follow up on recommended actions and their implementation; and improve communication and collaboration between the CCM, PRs, and lead SRs, and between PRs and SRs or sub-sub-recipients.

22.4 OC Structure

- 22.4.1 The OC is a standing committee of the Lao PDR CCM structure and has a strategic role as a consultative function to the whole CCM to which it directly reports back.
- 22.4.2 The OC works in coordination with the resource mobilization committee (RMC) under the direction of the CCM and the Executive Committee (ExCom). The OC chair is a member of both CCM and ExCom.
- 22.4.3 The OC's works has been technically supported by the 4 Task Forces and executively supported by the CCM Secretariat

22.5 OC Membership

- 22.5.1 The OC has 10 members that are elected or selected by the CCM. Six members of OC are current CCM representatives (either member or alternate) and 4 non CCM (chairs or representatives of the task forces and invited experts if needed). The composition of the committee is approved at the CCM session.
- 22.5.2 When the determination of the Oversight Committee Members takes effect, there must be at least four members who have specialized skills in the one of the following areas:
 - 22.5.2.1 Financial management,
 - 22.5.2.2 Disease-specific expertise,
 - 22.5.2.3 Procurement and supply management

22.5.2.4 Program management

22.5.3 CCM members can nominate candidates or candidates can nominate themselves. Voting takes place during a CCM meeting and requires a quorum.

22.6 OC Service Terms

22.6.1 Committee members serve a term of 3 years. The CCM may reelect or reappoint OC members once.

22.6.2 An oversight committee member's term ends when one of the following occurs:

22.6.2.1 Service on the committee reaches the maximum number of years

22.6.2.2 A permanent conflict of interest

22.6.2.3 Personal request to resign that the CCM has approved

22.6.2.4 Poor performance on the oversight committee as determined by the CCM

22.6.2.5 For oversight committee members who are CCM members, termination of CCM membership due to poor performance as determined by the CCM

22.7 OC Competencies

22.7.1 To fulfill their responsibilities on the OC, members must dedicate a substantial portion of their time to committee activities. Ideally, members collectively have experience and skills in the following areas:

22.7.1.1 HIV/AIDS, tuberculosis, and malaria program management and service delivery, monitoring, and evaluation

22.7.1.2 Strategies for ensuring that target groups have access to services and experience advocating for target group interests

22.7.1.3 Epidemiology of the three Global Fund diseases and the dynamics of these diseases in the country

22.7.1.4 Ability to read and analyze dashboards

22.7.1.5 Financial planning and management

22.7.1.6 Procurement and supply management

22.7.1.7 Communications

22.7.2 However, a lack of expertise and experience in these areas does not preclude a CCM member from membership on the OC because OC members shall have access to technical support.

22.8 OC Member Responsibilities

22.8.1 Build capacity and prepare annual plans for CCM oversight.

22.8.1.1 Clarify oversight function and oversight committee responsibilities and build oversight committee members' capacity for oversight.

22.8.1.2 Orient and train new CCM members on oversight guidelines and retrain existing members on oversight roles and responsibilities of the CCM, PR, SRs, and other stakeholders.

22.8.1.3 Develop approaches for engaging CCM members and program stakeholders in the oversight process

22.8.1.4 Develop annual oversight work plans, calendars, and budgets.

22.8.2 Gather information on program and grant implementation

22.8.2.1 Gather program performance, financial, and procurement information for Global Fund grants using routine reports or by reviewing available data through the use of dashboards.

22.8.2.2 Gather information on Global Fund grants through site visits and participation in joint PR and SR performance review meetings.

22.8.2.3 Gather information on Global Fund grants by investigating specific issues.

22.8.3 Identify implementation issues, problems, and bottlenecks

- 22.8.3.1 Analyze information to identify problems and bottlenecks requiring CCM attention and crosscutting issues that require attention from a broader range of stakeholders.
- 22.8.3.2 Document problems, issues, or bottlenecks for CCM review and decision-making.
- 22.8.3.3 Prepare comprehensive analyses of identified issues to present at a CCM meeting.

22.8.4 Provide guidance and recommendations to inform CCM decision making and further actions

- 22.8.4.1 Provide presentations of identified findings and propose recommendations to inform CCM decision-making and further actions.
- 22.8.4.2 If required, help CCM understand issues and determine appropriate actions
- 22.8.4.3 Request exceptional CCM meeting when urgent problems arise.

22.8.5 Follow up and report on results to the CCM and program stakeholders

- 22.8.5.1 Follow up on decisions made and recommended actions and report on results to CCM and program stakeholders.
- 22.8.5.2 Report back to CCM and program stakeholders on progress, remaining issues, and additional follow-up required.

22.9 OC Chair Responsibilities

- 22.9.1 The OC members elect a committee chair from among its CCM members at the first meeting after the election or appointment of new committee members, after the reelection or reappointment of committee members, or when the previous chair's term has ended. Committee members elect a chair for a term of 3 years with a possibility of one reelection.
- 22.9.2 The CCM must formally approve the appointment of the newly elected chair. The OC chair serves as a member of the Executive Committee. In addition to having at least some of the competencies described above, the OC chair should have the following skills:
 - 22.9.2.1 Coordinating and facilitating meetings and activities
 - 22.9.2.2 Communicating, networking and interacting with various in-country stakeholders
 - 22.9.2.3 Planning and organization
 - 22.9.2.4 Monitor secretariat to ensure that PRs deliver dashboards according to the oversight plan
 - 22.9.2.5 Analyzing, reporting, and presenting
 - 22.9.2.6 Understanding Global Fund processes and requirements

22.10 OC Technical Resources and Outsourced Expertise

- 22.10.1 The OC may call on external experts on a regular basis or for specific activities. The CCM secretariat maintains a database of external experts and assists the oversight committee in identifying appropriate experts when needed.
- 22.10.2 The CCM or the OC decides when to consult an external expert depending on the magnitude of the issue and the anticipated scope of work. The CCM and OC should first try to find external experts who are willing to consult with the OC on a voluntary basis. The CCM must approve all decisions to hire an external consultant at a plenary session or delegate this activity to the Ex Com.

22.11 OC Communication and decision making

- 22.11.1 The OC will inform on a regular basis the Ex Com about its analysis and recommendations through its chair as member of the Ex Com and will get endorsement from the CCM.
- 22.11.2 There are 2 ways of endorsement by the CCM, through regular CCM meetings or in case of tight deadlines and other time constraints; the CCM secretariat will circulate

recommendations for endorsement through E-mail to all CCM members on a “no-objection” basis. In case of “no objection” decision please refer to art.17 of this TOR.

- 22.11.3 The CCM Secretariat will organize OC meetings, collect dashboards from PRs, distribute them to OC members and keep minutes of all OC meetings. These minutes (in both English and Lao languages) must be available to all CCM members on request. Recommendations by the OC must be based on a consensus, if no consensus is reached by the OC, the issue is referred to the CCM.

22.12 OC Meetings

- 22.12.1 The OC shall meet whenever necessary, but at least once between regular CCM meetings (four per year) to carry out its work.
- 22.12.2 All OC members must receive by email, fax or letter, at least one week prior notice of all meetings of the OC. The agenda and related background documents are distributed by the CCM Secretariat at least 3 working days in advance of the meeting. The agenda may be modified and must be approved at the start of each meeting.

23. Task Forces (TF)

The CCM has four task forces (on HIV/AIDS, tuberculosis, malaria and Health Systems Strengthening) that contribute to the full-fledged and effective performance of the CCM and the standing committees. In order to optimize and best coordinate their work, head/chair/coordinator of each task force should be a member of the two standing committees of the CCM (RMC and OC).

23.1 HIV Task Force (HIV-TF)

23.1.1 HIV-TF Objective

- 23.1.1.1 The main objective of the HIV Task Force (HIV-TF), is to assist the Ministry of Health to achieve the goal set in the National Strategic and Action Plan on HIV/AIDS and ensure the systematic and effective implementation of the national HIV/AIDS and STI program.

23.1.2 HIV-TF Mission

- 23.1.2.1 Promotion of multi-sectoral integration/collaboration in the national response to HIV and AIDS;
- 23.1.2.2 Strengthening of national and international partnerships and alliances; and
- 23.1.2.3 Fostering of policy dialogues and facilitates the formulation of common positions, where appropriate.

23.1.3 HIV-TF Strategies

- 23.1.3.1 Strengthen and further intensify cooperation in national response to HIV and AIDS to ensure that main concerns and gaps are mainstreamed in the national efforts;
- 23.1.3.2 Promote advocacy and enhance HIV and AIDS awareness and related issues at national level;
- 23.1.3.3 Improve accessibility to HIV/AIDS and STI and related information; and
- 23.1.3.4 Strengthen the national and collective capacity on the HIV/AIDS and STI related issues and on health implication from regional economic integration, globalization, trade liberalization, new technologies, and innovations.

23.1.4 HIV-TF Scope of Work

- 23.1.4.1 Formulate and recommend to the national HIV and AIDS program on policies, strategies, guidelines, manuals and programs for national response to HIV and AIDS;

- 23.1.4.2 Verify the progress, achievement of the NSAP by providing comments, inputs in the development of planning, recommendations by bodies, organizations and institutions working in HIV/AIDS and STI;
- 23.1.4.3 Formulate national positions on HIV and AIDS related issues, especially in the development of national HIV and AIDS reports/documents and for the preparation for international meetings/conferences;
- 23.1.4.4 Promote active intra-sectoral links with related line-ministries, national and international partners through Centre for HIV/AIDS and STI, Ministry of Health;
- 23.1.4.5 Intensify the HIV and AIDS networking of health institutions, health professionals in teaching and research in HIV/AIDS and STI;
- 23.1.4.6 Play active roles in raising awareness of and commitments to implementation of NSAP, targeting high ranking health officials, health professionals, partners and political leaders through multiple channels such national health conferences, scientific seminars, media and personal networks; and
- 23.1.4.7 Give comments and feedback on any documents, proposal and information to be submitted to OC/CCM for consideration.

23.1.5 HIV-TF Procedures/Mechanisms

- 23.1.5.1 The members of the HIV-TF are representatives of selected departments and institutions of Ministry of Health namely: Department of Communicable Diseases Control, Department of Healthcare, Cabinet, Department of Food and Drugs, National Blood Center, Medical Products Supply Center, Centre for HIV/AIDS and STI, National Tuberculosis Centre, Health Information and Education Centre, Setthathirath Hospital, Mahosoth Hospital and Principal Recipient of the Global Fund project, representative of NGO partners: PEDDA, NCA, PSI, LaoPHA, APL+, Metta Dhama Center, The other UN Agencies, international organizations, NGOs and Civil society organizations will also be invited to attend the regular meetings as necessary.
- 23.1.5.2 The HIV-TF shall meet on quarterly basis. Ad hoc and other urgent meetings could be conducted as deemed necessary.
- 23.1.5.3 The Director of Centre for HIV/AIDS and STI (CHAS), Ministry of Health, shall serve as chairman of the HIV-TF and preside over the task force meeting. The chairman reports to the Director General of Department of Communicable Diseases Control, MOH who is also in charge of the Principle Recipient (PR) office and to CCM when required.
- 23.1.5.4 The Centre for HIV/AIDS and STI shall be Secretariat of the HIV-TF. The CHAS shall send invitation, prepare meeting agenda and supporting documents, take note of the meetings and prepare meeting minutes and do all necessary logistical arrangements for the task force.

23.2 Malaria Task Force (M-TF)

23.2.1 M-TF Objective

- 23.2.1.1 The purpose of the Malaria Task Force (M-TF) is to increase the opportunity for coordination of efforts and to ensure a coherent system of planning and implementation of malaria control and elimination efforts in the country in line with existing government plans. Specifically, the objective of the M-TF is to strengthen the management of the malaria control program to enhance integration, partner coordination and decentralization.

23.2.2 M-TF Mission

- 23.2.2.1 Promotion of multi-sectorial integration/collaboration in the national response to Malaria Control and Elimination;

- 23.2.2.2 Strengthening of national and international partnerships and alliances; and
- 23.2.2.3 Fostering of policy dialogues and facilitates the formulation of common positions, where appropriate.

23.2.3 M-TF Strategies

- 23.2.3.1 Strengthen and further intensify cooperation in national response to Malaria Control and Elimination to ensure that main concerns and gaps are mainstreamed in the national efforts;
- 23.2.3.2 Promote advocacy and enhance Malaria Control and Elimination awareness and related issues at national level;
- 23.2.3.3 Improve accessibility to Malaria Control and Elimination and related information; and
- 23.2.3.4 Strengthen the national and collective capacity on the Malaria Control and Elimination related issues and on health implication from regional economic integration, globalization, trade liberalization, new technologies, and innovations.

23.2.4 M-TF Scope of Work

- 23.2.4.1 Formulate and recommend to the national malaria control program on policies, strategies, guidelines, manuals and programs for national response to Malaria;
- 23.2.4.2 Formulate and revise the Annual Operation Plan (AOP) including objectives and milestones;
- 23.2.4.3 Set standard of technical guidelines to support implementation of the malaria control activities;
- 23.2.4.4 Coordinate malaria control activities including those conducted by other government agencies, international organizations and the community;
- 23.2.4.5 Contribute to the development of the health care system in both public and private sectors with a focus on malaria activities;
- 23.2.4.6 Contribute to the achievement of malaria goals as outlined in the National Health Sector Development Plan;
- 23.2.4.7 Monitor and evaluate the national policies, strategies, guidelines, protocols and plans for the malaria program;
- 23.2.4.8 Coordinate partners and lead the mobilization of resource and advocacy through multiple channels;
- 23.2.4.9 Support, develop and/or provide comments and feedback on documents to be submitted to OC/CCM on the malaria related program.

23.2.5 M-TF Procedures/Mechanisms

- 23.2.5.1 The members of the M-TF are representatives of selected departments and institutions of Ministry of Health (namely Department of Communicable Diseases Control, Department of Food and Drugs, University of Health Science, Center for Malaria, Parasitology and Entomology (CMPE), Mahosoth Hospital, Setthathirath Hospital, Health Information and Education Centre, Center for Laboratory and Epidemiology and Principal Recipient of the Global Fund project), Institute of Disease Control (Ministry of Defense), Ministry of Information, Culture and Tourism, Department of Agriculture (Ministry of Agriculture and Forestry), Ministry of Natural Resource and Environment, representative of international institution and NGO partners: Institute of Paster Lao, WHO, HPA, PEDA and Mettatham Center. The other UN Agencies, international organizations, NGOs, Civil society organizations will also be invited to attend the regular meetings as necessary.
- 23.2.5.2 The M-TF shall meet on quarterly basis. Ad hoc and other urgent meetings could be conducted as deemed necessary.
- 23.2.5.3 The Director of Centre of Malaria, Parasitology and Entomology (CMPE), Ministry of Health, shall serve as Chairman of the M-TF and preside over the task force meeting

and report to the Director General of Department of Communicable Diseases Control, MOH who is also in charge of the Principle Recipient (PR) office and to CCM when required.

- 23.2.5.4 The Centre of Malaria, Parasitology and Entomology shall be Secretariat of the M-TF. The CMPE shall send invitation, prepare meeting agenda and supporting documents, take note of the meetings and prepare meeting minutes and do all necessary logistical arrangements for the task force.

23.3 Tuberculosis Task Force (TB-TF)

23.3.1 TB-TF Objective

- 23.3.1.1 The main objective of the Tuberculosis Task Force (TB-TF) is to assist the Ministry of Health to achieve the goal set in the Global TB Strategy and the National TB Strategy for universal access to TB services for reduction of suffering and death due to tuberculosis for all the population.

23.3.2 TB-TF Mission

- 23.3.2.1 Promotion of multi-sectorial integration/collaboration for optimizing the national response to fight tuberculosis, TB-HIV co-infection and drug resistant tuberculosis in all segments of the general population and all high risk groups;
- 23.3.2.2 Involvement in TB strategy design, implementation and monitoring by all partners and stakeholders including the people affected by TB and TB-HIV;
- 23.3.2.3 Strengthening of national and international partnerships and alliances against TB and TB-HIV; and
- 23.3.2.4 Fostering of policy dialogue and facilitation of the formulation of up to date common positions in line with the existing WHO Global Stop TB Strategy and the principles of the Post-2015 Global Tuberculosis Strategy Framework.

23.3.3 TB-TF Strategies

- 23.3.3.1 Strengthen and further intensify cooperation in national response to TB and TB-HIV to ensure that main concerns and gaps are mainstreamed in the national efforts.
- 23.3.3.2 Promote advocacy and enhance the status of TB and TB-HIV awareness and related issues at national level.
- 23.3.3.3 Improve accessibility to TB and TB-HIV related information.
- 23.3.3.4 Strengthen the national and collective capacity on the TB and TB-HIV related issues and on health implication from regional economic integration, globalization, trade liberalization, new technologies, and innovations.

23.3.4 TB-TF Scope of Work

- 23.3.4.1 Formulate and recommend to the National TB and TB/HIV program on policies, strategies, guidelines, manuals and programs for national response to TB and TB-HIV;
- 23.3.4.2 Update the National TB Strategic Plan and to align it with WHO Global TB Strategy and the Post-2015 Global Tuberculosis Strategy Framework;
- 23.3.4.3 Verify the progress, achievement of the National TB Strategic Plan by providing comments, inputs in the development of planning, recommendations by bodies, organizations and institutions working in TB;
- 23.3.4.4 Formulate national positions on TB and TB-HIV related issues, especially in the development of national TB and TB-HIV reports/documents and for the preparation for international conferences;
- 23.3.4.5 Promote active intra-sectorial links with related line-ministries, national and international partners through the National TB Centre, Ministry of Health;
- 23.3.4.6 Intensify the TB and TB-HIV networking of health institutions, health professionals, in teaching and research in TB and TB-HIV;

- 23.3.4.7 Play active roles in raising awareness of and commitments to implementation of NSTP, targeting high ranking health officials, health professionals, partners and political leaders through multiple channels such as national health conferences, scientific seminars, media and personal networks; and
- 23.3.4.8 Give comments and feedback on any documents, proposals, information to be submitted to OC/CCM for consideration.

23.3.5 TB-TF Procedures/Mechanisms

- 23.3.5.1 The members of the TB-TF are representatives of selected departments and Institutions of Ministry of Health (namely: Food and Drugs, National Tuberculosis Centre), representative of international institution and NGO partners: WHO, DAMIEN, CCML, PSI, LaoPHA, PEDTA, Peer educator, representative of People living with TB. The UN Agencies, international organizations, NGOs, Civil society organizations will also be invited to attend the meetings as necessary.
- 23.3.5.2 The TB-TF shall meet on quarterly basis. Ad hoc and other urgent meetings could be conducted as deemed necessary.
- 23.3.5.3 The Director of National TB Center, Ministry of Health, shall serve as Chairman of the TB-TF and preside over the task force meeting and report to the Director General of Department of Communicable Diseases Control, MOH who is also in charge of the Principle Recipient (PR) office and to CCM when required.
- 23.3.5.4 The National TB Centre (NTC), Ministry of Health shall be Secretariat of the TB-TF. The NTC shall send invitation, prepare meeting agenda and supporting documents, take note of the meetings and prepare meeting minutes and do all necessary logistical arrangements for the task force.

23.4 HSS Task Force (HSS-TF)

23.4.1 Background

- 23.4.1.1 The Lao CCM is being supported by the Global Fund to fight the 3 diseases (TB, HIV/AIDS Malaria), and in other efforts to strengthen related key functions of the Lao PDR Health System.
- 23.4.1.2 Through the CCM, the GF supports and reinforces the Government and the Ministry of Health (MOH) on-going efforts' in communicable disease control and in health system strengthening.
- 23.4.1.3 The Minister of Health mandated the formation of a Health System Strengthening Task Force (HSS-TF) through Ministerial Decree No. 1193/MoH on 22 May 2014.
- 23.4.1.4 The Lao CCM, Ministry of Health (MOH) and three disease programs decided to develop a stand-alone Health System Strengthening (HSS) Concept Note (CN).
- 23.4.1.5 Three priority areas are included in the HSS CN are: Governance, HRH and HIS.
- 23.4.1.6 The HSS-TF is tasked to collaboratively develop a comprehensive Concept Note for submission through the CCM that seeks GF support for several key HSS interventions that are based on need, are aligned with the national health sector reform (HSR) framework, are linked to subsector strategies for control of the 3 diseases, the MNCH strategy and targeting of underserved groups for services.
- 23.4.1.7 The HSS-TF comprises senior MOH and technical officers from various MOH departments who are assigned to elaborate the technical CN development tasks.
- 23.4.1.8 The HSS-TF members are to work collaboratively together with relevant development partners in smaller working groups that are aligned with each of three selected health system program areas (modules).

23.4.2 HSS-TF Objectives

- 23.4.2.1 To prepare a Health System Strengthening (HSS) Concept Note (CN) for submission through the Country Coordinating Mechanism (CCM) to the Global Fund and to

manage the grants that supports key interventions in Governance, Human Resources for Health and Health Information Systems of the Lao PDR health system.

23.4.3 HSS-TF Mission

- 23.4.3.1 Promote sector and MOH cross-department collaboration, participation and shared vision for strengthening of the Lao PDR health system
- 23.4.3.2 Deepen development partnerships and build consensus through collaborative HSS-TF and working group team efforts;
- 23.4.3.3 Facilitate inclusive discussion and dialogue on health system strategies and feasible interventions, aligned with national policy and sector and sub-sector strategies.

23.4.4 HSS-TF Strategies

- 23.4.4.1 Advocate and raise awareness on health systems related issues at national and provincial levels;
- 23.4.4.2 Intensify cooperation and efforts to ensure that system gaps are highlighted and addressed in national efforts;
- 23.4.4.3 Improve access to HSS information through dialogue, and information technologies;
- 23.4.4.4 Further develop national and collective capacities in HSS, and consider implications and potential opportunities and challenges from regional economic integration, trade liberalization, new technologies, care innovations and globalization.

23.4.5 HSS-TF Scope of Work

- 23.4.5.1 Convene and agree Task Force responsibilities and document the ongoing work and processes of the HSS-TF;
- 23.4.5.2 Reach consensus on a conceptual framework for the development of the HSS CN, based on national policies and the strategic guidance of:
 - a. The Health Sector Reform (HSR) for The Lao PDR, 2012-2025;
 - b. The 7th Health Sector Development Plan (2011-2015);
 - c. (in draft) the 8th Health Sector Development Plan (2016-2020);
- 23.4.5.3 Within each of the three selected health system program areas (modules), the HSS-TF agrees on the priority of related, sub-modules and scope that:
 - a. Expands service coverage,
 - b. Improves quality of care and/or services' management, and
 - c. Are more likely to be sustained after Global Fund support ceases;
- 23.4.5.4 Prepare from currently available data, an indicative programmatic and financial gap analysis for each selected module and sub-module;
- 23.4.5.5 Elaborate key interventions within each module/sub-module. Prioritize each intervention applying criteria of:
 - a. Alignment with HSR framework and health sector/sub-sector Strategies and Plans
 - b. Linkage to the 3 diseases (TB, HIV, Malaria)
 - c. Linkage to Maternal Neonatal and Child Health (MNCH)
 - d. Targeting of currently underserved population groups;
- 23.4.5.6 Define agreed indicators to monitor and measure progress in targets for each key intervention;
- 23.4.5.7 Identify valid baseline values for each indicator or, elaborate a suitable methodology to develop a valid baseline value for each indicator. Set annual indicative targets using the Global Fund model formats;
- 23.4.5.8 Develop a work plan of activities for each key intervention. Prepare cost estimates of each supporting activity using the Global Fund model formats;
- 23.4.5.9 Prepare aggregate cost estimates using the Global Fund formats for each key intervention. This is based on the detailed cost estimates of each supporting activity included in the key intervention work plans;

- 23.4.5.10 Present in narrative the investment case for Global Fund support in the required format and page restrictions. Ensure consistent referencing throughout the Concept Note and attach as an annex to the CN each reference cited in the CN.

23.4.6 HSS-TF Procedures/Mechanisms

- 23.4.6.1 The permanent members of the HSS-TF are the nominated MOH officer representatives of selected MOH departments and Institutions, as per Ministerial Decree No# 1193/MoH on 22 May 2014. These are: Department Planning and International Cooperation (DPIC), Health Care Department (HCD), Training and Research Department (TRD), Food and Drugs Department (FDD), Bureau of Food and Drug Inspection (BFDI), Medical Products Supply Center (MPSC), Centre for HIV/AIDS and STI (CHAS), National Tuberculosis Centre (NTC), Centre for Malaria Parasitology and Entomology (CMPE), Foreign Relation Division (Cabinet), Department of Finance (DOF), Department of Human Resources for Health (DHRH), Statistics Division, Planning Division (DPIC) and representative from non-governmental organizations.
- 23.4.6.2 The HSS-TF may consider inviting other related organizations on ad. hoc. basis, to attend regular meetings as necessary. Consultative and consensus building workshops, ad hoc and other urgent HSS-TF meetings may be convened as considered necessary by the Chair or delegates.
- 23.4.6.3 The Deputy Director of the Department of Planning and International Cooperation (DPIC), Ministry of Health, shall serve as Chair of the HSS-TF and preside over the task force meetings and report to the Director, DPIC and the Cabinet, Ministry of Health, and to CCM when required
- 23.4.6.4 Division of International Cooperation (DIC), DPIC shall be Secretariat of the HSS-TF. The DIC shall send invitation, prepare meeting agenda and supporting documents, take note of the meetings and prepare meeting minutes and do all necessary logistical arrangements for the task force. Development partner representatives are invited to assist the Secretariat to document HSS-TF process and outputs in English language, as needed.

24. Ad hoc Committees/Commissions

- 24.1 The CCM shall set up ad hoc committees or commissions, as needed, e.g. proposal/concept paper development committee, gap analysis committee, COI and ethics commission, election commission, etc.
- 24.2 Each ad hoc committee or commission shall conduct tasks assigned to it by the CCM, and make recommendations to the CCM. The TORs of any committee must be clearly documented and approved by the entire CCM to ensure transparency and inclusive decision making.
- 24.3 The composition of each ad hoc committee or commission shall be determined by a CCM simple majority vote. Members of an ad hoc committee do not need to be CCM representatives, but the committee chair must be a CCM representative.
- 24.4 Each ad hoc committee or commission chair shall be chosen by the committee or commission in question. Each committee or commission shall operate preferably by consensus. Each committee or commission shall regularly report on its work to the CCM.

25. Conflict of Interest

- 25.1 The CCM of Lao PDR recognizes that the Global Fund is required to address COI, and that institutionalizing a COI policy and associated procedures is in the best interest of all stakeholders.

- 25.2 The CCM of Lao PDR is aware that, due to its composition, COI currently exists and will occur, hence it is necessary to mitigate and manage potential, perceived and actual conflicts of interest within the CCM
- 25.3 Each CCM member and alternate, CCM secretariat staff, committee members and the CCM as a whole will benefit from being aware of actual, potential, and perceived COI. In the event that there is a COI, the CCM following the core principles is guided by the Policy on Ethics and Conflict of Interest for Global Fund Institutions:
- 25.3.1 Where a Covered Individual's financial interests, or the interests of an Associated Person or Institution could affect the conduct of his or her duties and responsibilities with respect to the Fund or result in a reasonable perception that such a conflict exists;
- 25.3.2 Where a Covered Individual's actions compromise or undermine the trust that the public places in the Fund; and
- 25.3.3 Where the Covered Individual's actions create the perception that the Covered Individual is using his or her position at the Fund for personal benefit or for the direct financial benefit of an Associated Institution.

26. Validity of the TOR

- 26.1 The TOR for the CCM is made available in Lao and English languages.
- 26.2 The TOR is effective immediately after the CCM endorsement and is subject to review as required.

Vientiane Capital, date 4 November 2016



Assoc. Prof. Dr. Phouthone Muongpak
Chair of Country Coordinating Mechanism