

CCM Meeting Minutes

Country	Lao People's Democratic Republic	Date (dd.mm.yyyy)	10/7/2012	
Meeting type	Regular CCM meeting	Did meeting occur as planned?	Yes	
Meeting facilitated by?	Vice-Chair	Venue location	Lao Plaza Hotle	
Name of person who facilitated the meeting	First name	Bounsamak	Duration of the meeting (in hours)	4hours
	Family name	Xayaseng	Global Fund Secretariat attendance	FPM/PO
	Sector	GOV - Government	Local Fund Agent attendance	Yes
Total number of participants	(insert number)	25 members/28 participants		

AGENDA

Planned Agenda	Write the agenda item in the spaces provided below	Select a suitable category	If select 'Other' then specify
Agenda Item #1	Endorsement of last CCM meeting minutes-adoption of agenda	n. Other	previous CCM meetings
Agenda Item #2	Information & Update pending points	k. Communication and membership	
Agenda Item #3	FPM updates:OIG,TFM,HIVSSF	m. Grant Negotiations/Agreement & communication	
Agenda Item #4	Reprograming Malaria R7Y5	e. Oversight/Oversight Plan	
Agenda Item #5	Review of distribution list of HCD (HIVSSF)	e. Oversight/Oversight Plan	
Agenda Item #6	DASHBOARDS	e. Oversight/Oversight Plan	
Agenda Item #7	5. HIV External Review (OC) a) Request Task Force to: <ul style="list-style-type: none"> ▫ Make a prioritization of external recommendations. ▫ Propose a plan or strategy to implement these recommendations. ▫ Report regularly of the implementation ▫ Start to prepare a new proposal including these propositions 	h. Harmonization and Alignment	
Agenda Item #8	AOB		

Annexes attached to the meeting minutes. Select 'Yes' or 'No' from the drop-down menu

Attendance list	Yes
Voting procedures	Yes
Other Supporting documents	Yes , Annex plus PowerPoint presentations presented.

MINUTES OF EACH AGENDA ITEM

Agenda Item # 1		Endorsement of last CCM meeting minutes-adoption of agenda				
Conflict of interest. List below the names of those who must abstain from decisions.			Quorum attained. Select from 'Yes' or 'No'			
not applicable			Yes			
Summary of presentation and issues to be discussed						
CCM chair requested if changes or updates to the last meeting minutes minutes has been provided?						
Contributions from Constituencies/Sectors:						
Constituency/Sector	Type of contribution	Write content of contributions below				
OTH - Other (Please specify)	Clarifications	CCM sec/TA: explained that drfat iof minutes have been sent byn mail and only PSI has replied to add a paragraph regarding the further use of the income generated by selling condoms in HIVSSF which was discussed in last meeting. The commenst were included in the last draft as it was shared today .				
ML/BL - Multilateral and bilateral development partners in country	Recommendations	CCM chair : has verified the quorum and requested to CCM members I they agree with the minutes or if someone has another comment or recomdation. He informed alos about the modifications done to meeting agenda . Indeed one point requesting a detailed update to FPM and CHAS has been added in the agenda item today. CCM chair requested to member if they agree with the new proposal of the meeting agenda.				
Decision(s) (What? When? Who?)						
Endorsement of minutes and adoption of agenda with changes has been made						
Decision making						
Type of decision making	If 'Voting' indicate results	Voting method	Enter number 'for'	Enter number 'against'	Enter number of 'abstentions'	Conclusion: minutes, agenda are endorsed.
Consensus		Show of hands	all participants	none	none	

Agenda Item # 2		Information & update pending points (CCM sec)				
Conflict of interest. List below the names of those who must abstain from decisions.			Quorum attained. Select from 'Yes' or 'No'			
not applicable			Yes			
Summary of presentation and issues to be discussed						
The CCM sec/TA : has sumamrized several points as follows: I) Presentation of Visit of new FPM : introduced new team. II) CCM membership : (a) introduced and requested endorsment of new member the Great Duchy of Luxembourg represented in Laos by Mr Peter Heimann chief TA for Lux Development in Laos. (b) Inform of resign of UNDP from UNs constituency and request replacement by another UN agency. III) Participation of CCM into SWG and RTIM: informed about the CCM sec attending meetings of SWG (P). IV) d) Inform CCM members of upcoming oversight activities V)e) Inform about the TA plan 20102 and the new request for support PR/OC sent to French 5% Initiative (F5%) for evaluation Procurement & Supply Management. (sse ppt for details)						
Contributions from Constituencies/Sectors						
Constituency/Sector	Type of contribution	Write content of contributions below				
ML/BL - Multilateral and bilateral development partners in country	Clarifications	CCM vice chair International : congratulated CCM sec for the translation of documents as this will facilitate the understanding and participation of CCM members. He also reminded that the participation f the CCM I the SW Groups is a good point as its necessary that CCM has a voice in this forum. The question is how and who will be part of the SWG as this group will meet every two months then the CCM's representative. He requested to CCM sec to make a proposition in next meeting. He also explained that the same question is for the Round Table process, this need to be proposed by the CCM. He reminded the role of the CCM in the monitoring of the OIG implementation. He recommended to PR to conduct this monitoring and to send report to CCM. Clarified also that budget preparation for 2012-2014 is being preparing by CCM sec, this need to be discussed and validated by the CCM.				

GOV - Government	Recommendations	CCM vice chair national: concerning the participation of CCM in round table. As GF is some of the major donors in the country we don't understand why the GF ha never been included in this process. We are agree to be part and include in NSDP however the question is more in how? He proposed that CCM sec need to be the focal point to summarize and report to IDC of MPI . The MPI will need to include this ODA funding in NSDP. Concerning the SWG as the GF contribute in MDG 6, we propose to CCM sec to report in official letter to cooperation department in MPI and vice chair will ensure that this information will be included in the ODA report..
GOV - Government	Clarifications	Dr Bounfeng Phoymalasith Coordinator of SWG mechanisms inform: we have already included the GF in agendas of SWG (P & O) , he considers that the GF participation in SWG is important as sources of during need to be included in 5 years plan of Health Sector , also need to be included in national M&E framework. Health Sector needs to have a joint statement to have a representative in the Round Table meeting. Then who will represent CCM at RT meeting otherwise MPI will not include our information. The next RT meeting the health sector will be the main reporter specially for MDG , he request the CCM to make an statement but in coordination with MPI.
GOV - Government	Recommendations	OC chair: Agree with previous, he want to propose to CCM meeting that head of national programs need to participate but not the CCM. Coordination between CCM sec and SWC need to be increased. But who is the donor and who's the recipient. This need to be clarified but it's clear the CCM need to be part of SWG as well as in RT on the behalf of the donor, We need to identify who will participate as representative of CCM? MOH need to be part as beneficiary if the GF assign CCM the chair or vice chair can represent it. The LFA is representing GF in country could this agency represent the GF in RT? The CCM executive secretary requested clarification from FPM.
OTH - Other (Please specify)	Clarifications	FPM: CCM is the owner of the proposal and has a very crucial role in deciding how to conduct programs in the country, the LFA is contracted by the GF to verify the implementation and management of funds is conducted according to the grant agreement and management letters. LFA is not the voice of the GF and can't provide information either express opinions or GF's positions. The PR is selected by the CCM to administer and monitor the funds the country received from GF
ML/BL - Multilateral and bilateral development partners in country	Recommendations	UN's rep: Think its necessary to participate in SWG and RT however he considers that information that need to be provided by CCM is not only limited to health sector but also to education, information , transports etc. Then CCM should have representation at other SWG not only health
ML/BL - Multilateral and bilateral development partners in country	Recommendations	CCM acting chair : There is no clear conclusion or decision in who will represent the CCM at SWG/Round Table however as CCM is the GF's representative in country therefore we need to participate and joint statement need to be done by CCM board (Chair, vice chairs) but more discussion at OC/CCM level need to be conducted in next meetings.

Decision(s) (What? When? Who?)

1. Endorsement of new CCM member: The Grand Duchy of Luxembourg new member of donor's bilateral and multilateral constituency.
2. By consensus: the participation to SWG health can be done by CCM sec bu for Round Table this could be coordinated by MPI representative at CCM. However no clear decision was taken and need to be further discussed.

Decision making - on principal endorsement of the presented gap analysis of components and issues to be included in R11 proposal development, once launched.

Type of decision making	If 'Voting' indicate results	Voting method	Enter number 'for'	Enter number 'against'	Enter number of 'abstentions'	Conclusion: new CCM member endorsed.
Voting		Show of hands	all voting participants	None	None	

Agenda Item # 3

Feedbacks from FPM team

Conflict of interest. List below the names of those who must abstain from decisions.

Quorum attained. Select from 'Yes' or 'No'

not applicable

not applicable

Summary of presentation and issues to be discussed

Acting CCM chair, has introduced the current status of HIVSSF second commitment request informing that after submission of the original proposal in 30 April 2012 the Global Fund has made several recommendations. The main ones is the new budget ceiling of 13, 600 million instead of 15,600 million US\$. Recently the GF has requested to the CCM to make reductions or rationalizes some cost categories and budget lines. He requested to the new Fund Portfolio Manager as well as CHAS as leader of the HIV task Force to update in the work done in the last three days trying to address the GF recommendations.

Contributions from Constituencies/Sectors

Constituency/Sector	Type of contribution	Write content of contributions below
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<p>OTH - Other (Please specify)</p>	<p>Clarifications and recommendations</p>	<p>Mrs Annelise FPM, new FPM for Laos,</p> <p>1. First of all she Highlighted some general issues she considered the CCM must be informed:</p> <ul style="list-style-type: none"> •The CCM is the owner of the GF programs in Laos and has a crucial role in coordinating the preparation of proposals, providing oversight to implementation, ensuring the alignment with national priorities and strategies as well as harmonization with other donors aid. • The second point is to inform that GF has entered in a transformation process where the approach to provide resources, the eligibility criteria's, guidelines for renewals request are changing according to new challenges and other factors. This will influence the way in how countries request and access to GF funds. In the case of Laos one of the most important amongst new eligibility criteria is the requested 20% government counterpart. The main reason for this new criterion is because the GF want to be sure that GF funding is additional or complementary and is not replacing the allocation from government budget. She also remarked that if the national financial contribution is increased the country will have access to GF funds if not it will be more difficult. The recommendation here is that CCM need to have strategies to access other sources of funds for the three diseases therefore moving in other mechanisms as SWG or Round Table is necessary. • Current changes in Epidemiology trends are also important as from now 50% of requested resources to GF need to be allocated for the more in need groups. • The GF is a performance based funding approach: meaning that budget ceiling commitments are in function of the results and achievements of the previous period. The grants are rated according to the implementation which is reflected in the top ten indicators and these results affect the budget ceiling for next period. <p>2. Summarized the current status of the OIG final report highlighting:</p> <ol style="list-style-type: none"> a. The implementation report is to be part of the documents submitted by PR (with involvement of MOH, CCM in the review) in next PUDR. All implemented as well as pending recommendations up to June 2012 are to be included in priority in this report to GF. b. Review of Ineligible expenditures with PR <ol style="list-style-type: none"> i. Program Income generating: According to former FPM the reported expenditures at provincial level were used for program activities however the FPM has requested to PSI and PR to provide proof of this as well as complete information to properly resolve this point. ii. The expenditures for vehicle, computer and laptop were accepted by prior FPM then will not be requested to reimburse. iii. Travel and number of travellers ineligible expenditures weren't not authorized and will need to be returned to the GF (around 40000 US\$). <p>3. Provided feedback of HIVSSF Renewal Request (second commitment)</p> <p>The FPM has briefed the CCM in the discussions conducted with PR, SRs during the last week informing that they were looking at the PUDR, periodic review, and renewal request submitted by CCM last April 2012. One of the main issues to report is that the performance of grant rated B1 for the first period (up to Dec 2011) this result is limiting the budget ceiling of the second period to 13,6 instead of 15,6 as has been original requested. This purpose of this visit is mainly to work in the review of this request as the CT will need to present and justify this request in front of the TRP. The reduction of near two millions us\$ is necessary. Another critical point is the counterpart financing and how the country will reach this contribution in the coming years. The FPM will need a plan of how the country will reach this target (20%) and this is to be presented to the TRP if plan is not available it will be difficult to go to the panel and to have probably more cuts in funding.</p> <p>Critical issues of the grant:</p> <ul style="list-style-type: none"> ▫ Improving of Procurement & Supply Management (PSM), she has welcomed the requested TA to French 5% as a very good step as PSM is an overarching issue for the three diseases. Indeed strengthening HIVSSF PSM and improving forecasting and stock in hands at historical consumption data at provincial level this is for the three diseases. ▫ High increase in HR budget with several positions that aren't critical for program implementation, this GF will not support. ▫ Training: it has been a lot of trainings funded during the last 10 years; some were repeated several times however GF is not seeing concrete results of this training .GF ask the PR to look at the training for what goals.. ▫ TA: Certainly there's a very valuable staff at PR providing support services to implementation but not providing a real TA. Ask the program to move forward and establish the work we want to ach ▫ M&E: in HIVSSF, GF has found significant weakness in reporting checking of data specially in PSM <p>Other points highlighted by FPM:</p> <ul style="list-style-type: none"> ▫ Blood safety: after near 9 years of support the GF is recommending phase out and requesting the government to progressively take over the responsibility in next three years, this need to be reflected in the proposal. ▫ In HIVSSF program its necessary to increase implementation in reduction of stigma & discrimination, GF ask the program to verify and define what is to implement to reach this, which role and place for the people affected by the diseases in the ground.. this is to be discussed at CCM level <p>FPM has finished affirming that the role of CCM in Laos is crucial for renewal of funding notwithstanding she was impressed with the organization of the CCM/OC meetings, well structures, and information provided during meetings. Although this is good progress GF is recommending going beyond this as the role of the CCM is to move the agendas for three diseases at national level. Therefore CCM need to review strategies of GF programs for next two years and define how CCM members will influence the increasing in government response, improve their role and involvement in M&E when participating into site visits and in the overall oversight of the GF programs...</p>
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	Clarifications	CHAS representative: Summarized the work done by HIV Task Force during last days as well as the priorities as recently recommended by the external review and also following the NSAP 2011-2015 (see ppt). He highlighted the main priorities of the NSAP and the fact that strategy also needs to support in reaching the MDG6. Mentioned the indicators of HIV national program affirming that most of 90% of budgets focus in vulnerable groups as CSW and MSM, ARV treatments. This is not only with the support of the GF but overall national response. He affirmed that the CHAS and partners are ready to continuous with this approach. He talked about the progress obtained until now in MARPs adding that the new trends and challenges as IDUs and development projects influences in epidemiology, some priorities areas are : Quality of information and M&E related and which kind of reporting system at different levels. Sustainability of the implemented actions, Prevention amongst vulnerable groups as IDU's , MSM, CSW etc.. Need to review the policy, the ARV treatments need to be continued life times and we dint have another sources of funding than GF therefore CHAS has requested the support from government however this is taking time as follow a national harmonized budgeting process. He finished affirming the willingness of the HIV program in reaching all these goal and targets by 2015.
ML/BL - Multilateral and bilateral development partners in country	Clarifications	CCM chair: summarizing that the main request of the GF is in reducing the budget in 2 million us\$ therefore the CCM is requesting to CHAS and partners in HIV Task Force to reduce activities and budgets in order to fulfill this request .He requested the CCM members comments and reactions.
OTH - Other (PR)	Clarifications and Recommendations	Dr Chanmy from PR: After external review of the national program PR/SRs and CCM developed the proposal according to this review requesting 15 million. She informed about the different request from GF and the meaning of the colors .She recommended and requested to CCM to support the original request in order to maintain the incentives for the staff both public and private. Furthermore she appealed for the urgent need to approve the HR policy (salary scale) as if not the GF can't approve this salaries and incentives .
GOV - Government	Clarifications	Mr Bounsamack CCM vice chair: Informed that not only the GF has performance based conditions and the government responsibility to ensure the effectiveness of the AID. He requested to all SRs to look for the best options as CCM asa body doesn't know exactly how to do this.. He asked the respective ministries to include their activities and budget instead to use the GF funds as for example advocacy campaign.
OTH - Other (TA)	Demand for clarifications	CCM sec/TA: requested clarification from FPM and CHAS about deadlines to submit the reviewed proposal to OC and to Global Fund. Chair CCM: requested also to know if the new proposal need to be endorsed again by the CCM as the timeline is so short and it will not be possible to call for another meeting in next week..
OTH - Other (Global Fund)	Recommendations	FPM: deadline is Monday 16 July 2012 and advised that CCM delegates to the OC the validation of the reviewed proposal and submit to GF by next Monday. Adding that between the reception and the time to go to the panel the CT and PR will have more time to finish the details and after it will be also more negotiations with the country to finalize points. FPM added that in the previous meetings all SRs have been participating and she expects this will continuous in the coming days.
GOV - Government	Clarifications	CHAS deputy director: informed that SRs will work after the CCM meeting and it's expected that today at 5 pm all modifications will be integrated, they will submit after tomorrow to OC.
NGO - NGOs / Community-Based Organizations	Recommendations	Mr Rob PSI: Agrees with the delegation to the OC however he recommended that all concerned SRs have acces to information and look into the modifications in order to be sure that all views are respected.

Decision(s) (What? When? Who?)

CCM agrees to delegate to OC the review of modifications to original proposal as recommended by GF and to submit to FPM/GF according to deadlines..

Decision making

Type of decision making	If 'Voting' indicate results	Voting method	Enter number 'for'	Enter number 'against'	Enter number of 'abstentions'	Conclusion: OC will review the modifications to the HIVSSF renewal request and submit to GF
Consensus		Show of hands	all participants	none	none	

Agenda Item # 4

Reprogramming Malaria Round 7 Year 5

Conflict of interest. List below the names of those who must abstain from decisions.

Quorum attained. Select from 'Yes' or 'No'

MOH, Health Poverty Action

Yes

Summary of presentation and issues to be discussed

Dr. Bouasy , director of CMPE and leader of the Malaria Task Force (Technical Committee) has introduced himself and informed about the rationale of the reprogramming as follows:

1. Increase the procurement quantities of bed nets to extend the coverage from 47% to 100%
2. Increase number of malaria drugs to respond to the current malaria situation (ACT and Artesunate injectable).
3. Improve Malaria Information System (MIS) from targeted village to provinces and central level and Logistic management trainings for district and health centers.
4. To carry forward the activities in Y4 which were not able to be implemented to Y5
5. Align budgets with the approved revised GF rate (2USD/day to 3.71/day)
6. Extending the contract of Epidemiology TA to strengthen and improve MIS for CMPE and procure additional TA to write a report on 10 year achievements for the program

He has provided the table showing the total amount of to be reprogramed 406,424 as well as proportions of reprogramed budget by cost categories. In total 37 activities are being reprogramed. According to the presentation only one amongst all reprogramed lines has direct influence in the performance indicators and 3 lines have been cancelled without influencing the performance framework.

At the end of the presentation Dr Bouasy has informed about the increase in malaria cases in the last year compared to 2010 and 2011 , this increase is mainly due to the malaria outbreak observed in Attapeu province since late 2011. Other provinces as Sekong and Khamouane have also reported increase number of cases. Dr Bouasy explained that near 50% of the reported cases are migrant workers from neighboring countries or provinces. These workers are employed by private companies implementing development projects.

Contributions from Constituencies/Sectors -

ML/BL - Multilateral and bilateral development partners in country	Clarifications	WHO , malaria officer: Has highlighted the new epidemiological context which could explain the increasing trend . In fact the delivery of information regarding prevention and specific measures amongst these migrants' workers is a challenging activity as these workers are mobile and difficult to reach. He informed that the reprogramming is looking to cope with some of these challenges but more funds will be necessary to curb the increasing trend.
PLWD - People living with and/or affected by the three diseases	Clarifications & recommendations	MAAP director : Attapeu Association, representing the people affected by Malaria at CCM has confirmed the increase in the number of cases requesting more support for hospitals and health centers as in some areas bed-nets, beds and medicines aren't enough to cope with..
NGO - NGOs / Community-Based Organizations	Clarifications	Health Poverty Action: from INGO constituency informed that they have received funds from ECHO and provided support to health facilities and also invited the private companies to attend workshop in prevention and reference of cases but so far only 3 companies have attended. As the workers doesn't have access to relevant information cases are coming late to health facilities and often in serious status (coma) which is increasing the lethality rate.
NGO - NGOs / Community-Based Organizations	Clarifications & recommendations	PSI: From INGOs Informed that they tried to approach private companies looking for support in funding prevention campaigns but the results are mitigated. He recommended that the CCM as coordination and official body define and implement a strategy to approach and request the support of private sector.
OTH - Other (Please specify)	Recommendations	CCM sec/ adviser: Informed that the GF grants for Malaria are arriving to end and the TFM is not yet approved this and the new epidemiological context are creating a worrisome situation for the malaria control in the country . He also agrees that CCM looks for other funding sources as the private sector and remind that private sector is also a member of the CCM
ML/BL - Multilateral and bilateral development partners in country	Recommendations	CCM vice-chair: From Donors constituency has agreed to request the support from private sector at CCM in order to facilitate the access to the private companies for CMPE and INGOs working in the malaria control. He has proposed to all CCM to endorse the reprogramming as this will ensure some funds to procure prevention and treatment items to be employed in those areas. He informed of the application of the conflict of interest policy and requested to Health Poverty Action as well as MOH (SRs under Malaria7) to abstain to vote.

Decision(s) (What? When? Who?)

After vote by secret ballot the Reprograming of Malaria Round 7 Year 5 was endorsed . It was also agree that waiting for the final minutes CCM can submit this reprogramming providing an email from CCM executive secretary adding a summary of the decision.

Decision making

Type of decision making	If 'Voting' indicate results	Voting method	Enter number 'for'	Enter number 'against'	Enter number of 'abstentions'	Conclusion: Reprograming Malarai 7 Y5 is endorsed.
Voting		Secret ballot	22	none	2	

Agenda Item # 5

Revision of plan for Distribution of Goods by Health Care Department/HIVSSF

Conflict of interest. List below the names of those who must abstain from decisions.

Quorum attained. Select from 'Yes' or 'No'

MOH

Yes

Summary of presentation and issues to be discussed

Dr Chandavon from MOH's Health Care Department: explained the background of the reduction done by the external review team as was requested to all SRs to reduce the budget as budget constraints then HCD reduce in 12 the number of districts to be supported by GF. We would like to reconsider that as the GF has not yet give official feedback to this reduction. However the support to all 47 districts is still necessary then if we need to cut 12 targets we would like to propose a revision of the distribution of goods. She presented the new distribution list and informed that some are already procured and this change will not affect the performance indicator requesting support from CCM members (see ppt for details)

Contributions from Constituencies/Sectors -

GOV - Government	Recommendations	CCM vice chair: supported the request explaining that transportation in remotes areas is difficult and some of districts has only bicycles and often they can reach the most isolated villages, then to have motorbikes will facilitate their work. Recommended to include to provide small ambulances in futures proposals thus to improve the referral system.
OTH - Other (Please specify)	Clarifications	FPM : the whole process and decisions are taken at national level , clarified that external review said that this is only a possibility if not enough resources exists, however the GF will follow the decisions of CCM whether support to all structures (47) is critical or not. The justification to cut targets just because there are not enough funds is not sufficient for the GF.

Decision(s) (What? When? Who?)

The distribution list as presented by HCD was endorsed by CCM

Decision making

Type of decision making	If 'Voting' indicate results	Voting method	Enter number 'for'	Enter number 'against'	Enter number of 'abstentions'
Voting		Show of hands	all participants	none	one

Agenda Item # 6

DASHBOARD DEVELOPMENT

Conflict of interest. List below the names of those who must abstain from decisions.

Quorum attained. Select from 'Yes' or 'No'

not applicable

Yes

Summary of presentation and issues to be discussed

Mr Pascal UN's rep: has presented the process implemented during the last three months up to date in the development of the DASHBOARDS as recommended by the OIG and by CCM board. The first step was the organization fo the Task Force with representatives of the PR, OC and CCM secretariat. The TF was guided by the technical assistance of GMS. He explained the purpose of the TF as well as the main activities this team has guided as for example in the customization to Lao context of the generic tool. He informed that the TF started functioning in March 2012, from the setup phase until the six-month monitoring phase (July to December 2012). He summarized the recommendations that this TF has been provided to the technical team as well as the next steps the TF will conduct during the monitoring phase..

Contributions from Constituencies/Sectors : none

Agenda Item # 7

HIVSSF External Review

Conflict of interest. List below the names of those who must abstain from decisions.

Quorum attained. Select from 'Yes' or 'No'

not applicable

Yes

Summary of presentation and issues to be discussed

This agenda item was not presented due to time constrain

Agenda Item # 8		AOB
Conflict of interest. List below the names of those who must abstain from decisions.		Quorum attained. Select from 'Yes' or 'No'
not applicable		Yes
Summary of presentation and issues to be discussed		
<p>1- It was informed that the Close out plan of malaria 6 was already discussed by OC and was sent by email to all CCM therefore as any objection was received after 72 hours , CCM consider endorsed (as per TORs), The PR need to send the official document of endorsement (copy of mail) then it can be submitted to GF.</p> <p>2- The CCM vice chair informed that the CCM involvement need to be improved and TOR need to be revised. The board will establish an "standing committee" to start the review of TORs. The standing committee is temporary and will be composed by chair, vice chairs and executive secretary . This standing committee will supervise the review of the TORs at all levels (CCM,OC. secretariat etc..)</p>		
Contributions from Constituencies/Sectors :		
PS - Private Sector/Professional Associations/Media/Trusts	Recommendations	Academic representative: Agreed with the statement done concerning the improvement of the CCM involvement and with the review the TORs , however this need to be recognized as official document in oversight of the grants .
NGO - NGOs / Community-Based Organizations	Recommendations	Mr Rob from PSI (INGOs): support the proposal to review however he recommended that this review need to be conducted and have representation of all CCM sectors and not only a partial membership in the standing committee , a broad representation will increase efficiency and transperance
ML/BL - Multilateral and bilateral development partners in country	Clarifications	CCM Vice chair: this standing committee is not permanent however if another constituency would like to join the committee this is welcome.

SUMMARY OF DECISIONS

Summary of all the decisions and action points	Write the Decision/Action point details in the spaces provided below
Decision/Action point #1	Endorsement of minutes and adoption of agenda with changes
Decision/Action point #2	Endorsement of new CCM member: The Grand Duchy of Luxembourg new member of donor's bilateral and multilateral constituency.
Decision/Action point #3	By consensus the participation to SWG health can be done by CCM sec and Round Table will be coordinated by MPI representative.
Decision/Action point #4	CCM agrees to delegate to OC the review of the modifications to HIVSSF original proposal as recommended by GF and to submit to FPM/GF according to deadlines..
Decision/Action point #5	The Reprograming of Malaria Round 7 Year 5 is endorsed . The CCM can submit this reprograming by an email from CCM executive secretary adding a summary of the CCM's decision.
Decision/Action point #6	The distribution list as presented by HCD was endorsed by CCM
Decision/Action point #7	For the Close out plan of malaria 6 the PR need to send the official document of endorsement to FPM (copy of mail) then it can be approved by GF.
Decision/Action point #8	The board will establish an "standing committee" to start the review of TORs. The standing committee is temporary and will be composed by chair, vice chairs and executive secretary . This standing committee will supervise the review of the TORs at all levels (CCM,OC. secretariat etc..) however if any constituency/member want to join this is welcome.

Chair



Bounsamak Xayaseng
CCM Vice-Chair
Director General, Ministry for Planning and Investment

Note taker



CCM Secretariate