

## CCM Meeting Minutes

Country	Lao People's Democratic Republic	Date (dd.mm.yyyy)	31st May 2013
Meeting type	Regular CCM meeting	Did meeting occur as planned?	Yes
Meeting facilitated by?	Vice-Chair	Venue location	Don Chan Palace Hotel
Name of person who facilitated the meeting	First name	Duration of the meeting (in hours)	4 Hours
	Family name	Global Fund Secretariat attendance	FPM/PO
	Sector	Local Fund Agent attendance	Yes
Total number of participants (insert number)			

## AGENDA

Planned Agenda	Write the agenda item in the spaces provided below	Select a suitable category	If select 'Other' then specify
Agenda Item #1	Qorum verification & Minutes endorsement	k. Communication	
Agenda Item #2	CCM Reform Updates presented by Dr.Soulany, Teamleader of RTF	l. Constituency engagement	
Agenda Item #3	Summary of Dashboard findings	g. PR Assessment	
Agenda Item #4	Debriefing on Fund Portfolio Manager (FPM) visit to Laos, OIG updates & priorities. Report on New Funding Mechanism & Regional Initiative for Malaria.	k. Communication	
Agenda Item #5	R updates: - Progress update for the period of Jul-Dec 2012 with disbursement, notification/grant rating update - CEs and SCS for TB SSF and HIV SSF. - TFM grant signing	m. Grant Negotiations/Agreement	
Agenda Item #6	AOB: - The regional malaria proposal Development	b. Proposal development	
Agenda Item #7			
Agenda Item #8			

Annexes attached to the meeting minutes. Select 'Yes' or 'No' from the drop-down menu	
Attendance list	Yes
Voting procedures	Yes
Other Supporting documents	No

## MINUTES OF EACH AGENDA ITEM

Agenda Item # 1	Quorum verification and Meeting's Minutes endorsement by CCM's vicechair	Quorum attained. Select from 'Yes' or 'No'
Conflict of interest. List below the names of those who must abstain from decisions.		
na		Yes
Summary of presentation and issues to be discussed		
Mr Tomas proposed the meeting to adopt the minutes of the last CCM meeting, held on 12th March 2013. The meeting agreed and endorsed the minutes of Last CCM meeting held on 12 March 2013 with 16 votes.		
Contributions from Constituencies/Sectors:none		
Type of contribution	Write content of contributions below	

Agenda Item # 2	CCM Reform Updates	Quorum attained. Select from 'Yes' or 'No'
Conflict of interest. List below the names of those who must abstain from decisions.		
		Yes
Summary of presentation and issues to be discussed		
Dr Souliany, RTF team leader, updated CCM reform as follows: CCM Reform Overview Membership : reduce number of voting seats to 20 (each voting seat has 2 pers= 1 rep+1 alternate), CCMs will be organized in 3 main sectors : Governmental holding 30% of seats, Bilateral/Multilateral holding 20% and Non Governmental holding 50% of total of voting seats. Structure & Functions: Executive Committee become a permanent body with 2 more members from other constituencies, a new permanent committee for Advocacy & Fund Raising is also proposed and Task Forces becomes also permanent Technical Working Groups but not only CCM members , ExCom proposes to add 1 Technical Working Group for Procurement & Supply. In the past a HSS task force was organized if necessary this has not been included in new structure. TORs: for Civil Society are completed, but for other sectors/subsectors these are on development, will be finished in July 2013. Election -Selection Process: expected to end in August 2013 Conclusion & next step: Dr Souliany requested to CCM to endorse the proposed CCM's membership and structures		
Contributions from Constituencies/Sectors:none		
Type of contribution	Write content of contributions below	

ML/BL - Multilateral and bilateral development partners in country	Demand for clarifications	<ul style="list-style-type: none"> <li>• Dr. Liu Yunguo, WHO representative, asked for the clarifications about: 1) Percentages and number of seats for each of three main sectors. 2) As the TOR will be finalized in June or July and at the same time the selection or election will also proceed and wonder how to deal with this. 3). In the TOR should consider on how to link these Taskforces to the whole sector-wide working group. It should also link to the health sector Reform process</li> </ul>
OTH - Other (RTF team leader responded)	Clarifications	<ol style="list-style-type: none"> <li>1) In the Global CCM's structure and membership composition, our team has proposed to divide into three main sectors, e.g. Government sector (6seats: 30%), Multilateral/Bilateral sector (4 seats: 20% and ) and Non Government sector (50%: 10 seats). In the past, GMS has assisted in drafting the generic TOR providing guidelines but these aren't finished yet. We would try the best to get the TORs for all sectors completed before we start to proceed the election. But for the Civil Society Organization, where the TOR has been completely drafted in both Lao and English with French 5% assistance, the RTF propose to start the selection and election process.</li> <li>2). For the recommendations on the linking our Task Forces TORs with other working group, we will discuss at RTF level on how to make these TORs in line with other national coordination mechanisms as SWG for health.</li> </ol>
ML/BL - Multilateral and bilateral development partners in country	Recommendations and request for clarifications	<ul style="list-style-type: none"> <li>• Mr. Benoit BONNAIME, Attaché de coopération, French Embassy: <ul style="list-style-type: none"> <li>- He said we could see many improvements and in principle agreed with the proposed structure and membership composition of CCM. Nevertheless as structural changes and new balances are proposed. The French Embassy and EU (French Embassy representing EU in this meeting) recognizes that it's probably too early or premature requesting not to vote until have the specific TOR's of all these new structures. For example the new Committee: Advocacy and Fund-Raising, it's not clear what the objective of this committee will be and Fund-Raising should not only focus on the external resources and consider also the local resources, e.g. from the Government</li> </ul> </li> </ul>
OTH - Other (RTF team leader responded)	Clarifications	<ul style="list-style-type: none"> <li>• Dr. Souliany responded: <ul style="list-style-type: none"> <li>- Agreed with the recommendation of the WHO representative on the need to link the CCM taskforces to the other working group of health sector.</li> <li>- For the TORs of each sector we actually have the Generic TORs, which have been drafted by the GMS. If the structure and membership composition get endorsed we will continue to improve it.</li> <li>- She requested Mr. Pascal to assist in giving clarifications about the objectives of the new committee, Advocacy and Fundraising.</li> </ul> </li> </ul>
OTH - Other (RTF team leader responded)	Clarifications	<ul style="list-style-type: none"> <li>• Mr. Pascal: TOR is an ongoing process. At this stage, generic TOR has been drafted. Today, we should endorse the process and recognize the progress and make recommendation for the next step to continue our process. But we may not vote today and we should postpone to the next meeting until we have TORs.</li> </ul>
GOV - Government	Demand for clarifications & recommendations	<ul style="list-style-type: none"> <li>• Dr. Bounlay Phommaasak MOH: <ul style="list-style-type: none"> <li>- There's some discrepancy and unbalances in the percentage membership in the new CCM, we should follow the global fund guideline.</li> <li>- For the new committee Advocacy and Fundraising in the new CCM structure, in his point of view actually this function should be under Ministry of Information, Culture and Tourism. There's need to consider whether CCM should keep this committee or not in the CCM new structure.</li> </ul> </li> </ul>
OTH - Other (RTF team leader responded)	Clarifications	<ul style="list-style-type: none"> <li>• Dr. Souliany responded that 30% of seat allocated for the Government should be enough. As the MOH is the current PR, if we allocate too many seats to the Government sector it might provoke conflict of interest.</li> <li>- Concerning the 50% of seats allocated to Non Government Sector- Indeed the Global Fund Guidelines request to have at least 40% , however the purpose is to include as many as possible from the different organizations composing the sector , this will reinforce the eligibility of CCM.</li> </ul>
ML/BL - Multilateral and bilateral development partners in country	Recommendations	<ul style="list-style-type: none"> <li>• Mr. Peter from Luxembourg Development Agency: <ul style="list-style-type: none"> <li>- Agreed with the representative of French Embassy and request to postpone the vote to endorse the proposed CCM Membership and structure. He also has proposed to CCM to review and set a more adequate timeframe for CCM membership selection process.</li> </ul> </li> </ul>
ML/BL - Multilateral and bilateral development partners in country	Demand for clarifications	<ul style="list-style-type: none"> <li>• Mr. Masato: <ul style="list-style-type: none"> <li>- Agreed with the reduction of CCM membership.</li> <li>- There's the need to further discuss about the number of seats of 50% allocated for Civil Society Organization (note: non government sector).</li> <li>- Not sure with the supposition that if we recruit more local members this will stimulate the discussion in CCM, the risk is if the new members don't have enough capacity.</li> <li>- Agreed with the comments of other members with regard to linking RTF Taskforces to other health sector.</li> </ul> </li> </ul>
OTH - Other (CCM Vice Chair)	Recommendations	<ul style="list-style-type: none"> <li>• Mr. Thomas suggested the meeting to vote on whether the new CCM structure and membership should be endorsed in this meeting or be postponed to the next CCM meeting.</li> </ul>
<b>Decision(s) (What? When? Who?)</b> The meeting agreed to postpone the endorsement of the new CCM structure and membership composition to the next CCM meeting.		

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	14	2	

**Agenda Item # 2** Dash Board Presentation on executive Summary of Malaria, HIV & TB by Dr. Rattanaxay PR

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

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

na Yes

**Summary of presentation and issues to be discussed**

- He highlighted that HIV/Aids patients were advised to get tested and treated at various treatment centers.
- TB was also well implemented, exceeding the benchmarks of Global Fund.
- Stock Management was well performed at the provincial and central levels.
- Reporting system: At present, no figures is provided on what medicines were used, what kind of the test was done, how much medicine remained in the stock and how much of them were expired.
- Malaria Center used to have prominent achievement in the past 10 years. But due to the recent rapid development in society, epidemic of Malaria has been largely increased and the current budget was unable to cover the response of the current epidemics.
- The Malaria center proposed the use of Artemisinin assistance, as Vietnam, Cambodia and Thailand have already used. Lao is situated in the middle, thus, there's been migration of Labors from neighboring countries.

Contributions from Constituencies/Sectors : none

	Type of contribution	Write content of contributions below			
ML/BL - Multilateral and bilateral development partners in country	Recommendations	<ul style="list-style-type: none"> <li>• Mr. Thomas:               <ul style="list-style-type: none"> <li>- Proposed that CCM solve the problems on procurement that has existed in the HIV/and Malaria and TB. The second problem is the reporting system which is regularly delayed or incomplete. PR needs to collect the information on time from all levels, e.g. Village, District, Province and Central level (Ministry).</li> <li>- Other issue is the fact that funds for Malaria can only cover normal seasonal increase of Malaria, but according to the report the epidemics outbreak of Malaria in the 6 southern provinces of Laos have increased to 6 times.</li> <li>- He informed that US Government had discussed with GMPF and US Government will contribute the fund for emergency from July 2013 - February 2014.</li> </ul> </li> </ul>			
GOV - Government	Demand for clarifications	<ul style="list-style-type: none"> <li>• Dr. Rattanaxai asked for advices from CCM and GF whether the fund left over of around seven hundred thousand US\$ collected from the people living with Malaria in the past implementation of the grant can be used or not to respond to the emergency of current outbreaks?.</li> </ul>			
OTH - Other (GF, Ms. Annelise)	Clarifications	<ul style="list-style-type: none"> <li>• Ms. Annelise, GF/FPW: responded that it can be used if those funds remain in the country, but need to formulate a request for a reprogramming more strategically.</li> </ul>			
GOV - Government	Demand for clarifications	<ul style="list-style-type: none"> <li>• Dr. Channy asked for clarifications whether the fund left over from the grant that was completed in 2010 can be used or not?</li> </ul>			
OTH - Other (GF, Ms. Annelise)	Clarifications	<ul style="list-style-type: none"> <li>• Ms. Annelise Hirschman               <ul style="list-style-type: none"> <li>- The round for the grant has been actually ended. The money left in the grant cannot be used right now until information updates requested is provided by PR and SR.</li> </ul> </li> </ul>			
Decision(s) (What? When? Who?)					
none					
Decision making					
Type of decision making	If Voting indicate results	Voting method	Enter number 'for'	Enter number 'against'	Enter number of 'abstentions'
na		na	na	na	na

Agenda Item # 3	Debriefing from GF by Ms. Annelise Hirschman	Quorum attained. Select from 'Yes' or 'No'
Conflict of interest. List below the names of those who must abstain from decisions.		Yes
na		
<p>Summary of presentation and issues to be discussed</p> <ul style="list-style-type: none"> <li>• Ms. Annelise told the meeting that the basic objective for coming to Laos was to provide an update on how the programmes are going on with the management process and what need to be shared with Dashboard to discuss on what kind of support we can get from working with partner in the country to support and improve the process.</li> <li>- Specially, she had met with TB programme and had a site visit to one of the main hospital, which was very interesting to see what had been done on the ground from both TB and HIV.</li> <li>- She advised TB programme had to work closely with documentations based on our recommendations and discussion so as to be able to re-summit to GF by June 2013. Hopefully, the negotiation could be started so that the grant signing could be done by the end of June.</li> <li>- FPM has also discussed with PR and SR on a lot of critical issues related to the implementation and delays in submitting the report.</li> </ul>		
Contributions from Constituencies/Sectors		
Constituency/Sector	Type of contribution	Write content of contributions below
PLWD - People living with and/or affected by the three diseases	Demand for clarifications	<ul style="list-style-type: none"> <li>• Mr. Kinoy Phongdeth: <ul style="list-style-type: none"> <li>- Questioned when the problem on the delayed disbursement of the funds will be solved.</li> <li>- For example: the 6 month activities of second half of the year was unable to meet the indicator due to the delay caused in the first 6 months of the year.</li> </ul> </li> <li>• Dr. Channy: <ul style="list-style-type: none"> <li>- We had discussed with the implementers from the CHAS, TB and Malaria that the fund left over can be used after being approved by the Global Fund. The problems is that some SRs have performed well and on time submission of their report, but some could not do well affecting the whole grant</li> <li>- Requested CCM to assist in solving these problems. More details on the problems and recommendations could be seen in the Dashboard.</li> </ul> </li> </ul>
GOV - Government	Recommendations	<ul style="list-style-type: none"> <li>• Mr. Thomas: <ul style="list-style-type: none"> <li>- OC should be aware of this problem and should work with PR to find the solution.</li> <li>- Next CCM meeting should focus on what problems can be solved by CCM and what problem CCM need to request advice and solution from the GF.</li> </ul> </li> </ul>
ML/BL - Multilateral and bilateral development partners in country	Recommendations	<ul style="list-style-type: none"> <li>• Mr. Thomas raised two questions: <ul style="list-style-type: none"> <li>- If we have annual disbursement decision do we have PUDR process to follow or are we able to disburse for the next round?</li> <li>- For the new funding model how long does GF decide the amount that will be available for the next three years?</li> </ul> </li> </ul>
ML/BL - Multilateral and bilateral development partners in country	Demand for clarifications	<ul style="list-style-type: none"> <li>• Ms. Annelise responded: <ul style="list-style-type: none"> <li>- At current period, PR has to submit the cash balance as well as programmatic achievement to date, but based on initial information GF may decide on the cash transfer, but PUDR is still needed.</li> <li>- There's big change for Laos. Indeed the country will receive the money for three years, but CCM together with all relevant sectors have to define and allocate the fund for each sector and decide when to apply.</li> </ul> </li> </ul>
OTH - Other (GF: FPM)	Clarifications	<ul style="list-style-type: none"> <li>• Dr. Bounpheng Phlavong: <ul style="list-style-type: none"> <li>- Based on the issues related to the delays occurred in disbursement, this is a chronic situation as delays have been occurring during the past 10 years since we start receiving funds from GF.</li> <li>- He said he and his team worked hard even during the Lao New Year celebration in order to meet the deadline as requested by the PR &amp; GF.</li> <li>- He urged to all SRs to work harder and finish the proposal on time so that PR could submit to GF on time too.</li> <li>- He proposed that, to solve these problems, we should revise and create internal mechanism to have more strict screening of the documents to be submitted to GF.</li> </ul> </li> </ul>
GOV - Government	Clarifications	
Decision(s) (What? When? Who?)		
none		
Decision making		
Type of decision making	Voting method	Enter number 'for'      Enter number 'against'      Enter number of abstentions

Proposition/Consensus	If Voting indicate results			
Agenda Item # 4	<b>PR Updates, Report on the implementation of three projects, HIV/AIDS, TB and Malaria by PR, Dr. Chanmy</b>			
Conflict of interest. List below the names of those who must abstain from decisions:				
na				
Summary of presentation and issues to be discussed				
<ul style="list-style-type: none"> <li>- She reported that the implementation of the three projects was summarized from July to December 2012. PR had received feedbacks from GF only on AIDS and TB.</li> <li>- PR had contracted with GF that PR has to submit the report to GF in every 6 months and the deadline was 45 days.</li> <li>- For the period of implementation from July to December, PR was able to submit the reports to GF as follows: <ul style="list-style-type: none"> <li>▫ HIV/AIDS Programmes: report submitted in 48 days (3 days delayed).</li> <li>▫ TB Programmes: 66 days</li> <li>▫ Malaria: 77 days.</li> </ul> </li> <li>- For the period of July-December 2012 GF sent feedback to PR and also made some disbursements to PR as follows: <ul style="list-style-type: none"> <li>▫ HIV/AIDS received annual disbursement for 2013 with a buffer Q1 until 2014.</li> <li>▫ TB Programme also received annual disbursement for 2013, but buffer Q1 for 2014 had not received yet because grant phase 1 will be completed at the end of 2013.</li> <li>▫ Malaria Programme will also be completed in June and will continue to GF. Therefore, no feedback received from GF.</li> </ul> </li> <li>- GF has already made disbursements of fund to AIDS program Q1 for 2014, which is the 5th disbursement, covering the implementation from December 2013 - March 2014 with the amount of more than 7 Million Dollars</li> </ul>				
Contributions from Constituencies/Sectors - none				
Decision(s) (What? When? Who?)				
none				
Decision making				
Type of decision making	If Voting indicate results	Voting method	Enter number 'for'	Enter number 'against'
na	na	na		Enter number of 'abstentions'
Agenda Item # 5				
AOB: Presentation on Regional Malaria Proposal Development by Dr. Deyer, WHO expert to CAPE				
Conflict of interest. List below the names of those who must abstain from decisions.				
Quorum attained. Select from 'Yes' or 'No'				
none				
Yes				
Summary of presentation and issues to be discussed				

to gap analysis \$500 million needed for the country in GMS to address the issue on Artemisinin resistance, but GF has only 100 million USD.  
 e indicative ceiling of 3-5 Million USD. Top Ceiling is 5 Million USD.  
 / look at Artemisinin resistance contamination and try to limit the spread of it if artemisinin is found.  
 fill only 1 in 4-5 US\$ of the gap, and should not be seen as entitlements.  
 distribution of funds will be changed on the basis of performance and new evidence of artemisinin outbreaks and interventions.

**im Constituencies/Sectors :**

ral and ment partners	Clarifications	<ul style="list-style-type: none"> <li>• Mr. Thomas, concerning the Regional Artemisinin Initiative</li> <li>- The important thing we will receive money from 3-5 Million USD for the period of three years.</li> <li>- As explained by Ms. Annelise about the fund management, we will have PR and CCM at regional level. For more details this is to be clarified by GF (Ms. Annelise)</li> </ul>			
PPM)	Clarifications	<ul style="list-style-type: none"> <li>• Ms. Annelise:</li> <li>- There's development of regional organization or regional advisory board or regional CCM. In this case, nature of grants was recommended as regional advisory board or regional CCM. In principle, the way that works is that all regional grants have to go through the process of the review by local CCM and approve how the fund will come to the country.</li> <li>- The idea is that once regional advisory board defines the process, local CCM will have the linkages with what's happening with approval of certain process of the money will come.</li> <li>- One critical thing is that local CCM has to do is to follow what are the linkages between grants national and regional as well as in the funds coming to Malaria and to other SRS to avoid duplications overlaps and other miss allocations..</li> </ul>			
ral and ment partners	Recommendations	Vice chair: Regional Malaria Initiative, we have the documents or outlines that require review from OC within one week thereafter send to GF with approval of CCM Chair			
making	If Voting indicate results	Voting method	Enter number 'for'	Enter number 'against'	Enter number of 'abstentions'
3		Show of hands	14	4	13

**AOB: HIV Regional Grant APN+, by Dr Souliany Lao Red Cross**

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

Quorum attained. Select from 'Yes' or 'No'	Yes
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entation and issues to be discussed  
 MD project has received the fund from Regional Malaria Program that has been implemented in 7 countries. First phase of the project will be phased out in September 2013. To continue in the phase two, the project has received that require CCM to review and consider.

**im Constituencies/Sectors :**

ral and ment partners	Recommendations	Vice chair: we don't have enough time in this meeting therefore the OC need to work on this issue and submit to CCM chair for signature before to send to GF
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Summary of all the decisions and action points

Decision/Action point #1	The CCM plenary decided to postpone the endorsement of the new CCM Membership Composition and Structure until have TORs of main bodies and sectors. This will be endorsed in special/extraordinary meeting expected to be organized shortly. CCM Sec will be requested to coordinate and prepare for this meeting.
Decision/Action point #2	Dashboard has highlighted achievements but also several compelling situations or challenges, especially those related to the delays in reporting and procurements. It's requested to OC and PR to discuss and seek the solutions before next CCM meeting.
Decision/Action point #3	As informed by the Global Fund, we will have an Annual Disbursement Plan. So, there's no need to wait for the report from all sectors. It's recommended that SRs have to submit the reports to PR on time.
Decision/Action point #4	Debriefing from Ms. Annelise explained the new funding model. CCM should allocate the funds to three diseases control programs following the national health needs and priorities as well as to PR or SR according to their capacities and performances. The country need to start to prepare the the gap analysis of each disease control program, which is needed prior to the submission of request and receipt of fund.
Decision/Action point #5	RAI outlines: The OC need to review the proposal, make recommendations and send to CCM chair for signature before to submit to GF.
Decision/Action point #6	APN+ second phase: Because lack of time, the CCM request to OC to review and endorse the report and request for phase two and send to CCM's chair for signature before to submit to GF.

CCM Chair



Reporter

