

Minutes of the OC
11th April 2012, 1st floor of CCM Sec meeting room

Meeting: 13:30-16:30 am

Chair Person: Dr. Philaysak,

Present: Dr. Soulany, Mr Tomas D'Agnes, Mr. Pascal, Dr. Dominique

Excused: Mr. Shumon,

PR and SRs: Dr Bounlay, Dr Chanmy, Mr Fabrice, Mrs Nancy, Dr Bounpheng Philavong (CHAS Director), Dr Nou

Other: Mrs Fujiwara (JICA), Mr William Wells (consultant)

CCM Sec: Dr Nao, Ms Vansaly, Ms Sony, Dr Marlon CCM advisor.

Agenda:

1. Endorsement of previous Minutes
2. HIV SSF External Review update
3. Second Commitment proposal development
 - Update inclusion of recommendation
 - Main SDA+ Budget
 - 20% Government contribution
 - Rating of Grant
 - PR Nomination
 - Equity Assessment
4. OIG follows up final response
5. AOB
 - GMS update
 - CCM Agenda

Chair welcomed the participants informing about the main points of agenda was reviewed and adopted

Summary of the OC meeting 11 th April 2012			
No	ISSUES	Actions	Actions to be taken
1. The previous OC minute were previously sent by email and endorsed during the meeting			
2.	HIV SSF External Review update	Dr, Bounpheng, CHAS Director, has started informing about the presentation of the main findings of the external review in the meeting conducted in 9 th April at Vientiane Plaza. He informed that it has a good and extensive review with participation of 10/11 foreign experts and in coordination with SR's, PRs and partners. Informed about the main components included in the review (program management, prevention, care and treatment& support, M&E, coordination, HSS, IDU etc.). The review has showed important progress and good results in implementation of NSAP 2011-2015. However some gaps remains and improvements are necessary in particularly the balance between coverage and quality of interventions. He also has commented the overall recommendation of the external	<ul style="list-style-type: none"> • WHO ex-officio is to share the main findings and final report with OC.

		<p>review team in order to reduce the coverage of some activities at least in 30% in order to cover underfunded areas. This is because the situation of GF (less resources) and the status of Lao PDR becoming a Lower middle income country adding that even if this is a good new for Laos this means that allocation of external funds for Lao PDR will be reduced. For example need to reduce the targets as number of VCT need to be limited or reduced and the quality need to be improved. Another example is the HIV program need more surveys in order to have a more evidence based decisions and application of international standards. Need also to cut HSS in HCD, FDD, and MPSC. He informed that these recommendations have been integrated in the renewal request and more details will be presented in the final report of external review.</p> <p>Discussion: Dr Bounlay, PR: requested to have another look (even quick) of the presentation of the external review as for some points there is probably need to have more discussion as the presentation conducted was short. He thinks it's necessary to have more discussion with the concerned departments at MOH as they need to answer also to the minister during the steering committee. Dr Bounfeng, CHAS: Inform that discussions with SRs have been conducted and they are agreeing with the reductions and modifications. Dr Dominique, WHO ex-officio: understand the need to have more discussions but thinks there's not enough time to have this discussion as there's still a lot of work to do before to finish the proposal. He proposed to share the preliminary findings with all OC.</p> <p>Decision: To move and come back later to the external review if necessary.</p>	
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<p>3. Second Commitment proposal development</p>	<p>Mr. William Wells, consultant in charge of formulation of proposal has informed of the main lines (see presentation) and maximum budgets which are in theory available (17 millions). He précised that amount of funds availability could change according to different factors as:GF request for a 10% budget reduction by all SRs compared to originally approved amounts for 2013-14 this is due to Lao PDR current status as a low-middle income country. (This applies to HSS and HIV.)</p> <p>Further reduction may occur due to B1 grant rating and/or due to reprogramming by Oversight Committee and CCM. Therefore, propose to use 2012 budget as a base. Every SR gets the same percentage cut (30%). Then spread activities over the full 3 years.</p> <p>He informed that intensive collaboration with CHAS allowed to make budget adequate to be worked out this way. He concluded that these reductions are painful but possible. However for now it's recommended do not reduce budgets further based on B1 rating (range of funding for B1 grants is 60-89%). Argue for A2 rating of grant (90-100% funding).</p> <p>Procure ARVs only in 2013 and 2014 and request government contribution for 2015 (half of the cost of 2015)..</p> <p>Discussion:</p> <p>Mr Thomas: CCM co-chair: commented that the figures presented before and now in terms of budgets aren't matching, aren't the same, request clarifications. And also requested more information of what happen if the figures used to prepare the budget for second commitment aren't accurate and budget is not accepted how to ensure all investments including treatments?</p> <p>Mr. Wells: explained before that with a rating of B1 the maximum to get is 60% of the budget (in theory) available. The maximum will be possible if rate A2 is obtained.</p> <p>WHO, ex-officio: informed that it's has been very difficult to have the exact figures from the GF as some grants aren't close and the current rate is not yet know. He added that communication with GF is in good and we can get update during negotiation phase if necessary. If not it will be necessary to reformulate the grant/budget.</p> <p>Dr Nou CHAS: commented that rating should be as in December 2011 =B1.</p> <p>CCM advisor: In the last performance assessment (12/11) the rate of B1 was done but only one of the top ten indicators was in red. He considers that according to all updates presented by PR showing improvements in CP and OIG recommendations the CCM should give at least a B1 rate, recommending giving A2 rate.</p>	<ul style="list-style-type: none"> • To follow the proposal development with the main recommendations done until now. • CHAS to present in CCM meeting • CHAS to draft a letter requesting to the MOH the contribution for 6 months ARV in 2015. • CCM sec to inform the SRs of decisions (reallocation of budgets)
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WHO: Requested government contribution is 20%, for the moment is only 3% (NASA figures), the recommendation is to request to the government to provide this 20% in funds during the last year (2015) to procure ARV and other medical products.

Mr Thomas, CCM co-chair: Requested to CHAS if they feel comfortable with these assumptions of requesting funds for ARV to the government.

Dr Nou CHAS: Comments that this is certainly the government responsibility, he think this contribution is possible but not only for ARV but also for prevention in a 50%.

Dr Bounfeng CHAS: Added that we don't know for the moment if this will be obtained or not but he recommends sharing 50% with the GF in order to ensure at least 6 months of the year.

Mr Wells: Number of SRs, need to be limited and keep the same than for phase one.

Mr Thomas: Requested more clarification of the recommendation to have only one implementing partner per province?

Dr Nou, CHAS: commented that this is possible but in function of the targets.

Dr Bounfeng, CHAS: it has been discussed with SRs and partners but conclusion is to allow more than one according to targets groups.

PR nomination:

CCM advisor: The OC need to advise the CCM in the nomination of the PR and reminded that this point was already discussed in the last CCM meeting and consensus was to keep the same PR (MOH). All OC participants agreed to keep the same PR.

Assessments:

CCM advisor: Updated in the drafting of the application form and the necessity to draft the chapter of aid effectiveness and value for money.

Mr Wells: Informed about the responsibility for drafting the different sections of the application form and missing parts as aid effectiveness and grant rating, main sections were distributed amongst participants.


Decisions:

1. Budget Envelope HIV SSF (2013, 2014 and 2015)
 - The total budget must be USD 15,681,773, which is 90% of the TRP-clarified total of USD 17,424,192. This is based on the mandatory 10% cut as Lao PDR is now a Lower Middle Income Country –LMIC.
 - The grant has been rated as B1 by the Global Fund, but the

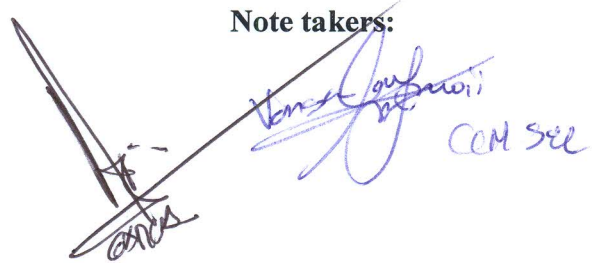
		<p>OC will propose to the next CCM to rate it A2 then no further cut will be done if this new rating is approved by the GF.</p> <ul style="list-style-type: none"> •The breakdown of the USD 15,681,773 budget will be as follows: USD 3 million for HSS and 12.68 million for HIV; •It should be noted that these ceiling amounts should accommodate the PR activities; •The decision to decrease HSS from 3,7 million to 3,3 million has been taken to ensure the provision of ARV drugs in 2015 (6 months from the GF budget and 6 months from the government). The OC wanted to ensure that there is at least 6 months of ARV funding in 2015. The ARV procurement for the 6 other months of 2015 will be proposed to the government as part of the counterpart contribution; •For HSS, it was proposed that Dr Nao Boutta (CCM Sec and Director of Cabinet, MOH) explained the rationale of this decision on HSS to the directors of FDD, MPSC and HCD; •For HSS, it is recommended to adjust the budget according to the recommendations of the HIV external review. The two major relevant findings of the review that the OC asked to be taken into account were: (a) for HCD, deliver the complete package but in fewer districts, e.g., reduce from 47 to 35 districts; (b) the additional saving will be required from FDD to fit their real absorptive capacity; •It was recommended as well that HSS next commitment should keep in mind that their main objective is to support HIV/TB and malaria on a health system point of view. <p>2.Suggested budgeting process for 2013-15 for HIV sub recipients</p> <ul style="list-style-type: none"> • As it decided, the total budget has been readjusted, the total amount for 3 years for HIV activities is now USD 12,68 M; •Only the SRs that are currently part of the grant will be part of commitment two proposal; •The 2012 budget will be used as the basis for distribution of the SSF 2nd second commitment; •The OC will recommend to the CCM to rate the grant to A2 instead of B1, as proposed by the GF; •The ARV will be fully procured for 2013, 2014 and 6 months in 2015 with an increase number of patients as planned; <ul style="list-style-type: none"> •There is a need to look again at the budget for condoms and supply to the Blood Center to make sure that there is not any oversupplying and that such supply is not covered by any other donor. 	
	<p>4. OIG follows up final response</p>	<p>Mr Tomas CCM co-chair: presented the document sent by the PR for the final clarifications (annex2). He request to Dr Bounlay to address to CCM chair.</p> <p>WHO, ex-officio: Requested if all OC members are agreeing with the document or not adding that it seems necessary to consult before to send to CCM.</p>	<ul style="list-style-type: none"> • CCM sec will continuous the consultations within MOH and partners to update the document. • Final text will

		<p>Mr Thomas, CCM co-chair: recommended to make sure that this document is submitted to GF in an official letter signed by CCM chair.</p> <p>CCM advisor: Clarified that this is the text that should be in the annex 6 but a cover letter will be signed by the CCM chair.</p>	<p>be drafted as annex 6 and cover letter will be drafted</p> <ul style="list-style-type: none"> • Deadline to send is 4 may 2012.
5. AOB		<p>a) Dashboard: Mr. Thomas CCM co-chair: GMS second visit is scheduled form 9-18 May 2012. He requested to CCM sec to update regarding the organization of the Task Force.</p> <p>It's decided that CCM sec made a proposition to organize the Task Force and to be deciding in the next OC meeting.</p> <p>b) CCM meeting agenda: Date Friday 27 April: Pending Points update. HIVSSF; second commitment proposal endorsement OIG final comments. PR updates.</p>	<ul style="list-style-type: none"> • CCM sec will make a proposition for next OC

Chair



Note takers:



Handwritten signatures and notes in blue ink, including the text "CCM SEC" written vertically.