

Minutes of the OC
16th July 2012, 3rd floor MOH meeting room
Meeting: 13:30-17:00pm

Chair Person: Dr Phylaysack

Present: Dr. Dominique, Mr. Pascal Stenier, Dr. Soulany,

Excused: Mr. Thomas , Mr. Yangpao, Mr. Kinoy

PR and SRs: Mr Fabrice, Dr Chanmy (from PR), Mr. Chansouk, Mr. Khanpuo, Dr Nou (CHAS), Dr. Bounpheng (Director of CHAS), Dr. Phouthone,

CCM Sec: Dr Nao (CCM executive secretary), Ms Vansaly, Mrs Sony, Dr Marlon CCM adviser

Agenda:

1. Review agenda, quorum, meeting minutes.
2. Presentation of the Modifications done to the HIVSSF Renewal Request (second commitment) as per recommendations of FPM and delegation of the review by the CCM plenary in 10 July 2012.
3. AOB
4. Closing

Summary of the OC meeting 16 th July 2012		
No	ISSUES	Actions to be taken
1.	<p>The previous OC meeting minutes sent by email were reviewed and endorsed</p> <ul style="list-style-type: none"> ✓ Agenda was reviewed and adopted ✓ Quorum was reached 	
2.	<p>Dr Bounpheng Philavong: CHAS Director and chair of the HIV Task Force, presented the HIVSSF Renewal request background and the rationale for the modifications in the activities and budgets according to recommendations formulated by the Global Fund. In April 2012 a proposal for HIVSSF 2nd Commitment with a budget of USD 15, 681, 773 was submitted to GF. In June 2012, the GF informed that the National HIV/AIDS Program supported by the GF was rated B1 so the proposed budget should be further cut down. In the beginning of July 2012, the GF portfolio informed that the budget has to be cut down by around 14% (around 2 million UDS) and the new budget ceiling was USD 13,681,773.</p> <p>Furthermore the GF via the FPM has provided a clear set of instructions in order to guide the cuts in the activities and budgets. He informed about the process and other considerations followed by the HIVTASK Force to implement these recommendations:</p> <ul style="list-style-type: none"> - Follow-up on recommendations by GF portfolio - Series of consultations with all SRs - Recommendations of CCM - Apply GF grant different principles/recommendations in the following documents and other technical documentation: <ul style="list-style-type: none"> - National HIV/AIDS strategy with agreed targets - External review of the National HIV/AIDS Program - Commitment to the MDG6 <p>Also summarized in a comparative table the modifications to the original budget by cost categories as well as explained the priorities in terms of budget reductions as requested by GF and the meaning of different colors. According to the review the Human Resources was reduced in 17%, training in 20%, Infrastructure and equipment 41%, Communications materials 36%, Planning & Administration 71% etc.. . He also explained that M&E has been just slightly reduced as the new M&E plan is just being finalized and it will probably be necessary to keep the same investment in order to reach the targets. Informed that budget for TA has marginally increased but their work will be optimized with clear deliverables in terms of transfer of skill to Lao staff and through a closer follow by OC so 3 international TAs at PR level and 1 at CHAS (WHO) have been maintained in order to increase the support</p>	<ol style="list-style-type: none"> 1. CHAS is to ensure that adequate clarifications/justifications are in the final narrative for: <ul style="list-style-type: none"> - Increase in Overheads and TA - Why budget support to clients' decreases, - Why M&E is not reduced as requested and - Why Blood safety is not phased out in 2015. 2. CCM and MOH is to encourage Lux Development to work with CHAS and partners to prepare the transition for Blood Safety support.. LRC will also check the Lux Dev implementation.. 3. CCM is to develop and approve a HR policy with salary scale in next six months 4. It's requested to PR to regularly provide the information concerning TAs to CCM sec in order to fill the annual plan. 5. The CCM sec will send the final proposal with a cover letter signed by the CCM chair or co-chair.

to SRs. Concerning Blood Safety the HIV Task Force understand the recommendations of GF to phase out this support however considers that its necessary to have a smooth handover process to do so some reductions in Y1-Y3 have been done however to avoid complete disruptions and ensure safe transfusion the HIV TF is keeping a minimum support until 2015 at least in terms of reagents, tests , Quality Control etc.. The NTBC and CHAS are already looking for the most appropriate strategies to takeover. He finished explaining that the new role of CHAS will be reviewed to focus in coordination, supervision, monitoring & evaluation and technical assistance to SRs and that annual plans will be formulated including support from other partners (UNs, ADB, USAID etc..) this plan will be leading the whole program.

3. Discussion:

CCM executive secretary: Has requested if the Task Force has followed the GF guidelines for this review as it's important to ensure that all changes are in line with GF recommendations,

CHAS/HIV Task Force: Confirmed they followed guidelines and explained that it was prioritized by colors as follows:

Green: can be maintained but need to be justified, Yellow: need to be changed but is to be justified if want to maintain, Red: is to be modified if not the GF will do...

Provided more explanations of the cost categories that were reduced and why other need to be negotiated as the TA's, salaries, incentives etc.. The phase out of the GF's support to Blood Safety is to be negotiated too as BS is part of the national strategy and MOH need more time to obtain the allocation from government and take it over. He informed that now there's still job to do before to receive feedback from TRP and many issues need to be finalized and requested to OC to accept the modifications and submit to GF.

WHO ex-officio: Explains that hard work has been done and the GF's instructions were followed and the most difficult has been discussing with al SRs explaining them that is not just to cut because there's no enough money but because it's necessary and it's within a framework which is justified by different national documents as the NSAP, the external review, the M&E plan etc.. The necessary justifications are provided in the annexes and documents to be sent to TRP and consider that they will accept the country responses.

UNAIDS: Considers that the country is providing good answers and justifications, is confident that the TRP will appreciate the work done and confirmed the UN's support to the proposal's modifications as proposed by the country. He stated that TRP will probably look for other issues as: *Impact:* are the changes increasing access? Or if changes in target are reducing the number of new infections in the country? Is the country understanding and taking into account *emerging issues* in the epidemic and if new policies are adapted for the new context? *M&E plan* allow to proper monitor the program? *Partnership:* If the HIV partners are increasing their support? More crucial questions of the GF/TRP could be if the program is *decriminalizing the sex workers* as well as reducing stigmatization and discrimination? What about the domestic violence and HIV? And finally the cost/effectiveness of the program with increasing government contribution.

OC chair: agreed that it's a great job done and requested to OC to provide more comments or advices.

Donor's constituency, pointed out several points:

- a) Confirms that the CHAS has been done the best effort that can be done in so short deadlines trying to rationalize the budget reduction of two million USD. He affirms that valuable explanations have been done for

6. Each OC member can contact with representatives at GF Board to request support for this proposal.

PR will conduct a meeting with CHAS for submitting letter regarding the 20% government contribution.

7. Government Counterpart commitments is to further discuss in next OC. The CCM sec will provide translation of request letter sent by CHAS to Hygiene and Prevention department

HR and training, as for M&E even if reductions aren't as requested the explanations were also well formulated.

- b) Requested more justifications regarding the increase in final budget for overheads (63%). He requested to be sure that this is properly justified in the proposal.
- c) He also remarked that the HIV program usually needs 11 million/year to cover all needs but currently it has ensured only 7 million year (GF and partners and Government). Therefore as the HIV program is clearly underfunded he has encouraged having a global funding plan with all donors need to be developed to fill the GAPS.
- d) Concerning the Blood safety he recommended including the Lux Development in the discussions with CHAS as they are starting a new project to support the NTBC.
- e) He requested more information relating to the proportions of budget reduction by SR

CHAS: Agreed with the remark regarding the Overheads and will make a review accordingly.

PR: Provided information about proportions in reductions of budget by SRs as follow (in %):

- BI: 15
- CHAS :9
- LAOFA: 8
- NCA:3
- PEDA:7
- PSI:18
- NBTC:22
- MPSC:4
- FDD:25
- HCD:14
- PR-MOH:14

Other related issues discussed:

1. Human Resources Policy:

Donor's constituency: The CCM should play an active role in developing and approving HR policies for all GF programs; the CCM can support the national programs in developing/approving these policies and facilitate the approval of grants or disbursement too. He proposed to develop this policy in the next six months and approve by the CCM.

CHAS: Agreed with previous statement adding that is difficult for CHAS as leader of HIVTF to make this kind of decisions or policies, is not the role of CHAS or another SRs to cut salaries or incentives.

UNs: Also agree that CCM must lead this kind of decisions besides this he considers that TRP/GF is probably looking to align with other donor's approaches as "performance based incentives" as this is what the donors are looking too, then if SRs produce more they will receive more incentives.. This need to be generalized to all donors and programs..

CCM executive secretary: The ministry of finances should be invited (at CCM level) to support in this development, what's being done in Vietnam, Cambodia? etc.. He thinks GF must provide more guidelines to do that.

PR :Informed that PR has submitted a HR policy in 2011 but it has been approved only partially and currently only the salary scale remained without GF's approval, the GF has advised to contact the minister of health to obtain the official approval

WHO: Informed that in Vietnam FPM has requested to PR to make a phase out plan for salaries and incentives of government staff.

CCM TA: In the final OIG audit report is stated that HR policy was approved partially and the salary scale was not yet submitted
He informed that FPM has also informally expressed that a Minister's of Health decree could be accepted as approval. This could be easier than to engage in a national process ...

OC chair: The Ministry of Health Decree is necessary; however it will take some time as the GF is not yet completely integrated or following the government's processes. In some agencies as example IFMT the minister of health has a clear policy for incentives of public health officers working part time as professors.

CCM/TA: The FPM has remarked that STIs prevalence remains high and budget for this activities (Drop in Center, STIs drugs) has been reduced following the external review recommendations, this can be also requested by TRP during the review, so we need to provide some justifications..

2. TA's management and follow up:

Donor's: Regarding the TA's, we don't see any transfers of skills plan in this request; please provide this in the narrative of final request. Why the budget is increased?

CHAS: Yes there's a justification for the HR and for TAs the PR/SRs accepted to request to have an annual TAs plan and ensure more support to SRs this will be monitored by OC

WHO: The TAs budget increases because the post of PSM wasn't included in the original work plan and this will be added to the HIVSSF, this clarification will be included in the final narrative. Also its necessary to clarify those reductions in food and transports are for blood donors and not for HIV patients.

PR: TAs plan will be submitted with the proposal, national some TAs are still necessary to conduct daily work specially in financial area this will be justified.

CHAS: TAs for M&E has not been providing enough support to SRs, CHAS and SRs need more support...

CCM/TA: TAs information can be centralized at CCM sec level (annual plan table) however management is the responsibility of PR/SRs not CCM sec

UNs: yes need to be followed and assessed by the OC/CCM as its an important budget and GF want to ensure that its providing the expected results.

3. Blood Safety:

CHAS: informed they had a meeting g with NTBC to explain how the progressive phase out will be conducted. NTBC and CHAS agreed that reduction in budget to procure reagents or test will not be conducted only for overheads, incentives, so NTBC will have enough reagents until 2015...However further discussion to find a more sustainable solution is needed.

4. 20% Government contribution

WHO: reminded that a commitment from government is needed

CHAS: reminded that after the CCM meeting in 30 April 2012 a letter was submitted to the Hygiene Department requesting to allocate these funds to procure 6 months ARV in 2015 until now no answer or commitment has been obtained.

Meeting with PR are scheduled to discuss more in how to answer this
CCM/TA: informed that it's necessary to send the translation of this letter to FPM, however a formal commitment is still necessary. Furthermore the use of the program income is to be requested
OC chair: informed that more discussion is needed and request to include in next OC meeting as well as the use of the program income

Conclusion	The OC agrees with the modifications done to HIVSSF as presented in relevant documents by CHAS however members recommended to provide further details or include justifications in the final narrative for the items as requested here in.
1. AOB:	None
2. Closing	The OC chair summarized the meeting and requested further discussion in next OC meeting for: Blood safety, Human Resources Policy, use of program income of HIVSSF and government commitment (20% contribution)

Chair



Note takers:

CCM Secretariat
