

**Minutes of the OC**  
**20<sup>th</sup> March 2012, 1<sup>st</sup> floor of CCM Sec meeting room**

**Meeting: 08:30-12:00 am**

**Chair Person:** Dr Phylaysack

**Present:** Mr. Pascal Stenier (UNAIDS), Mr Tomas D'Agnes (Bil) , Mr Shumon (Save The children), Mr Thongdeng from LNP+, Dr Deyer (Malaria WHO ex-officio),

**Excused:** Dr Nao, Dr Soulany Lao Red Cross, Mr Pao LYU

**PR and SRs:** Dr Chanmy, Mr Fabrice, Mrs Nancy, Mr Pascal V

**Other:** Mrs Fujiwara (JICA),

**CCM Sec:** Ms Vansaly, Dr Marlon (CCM advisor), Mrs Sony

**Agenda:**

1. Introduction - endorsement of the agenda
2. Update of TFM development (Malaria)
3. GMS technical assistance program
4. Defining CCM meeting agenda (points for decision)
  - TFM final proposal including GOL commitment
  - Oversight Plan
  - Conflict Of Interest policy
  - Membership
5. AOB
  - HIVSSF external review
  - Global Technical Assistance plan

Agenda was reviewed and adopted

Summary of the OC meeting 12 <sup>th</sup> January 2012			
No	ISSUES	Actions	Actions to be taken
1. No minutes to endorse, Quorum was verified and (>50% voting members)			
2.	<b>Update of TFM Malaria</b>	<p>Dr Deyer WHO ex-officio Malaria; has summarized the last developments done to proposal (see PP). The budgets lines have been updated for a two years proposal and organized by SDAs and categories as requested in the application forms and according to GF guidelines.</p> <p>The main highlights of the presentation are:</p> <ol style="list-style-type: none"><li>1. Budget is for 2 years ~ 7 millions USD: ~ 4 first and 3 second year,</li><li>2. SDAs/activities follow the priorities of the National Strategic Plan for malaria.</li></ol>	<ul style="list-style-type: none"><li>• To present to CCM the TFM main lines &amp; budget as developed by CMPE/WHO including last advices for government contribution and request endorsement .</li><li>• To request to CCM to find support for TA to conduct costing exercise for</li></ul>

	<p>3. The PR is the MOH and only one SR (CMPE) with 2 SSRs (FDD, PAMS)</p> <p>4. Government contribution estimation was done with the figures obtained from Provincial offices only arriving to a 13% of requested 20% of TFM budget. It's highlighted that MOH Lao need to have a commitment to increase in 7% the current budgets allocated to malaria program.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>- <b>Bilateral:</b> Request clarifications regarding the feasibility to manage the proposal with only one SR and having 2 SSRs, is this acceptable? He also requested which the difference is in terms of responsibility vis a vis of the GF?</li> <li>- <b>WHO ex-officio Malaria:</b> explained that SR are directly contracted by PR and SSR are in contractual relation with the SR the reports including for financial management are done in this relationship. PR &amp; CMPE clarified that it's easier to manage the proposal with only one SR</li> <li>- <b>Bilateral:</b> Pointed out that the main budget lines are Procurement of medical products and HSS for stewardship and governance (~ 40% of total) and request more details or the breakdown of HSS? He also questioned if this is in line with essential services that apply for TFM?</li> <li>- <b>WHO ex-officio malaria:</b> clarified that all lines included are essential to maintain current activities and avoid resurgence of cases or outbreaks. The HSS stewardship includes salaries, perdiem, PR cost, mainly HR of SR government and PR. Furthermore the budget lines are further detailed and justified in the narrative part of the proposal</li> <li>- <b>WHO/ HIV:</b> which rates are used to estimate the incentives and how to ensure that is not duplication with the budget HIVSSF for the SR FDD.</li> <li>- <b>WHO malaria :</b> Incentives are following the existing rates of Global Fund its around 10%</li> <li>- <b>UNAIDS:</b> Request also more clarifications regarding the essential services proposed as well as regarding the community based activities.</li> <li>- <b>CCM advisor:</b> inform that last guidelines are allowing to include HSS if linked to essential</li> </ul>	<p>three diseases.</p> <ul style="list-style-type: none"> <li>• CMPE is to draft the official commitment letter to increase the government contribution and obtain signature from Minister of health.</li> </ul>
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		<p>delivery services , however the ratio of HSS should probably be reviewed or presented differently</p> <ul style="list-style-type: none"> <li>- <b>WHO/HSS:</b> requested if TFM includes activities aiming to control outbreaks as occurred in Attapeu?</li> <li>- <b>WHO ex-officio Malaria:</b> Yes , Early Warning System is included</li> <li>- <b>INGO:</b> requested breakdown of TA budget lines as it's a high proportion of the budget.</li> <li>- <b>WHO ex-officio Malaria:</b> clarified that this includes HR as government staff, project management WHO TA, staff and other local TA of malaria.</li> <li>- Clarifications about PR costs were requested by various members. See details in PP.</li> <li>- <b>Dr Deyer:</b> explained the method of calculation of the GOL contribution as per guidelines and requested to OC to obtain an official commitment for the remaining 7%</li> <li>- <b>OC chair and WHO /HSS</b> requested if CMPE has already requested to DPF all the necessary information for the estimation?</li> <li>- After discussion is concluded that Lao PDR need to find extra 7% to reach the minimum level of contribution as requested by GF.</li> <li>- OC chair: explain that official process is that MOH (CMPE) need to request in an official letter signed by minister addressed to NA the increase of 7% (~200000 USD) for the next budget exercise (June-October 2012).</li> <li>- A kind of action plan/timeline showing the steps to be conducted from now to June or to the new budget process should be included in TFM application.</li> <li>- UNAIDS: This plan will increase the confidence of the CCM to sign this kind of commitment.</li> <li>- However it's also clarified that for the moment this is only an estimation of public health expenditures obtained from PHO and probably not all data has been collected. Therefore it will be necessary to further analyze the data and obtain more information about all sources of health spending for malaria.</li> <li>- The OC proposes to request support for TA to conduct a better estimation for this and next proposals for three diseases.</li> <li>- <b>WHO/HIV:</b> requested how the TFM will ensure distribution at community level without having NGO in the proposal. CCM/TA</li> </ul>	
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		<p>informed about answer from proposal team isn't against but could be requested later.</p> <ul style="list-style-type: none"> <li>- <b>WHO/Malaria:</b> clarified that in the past GF has relied in CMPE and PMAS and not in partners for distribution.</li> <li>- <b>CCM/TA:</b> informed that report regarding the CCM minimum requirement were also included in the application form.</li> </ul>	
	<b>3. GMS technical Assistance</b>	<ul style="list-style-type: none"> <li>- CCM/TA informed about the first visit and feedback of GMS team. It was agreed to implement the DASHBOARD and proposition was done for second visit as presented in roadmap and power point sent by GMS and distributed to OC members previously.</li> <li>- Second visit was proposed for 2-14 April but some concerns about the feasibility as the HIVSSF review is being conducted at the same time and its New Year holidays.</li> <li>- PR: informed about their request of support for producing a SR manual management.</li> <li>- UNAIDS: clarified that concerns were in timelines and also in the number of visits proposed.</li> <li>- He proposed to have a global TA plan in which we can follow all the TA planned and sought to be requested to CCM. He also commented the necessity to have a quality control to measure the performance of TAs.</li> <li>- Bilateral: Proposes to each OC member and PR to inform the CCM sec which kind of TA will be provided.</li> <li>- CCM /TA: informed about the needs for CCM to develop a SOP manual and accounting software for CCM budget implementation.</li> <li>- TA for PR: need for management, M&amp;E and procurement but is not yet finished.</li> </ul>	<ul style="list-style-type: none"> <li>• GMS support will be for : <ul style="list-style-type: none"> <li>- Implementation of DASHBOARDS</li> <li>- SR manual for PR.</li> </ul> </li> <li>• To propose GMS to conduct second visit for DASHBOARD implementation in May 7-18. To see with them if same timelines for PR support can applies</li> <li>• To request GMS to send TOR for DB and materials for translation.</li> <li>• Mr. Tomas will be leading the communication with GMS and CCM sec will be in cc.</li> <li>• To update the global TA plan with the information from UNs, PR, USG.</li> <li>• To present to CCM meeting the gaps in TA and request the support of other members.</li> </ul>

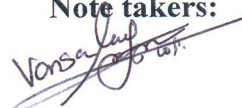


	<b>4. OIG report:</b>	<ul style="list-style-type: none"> <li>The CCM sec informed that the OIG final report was received by CCM sec in 15<sup>th</sup> March and it's being reviewed by CCM executive. No more comments for the moment but its agreed that CCM members should be informed in next meeting. Need to be translated in Lao but we don't have time as meeting is next Tuesday</li> </ul>	<ul style="list-style-type: none"> <li>CCM sec to send the file to all CCM and to inform during the meeting</li> </ul>
	<b>5. CCM meeting</b>	<p>Its decided to conduct the meeting in 27<sup>th</sup> March 2012 , main points of agenda:</p> <ul style="list-style-type: none"> <li>- Update of pending points (OIG, PR selection, HIV external review, GMS, coordination, membership etc.).</li> <li>- TFM malaria final proposal (endorsement)</li> <li>- PR updates</li> <li>- TA plan</li> <li>- Conflict of Interest Policy (endorsement)</li> <li>- Oversight plan (endorsement)</li> </ul>	<ul style="list-style-type: none"> <li>CCM sec to send updated agenda to all CCM members</li> </ul>
	<b>AOB</b>	<ol style="list-style-type: none"> <li>HIVSSF roadmap was presented by WHO, recruitment of TA (11 persons) has been done and external review started in 12 March however some SRs aren't attending meeting , He requested the PR to remind to all stakeholder the importance to participate in this review.</li> <li>Last meeting minutes were endorsed.</li> </ol>	<ul style="list-style-type: none"> <li>To be followed by CCM sec and to inform the CCM plenary</li> </ul>

Chair



Note takers:



CCM Secretariat