

Minutes of the OC
15th October 2012, 1st floor CCM Sec meeting room
Meeting: 13:30-17:00pm

Chair Person: Dr Phylaysack

Present: Dr. Dominique, Mr. Thomas, Dr. Soulany, Mr. Sayasith (APLHIV)

Excused: Mr. Yangpao

PR and SRs: Dr Chanmy (PR), Dr. Rattanaxay (PR), Mr. Khampiew (PR), Dr. Viengsavanth (PR), Ms. Nancy (PR), Mr. Pascal (PR), Dr Nou (CHAS), Dr. Bounpheng (Director of CHAS), Dr. Viengphone (CMPE), Dr. Viengxay (CMPE), Dr. Deyer (WHO), Ms. Inthasone (WHO)

CCM Sec: Ms Vansaly, Mrs Sony, Dr Marlon CCM adviser

Agenda:

1. Endorsement of previous Minutes
 2. HIV SSF Second commitment Submission
 3. HIV reprogramming
 4. Malaria outbreak in Southern part
 5. Presentation of Dashboard (HIV, TB, and Malaria)
 6. AOB
- Note Debriefing diagnosis civil society representation in the CCM Laos
 - Site visit calendar and guideline

Summary of the OC meeting 15 th October 2012		
No	ISSUES	Actions to be taken
1.	No discussion regarding previous OC minutes due to limited of time ✓ Agenda was reviewed and adopted-CMPE propose to present Malaria outbreak response as the first agenda item ✓ Quorum was reached	
2.	<u>Dr. Deyer from WHO/CMPE reports some Global fund request and approval during the FPM visit to Laos in September:</u> <ul style="list-style-type: none"> • FPM was informed regarding the WHO supported program with data analysis and coordination among HPA-CMPE-WHO to formulate action plan. Different donors' financial contribution was also presented. There are two issues were approved during FPM visit in September 2012: 1. The reprogrammed savings was approved in principle that it can be used for outbreak control measures, 2. The outline of outbreak plan with a proposition that GF will support the procurement of related commodities through non-VPP channels • Total budget is estimated to be 532,761\$ (see presentation attached) • Questions about the strategies and delivery of some products as impregnated hammocks or repellents in the context of outbreaks amongst migrant workers (high mobility, non-estimated target population etc..) as well as how to measure the impact of these strategies were raised by OC members however the OC reached consensus to support this request and action plan. • Proposition to reduce the budget for some items (repellents, hammocks-net) in order to have a better coverage with the available savings and a cost-effective intervention were made by OC members. • Its proposed to cut down the number of repellents in order to have less time without coverage of affected areas as 	To submit to GF with modifications to budget as discussed. The CMPE is to discuss this kind of strategies at MOH level.

	Saravan	
3. HIV SSF second commitment	<p><u>Dr. Chanmy update of HIV Second commitment responses</u></p> <ul style="list-style-type: none"> • <u>Performance framework:</u> PR and SR clarified most of the points with FPM during their visit in September. • <u>M and E plan:</u> PR and CHAS are working on the final draft, after finalized it can be sent to GF. OC recommend adding the purchase of 17 computers. • <u>TA Plan:</u> PR needs to update with SR to confirm whether SR need TA or not. If SR needs TA, this is to be included in the TA plan. OC suggested that if SRs didn't request for TA, they will lose an opportunity for this budget. • <u>Training plan:</u> it was submitted before but need to be updated after review by the GF. • <u>Procurement plan:</u> is also to be updated <ul style="list-style-type: none"> • The total budget compared to the last one reviewed during the CCM meeting increased in near 1000000 USD, bcse the unspent and program income has been included. • OC requested why some lines as IEC communication materials budget has increased? The GF is not agreeing to fund T-shirt as is considered not effective? • Other points increased is infrastructure as the GF has advised to improve the warehouses.. • OC also reminded that according to external review the maintenance of CD4 devices is not ensured by current contracted company and CHAS doesn't want to keep this, therefore need to be reviewed accordingly. • PR informed that the information related to HR is still being updated as so much staff is involved. • OC advised to provide the documents related to education package in order to write the responses requested by GF. • Concerning the TA for estimation of GOL contribution, the PR reminded that French 5% has showed interest to fund, however ITA informed that is not sure but he will request again to French Embassy representative advising to keep in the HIVSSF second commitment request. • OC members referred to TOR of this TA informing that must include not only what the GOL has being doing but also what is to be done in the future to ensure the GOL contribution.. • OC member: concerning the TFM malaria has requested if the GF has replied to the CCM's request asking to keep the TA budget as originally proposed? • Not yet an official answer just acknowledgement of reception.. 	<ul style="list-style-type: none"> • PR to work with CHAS this Thursday 18 October in morning to finalize the responses following the advice of OC. • Last responses are to be shared with OC before submission.
4. DASHBOARDS	Dr Ratanaxay PR: presented the HIVSSF , however less than half of OC members were attending this part of the meeting therefore we can't consider the DR is fully discussed by OC	<ul style="list-style-type: none"> • To reprogram the presentation with full participation of OC

<p>5. AOB</p> <ul style="list-style-type: none"> Note Debriefing diagnosis civil society representation in the CCM Laos Site visit calendar and guideline 	<ul style="list-style-type: none"> These two agenda items were not discussed due to the time constraints. The debriefing diagnosis for civil society representation in the CCM Laos will be shared with CCM/OC through email for feedback and comment. 	<ul style="list-style-type: none"> CCM Sec to share with CCM/OC after receiving from TA
<p>1. Closing</p>	<p>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)</p>	

Chair

Note takers:

CCM Secretariat