JOINT MEETING MINUTES OF EXECUTIVE COMMITTEE, OVERSIGHT COMMITTEE AND RESOURCE MOBILIZATION COMMITTEE MEETING

1. INPUT FIELDS INDICATED BY YELLOW BOXES ☐

MEETING DETAILS	(Place "x" in the Relevant Box)				
LOCATION/VENUE	3rd Floor MOH Meeting Room				
MEETING NUMBER		TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	EX-COM MEMBERS	4	
DATE (dd.mm.yy)	07/04/2017		OC MEMBERS	3	
MEETING SCHEDULE START	13:30		RMC MEMBERS (incl. 1 OC members)	5	
MEETING ACTUAL STARTED	13:45		OTHERS	20	
MEETING ACTUAL ENDED	17:00		TOTAL	32	

DETAILS OF PERSON				
HIS / HER NAME & ORGANIZATION	First Name	Assoc. Prof. Dr. Phouthone	MEETING TYPE	
	Family Name	Muongpak	Regular Meeting	X
	Position/Title	Vice-Minister	Extra-ordinary Meeting	
	Organization	MOH	Other Meeting	

HIS / HER ROLE ON THE MEETING			GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING		
	Chair	X		LFA	X
	Vice-Chair			FPM / PO	
	CCM Member			OTHERS	
	Alternate			NONE	

2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM NO.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	Responsible Person
Agenda #1	• Election of OC Chair	OC Members
Agenda #2	• Review Performance Updates and Disbursement Request (PUDR)	PR/OC
Agenda #3	• Updated the progress of the application process for the new funding cycle of HIV, TB, and Malaria components.	National Programs
Agenda #4	• Brief on preparation for the transition of Principal Recipient implementation arrangement	PR Transition Task Team
Agenda #5	• AOB and close the meeting	EX-COM Chair

3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1	Election of OC Chair

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Due to insufficient quorum in the meeting, OC Chair was not elected; OC members shall elect an OC chair during next session.

OC members meeting attendance has been very poor during the past months; as a consequence Oversight Committee has been not effective. In this light, CCM Secretariat made an analysis on Lao CCM and partners meeting attendance. CCM Secretariat suggested to OC members that for proper functioning of Oversight Committee, OC members should nominate their alternate through email.

Secretariat, also informed that due to personal reasons, one of the most active members of OC is been absent. OC members suggested CCM secretariat to talk with this member to confirm his continuity as CCM and OC member, and in case of ceasing his membership, a formal letter should be sent to CCM and CCM Secretariat in return, should seek for his replacement.

DECISIONS MADE

- Due to insufficient quorum, OC chair shall be elected during next OC Meeting.
- OC members agree to nominate their alternate through email.

Agenda Item #2	• Review Performance Updates and Disbursement Request (PUDR)

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Based on current PUDR, PR presented an update on HIV/AIDS, TB, Malaria and HSS grants.

HIV/AIDS, key achievements:

- For the annual year 2016: AIDS related mortality per 100,000 population decreased to 5.91 (by AEM), 83.5 of adults and of children PLHIV are still alive, 12 months after ARV treatment initiation.
- During this reporting period (July – December 2016)

  #2 out of 3 TCS indicators showed good performance of > 80%. 4,646 PLHA could enroll on ARV in 2016

  # 2 out of 4 TB/HIV indicators attained achievement ratio of > 80%. All 4,751 HIV+ + patients were screened for TB and 94% of TB patients had done HIV testing & result recorded.

  # 3 out of 4 indicators of KP (MSM & FSW) reached more than 80% Achievement Ratio.

  # 2 PMTCT indicators showed good result while the 1 indicator, Percentage of infants born to HIV+ women receiving HIV virological test within 2 months of birth got only 8% achievement ratio.

HIV/AIDS Programmatic challenges:

- CHAS and Implementing partners (NGOs & CBOs) need to improve peer outreach activities to reach more targeted populations (MSM & FSW) and to promote HIV testing among MSM.
- A close collaboration between ART staff and MCH staff to promote PMTCT activities for both pregnant mothers and babies born from HIV + ive women.
- ART service providers and TB service providers need to communicate regularly to promote IPT and early treatment initiation on ARV to reduce TB/HIV morbidity and mortality.
- To strengthen timely and complete reporting of PCCAs and to closely collaborate with DHIS2 team to make a progress of data integration and timely reporting to DHIS2/HMIS system.

Financial report and PSM update for the period (Procurements, Art Regimens, ARV stock management, OI stock management) were also presented.

After HIV/AIDS presentation, the meeting raised some comments and concerns regarding the following issues:

1. Clarification of 2016 Cash balance
2. MSM and activities related to CSO
3. Clarification on Willingness to Pay (WTP): US$ 44,562 is reported to have spent on WTP but the activities on which it was incurred on are not among those that the Government committed itself on the plan submitted to the GF.

PR explained, GF disbursed money in advanced (Q5) therefore it can be noticed a big amount of cash balance (cash balance as the end of the period as at 31 Dec 2016: 1,026,365) however these amounts were to cover March 2016. PR also noted Key Population is measure by indicator, e.g. How many MSM have been reached, HIV prevention messages to Key Population, HIV counseling, HIV Prevention package, nevertheless, only a few people were interested in testing, as they have the right to denied having a test or receive counseling. Lastly, for WTP, the additional government expenditures with supporting documents that did not include in the yearly plan for the WTP have been incorporated in the PUDR and submitted to LFA for further review and verification.

Based on current PUDR, key achievements for TB were the following:

- For the annual year 2016: TB notifications rates increased to 71.2/100,000 for the new and relapse all TB cases (66/100,000 in 2015) and to 52.7/100,000 for the new bacteriologically positive TB (51/100,000 in 2015). Annual notification of MDR in 2016 is 38 in compare to 33 MDR in 2015.
- During this reporting period (July-Dec 2016):
  # 7 out of 11 DOTs indicators achieved satisfactory performance (>80%). NTP notified 2,514 TB cases all forms new and relapse and conducted systematic screening for TB (outreach camps) among high-risk groups in 1 prison and 9 high TB burden districts.
  # 2 out of 4 TB-HIV indicators attained satisfactory performance (>80%) while the proportion of TB/HIV patients started on ART reached only 74% of the target.
  # 4 out of 5 MDRTB indicators showed acceptable performance (>80%). 12 out of 15 notified MDR TB patients could enrol on treatment.

TB programmatic challenges:

- Main challenge remains to increase the TB notification with the support of all providers at all levels.
- NTC needs to improve the transportation of specimens to test more presumptive TB patients and to improve the quality of the specimens collected. Besides, ACF camp should select highest TB burden areas to improve efficiency.
- To attain its target, PSI will plan to expand sites in 2017 and will apply the non-monetary incentive scheme to motivate the SQH private provider clinics and pharmacies.
- CSOs (Lao PHA, PEDA, Lao Youth Union and MAAP) support community referral activities for TB case finding. Improved collaboration and coordination is still required between CSOs and NTC to increase the number of referral.

1. Verification on WTP. TB representative explained for the new cycle, GF advised a contribution of 20%. In case the allocation for TB is approved, Government contribution will be needed.
2. Clarification on work with LFA. Will LFA work with TB program after PUDR submission? Will LFA verify supporting documents?

PR presented update on Malaria. Based on current PUDR, key achievements were the following:

- For the annual year 2016, 16,531 Malaria cases (both presumed and confirmed) are reported and Malaria test positivity rate is 6.02. In compare to 2015 (36,093 cases malaria cases are reduced nearly 55% due to the improvement of Active & Early Case Detection and Prompt Treatment at the field level. Total 1.2 M LLINs (funding source of GF_NFM, RAI & PMI) were distributed.
- During this reporting period (July-Dec 2016), # 2 Vector Control indicators reached only 44% of their Achievement Ratio. Only 33% of targeted risk groups received LLINs.
- # All 9 indicators of Case Management show good performance, ≥ 100%. Almost all suspected malaria cases received testing at the facilities of public, private and community. And >99% of malaria cases received first line anti malaria treatment.
- # 50% of health facilities reported no stock out during July-Dec and attained 56% Achievement Ratio.
- # 83% of reporting units could submit complete & timely report and reached 110% Achievement Ratio.

Malaria programmatic challenges:

- In 2016, CMPE aware the operation challenges and needs to improve the performance of malaria disease control activities towards the targeted risk groups including MMP and MCH.
- CMPE, malaria Implementing partners (NGOs, CBOs) and other stakeholders need to closely collaborate in planning and implementation to enhance LLINs coverage and Prompt Diagnosis Testing & Treatment accessibility for MMP and MCH/ Pregnant Women.
- Advocacy meetings between CMPE, PAMs, DAMs, police department, local authorities and business partners need to conduct regularly at the field level in order to reach more migrant workers and MMP groups to provide LLINs and share health education messages to those vulnerable populations.
- Capacity of PAMs and DAMs to be strengthened for the timely and complete reporting and be enhanced the progress of implementation data reporting and integration to the HMIS/DHIS2 system

HSS key achievements:

- In this reporting period (July Dec 2016), 3 Impact indicators of HIV, TB and Malaria are reported from each disease program. 2 Outcome indicators of MCH, 1 indicator of PSM- stock-outs monitoring and 1 indicator of timely and complete data integration to HMIS/DHIS2 are reported.
- For PSCM, 4 output indicators are reported by MPSC, FDD and BFDI. All indicators reached good results (>80%).
- For HMIS, 2 indicators are due for reporting and both attained over 100% of target.
- For Health Community Workforce, it achieved only 79 %. To reach the intended target of 2016, training for VHW, supported by government budget will be carried out in Jan 2017.
- PMU and PR conducted quarterly coordination meetings with all SSRs to support the implementation. Starting from Q3, PMU together with PR team provided on-the-job trainings to all SSRs for M&E reporting and financial reporting.

Programmatic challenges:

- Savings of Jan-June 2016 of HSS grant could identify only in November 2016, then, submitted to PR for the LFA review and seeking global fund approval. This savings is intended to conduct DHIS2/HMIS trainings for HIV, TB and Malaria programme staff (including central and provincial level), statistic staff and MCH staff (central level and provincial level). This

Agenda Item #4	• Brief on preparation for the transition of Principal Recipient implementation arrangement

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

PR presented background, objectives and roadmap for a transition process for the Ministry of Health (MOH) to guide the changed implementation arrangements for grant management supported by Global Fund in new funding cycle 2018-2020 within the overall context of health sector reform, including increase of government co-financing contributions over the next years to promote sustainability.

The process outlined to manage the restructure in an orderly way between the Principal Recipient (PR)

reprogramming of Jan-June 2016 was approved by the GF in Jan 2017. As a collective result, there is a delay schedule to conduct DHIS trainings.

- Further, there was an error in approved budget of salary of PMU and SSR. It has been revised and submitted for the review of LFA and approval of GF in Jan 2017. Then, the salary payment to the project staff was delayed in Jan and Feb 2017.

HSS did not present Finance part, as PUDR is not yet finalized.

Following the above presentations, the floor was open for comments and suggestions:

1. France representative noted that for TB and HSS, there are some indicators that are not available, and requested the meeting a solution regarding this matter. She also suggested prioritizing savings.
2. PR acknowledged for TB and HIV prioritized activities were verified and approved by GF, for HSS, they are still working on that and will finalize soon.

DECISIONS MADE

- No decision

Agenda Item #3	• Updated the progress of the application process for the new funding cycle of HIV, TB, and Malaria components

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

TB component: TB program representative acknowledged TB application for the new funding cycle 2018-2020 was successfully submitted to the Global Fund on 20th of March, currently, the program is focusing on providing the information requested by the GF secretariat, after proposal submission.

Malaria component: RMC chair acknowledged Malaria funding request was successfully submitted under RAI to the Global Fund on 20th March. Also, noted documents are currently undergoing a pre-TRP screening process by the GF secretariat, where minor adjustments have been required to ensure alignment/consistency between files. Additionally, informed PR UNOPS will contact co-PRs and national programs separately to hold negotiation workshop between end of May/early June. SR selection should be completed before these workshop starts. For Laos, SR selection should be complete by 20 May.

Followed by the above information, the meeting discussed about PR UNOPS, the following concerns were raised:

- Clarification regarding local PR; will the local PR be Co-PR or will it work as SR?
- Possibility to negotiate with PR UNOPS to combined the two PRs as one, to have only PR.

HIV component: Based on the CCM meeting held on 17th March 2017, where CCM members decided to prepare a higher quality proposal and submit HIV funding request to the GF by 23rd of May. CHAS representative presented a potential roadmap for HIV/AIDS concept note preparation. The roadmap was designed in coordination with UNAIDS and FEI5% TAs and it will allow to work in the adjustment of the HIV proposal, incorporating discussion and revision on financial landscape and programmatic gaps including co-financing, decide on priority interventions, performance framework and Country Dialogue which should be a follow up of the first Country Dialogue meeting.

DECISIONS MADE

No decision

4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM NO.	WRITE IN DETAIL THE DICISIONS	KEY PERSON RESPONSIBLE	DUE DATE
Agenda Item #1	• Due to insufficient quorum, OC chair shall be elected during next OC Meeting. • OC members agree to nominate their alternate through email.	OC OC	
Agenda Item #2	• No decision		
Agenda Item #3	• No decision		
Agenda Item #4	• CCM endorsed transition roadmap	CCM	
Agenda Item #5	• No decision		

5. NEXT MEETING

LOCATION/VENUE	
DATE:	
TIME	

6. MINUTE OF JOINT MEETING OF EX-COM, OC AND RMC PREPARED BY:

TYPE/PRINT NAME	Ms. Silvia Elena Illescas Matus	DATE:	13 April 2017
FUNTION/ POSITION	UNV WHO Health advocacy and coordination	SIGNATURE	

7. MINUTE OF JOINT MEETING OF EX-COM, OC AND RMC APPROVED BY:

TYPE/PRINT NAME	Assoc. Prof. Dr. Phouthone Muongpak	DATE:	15 APR 2017
FUNTION/ POSITION	CCM Chair	SIGNATURE	