

Minutes of the OC
14 January 2013 at CCM secretariat Meeting Room

Meeting: 13:30-17:00pm

Chair Person: Dr Phylaysack NAPHAVONG

Present: Mr. Pascal Stenier UNAIDS, Dr Soulany LRC, DR Dominique (WHO Ex-officio), Mr. Kinoy PHONGDETH (President of PLWD), Dr. Azusa IWAMOTO

Excused: Mr Tomas D'Agnes, Mr. Yangpao PAYEVEU, Dr Nao BOUTTA.

PR and SRs: Dr Chanmy SRAMANY, Dr Chansouk CHANTHAPADITH, Mrs. Nancy Knapp, Mr. Pasael Verhoeven

Other: Mr Tongleuane (GMS)

Agenda:

1. Oversight plan (ITA French5%/CCM sec)
 - Oversight calendar 2013
 - Dashboard calendar 2013
 - Site visits calendar 2013
 - TA plan 2013
2. Plan for consultations with constituencies for reform (GMS)
3. Discussion on handing over Burnet Institution activities (PR)
4. Discussion on the new STC for the "Incentive Scheme."
5. AOB (CCM meeting agenda)

Agenda point	Summary	Actions
1. Oversight plan 2013	<p>The Int. TA from FEI5% assigned to CCM sec/OC has introduced the background and rationale of the OP 2013. Informed that this is a GF's requirement for any request of funds including second commitments (Renewal Request). The first version of OP was developed in first quarter of 2012 and was endorsed by the CCM plenary in March same year. The OP is expected to be developed yearly and implementation progress updated quarterly.</p> <p>The ITA reminded the main areas included in the oversight calendar as requested by the OC/CCM in 2012. Main progress, achievements, limitations and challenges were reported:</p> <ul style="list-style-type: none"> - <u>CCM/OC meetings:</u> were overachieved; several extraordinary meetings were requested by CCM or OC members to responds to OIG report, prepare TFM for Malaria and HIVSSF reprogramming and renewal request (2nd commitment) as well as for response during negotiations. - <u>The annual retreat:</u> for CCM assessment was not conducted instead a half day meeting at PR meeting room for CCM funding request and CCM's Reform. - <u>Update of Governance manual (CCM's TOR):</u> Internal review of TOR was conducted by specific committee (Task Force) with support from ITA FEI5%. The external review of TORs, oversight procedures as well as constituency's 	<ul style="list-style-type: none"> a) CCM meetings to be conducted the 4th week of last month of each quarter. Two Extraordinary CCM meetings are planned and budgeted in 2013. b) OC meetings in 4th week of each month. c) Site visits: To include detailed procedures in guidelines. The exact date of the site visit is to be decided by the proposed team leader of each visit in first OC meeting of each quarter. TOR is to be developed for each visit by OC/CCM sec. d) Concerning site visit of Q2Y1 UNAIDS is team leader and will define the date. e) Concerning the road map and methodology for the CCM's reform (proposed by GMS) the OC advises to further discuss at the CCM plenary. f) Self-declaration of non-conflict of interest; OC advises that CCM's chair is to request in next meeting that all members sign the document..

	<p>membership, roles updates & engagement review is ongoing with assistance from GMS. According to GMS updated governance documents and new CCM structures, with elections of representatives expected in third quarter of 2013.</p> <ul style="list-style-type: none"> - <u>Conflict of interest issues:</u> policy & self-declaration: The COI policy was developed and endorsed by CCM in March-April 2013 however despite the template was distributed the self-declaration was not signed by CCM members. - <u>Alignment:</u> CCM sec/ITA have been attending the SWCG meetings and providing information to the SWCG secretariat however more discussions in terms of harmonization of GF with other donors is advised. - <u>Gender review:</u> need to be implemented; it's expected to be included in new governance documents. - <u>OIG recommendations:</u> report has been integrated in the PR's updates during CCM meetings. - <u>Dashboards:</u> First DB were delivered by PR and CCM sec checked the information, the DB were started to be discussed at oversight committee level however formulation of recommendations by OC as well as presentation to CCM plenary have not been adequately conducted mainly because the unavailability of the OC members. According to CCM decision (121412) the PR will prepare the 3 DB every six months, next are due in 15 March. - <u>CCM oversight site visits:</u> The visits were conducted irregularly and reporting to CCM was not ensured, rotation of participants and more involvement of key affected populations as well as non CCM members is to improve. The ITA FEI5% developed guidelines, templates report and TOR for visit in second quarter (Luang Prabang). The site visit calendar 2013 was presented however it's not possible to define in advance the exact dates as availability of participants needs to be confirmed first. - <u>Proposal development:</u> The CCM obtained from GF near 21 million USD in 2012 this covers intervention for HIV and Malaria up to 2015. According to the new epidemiological context, the CCM is requesting to Malaria Technical Committee (CMPE & partners) to prepare and present in next meeting a gap analysis. New Proposal needs to follow New Funding Model guidelines. Despite we don't know exactly how the new GF funding model will be implemented the gap analysis and NSAP for three diseases need to be updated - <u>The PUDR:</u> has not been reviewed at OC level, however with the development of the DB every six month. - <u>Grant Implementation:</u> <ul style="list-style-type: none"> a) HIVSSF Periodic review and reprogramming were monitored by OC and endorsed by 	<ul style="list-style-type: none"> g) The TA plan is to be completed with the information of TA (PR/SRs) cost & sources of funding (GF vs. non GF) The PR is requesting to have training in New Funding Model this is to be discussed with CCM and FPM. h) Dashboards are to be prepared by PR and presented to CCM every six months in a full day meeting. i) The National Programs (3) are to be invited to OC/CCM meetings for the discussion of the Dashboards. j) Special meeting for DB (1 day) is proposed. k) PR is to provide OIG implementation report to CCM in each CCM meeting. l) CCM sec is to prepare official letter for CMPE to present updated Gap analysis, potential donors to fill gaps are to be invited to the discussion of Gaps. m) Review of PUDR is not to be included in the oversight plan. n) Only summary of External financial audits are to be distributed to CCM members. o) Discussion at Task Force/OC for the reprogramming of HIVSSF and TBSSF are to start in August 2013. Consolidation of R7 with TFM is due in June 2013; discussion at Task Force and OC level must start in April. p) This Oversight plan is to be submitted with the TBSSF second commitment request. q) CCM sec is to attend the TBSSF periodic review activities in order to provide advice and have information concerning the CCM's requirements. r) Technical Committee or Task Force for TBSSF periodic review is to be organized s) WHO is to confirm the support with TA for TBSSF second commitment proposal development
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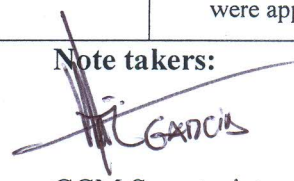
	<p>CCM. This year (January to march) the periodic review of TBSSF is to be conducted. It's expected that OC/CCM members and CCM sec coordinate and monitor the whole process up to submit in 15th March 2013. Calendar for Periodic Review is included in oversight.</p> <p>b) In 2013, reprogramming of three grants are to be done at same periods (last three months of the year) its advised to start to discuss at OC in July / August. In June 2013 the Malaria R7 and the TFM need to be consolidated. The HIVSSFY2 reprogramming is due in January 13 but this has been already endorsed y CCM.</p> <p>c) Program Income is to be endorsed by CCM, PR and SRs are to prepare the reinvestment plan to present in CCM and submit to GF.</p> <p>- <u>TA plan 2013</u>: was presented and gaps were identified.</p>	
<p>2. Plan for consultations with constituencies for reform (GMS)</p>	<p>Mr Tongleane , local consultant for GMS introduced the main recommendations of GMS concerning the roadmap for reform focusing in activities proposed until the second visit of GMS in February 2013. GMS specific methodology is to organize three sub groups (membership, structure and strengthening CCM secretariat). He explained that civil society process is also to be continued as the TOR have not been discussed by all members and this need to be reinforced too. Mr Tongleane explained that this proposition needs to be discussed by Reform Task Force and provide feedback to GMS.</p> <p>The OC members have expressed concerns about the timing and proposed methodology and advice to have further discussion at CCM level. The OC thinks that more participants are to be included in this exercise and the full CCM should participate in the discussion</p> <p>The OC chair ask if the Technical committees of HIV. Mal, TB could be entrusted to become these subgroups for Reform but other members think that role is more technical.</p> <p>OC members expressed that they were expecting to have more concrete propositions and solutions from the consultants (GMS) and not to have to work in extra subgroups. CCM is to be involved in the discussions and decision.</p>	<ul style="list-style-type: none"> • The CCM is to further discuss and decide in the methodology proposed by GMS for the CCM's reform. • The proposition is to be discussed first by the Reform Task Force in coming week & prepare the options for the CCM to decide. • The Reform Task Force is also to discuss the date of the Extraordinary meeting to discuss the Roadmap and subgroups.
<p>3. Discussion on handing over Burnet Institution activities (PR)</p>	<p>The PR has informed the OC about the unilateral decision of Burnet Institute to withdraw of the HIVSSF grant (see BI letter sent to CCM). For the PR even if the activities and budget allocated to BI is small this could affect the performance of the whole grant as well as legal issues with GFATM.</p> <p>The point was discussed at HIV task Force level and their express two points:</p> <p>a) TF don't know the GF's regulations in this case?</p> <p>b) TF proposition is to nominate another SR to conduct the activities with the same budget.</p>	<ul style="list-style-type: none"> • The CCM sec will send official inviting Burnet Institute to attend the next OC meeting (4th week of February 2013) to discuss this situation as well as the propositions to be presented to the next CCM plenary.

	<p>c) PR is to discuss with BU and solve the management issues (reimbursements of advances by PR?)</p> <p>OC members considers that BI took a unilateral decision and is not respecting the compromise with the GF/PR .Indeed according to PR management guidelines the SRs can't withdraw without previous discussion with all stakeholders as well as with PR and CCM.</p> <p>Nevertheless the justifications provided by BI seem to be comprehensible as they have been suffering from disbursement delays from GF.</p> <p>The OC recognizes the add value of BI in HIV program and express the need to have further discussion trying to find a solution before to take any decision to allocate the funds to other SRs. The OC chair clarified that this situation needs to be addressed by the CCM plenary as OC can't decide.</p>	
4. Discussion on the new STC for the "Incentive Scheme."	<p>PR informed that GF now has requested an Incentive Scheme instead of a Salary Scale (PR) and deadline is December 2103.However according to PR staff the request is still unclear what exactly GF is requesting and PR would like to have more clarifications from FPM before to start to work in a new version of such scheme. PR remained that in 210 an incentive scheme was developed by PR and validated by ministry of finances; however the GF has not approved this version and still requesting in HIVSSF second commitment.</p>	<ul style="list-style-type: none"> • The OC advises to PR to clarify with the FPM and reformulate the road map accordingly • OC advises to the PR to start preparing the analysis of workload and rates to discuss with OC • Final version is to submit to CCM for endorsement before to send to GF.
5. AOB	<p>PR informed that MOH has nominated Vice minister Dr Inlavong to become CCM representative and alternate Dr Bounlay.</p>	<ul style="list-style-type: none"> • To clarify if the MOH's alternate can be assigned to the PR director.
6. Closing	<p>OC closed the meeting doing a summary of the discussed points</p>	<ul style="list-style-type: none"> • Minutes of previous meeting were approved & signed

Chair



Note takers:



CCM Secretariat