

MEETING MINUTES OF EXECUTIVE AND OVERSIGHT COMMITTEES MEETING

1. INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS		(Place "x" in the Relevant Box)			
LOCATION/VENUE	3rd Floor Meeting Room, MOH				
MEETING NUMBER		TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	EXCOM MEMBERS	2	
DATE (dd.mm.yy)	04/04/2018		OC MEMBERS	5	
MEETING SCHEDULE START	09:00		CCM SECRETARIAT STAFFS	3	
MEETING ACTUAL STARTED	09:00		OTHERS	20	
MEETING ACTUAL ENDED	12:00		TOTAL	30	
DETAILS OF PERSON WHO CHAIRED THE MEETING			MEETING TYPE		
HIS / HER NAME & ORGANIZATION	First Name	Dr. Soulany			
	Family Name	Chansy		Regular Meeting	x
	Position/Title	ExCom Vice Chair		Extra-ordinary Meeting	
	Organization	LRC		Other Meeting	
HIS / HER ROLE ON THE MEETING	Chair	x	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING	LFA	x
	Vice-Chair			FPM / PO	
	CCM Member			OTHERS	TAs
	Alternate			NONE	

2. AGENDA OF THE MEETING

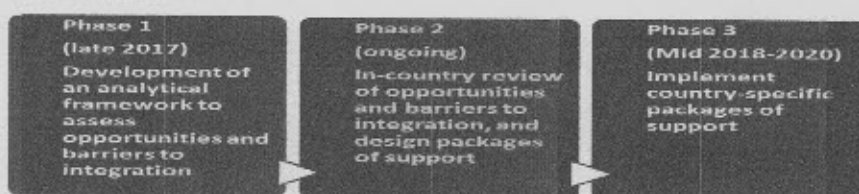
AGENDA SUMMARY		
AGENDA ITEM N°.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	Responsible Person
Agenda Item #1	<ul style="list-style-type: none"> Present findings of assessment and analysis of integration opportunities and bottlenecks across national disease programs related to health sector governance. 	Global Fund TAs
Agenda Item #2	<ul style="list-style-type: none"> Propose to use of program income of the PSI. 	PSI
Agenda Item #3	<ul style="list-style-type: none"> Update on progress of current grant close-out and new funding cycle. 	PR PMU
Agenda Item #4	AOB and close meeting <ul style="list-style-type: none"> Update on process of application for multi-country proposal for TB and HIV; Update on process of application for FEI5%. 	CHAS

3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1	<ul style="list-style-type: none"> Present findings of assessment and analysis of integration opportunities and bottlenecks across national disease programs related to health sector governance
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p>The Global Fund TAs acknowledged the purpose of their visit in Lao PDR. Its mission will be focused on how to strengthen health sector governance through better-integrated planning and programming. The assessment and analysis of integration opportunities and bottlenecks are now being implementing in four countries such as Mongolia, Nepal, Laos and Papua New Guinea. The presentation of visit consisted of structure, findings and recommendations.</p>	

Key points of the presentation:

- a. The assessments of integration national disease programs into the national health system will consist of three phases as follows:



Phase 1: Analytical Framework will assess the context of political, strategic, institutional and operational management; Phase 2: In-country review process will conduct an interview various stakeholders and group discussion to identify governance barriers and opportunities to integration; Phase 3: Embed integration in the broader context of transition and sustainability.

- b. Preliminary findings: The barriers and opportunities have been assessed and analyzed through the context of politics, strategies, institutionalization and operationalization across national disease programs related to health sector governance.
- c. Summary of potential entry points and areas of support to improve integration: The potential entry points and areas of support to improve integration has been summarized as follows:
1. Analysis of implications of integration, especially in the context of transition (e.g. forthcoming Transition Readiness Assessment);
 2. TA to support integrated planning, budgeting and programming across disease programmes in preparation for submission of integrated HIV/TB proposal;
 3. Review and revise institutional TORs to include incentives for inter-departmental communication, cooperation and collaboration;
 4. TA to clarify and communicate roles of various GF-related entities, including coordination mechanisms;
 5. TA to support development of PR/PMU performance framework that includes knowledge/skills transfer mentoring and monitoring joint planning and reviews;
 6. TA to support development of strategy and guidelines for integrated approach to engagement with private sector, in line with ADB-supported PPP decree;
 7. TA to CSO service providers could include examining possible contracting by disease programmes (following best practice in other countries) and development of CSO business/sustainability plans;
 8. TA to support development of strategies for integrated planning and programming to reach Migrant, mobile and seasonal workers.

Key comments and issues raised after the presentation:

- The representative of the French Embassy requested the Global Fund TAs to clarify about incentive and roles of various Global Fund-related entities in Laos;
- The representative of WB asked a question about Transition Readiness Assessment (TRA) related to follow up whether the GF TAs have worked on that. She emphasized the TRA should not only be made through HIV, TB and Malaria;
- CHAS noted that the term of “lack collaboration between TB and HIV” mentioned by GF TAs should be clarified, as both TB and HIV have both worked closely on providing services both at national and local level;
- WHO representative noted that the summary most entry points were at a national level but we did not see this point at a sub-national level that the health sector reform programs should be included;
- GF TAs clarified the raised questions as below:
 - The mentioned incentive here is the incentive providing to staff that need to communicate,

- cooperate and how to coordinate better integration within various departments;
- The roles of various GF-related entities meant to better understanding about their operation and coordination mechanisms, and how the GF itself could identify integration barriers;
- Transition Readiness Assessment (TRA): For Laos the TAs team will conduct in November 2018 and the team will look basically at two parts which is the financing and management. Actually GF develops 2 transition plans that is PR focus and CCM focus plans;
- The wording “lack on the ground of collaboration between TB and HIV” this point has been taken from previous funding proposal that highlighted at that time;
- Issue related to national and sub-national level of health sector reform: Unfortunately, the TA cannot give a better answer because they don’t know a level of GF support delivery directly to a country for the type of TA, may be it depends on budget. if there is more budget they can do this at local level.

Discussion:

A discussion was made through the findings valid and any other priority areas of additional support.

- CHAS noted that all assessment findings are very useful, however the probability to implement these findings is 50%;
- PSI requested GF to support development guideline on using Program Income of condom sale;
- French Embassy mentioned that several entry points were related to ongoing projects supported through the 5% Initiative and that synergies should be sought and planned well in advance in order to avoid duplications: No.2 “TA to support integrated planning, budgeting and programming across disease programs in preparation for submission of integrated HIV/TB proposal”, No.5 “TA to support development of PR/ PMU performance framework”, No.7 “TA to CSO service providers” and No.8 “TA to support strategies for migrant, mobile and seasonal workers”;
- UNAIDs noted that the entry points from No1 to No3 need to look at the point of mainstreaming. For engagement private sector, this point is not really clear and for the entry point No8 is most relevant to French initiative 5% supporting the technical assistance, and Global Fund can address this momentum rather than create the new initiative;
- GF TAs requested a focal point to be engaged and supported this work together with national GF TA in the next steps.

Decisions

- CCM secretariat is appointed to be a focal point for supporting this work in the next steps.

Agenda Item #2 Propose to use of program income of the PSI

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

PSI representative presented a Condom Social Marketing in Laos to a meeting and requested increasing a management cost amount of USD3,350 per month to implement Condom Social Marketing as additional activity under the Sub Recipient Contract with the PMU for the GF HIV grant for a period from January 2018 to December 2020, the PSI proposed the Executive Committee members to consider and approve this proposal.

Key comments and issues raised were the following:

- French Embassy asked if this an additional management cost will charge for current GF HIV grant. She informed that the demand of condom use has been decreased based on research conducted through HIV mobile migrant;
- PSI noted that this would actually charge to Program Income of selling condoms and not ask more money from GF. In terms of decreased demand of condom use, PSI and private sector are conducting the social marketing campaign to the general population and not focused specifically on HIV mobile migrant;
- CHAS noted that in the past we spent revenue from selling condom for implementing activities. For the period 2018-2020, CHAS has the commitment with Global Fund to distribute one million condoms predicted under co-financing, hence we need to use this program income to implement this mentioned activity. CHAS emphasized that the condom social marketing is very important as the last assessment has showed that a usage condom among FSW, MSM and TG was very low which was less than 40%;
- UNAIDs noted that how to deal with poor quality of condom and may need to inform the public and commercial dealer about its quality.

Decision

Due to insufficient quorum, the meeting proposed to CCM Secretariat to seek approval this proposal from the ExCom via email

Agenda Item #3 Update on progress of current grant close-out and new funding cycle.

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The PR PMU representative updated on progress of current grant close-out and new funding cycle 2018-2020 to a meeting.

Key points of the presentation:

- a) Completed submission of PUDR (period Jan-Dec 2017) of all grants by mid-March 2018;
- b) LFA completed financial verification at central level and selected three provinces (LNT, BK, KM);
- c) Completed external audit for 2017 undertaken by Moore Stephens UK. The final report will be submitted to GF by 27 April 2018.
- d) New funding cycle 2018-2020 for HIV, TB and RAI2E; the MOH PR PMU/PSR has received funding from GF and UNOPs in second week (13-15) of March and all funding has been transferred to SRs in the last week (27-29) of March 2018;
- e) Timeline of submission report has been defined: **For monthly report**; SR sends a report to PR on 20th of the month; SSR sends to SR on 10th of the month. **For quarterly, six monthly and annual report**: PR sends to GF on 15th after the quarter ended; SR to PR on 20th after every quarter ended and SSR sends to SR on 20th after every quarter ended.

Key comments and issues raised were the following:

- CHAS noted that in the past, the funding was transferred for 6-month and plus 3-month buffer but this current grant has been transferred for only 6-month and plus quarter one grant delayed, hence we are so worried about grant implementation and how to get the next round of funding;
- The Chair mentioned that in the grant close-out presentation, we did not see the management actions update and hand-over of all equipment, probably this will be taken into one agenda of the next ExCom meeting;
- The Chair advised PMU to summarize the management actions and send it to CCM secretariat for further distributing to CCM;
- UNAIDs asked PMU if any impacts of grant delayed to program procurement;
- PMU/ TA Procurement Unit mentioned that even though grant delayed it will not impact to program procurement and PMU can manage this. PMU is worried about procurement issue related to government co-funding as committed to GF;
- The Chair asked to bring the issue of government co-financing procurement into a discussion in the next OC meeting as we cannot solve in this meeting;
- MOF asked MOH to: 1). Submit a report of fix assets after ending grant cycle 2015-2017 to the Department of State Asset, MOF want to know about this hand-over equipment and also register. 2). Submit a final financial report of grant close-out 2015-2017 and 3) For the government co-financing, MOH/DPIC and national program should complete and submit the plan to MPI and MOF by July 2018 as this plan will be presented and approved by the National Assembly.

Decision

PMU has been requested to summarize management actions and send it to CCM secretariat

Agenda Item #4 • **AOB and close meeting**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

- CHAS representative updated progress:
 1. **Application for French initiative 5%:**

The national programs, UNAIDs and partners have already worked on the proposal and it has been submitted as deadline on 23 March 2018; the requested budget is around 1.1 or 1.2 million Euro, the 3-year activities mainly focus to fill the gaps on key population such as MSM and TG to get health care services and build capacity/ strengthen ART services to people living with HIV and expand ART care to some areas;

2. Catalytic fund:

This fund is totally different from HIV, TB grants and UNOPS grant, the total amount of catalytic fund is around USD10-12 million for eight countries including Laos, the PR will be based in Bangkok and the SRs will be based in each country. Right now he hasn't got any updated information on this matter. He was informed that if any progress will be sent through CCM. Therefore, he requested a colleague from UNAIDS to help in following up on this matter.

- **Application of multi-country proposal on TB migrant:** This proposal is now on track of finalization and it will be submitted to RSC by 27 April 2018. So this proposal will be discussed and reviewed in the next meeting.
- CCM secretariat concerns about the times to submit multi-country proposal due to this proposal has to be reviewed by RMC and OC and to be endorsed by CCM before submitting to the RSC by 27th April which may be affected by Lao New Year holiday. Once CCM Secretariat have received this final draft proposal, the draft will be circulated immediately to RMC/OC and CCM, probably before Lao New Year. The CCM Secretariat is scheduling to organize a joint RMC and OC on 24 April 2018 to review the proposal and then CCM meeting to review and endorse the proposal on 26 April 2018.

Decision

No decision

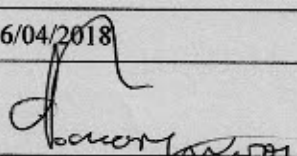
4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM N°.	WRITE IN DETAIL THE DECISIONS	KEY PERSON RESPONSIBLE	DUE DATE
Agenda Item #1	CCM secretariat is appointed to be a focal point for supporting this work in the next steps.	CCM sec	
Agenda Item #2	Due to insufficient quorum, the meeting proposed to CCM Secretariat to seek approval this proposal from the ExCom via email.	CCM Sec/Ex-Com	
Agenda Item #3	PMU has been requested to summarize management actions and send it to CCM secretariat.	PMU	
Agenda Item #4	No decision		

5. NEXT MEETING

LOCATION/VENUE	
DATE:	
TIME	

6. EX-COM MINUTES PREPARED BY:

TYPE/PRINT NAME	Noukorn Thalangsy	DATE:	6/04/2018
FUNTION/ POSITION	Coordinator and Finance Officer	SIGNATURE	

7. MINUTES APPROVED BY:

TYPE/PRINT NAME	Dr. Soulany Chansy	DATE:	06 APR 2018
FUNTION/ POSITION	ExCom Vice-Chair	SIGNATURE	