

MEETING MINUTES OF EXECUTIVE COMMITTEE AND OVERSIGHT COMMITTEE 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	NA	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	EXCOM MEMBERS	1
DATE (dd.mm.yy)	18/05/2018		OC MEMBERS	5
MEETING SCHEDULE START	13:30		CCM SECRETARIAT STAFFS	4
MEETING ACTUAL STARTED	13:45		OTHERS	18
MEETING ACTUAL ENDED	16:30		TOTAL	28
DETAILS OF PERSON WHO CHAIRED THE MEETING			MEETING TYPE	
HIS / HER NAME & ORGANIZATION	First Name	Dr. Soulany	Regular Meeting	
	Family Name	Chansy	Extra-ordinary Meeting	x
	Position/Title	ExCom vice-chair	Other Meeting	
	Organization	Lao Red Cross		
HIS / HER ROLE ON THE MEETING	Chair	x	LFA	
	Vice-Chair		FPM / PO	x
	CCM Member		OTHERS	
	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	Debrief of Senior Fund Portfolio Manager (SFPM) for HIV&TB	SFPM

3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1	• Debrief of Senior Fund Portfolio Manager (SFPM) for HIV&TB
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p>SFPM for HIV & TB visited Lao PDR from 14-18 May 2018. She acknowledged GF visit was a joint mission with GAVI to consider potential opportunities for enhanced coordination for sustainability transition, within the framework of the MOH Health Sector Reform (HSR) initiative.</p> <p>Both, GAVI and GF are transitioning from Lao PDR, therefore, this joint visit seeks to learn about each other operations, and how to collaborate in areas such as Finance, Governance, and service delivery.</p> <p>Key points of her presentation were as follows:</p> <p>Finance To examine with the DOF on areas of further support, e.g. training and capacity building</p> <p>Governance Currently, there are three coordinating mechanism: Country Coordinating Mechanism (CCM), interagency coordination committees (ICC) and Non Profit Association (NPA) Coordinating Committee (CC).</p>	

SFPM noted that due to time and management costs, we should find efficiencies, and see which activities could be put together. Furthermore, with the support of CCM, ICC and NPA CC, GAVI will review TORs from coordinating bodies to find opportunities of better collaboration and coordination. Once synergies have been identified, the country will be involved. This should be before 2020; previous GF grants finish its cycle and CCM membership renewal.

Transition

The MOH is keen to lead the transition process. In addition to GF and GAVI, many donors are considering transition of Laos. To contemplate a single transition plan for all donors.

Grant Management

- The management executive committee is doing more management decisions, instead, the GF recommends to focus on monitoring PMU performance and coordination across departments
- There are many weaknesses in systems and processes. All programmes should meet with the PMU on a quarterly basis to go through all management actions. GF wants to see the progress; PMU should update GF on a quarterly basis
- PMU oversight to all SRs should be strengthened, and oversight manual should be updated
- To minimize the movement of cash, per diem and allowances should be paid by bank transfer. The PMU should lead on how this process can be undertaken by all provinces and among all diseases programmes. PMU should also identify potential issues
- UNOPS to support PMU in updating finance manual and SOPs
- LFA will revise Malaria and HSS programmed for closure period
- Financial reports for all grants now under review to determine final cash balance to be returned to the Global Fund

HIV programme

The programme presents many challenges:

- There is not a reliable data on population size and behaviours. Knowing the epidemic will optimize the programme interventions.
- CHAS is the latest programme to integrate DHIS2
- IBBS is not yet completed. PMU should follow up with the consultant to terminate the contract and request return of data & final draft of analyses
- PLWID: Data is difficult to obtain and FE15% consultants can only get a broader perspective from the situation in Laos
- Dropping Centers: CHAS should work in partnership with CSOs to provide mobile testing to key population
- CSO grant requirements: Insufficient information provided on costs, staffing and HR policies. No further disbursement will be made under HIV or TB grant until this is clarified
- PSI to use additional budget to conduct and promote the use of condoms
- Condoms quality: In 2016 Rose Plain condoms fail quality test. The GF advises PMU and CHAS to immediately stop any further importation of Rose Plain condoms
- TB&HIV integration: with the support of UNV WHO to develop a three year operational plan for collaborative TB&HIV activities. E.g. HIV testing with TB ACF particularly in prisons

TB programme

NTC reports good results. The programme has managed to implement in Q1 despite the delay disbursement.

- Sputum transportation: Payment of the allowance for transportation is now by target assumption and by district level

- TB CSO implementers: CSO implementers to link allowances to achievement against targets
- Budgeting: Co-financing request, 20% of the grant. NTC and PMU should ensure that all co-financing contributions are documented
- Finalize some of the outstanding issues to understand where the NTC is and achieve better results.

Key comments were as follows:

- Representative of PLHIV expressed that there was no problem in terms of health care services provided to the patients; however, the main issue is that patients did not attend doctor's appointment. In addition, there is a risk for peer educator to resign from the project. Currently, there is only one peer educator working and dealing with community tasks. e.g. coordination, reporting and implementation of the activities for a minimum salary.
- UNAIDS representative asked on how improve quality and feedback from the programmes. Furthermore, he noted that at ART Center, people have many tasks: how can it be more effective?
- CCM Secretariat noted that GF transition assessment report presents inconsistency in title and content

Decisions

No decision

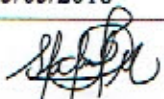
4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM N°.	WRITE IN DETAIL THE DECISIONS	KEY PERSON RESPONSIBLE	DUE DATE
Agenda Item #1	No decision		

5. NEXT MEETING

LOCATION/VENUE	
DATE:	
TIME	

6. EX-COM MINUTES PREPARED BY:

TYPE/PRINT NAME	Silvia Illescas	DATE:	25/05/2018
FUNTION/ POSITION	Health Advocacy and Coordinator	SIGNATURE	

7. MINUTES APPROVED BY:

TYPE/PRINT NAME	Dr. Soulany Chansy	DATE:	25/05/2018
FUNTION/ POSITION	CCM Vice-Chair	SIGNATURE	