

MEETING MINUTES OF EXECUTIVE 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		TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	EXCOM MEMBERS	3		
DATE (dd.mm.yy)	23/02/2018		RMC MEMBERS AND OC MEMBERS	8		
MEETING SCHEDULE START	10:00		CCM SECRETARIAT STAFFS	4		
MEETING ACTUAL STARTED	12:00		OTHERS	18		
MEETING ACTUAL ENDED	12:00		TOTAL	33		
DETAILS OF PERSON WHO CHAIRED THE MEETING			MEETING TYPE			
HIS / HER NAME & ORGANIZATION	First Name	Assoc. Prof. Dr. Phouthone		Regular Meeting	x	
	Family Name	Muongpak		Extra-ordinary Meeting		
	Position/Title	ExCom Chair		Other Meeting		
	Organization	MOH				
HIS / HER ROLE ON THE MEETING	Chair	x	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING	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	The PR Office transition to the PMU- Governance, operation and function.	GF Senior Fund Portfolio Manager /PR PMU
Agenda Item #2	Global fund grant requirements for disbursement, fund flows and effective PMU.	GF Senior Fund Portfolio Manager
Agenda Item #3	Sustainability and transition initiatives to be assisted by the GF: <ul style="list-style-type: none"> • Transition Readiness Assessment; • Transition Planning; • Improving integrated planning and programming of national disease programs. 	GF Senior Fund Portfolio Manager
Agenda Item #4	Call for nominations for candidates of the standing committees members of the Global Fund Board, for the 2018-2020 term (deadline 26 February 2018). <ol style="list-style-type: none"> 1. Audit and Finance Committee; 2. Ethics and Governance Committee; 3. Strategy Committee. 	ExCom
Agenda Item #5	AOB and close the meeting	ExCom chair

3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1 • The PR Office transition to the PMU- Governance, operation and function

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

GF Senior Fund Portfolio Manager (SPPM) presented status on new grants HIV and TB, PMU transitions, key issues, NFM closure actions (Malaria, TB, HIV and HSS) and sustainability and transition initiatives.

Key points of the presentation:

- **Disbursement:** Two grant requirements that delayed disbursement for new grants TB & HIV
 1. Establish of effective PMU financial management and oversight: All PMU staff have been selected awaiting selection report for the PMU manager.

Global Fund is subject to receipt of relevant documentation, the GF will consider this grant requirement fulfilled, and advises that renewal of the PMU Manager contract after Year 1 is subject to satisfactory performance. This will be assessed at end of 2018.

2. Clear description of the fund flows mechanism and sign off process.
 - Draft fund flow mechanism submitted and GF comments to be included
 - Final to be reviewed and endorsed by the Vice Minister

GF also requires revise budget for the closeout period for HSS and Malaria to incorporate audit as that should come from 2017 budget. Any services that were not completed by the 31st of December 2017 need to come from the new grants. Thus, any cash balance that was remaining from the old grants needs to be returned to the GF or else the GF will deduct that cash balance from the new disbursement.

- **Challenge and opportunities:**

- Challenge: Governance and management

This is a bit more complex given MOH PMU staff will work with RAI PR-UNOPS staff, which are embedded at MOH PMU. A conscious look at governance and legal responsibilities of Principal Sub-Recipient MOH and PR-UNOPS is needed. Hence, in order to make this work effectively GF SPPM discussed with PMU team and UNOPS representative in Lao PDR about clear division of responsibilities of the three staff co-founded (PMU Manager, Finance Manager and National Procurement Officer). SPPM noted that time management is key to achieve an equitable focus across all three grants and avoid risk of some overshadows. From a CCM oversight perspective this needs to be carefully examined.

- Opportunity

UNOPS will provide technical financial and management support to PMU Manager, Finance Manager and national procurement officer in fulfilling RAI grant responsibilities, TA support to establish PMU-wide manuals, guidelines and Standard Operating Procedures (SOPs), and M&E TA to support the PMU Malaria M&E officer and to harmonize and reinforce approaches with PMU TA and DHIS2 TA.

- **Management Actions:**

1. Risk mitigation as identified by LuxDev TA;
2. Financial risk assurance (agreed by PR office 2016);
3. Progress against CAT assessment recommendations Sept 2017.

- **SR Management: PMU team will undertake**

1. Completion of all sub-grant agreements TB and HIV
2. SR assessments: a) based on earlier risks identified through the heat map elaborated by LuxDev, b) CAT which was undertaken 2 years ago by all the programmes and, c) Management Actions issued for all the programs through performance letter & audits
3. Capacity building support including through use of support groups for all finance and M&E officers (PMU/SRs/SSRs)
4. Reinforce consistent use of ACCPAC for reporting
5. "Kick-Off Orientation/Implementation" Workshops for new TB & HIV grants for implementers

- **Catalytic funding:**

Regional TB migrants and mobile population and HIV grant that should start at the end of the year. A consultant is coming in early March to work in country; all stakeholders should be involved in the development of the proposal. Additionally, a regional HIV grant with focus on key populations and communities system strengthening and advocacy.

▪ **Grant issues:**

TB: A critical issue for the TB program is the construction of the new Hospital Mahosot and movement of National Reference Laboratory (NRL) which does TB testing for TB case diagnosis and also does DST testing for MDR suspects. This represents a potential risk of disruption for TB diagnosis. An option will be the offer from Centre Merieux to temporarily host NRL DST testing equipment and staff, at no charge.

HIV: Some issues remaining such as a system to linking payment of allowances to achievement of targets (CSO implementers) and HIV integration of data reporting into DHIS2.

▪ **Measures to Prepare for Transition and Sustainability:**

At the end of March, there is a consulting group coming to assist the HIV and TB programs in improving integrated planning/ programming /coordination of national disease programs to result in improved integration (TB, HIV Programs) in the national health system. Timeline and information will be later circulated to CCM and PR.

Discussion:

1. Governance and management:

WHO representative noted that there should be a clear delineation of the workflow between RAI PR-UNOPS and PMU staff. The main concern is that if UNOPS is the PR, and MOH is the Principal Sub-Recipient (PSR), who will then sign and have the ultimately responsibility. This need to be clarified as more grant are coming in country, TB migrants and mobile population and HIV grant in the Mekong region.

UNOPS representative informed that UNOPS will provide TA support to establish PMU-wide manuals. UNOPS noted that PMU has already manuals that can be apply to the three diseases, however, given that the legal terms, times and agreements are different for the three diseases (HIV and TB PMU have the contract with the Global Fund, Malaria PMU has the contract with UNOPS), wide manuals to fill the gaps and align all these legal terms in accordance to the three diseases are necessary.

UNOPS representative also noted that roles and responsibilities between PMU and UNOPS are defined. As per grant management architecture and the GF Governance architecture, UNOPS is the PR and MOH PMU is the Principal Sub-Recipient with the task of managing all Sub-Sub-Recipients (SSRs). Historically, in the RAI grant, DCDC was the PSR for all the SSRs in the country. During that time, DCDC was the one accountable and responsible to oversee grant implementation activities by the SSRs. UNOPS as PR is legal responsible to the GF to manage and achieve grant performance, provide management and technical support to PMU.

WHO representative emphasized that legal responsibility should be demarcated, especially considering that UNOPS will have 4 staff sitting with the MOH PMU making sure that PSR roles are met. In addition, both grants are the same size and amount and the legal eases are different. If UNOPS is taking legal responsibility for Malaria, this means MOH will take legal responsibility for HIV and Tuberculosis. However, within the same staff.

French Embassy representative also recalled that the PR has applied for a Financial TA to the 5% Initiative, including support to draft PUDRs, reinforce the financial capacities of the PR and SR and revise the current financial reporting tools and SOPs. This request is currently being examined, but in case it is accepted strong coordination with UNOPS TA will have to be established to avoid overlaps and ensure a harmonized approach across the PR.

SFPM noted that in terms of good governance practices it does present a number of challenges in separation of powers. MOH is responsible as PR for both HIV and TB grants, MOH is also responsible as PSR for Malaria RAI but PR UNOPS will be sitting with MOH PSR for assistance on its duties. Moreover, SFPM noted that remaining uncertainties will be taken to Global Fund HQ.

PLHIV representative noted that the programs are dedicating a significant amount of time in management issues, which is causing delay in the program. Therefore, based on SFPM experience in other countries, PLHIV requested advice on good practices from other countries that can be applied to Lao.

SFPM acknowledged that unfortunately every country suffers many challenges that cause funding delays. However, the goal is to strengthening governance thus the programmes can achieve greater impacts.

2. Catalytic funding:

TB representative informed about US\$ 10,000,000 Catalytic fund for TB mobile and migrant population in the Greater Mekong Sub-region. NTC team has attended two meetings in Bangkok. The first draft of the proposal should be sent in march, and the multi-country funding proposal expects to be submitted for TRP before 30 April.

CHAS representative informed that he attended Regional consultation in Bangkok for a HIV multi-country grant US\$ 12,500,000 divided by 8 countries. The funding will cover a period of three years of implementation and proposal development should commence in May 2018. CHAS noted that PR structure for this grant is very different from previous grants. PR will be based in Bangkok, probably coming from the Civil Society, and SRs will be the CSO. He informed that in Lao PDR funds should go first through the Government and then to CSO, further, CSO should report to the Government (Ministry of Foreign affairs). Lastly, CHAS proposed the meeting to further discuss this multi-country grant.

- No decision.

Agenda Item #2	Global fund grant requirements for disbursement, fund flows and effective PMU.
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
This item is developed in agenda item #1.	
Decision	
No Decision.	

Agenda Item #3	Sustainability and transition initiatives to be assisted by the GF.
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
This item is developed in agenda item #1.	
Decision	
No decision.	

Agenda Item #4	Call for nominations for candidates of the standing committees members of the Global Fund Board, for the 2018-2020 term.
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
CCM Secretariat informed about Call for nominations for candidates of the standing committees members of the Global Fund Board. Secretariat invites to nominate CCM members to be representative for the three standing committees: Audit and Finance Committee, Ethics and Governance Committee, and Strategy Committee.	
Secretariat noted that an email was sent to all CCM members to invite them to be part of the standing Committees. For the moment, there is no nominee.	
SFPM acknowledged that this could be a great opportunity for Lao to bring a different voice to the Committees, considering the particular context of Lao and representing the constituency of WP. It would be useful to revise GF guidelines and procedures that are applied to management of the grant in country.	
Decision	
No decision	

Agenda Item #5	AOB and close the meeting.
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
CSO representative provided an update on NPA-KAP-PLWDs Coordinating Committee activities.	
NPA Coordinating Committee was officially established on 15th of March 2016 and is composed of 11 members and 11 alternates. The Committee aims to create a space for open discussion of common issues, sharing of information and collaboration in community level in link with HIV/AIDS, TB and Malaria issues in Lao PDR.	
Moreover, French Red Cross (FRC) is closing its programs in Lao PDR in March 2018, and will handover to Lao Red Cross to respond for NPA Coordinating Committee. In addition, FRC will contribute to NPA with USD 18,000 to implement activities.	
CSO has funding from CCM, USD 4,233 to meet before every CCM meeting. The aim is to strengthening relation between CSO and CCM, and take actions to resolve issues and bottlenecks requiring CCM attention.	
CCM Chair closed the meeting, and thanked Ex-Com, Oversight Committee, and other participants.	
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	No decision		
Agenda Item #2	No decision		
Agenda Item #3	No decision		
Agenda Item #4	No decision		
Agenda Item #5	No decision		

5. NEXT MEETING

LOCATION/VENUE	
DATE:	
TIME	

6. EX-COM MINUTES PREPARED BY:

TYPE/PRINT NAME	Silvia Elena Illescas Matus	DATE:	02/03/2018
FUNCTION/ POSITION	Health advocacy and coordination / UNV WHO	SIGNATURE	

7. MINUTES APPROVED BY:

TYPE/PRINT NAME	Assoc. Prof. Dr. Phouthone Muongpak	DATE:	12 MAR 2018
FUNCTION/ POSITION	ExCom Chair	SIGNATURE	