

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 | 3 |
| DATE (dd.mm.yy) | 31/01/2019 | | OC MEMBERS | 5 |
| MEETING SCHEDULE START | 13:30 | | CCM SECRETARIAT STAFFS | 4 |
| MEETING ACTUAL STARTED | 13:35 | | OTHERS | 8 |
| MEETING ACTUAL ENDED | 15:30 | | TOTAL | 20 |
| DETAILS OF PERSON WHO CHAIRED THE MEETING | | | MEETING TYPE | |
| HIS / HER NAME & ORGANIZATION | First Name | Dr. Mark | Regular Meeting | x |
| | Family Name | Jacobs | Extra-ordinary Meeting | |
| | Position/Title | CCM Vice-Chair | Other Meeting | |
| | Organization | WHO | | |
| HIS / HER ROLE ON THE MEETING | Chair | x | LFA | |
| | Vice-Chair | | FPM / PO | |
| | CCM Member | | OTHERS | |
| | Alternate | | NONE | |
| | | GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING | | |

2. AGENDA OF THE MEETING

| AGENDA SUMMARY | | |
|-----------------|--|--------------------|
| AGENDA ITEM N°. | WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC | Responsible Person |
| Agenda Item #1 | Prepare for the next oversight field visit | CCM Secretariat |
| Agenda Item #2 | Update the current status of the Regional HIV and TB Grant proposals | CHAS NTC |
| Agenda Item #3 | Discuss the current status and activities of the NPA Coordinating Committee (NPA CC) | NPA CC |
| | AOB and close the meeting | All |

3. MINUTES OF EACH AGENDA ITEM

| Agenda Item #1 | • Prepare for the next oversight field visit |
|---|--|
| SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED | |
| <p>CCM Secretariat noted that according to the "CCM Oversight Activities Timeline Fiscal Year 2018-2019", CCM should conduct an oversight field visit in a long-distance province during the second quarter. Secretariat proposed to visit Luangnamtha Province to oversee the implementation of the projects, and emphasizing the importance of the development activities in this area, such as the construction of the high speed railway which is related to potential migrant and HIV/AIDS issues. In addition, this province is high burden of Tuberculosis.</p> <p>Based on past experiences traveling to remote provinces, it was advised by the oversight field visit team to take one additional day of working in the province.</p> <p>The floor was open for discussion. Key comments from the meeting:</p> <ul style="list-style-type: none"> ○ ExCom member requested information about the Malaria situation in Luangnamtha Province. Moreover, | |

- he advised the Secretariat to contact the local authorities to visit the Railway Construction;
- Representative of Malaria Center informed that there are no Malaria cases in this Province, but it is under the action plan for elimination phase.

The meeting agreed with the proposed oversight field visit in Luangnamtha province from 17th to 23rd February (including travel days).

Decisions

The meeting agreed with the proposed oversight field visit in Luangnamtha province from 17 to 23 February

Agenda Item #2 • Update the current status of the Regional HIV and TB Grant proposals

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CHAS representative updated on the catalytic funds for HIV multi-county grant, allocation period 2019-2021. He noted that this grant has not yet been signed. Moreover, due to the PR AFAO is an INGO, an operational permit in Lao PDR is needed before AFAO launches this Regional HIV grant. At this moment, there is no any agreement between AFAO and MOFA.

NTC representative acknowledge that the Multi-country grant on TB among Migrants in the Greater Mekong Sub-region is not yet signed. Moreover, he noted that on October 2018, three representatives from Lao PDR attended a workshop with the Regional Coordinating Mechanism (RCM). During that workshop they agreed upon the roles and core functions, composition and membership of the definitive RCM as well as recruitment of the RCM members to be the applicant for the multi-country proposal.

Key comments from the meeting:

- National PMU Manager requested clarification regarding the role of the MOH and MOF and PR or CO-PR selection;
- ExCom member noted:
 - a) TB RCM is similar to Malaria RSC, although with more members. The RCM is composed by CCMs from 5 participating countries. has three representatives, one representative from the Civil Society, one representative from the national TB program, and himself, representing the Lao CCM. He kindly requested CCM to nominate an alternate, in case he is sick or suffers an impediment;
 - b) CCM should work closely with International Organization for Migration (IOM), as they are directly working with migrant population;
 - c) To consider issues like test and treatment: due to the lack of legal status of the mobile population, it is more likely that they are afraid of potential confidentiality and police issues;
 - d) Migrant representation at TB RCM: Due to budget limitations, migrant representatives are all coming from Thailand. He suggests an inclusion from all 5 countries, at least as alternates. Moreover, he recognized that the majority of the migrant workers are in Thailand; however, Lao PDR also receives a considerable amount of people from Vietnam and China.
- Secretariat informed that the selection of a national Co-PR for the Multi-country grant on TB among Migrants was made through the Regional Coordinating Mechanism. RCM requested CCM to select a national Co-PR by 24 August 2018. However, during the CCM meeting conducted in July 2018, the meeting agreed to wait for RCM recommendations and guideline, and then proceed by e-vote. Further, through a WHO communication, CCM was informed that the GF had agreed that the national Co-PR is MOH. If any objection to this decision, CCM could object it, otherwise the decision is deemed as accepted. CCM accepted it, and MOH was selected as Co-PR. During the CCM meeting conducted in September 2018 at Don Chan Palace Hotel, MOF proposed to be the one to send the request, and CCM Chair recommended an internal discussion between MOH and MOF.

Decisions

No decision

Agenda Item #3

- **Discuss the current status and activities of the NPA Coordinating Committee (NPA CC)**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Lao Positive Health Association (LaoPHA) representative informed that members from NPA Coordinating Committee are attending a workshop in Bangkok; hence, he was nominated to represent them.

Based on the workshop conducted at the beginning of the year, the following points were reported:

- Some members have already left the Committee;
- Before conducting selection and election of new members, a revision of current TORs is needed. Particularly, adjust and specify roles and responsibilities and define a better structure. Final version of TORs will be shared at the end of February.
- NPA CC would like to be registered as a network, not as an association. This network should include affected population, and people living and affected by HIV/AIDS, TB, and Malaria;
- Funding support:
 - a) Welcome to receive support from many funding sources;
 - b) FEI5% funding to NPA CC through HI is still being discussed. According to Lao national legislation, if a project costs more than USD50000 a MOU approved by MOFA is required.
- Civil Society "Love Letter": The Global Fund Advocates Network Asia-Pacific in coordination with the civil society from each country is preparing a Letter to be sent to Donors of the Global Fund. Laos' Civil Society organizations need to arrange for face-to-face meetings with donors to present the letter. The aim of this letter is to push donor countries to increase their pledges to the Global Fund Sixth Replenishment in order to get the responses for the three diseases back on track.

Key comments:

- CHAS representatives noted that NPA CC was initially set up by the French Red Cross as a three years project. The remaining funds were transferred to Lao Red Cross in order to continue building strengths and capacities for the affected population. However, the FEI5% funding (117,000 USD) through HI and LRC is not according to the Lao legislation, there is no MOU or agreement between the Lao Government and HI. He agrees that CHAS would also like to support and strength the capacity of the KAP, but first this issue should be solved;
- French Embassy recalled that HI was providing Technical Assistance to the NPA CC (as part of a Global Fund structure) under Channel 1 of 5% Initiative, and that this type of short term missions provided under the scope of the Global Fund, officially requested by the CCM, MoU was not required so far. It is the case, for example, for the PWID Technical Assistance provided to CHAS on the elaboration of a research protocol on drug users (158, 806 Euros);
- ExCom member referred to Global Fund requirements and criteria. He noted that it is important to ensure truly representation from the Key Affected Population, and guarantee that these persons are not selected by their English skills, but because he/she is an affected person (by the three diseases).

Decisions

No decision

- **AOB and close the meeting**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The floor was open for AOB:

- NTC representative noted that Multi-country grant on TB among Migrants in the Greater Mekong Sub-region is nearly signed. However, considering the mobile nature of migrant population, NTC is preoccupied on how to reach the target population;
- ExCom member noted that based on his experience development of Global Fund grants, it should take some time before proposing the new target to the Global Fund. Since the final documents of grant making negotiation were already submitted and interrupting the process could lead in losing the funds. He advised to work closely with IOM and CSO to achieve the target;
- PMU Manager noted that it is better to revise the targets after one year of implementation.

No more comments from the meeting.

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| Decisions |
| No decision |

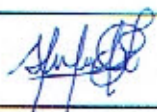
4. SUMMARY OF DECISIONS AND ACTION POINTS


| AGENDA ITEM N°. | WRITE IN DETAIL. THE DECISIONS | KEY PERSON RESPONSIBLE | DUE DATE |
|-----------------|--|------------------------|------------------------|
| Agenda Item #1 | The meeting agreed with the proposed oversight field visit in Luangnamtha province | CCM Secretariat | From 17 to 23 February |
| Agenda Item #2 | No decision | | |
| Agenda Item #3 | No decision | | |
| Agenda Item #4 | No decision | | |

5. NEXT MEETING

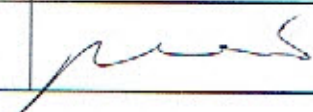
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|----------------|--|
| LOCATION/VENUE | |
| DATE: | |
| TIME | |

6. EX-COM & OC MINUTES PREPARED BY:

| | | | |
|-------------------|---------------------------------|-----------|---|
| TYPE/PRINT NAME | Ms. Silvia Illescas | DATE: | |
| FUNTION/ POSITION | Health Advocacy and Coordinator | SIGNATURE |  |

| | | | |
|-------------------|---------------------------------|-----------|---|
| TYPE/PRINT NAME | Mr. Noukorn Thalangsy | DATE: | |
| FUNTION/ POSITION | Coordinator and Finance Officer | SIGNATURE |  |

7. MINUTES APPROVED BY:

| | | | |
|-------------------|-----------------|-----------|---|
| TYPE/PRINT NAME | Dr. Mark Jacobs | DATE: | 15-2-19 |
| FUNTION/ POSITION | CCM Vice-Chair | SIGNATURE |  |