

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF <u>YOUNG</u> MEMBERS PRESENT (INCLUDING ALTERNATES)			19		
MEETING NUMBER (if applicable)		02			TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			28		
DATE (dd/mm/yy)		15/03/2019			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes		
DETAILS OF PERSON WHO CHAIRED THE MEETING										
HIS / HER NAME & ORGANISATION	First name	Assoc. Prof. Dr. Phouthone			DURATION OF THE MEETING (in hours)			3.5		
	Family name	Muongpak			VENUE / LOCATION		3 <sup>rd</sup> floor meeting room, MOH			
	Organization	Ministry of Health			MEETING TYPE (Place 'X' in the relevant box)			Regular CCM meeting		
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair				Extraordinary meeting			X		
	Vice-Chair				Committee meeting					
	CCM member				GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)			LFA		
	Alternate				FPM / PO			X		
HIS / HER SECTOR* (Place 'X' in the relevant box)								OTHER		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	NONE		
X										

LEGEND FOR SECTOR*				
GOV	Government		PLWD	People Living with and/or Affected by the Three Diseases
MLBL	Multilateral and Bilateral Development Partners in Country		KAP	People Representing 'Key Affected Populations'
NGO	Non-Governmental & Community-Based Organizations		FBO	Religious / Faith-based Organizations
EDU	Academic / Educational Sector		PS	Private Sector / Professional Associations / Business Coalitions

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)

GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS

## AGENDA SUMMARY

AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decision points, of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals / appointments	Constituencies engagement	CCM Communications / consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PLDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
OPENING PROGRAM	<ul style="list-style-type: none"> <li>Introduction and endorsement of agenda</li> <li>Quorum verification and conflict of interest identification</li> <li>Update follow up action from the last meeting</li> </ul>	X														
AGENDA ITEM #1	Report on the oversight field visit in Luang Namtha Province during 18-21 February 2019												X			



AGENDA ITEM #2	Report on performance update and disbursement request (PUDR) on HIV, TB and RAI2E grants									X		
AGENDA ITEM #3	Brief the results of the Global Fund Mission to Lao PDR during 11-15 March 2019											X
AGENDA ITEM #4	Update activities implementation on the CSO Platform for Health Working Group				X							
AGENDA ITEM #5	Present draft action plan for RAI2E reprogramming									X		

#### MINUTES OF EACH AGENDA ITEM

##### OPENING PROGRAM

- Introduction and endorsement of agenda
- Quorum verification and conflict of interest identification
- Update follow up action from the last meeting

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI identified in this item.

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >

NA

##### SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CCM Chair warmly welcomed and thanked all participants that attended the second meeting of CCM for the calendar year 2018-2019.

The meeting agenda was presented for comments and endorsement. Then CCM Secretariat verified Quorum and identified potential Conflict of Interest (COI). For agenda item number five, there are two organizations involved in COI, HPA and MOH. After carefully revising, CCM Secretariat identified that there is no COI in agenda item number five as the content only refers to a draft roadmap of RAI2E reprogramming.

Secretariat presented summary of decisions for the last CCM meeting held on 07th December 2018, there were no followed up actions from the last CCM meeting.

##### DECISION(S)

No decision.

##### ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

##### DECISION MAKING

MODE OF DECISION MAKING  
(Place 'X' in the relevant box)

CONSENSUS\*

VOTING

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

VOTING METHOD

(Place 'X' in the relevant box)

SHOW OF HANDS

SECRET BALLOT

ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >

ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >

\*Consensus is general or widespread agreement by all members of a group.



**MINUTES OF EACH AGENDA ITEM**

AGENDA ITEM #1

Report on the oversight field visit in Luang Namtha Province during 18-21 February 2019

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI identified in this item.

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) &gt;

NA

## SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative from the Oversight Field Visit (OFV) team presented a report on the visit conducted in Luang Namtha Province from 18<sup>th</sup> -21<sup>st</sup> February 2019. The visit focused on oversees the implementation of the project's activities supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) at provincial, district and health center levels. The Oversight field visit team provided guidance and recommendations in the following aspects: Finance, procurement, implementation, reporting and results (output/outcome).

**Many key progresses were reported across the three disease programmes, for instance:**

- Key activities implementation have been supported by two funding sources, the GF and the Government from provincial to Health Center level;
- The GF projects were successfully implemented due to the good guidance provided by the provincial and district leaders;
- Project's activities were supported by the Local staffs from provincial to health center levels.

**Some key progress by disease:****HIV/AIDS:**

1. Functioning provincial and district committees of AIDS Control;
2. Provided HIV counseling and testing for the HIV diagnosis at provincial and district levels;
3. More patients accessed to the counseling, testing and treatment even though limited budget for the activities implementation;
4. The HIV/AIDS prevention and control is collaborated from various stakeholders for instance government, CSO and international agencies;
5. Despite budget constraints to conduct trainings, district team provided on job training during monitoring and supervision for HC staffs;
6. From district up to provincial and national levels, DHIS2 has been used for reporting on HIV program.

**Tuberculosis:**

1. Received funds from the GF and the Government to implement key project's activities from province to health center level;
2. Overall, the reports were submitted on time;
3. Use of GeneXpert test to provide a rapid diagnosis and detection at provincial hospital;
4. Health care services have been provided from Health Center up to provincial level;
5. Most of the project's activities were implemented as planned and according to set indicators;
6. From district up to provincial and national levels, DHIS2 has been used for reporting on TB program;
7. As part of the Government co-financing agreement, health facilities have improved, e.g. TB IPD (In-patient Department) building in Long District hospital and TB coordinating office at Sing district.

**Malaria:**

1. Malaria training on surveillance, case management and vector control was provided at provincial and district levels;
2. Malaria control network has been occupied from HC up to provincial level;
3. The incidence rate for malaria has decreased in the entire province;
4. DHIS2 has been used for reporting on malaria program from district up to provincial and national levels;
5. The rapid diagnostic test has been provided at provincial, district and health center levels and the medicine is not out of stock;
6. Long Lasting Insecticidal Nets (LLIN) have been distributed to the target villages

**Overall key issues reported:**



- Delayed implementation of some project's activities due to receiving delayed budget, road access issues and ethnic language communication barriers;
- Limited budget to implement the project's activities in the remote areas;
- Equipment and vehicles of some health facilities are very old and insufficient to support the work at the local level i.e. old ambulance cannot access to the mountains;
- Insufficient human resources from Health Center up to provincial level.

**Some key issues by disease:**

**HIV/AIDS:**

1. Limited budget for the HIV/AIDS activities implementation, especially for HIV campaign, prevention and follow-up patients;
2. No HIV/AIDS prevention and control activities implemented in the area of railway construction, border areas and for the migrants;
3. The coordination between the HIV/AIDS control committee and relevant stakeholders is not functioning enough for example information sharing and reporting;
4. HIV test kits is not enough;
5. HIV infection has a trend to gradually increase and found a lot of STI cases, and not all STI patients have done HIV testing.

**Tuberculosis:**

1. The majority of population are ethnic groups, cooperation is very limited as they tend to obey to their customs;
2. Due to language barriers, communication with the ethnic patients is difficult;
3. No figure reported on TB case finding through TB campaign from the partners;
4. Poor patients management which showed the patients took the TB drug for some period and then disappeared including patients who moved to work in another places which caused the treatment processes is not properly completed as planned causing more MDR patients;
5. Direct Observe Treatment (DOT) implementation at HC is not functioning well as the patients are in the remote areas;
6. Limited HIV test kits and TB preventive drugs.

**Malaria:**

1. The staffs of some districts are regularly changed their duties and the replaced staffs have not been trained;
2. Delayed report and information submission of some districts due to internet connection constraint;
3. Limited budget for monitoring and supervision of pharmacies and clinics;
4. Cannot collect data on the number of migrants.

**General recommendations from the OFV:**

1. In relation to the human resource: Propose the province and district to streamline the division of labors and budget, for example one staff in charge of various duties and conduct on the job training to the staff who have limited skills and knowledge in specific areas;
2. Given the GF budget limited, the province should allocate state budget for training and monitoring;
3. The province and districts should make a work plan with estimated budget for the three-disease programs;
4. The province and districts are requested to collect data on migrant population from related offices for using as the baseline data in the cases finding;
5. The Ministry of Labour Social Welfare should work in collaboration with the MOH and IOM to provide data related to the migrant situation. This will enable MOH and Luang Namtha provincial health department to develop their action plan effectively.

**Key comments from the meeting:**



1. LRC representative noted that we should look at which activities should be done in a short or long term. Some issues raised were already solved and not solved yet for some matters;
2. UNAIDS mentioned that testing HIV of the migrants seems to be difficult, he suggested to do the HIV test for FSW living around instead;
3. FBO noted that the Chinese investors must collaborate and follow Lao PDR law which are defined in the MOU in relation to testing HIV on migrants workers;
4. NTC representative noted that there will have a 3-year project of TB programme for the migrants that will be started soon by NTC and its partners in 8 provinces from northern to southern provinces of Lao PDR;
5. CHAS noted that:
  - Actually both FSW and migrants must be tested HIV in order to achieve the target 90-90-90;
  - No MOU was made with the investors, the central level is responsible for managing the agreement with the investors, even though the provincial authorities are not allowed to have access to the investment areas;
  - CHAS has already worked with each province to produce an action plan for the HIV prioritized activities but the province has a limited budget of implementation the activities;
6. CCM Chair noted that OFV report produced here was not only the project activities implementation funded by the GF but it covered work progress of MOH as well.
  - We have successfully achieved overseeing the implementation of the GF grants in terms of finance, procurement, implementation, reporting and results;
  - Delayed disbursement was not the Global Fund budget but it was the budget of co-financing of the government;
  - The human resource and budget issues have been already integrated at the local level but those were not officially reported yet to central. In relation to human resource quota is limited of the health sector, therefore one staff will be responsible for multiple tasks and training on specific tasks will be provided to those staffs as a guidance of the Prime Minister.

DECISION(S)

No decision

ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

**DECISION MAKING**

MODE OF DECISION MAKING  
(Place 'X' in the relevant box)

CONSENSUS\*

VOTING

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

VOTING METHOD  
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**MINUTES OF EACH AGENDA ITEM**

AGENDA ITEM #2

**Report on performance update and disbursement request (PUDR) on HIV, TB and RAI2E grants**

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI identified in this item.

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >

NA



PMU Manager presented PUDR of programmatic update, financial update, procurement supply and management (PSM) status, and grant management update on HIV, TB and RAI2E grants for the year 2018:

**Key points of the presentation as follows:**

**1. Programmatic update.**

**HIV:**

- Most of HIV program indicators have been met the target and some indicators have been met over the target for instance "*percentage of sex workers reached with HIV prevention programs - defined package of services*" this indicator has been achieved over the target as the set target is 9,115 people and the result is 9,749 people;
- Activities implementation has been hampered by the late disbursement of funds to the HIV programme in March 2018, but major programmatic coverage indicators of HIV including access to and testing of key populations as well as ART have reached their target
- Reaching and testing of FSWs; the targets are met but the success rate of partner NGOs is not the same and one of the partners needs to improve the reaching and testing rate
- Reaching and testing of MSMs met the target but because of the mobility of the population the number of reached population was very higher than the estimations.

**TB:**

- Some TB program indicators have been met the target and some indicators have been met over the target on the other hands there are still some indicators need to be continued its achievement for example "*MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment*" has achieved only 43 cases out of 63 cases.
- Activities implementation has been hampered by the late disbursement of funds to the TB programme in March 2018, major programmatic coverage indicators of TB detection and treatment have reached their target such as targets
  - For number of notified cases and treatment success rate are met.
  - In order to meet the MDR-TB related indicators, increasing the coverage of Genexpert is very crucial. TB programme will increase early diagnosis of MDR by scaling -up and decentralizing access to Xpert testing to all provinces in 2019
- Percentage of new HIV positive and relapse TB patients on ART during TB treatment achieved 86%.

**RAI2E:**

- Most indicators have been met the target and there are some indicators need to be continued its achievement;
- Malaria deaths was 0.09% which was closer to 0% as the set target;
- Malaria test positivity rate was achieved 3.1% as the set target.

Evaluation and overall rating of the Malaria program implementation



Indicator	Grant rating
# LLINs continuous distribution	B2
# Tested in public sector	A1
# Tested in community	B2
# Tested in private sector	A1
% Treated in public sector	A2
% Treated in community	A2
% Treated in private sector	A2
% no stock out	B1
% cases investigated and classified	B2
% foci investigated	B1
% on time reporting	A1
<b>Overall Grant rating</b>	<b>B1</b>

## 2. Financial update

### HIV:

- o CHAS has absorbed 63% of a total budget approved while LaoPHA, PEDA and PSI have absorbed 94%; 93.3%; 211% respectively.
- o PMU has absorbed 72.8% of a total budget approved.
- o Grand balance \$543,361; absorption rate: 76.1%.

### TB:

- o NTC has absorbed 62% of a total budget approved while HMIS, MPSC, LaoPHA, PEDA and PSI have absorbed 66%; 78%; 99%; 99%; 86% respectively;
- o PMU has absorbed 74.6% of a total budget approved.
- o Grand balance \$1,002,533, absorption rate: 66.5%.

### RAI2E

- o CMPE has absorbed 68% of a total budget approved while HPA, LaoPHA, PEDA have absorbed 83%; 93%; 83% respectively and the PMU has absorbed 93% of a total budget approved;
- o Grand balance \$826,632, absorption rate: 74%.

## 3. Grant management update

### TB:

- o Grant management status for TB program has met grant requirement but there are two grant requirements are in progress for instance *"commitment and disbursement of 20% of the Grantee's tuberculosis allocation of USD 7,835,595 for the 2017-2019 allocation period, which is equal to USD 1,567,119 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Grantee's compliance with the Co-Financing Incentive Requirements"* and *"Principal Recipient shall recruit staff for the PMU Finance Unit in accordance with the Program budget, provide such office space, and encourage the PMU Finance Unit to build the capacity of the Ministry of Health staff"*;

### HIV:

- o Grant management requirement and action status for HIV program have met and there are some grant management requirement and actions were in progress.

### Key comments from the meeting:

- CCM Chair advised PMU for the next meeting, the PMU should report on justification why the indicator achievement is overachieved or achieved less than the set target.

DECISION(S)

No decision.

ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE



DECISION MAKING				
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING		VOTING METHOD (Place 'X' in the relevant box)	
			SHOW OF HANDS	
			SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u>	>
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>	>	
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### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	Brief the results of the Global Fund Mission to Lao PDR during 11-15 March 2019
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	NA
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
The Global Fund Portfolio Manager for HIV and TB country grant updated a visit conducted in Lao PDR from 11-15 March 2019 as follows:	
<b>Key points of the presentation</b>	
TB programmatic priorities and findings:	
<ul style="list-style-type: none"> <li>• Continue to improve sputum specimen collected, SOPE have been developed but some comments still pending for clarification;</li> <li>• Strengthen active case finding;</li> <li>• GeneXperts rollout plan has been developed, it should include monitoring of the rollout and review how GeneExperts can be used for other programs;</li> <li>• NTC is planning the program review of the current National Strategic Plan (NSP) until 2020 with WHO which will inform the updated and cost TB NSP.</li> </ul>	
HIV programmatic priorities and findings:	
<ul style="list-style-type: none"> <li>• National stock out of RDTs for HIV testing of pregnant women;</li> <li>• Identify gaps and strengthen the service delivery package for the key population;</li> <li>• Strengthening follow up of HIV positive persons;</li> <li>• Absorption of procurement of quality-assured ARVs for 2019 and 2020 as per co-financing agreement, the procurement can be done through GF wambo platform;</li> <li>• Still pending final IBBS report for FSW;</li> <li>• People With Injecting Drug: part of financing IBBS included in Regional HIV grant budget;</li> <li>• UNAIDS will publish a report of the HIV program, depending on the report carry out a review of the program to inform the update of the national strategic Plan.</li> </ul>	
Regional HIV program:	
<ul style="list-style-type: none"> <li>• Pending activities implementation due to delayed MOU signing between the PR and SR, in order to reduce program management costs and reporting burden, AFAO to sign MOU directly with the selected SR;</li> <li>• CCM will be informed and be able to monitor the progress of the activities through the Regional Advisory Mechanism chaired by UNAIDS in Bangkok.</li> <li>• AFAO to plan to visit Lao PDR during 20-26 March 2019 to discuss implementation arrangement.</li> </ul>	
Health System Strengthening:	
<ul style="list-style-type: none"> <li>• Important to monitor the progress of agreed DHIS2 work plan;</li> </ul>	



- Slow progress in integrating HIV community based information into DHIS2, this should be done by April 2019;
- Ensure integration of TB and HIV information at provincial level in management and supply.

#### PMU update:

- Fund flow still waiting for bank letters and updated fund flow with date. GF also requested evidence of which donors passed through the new banking arrangement to understand the timeline as the GF wants to avoid delays;
- The GF is waiting for returning cash balance of closure the Malaria and HSS grants for the year 2017, the final cash balance reported is not correct and PMU to inform LFA and GF urgently;
- The GF will issue an implementation letter to update the TB and HIV grant amounts of the current grants to reflect the in-country cash balance of the previous implementation cycle. This is to avoid the country having to return the cash balances which comes with additional costs. PMU informed GF the cash balances are different than previously reported. PMU to inform LFA and GF urgently.

#### Update HANSA: GF phase 2020

- From March-April 2019
  - During this mission indicators were discussed with the programs, WB, PMU and partners;
  - The indicators for TB and HIV program in HANSA for 2020 will remain overall the same in terms of definitions and targets as it is a reprogramming of current grant;
- From May-October 2019:
  - Finalizing results framework;
  - WB and Government sign agreement;
  - WB and GF sign agreement;
  - GF to issue an implementation letter to reflect WB as additional payee in the current two grants;
- Start HANSA phase 01 by 2020.
- GF phase 2021-2023
  - Start discussion on indicators 2021-2023 HANSA2;
  - Preparing data for procurement needs 2021-2023 to ensure that there is no procurement gap between the two implementation cycles;
  - **Lao PDR will receive GF allocation letter by December 2019;**
  - By 2020, the CCM to submit funding request to the GF which will consist of the following minimum documents:
    - Updated and costed NSP TB and HIV;
    - Government and WB draft agreement of HANSA;
    - List of health products and medicines;
    - Commitment letter of MOH regarding how much and by when the drugs will be procured with domestic resources.
- Role of CCM in HANSA:
  - General:
    - To provide recommendations during phase 01 and 02;
    - To submit the funding request in 2020 for the 2021-2023 implementation cycle;
    - Ensure engagement of civil society in the design, implementation and oversight of the program;
  - Option could be CCM Oversight Committee:
    - Member of the HANSA Government Steering Committee;
    - Provide recommendations to the GF Secretariat after each GF/WB review mission to be included as input in the "aide memoire";
  - Next GF mission the CCM presents different options for the role of the CCM within HANSA.

#### Key comments from the meeting:

- CHAS noted that we should study and understand first the integration between the GF and WB HANSA pilot project, and see its results. Is it possible to get the next GF allocation letter before December 2019?
- FPM for HIV and TB noted that the GF cannot provide the next GF allocation letter earlier as this depends on the commitment of the donors and the countries.



<b>No decision.</b>			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
<b>DECISION MAKING</b>			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS
			SECRET BALLOT
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#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4	Update activities implementation on the CSO Platform for Health Working Group
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	NA
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
CSO representative presented activities implementation of the CSO Platform for Health (HIV, TB and Malaria) Working Group to a meeting.	
<b>Key points of the presentation</b>	
Main objectives of the CSO Platform for Health Working Group:	
<ul style="list-style-type: none"> <li>To establish CSO platform for sharing the information and community collaboration related to HIV/AIDS, TB and Malaria;</li> <li>Establish linkages between the beneficiaries (KPs-PLWDs), implementers, CSOs and Government partners for sharing information at the central and community level including national program and CCM in line with the national policy and GFATM principle/ policy.</li> </ul>	
Member of the CSO Platform for Health Working Group:	
<ul style="list-style-type: none"> <li>Representatives from the key affected population, people living with diseases and Non-profit Association particularly for those CSOs working on health sector.</li> </ul>	
TORs of the CSO Platform for Health Working Group:	
<ul style="list-style-type: none"> <li>Meaning full participation of activity implementation;</li> <li>providing information and related issues at the community level;</li> <li>Participation in development of the action plan;</li> <li>Providing feedback and contribute to the development of national strategy plan, policy and law related to HIV/AIDS, TB and Malaria.</li> </ul>	
Roles and responsibilities of the CSO Platform for Health Working Group:	
<ul style="list-style-type: none"> <li>Coordinate with CCM, government partners, INGOs and other development partners;</li> <li>Attend the quarter and the annual meeting of CSO platform for health (HIV/AIDS, TB and Malaria) working group.</li> </ul>	



- Attend the meeting and forum with the national program, the regional and international network on health (HIV/AIDS, TB, Malaria);
- Attend the capacity building on good representation of the communities;
- Participate in the development of national strategy, national action plan including national taskforce meeting and other committees meeting related HIV//AIDS, TB and Malaria;
- Follow-up and support communities member in decentralizing and implementing the activities and national action plan;
- Participate monitoring and supervision mission with CCM;
- Consolidate of community issues and challenges related health (HIV/AIDS, TB and Malaria) and present it to CCM and National program of three diseases;
- Represent the community to share the result and outcome of the meetings with community members and network.

**Plan for 2019:**

- Appointed the focal points. 4 positions targeted from each regional provinces, 1 principal member and 4 alternate members;
- Organize the workshop to update ToRs and strategy of CSO Platform for health (HIV/AIDS, TB and Malaria) working group;
- Exchange visit to Vietnam on CSO platform and network related to health, HIV/AID, TB and Malaria including the linkages to CCM and National program;
- Conduct field visit to provide follow-up support and coaching for community member and implementers;
- Organize coordination quarterly meeting and CCM pre-meeting among 12 representatives member of CSO;
- Training for 48 members in each regional provinces (North, Middle and South) on policy and strategies related to HIV/AIDS, Tuberculosis and Malaria;
- Conduct training on Social media strategy for leveraging Facebook and WhatsApp small group discussion/workshop.

**Key comments from the meeting:**

- CHAS representative noted that the NPA CC was set up and supported by FRC project. From the last CCM meeting conducted in December 2018, MOHA stated that the NPA CC was not an entity, hence let relevant government agencies support them in terms of HIV, TB and Malaria. It seems the members of NPA CC have more than 3-diseases target group.
- CCM Chair advised that the NPA CC should be operated with MOHA's decree and do not perform any work that is against the MOHA's decree.

DECISION(S)			
No decision.			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
<b>DECISION MAKING</b>			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS
		SECRET BALLOT	
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		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>
*Consensus is general or widespread agreement by all members of a group.			

**MINUTES OF EACH AGENDA ITEM**



AGENDA ITEM #5	Present draft action plan for RAI2E reprogramming
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	NA
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
UNOPS representative presented the roadmap of the draft action plan for RAI2E reprogramming to a meeting and would like to propose the CCM members to endorse reallocation process schedule.	
<b>Key points of the presentation</b>	
Guidance on reallocation process:	
<ul style="list-style-type: none"> <li>• Guidance of the RAI2E RSC was sent to CCM on 12<sup>th</sup> March 2019;</li> <li>• 2018 budget saving to be used to target malaria transmission hotspots of the high transmission areas;</li> <li>• Fund to be reinvested in activities that directly target case reduction of malaria in these areas;</li> <li>• The implementers to be appointed by the CCM and selected from the SRs already working in the identified geographical areas.</li> </ul>	
Milestones of reallocation process:	
<ul style="list-style-type: none"> <li>• Reallocation meeting to be held in mid-March 2019;</li> <li>• Presentation of the reallocation plan in the RSC meeting on 26<sup>th</sup> March 2019;</li> <li>• Submission of the plan to GFATM by PR-UNOPS in mid-April 2019.</li> </ul>	
Proposed schedule for the reallocation process:	
<ul style="list-style-type: none"> <li>• CMPE to start as soon as possible technical consultation meetings on activities/ actions to target hotspots by Week of March 18<sup>th</sup>;</li> <li>• CMPE to present in the RSC meeting a draft list for proposed activities/ actions on 26<sup>th</sup> March 2019;</li> <li>• CMPE will continue the technical discussions and will decide on the list of activities to be implemented based on the input of RSC discussions, and obtain CCM's endorsement by Week of Apr 1<sup>st</sup>;</li> <li>• PR UNOPS to organize a reprogramming workshop with CCM taskforce and all partners to: <ul style="list-style-type: none"> <li>• Finalize the detailed budget for the activities endorsed by CCM;</li> <li>• Update the performance framework and designate the SRs to implement the activities by Week of Apr 8<sup>th</sup>;</li> </ul> </li> <li>• PR UNOPS to submit the reinvestment plan to Global Fund and LFA in the middle of April 2019;</li> </ul>	
<b>Key comments from the meeting:</b>	
<ul style="list-style-type: none"> <li>○ PSI representative noted that the reallocation processes should be led by CCM and it sounds doesn't make sense that the CCM will do this instead of CMPE;</li> <li>○ CCM Secretariat noted that ideally CCM structure consists of many levels, such as decision making, executive, strategic and technical level. In this regards, the national program as a leading agency for the technical taskforce will take lead the reprogramming planning process. The results will then be submitted to the OC and CCM for reviewing and endorsement;</li> <li>○ PMU noted that the savings identified is not only from Lao PDR that included other countries as well;</li> </ul>	
Finally, the above reallocation process schedule has been endorsed by majority votes of the CCM members.	
<b>Key points of the meeting summarized by the CCM Chair:</b>	
<ol style="list-style-type: none"> <li>1. Oversight field visit has been done and really useful, and the results have been already shared with the province. The relevant national programs are requested to follow up on recommendations proposed;</li> <li>2. For recommendations of PUDR, the relevant national programs have to take actions and kindly report the progress of actions taken in the next CCM meeting; <ul style="list-style-type: none"> <li>• For the next update of PUDR status, please focus more on an explanation of why this indicator has been achieved or achieved less or over-achieved the target.</li> </ul> </li> <li>3. For the integration project between the GF and WB HANSA: <ul style="list-style-type: none"> <li>• Will discuss and study more details together on this integration;</li> <li>• Will consider it whether the results of integration is better than before or caused more confusions.</li> </ul> </li> </ol>	



4. For the CSO Platform for Health Working Group:

- Please follow the MOHA's decree and do not perform any work that is against MOHA's decree; CCM would like the CSO to work for strengthening the MOH national strategy.

DECISION(S)

Endorsed the reallocation process schedule of RAI2E reprogramming

ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

**DECISION MAKING**

MODE OF DECISION MAKING  
(Place 'X' in the relevant box)

CONSENSUS\*

VOTING

X

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

VOTING METHOD  
(Place 'X' in the relevant box)

SHOW OF HANDS

SECRET BALLOT

X

ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION

>

16

ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION

>

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED

>

\*Consensus is general or widespread agreement by all members of a group.

**SUMMARY OF DECISIONS & ACTION POINTS**

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	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	Endorsed the reallocation process schedule of RAI2E reprogramming	CMPE AND UNOPS	BY 8/4/2019

**SUPPORTING DOCUMENTATION**

Place an 'X' in the appropriate box

ANNEXES ATTACHED TO THE MEETING MINUTES	Yes	No
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		

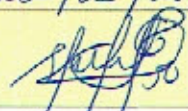


<b>CHECKLIST</b>		(Place 'X' in the relevant box)	
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	X		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	X		Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	X		Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	X		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.

**CCM MINUTES PREPARED BY:**

TYPE / PRINT NAME	>	Mr. Noukorn Thalangsy	DATE	>	22/03/2019
FUNCTION	>	Coordinator and Finance Officer	SIGNATURE	>	

**CCM MINUTES PREPARED BY:**

TYPE / PRINT NAME	>	Ms. Silvia Illescas	DATE	>	22/03/2019
FUNCTION	>	Health Advocacy and Coordinator – UNV WHO	SIGNATURE	>	

**CCM MINUTES APPROVAL:**

APPROVED BY (NAME)	>	Assoc. Prof. Dr. Phouthone Muongpak	DATE	>	
FUNCTION	>	CCM Chair	SIGNATURE	>	