CCM Meeting Minutes

MEET	TING DI	ETAILS																			
COUNT	RY (CCM)		Lac	PDR				TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)							1	17				
MEETI	NG NUMI	BER (if ap	plicable)	03				TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)						1	16						
DATE	DATE (dd.mm.yy) 25/06/2019 TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)						16	16													
DETAIL	LS OF PE	RSON WH	IO CHAIRED	THE MEE	TING				RESI	EN1 (INCI	LUDING	cen	SEC	KEI	AKL	115	(AFF)			
&	ER NAME		First name	Annual Control	Assoc. Prof. Dr. Phouthone				QUOR	UM F	OR	MEETI	NG W	AS A	СНІЕ	VED	(ye	s or no)	Y	e
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			CCM memb	er											C	omm	imittee meeting				
			Alternate										CRETARIAT / LFA LFA								
HIS / HER SECTOR* (Place 'X' in the relevant box)							ATTENDANCE AT THE MEETING (Place 'X' in the relevant box) FPM / PO				PO										
GOV	MLBL	NGC	EDU	PLWD	KAP	FBO	PS		OTHER NONE			R									
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NGO	Non-Go	vernment	al & Commun	ity-Based C	rganization	18	FB	0	Religious / Faith-based Organizations												
EDU	Academ	ic / Educa	tional Sector				PS		Private Sector / Professional Associations / Business Coalitions												
							(Plac	e 'X' ERN	in the	of T	ant b		11						GEMENT		
							of last	/ budget		nents	sment	cations / consultations stakeholders			assessment / issues		Agreement	management actions,	nued funding / periodic grant consolidation /	ress	
AGEN	DA SUN	IMARV	,				rogress, decision poir	mual w	erest / N	renewa	engage			opment	-	lation	ions / A		continued se II / gran	n / progress	
AGEND.	A		HE TITLE O	F EACH A	GENDA IT	EM /	Review progress, decision points meeting – Summary Decisions	Review CCM annual work plans	Conflict of Interest / Mitigation	CCM member renewals /appoint	Constituencies engagement	CCM Communications/with in-country stakehol	Gender issues	Proposal development	PR / SR selection	Grant Consolidation	Grant Negotiations /	Oversight (PUDRs, UFA debrief, audits)	Request for continueview / phase II / closures	TA solicitation /	Out.
OPENIN PROGR	G	• Qu	roduction enda orum veri interest id	ification	and con		x					7							- = 3		

X

Update follow up action from the

Update on Performance Letter from

the Global Fund for HIV and TB

grants for the period 1 January-31

last meeting

AGENDA ITEM #1

	December 2018 and the Annual Funding Decision covering January- December 2019 and buffer period January-June 2020.			
AGENDA ITEM #2	Review a draft of 5 th Revision of the CCM Terms of Reference (TOR)	x		
AGENDA ITEM #3	Brief the results of the Global Fund Mission to Lao PDR during 12-14 June 2019		x	
AGENDA ITEM #4	Update results of the last RSC meeting and funding request development process			x
AGENDA ITEM #5	AOB and close the meeting			X

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' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes of no) >

NA

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

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

The meeting agenda was presented for comments and endorsement. Then CCM Secretariat verified Quorum and identified potential Conflict of Interest (COI) of the agenda and confirmed that the meeting had sufficient quorum and had no COI.

The Secretariat presented a summary of decisions for the last CCM meeting held on 15th March 2019 regarding the draft action plan for RAI2E reprogramming, UNOPS, CMPE and relevant stakeholders completely organized the workshops to define indicators, activities and its budget, and submitted it to CCM for endorsement. Then the UNOPS submitted this proposal to RSC for their review and further submitted it to the Global Fund. Currently, this proposal has been approved by the Global Fund.

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, IN	DICATE METHOD AND RESULTS			
VOTING	VOTING METHOD	SHOW OF HANDS			
	(Place 'X' in the relevant box)	SECRET BALLOT			
	ENTER THE NUMBER OF MEMB	BERS IN FAVOUR OF THE DECISION >			
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AGENDA ITEM #1

Update on Performance Letter from the Global Fund for HIV and TB grants for the period 1 January-31 December 2018 and the Annual Funding Decision covering January-December 2019 and buffer period January-June 2020.

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 representative of PMU updated on Performance Letter from the Global Fund for HIV and TB grants for the period 1 January to 31 December 2018 and the Annual Funding Decision covering from January to December 2019 and buffer period January to June 2020.

Key points of the presentation as follows:

1. HIV programme

Overall grant performance rating:

• The overall grant performance rating is A2.

Financial report:

 The absorption rate of money allocated is 76% due to delayed in hiring PMU staff and procurement of ARVs was conducted in the first quarter of the year 2019.

Status of grant requirements:

 Some grant requirements have been met and there are some grant requirements need to be continued, finalized and submitted the relevant documents to the Global Fund.

Management actions:

• The management actions such as "submit an action plan based on the results of IBBS; submit regular updates about DHIS2 and systematic implementation of data quality audit; submit revised M&E plan" to be submitted to the Global Fund have not done yet and these have to be continued and finalized it.

Annual funding decision:

 The Global Fund annual funding decision covers the period from 01 January 2019 to 31 December 2019 and buffer period from 01 January 2020 to 30 June 2020 amount USD3,656,885.

Expenditures from January to March 2019:

The average absorption rate is 48%.

Estimated saving to be used for prioritized activities for the period 2019-2020:

- The estimated saving amount of USD77,000 from completed 2018 activities, CHAS has a proposal
 for reallocating of this saving for RDT procurement, DHIS2 training and M&E supervision field visit
 activities which already submitted to GF for their approval. This has not been approved yet.
- For the estimated saving from an exchange rate amount of USD66,000 will be used for the planned joint TB/ HIV program review and HANSA project.

2. TB programme

Overall grant performance rating:

• The overall grant performance rating is B1.

Financial report:

 The absorption rate of money allocated is 66.5% due to lack of use in sputum transportation and GeneExpert supplies received after the reporting period.

Status of grant requirements:

• Some grant requirements are met and there are some grant requirements need to be continued, finalized and submitted the relevant documents to the Global Fund.

Management actions:

 Some management actions are met and some need to be continued and provided clarifications to the GF.

Annual funding decision:

 The Global Fund annual funding decision covers the period from 01 January 2019 to 31 December 2019 and buffer period from 01 January 2020 to 30 June 2020 amount USD2,360,190 (USD470,705 is planned to released directly from the GF to third parties and USD1,889,486 is planned to disburse to a country).

Expenditures from January to March 2019:

• The average absorption rate is 64%.

Estimated saving to be used for prioritized activities for the period 2019-2020:

 The estimated saving amount of USD249,000 from the budget usage and the exchange rate in the year 2019 is proposed to be used for program review, HANSA, procuring computers and fulfill the budget gap.

3. Malaria:

Most indicators have been met the target;

The overall rating of the Malaria program implementation from July to December 2018:

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
Overall Grant rating	B1

- o The overall budget absorption rate from July to December 2018 is 89%;
- o The overall budget absorption rate from January to March 2019 is 59%.

Challenges:

- · Prolonged custom clearance and tax exemption caused delayed import of essential malaria commodities;
- Prolonged process to change the national treatment regimens;
- Bureaucratic internal procedures delay release of fund to lower level, which particularly affect the release of outbreak response fund from central to provincial level;
- Possible change in fund flow going through MOF adding additional layer to the quarterly fund disbursement procedure;
- HR issues: frequent staff turnover and lack of/ late training to incoming staffs.

Programme's priorities in the year 2019:

 Reprogramming for 2019 half year and 2020 whole year budget, indicator targets and commodities forecast;

- · LLINs mass distribution campaigns covering 1.65 million population who are at highest risk of malaria;
- Enhanced outbreak response activities for malaria hotspot areas;
- Therapeutic Efficacy Surveillance for potential 1st line or 2nd line anti-malaria drugs;
- Malaria elimination targeted activities in 13 central and northern provinces;
- Surveillance and DHIS2 trainings to provinces and districts;
- Meeting the co financing requirement for the current RAI Grant (\$500,000 still to be spent);
- Malaria Program Review and National Strategic Plan development;
- · Concept note development for next Global Fund cycle.

Key comments from the meeting:

- 1. The representative of WHO noted that
 - > Normally, the saving money of HIV and TB programmes will be known the exact amount at the end of the year and this amount will be used for the next phase of the Global Fund's funding cycle. Why this saving amount will be using for the HANSA pilot Project?;
 - > To use this saving amount for HANSA Project shall be firstly agreed by the Lao government;
 - The national programmes and partners have to speed up to spend the money as much they can to avoid saving money would be occurred;
- 2. CHAS mentioned that
 - We did not understand clearly about the Global Fund's funding sources will be spent for the HANSA Pilot Project and this was not planned before, and later the GF informed CHAS to use the saving amount from the HIV program in the year 2018 and 2019. Currently, CHAS has already planned to use it for the prioritized HIV activities. CHAS still concerns that where the GF will get the saving money from which sources to be spent for the HANSA;
 - > CHAS was informed by the GF that we have the saving amount of USD77,000 from the ARVs procurement and CHAS requests this amount to be spent for the HIV training but the GF informed CHAS to take this amount for the HANSA;
- 3. The representative of PMU mentioned that PMU was informed by the GF to closely follow up the saving money from each grant and this amount will be used for the HANSA;
- 4. The representative of MPI worries about the delayed project's activities implementation and the RAI2E challenges reported were the old cases, especially regarding custom clearance and tax exemption, those were solved already or this would be the processes of documentation of the MOH itself;
- 5. The Chair summarized the key points as below:
 - Many people still do not clearly understand HANSA, the HANSA is the joint pilot project designed by the GF and WB that focuses on health and nutrition services access, this project will be piloted in 4 provinces such as Houaphanh, Phongsali, Xiengkhuang and Oudomxay. We still do not know the governance structure would be especially for the CCM, PR and SRs still exist or not? This matter will be further discussed with all of partners again;
 - The TB and HIV should report to a meeting about the challenges and programme's priorities for the year 2019;
 - > PR-PMU should speed up to submit the PUDR to the GF on time;
 - The PR-PMU, SRs and national programmes including CSOs have to review and check their budget defined in the work plan to make sure that those will be completed on time and to avoid the saving money occur from their programmes;
 - The challenges presented were not the new cases, those were solved already for instance tax clearance, staff turnover and others. Request the relevant actors bring those issues into a discussion again and urgently find out its solution for instant procurement, coordination, documentation flow processes, fund flows and others;
 - ➤ For the HANSA Pilot Project, this will be continuously discussed and considered by the MOH Steering Committee; therefore, the relevant actors are requested to prepare the indicators and relevant information of HANSA for the MOH Steering Committee review.

DECISION(S)		
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	SHOW OF HANDS		
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*Consensus is general or widespread agreement by all members of a group.		ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >			

Review a draft of 5th Revision of the CCM Terms of Reference (TOR) AGENDA ITEM #2

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 CCM Secretariat presented a draft of 5th revision of the CCM Terms of Reference (TOR) due to the 3year term of services of CCM will end in coming November 2019 and to prepare the new election of the CCM members. Currently, the CCM Secretariat is preparing some documents and revising the TORs of CCM.

The main suggested amendments including:

- Revise the CCM structure by removed RMC as this committee has less function in the last two terms;
- Add the roles and responsibilities of RMC into OC that will support and oversee the works starting from a proposal development to grant closure processes and report the results to CCM;
- Define clear roles and responsibilities of each CCM Task Force and remove HSS task force due to no separate funding granted.

Key comments from the meeting:

- The representative of WHO recommended that the revision of CCM TOR should be pending and be proceeded at the time of HANSA Project implementation arrangements.
- The CCM Chair supported WHO comment and advised that the CCM TOR should not be revised at this moment.

The meeting agreed to temporally suspend the revision of the CCM TOR and will revise it at the same time of

HANSA project implementation arrangement. ACTION(S) KEY PERSON RESPONSIBLE DUE DATE DECISION MAKING MODE OF DECISION MAKING CONSENSUS* IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS (Place 'X' in the relevant box) VOTING VOTING METHOD SHOW OF HANDS (Place 'X' in the relevant box) SECRET BALLOT ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION

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*Consensus is general or widespread agreement by all members of a group.	ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED	>	

AGENDA ITEM #3

Brief the results of the Global Fund Mission to Lao PDR during 12-14 June 2019

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 results of the Global Fund mission during 12-14 June 2019 in the Lao PDR was presented by the CCM Secretariat, the key points of the presentation are as follows:

Key points of the presentation

Brief overview of HANSA: The rationales for the GF to invest in HANSA Project are:

- Strengthen sustainability and transition preparedness;
- Improve access to quality health and strengthen the health system aligned with Health Sector Reform Agenda:
- · Enhance country ownership.

How the HANSA will be implemented?

- HANSA will be implemented by MoH under leadership of DPC;
- HANSA will be implemented through a results based funding approach;
- TB and HIV investment to be included in HANSA.

Sources of funding for implementing the HANSA Project:

- USD 30M of International Development Association (IDA) concessional loan from the World Bank;
- · Global Fund grant monies will remain a grant. Amount to be confirmed through the allocation letter in December 2019.

Fund flow of the HANSA:

The Global Fund funding will be disbursed based on verified results directly to MoH or MoF, whatever the government requires. From there money will be transferred to provincial level and to civil society organizations.

When will the HANSA implement?

The Glob Fund investment in HANSA will consist of two phases:

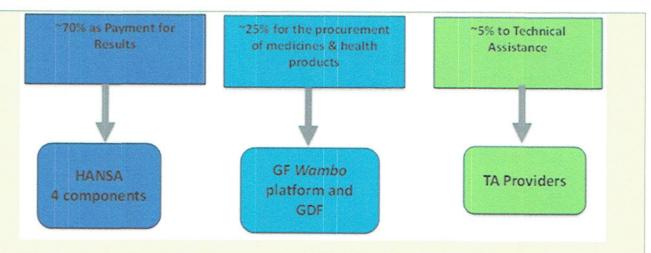
- First phase in the year 2020 with a reallocation of current approved grant funds (preparation phase);
- Second phase from the year 2021 to 2023 investing 70% of next allocation (Scale up phase).

HANSA first phase in the year 2020:

- · A first phase to prepare and test the modality will take place in 4 provinces such as Houaphan, Phongsali, Xiangkhoang and Oudomxai. For the rest of the country, no change in current grants arrangements;
- · Discussions ongoing with NTC, CHAS and key partners on Disbursement Linked Indicators (DLI) and questions for the Quality and Performance Scorecard;
- Indicators for TB and HIV in HANSA for 2020 have the same programmatic scope as the approved grants as it's a reallocation of the current grants;
- GF will sign an agreement with the WB estimated in August 2019;
- GF will revise the current grants with the PR adding the DLI framework (estimated September/October 2019).

HANSA second phase from the year 2021 to 2023:

The Global Fund allocation to be divided as follows



HANSA component 1: Integrating Service Delivery Performance with National Health Insurance payments at health facility level.

- Annual performance based payment will be made to health facilities on top of a fixed NHI capitation payment;
- The performance based payment is based on an assessment using a Quality and Performance Scorecard;
- Quality and Performance Scorecard to be developed with government and key partners to ensure it can be applied in all provinces;
- The Quality and Performance Scorecard measures readiness and quality of services;
- An assessment is carried out 6 months by the DHO and once per year the results are verified by an Independent Academic Institution;
- The annual score of the Quality Performance Scorecard will be recorded in DHIS2;
- Score needs to be over 50% for the health center to receive the top up payment;
- This component will start in 4 provinces in 2020 and gradually scale up to all 18 provinces.

HANSA component 2: Health Service Delivery through Disbursement Linked Indicators (DLIs) at central and provincial level.

Disbursement Linked Indicators (DLIs) are:

- Annual payments to central units and provinces upon achieving targets based on verified results:
- Mutually Agreed Programmatic Indicators between MOH, WB, GF and key technical partners;
- DHIS2 will be used to monitor progress of all indicators;
- Yearly verification through Independent Academic Institution (IAI).

What happens if a DLI is missed?

- A discrepancy of up to 5% will be accepted as having achieved the target and 100% payment will be made;
- In the case of partial achievement of the DLI target, a minimum value of 60% of the DLI target must be achieved to qualify for payment of 50% of the DLI value;
- Ongoing close follow up is carried out and TA mobilized;
- Amount not disbursed will be added to the amount the following year if the target is met that year;
- If not achieved the following year the money remains with the donor.

HANSA component 3: Adaptive Learning and Project Management (input based funding)
This component will finance:

- Project coordination and management costs;
- Support investment in health information systems (DHIS2);
- Monitoring and evaluation; and
- Annual external verification of results.

HANSA component 4: Contingency emergency response component.

- HANSA will have a zero-allocation component (no funding allocated) to allow for financing in response to an emergency;
- Only IDA funding will be eligible, Global Fund will not finance this component.

Next steps:

- 1. Finalizing steps to start 2020 preparation phase:
- Developing the quality and performance scorecards aligned with national process;
- Agreeing on indicators, values and targets;
- GF and WB to sign an agreement;
- GF and MoH to update current grants.
- 2. Preparing for 2021-2023 phase:
 - Workshop to discuss the design of HANSA in terms of processes and operations that need to be in place (for example governance structure);
 - Discussing indicators, values and targets for 2021-2023;
- Preparing data for procurement needs 2021-2023: ensure there is no procurement gap; between the two
 implementation cycles.
- 3. Main steps in 2020:
- CCM to submit request to the GF for joint investment with HANSA (will consist of the following minimum documents to be confirmed):
 - ✓ Government and WB draft agreement of HANSA;
 - ✓ Governance structure;
 - ✓ Implementation arrangement;
 - ✓ Updated and costed TB and HIV NSPs:
 - ✓ List of Health Products and Medicines;
 - ✓ Commitment letter of MoH regarding how much and by when drugs will be procured with domestic resources
- · Request to be shared with Technical Review Pannel (TRP) for recommendations;
- GF to sign new agreement with MoH and WB.

Key comments from the meeting:

- The representative of CSO asked that according to the GF's investment in HANSA, the CSO will get the support from the Global Fund or not?
- The representative of WHO mentioned that
 - The GF will continuously support the CSO. But the HANSA will focus on disbursement linked with indicators (DLI) Therefore, if the DLI is achieved it means the implementing partners will get the money. In case the DLI is not achieved, the money will not be disbursed. Hence, the DLI is very important and challenge;
 - o The HANSA project shall be further discussed for the more details with all of all key stakeholders.
- The representative of WB noted that the funding belongs to the government, so the government has the right on how to spend the money. For the CSO, the GF also has the plan to support them. Regarding the DLI, the national program has to consider their DLI to enable to achieve it in order to get the next funding installment. WB welcomes the participation of all stakeholders in terms of defining the DLI.

DECISION(S)					
No decision.				WE	
ACTION(S)			KEY PERSON RESPONSIBLE	DUE DATE	
DECISION MAKING					
MODE OF DECISION MAKING	CONSENSUS*	IF 'VOTING' WAS SELECTED, IN	DICATE METHOD AND RESULTS		
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		ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >			
*Consensus is general or widespread members of a group.	d agreement by all	ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >			

MINUTES OF EACH AGENDA ITEM AGENDA ITEM #4 Update results of the last RSC meeting and funding request development process 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 of no) >

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Due to the representative of RSC Secretariat could not participate in this CCM meeting and the RSC Secretariat asked the Lao CCM Secretariat to present the results of the RSC work as the following:

NA

Key points of the presentation

- 1. Decision points from 13th RSC meeting:
 - The RSC already endorsed the proposal of Malaria reinvestment;
 - Each country has received the budget of this Malaria reinvestment.
- 2. RAI Funding Request:
 - RSC submitted a request to the France Expertise Initiative (FEI) 5% to request 7 consultants for drafting the RAI Funding Request, the two consults will consolidate the whole proposals and 5 consultants will support each country for drafting the Funding Request (one per each country);
 - Each CCM will be in charge of coordinating the development of the national component of the Funding Request with the support of the consultant;
 - The processes of Funding Request Development:
 - > FEI reviews the request by July 2019;
 - > Terms of Reference to recruit the consultants are drafted in consultation with the CCMs and the RSC;
 - > FEI proceeds to the selection and recruitment of the consultants;
 - Each country receives the support of one consultant to develop the Funding Request between October 2019 until March 2020 (tentative);
 - The overall Funding Request coordination and development of the regional component is done by 2 consultants between October 2019 until March 2020 (tentative);
 - Timeline of Funding Request: It is expected that the FR writing processes will be completed by March 2020. Based on this, the tentative timeframe of activities is as follows:
 - > Desk review/ briefings & initial regional consultation in early October 2019;
 - Organization and moderation of RSC retreat on 31st October 2019
 - Country consultations & interviews in November 2019 to end of January 2020;
 - First draft set of documents to be submitted by end of January 2020;
 - > Finalization of draft/ annexes and endorsement by RSC during February to March 2020;
 - After the Funding Request submission, some additional Level of Effort may be required to address the TRP's clarifications & feedback (until April-June 2020).
- 3. RSC and CCM mandates and coordination:

The RSC will have a close coordination, consultation and collaboration with national CCMs of each country and other national-level stakeholders.

DECISION(S)					
No decision.					
ACTION(S)		KEY PERSON RESPONSIBLE DUE DA			
DECISION MAKING					
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	IF 'VOTING' WAS SELECTED	, INDICATE METHOD AND RESULTS		
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MINUTES OF EACH A	GENDA ITEM					
AGENDA ITEM #5	AOB and close the meeting					
CONFLICT OF INTEREST	(List below the names of members / alternates who must abstain from discussions and decisions)					
No COI identified i	n this item.					
WAS THERE STILL A QUO	WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >					
SUMMARY OF PRESENTA	TIONS AND ISSUES DISCUSSED					

1. CSO Platform for Health Working Group:

- The CSO platform for health working group has been established;
- TOR of the CSO platform for health working group was developed and presented in the last CCM meeting;
- For the Malaria, the CSO Lao has got funding from the GMS CSO to enhance the capacity of the CSO Lao.
- 2. Catalytic Fund for regional TB and HIV grants:

TB:

• The PMU has received the funding for the Q1 and Q2 and disbursed it to the SRs already. HIV:

Ongoing processes on Grant Agreement arrangements between AFAO (PR) and SR (PMU).

	All the second								
DECISION(S)									
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ACTION(S)					KEY PERSON RESPONSIBLE	DUE DATE			
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DECISION MAKING									
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*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >						

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	The meeting agreed to temporally suspend the revision of the CCM TOR and will revise it at the same time of HANSA project implementation arrangement	ССМ	

AGENDA ITEM #3	NO DECISION
AGENDA ITEM #4	NO DECISION

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:		

CHECKLIST (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 15 days of endorsement.	

TYPE / PRINT NAME	>	Mr. Noukorn Thalangsy	DATE	>	10/07/2019
FUNCTION	>	Coordinator and Finance Officer	SIGNATURE	>	Jovens

CCM MINUTES PREPAI	RED BY:			
TYPE / PRINT NAME		DATE	>	
FUNCTION >		SIGNATURE	>	
CCM MINUTES APPRO				, #-
APPROVED BY (NAME)	Assoc. Prof. Dr. Phouthone Muongpak	DATE	>	Mafritan
FUNCTION >	CCM Chair	SIGNATURE	>	