

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			16		
MEETING NUMBER (if applicable)		04			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			16		
DATE (dd.mm.yy)		27/09/2019			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			32		
DETAILS OF PERSON WHO CHAIRED THE MEETING										
HIS / HER NAME & ORGANISATION		First name	Assoc. Prof. Dr. Phouthone			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
		Family name	Muongpak			DURATION OF THE MEETING (in hours)			3,5	
		Organization	Ministry of Health			VENUE / LOCATION		3 <sup>rd</sup> floor meeting room, MOH		
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair		X	MEETING TYPE (Place 'X' in the relevant box)			Regular CCM meeting		X
		Vice-Chair						Extraordinary meeting		
		CCM member			Committee meeting					
		Alternate			GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)			LFA		
FPM / PO			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

AGENDA SUMMARY		SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)															
AGENDA ITEM No.		WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS														
			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 (PUDRs, 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 Salavan Province during 2-6 September 2019												X			

AGENDA ITEM #2	Progress update on grant performance of HIV, TB and Malaria programs															X	
AGENDA ITEM #3	Brief the results of the Global Fund and World Bank joint mission to Lao PDR during 9 -13 September 2019															X	
AGENDA ITEM #4	Update on Regional Steering Committee (RSC) activities as well as a timeline and next steps for development of Malaria Funding Request for the next Global Fund Funding Cycle																X
AGENDA ITEM #5	AOB and close the meeting																X

**MINUTES OF EACH AGENDA ITEM**

<b>OPENING PROGRAM</b>	<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>
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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
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

CCM Chair warmly welcomed and thanked all participants that attended the fourth 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 25th June 2019 regarding to the national programmes and partners on spending the money to avoid saving money would be occurred;

The CCM Secretariat has delayed for the new CCM membership selection due to waiting for the HANSA Governance structure which will be discussed and considered by the MOH Steering Committee.

**DECISION(S)**

No decision.

**ACTION(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 (Place 'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR</u> OF THE DECISION	>	
		ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	>		
		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 #1 Report on the oversight field visit in Salavan Province during 2-6 September 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 Salavan Province from 02-06 September 2019. The visit focused on 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 OFV team provided the guidance and recommendations in the following aspects: Finance, Procurement, Implementation, Reporting and the results (output/outcome).

**Overall key Progress:**

1. Under the guidance of the provincial and district leaders, the key activities were successfully implemented;
2. From provincial to Health Center level, the implementation of key activities have been supported by two funding sources, the GF and the Government, especially TB and Malaria programs;
3. Local staffs from provincial to health center levels supported the project's activities;
4. There is some management guidelines, equipment and action plan in each unit;
5. There are trained technical staff from the provincial, district and health center levels;
6. Good coordination within relevant sectors, more stakeholders are involved in various activities and enhance the ownership of the people to take care of their own health.

**Overall key Issues:**

1. Coordination with some local authorities is not enhanced and community participation has not been good enough;
2. Little change in behavior among the community, reflecting by nothing change after the project staff left;
3. Limited budget to implement the project's activities in the remote areas;
4. The knowledge and capacity of some staffs at district, provincial level and partners are still limited (such as knowledge on management and planning, etc);
5. Insufficient number of staff for HIV/AIDS Unit and mostly replacement;
6. Limited budget for the HIV/AIDS activities implementation, especially for HIV campaign, prevention and follow-up patients; Received budget from the government only 15,000,000 Kip per year for supervision;
7. HIV-infected persons have also self-stigma and declined to access for ARV treatment;
8. Inaccessible to some at risk groups, especially border area and migrant workers;
9. Inconsistently use of condoms when having unsafe sex;
10. The inter-sectoral coordination has not been fully integrated;
11. The action plan is not yet in detail, the analysis of data is not yet clear in order to refer for setting activity plan;
12. Communicable disease control at the border areas need to be enhanced and the involvement of development companies has not been as good enough;
13. Vehicles and equipment are shortage, old and broken and some projects are not available, difficult road links, difficult for the ambulance and other activities as well.

**Overall Challenges:**

1. Insufficient staff and frequently replacement;
2. Difficult for project administration and management;
3. Insufficient budget for activity implementation based on the action plan, difficult to access the high-risk target groups, including migrant workers;
4. Lack of cooperation, information sharing and control of malaria in border areas between district to district; province to province and country to country;
5. Treatment of Malaria Pv is difficult (Long-term case management and no following up patients leading

to incomplete treatment and recurrent cases occurred) patients are most often found at the health center and village level which no access for treatment with Primaquine at district hospital;

6. The local people do not understand well on the treatment of P.v.

#### **Overall Proposed Solutions:**

1. Raise awareness at school by incorporating such work into students' own home-based school activities;
2. Set up parallel network for disease control activities, such as; schools, temples and villages;
3. All units under the communicable disease control sector should be consulted on development of action plan which tailor to the local context;
4. Increase the capacity of staff in each unit, such as short-term and long-term upgrades in order to strengthen the technical staff for integrating into those tasks;
5. Enhance coordination between borders disease control and development companies by assistance from the related line-ministries in coordination and issuing the legislation that can be enforced;
6. Monitoring and evaluation are important that need to establish a standard monitoring instrument to monitor indicators regularly in order to find common and timely solutions;
7. Enhance coordination with local authorities to leverage all available resources in order to make this work accessible to the public, empowering individual and communities to change their behavior towards sustainable practices.

#### **Overall Proposal of the local partners:**

1. Propose the central level to supervise regularly the implementation of the communicable disease control program in order to assess the progress and issues leading to find a better solution;
2. Propose to organize two monitoring meetings per year;
3. Propose to have a comprehensive manual for communicable disease control management;
4. Request more staff to support provincial, district and health center levels;
5. Request more funds to support the 3-disease programs from provincial to health center levels, including budget for monitoring and supervision;
6. Provide sufficient HIV test kits and TB preventive drugs;

#### **General Recommendation of the OFV team:**

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 are requested to collect data on migrant population from related offices for using as the baseline data in the cases finding;

#### **Key comments from the meeting:**

- The representative from Faith-based organization informed that Mettatham project has been implemented in Salavan Province some years ago and supported the proposed solution of the OFV team on setting up parallel network for disease control activities at schools; temples and villages
- The representative of MPI noted that:
  - OFV should have been implemented during the dry season as it would be comfortable for the transportation and working conditions;
  - OFV budget should be covered the emergency/miscellaneous costs.
- The Chair noted that:
  - To consult with Provincial Health Department (PHD) to improve on the Fund Transfer Mechanism of the two districts that has no bank service and no ATM to avoid any impact to the activity's implementation;
  - The oversight field visit should not only focus on the project's activities granted by the Global Fund, but should also oversight the overall health programs in the province;
  - The OFV team made a good recommendation to overcome of health personnel shortage;
  - To increase the ownership of the province, the PHD should coordinate the planning process to identify the priority areas and key activities that funded by the Global Fund, by the government and other sources and submits the plans to the related departments of MOH for consideration. He added that the government has reduced a budget allocation by 10-15% for the next year due to affecting by natural disasters;
  - The PHD should organize regularly the monitoring meetings.

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
		ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION	>
		ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	>
*Consensus is general or widespread agreement by all members of a group.		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>

### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #2	<b>Progress update on grant performance of HIV, TB and Malaria programs</b>			
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 Manager of Project Management Unit (PMU) provided the summary progress updates on grant performance of TB, HIV and Malaria programs:				
<b>TB Program</b>				
<b>PF Indicators</b>	<b>Target 2019</b>	<b>Target 6M</b>	<b>Achieved 6M</b>	<b>Gap by end 2019</b>
Case notification	7,205	3,602	3,060	4,145
Treatment success rate	90%	90%	87%	
MDR TB notification	80	40	24	56
MDR TB coverage	90%	90%	18 (75%)	
ART coverage among TB/HIV co-infection	90%	90%	82%	
	<b>Challenges</b>	<b>Solutions</b>		
Low case detection	- Drop in case detection in 2019 (6M) compared to 2018 - Minus gap of 460 TB cases compared to 6M target (3060/3602) - 4145 TB to be notified by end 2019	-All PHOs and DHOs to support NTP and urge to increase TB detection in their place -Send all specimens to Xpert -Start ACF teams by provinces		

Specimens transportation	- Limited identification of presumptive at community and health facilities and limited referral to upper levels - Lower detection by health center and community in Q2 vs.Q1	-NTC to circulate new SOP and NTC supervisors to communicate with PTCs/DTMs to implement - CBOs to support new SOPs
MDR-TB	- High treatment delay (25% not enrolled) - Some patients die before treatment - Difficult to convince patients to treat	- Follow-up of all MDR patients not yet started on treatment with local authorities (PTC/DHO/DTM)

	Challenges	Solutions
Treatment outcomes	- Treatment success 87% - High death rate at 7% (due to delay in diagnosis and treatment and TB/HIV co-infection) - Lost to Follow-up 3 %	Earlier detection by 100% Xpert test, 100% contact investigation, ACF in high risk including prisons, 100% HIV test among TB, early ART, treatment of LTBI among PLHIV and <5Y children
TB-HIV	Low IPT among PLHIV High TB rate among PLHIV Delay in starting ART	Collaborate with CHAS for: -Earlier, easier HIV testing -3 Is and ART decentralized at PTC
DHIS2	Low use of TB tracker in recent weeks after June-July training (computer and internet not available)	NTC supervisors to check weekly TB tracker activity in their respective TB units and contact PTC/DTM to find & solve issues without delay

#### Finance Update Q1& Q2 - TB NFCR (in USD)

Recipients	Reporting period Jan-Jun 2019				Cumulative for the Implementation Period Jan 2018-Jun 2019			
	Budget for Reporting Period	Actual Expenditure + financial obligations	Budget Vs Actual Variances	Absorption Capacity	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget Vs Actuals Variances	Absorption Rate
NTC and SSRs	1,637,117	1,221,792	415,325	75%	3,854,372	2,597,927	1,256,445	67%
HMIS	64,726	69,389	(4,663)	107%	253,494	193,076	60,418	76%
LaoPHA	36,856	28,782	8,074	78%	121,155	112,085	9,070	93%
MPSC	115,454	29,017	86,437	25%	252,421	135,788	116,633	54%
PR/PMU	87,122	81,096	6,026	93%	277,572	223,207	54,365	80%
PSI	40,804	34,699	6,106	85%	154,747	132,558	22,188	86%
PEDA	28,635	25,345	3,290	89%	88,033	84,025	4,008	95%
Grand Total	2,010,714	1,490,120	520,595	74%	5,001,795	3,478,667	1,523,127	70%

#### JPR TB/HIV preparation update

- New JPR schedule 15-25 Oct. (2 weeks)
- NTC, CHAS, PMU, and WHO have finalized JPR budget for transfer of GF funding
- NTC/CHAS agreed on 5 thematic areas (burden and surveillance, prevention, case finding, patient cares, cross cutting).
- 5 provinces will be visited, Vientiane Capital, Khammouan, Bokeo, Champasak, and Oudomxay.

**Next steps (September 2019)**

- WHO to finalize JPR consultants recruitment for HIV and HSS (Done)
- NTC, CHAS, WHO and partners (CHAI, WB, UNAIDS) to finalize JPR team members (Done)
- WHO with CHAS and NTC to finalize agenda, briefing documentation and JPR tools: questionnaires, debriefing presentation format, JPR report outline (on progress)

**TB Catalytic Funding (2019-2021) - Tuberculosis Elimination among Migrants (TEAM) Programmatic & Financial Q1-Q2. 2019 Update**

Activity	Date	Update
Procurement (CXR and GeneXpert machines, vehicles, laptops and medical equipment for supporting implementation of activities)	Start, July 2019	Expected to be complete by December 2019
Recruitment of staff (Project Coordinator, Finance and Administration Assistant)	8 August 2019	Completed
Joint planning with CBOs (PEDA and LaoPHA) about the details of planning	13 August 2019	Completed
Planning meeting with NTC, partners, MoL, Ministry of Security, Immigration Department to organize and plan for TB screening at immigration check points	16 August 2019	Completed
Orientation and planning meeting with health staff at province, districts and health centres levels	August and September 2019	Completed, two different sessions for northern and southern provinces on 26-27 August and 2-3 September 2019
Notification letter to Notify tuberculosis network and related sectors for the implementation of TB control programs in the migrant population.	12 September 2019	Coordination has already been done and partners and stakeholders have already been informed
Mapping	End of September 2019	Coordination has already been done with CSOs and on progress

**Finance Update (in USD)**

Actual Expenditures Jan – Jun 2019	2,290
Estimated Expenditures Jul – Sep 2019	265,450
Forecasted Expenditures Oct – Dec 2019	298,812
Total Budgeted for Year 1 (2019)	594,480
Projected Burn Rate for Year 1 (2019)	95%

**HIV NFCR (2018-2020): Programmatic Update Q1-Q2 2019**

	Challenges	Solutions
Treatment coverage	For access to 90-90-90 target, the ART coverage is lagging behind and it is 64% while the first goal has already been achieved	<ul style="list-style-type: none"> <li>- National programme has already started planning to have a better and wider access to PLHIV</li> <li>- HIV positive persons network will be strengthened to decrease the loss to follow up</li> </ul>
DHIS2 for ART centers	This has been requested by GF to be implemented by mid-September 2019	<ul style="list-style-type: none"> <li>- CHAS improved the capacity of responsible individuals</li> <li>- There are some minor technical challenges which is being working on by HMIS team</li> </ul>

Access to key population for testing	In some cases referring the key population for testing to centers is difficult and this might lead to losing the reached cases	- CSO and PCCAs should collaborate more for mobile testing
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### Finance Update (in USD)

Recipients	Current reporting period Jan-Jun 2019				Cumulative for the Implementation Period Jan 2018-Jun 2019			
	Budget for Reporting Period	Actual Expenditure and obligations	Budget Vs Actual Variances	Absorption Capacity	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget Vs Actuals Variances	Absorption Rate
CHAS	1,419,907	1,144,882	275,105	81%	3,024,513	2,150,437	874,155	71%
PEDA	52,991	47,224	5,767	89%	167,523	154,120	13,403	92%
PSI	58,127	74,579	(16,453)	128%	179,362	330,356	(150,994)	184%
LaoPHA	106,367	94,018	12,349	88%	324,446	298,995	25,450	92%
PR/PMU	93,238	93,446	(208)	100%	306,673	248,724	57,948	81%
<b>Grand Total</b>	<b>1,730,630</b>	<b>1,454,149</b>	<b>276,561</b>	<b>84%</b>	<b>4,002,516</b>	<b>3,182,634</b>	<b>819,963</b>	<b>80%</b>

### HIV Catalytic Funding Update: Sustainability of HIV Services for key Population in Asia (SKPA) Program 2019-2021

- MOH/DPC is Sub-Recipient
- LAOPHA under oversight of CHAS is SSRs/Implementer
- For Lao PDR, a 3 year USD1.19m envelope has been set aside by Global Fund but not yet approved
- Of this amount, 40% of the envelope has been conditionally approved subject to future budget reprogramming exercise agreed to by the PR, SR, SSR and GF for 3 years, amounting to USD 521,000(e-mail 27 Aug. from Leo Kenny, AFAO Senior SKPA Officer)
- For Year 1 (2019), Quarters 3 and 4, USD194,257 has been approved for implementation
- The amount approved for subsequent quarters will be approved after budget revision agreed to between the PR, SR, SSR and GF scheduled for 30 November 2019 and to be completed by March 2020
- Final grant documents is in the process:
  - Sub grant Agreement between DPC & AFAO revised and done
  - Opening of new specific BA for this grant in process
- Once the BA is opened, GA can be signed

### Malaria RAI2E (2018-2020): Q1 Q2 2019 Update

#### Grant rating: RAI2E Laos, Jan – Jun 2019

Indicator	Grant rating
# LLINs mass distribution	B1
# LLINs continuous distribution	A1
# Tested in public sector	A1
# Tested in community	A1
# 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	B1
% foci investigated	B2
% on time reporting	B1
<b>Overall Grant rating</b>	<b>B1</b>



**Finance Update: Jan – Jun 2019 RAI2 (in USD)**

Current reporting period Jan-Jun 2019				
Recipients	Budget for Reporting Period	Actual Expenditure and Commitments	6 Months Budget Absorption	Notes
CMPE	2,349,674	1,945,026	83%	Outstanding payments or carry over for: surveillance trainings, bi-annual review meetings, supervision visits (central and province levels), VMWs incentives, distribution costs for nets;
HPA	171,724	125,071	73%	
LAOPHA	110,294	74,054	67%	
PEDA	95,246	84,549	89%	
PMU	68,744	55,216	80%	
<b>TOTAL DPC</b>	<b>2,795,682</b>	<b>2,283,917</b>	<b>82%</b>	
<b>WHO</b>	<b>419,875</b>	<b>331,267</b>	<b>79%</b>	TA Fees carry over to Jul-Dec
<b>Grand Total</b>	<b>3,215,557</b>	<b>2,615,184</b>	<b>81%</b>	

**Program's Challenges**

- Meeting the co – financing requirement for the current RAI Grant (\$500,000 still to be spent)
- Complicated internal procedures delay release of fund to lower level, which particularly affect the release of outbreak response fund from central to provincial level
- Prolonged process to change the national treatment regimens
- HR issues: frequent staff turnover and lack of/ late training to incoming staffs
- Several small non-GF projects occupied the CMPE and some key provinces' staffs, which caused lower level of attention and effort to RAI2E, leading to delays in completion of some RAI2E activities. The program has ambitious targets to “catch up”, after reprogramming 25% of the 2018 budget to years 2019 + 2020, targeting hotspot areas.
- Prolonged custom clearance and tax exemption caused delayed import of essential malaria commodities (improved in Q3 2019)

**Key comments from the meeting:**

- The question was raised about the reasons of the number of case notification was decreased. The NTC Director explained that the reason of delivery of sputum samples from health center to district level was decreased due to changing of SOP from trip-based to case-based collection, which was required the health center's staffs to cover their travelling costs in advance and will be refunded after the sputum have been delivered and positive diagnosis. In case of negative test result, the travelling cost was not refunded. This causes the reluctance of health center's staffs to collect and transfer the sputum samples to district. However, the new SOP has been recently changed and approved by the Global Fund in Q4, which is a trip-based collection. It means that the health center's staffs receive their travelling costs up on the sputum have been delivered to district hospitals based on the numbers of sample regardless the results of tests.
- Some confusion with the figures of the numbers of key populations who reached and have HIV testing. It was suggested that the figures presented should compare with whether the Global Fund targets or the national targets;
- The PMU should make a brief presentation by focusing on the key points and report on how and progress made of problem solving.

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

SHOW OF HANDS

	(Place 'X' in the relevant box)	SECRET BALLOT	
	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u>	>	
	ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>	>	
*Consensus is general or widespread agreement by all members of a group.	ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>	

### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	<b>Brief the results of the Global Fund and World Bank joint mission to Lao PDR during 9 -13 September 2019</b>
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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 from World Bank (WB) had presented the brief results of the Global Fund and World Bank joint mission to Lao PDR during 9 -13 September 2019 as below:

- Carried out a DLI workshop with all key stakeholders to enhance understanding of HANSA and in particular DLI framework;
- Discussed the indicators relevant for TB and HIV with CHAS and NTC, WHO, CSOs, CHAI, PMU and other key partners;
- Discussed the Quality of Health Care agenda with MoH, WHO, ADB and JICA;
- Discussed CCM governance structure with CCM OC and CCM Chair and Vice Chair;
- Met with CSOs.

#### Major Change: Timeline HANSA

- As per request of his Excellency the Minister of Health, HANSA start date will be aligned with the 9<sup>th</sup> Health Sector Development Plan (HSDP): 2021-2025;
- This means that GF investment will start as of 2021 with funding from the next GF allocation;
- GF will inform CCM over the next two weeks about updated timelines for submitting funding request for 2020.

#### Updated Timeline HANSA

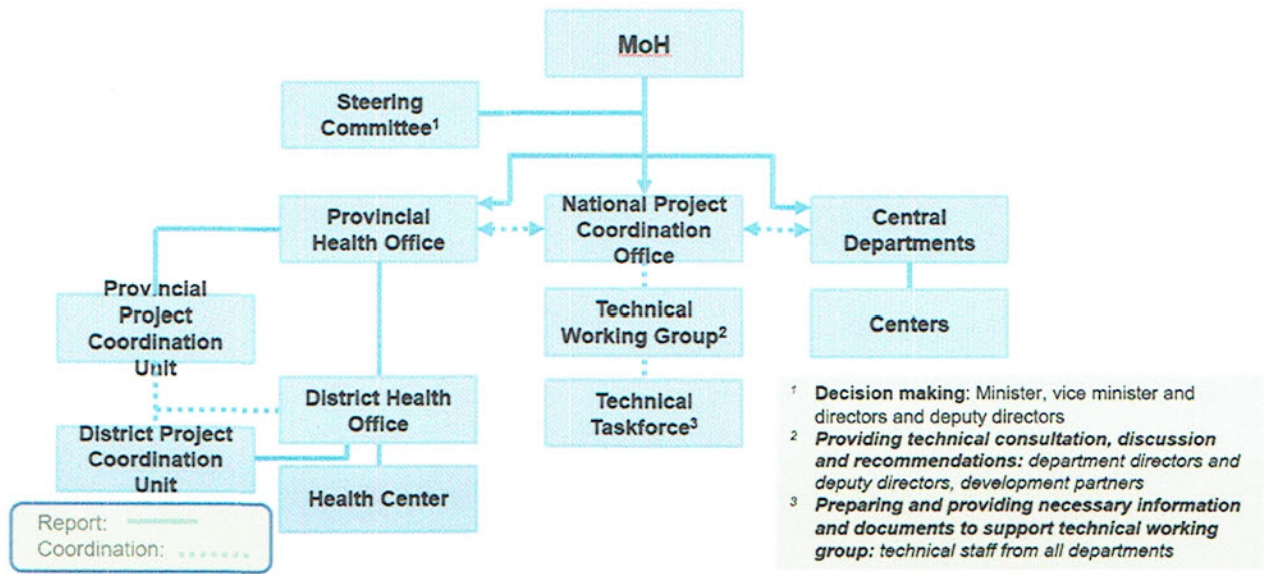
Milestones	Timeline
Joint TB/HIV program review	Draft report December 2019
Finalization HANSA project design with MoH, WHO, key partners, CSOs, CCM	October 2019 - Jan 2020
Funding request submitted to GF Secretariat (includes Project Appraisal Document)	TBC GF
TRP review	TBC GF
GAC review	TBC GF
WB Board	March 2020
GF Board	TBC GF
Start DLI year 0 activities	March-September 2020
HANSA cash disbursements start	On or after 1 January 2021

#### Next steps: October 2019 - January 2020

- Agree on indicators, targets, verification protocol and values, input of joint program review report;
- Preparing data for procurement needs for TB and HIV for 2021-2023: ensure there is no procurement gap between the two implementation cycles;

- Agree on implementation and governance structure;
- Agree on GF co-financing commitments for 2021-2023;
- GF missions in November 2019 and January 2020- to be joined by WB team members.

## FOR REFERENCE: Current Governance Structure of Health Governance & Nutrition Development Project (HGNDP)



### Options for CCM Governance Structure to discuss

- Creating a separate HANSA project advisory committee or existing OC within the CCM to suggest linkage with the HANSA steering committee?
- Suggest to include 2 CCM members on rotation basis in the HANSA steering committee who report back to the CCM and provide information and raise issues to the HANSA steering committee?
- Any ideas?

### Key comments from the meeting:

- The representative from CHAS disagreed with the new proposed change in target provinces and suggested to implement the joint HANSA project in the previous proposed target provinces;
- The representative from MPI noted that in case of the government support to CSO activities are part of HANSA Project, the CSO should implement their activities in accordance with the strategy and action plan of the relevant ministries;
- Some questions were continued raising on how to merge the activities that will be supported by the GF and by the WB, and what are the CCM's roles in oversight the project performance;
- The meeting suggested the joint GF-WB mission and concerned departments to revise the governance structure and implementation arrangement of the joint HANSA project and present to the MOH Steering Committee and CCM for further review and consideration.

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

SHOW OF HANDS

*Consensus is general or widespread agreement by all members of a group.	(Place 'X' in the relevant box)	SECRET BALLOT	
	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION	>	
	ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	>	
	ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>	

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4	<b>Update on Regional Steering Committee (RSC) activities as well as a timeline and next steps for development of Malaria Funding Request for the next Global Fund Funding Cycle.</b>		
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			
<p>The representative from RSC updated on the RSC activities and the next steps for development of the Malaria funding request as follows:</p> <p><b>Update on the RAI2E grant</b></p> <ul style="list-style-type: none"> <li>• The grant successes were outlined as the Region is moving closer to malaria elimination. This is the result of increased coordination and dialogue between Countries, and the RAI alignment with National Strategies</li> <li>• The increasing role and coverage of community malaria volunteers was mentioned, as well as the fact that CSOs are accepted by MOHs as part of the health system, since there is recognition that they are well positioned to serve hard to reach populations</li> <li>• In addition, the expanding use of electronic HIS in surveillance and real time reporting is proving effective, together with the Regional level data sharing platform. Increased testing activities in Countries have led to a larger number of people reached, resulting in higher ABER and declining malaria positivity rates (MPR) and annual parasite incidence rates (API)</li> <li>• Data indicate that growing numbers of provinces and districts are moving toward malaria elimination. Laos, Myanmar, Thailand and Vietnam showed a steady declining trend in malaria cases over the last years. However, for Cambodia there have been challenges due to the disruption of the VMWs scheme but since last year the scheme is fully functional. With this, the total number of cases reported in 2018 is less than that of 2017.</li> </ul> <p><b>Laos Programmatic updates</b></p> <p><b>Observation:</b></p> <ul style="list-style-type: none"> <li>• The caseload increased by 9% in Jan-Mar 2019 when compared to the same period in 2018.</li> <li>• 60% of these total cases were from 6 districts in the south, which had episodes of malaria outbreaks in Q4-2018 to Q1-2019 (6 districts).</li> <li>• The proportion of Pf cases decreased in Jan-Mar 2019 compared to the same period in 2018</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>• Issues with LLINs distribution and quality of bed nets (at supplier level) currently being addressed</li> <li>• Risk of delays in fund disbursements from PSR to SSRs</li> <li>• Prolonged custom clearance process for international procurement</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Based on the recent reprogramming, an intensification plan will be carried out to address outbreak of cases in the southern provinces.</li> <li>• What has driven the increase was a lack of services for vivax cases as people who go to the forests are not being reached in time. There should be a systematic approach to understand what drives the outbreaks in coordination with WHO.</li> <li>• There is real time reporting and lots of effort put by MoH in terms of emergency response</li> </ul>			

### Next RSC meeting

The next RAI RSC meeting will take place in Yangon, Myanmar, **1<sup>st</sup> November**

- 31<sup>st</sup> October will be a closed RSC retreat to discuss the priorities for the next Funding Request.
- The 1<sup>st</sup> of November will be opened to a limited number of Observers
  - UNOPS PR will present an overview of achievements of the grant so far, countries will be asked to present their priorities and expectations for the new grant cycle
  - The IMP will report on the evaluation of activities implemented under both national and regional components

### Planning of Funding Request 2021-2023

The Funding Request will be submitted to the Global Fund on 23<sup>rd</sup> March 2020.

Timeframe:

- Organization and moderation of **RSC retreat** on 31<sup>st</sup> October 2019
- **Country dialogues:** November 2019 to end of January 2020
- **First draft set of documents:** by end of January 2020
- **Finalization of draft/annexes and endorsement by RSC:** February-March 2020

### Selection of Consultants for the GF Malaria Funding Request

- Ms Nancy Knaap is proposed as national consultant for Laos. She previously contributed to the preparation of the RAI2E grant

No.	Development of Global Fund 2021-2023 Funding Request	Timeframe
1	14 <sup>th</sup> RAI RSC meeting – retreat in Yangon	31 <sup>st</sup> October 2019
3	<b>Writing Committee meeting in Bangkok (TBC)</b>	<b>11-12<sup>th</sup> December 2019</b>
4	Country Dialogue 1: Vietnam	14 January 2020
5	Country Dialogue 2: Laos	17 January 2020
6	<b>Country Dialogue 3: Thailand</b>	<b>21 January 2020</b>
7	Country Dialogue 4: Myanmar	24 January 2020
8	Country Dialogue 5: Cambodia	29 January 2020
9	<b>Meeting of Writing Committee (Phnom Penh)</b>	<b>3<sup>rd</sup>-4<sup>th</sup> February 2020</b>
10	<b>15<sup>th</sup> RAI RSC (Vietnam)</b>	<b>10-11<sup>th</sup> March 2020</b>
11	<b>Submission of Funding Request</b>	<b>23<sup>rd</sup> March 2020</b>

### Key comments from the meeting:

- The meeting of Social Economic Development Plan will be held at the end of this year, MOH may propose the activities of RAI2E in this meeting;
- To ensure the collaboration between RSC and CCM, each country CCM should be aware of the new funding request process and timelines;
- The Country Dialogue is not a single consultation meeting but there are the consultation processes for development of funding request for the Global Fund and should be aligned with the nation process e.g. the national program review, national strategy and action plan development, funding request development, etc.;
- CMPE provided updates on country consultation processes and concurred with the RSC timelines;
- Health System Strengthening should be also part of the funding request;
- The Technical Assistant will be joining the next consultation meeting;
- The National Programs (CMPE) should finish the plan before holding the next CCM meeting.

### DECISION(S)

The meeting agreed to organize the next CCM Meeting on 17 January 2020 which includes the review and discussion on the RAI country component proposals into the meeting agenda.

### ACTION(S)

KEY PERSON  
RESPONSIBLE

DUE DATE

Organize the next CCM meeting on 17 January 2020

CCM Secretariat

17 Jan 2020

### 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</u> THE DECISION			>	
	ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION			>	
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	AOB and close the meeting
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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

Before closing the meeting, the CCM Chair had summarized the key points and recommendations as below:

- Improve the oversight field visit report and share with the province, districts and health centers for their following-up actions;
- The PMU should make a brief presentation by focusing on the key points and report on how and progress made of problems/challenges solving because the detail presentation are circulated to the participants already;
- The National Centers should send a specific notice to the province and districts on the recommendations from the OFV report and the CCM meeting to address the issues found in the oversight field visit in order to improve the project implementation and achieve the target indicators;
- The leadership roles of the PMU Executive Committee and relevant sectors should be enhanced in order to guide the implementation of the project. The PMU should share regularly the reports and CCM meeting minutes to the PMU Executive Committee.
- CSO should implement any activities alignment with the national strategy and action plan of the relevant ministries;
- Dr. Chansaly, the representative from DPIC-MOH who is in charge of HANSA Project to revise the governance structure of HANSA Project and report to MOH and CCM;
- HANSA start date will be aligned with the 9th Health Sector Development Plan (HSDP) in 2021-2025.

#### DECISION(S)

#### ACTION(S)

#### KEY PERSON RESPONSIBLE

#### DUE DATE

### DECISION MAKING

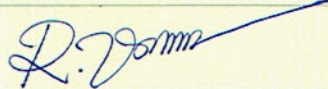
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING		VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION			>	
	ENTER THE NUMBER OF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

\*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	Next CCM meeting will be organized on 17 January 2020	CCM Secretariat	17 Jan 2020

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 <u>15 days</u> of endorsement.

CCM MINUTES PREPARED BY:			
TYPE / PRINT NAME	>	Mr. Budhsalee Rattana	DATE > 11 Oct 2019
FUNCTION	>	Coordinator and Finance Officer	SIGNATURE > 

CCM MINUTES PREPARED BY:			
TYPE / PRINT NAME	>		DATE >
FUNCTION	>		SIGNATURE >

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