### **CCM Meeting Minutes**

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AGEND/ ITEM No	). Y	VRITE T	HE TITLE O	F EACH	AGI	ENDA ITI	EM /	Review progress, decision points meeting - Summary Decisions	Review CCM	Conflict of Interest / Mitig	CCM member renewals /aj	Constituencies engagement	CCM Communications, with in-country stakeho	Gender issues	Proposal development	PR/SR selec	Grant Consolidation	Grant Negotiations / Agree	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for contin review / phase II / closures	TA solicitation / progress	Other
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AGENDA ITEM #2	Brief on the results of the first visit to Lao PDR of Ms Elin Bos, Fund Portfolio Manager			x	
AGENDA ITEM #3	Report on the oversight field visit in Luangprabang Province during 26 – 29 June 2018			x	
AGENDA FTEM #4	Update on key progress and issues of program management which focus on fund flow mechanism and custom clearance process			x	
AGENDA ITEM #5	Selection of national Co-PR for multi- country TB grant		x		
AGENDA ITEM #6	Update on NPA-KAP-PLWD Coordinating Committee's activities	x			
AGENDA ITEM #7	Technical support opportunity provided by USAID through Health Policy Plus on "National Transition Plan and Social Contract"				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' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >

NA

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CCM Chair warmly welcomed all participants and presented agenda for CCM Meeting.

Secretariat verified Quorum and identified potential Conflict of Interest (COI): Due potential COI from FPM on first agenda item: "Review and endorse the draft proposal for the Global Fund multi-country grant to support the sustainable scale-up of HIV service for key populations in South East Asia". FPM recused herself from first agenda item.

Secretariat presented action points for the last CCM meeting held on 26th April:

CCM endorsed multi-country proposal on TB among migrants in the Greater Mekong Sub-Region (GMS). The proposal aims to implement a multi-country program under the Catalytic Investment. Lao PDR proposed budget 2019-21: USD 1, 214, 860. The official letter of endorsement was sent to RSC by the due date (26 April).

#### 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)

ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >

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

\*ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM#1

Review and endorse the draft proposal for the Global Fund multi-country grant to support the sustainable scale-up of HIV service for key populations in South East Asia

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

The Centre for HIV/AIDS/STI (CHAS) on behalf of the HIV task force presented a draft proposal for multicountry grant to support the sustainable scale-up of HIV services for key populations in South East Asia. CHAS noted that this grant is for a three-year period commencing in 2019 and includes Papua New Guinea, Timor Leste, Malaysia, Philippines, Laos, Mongolia, Bhutan and Sri Lanka. The grant value is USD \$12.5 million. In addition, the grant aims to promote sustainable services for key populations at higher risk of HIV including sex workers, men who have sex with men, transgender people, and people who use drugs.

Furthermore, AFAO has been selected by the Global Fund to lead the consultation process and submit the proposal by August 6th. The proposal should be in alliance with targeted strategy per country with prioritized activities that maximize impact in each of the countries, harnessing regional level synergies, and incorporating feedback loops with key populations to ensure progress against strategic objectives. The interventions should be focus on sustainability, feasibility and impact.

The budget proposed for Laos is 932,546.28 USD, however is possible to increase to one million dollars.

#### Laos priorities:

- Develop the KP-led HIV Services (KPLS) model for prevention services: Reach, Recruit, Test, Treat
  and Retain (R.R.T.T.R) for outreach activities using referral chain and traditional outreach for the
  recruitment of peers in physical and virtual settings. Develop desk review of in-country services
  availability, guidelines, build the capacity, coaching and M&E of implementation;
- Addressing stigma and discrimination self-stigma, in health care settings and in the community to facilitate access to services for KPs;
- 3. Develop a communication strategy to reach MSM, transgender women and FSW using social media (including mapping of MSM and TG HIV;
- Increase capacity of peers and self-help group leaders on opportunistic infections, side-effect of ARV medication, referral, psycho social support, including public speaking and advocacy;
- 5. PWID IBBS: Capacity building for key partners and community groups for IBBS implementation;
- Inclusion of ART in Universal Health Coverage (UHC);
- 7. Project orientation workshop with stakeholders and country partners.

#### Key comments were as follows:

- · LaoPHA informed that:
- a) AFAO has already been selected to be the regional PR for this grant. AFAO will jointly work with WHO and UNAIDS in drafting grant management mechanisms, further this draft will be sent to the CCM. Lao PDR will then select a representative from CSO and Government to be the focal point;
- b) Budget might be reduced. Initially, it was agreed to have a budget for 932,000 USD, but from recent template shared by AFAO writing team regarding the proposal budget, Lao PDR budget was reduced to 680,000 USD without further explanation. In this approach, Lao focal point requested more information regarding these modifications, nevertheless there was no response. LaoPHA proposed CHAS to contact the regional PR to obtain more information and negotiate budget;
- c) The implementation has not yet been discussed and the total budget of this proposal has not been approved. Moreover, LaoPHA asked AFAO about HR and administration cost together with the Concept Note of this grant. For the moment there is no response by AFAO;
- · Secretariat noted that Funds flows mechanism and disbursement have already been discussed in the

- meeting in Bangkok. Lao PDR funds cannot be directly transferred from the Global Fund to any SR, including CSOs.
- MPI noted that due this is a regional grant, it would not imply HR and management cost as it would be
  directly managed by the regional PR. Further, the SR would be the MOH, using the current fund flows;
- The chair noted that probably Lao PDR writing team provided unclear information about activities and priorities related to this proposal leading to AFAO writing team to reduced proposed budget;
- MOF representative referred to previous OC & RMC meeting, held on 23rd July, the members
  discussed fund flows mechanism in Lao PDR. She noted that the Global Fund should first transfer to
  the Bank of Lao PDR (BOL), and then the MOH PR PMU will request the BOL (MOF) to transfer the
  funds to the SSRs/CSOs:
- LuxDev representative noted that the amount of the proposal is very small compared to the big efforts
  that the country will need to do;
- UNAIDS representative agreed that the budget is very small for a three years period, although the
  proposal is focus on developing guidelines, and it does not include service delivery. UNAIDS
  volunteered to negotiate with regional focal point in Bangkok to increase the budget.

The meeting agreed to delegate CHAS in collaboration with UNAIDS, to lead the process of reviewing and negotiating with regional PR on the Lao proposal.

The meeting proceeded to vote. CCM endorsed in principle the multi-country grant to support the sustainable scale-up of HIV service for key populations in South East Asia.

DECISION(S)

CCM endorsed in principle the multi-country grant to support the sustainable scale-up of HIV service for key populations in South East Asia, and agreed to delegate CHAS in collaboration with UNAIDS, to lead the process of reviewing and negotiating with regional PR on the Lao proposal.

ACTION(S)				KEY PERSON RESPONSIBLE	DUE DA	TE
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## AGENDA ITEM #2 Brief on the results of the first visit to Lao PDR of Ms Elin Bos, Fund Portfolio Manager 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

MINUTES OF EACH AGENDA ITEM

New FPM visited Lao PDR from 24<sup>th</sup> to 26<sup>th</sup> July. During her visit, she discussed about program implementation and outstanding issues with PMU, CHAS and NTC. In addition, she met with PMU, CHAS, NTC, CSO and CCM to discuss programmatic priorities and transition and sustainability approaches.

FPM made a brief presentation on the result of her visit in Lao PDR. Key points of her presentation:

- 1. HIV:
  - Increase coverage by 2020 for prevention and treatment services towards key populations, including

MSM and female sex workers

- Review current and potential barriers such as the impact of closure of the drop in centers
- Ensure RDTs, ARVs and OI drugs are continuously supplied

#### 2. TB:

- Strengthen TB screening, diagnosis and treatment
- Continue to improve sputum specimen collected, changed to case based reporting
- Strengthen active case finding, challenging during rainy season
- Ensure active case finding and access to treatment in prisons, nationwide coverage
- Review First Line Drugs (FLD) stock to ensure no stock out

#### 3. PMU Updates

- Delays in custom clearance. PMU agreed to submit to the Global Fund updated approval flow chart with the days each step takes.
- · Second ART and RDT order
- Follow up on co-financing commitments for both programs as this will be reviewed on an annual basis.

#### 4. Transition and Sustainability:

- Global Fund financing will most likely continue to decrease based on income classification and disease burden of the country. It is therefore important for all stakeholders to ensure that sustainability is taken into consideration in all investment decisions.
- · Preparing for Transition:
- Domestic financing: Increased absorption of key components of the disease response through national resources (outreach, prevention, HR, medicines and health products)
- Roadmap: coordinated at MoH cabinet level to ensure integration with MoH plans and alignment of all donors.
- Streamline coordination bodies: linked to MoH cabinet (CCM/ICC and health sector groups)

#### Key comments were as follows:

- DOF representative noted that:
- a) The government co-funding has not yet been received as planned in the last year. He requested the national programmes to follow up this process based on work plan and budget proposed to the Government, particularly considering we are now in Q3.
- b) Custom clearance and documentation processes have been already discussed intra MOH and MOF. MOH will make a list of all the goods that need to be cleared by the MOF and PMU staff will meet and work with MOF in order to speed up the documentation processing.
- PR UNOPS informed about carrying out PSM training for Malaria, TB and HIV staff. In addition, expressed its concern about the incident in Attapeu Province, and asked if there is any strategy to immediately respond to the highly affected areas. UNOPS is ready to support, together with all national programmes.

DECISION(S)				
No decision.				
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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*Consensus is general or widesprea members of a group.	d agreement by all	ENTER THE NUMBER OF VOTIN	G CCM MEMBERS WHO ABSTAINED	>

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3

Report on the oversight field visit in Luangprabang Province during 26 - 29 June 2018

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.

The representative from the Oversight field visit (OFV) team presented a report on the visit conducted in Luangprabang Province from 26<sup>th</sup> to 29<sup>th</sup> June. 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 progresses were reported across the three disease programmes, including: funds available from the Government, Global Fund and WHO for activities implementation and improvement of coordination mechanisms amongst 3-disease programmes.

#### Overall key issues reported:

- 1. Delayed disbursement of funds from Central to Province and Distric level;
- 2. Limited budget to implement the activities in the remote areas;
- 3. In the majority of the projects, the equiment was very old and insufficient to cover the work.

#### Key issues by disease:

- HIV/AIDS:
- 1. The number of Voluntary Counseling and Testing (VCT) is very low;
- The number of HIV positive patients is increasing, however, most of the patient that come for treatment are in the most severe stage of HIV infection, AIDS. Causing difficulties to provide treatment.
- 3. Increased of the dead patients;
- 4. The IEC and mass media are insufficient.
- Tuberculosis:
- 1. Detection of suspected TB cases is low;
- 2. Coordination between the province, district and health center is still limited in terms of patients management and follow up.
- Malaria:
- 1. Unable to control Mobile Migrant Population (MMP).

#### Recommendations from the OFV:

- 1. Submit regular and timely report;
- The Province should allocate a state budget for the training and monitoring due to the GF budget is limited;
- 3. Increase the case finding of TB patients, particularly for children, adults, high-risk groups and persons with diabetes.

#### Key comments from the meeting:

- CMPE noted that after OFV conducted in Luangprabang, CMPE have tried to mobilize various funding sources to fill the funding gaps for trainings, computers and vehicles;
- CCM Chair agreed with OFV suggestions and requested more information regarding the needs of additional doctors and laboratory staff;
- NTC representative noted that the OFV team suggested to Luangprabang Provincial hospital to use the
  existing human resources and provide training to staff who has limited capacities, furthermore, to assign
  staff to work on various tasks and even to ask the retired staff to work on specific areas instead.

DECISION(S)				
No decision.				
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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*Consensus is general or widesprea members of a group.	d agreement by all	ENTER THE NUMBER OF VOTING	G CCM MEMBERS WHO ABSTAINED	>

#### MINUTES OF EACH AGENDA ITEM

Update on key progress and issues of program management which focus AGENDA ITEM #4 on fund flow mechanism and custom clearance 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) >

NA

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

PMU manager presented an update on New Funding Cycle (NFC), 2018-2020.

#### TB Programme:

Budget approved for 2018-2020: 7,835,594 USD

- The funds for Q1-Q2 were received on 13th March, 2018
- The funds were released to the SRs on 27-29th March, 2018
- Expenditure rate: 50%

#### HIV Programme:

Budget approved for 2018-2020: 6,391,650 USD

- The funds for Q1-Q2 were received on 13th March, 2018
- The funds were released to the SRs on 27-29th March, 2018
- Expendiure rate: 48%

#### Malaria Programme:

Budget approved for 2018-2020: 9,610,984 USD

- The funds for Q1 were received on 15th March, 201
   The funds for Q2 were received on 25th May, 2018 The funds for Q1 were received on 15th March, 2018
- Fund released to SRs:
  - Q1: 27-29/03/2018, Q2: 19/06/2018
- Expenditure rate: 40%

#### Key issues:

1. Fund flow (FF) mechanism:

The MOH currently has bank accounts at BCEL for receiving funds from UNOPS for RAI2E and from GF for the TB and HIV grants. Under a new government policy, it is proposed to use bank accounts at the National Bank of Laos. This policy is being applied to all ODA funds coming into Laos.

Proposed change for banking arrangement:

a) The Payment Order will require 2 signatures from MOH (one will from the Minister or Vice Minister, 1 from

the PR Ex-COM or DG of DOF), with a summary of the previous quarter's expenditure, then submitted to the National Treasury; b) The PMU will then collect the signed Payment Order and take to the National Bank of Laos; c) The Bank of Laos will transfer the funds directly to the SR/SSR accounts in BCEL; d) The funds released to SR/SSRs will be based on cash report and quarterly disbursement request by SRs/SSRs.

#### 2. Custom clearance processes:

PMU manager noted that custom clearance is a long process (28days) intra MOH and is causing difficulties with the arrival of ARV drugs.

Key comments related to new banking arrangement:

- FPM requested more information about new banking arrangement, including an estimated times for all DOAs to utilize new banking arrangement;
- UNOPS representative noted that RAI2E will follow the same fund flows until the agreement for the new fund flow is reached between the Global Fund and the Government
- Lux Dev representative acknowledged that the signing part for BOL should be the MOH. Delayed in signature, the greater risks of delay for the programmes and for all the processes
- MOF representative to reflect on why there is delay in budget transfer, MOH should provide sufficient documents. For the next disbursements, the Programmes need to elaborate a financial expenditure report, as this is the normal practice of MOF;
- DOF representative acknowledged there was a discussion between DOF and the BOL. Although MOH
  submitted the documents, there was no follow up; the delayed disbursement is caused by the SRs as
  well due to the delayed submission of the report;
- The chair noted that the DOF has already discussed with MOF regarding the FFs, therefore MOH
  should act according to the new agreement with BOL and DOF. He suggested PMU to take feedback
  from the meeting for further considerations and to solve this matter.

DECISION(S)				
No decision.				-
ACTION(S)			KEY PERSON RESPONSIBLE	DUE DATE
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# MINUTES OF EACH AGENDA ITEM AGENDA ITEM #5 Selection of national Co-PR for multi-country TB grant 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

CCM Secretariat informed that Regional Coordinating Mechanism (RCM) requested to select a national co-PR for multi-country TB grant by 24 August 2018. He noted that this was communicated through a brief email and there is no any detailed guideline.

The floor was open for comments and suggestions:

- LuxDev representative noted that CCM should wait until have proper guidance and recommendations by the RCM or the GF and further proceed by electronic vote.
- UNOPS representative recommended to keep the existing PR for TB, given that there is no budget allocated for co-PR.

CCM agreed that e-vote will be conducted after reviewing the guidance document properly. This may also facilitate the capacity of the CCM and the secretariat by familiarizing e-vote mechanism.

DECISION(S)

ACTION(S)			KEY PERSON RESPONSIBLE	DUE DA
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AGENDA ITEM #6	Update on NPA	-KAP-PLWD Coordinating Co	ommittee's activities	
CONFLICT OF INTEREST. (List )	selow the names of meml	bers / alternates who must abstain from disc	cussions and decisions)	
No COI identified in this	item.			
WAS THERE STILL A QUORUM	AFTER MEMBERS' RE	CUSAL DUE TO DECLARED CONFLICT	TS OF INTEREST (yes or no) >	N
SUMMARY OF PRESENTATIONS	AND ISSUES DISCUSS	SED		
Due to lack of time this in CSO representative reconstruction of the Global Fund and	mmended reading	g NPA-KAP-PLWD's presentati	ion, particularly the recommend	dations
DECISION(S)				
No decision.				
ACTION(S)			KEY PERSON RESPONSIBLE	DUE DA
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#### MINUTES OF EACH AGENDA ITEM Technical support opportunity provided by USAID through Health Policy Plus on AGENDA ITEM #7. "National Transition Plan and Social Contract" 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 informed about representative funding opportunity support Lao for Sustainability and Transition Planning. She noted that Health Policy Plus (HP+) has funding to support countries to complete and effectively use data gained from Global Fund transition readiness assessments

(TRAs) that inform the design and implementation of transition and sustainability plans for better ensuring

HP+ can provide TA to Lao to:

Conduct a TRA, or augment analyses: Health financing system assessments

durable epidemic control. The funding is \$300-350 K / per country.

- TA to recommended areas of support in the existing PEPFAR Sustainability Index Dashboard (SID) data (HIV)
- o Creating Terms of Reference for or Strengthening Sustainability and Transition Steering Committees
- o Developing a Long-Term Sustainability and Transition Plan to inform GF Applications

CCM Chair recognized the importance of this funding from USAID, especially now that the country is considering transition and sustainability.

DECISION(S)				
No decision.				
ACTION(S)			KEY PERSON RESPONSIBLE	DUE DATE
DECISION MAKING				
MODE OF DECISION MAKING	CONSENSUS*	IF 'VOTING' WAS SELECTED, IND	ICATE 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 MEMBER	RS IN FAVOUR OF THE DECISION	>
		ENTER THE NUMBER OF MEMBER	RS AGAINST THE DECISION	>
"Consensus is general or widespreamembers of a group.	d agreement by all	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	CCM endorsed in principle the multi-country grant to support the sustainable scale-up of HIV service for key populations in South East Asia, and agreed to delegate CHAS in collaboration with UNAIDS, to lead the process of	CHAS AND UNAIDS	

	reviewing and negotiating with regional PR on the Lao proposal.	
AGENDA ITEM #2		
AGENDA ITEM #3		
AGENDA ITEM #4		
AGENDA ITEM #5	CCM agreed that e-vote will be conducted after reviewing the guidance document properly.	CCM Secretariat
AGENDA ITEM #6		
AGENDA ITEM #7		

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	х	Maria Companyan
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.			

CCM MINUTES PREPARED BY:					
TYPE / PRINT NAME	Silvia Illescas	DATE	>	1 0 AUG 2010	
FUNCTION	Health advocacy and coordination – UNV WHO	SIGNATURE	>	Silvia Illercar	

CCM MINUTES APPROVA	AL:			
APPROVED BY (NAME) >	Assoc. Prof. Dr. Phouthone Muongpak	DATE	>	2 0 AUG 2018
FUNCTION >	CCM Chair	SIGNATURE	>	Magheatton