

CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS									
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT (INCLUDING ALTERNATES)			17	
MEETING NUMBER (if applicable)		1			TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			34	
DATE (dd/mm/yy)		07/12/2018			DETAILS OF PERSON WHO CHAIRED THE MEETING				
HIS / HER NAME & ORGANISATION	First name	Dr. Soulany			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
	Family name	Chansy			DURATION OF THE MEETING (in hours)			3.5	
	Organization	Lao Red Cross			VENUE / LOCATION	3 rd Floor meeting room, MOH			
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair				MEETING TYPE (Place 'X' in the relevant box)	Regular CCM meeting		X	
	Vice-Chair	X				Extraordinary meeting			
	CCM member					Committee meeting			
	Alternate					GLOBAL FUND SECRETARIAT / LEA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LEA	X
HIS / HER SECTOR* (Place 'X' in the relevant box)									
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER	
X								NONE	

LEGEND FOR SECTOR*

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

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM

(Place 'X' in the relevant box)

GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS

AGENDA SUMMARY

AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decision points of last meeting - Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals / appointments	Consultancies 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, LEA 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"> Introduction and endorsement of agenda Quorum verification and conflict of interest identification Update follow up action from the last meeting 	X														
AGENDA ITEM #1	Brief the results of the Global Fund Mission to Lao PDR															X
AGENDA ITEM #2	Report on Management Actions, Audit Report and their related updated status on HIV, TB and RA12E grants											X				

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

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >

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MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1

Brief the results of the Global Fund Mission to Lao PDR

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

No COI identified in this item.

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

NA

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The Global Fund visited Lao PDR from 4th to 7th December. South and East Asia Regional Manager acknowledged the objectives of the Global Fund mission:

- a. To dialogue with the Lao Government with the interest to simplify and streamline the approach from the Global Fund due to some difficulties such as duplication of reporting. The GF is now evaluating a way to simplify and align with partners;
- b. To clarify transition and sustainability process in Lao context, the GF has met with partners outside CCM to discuss on transition policies and long term strategy to build sustainability;
- c. To simplify the approach in terms of implementation and maximize impact of the GF grants by working more efficiently with the Government.

Fund Portfolio Manager (FPM) of the TB and HIV grants presented a programmatic update on TB, HIV and HSS. Key points of the presentation as follows:

Tuberculosis Programmatic priorities:

- o By 2019 there will be 31 GeneXperts procured in the country for TB only; there is a need for NTC/PMU to develop a plan for the roll out and monitoring. GeneXpert can also be used for HIV viral load testing;
- o MDR/TB detection and treatment enrollment to 90% by 2020 from 60%.

HIV - Programmatic priorities:

- o Increase coverage by 2020 for prevention and treatment services towards key populations (MSM and female sex workers);
- o Absorption of procurement of quality assured ARVs for 2019 and 2020 as per co-financing agreement. Procurement can be procured through GF Wambo platform;
- o Ensure to address violence against women where railway is being constructed which increases vulnerability towards STI/HIV (reallocation possible);

Health System Strengthening - Programmatic priorities:

- o DHIS2 Implementation: Monitor progress of agreed DHIS2 work plan and integrate HIV community based information in DHIS2.

PMU Update:

- o Global Fund has streamlined and simplified Management Actions to reduce reporting burden for the PR and SRs;
- o Fund flow: still waiting for final agreement between MoH and MoF in order for the Global Fund to process disbursements through the new mechanism. Without this agreement the GF will make next disbursement in January using current fund flows mechanism.
- o Preparing PUDR for TB and HIV grants to be submitted for LFA review end of February 2019; important for all SRs to submit financial and programmatic information on time, if not delay in disbursement

Sustainability and Transition: According to Sustainability and Transition Specialist there are three aspects that affect the process of transition

1. Global Fund eligibility is based on level of income and high disease burden. Lao PDR is a Low Middle income country, therefore is among the eligible countries. Moreover, in the interest to prepare for sustainability and integration of services, the GF will support Lao PDR to strength their financing and health strategies, assess preparedness, and increase resources mobilization from within country.
2. Lao context: The GF would like to clarify that Lao PDR is eligible for Global Fund funding for multiple funding cycles, nevertheless allocations will be reduced. Furthermore, the GF will particularly, align with the Universal Health Coverage priorities of Lao PDR and commits to strength the sustainability of interventions;
3. In order to promote long term sustainability and health system strengthening, the GF plans to shift investment approach and have a joint investment mechanism with the World Bank for allocation period 2021-2023. This shift investment approach implies: allocation for 2021-2023 period for HIV/TB to be invested jointly with World Bank HANSA project, gradual absorption by the government of the procurement of drugs and health products and payments through to Disbursement Linked Indicators (DLI) on agreed specific TB and HIV results.

The CCM can discuss project advisory committee set up to ensure inclusion of civil society and partners during design and implementation phase of 2020 GF/WB pilot.

Following this presentation, comments from the participants were received:

- o CHAS representative noted that based on the level of income eligibility criteria, Lao PDR will continue receiving funding support from the GF for 2021-2023 allocation periods, however, he requested to have more details on the reduction of funding. Moreover, given that Laos will be part of the Pilot Project in 4 provinces. He asked whether the funding will be based in the Global Fund or the World Bank and whether this pilot project will be implemented from different funding sources of the current TB & HIV grants.
- o GF mission clarified that Laos is eligible for Global Fund funding for multiple funding cycles, however, is likely that GF allocation will be reduced. Moreover, for the moment the amount of the next allocation is still unknown as it depends in the replenishment that will take place in November 2019, and depending on that the Global Fund will allocate money per country and will then communicate to Laos. With regards to the HANSA pilot project, funding will be identified from savings of current grants, in parallel current HIV and TB grants will continue. Additionally, in relation to absorption of drugs, the GF will be following the commitment that was communicated by the Vice Minister of Health in August 2017, and will revise and follow up whether the commitment was accomplished.
- o PMU M&E TA requested more information regarding Disbursement Link Indicators; he noted that if a Country or a Province is unable to meet the DLI, the punishment for not meeting these requirements will only aggravate the situation, turning it into a vicious circle.
- o FPM acknowledged that the GF intention is neither to punish the country nor to aggravate the situation. If the GF notice that a Province is not working well, the program will then identify a TA to provide guidance, and find the roots of the issue.
- o UNAIDS representative noted that UNAIDS have a small fund available for peer training to support FSW and MSM. Furthermore, he will share a report on gap assessment of national and subnational programmes; to avoid any duplication. He also requested to have more information on the pilot face of the HANSA project; whether this project will use the same approach as current GF grants and responsibilities between GF and WB.
- o PSI representative requested more information about the criteria to select the World Bank as a partner for the jointly investment, moreover, CSOs role and whether there is a country example, and potential risks of this pilot.
- o GF noted that the WB is one of the big players in terms of health in the country, and the idea is to be aligned with other donors to create more programmatic impact and efficiencies. There is a multi-donor trust fund in Indonesia and Cambodia but Laos will be the first country to do a joint investment approach.

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	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	X
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION	>	17
			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 WHO ABSTAINED	>	1	

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #2	Report on Management Actions, Audit Report and their related updated status on HIV, TB and RAIZE grants
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	NA
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

PMU Manager presented Grant implementation update.

1. Management actions:

- o The GF requested the PR to agree on action plan on the recently conducted IBBS for MSM, PWID and pending FSW. PMU noted that MSM report has been finalized, FSW report for 2017 has not been finalized yet, and PWID IBBS is in negotiations and expected to be financed by French 5%.
- o The GF requested the PR to provide an update on the progress of DHIS2 as well to provide ad hoc report in case there are bottlenecks that could affect the implementation of DHIS2. PMU noted that transfer of data for CSO and VCTs has already been completed, and a training or refresher for them is planned.
- o The PMU has to develop a mechanism for regular follow-up of outstanding management recommendations. For example, the audit findings can be included in the agenda during the regular PMU/SRs meeting, PMU and ExCom Meeting, and/ or CCM meetings relating to PMU. PMU representative acknowledged this action, and explained that all audit findings and recommendations were shared with SRs and SSRs and discussed through a regular financial coordination group meeting.

2. Co-financing update:

Disease Programme	Co-financing (committed) USD	Co-financing (allocated by government) USD	Co-financing (absorbed) USD
Malaria	1,189,143	1,189,143	1,189,143
TB	782,194	386,626	364,470
HIV	462,033	462,033	324,354

The floor was open for questions:

- o TB Center representative noted that co-financing report seems smaller than in reality; she highlighted that it could be that the amount coming from the provincial level has not been documented yet.
- o HIV Center representative asked regarding co-financing commitment of 324,354 USD that CHAS could not undertake for 2018. In this regards, he would like to know how much the GF will deduct from the coming year. CHAS noted that due to various reasons, the co-financing amount was received but not on time, therefore, the budget requested in the year 2017-2018 is expected to be utilized the coming year.
- o Sustainability and Transition TA noted that the assessment will be done on the overall three years period funding. Moreover, regarding the 200,000 USD co-financing commitments that CHAS did not manage to spend in the last allocation period and due to CHAS has these domestic resources available; these funding can certainly be counted for the assessment of this allocation. He clarified that the Global Fund does not take into consideration whether the money was requested in 2017 or 2018, but what

matters is the level of expenditure during 2018;

- o South and East Asia Regional Manager acknowledged that Programmatic performance is more concerning than financial execution. The GF can be flexible following the national guidance to count expenditure. Nevertheless, given that disbursement is based on performance, the country may face some issues in terms of disbursement due to targets are not reach.

DECISION(S)

No decision.

ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

DECISION MAKING

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

CONSENSUS*

VOTING

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

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

SHOW OF HANDS

SECRET BALLOT

ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >

ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >

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MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3

Update on the results of 12th RAI RSC meeting on 14-15 November in Vientiane

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

Representative from RSC Secretariat presented an update on RAI RSC meeting in Vientiane.

Key points of RSC presentation:

1. Role and Membership of the RAI RSC:
 - o Defining strategic funding priorities and resources allocation;
 - o Oversight of implementation progress;
 - o Strategic partnerships and harmonization;
 - o Good governance principles and practice.
2. RAI RSC is composed by 17 voting members and 9 non-voting members.
3. RAI RSC coordination with CCMs:
 - o Ensuring country ownership & strategic alignment
 - o Collaboration in Funding Request & SR selection processes
4. Summary of RSC decisions:
 - o The RSC will send a letter to the Minister of Health of Myanmar to explain the LLINs utilization OR project and investigate possible options with MoH to complete the study;
 - o The RSC will send a letter to the MoH and MoFA of Vietnam to explain the urgency of discontinuing the use of DHA-Piperaquine in Vietnam;
 - o RSC to approve budget for establishing a Corporate Sector Advisory Board for a total amount USD 26,080 for 2 years.

The floor was open for comments and suggestions:

- o CHAS representative requested more information about RSC decision regarding LLINs utilization and Letter to the MOH and MoFA of Vietnam.
- o RSC representative clarify that operational research and procurement should be done on available scientific evidence. The study and specific survey on LLINS started but then the study was stopped.

The RSC believes that completing the study is important. Furthermore, regarding the letter to the MOH and MoFA of Vietnam, the RSC chair urged to discontinue the use of DHA treatment and offer full availability, support and expertise from the members in the committee

DECISION(S)

No decision.

ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

DECISION MAKING

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

CONSENSUS*

VOTING

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

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

SHOW OF HANDS

SECRET BALLOT

ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >

ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >

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MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4

Update on the NPA-KP-PLWD activities

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

NPA-KAP-PLWD Coordinating Committee (NPA CC) representative presented an update of ongoing activities, including planning and achievements.

Key points of NPA CC presentation:

- o NPA CC conducted a visit in the Southern provinces (Khammoune, Savannakhet, Champasack and Saravan) from 01st to 12 October, 2018. The visit included interviewing and understanding the needs of Key Affected Population (FSW and MSM);
- o NPA CC conducted a visit in the Northern Provinces (Bokeo and Luangprabang) from 12th to 17th November, 2018. During the visit NPA CC met with MHP Association and collected data related to the three diseases;
- o Potential collaboration with networks related to migration, gender and health;
- o NPA CC reported on increasing risks and issues in Bokeo and Luangnamtha Province associated to human trafficking. NPA CC noted that based on their field visit, illegal marriages between Lao young women and Chinese business men are commonly happening. After the marriage, the young women are taken to China to provide sexual services without consent. Two of the cases reported to NPA CC informed that they were later dropped at the Northern border (Lao-China) and tested HIV positive. Furthermore, according to Lao Women Network, some of the young women living in these Provinces are not aware of human trafficking issues, hence, also seeking to contact Chinese investors by social media groups.

Key comments from the meeting:

- o CHAS representative noted that previous social security law did not include hard diseases, such as HIV/AIDS. However, the Government is planning to include all diseases in the social security system;
- o Global Fund representative supports NPA CC recommendations on including women representatives, especially to tackle human trafficking issues. In addition, she noted that the country should ensure to include NPA CC recommendations in the Programme interventions and budget for the Regional HIV

grant. Moreover, she also requested information on HIV testing for prisoners;

- CHAS representative acknowledged HIV Center has a plan for testing prisoners. This was discussed with TB Center, agreeing that when testing prisoners for TB, will also test for HIV, but is not yet included for this year. Additionally, CHAS noted that NPA CC is not approved by MOHA, hence not complied with Lao laws;
- Lao Red Cross representative noted that NPA CC is working in line with MOHA regulations as well it has been recognized by CCM as its members come from the Civil Society organization and KAP. Previously NPA CC was supported by the French Red Cross (FRC) to strength members' capacities and knowledge on the three diseases, but once the FRC left, some funding was provided (27,000USD) to continue these trainings.
- MOHA representative noted that NPA CC under the umbrella of CCM or not, still needs government approval. NPA CC should have an operational board, code of conduct, finance and structure in compliance with Lao regulations.
- UNAIDS representative noted:
 1. Humanity and Inclusion (HI), Lao Red Cross (LRC) and French Embassy should discuss with ExCom;
 2. LRC should show documents related to the creation of NPA CC;
 3. NPA CC could be recognized as one of the CCM Committees.

DECISION(S)

No decision.

ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

DECISION MAKING

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

CONSENSUS*

VOTING

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

VOTING METHOD

(Place 'X' in the relevant box)

SHOW OF HANDS

SECRET BALLOT

ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >

ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED >

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SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	NO DECISION		
AGENDA ITEM #2	NO DECISION		
AGENDA ITEM #3	NO DECISION		
AGENDA ITEM #4	NO DECISION		

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

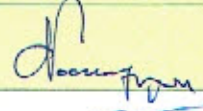
(Place 'X' in the relevant box)

	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	>	Ms. Silvia Illescas	DATE	>	19 DEC 2018
FUNCTION	>	Health Advocacy and Coordinator – UNV WHO	SIGNATURE	>	

CCM MINUTES PREPARED BY:

TYPE / PRINT NAME	>	Mr. Noukorn Thalangsy	DATE	>	19 DEC 2018
FUNCTION	>	Coordinator and Finance Officer	SIGNATURE	>	

CCM MINUTES APPROVAL:

APPROVED BY (NAME)	>	Dr. Soulany Chansy	DATE	>	 19 DEC 2018
FUNCTION	>	CCM Vice-Chair	SIGNATURE	>	