

# 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)		15
MEETING NUMBER (if applicable)		N.A		TOTAL NUMBER OF MEMBERS and ALTERNATES PRESENT		19
DATE (dd/mm/yyyy)		18/01/2017		TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS		39
DETAILS OF PERSON WHO CHAIRED THE MEETING				PRESENT (INCLUDING CCM SECRETARIAT STAFF)		
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)		
	Organization	Ministry of Health		VENUE / LOCATION Ministry of Health		
HIS / HER ROLE ON CCM	Chair	X		MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting
(Place 'X' in the relevant box)	Vice-Chair					Extraordinary meeting
	CCM member					Committee meeting
	Alternate			GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA
HIS / HER SECTOR* (Place 'X' in the relevant box)						FPM / PO
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO
X						
						OTHER
						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	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 and the last meeting minutes</li> <li>Quorum verification and conflict of interest identification</li> </ul>															
AGENDA ITEM #1	1. Increasing the co-financing contributions to enable continue scale up of HIV and TB interventions															



[illegible]

## Opening Program

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

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

## SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

### Disease Split and RSSH Programme Allocation

Also, the meeting discussed domestic financing and allocation, as GF requested to increase co-financing from 15% to 20%. This point was exhaustively review by the meeting as Lao PDR's allocation will be made available upon additional co-financing commitment and if the Government does not commit US\$2,806,686, the GF may reduce funds from existing grants and/or reduce the 2017-2019 allocation. In addition, GF Portfolio Manager also suggested the possibility to renegotiate the items, as the amount committed cannot be change.

## SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM



ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #2	Sustainability and preparations for transitioning from Global Fund funding	
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)		
No COI identified in this items		
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >		Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED		
<p>GF Senior Fund Portfolio Manager noted the Global Fund Strategy prioritizes investments to have the greatest impact against the global disease burden. High burden countries with the lowest ability to pay were therefore a priority and in a constrained funding environment the Global Fund had indicated that all low burden middle-income countries should plan for transition from Global Fund funding, this included Lao PDR. In this light, the GF encourages the MOH to continue this transition by an active engagement considering sustainability in the design of its funding request and co-financing commitments.</p> <p>The Global Fund acknowledge there is no a plan on how to transition but its moving towards this. It is unlikely that Global Fund Funding will increase but will decrease and therefore the importance of a better structure.</p> <p>Furthermore, the CCM chair expressed the importance of sustainability in the programs and explained the Department of Finance (DoF) at MOH is preparing for a transition, including identifying substitute resources by 2020.</p> <p>Some comments were raised from the Meeting regarding Transition and Sustainability:</p> <p>UNAIDS representative also raised his concerns regarding Lao transitioning plan and noted that UNAIDS discussed in the past with CHAS on how to move forward from Global Fund 100% funding and also, suggested the GF to rethink the classification of Lao PDR as a Low Disease Burden Country, considering the high prevalence in the Mekong Region of Sexual Workers (SW), Men who have Sex with Men (MSM) and Transgender (TG). In the recent years Lao PDR has increased its mobility population in and out, including people from Cambodia, Myanmar, Thailand, and Viet Nam with high HIV prevalence. Therefore, the importance of the GF to review HIV data results in Lao PDR. GF noted that classification was based on classifications provided by technical partners, but the TRP had previously recognized data weaknesses, particularly as this related to PWID.</p> <p>In this regard, French 5%, acknowledge, they are providing two consultants to review existing epidemiology data on key population, in order to provide a roadmap to collect and analyze evidence based information for appropriate future response.</p>		
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM		
DECISION(S)		
The MOH is aware of GF transitioning plan, hence, through DoF (MOH) is preparing for a transition.		
	KEY PERSON RESPONSIBLE	DUE DATE

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	<b>Changing implementation arrangements to align with MOF and</b>
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<b>MOH fund flows</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) >		Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED		
<p>The GF wishes to align with in country systems and in particularly MOH systems for coordination and managing international funding. The Meeting discussed on how the MOH can align with the MOF. Based on previous discussion with the LFA, it was suggested that the PR (MOH) could still make transactions via their own bank account with the condition that they will open an official bank account with the Bank of Laos.</p> <p>In this light, the MOH is still the PR but the MOF can monitor the fund flows. Additionally, the PR Office will move from its current location in DCDC to DPIC (where major fund provider such as ADB and WB are located). This will align with functionalities of Ministry line Departments. The Department of Planning can incorporate the programs in its role in overall budget coordination planning and engagement at whole of government level. DCDC will then revert to concentrate on CDC responsibilities rather than grant management. A capacity assessment of the new PR would be required.</p>		
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM		
DECISION(S)		
<ul style="list-style-type: none"> <li>The PR remains the MOH, however the PR Office/management unit will be moving from its current location in DCDC to DPIC</li> <li>Capacity assessment for the new PR management office and systems would be required</li> </ul>		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 4	Incorporation of RSSH interventions in the disease funding request Roadmaps for Country Dialogue	
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)>		Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED		
<p>Further to the Global Fund's advice to invest in RSSH, the Meeting discussed country allocation for each program to address Resilient and Sustainable System for Health. The resources to address RSSH in the 2014-2016 allocation period, totaled US\$5,332,143 (18%) (including HSS grant and disease grants.) However this investment is greater than available in the 2017-2019 allocation period. The CCM agreed to initially allocate 6% of three diseases for RSSH.</p> <p>Moreover, there was confusion concerning the amount allocated for RSSH, as many of the members understood the total allocation for RSSH 2017-2019 was 18% and not 6% of three diseases.</p> <p>It is critical a clear understating for RSSH allocation given the very short span of time to draft HIV&amp; TB Concept Note with a cross cutting RSSH intervention included in each request. Further discussion among the disease programs and key sectors/departments on prioritized interventions for RSSH will be continued.</p>		
Country Dialogue:		



The GF wishes to engage in Country Dialogue with country stakeholders in preparation for the submission of TB, HIV and Malaria (RAI RSC) funding request:

- Malaria Country Dialogue on 19 January 2017 will contribute to collect suggestions of CSO-KAP-PLWD in the Malaria request (RAI) writing process.

The Meeting also advised to take advantage of Malaria Country Dialogue as is a rich opportunity to identify potential SRs and also, given the limited resources to reach KAP, to analyse the most co-effective intervention mechanism to reach KAPs.

Malaria Country Dialogue will be a good base for a successful HIV/TB Country Dialogue.

#### SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

##### DECISION(S)

- Recommendations after discussion were:
  - RSSH WHO Advisor should work with LMIS and DHIS2 teams to cost potential interventions to determine total investment needs, discuss with programs and revert to the Resource Mobilisation Committee (RMC) to consider the total contribution for each grant.
  - Additional clarity from the RAI team was needed to feed into this review process.
  - Subsequently RMC would request CCM members to vote on their recommendation.

##### ACTION(S)

##### KEY PERSON RESPONSIBLE

##### DUE DATE

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 5	<b>Preparation for selection of Principal Recipient (PR) and Sub-Principal Recipient</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)?	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p>The Meeting discussed whether the Principal Recipient would continue to be the MOH or should CCM call for an open Expression of Interest.</p> <p>Furthermore, the CCM secretariat explained according to Guideline for Principal Recipient Selection, there are two ways for selecting the PR:</p> <ol style="list-style-type: none"> <li>1. Call for an open Expression of Interest (EOI) open to Private, National NGO/INGO, and Public Sector or,</li> <li>2. Invite the actual PR to submit an expression of interest (only for actual PR rate at A1, A2 or B1)</li> </ol> <p>Whatever process is chosen between 1 and 2: CCM should document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria, and also document the management of any potential Col.</p> <p>Since the Global Fund promotes Sustainable management, the MOH is the only viable PR for this grant. This will be a good preparation for Lao PDR to allow some time beyond 2020 so that the MOH can strength its capacity and parallel, identify other funding sources.</p> <p>The Chair also acknowledge in case the PR will continue to be the MOH, the PR office will be move to DPIC and in order to have a successful transition, DPIC should work in close collaboration with the Department of Finance.</p>	



The Meeting agreed the actual PR (MOH) qualified as per process #2 to continue as PR, as grant performance for all grants is B1; therefore the CCM should document the rationale and invite the PR to submit an EOI. MOH should officially issue a nomination letter to nominate the DPIC and DoF to be responsible for working with the PR, complete the structure and continue the preparation for the Funding Application.

#### SR selection:

The CCM secretariat informed for HIV and TB the process should be before Concept Note submission. In the case of Malaria as recommended by RAI RSC, the selection of SR should be after submission of Proposal.

The key SRs are the Programs, and there will be SR&SSRs from other stakeholders and CSO. At this stage is not particularly necessary to identify implementers, is possible to run a selection process after the application is submitted. The analysis at the moment should be based in the interventions and on what type of implementer (Government Health Care System, the Community/INGO/CSO) can best reach the targeted populations with the identified intervention.

#### SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

##### DECISION(S)

- PR will continue to be the MOH, the current PR, however the PR office/management structure will change to DPIC.
- CCM should document the transition of another PR office and fund flows changes should also be added in the application.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

#### SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	<ul style="list-style-type: none"> <li>• The MOH and MOF to further discuss on how to realize previous co-financing commitments (Willingness to pay) in order to receive entire funds for 2017-2019 allocation.</li> </ul>	MOH, CCM	
AGENDA ITEM #2	<ul style="list-style-type: none"> <li>• The MOH is aware of GF transitioning plan, hence, through DoF is preparing for a transition</li> </ul>	MOH, CCM	
AGENDA ITEM #3	<ul style="list-style-type: none"> <li>• The PR remains the MOH, however the PR Office/management unit will be moving from its current location in DCDC to DPIC</li> <li>• Capacity assessment for the new PR management office and systems would be required</li> </ul>	MOH, CCM, LFA	
AGENDA ITEM #4	<ul style="list-style-type: none"> <li>• RSSH WHO Advisor should work with LMIS and DHIS2 teams to cost potential interventions to determine total investment needs, discuss with programs and revert to the Resource Mobilisation Committee (RMC) to consider the total contribution for each grant.</li> <li>• Additional clarity from the RAI team was needed to feed into this review process.</li> <li>• Subsequently RMC would request CCM</li> </ul>	TA, Key MOH Departments, RMC	



	members to vote on their recommendation.		
AGENDA ITEM #5	<ul style="list-style-type: none"> <li>PR will continue to be the MOH, the current PR, however the PR office/management structure will change to DPIC.</li> <li>CCM should document the transition of another PR office and fund flows changes should also be added in the application.</li> </ul>	DPIC, CDCC, CCM	


SUPPORTING DOCUMENTATION		Place an 'X' in the appropriate box	
ANNEXES ATTACHED TO THE MEETING MINUTES		Yes	No
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE		X	
ATTENDANCE SHEET COMPLETED		X	
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING		X	
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*		X	
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS		X	

**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:**

**CCM MINUTES PREPARED BY:**

PREPARED BY	Ms. Silvia Elena Illescas Matus	DATE	20/01/2017
FUNTION/ POSITION	TA (Short term/Part-time) Health advocacy and coordination	SIGNATURE	

**CCM MINUTES APPROVAL:**

APPROVED BY	Assoc. Prof. Dr. Phouthone Muongpak	DATE	
FUNTION/ POSITION	CCM Chair	SIGNATURE	