

The Oversight Committee presented the key achievements and issues on the implementation of the oversight annual workplan as below:

Summary key achievements and issues of proposal development

Key achievements

- Overall, all key activities to fulfill the 6 CCM Eligibility Requirements were implemented and completed on times, i.e. CCM Reform, CCM Self-Assessment, Improvement Plan, Program Split, Willingness to Pay, PR and SR Selection, Conflict of Interest Policy, Oversight Plan, Signed CIO form, etc.
- A wide range of stakeholders participated in the country dialogue processes for proposal development.
- The Concept Notes submission for four programs, i.e. Tuberculosis, Malaria, HIV, HSS were submitted accordingly to the schedules.
- The Agreement Framework between the GFATM and the Government of Lao PDR was signed.
- Grant Confirmation for all four programs, TB, Malaria, HSS, HIV were signed.

Key issues

- Willingness to pay detail workplan has been delayed.
- Malaria Concept Notes was resubmitted.
- Long processes of Grant Making Negotiation held.

Summary key achievement and issues of oversight grant implementation

Key achievements

- The Oversight Workplan and budget was developed and endorsed by the CCM and submitted to the GFATM.
- Collected and reviewed the data on the grant implementation through use of the grant performance routine reports, including: PUDR; dashboard; management letter; and grant score card.
- Conducted oversight field visits and reported to CCM and related partners.
- Conducted a series of OC; Ex-Com; and CCM Meetings to oversight the grant implementation and make the recommendations and decisions for improving the grant performances.
- Documented all oversight activities.
- Regularly updated the CCM Website.

Key issues

- Incomplete and delaying data availability.
- Data analysis on the grant implementation report needs to be improved.
- Report on overall oversight function of the CCM need to be prepared and widely circulated.

After the presentation, some questions and issues were raised and discussed.

- Delaying report is a long standing issue due to many factors both internal and external such as staffs do not receive training, do many jobs, frequently turnover, paper-based report, compiling report from nationwide, some implementing partners do not send the report on time, new funding model produces more new reporting templates and change to quarterly disbursement of fund, etc. We need to identify more specific issues and actions to overcome them.
- There is a reporting system and networks from central to provincial, district and village level, especially TB and Malaria programs. Electronic and software for reporting tools have been developed and installed, but insufficient numbers of skillful staff to manage the system.
- Some implementing agencies have their own networking and reporting channels but they share the same government staffs for implementing their activities.
- The chair concluded that whatever funding sources supported to the national programs, they should not implement with parallel system. It is a commitment of the government to harmonize all activities related to the programs in order to ensure a transparency, effectiveness and sustainability as defined in the Vientiane Action Plan for Aid Effectiveness. In responded to a comment regarding the need to improve collaboration

between CCM and MOH, the chair advised that the national centers should bring the results from the meeting to report to the MOH.

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	
DECISION(S)	
No decision	
ACTION(S)	KEY PERSON RESPONSIBLE DUE DATE

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	<ul style="list-style-type: none"> Brief presentation and discussion on updated status and process of Grant Performance Report (including PUDR, Dashboard and Grant Score Card)
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) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<ul style="list-style-type: none"> Overview on Global Fund supported programs in Lao PDR, Grant performance score, and PR activity plan, PSM and finance update. PR procurement manual Capacity building for Procuring non-health goods and local services by PR and SRs Update procurement TB grant HSS Grant ended June 2015 June; NFM started July 2015 <ul style="list-style-type: none"> TB drugs (1st line, 2nd line) procured via Global Drug Facility (GDF) October 2015, expected delivery April 2016 <ul style="list-style-type: none"> 1st line Adult/children for 183K USD 2nd line for 17K USD No risk of stock outs, some expiration to be expected (2nd line) <p>Other:</p> <ul style="list-style-type: none"> Specimen transport boxes, reagents, lab supplies and lab equipment spare-parts 3 vehicles under TB NFM budget <ul style="list-style-type: none"> 2 pick up for NTC at 350 million Kip 1 pick up for PSI for 180 million Kip Motorbikes for PEDAs (combined lot with same for CMPE under RAI grant, total 14 units) Procurement of next supply HRDTs for screening HIV in TB cases planned for Q2 2016 as well as next supply of GenXpert cartridges 	

- **Update procurement HIV grant**

HIV grant (HSS grant ended December 2015; NFM started January 2016)

- ARVs procured under HSS in 2015 (PQ-15911 for approximately 100K USD) are being delivered maintain stock levels at central level.
 - Stock LPV/r at the moment low (reaching zero) due to side effects to ATV/r.
- A (1st) ARV order under NFM Y1 is confirmed for 193K USD via PPM for delivery in Q1 2016. Review of 2nd order is planned after April 2016 to verify actual patient/regimens, usage and stock on hand.
- H-RDTs procured under HSS in 2015 for 31K USD have been delivered by PPM Agent in Sept and Dec 2015 with adequate shelf life. A next (1st order) under NFM grant is in process via VPP for delivery in 2016 (value 40K USD).
- OI/STI drugs, local tender done with 2 drugs of HSS order delivered via IDA in 2015 for 60K USD. Next order (10 same drugs) in process (price comparison local and via PPM/IDA), overall expected to remain within approved budget (60K USD)
- CD4 continuation of contract for supply of reagents, service (flow cytometry units) in 4 ART sites. One site (MHS) needs new unit and possible consideration for piloting a POC machine based on imaging (BD Presto)
- Male Latex Condoms no current procurement sufficient stocks till 2017; working with CHAS on selecting a new contractor for distribution of Nr 1 Brand (SMC) and move to Total Market Approach (2017)
- Blood bank supplies for NBTC (mid 2015 under HSS grant) local procurement for 100K USD

- **Update procurement Malaria grant**

MAL grant (NFM started January 2016)

- ACTs and ART Injections procured under TFM/PMI have been delivered in 2015; sufficient central stocks for distribution to provinces/districts; expiry risks when stocks not move
- A buffer M-RDTs was ordered under TFM extension (PE-2064; Oct 2015), for 427,771 USD; 1ST delivery expected Q1 2016.
- Next Forecasting for ACT/RDT for 2016 is in process (lead by MSH with CHAI) to maintain adequate stock levels to 2017
- 1 million LLIN were procured in 2015 for 3,1 million USD via PPM agent with direct delivery to 2 regional warehouses in the South
 - Used NFM budget in TFM extension (front loaded NFM funds to be in time for season)
 - Transportation tender concluded in January (2 contracts for a total sum of 150K USD)
 - LAK 551,343,240 (20,975 LLIN bales to district level in 5 South provinces)
 - LAK 640,852,004 (11,342 LLIN bales to 11 central/northern provinces)
 - First part being distributed to districts in South (SVK, SRV, CPS, ATP, SK)
 - Second part (Provinces) scheduled March/April (pending PMI delivery to central warehouse)
 - Cost of transportation within budget for in-land transportation of LLIN and other commodities (450K USD); budgets are being prepared by CMPE for disbursing to districts to support the micro distribution of LLINs to HC and villages

- **Update procurement HSS grant**

HSS grant (NFM started January 2016)

- No health products in this grant
- Preparation and Planning of procurements with DPIC PMU & SRs for their HSS activities in 2016
- Procurement for IT equipment (70KUSD) and office furniture (17K USD) scheduled in Feb/March, delivery expected April latest.
- Bidding documents being prepared by PR Procurement unit
- Next activities
 - Procuring Local services
 - Procuring TA/External consultants

- **Update procurement RAI Malaria grant**

RAI grant (Y2 2016)

- Most Health products via PR UNOPS Myanmar
- Local tender completed for microscopy/lab supplies in 5 lots for a value of 143 million Kip
 - Motorbikes for PEDDA (combined lot with same for CMPE under RAI grant, total 14 units)
- 64 Motorbikes being procured under RAI grant this month (Feb 2016), delivery by March
- Assist with recruitment of staff

- **Finance update disbursements 2015 HIV grant**

B/f 2014		\$1,427,529	2015		
GF disbursed			PR	107,741	
			CHAS	1,085,180	
July	704,457		LAOPHA	207,536	
December	1,218,418		NBTC	73,522	
			NCA	148,186	
			PEDA	61,206	
			PSI	446,509	
total	\$1,922,875		total	\$2,129,880	
Bank Interest	1,295				\$1,221,820 B/F 2015 to 2016
	<u>\$3,351,700</u>				<u>\$1,228,423</u> Forecast 2016 Q1

- **Finance update disbursements 2015 TB grant**

B/f 2014		\$828,975			
GF disbursed			PR	178,407	
			NTC	1,663,036	
July	1,312,724		LAOPHA	106,229	
November	342,237		LYU	22,026	
			MAAP	19,551	
			PEDA	100,099	
			PSI	65,785	
total	\$1,654,961		total	\$2,155,133	
Bank Interest	982				\$329,785 B/F 2015 to 2016
	<u>\$2,484,918</u>				Forecast 2016 Q1
					<u>\$1,010,477</u> (Budget Q5) = 33%

- **Q5 NFM budget TB grant (Q1 2016)**

Sum of Q5 Cash Outflow	Column Labels												
Row Labels	1	2	3	4	5	6	7	8	9	10	11	12	Grand Total
CICML	3600	298			800	1265					543		6505.95
LaoPHA	10500	12859									2745		26104.18
LYU	5250	3339							700	1014			10303.56
MAAP	5400										1980		7380
MOH	74400	102027	44889		85060	309500	29050	1200	61880	1700	91510	73538	874754.36
PEDA	7200	9018						540		1019	2327		20104.49
PR	24516		7407						5823		3785		41530.81
PSI	12150	5462								1450	3527	1205	23793.88
Grand Total	143016	133005	52296		85860	310765	29050	1740	67703	4869	107431	74743	1010477

- **Finance update disbursements 2015 Malaria grant**

B/f 2014	\$708,875	2015	
GF disbursed		PR	225,741
August	445,165	CMPE	576,958
December	925,666	FDD	25,592
		WHO	87,500
total	\$1,370,831		\$915,791
Bank Interest	1,042		
	<u>\$2,080,748</u>		<u>\$1,164,957</u> B/F 2015 to 2016
			\$1,401,735 Forecast 2016 Q1 = 83%

• Q1 2016 NFM budget Malaria grant

Sum of Q1 Cash Outflow	Column Labels										
Row Labels	1	2	3	5	6	7	8	9	10	11	Grand Total
BFDI	4050	5956				21857.27		17250			49113
CMPE	111682	147065	234000	4879		449126.5		9325	37275	30024	1023376
FDD		2695			0	206.34				309	3210
HPA	3326	39696					1498	8096		2667	55284
LAO-PHA	12819	45395						13720	5379	4359	81672
PEDA	10832	102989						15318	17466	2374	148980
PR-MOH	22673		11390				1521	217		4299	40100
Grand Total	165382	343796	245390	4879	0	471190	3019	63926	60121	44033	1401735

After the presentation, some questions and issues were raised and discussed.

- Some questions were raised on the reasons of delayed disbursement of funds and low absorption of money. It was clarified that under the new funding model the GF firstly disbursed fund by quarter and no buffer provided. Transaction of money between PR, SR and SSR was slow. Some amount of committed fund, e.g. purchasing vehicles and equipment was not net paid. The transaction of money needed to be improved. The meeting between PR and different department concerned of MOH is required to increase common understanding and speed up a document clearance process of funding transaction.

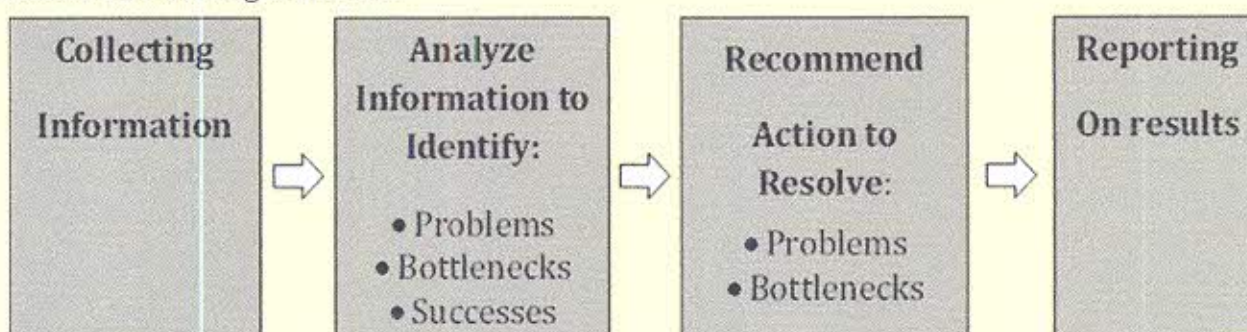
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

GOV		
MLBL		
NGO		
EDU		
PLWD		
FBO		
KAP		
DECISION(S)		
No decision		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM # 4	<ul style="list-style-type: none"> • Presentation and discussion on the draft Oversight Annual Workplan and Budget for 2016
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
There was no COI for this agenda 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 draft oversight annual workplan was presented by the CCM secretariat as follow:</p> <p>The Global Fund requires the Lao PDR CCM to have clear operational procedures and guidelines to implement the basic oversight functions of the CCM – Eligibility Requirement # 3. The plan has defined the basic principles, roles and responsibilities of the CCM members and its subcommittees with respect to oversight functions, as well as structures and tools to carry out the oversight.</p> <ul style="list-style-type: none"> • Oversight function <ul style="list-style-type: none"> ▪ Grant Oversight is a core function of the good governance. ▪ Engage all program stakeholders, including CCM members and non-members. ▪ Provides strategic direction <ul style="list-style-type: none"> ➢ Ensures policies and procedures are followed ➢ Institutes financial controls ➢ Follows through on key recommendations made by the CCM. ▪ Leads to improved grant success and increased stakeholder value in Lao PDR. • Oversight principle <p>The core principle of oversight is to ensure that resources (financial and human) are and will be used efficiently and effectively for the benefit of the country.</p> <ul style="list-style-type: none"> ▪ Oversight is a national responsibility: While the CCM is ultimately responsible for the success or failure of the grant funds, all entities (CCM, PR, SRs, LFA, and Secretariat) work towards the same goals in order to reduce the impact of HIV/AIDS, Tuberculosis, and Malaria. ▪ Oversight is different from Monitoring and Evaluation: Oversight focuses on macro-level and ensures that implementation of grant fund is on track. ▪ Oversight focuses on several key areas: Finance, procurement, implementation, results, reporting, and technical assistance need. ▪ Oversight is cyclical: Follows reporting cycles to review the performance of PR as a program manager. • Oversight areas <p>Oversight extends from preparation of the country application and to the grant closure after its implementation, e.g.</p> <ol style="list-style-type: none"> 1. Proposal Development: As part of the requirements for funding eligibility, the CCM must ensure that a wide range of stakeholders, not only CCM members, participate in the proposal development and oversight process. 2. Grant Negotiation: While most of the communication during grant negotiation occurs between the PR, SR, LFA and the GF, the negotiation process should be monitored by regular updates to the CCM plenary. 3. Grant Implementation: This is the biggest portion of the oversight activities conducted by the CCM. 4. Donor Coordination and Alignment with Health Systems: The CCM should find every possible way to use or build onto pre-existing national oversight plans in order to avoid duplication of efforts. 5. Grant Closure: The CCM is responsible for endorsing the Close-Out Plan and Close-Out Budget, including the PR's plan for distribution or disposal of program assets. • Organizational structure of oversight <ul style="list-style-type: none"> ▪ The CCM Plenary is the ultimate decision-making body and is responsible for overall effective management of the oversight function related to Global Fund activities and grants in Lao PDR. 	

- The Resource Mobilization Committee (RMC) coordinates the funding request in an open, transparent and inclusive manner.
- The Oversight Committee (OC) oversees the implementation of approved Global Fund grants in the country to ensure the implementation of activities and the use of resources in accordance with the grant agreement.
- The CCM secretariat supports grant oversight activities as they support all CCM functions.
- The Four Technical Task Forces, including HIV/AIDS, Tuberculosis, Malaria and Health System Strengthening (HSS) provide support to the CCM and the OC on technical and management issues.
- Involvement of stakeholders in oversight particularly in the field visit.

- **Framework for oversight function**



- **Tools for oversight**

The main tools for implementing the oversight function are:

- Regular Oversight meetings
- Grant Dashboards summarizing managerial, financial and programmatic information based on available data and documents.
- Field visits to the implementation sites of the Global Fund grants.

- **Oversight workplan – key activities**

1. Clarify oversight functions, responsibilities, and build capacity for oversight
2. Gather data on GF grants through use of the grant dashboards and routine reports
3. Gather information on GF grants through field visits based on PR-SR performance
4. Analyze information based on grant dashboards and other review processes
5. Take action to resolve problems and bottlenecks requiring CCM attention (either identified through the Grants Dashboard or other activities)
6. Document all oversight activities and report back to PRs on performance and decisions taken.

More detail activities and annual budget for oversight are presented in separate tables.

Some key points of discussion and comments:

- It was proposed to have the high level officials attending the oversight field visit. The CCM members from international organization were also interested to join the oversight field visit.
- The CCM representative from France Embassy has expressed their interest to be considered as a member of the Oversight Committee in order to increase its support to GF activities in Lao PDR, as a member of the CCM.
- The CCM Dash Board is being developed and updated by GMS after inactive more than a year, in order to make a program performance report simplify, concise and easy for the CCM and partners in understanding and updating on the achievements and progress of the program performance.
- After discussion, the Chair announced a voting process and the oversight annual workplan with budget for 2016 was endorsed with a vote of 17/18.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM		
GOV		
MLBL		
NGO		
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PLWD		
FBO		
KAP		
DECISION(S)		
The oversight annual workplan with budget for 2016 was endorsed with a vote of 17/18.		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #5	Report on RAI Independent Review
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) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
The report was presented by the RAI Regional Steering Committee Secretariat.	
<ul style="list-style-type: none"> • Review scope and process <ul style="list-style-type: none"> ▪ 1.5y of implementation (Jan14-June15) ▪ All 5 countries + Inter-Country Component ▪ 3 independent experts: desk review, interviews, field visits ▪ Components: <ul style="list-style-type: none"> ➢ Grant governance / management ➢ Activity implementation ➢ Malaria & drug resistance trends • RAI overall progress to date <ul style="list-style-type: none"> ▪ Progress on implementation is good overall: B1 rating, expenditure rate 65% <ul style="list-style-type: none"> ➢ Inter-Country Component: very good progress ➢ Country components: MMR/THA performing well, VN/LAO delayed, CAM not started ➢ Regional PR: positive assessment ▪ Key achievements: <ul style="list-style-type: none"> ➢ Expansion of coverage/range of malaria interventions by NMCPs ➢ Reaching high-risk populations / MMPs (e.g. malaria posts) ➢ Trialling of new strategies with promising results (TMT) ➢ Regional-level engagement, political commitment and increased coordination • RAI Progress in Lao PDR (June 2015) <ul style="list-style-type: none"> ▪ Expenditure rate 49%, Indicator rating A2 (93%) ▪ Activities generally on-track despite start-up delays 	

- Key achievements:
 - network of VMW and DOT supervisors to test and treat clients living and working in hard to reach areas;
 - Drug inspections for monitoring of oAMT ban;
 - Expanding PPM approaches;
 - MMP and LLIN surveys
- Challenge areas: stock-outs, case investigation and response to transmission foci
- **Malaria/drug resistance situation**
 - Malaria has decreased overall in the region, except in Cambodia/VN where cases are rising since 2013-2014
 - In Lao PDR, significant decreases in the southern, most endemic provinces
 - Increasing concerns around artemisinin & multidrug resistance which remains an urgent problem
- **Short-term recommendations**
 - Technical/operational issues:
 - Added value / feasibility of DOT
 - Implementation of low-dose Primaquine
 - Quality of LLINs and LLIHNs
 - Adapting treatment regimens swiftly in response to resistance
 - Areas for reprogramming of savings:
 - Expansion of interventions for hard-to-reach populations (esp. forested areas)
 - More mapping/monitoring of resistance (e.g. TES, molecular epidemiology)
- **Recommendations for all stakeholders**
To succeed in the GMS, we will need:
 - a greater awareness of the urgency of the resistance threat and a strong commitment to eliminating malaria
 - improved targeting/prioritization/planning of activities
 - sustained financing from external donors and domestic sources (esp. for HR support)
 - expansion of the range of stakeholders working with national programs, esp. in hard-to-reach areas
 - strong technical support especially at subnational levels
- **Recommendations for the next phase**
 - Continue RAI and GF malaria financing at equal levels for the region, as a minimum
 - Simplify grant structure and management arrangements: a single PR, a single funding stream per country, a single GF team
 - Maintain oversight by regional coordinating body, in close collaboration with national CCMs
 - RSC to continue engagement effort with CCMs, and strengthen CS representation
- **Next steps/priorities**
 - Global Fund discussions on future grant structure: Jan-April 2016
 - Reprogramming of RAI savings (March-June 2016)
 - Accelerate implementation of country components
 - Approval/implementation of new ICC activities (MMR, VN, WHO ERAR)

No substantial discussion or comment after the presentation.

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

GOV	
MLBL	

NGO		
EDU		
PLWD		
FBO		
KAP		
DECISION(S)		
No decision		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #6	Next oversight field visit
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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) >	Yes
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

According to the revised budget for fiscal year 2, the oversight field visit was modified to have 3 times per year (including 1 times for a long distant which will take 2 days travelling and planned to conduct in quarter (Q) 2 of fiscal year 2015-16). During the last Ex-Com meeting, the chair advised to conduct the field visit for the long distant province in quarter 3 instead of quarter 2 due to the road condition and wet weather in the northern provinces. Therefore, the oversight field visit has been proposed to conduct in the central province for Q2, in the northern province for Q3 and in the southern province for Q4.

The next oversight visit may be focusing on some diseases based on the situation in the province due to time constraint for the visit. The National Tuberculosis Center proposed to conduct the next oversight visit in Bolikhamxay province, by the reason that many TB cases were found and many programmatic issues that need to be seen and addressed.

The meeting concurred with the suggestion made during the last Oversight Committee meeting held on 10 February 2016 to conduct the next oversight visit between 28 and 31 March 2016. The Chair invited the CCM members and partners who interest to join the oversight activities to inform the CCM Secretariat before 26th February 2016.

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GOV	
MLBL	
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EDU	
PLWD	
FBO	
KAP	

DECISION(S)

The meeting agreed to conduct the next oversight visit in Bolikhamxay province between 28 and 31 March 2016

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #7	AOB <ul style="list-style-type: none"> Schedules for Global Fund Mission to Lao PDR Next CCM meeting
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

- The Global Fund Country Team will have a mission in Lao PDR during 10th to 20th March 2016. During the mission, the GF CT will have a site visit to Luang Prabang province. After that will have a series of meeting with the CCM, national programs, partners, donor representatives.
- The next CCM meeting will be an ad-hoc session at WHO office. The date will be confirmed shortly after receiving the tentative agenda from the GF CT.
- A representative from French Embassy has provided update on FEI 5% program.
- The CSO representative has also updated the activities of the CSO on its capacity building. The CSO forum will be opened during 9 – 10 March 2016 to discuss various issues and select the forum members.

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

GOV	
MLBL	
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PLWD	
FBO	
KAP	

DECISION(S)

- No decision

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"> The quorum was verified with 18 voting members (18/24). 		
AGENDA ITEM #2	<ul style="list-style-type: none"> No decision 		

AGENDA ITEM #3	• No decision		
AGENDA ITEM #4	• The oversight annual workplan with budget for 2016 was endorsed with a vote of 17/18.		
AGENDA ITEM #5	• No decision		
AGENDA ITEM #6	• The meeting agreed to conduct the next oversight field visit in Bolikhamxay province between 28 and 31 March 2016		
AGENDA ITEM #7	• No decision		

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:

PREPARED BY	Mr. Phouvichit XONGMIXAY	DATE	
FUNTION/ POSITION	TA, CCM Secretariat	SIGNATURE	

CCM MINUTES APPROVAL:

APPROVED BY	Mr. Lytou BOUAPAO	DATE	
FUNTION/ POSITION	CCM Chair	SIGNATURE	