

## CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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MEETING DETAILS																	
COUNTRY (CCM)				Lao PDR				TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT (INCLUDING ALTERNATES)				18					
MEETING NUMBER (if applicable)				N.A													
DATE (dd.mm.yy)				01/09/15				TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)				21					
DETAILS OF PERSON WHO CHAIRED THE MEETING																	
HIS / HER NAME & ORGANISATION		First name		Lytou				QUORUM FOR MEETING WAS ACHIEVED (yes or no)				Yes					
		Family name		Buapao				DURATION OF THE MEETING (in hours)				3.5					
		Organization		Ministry of education and sport				VENUE / LOCATION		Don Chan Palace Hotel							
HIS / HER ROLE ON RMC (Place 'X' in the relevant box)		Chair				X		MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting		X					
		Vice-Chair								Extraordinary meeting							
		CCM member								Committee meeting							
		Alternate															
HIS / HER SECTOR* (Place 'X' in the relevant box)								GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)				LFA	X				
GOV		MLBL		NGO		EDU		PLWD		KAP		FBO		PS		FPM / PO	X
X																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

[illegible]







ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

## MINUTES OF EACH AGENDA ITEM

### AGENDA ITEM #2 HSS Grant Risk Assessment Results

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

HSS Program has presented the Results of Risk Assessment.

TRP feedback on HSS Concept Note indicated that the risk management matrix in the concept note needs to be revised & strengthened. In responding to the TRP recommendation, the International Consultant was recruited and facilitated process to develop risk matrix, based on GF GRAM tool. A series of meetings with stakeholder groups were conducted (including PR, SR, SSRs, HTM, CCM, DPs, LFA, GF) to identify risks and mitigation measures. Stakeholder consultation workshop was held on 26 August 2015 to validate risks and identify risk management strategies. The overall key findings of risks were summarized below:

Risk Heat Map				
Overall Grant Risk				
Medium	1 Programmatic & Performance Risks	2 Financial & Fiduciary Risks	3 Health Services & Health Products Quality Risks	4 Governance, Oversight & Management Risks
	1.1 Limited Program Relevance	2.1 Low Absorptive Capacity or Over-commitment	3.1 Treatment Disruptions	4.1 Inadequate Security and Stability at the national/subnational level
	1.2 Inadequate M&E & Poor Data Quality	2.2 Poor Financial Efficiency	3.2 Substandard Quality of Health Products	4.2 Limited PR Governance & Oversight
	1.3 Not Achieving Grant Output Targets	2.3 Fraud, Corruption, or Theft of Global Fund Funds	3.3 Poor Quality of Health Services & Use of Health Products	4.3 Inadequate PR Reporting & Compliance
	1.4 Not Achieving Grant Outcome & Impact Targets	2.4 Theft or Diversion of Non-financial Assets	3.4 Human Rights barriers in accessing Health Services	4.4 Limited Secretariat oversight and LFA verification
	1.5 Poor Sustainability	2.5 Financial Non-compliance	3.5 Other (Please specify)	4.5 Inadequate SR Governance & Oversight
	1.6 Other (please specify)	2.6 Market and Macroeconomic Losses	3.6 Other (Please specify)	4.6 Inadequate SR Reporting & Compliance
	1.7 Other (please specify)	2.7 Poor Financial Reporting		4.7 Ineffective CCM oversight
		2.8 Other (Please specify)		4.8 Inadequate SSR Governance & Oversight
		2.9 Other (Please specify)		4.9 Inadequate SSR Reporting & Compliance

#### Legend

Very High

High

Medium

Low

The presentation stressed on the high and medium levels, including:

- Risk of inadequate M&E and poor data quality
- Risk of not achieving grant output & outcome targets
- Risk of poor financial reporting
- Risk of inadequate PR, SR & SSR reporting & compliance



After the presentation, some points were raised and discussed:

- The HSS program and PR had prepared the risk mitigation strategies and detail action plan including timeframe to ensure that the actions are being taken to mitigate the risks before the grant signing. Due to time constraint, they cannot present in the CCM meeting. The HSS program has been requested to send the action plan to the CCM later.
- Some participants expressed concern about the implementation of the plan as the SR of HSS component is new. Adequate fulltime staffs are needed and they should have well training. The sector concerned should be accountable for addressing the problems.

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

DECISION(S)

HSS Grant Risk Assessment Results was approved by 17/18 voted.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
The assessment results will be circulated to the GF and partners concerned. The detail action plan to mitigate the risks will be sent to the CCM.	HSS TF	soon

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	<ul style="list-style-type: none"> <li>• Additional Inter-Country Coordination Proposal for RAI Project - Review and endorsement</li> </ul>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

There was a COI for this agenda item "HPA is one of the SR of RAI Project, John Holveck, representative of HPA could not vote for this item". so 17 voting members (17/18) for this item

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

The presentation was made by the Director of CMPE:

**RAI ICC-2 Proposal**

**Goal**

To eliminate falciparum malaria from the Greater Mekong Sub-region, and to prevent the emergence and/or spread of artemisinin resistance in Champasack and across the borders of Champasack.

**Objectives**

To intensify malaria prevention and control efforts by focusing resources on hotspot areas in Champasack along the Laos (Champasack) – Thailand (UbonRatchathani), Laos (Champasack) - Cambodia (Preah Vihear, Stung Treng) borders as well as strengthen cross border collaboration



on complementary activities/strategies on its border relevant to the migration patterns and risk for malaria transmission.

### Project Implementation

Target province and district across the border Laos-Thailand and Laos-Cambodia, in 4 districts of Champasack: Champasack district, Khong, Mounlapamok and Sukuma. With activities focused mainly in 28 Health Centers.

### Main activities proposed under RAI ICC-2

- Establish and facilitate operations of Mobile Malaria Teams (MMTs) in Forest and Police Posts (sites coordinated by districts)- fixed schedule clinics to be conducted by the MMTs 3 days per week at each post.
- Identifying, training and supplying plantation/ company/development project malaria volunteers to provide EDAT to peer workers
- Hotline for EDAT enquiries of MMPs in the most affected districts of Champasack province (integrated into existing MOH hotline system).

### Implementing partner

- CMPE
- DCDC
- HPA
- PEDDA

### Summary Budget by cost category (RAI ICC-2)

Cost Grouping	(US\$)
1. Human Resources (HR)	10,395.00
2. Travel related costs (TRC)	184,729.10
4. Health Products - Pharmaceutical Products (HPPP)	339.96
7. Procurement and Supply-Chain Management costs (PSM)	168.66
9. Non-health equipment (NHP)	84,393.95
10. Communication Material and Publications (CMP)	7,419.75
11. Program Administration costs (PA)	20,192.29
Total	307,639.70

Key points were discussed after the presentation.

- The RAI ICC-2 covers 4 districts and focus on mobile population and military camps
- Coordination between Lao CCM and RSC is important to ensure the hominization
- Regular update from the PR/SPR as the representative of the Lao CCM is needed.

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

### DECISION(S)

The proposal was endorsed by 17/18 voted (in according to the conflict of interest representative of HPA could not vote, so only 17 voting members for this item).



ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 4	Report of Oversight Field Visit to Xayaboury Province
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	

The presentation was made by the team member of the oversight visit:

#### Key Progress/Achievement

- **HIV/AIDS**
  - Received budget for implementation
  - Has a project guideline (Global Fund to fight HIV/AIDS, Tuberculosis and Malaria)
  - Some materials and office equipments are available
  - Project staffs, MSM and WSW network have been trained regularly
  - Increased condom use coverage
  - Increased acknowledge of population on HIV and STI prevention, and more people accessed to VCT service
  - Increased case detection and registration.
- **Malaria**
  - Received budget for implementation
  - Has a project guideline (Global Fund to fight HIV/AIDS, Tuberculosis and Malaria)
  - Some materials and office equipment are available
  - Received guidance and oversight from CMPE
  - Project teams have been set up
- **Tuberculosis**
  - Extended DOTS to 100% of health station
  - Improved coordination at all levels including report on case registration, transferring and consultation in case of complicated diagnostic.
  - Case detection rate covered 49%, out of this, 1 hospital can cover more than targeted.
  - TB screening rate covered 8.26%
  - 100% of TB cases detection have been registered.

#### Key issues

- **HIV/AIDS**
  - Implementation limited only in 4 districts,
  - Coordination at each levels still need to be improved
  - Some delaying of budget transfer
  - Limited capacity and skills of the peer educators in accessing to target groups
  - Less of per diem for implementing staff, MSM and SW volunteers
  - No Surveillance system (IBBS) on HIV and STI, and 100% condom use (no reference data for MDG)
  - Insufficient vehicle support for conducting the activities.
  - Replacement of staff at provincial and district level
  - No test kits for STI. Only syndromic management approach has been provided.
- **Malaria**
  - Coordination at each levels still need to be improved
  - Insufficient budget and some delaying of budget transfer
  - Limited capacity and skills of the peer educators in accessing to target groups
  - Less of per diem for implementing staff



- Replacement of staff at provincial and district level

- **Tuberculosis**

- Case detection rate cannot meet the targets as planned. Very few cases found in Xaysathan district and no case found in Thongmixay district
- Some activities were delayed and some activities were pending
- Some delaying report submitted from health center through district and provincial levels, excepted Paklay district
- Campaign for HIV test among TB patients was not so effective, can achieve the target only 49% (estimated target is 90%)
- TB case's death increased from 9% in 2012 to 11% in 2014 (target: less than 5%)
- Reinfection rate increased from 3,6% in 2013 to 7,8% in 2014 (target: less than 5%)

## **Recommendation**

- **HIV/AIDS**

- Extending HIV and STI network to cover all 11 districts (activities for SW and MSM)
- Increasing budget for implementation budget and per diem for volunteers
- Retraining for project management staff and financial staff
- Retraining for laboratory technicians and VCT

- **Malaria**

- Mobilize from other resources to supplement budget for the implementation
- Retraining for project management staff and financial staff

- **Tuberculosis**

- Closely following up and reviewing a procedure of case finding for the districts which no case detected to ensure the accountability and accuracy
- Retraining for project staff at health center and district level on diagnostic and TB case management in order to decrease the mortality rate
- Training for replacement staff on laboratory diagnostic
- Providing full IEC materials and equipment for health education at provincial, district and health center level
- Establishing technology information system for province and districts to facilitate the review of documents and ensure the accuracy before sending to central level
- Enhancing the responsibility of project staff at district and health center level to implement the activities accordingly to the plan and budget provided by the province and also submit the report accurately and timely

## **Future Plan**

- **HIV/AIDS**

- Implementing the plan based on the National Strategy and Action Plan on HIV/AIDS for 2016-2020.
- Extending VCT network from 7 districts to cover all 11 districts
- Following the CCM guideline
- Continuing the activities of prevention, treatment, care and support for people living with HIV and project management
- Mobilizing resources from the government and international organization
- Conducting regular 100% free condom distribution
- Conducting survey (IBBS) on HIV and STI among target population (to review MDGs).
- Implementing joint activities with TB regularly
- Providing full equipment for STI testing

- **Malaria**

- Continuing to cover 100% of LLIN in target villages and early responding to prevent the outbreak
- Engaging all health care providers in public and private sector (pharmacy and clinic) in 2 more districts (have already 2 districts)

- **Tuberculosis**

- Implementing the strategy and work plan of Tuberculosis control for 2016-2020
- Extending TB control network to community level especially health center in order to increase accessibility of the people who are living in remote areas
- Increasing TB case detection by using various means in order to cover more expectation and provide the new technology on diagnostic



- Reducing TB infection and death rate to 50% in 2015 in order to achieve the MDG and ensure that treatment can achieve more than 90%
- Ensuring the equal accessibility to the treatment
- Continued screening and controlling drug-resistant Tuberculosis
- Enhancing the screening TB/HIV co-infection
- Strengthening program management and partnership

#### General Purpose

- Enhancing macro management from respective program in collaboration with other programs to ensure effectiveness, efficiency in using the existing resources in order to sustain the projects.
- Due to time constraint for the visit, cannot explore more deeply in some issues. The vertical programs should supervise closely there specific program.
- If possible, the supervision of each vertical program should be integrated in order to save time and budget, allowing Health Department/District Health Offices to do other tasks as the same time.

Key points were discussed after the presentation:

- How to improve the coordination and integration in supervision and monitoring between the 3 programs
- The issue of insufficient staff and delaying report were stressed and discussed on how to address these long term issues
- The Director of TB Center provided clarification on case detection rate achieved compares to the target
- In responding to the questions on HIV program, the CHAS representative clarified that the strategy of HIV is different from TB and Malaria which focus on the key population in urban areas who have more risk of HIV transmission. The CHAS has recommended the Provincial Health Department to find another source for implementing HIV activities in other districts that do not cover by the Global Fund project.

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

#### DECISION(S)

Next Oversight Field Visit will take place in Savannakhet on 28 September – 1 October 2015

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Invitation will be sent to all CCM members and partners who may interest in joining the visit.	CCM Sec	soon



**MINUTES OF EACH AGENDA ITEM**

<b>AGENDA ITEM #5</b>	<b>Update on Grant Performance Report and Dash Board</b>
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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
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

The presentation was made by the PR:

**HIV Grant****Key Achievement Summary**

- Programmatic performance under HIV Grant shows that 12 out of the 12 indicators due for reporting were reported.
- Six (6) out of (12) indicator results had exceeded their set targets. Five of these indicators are Top-10 indicators.
- Four (4) of the indicators had results as a percentage of target (achievement) of 84% and above.
- Two (2) of the indicators had results as a percentage of targets (achievement) below 50% and one indicator "Number of male condom sold under the social marketing programme" is Top-10 indicator.

**Agenda for next 6 months: Jul-Dec 2015**

- Improve Performance of the two indicators; #4 (no. of male condoms sold under social marketing, reported by PSI) and #5 (no. of male condom free distributed to FSW & MSM, reported by CHAS) which were under target in the current reporting period
- Indicators with achievement more than 100% , we will plan to revise these targets for the coming NFM grant
- Follow up with CT for any further information needed to finalize Grant Documents
- 4 Sept 2015, CT sign off the final grant Documents
- 16-17 Sept 2015- GAC 2
- NFM Grant Signing (grant confirmation) preparation.

**PR Cash Reconciliation**

01 Jan 2015 – 30 June 2015	Total
Cash Balance from previous period	2,375,187.42
Cash received from GF	744,438.62
Interest	2,222.41
Income generated	51,710.37
Cash out flow	2,327,201.66
Gain/Losses	49.81
Cash Balance end of period	846,307.35

Budget approved for the period Jul – Dec 2015	1,166,960.09
Forecasted amount	1,627,024.94
Cash balance at the end of period	846,307.35
PR Disbursement Request to GF	780,717.59



## Malaria Grant

### Key Achievement Summary

- Total 18 indicators:
  - 3 impact indicators: will be reported in next PUDR (Feb 2016)
  - 4 outcome indicators: reported in this PUDR for the result of outcome of 2014
  - 8 process indicators: reported in this PUDR (remaining 3 process indicators will be reported in next PUDR)
- Overall achievement of reported 12 indicators:
  - 7 out of 12 indicators achieved 90%-100% of the target
  - 3 out of 12 indicators achieved around 60-80%
  - **2 process indicators reached < 30% of the target**
- 3 process indicators need to attain the better achievement in next PUDR are:
  - Percentage of health facilities and targeted PPM units submitting timely and complete reports according to national guidelines (achieved only 18% of the intended target)
  - Percentage of district and targeted health facilities reporting no stock-out of key commodities (RDTs and ACTs) during the last 6 months (achieved only 26% of the intended target) and
  - Percentage of district health and provincial health facilities which meet the pass criteria for microscopy QA (achieved only 58% of the target)

### Agenda for next 6 months: Jul-Dec 2015

- Improve Performance of the 3 indicators were under target in the current reporting period
- Action plan addressed to OSDV finding issues and performance letter
- Some Indicators planed to revise the targets for the coming NFM grant
- Follow up with CT for any further information needed to finalize Grant Documents after submitted to GAC 2
- NFM Grant Signing ( grant confirmation) preparation

### PR Cash Reconciliation

Cash Balance from previous period	1,757,300.00	Included PR+SRS
Interest	743.81	Included PR+SRS
Income generated	81,810.024	Received from closing account for PR-MOH+MA-R4
Total	1,839,854.05	Included PR+SRS
Cash out flow	916,306.88	Included PR+SRS
Gain/Losses	1,367.13	Losses on Exchange
Reconciliation adjustment	175,000.00	PR paid to WHO on behalf of CMPE bud did not record as expense in CMPE
Cash balance at the end of period	682,921.31	747,180.04 minus 64,258.73 liabilities to other grants

## Tuberculosis Grant

### Key Achievement Summary

- Last 2 PUDRs rating was both " B1".
- Total 20 indicators:
  - 5 impacts/outcomes no need to report in this period (to be reported next PUDR-Feb 16).
  - In this PUDR 15 indicators need to report.
- Results of the implementation:
  - 7 out of 15 achieved 90%-100(+)
  - 8 out of 15 below target:
    - ❖ 4 indicators reached 70-80%
    - ❖ 4 indicators reached < 70% (including this one indicator 7%)

### Reasons why low/poor performance

- TB all forms through tracing case.



- ✓ NTC lack of the properly plan for address this at the begin of setting this indicator (delayed in preparation of the SOP and guideline to starting this activity - based TA), as well poor of monitoring and supervision to track this indicator regularly.
- TB all forms in children
  - ✓ This mostly relates to the motivation, enthusiasm and capacity of the pediatric health staff (OPD and inpatient) of difference hospitals (already have been trained) how to detect TB in child by using many methodologies as possible (X-ray, clinical or sputum and Gen Xpert). In the past experience it is still lacking.
- Drug Sensitivity testing for MDR-TB
  - ✓ This is also depending on external lab (KIT, Thailand lab) that national referral lab (NRL) sending the sample to them for confirmation and some time lack of budget for transfer and need more time for it confirms. Regional labs of the country are not active to more collecting and sending samples to NRL.
  - ✓ TB (+) all forms contributed through community.
  - ✓ It is not full implementation by partners (PEDA, LaoPHA, LYU, MAAP).

#### Agenda for next 6 months: Jul-Dec 2015

- Improve Performance of the 9 indicators above which were under target in the current reporting period
- Indicators with achievement more than 100% , we will plan to revise these targets for the coming NFM grant
- TB in NFM Grant has been signed and 1st Disbursement has been released
- Grant can start implement 1st Jul 2015

#### PR Cash Reconciliation

01 Jan 2015 – 30 June 2015	Total
Cash Balance from previous period	1,285,754.16
Cash received from GF	0
Interest	808.42
Income generated	0
Cash out flow	1,017,986.95
Gain/Losses	(884.62)
Cash Balance end of period	260,190.55

Budget approved for the period Jul – Dec 2015	2,250,447.82
Forecasted amount	2,302,960.00
Cash balance at the end of period	260,190.55
PR Disbursement Request to GF	2,042,769.45

#### Key points were discussed after presentation:

- The grant signing for the 3 programs, i.e. Malaria, HIV, and HSS will be taken place by the end of December 2015.
- The letter from Ministry of Health to Ministry of Planning and Investment to request for government approval for the New Funding grants is under way.
- The PR has been requested to send regularly a financial report to the Department of International Financial Affairs, Ministry of Finance.
- The government contribution budget (Willingness to Pay) has been submitted by the Ministry of Health to Ministry of Planning and Investment.

#### 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 was made.		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #6 Update status of Concept Notes (TB, Malaria, HIV and HSS)

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

3 programs, HIV, Malaria and HSS are currently under a process of grant negotiation and responding to a series of questions and comments from Global Fund before submission for GAC2.

TB program has already signed the grant and received the budget for implementing the activities starting from 1 July 2015.

#### 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 was made.	
ACTION(S)	KEY PERSON RESPONSIBLE DUE DATE

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #7 AOB

- OC Annual Retreat schedules
- Schedules for Global Fund Mission to Lao PDR
- Independent Review of the RAI Project
- Assessment of the Policy and Protection Framework of HIV 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) >		Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED		
<ul style="list-style-type: none"> <li> <b>OC Annual Retreat schedules</b>            The OC annual retreat will be held on 21 – 23 October 2015 at Thalad, Vientiane province.         </li> <li> <b>Schedules for Global Fund Mission to Lao PDR</b>            1st Mission was scheduled on the week of 26th October 2015.             2nd Mission: In addition to the GF CT mission in October, the GF requests whether the CCM, PR, national disease programs, partners and other relevant stakeholders would be available the 14th and 15th of March 2016. The Executive Director, Mark Dybul, is planning a trip to South East Asia and would like to stop in Laos for these two days. Additionally, the Country Team would remain for the week of the 14th to continue meetings. The CCM has no objection with the schedules and advised the CCM Secretariat to circulate the information to all members and partners.         </li> <li> <b>Independent Review of the RAI Project</b>            The RAI Regional Steering Committee is currently in the final stages of planning the first independent review of the RAI. Following a preliminary desk review in early September, the review team will visit each of the 5 RAI countries between 21 September and 18 October 2015 (4-5 days per country). The team tentatively planned to visit to Lao PDR between 23 and 28 September 2015. The CCM has no objection to the tentative schedule.         </li> <li> <b>Assessment of the Policy and Protection Framework of HIV Program</b>            The international and local TA for the assessment has scheduled to work in Lao PDR with partners concerned between 21<sup>st</sup> and 28<sup>th</sup> September 2015. During the visit, the team will conduct the interview key informants and focus group discussions in Vientiane and Luang Prabang.         </li> </ul>		
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM		
GOV		
MLBL		
NGO		
EDU		
PLWD		
FBO		
KAP		
DECISION(S)		
<ul style="list-style-type: none"> <li>The OC annual retreat will be held on 21 – 23 October 2015 at Thalad, Vientiane province.</li> <li>The CCM has no objection with the schedules to visit to Lao PDR of the Global Fund mission.</li> <li>The CCM has no objection to the tentative schedule of the RAI Independent Review.</li> </ul>		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
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 was made.		
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 quorum was verified with 18 voting members (18/24).</li> <li>One voting member (HPA) has to abstain from discussion and decision on the agenda item # 3.</li> <li>The meeting minutes was endorsed.</li> </ul>		
AGENDA ITEM #2	<ul style="list-style-type: none"> <li>HSS Grant Risk Assessment Results was approved by 17/18 voted</li> </ul>	HSS TF	
AGENDA ITEM #3	<ul style="list-style-type: none"> <li>The proposal was endorsed by 17/18 voted (in according to the conflict of interest representative of HPA could not vote, so only 17 voting members for this item).</li> </ul>	CMPE and PR/SPR	
AGENDA ITEM #4	<ul style="list-style-type: none"> <li>Next Oversight Field Visit will take place in Savannakhet on 28 September – 1 October 2015</li> </ul>	CCM Secretariat	
AGENDA ITEM #5	<ul style="list-style-type: none"> <li>No decision was made.</li> </ul>		
AGENDA ITEM #6	<ul style="list-style-type: none"> <li>No decision was made.</li> </ul>		
AGENDA ITEM #7	<ul style="list-style-type: none"> <li>The OC annual retreat will be held on 21 – 23 October 2015 at Thalad, Vientiane province.</li> <li>The CCM has no objection with the schedules to visit to Lao PDR of the Global Fund mission.</li> <li>The CCM has no objection to the tentative schedule of the RAI Independent Review.</li> </ul>		

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	
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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	14/10/2015
		SIGNATURE	

CCM MINUTES APPROVAL:			
APPROVED BY	Mr. Lytou BUAPAO	DATE	
		SIGNATURE	