

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)			22	
MEETING NUMBER (if applicable)		N.A			TOTAL NUMBER OF <u>NON-RMC</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			52	
DATE (dd.mm.yy)		22/01/15			DETAILS OF PERSON WHO CHAIRED THE MEETING				
HIS / HER NAME & ORGANISATION	First name	Soulany			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
	Family name	Chansy			DURATION OF THE MEETING (in hours)			4.00	
	Organization	Lao Red Cross			VENUE / LOCATION	Don Chan Palace Hotel			
HIS / HER ROLE ON RMC (Place 'X' in the relevant box)	Chair				MEETING TYPE (Place 'X' in the relevant box)	Regular CCM meeting		X	
	Vice-Chair					Extraordinary meeting			
	CCM member					Committee meeting			
	Alternate					GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA	X
HIS / HER SECTOR* (Place 'X' in the relevant box)								FPM / PO	X
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER	X
		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	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
AGENDA ITEM #1	Introduction and agenda endorsement, Quorum verification, minutes endorsement and conflict of interest identification	X		X												
AGENDA ITEM #2	SR selection for HIV and HSS components									X						
AGENDA ITEM #3	HIV Concept Note								X							
AGENDA ITEM #4	HSS Concept Note								X							

The CCM Secretariat presented the results of the Local Technical Review Panel (LTRP) meeting held on 26 December 2014, which highlighted the following points.

- In order to ensure transparency the SR call for proposal (Expression of Interest – EOI) were circulated electronically (e.g. Lao CCM Website) and were posted in the newspapers, e.g. Vientiane Times and Vientiane Mai between 08 and 19 December 2014.
- Fourteen applications (EOI) were received including 7 for HIV and 7 for HSS.
- The Expression of Interest (EOI) were reviewed and assessed by the Local Technical Panel of 9 members, including:
 - ✓ 2 Representatives - HIV and HSS programs
 - ✓ 2 Representatives from a community organization with knowledge of HIV and HSS
 - ✓ 2 Technical experts for HIV and HSS from WHO
 - ✓ 1 Representative from PR
 - ✓ 1 Representative from the OC
 - ✓ 1 Representative from CCM Sec.
- The assessment criteria based on the guideline for SR selection process was discussed and agreed within the LTRP during the meeting. Two members who represented the HIV and HSS programs recused themselves for the giving score for their respective components.
- The members had signed a declaration of conflicts of Interest form.
- The selection score sheet based on SR selection criteria were used for each LTRP member to give rating the proposals.
- Three categories were classified, including:
 - Category A: Proposals with scores above >4 - 5 to be accepted with or without conditions
 - Category B: Proposals with scores ranging from 3 - 4 to be accepted with conditions
 - Category C: Proposals with scores less than <3 points, to be rejected.

• Results of SR selection for HIV

Category	No.	Organization	Rate
Category A	1	Centre for HIV, AIDS and STI (CHAS)	4.42
Category B	1	Lao Positive Health Association (LaoPHA) & Association of People Living with HIV (APL+)	3.61
	2	Population Education and Development Association (PEDA)	3.43
	3	Lao Red Cross (LRC)	3.24
	4	Mettatham	3.20
	5	Population Services International (PSI)	3.00
Category C	1	Burnet Institute (BI)	2.64

• Results of SR selection for HSS

Category	No.	Organization	Rate
Category A	1	Department of Planning and International Cooperation (DPIC)	4.17
	2	Food and Drug Department (FDD)	4.10
	3	Department of Training and Research & Department of Health Personnel (DTR & DHP)	4.07
Category B	1	Department of Finance (DoF)	3.98

2	Bureau of Food and Drug Inspection (BFDI)	3.97
3	Medical Products Supply Center (MPSC)	3.96
4	Clinton Health Access Initiative, Inc. (CHAI)	3.73

- The panel agreed that the national program shall continue working with the EOI applicants to discuss in more detail and make a decision for adjustment and justification according to the national priorities, strategies and budget allocation.
- The panel recommended that CHAI should be integrated into MPSC as TA provider; HSS component may compose of 3 SRs such as 1) DPIC + DoF, 2) DTR + DHP; and 3) FDD+BFDI+MPSC.
- The RMC members had reviewed the results of the LTRP and the RMC concurred with the results.

After the presentation, the chair opened floor for comment from the participants. No further question and comment raised and the SR selection results were endorsed by CCM members with a vote of 16/22 (6 members recused themselves).

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

DECISION(S)

The results of SR selection were endorsed.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

EACH AGENDA ITEM	MINUTES OF
AGENDA ITEM #3	HIV Concept Note.
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
Five voting members of CCM were submitted EOIs for SR and therefore they recused themselves from this vote for reasons of COI.	
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 CHAS coordinator presented the second draft HIV Concept Note and the roadmap.	
Module 1: Prevention- Sex Workers	
<ul style="list-style-type: none"> • Geographic areas: Vientiane Capital, Vientiane Province, Savannakhet, Champasak, 	

LuangPrabang, Khammouane, Bokeo

- Targets : 7,964 in 2016 and 8,135 in 2017 (coverage of 80% of SW) under allocation fund; and 2593 in 2016 and 2633 in 2017 as above allocation fund
- Strategy: 1) 27 DICs permanent peers, each peer reaching 180 minimum; 2) 50 and 52 Mobile peers in 2016 and 2017 in the community (CSOs) full time. Each peer reaching 70 SWs at minimum.
- Strong emphasis on referral to HCT, STI, ART sites as needed and follow up in community.
- Coordination with health system and self-help group.
- Intervention: BCC, condoms, STI, HCT, referral to ART
- Condom programming: 144 condoms/pers/year
- STIs diagnosis and treatment for 35 % of SW four times/ year
- HTC: 70 % of SW reached by peer will be tested in 2016 and 80 % in 2017
- Incentive funding: 1) referral network access (Mahosot, MCH Hospital, Setthathirath Hospital, Friendship hospital, Dermatology Center, Vientiane Capital Health Department, LWU Center to protect women and Children, VTC Youth Center, CHAS, Rehabilitation Center for Drug Addicts). 2) Revision of STI guideline 3) Capacity building of STI staff

Module 2: Prevention- MSM and/or TG

- Geographic areas: Vientiane Province, LuangPrabang, Khammouane, Xayabouly (VTC, Savannakhet and Champasak by FHI 360).
- Targets: 1,379 in 2016 and 1,401 in 2017 (coverage of 80 % of high risk MSM and or TG) under allocation fund; and 856 in 2016 and 870 in 2017 under above allocation fund.
- Strategy: 20 Mobile peers in 2016 and 2017 in the community (CSOs) full time. Each peer reaching 70 MSM or TGs minimum.
- Strong emphasis on referral to HCT, STI, ART sites as needed and follow up in community.
- Coordination with health system and self-help group.
- Intervention: BCC, condoms, STI, HCT, referral to ART.
- Condom programming: 252 condoms/per/year
- STI diagnosis and treatment provided to 35% of MSM/TG twice a year
- HTC: 70 % of high risks MSMs and TG will be reached and tested by 2016 and 80 % by 2017.
- Incentive funding: 1) Referral network access (Mahosot, MCH Hospital, Setthathirath Hospital, Friendship hospital, Dermatology Center, Vientiane Capital Health Department, LWU Center to protect women and Children, VTC Youth Center, CHAS, Rehabilitation Center for Drug Addicts).
2) Revision of STI guideline; Capacity building of STI staff: training of trainers, 1 doctor, 1 nurse, 1 PCCA per province in 18 provinces then training at provincial levels for districts levels (3 persons/district).
- Assumption: FHI will continue support in 3 provinces (VTC, SVK, CPS). If not these 3 provinces will have to be put under CN.

Module 3: PMTCT

- Geographic areas: Vientiane Capital, LuangPrabang, Savannakhet, Champasak.
- Targets: 90 % pregnant women attending ANC will have PITC.
- Targets: 100 % mothers receive ART, 100% of infants born from mothers living with HIV receive ART
- Intervention: Prevention of HIV vertical transmission, treatment care and support to mothers living with HIV, their children and their families.

Module 4: Treatment care and support

- Geographic areas: LuangNamtha (1) , Bokeo (2), LuangPrabang (1), Vientiane Capital(3), Khammouane(1), Savannakhet (1), Champasak,(1) , Houaphanh (1).
- Targets: 4,575 (2016), 5,312 (2017) adults and children within allocation reaching 49-55% coverage of people in needs (CD4 <500 cells/mm³).
- Interventions: pre-ART care, ART, treatment monitoring, treatment adherence, prevention, diagnosis and treatment of OIs, counseling and psycho-social support, TB/HIV.
- With incentive funding: 1) scaling up to 60-65% coverage, 2) 1 additional ART site in VTC, 3) food supplementation for children for 6 months, 4) SHG in Salavane, Bolikhamxay and Oudomxay.

Module 5: Prevention Programs for General Population

- HTC at VCT sites Phongsaly, LuangNamtha, Oudomxay, Houaphanh, Xiengkhouang, Bolikhamxay, Saravane, Sekong, Attapeu
- Blood Safety, 50 % in 2016 and 25 % in 2017 of the needs in health products and commodities
- Link with HSS component
- Migrants, youth, students, ethnic groups (with ADB project)

Module 6: Health Information Systems and M&E

- Routine reporting: Annual Review and Planning meeting on M&E;
- Capacity building for M&E staff at central, provincial and district levels in data collection, analysis, and use thus strengthening the data base resource at all levels;
- Documentation of good practices, and initiative for regular publication and use for advocacy and resource mobilisation;
- Review and Update M&E Plan and the M&E operational Manual;
- Technical Monitoring and Supervision;
- Organise quarterly meeting for M&E TWG.
- Revise new reporting tools
- Equipment and material for M&E system
- Incentive Funding: 1) Develop HIV website, documentation and publication of good practices and initiative; 2) Surveys: IBBS for MSM, SW; Field Team training; 3) Size estimation among KAPs, SW, MSM and or TG; 4) Study on TB-HIV co-infection; 5) STI Quality Services Assessment will be conducted in Vientiane Capital, Vientiane Province, Khammouane, LuangPrabang, Savannakhet, Champasak, Sayabuly and Bokeo at provincial hospitals, two districts hospitals, Youth centre (VTC) and DICs.

Module 7: Programmatic Management

- Intervention: policy, advocacy, planning, coordination and management and grant management
- Support of human resources to ensure the implementation of quality services at health facilities level (ART sites, DIC, hospitals) as well as to ensure planning, budgeting, coordination, monitoring, supervision and reporting at provincial and central levels.
- PR management unit and implementing partners (to be selected through Express of Interest - EOI)

Budget available for 2016-2017 (USD)

Interventions	Allocation (A)	%	Above Allocation	%	Full Request	%
Prevention programs for MSM and TGs	253,956	4 %	96,245	5%	350,201	4%
Prevention programs for sex workers and their clients	765,903	11 %	491,765	24%	1,257,668	11%
PMTCT	86,373	1 %	0	0%	86,373	3%
Treatment, care and support	3,575,822	51 %	704,181	34%	4,280,003	47%
Prevention general population	446,419	6%	0	0%	446,419	5%
HMIS and M&E	89,782	1 %	400,336	19%	490,118	6%
Programme Management	1,794,331	26%	369,996	18%	2,164,327	24%
Grand Total	7,012,586	100 %	2,062,523	100%	9,074,796	100%

By SRs	Allocation (A)	% based on (A)	Above Allocation (AA)	Full Request	% based on Overall
NAP	2,008,065	28%	747,540	2,755,605	30 %
Laopha+APL+	588,877	9%	416,928	1,005,805	11 %
PEDA	250,793	4%	255,353	506,146	6 %
PSI	563,465	8%	259,876	823,341	9 %
LRC	120,932	2%	30,030	150,962	2%
PR-MOH	519,869	7%		519,869	6 %
PSM Budget	2,960,273	42%	352,796	3,313,069	37 %
Grand Total	7,012,273	100%	2,062,523	9,074,796	100 %

Summary Key comments and discussion:

- Mettatham asked if budget for its proposed activities were included in HIV component. The CHAS clarified that Mettatham budget was included in LRC and LaoPHA& APL+ as the Mettatham's activities were not a full package of care and support, which mainly were psychological support.
- No further substantial comment raised and the HIV concept note was endorsed by the CCM members with a vote of 17/22 (5 voting members recused from voting as they were SR).

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	
DECISION(S)	
HIV concept note was endorsed by the CCM members with a vote of 17/22	
ACTION(S)	KEY PERSON RESPONSIBLE
	DUE DATE
HIV concept note will be submitted to the GF through GMP	HIV Task Force and CCM Sec.
	30/01/15

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 4	HSS Concept Note
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
One voting member of CCM (DPIC, MOH) were submitted EOIs for SR and therefore DPIC recused from this vote for reasons of COI.	

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The HSS Task Force representative has presented the latest draft HSS concept note to the meeting as below.

Module 1: Policy & Governance

Indicator:

- Number of provinces and national centers that submit timely AWP and annual implementation summary report to DPIC

Key interventions:

1. Strengthen coordination between HTM and related MOH departments across all administrative levels.
2. Improve annual work plan system in central, provincial and district levels to apply and report on sources of funds used for priority activities.
3. Improve monitoring and supervision system in DPIC and provincial level for effective aid management in the health sector.
4. Logistic Management

Module 2: Financial management

Indicator:

- Number of provinces where 80% or more of approved HTM annual budget has been spent as reported in HTM annual expenditures report.

Key interventions:

1. Streamline flow of funds
2. Develop financial management guidelines
3. Program management

Module 3: Procurement Supply Chain Management

Indicators:

- Percentage of Regional/ Provincial /district warehouses using electronic LMIS and stores reporting no stock out of essential drugs.
- Reduce unregistered medicinal product in both public and private sector
- Number of reported ADR cases of 10 ARV and one MDR TB.

Key interventions:

1. Roll out e-LMIS
2. Centralize Procurement in MOH
3. Develop Good Storage Practices (GSP) at provincial, district and facility level
4. Program management (including TA)
5. Strengthen Medicine Quality Assurance
6. Strengthen Rational Use of Medicines

Module 4: Health and Community Workforce

Indicator:

- Percentage of health center with at least have 3 health workers including one community midwife
- Number of village volunteers under the three diseases transitioned to government village health worker

Key interventions:

1. Support transition and integration of existing village volunteers functions into government VHW role
2. Upgrade and improve the health personnel information system (HPIMS)
3. Program management

Module 5: Health Information System

Indicator:

- Percentage of HMIS or other routine reporting units submitting timely and completed reports

according to national guidelines.

Key interventions:

1. Expansion and improvement of HMIS/DHIS2 platform
2. Capacity building on the use of HMIS at central, provincial and district levels for planning
3. TA to support the strengthening of HIS system.

The HSS Task Force representative has also presented the option for SR setting, as a result from discussion with the GF mission, in order to effectively manage the HSS program. Two following options were proposed for discussion and consideration during the meeting which the option 1 was a first choice.

SR Management Options

Option 1

- One SR (DPIC & DOF) establish a PMU
- All implementing agencies would be SSRs
- Benefit:
 - Cost efficient management structure
 - Enhanced coordination of small grant
 - Negates need for additional financial and admin positions in each agency
 - Sustainable inline with MOH functions
- Risk:
 - New to GF- PMU will require significant capacity building at starting point.

Option 2

- 4 SRs
 - PIC & DOF
 - FDD with MPSC and BFDI as SSRs
 - HIS
 - DHP
- Benefit:
 - SR with large budget have greater control over funding
 - Fund flow may be faster
- Risk:
 - Multiple positions required in each SR for SR management activities
 - Less coordinated approach for small grant

Remaining Tasks for Final Submission

- Finalize narrative taking into account GF and WHO comments
- Finalize budget template
- Include in budget template description of activities supported by GoL (WTP)
- Finalize of Annexes and completed supporting documents

Final Draft Budget Summary:

Module	Budget
Module 1: Policy & Governance	856,529
Module 2: Financial management	319,999
Module 3: Procurement supply chain management	1,019,535
Module 4: Health and community workforce	626,374
Module 5: Health Information system	635,017
Total HSS CN	3,457,454

Summary Key comments and discussion:

After presentation, the Chair opened floor for question and discussion.

- A question was raised regarding the support transition and integration of existing village volunteers functions into government VHW role. It was clarified that the existing village volunteers will be trained which proposed financial support from the Global Fund. After training they will be working as village health workers and will receive a salary from the government.

- Then, no further substantial comment has been raised. The HSS concept note and the option 1 for SR setting were endorsed by the CCM members with a vote of 20/22 (1 voting member recused from voting as she was a SR).

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

DECISION(S)

The HSS concept note and the option 1 for SR setting were endorsed by the CCM members with a vote of 20/22

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
The HSS concept note will be submitted to the GF through GMP	HSS Task Force and CCM Sec.	30/01/15

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #5 **Concept Note for the Inter-Country Coordination proposal of the RAI project**

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

One voting member(HPA) of CCM were submitted EOIs for SR and therefore HPA recused from this vote for reasons of COI.

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 CMPE Director made a brief presentation on the inter-country coordination (ICC) proposal as below:

Background

- Reference to the Call for Proposals (RAI/ICC/RSC_2015)
- This proposal intended to compliment and reinforces the Regional Artemisinin Initiative (RAI).

Malaria situation in border areas in 2014:

- Positive cases in Champasack accounted to 11% to 46% of the total national cases respectively.
- UbonRatchathani, Thailand: malaria positive case is increasing from 3% (2013) to 26% (ten times increased). The province currently with the highest burden of malaria in the country
- Strung Treng and PreahVihear (Cambodia): Confirmed malaria cases significantly increased over 50% compared to 2013)
- South-East Asia Region (SEAR), particularly the Greater Mekong Sub-region (GMS) has been the epicenter for the emergence of drug resistance malaria.
- Presence of K13 mutation and 22% of day three positive cases in Champasack province

Objectives

- This concept note proposes to strengthen cross border collaboration and intensify malaria

prevention and control efforts by focusing resources on hotspot areas along the Laos Borders of:

- (Champasack) - Thailand (UbonRatchathani)
- (Champasack)-Cambodia (PreahVihear, Stung Treng)

Targeted Areas

Lao PDR Proposed Key Interventions

Two key interventions:

Intervention 1: Trans-border activities, reaching migrants and mobile populations, surveillance, mapping, information sharing, diagnosis, treatment and follow-up, strengthening cross border communication and collaboration.

Activities proposed to be addressed:

- Community engagement:
 - IEC/BCC on malaria prevention and promote health seeking behaviour (EDAT)
 - BCC on rational drug use, counterfeit drugs etc.
- Mapping and identification of mapping hot-spots
 - Identify hot spot through GIS mapping (link to a survey by HPA under RAI)
 - GIS training and set-up database with Malaria Posts (according to mapping exercise)
 - Entomological mapping of targeted hotspots
 - Pilot of a real-time surveillance platform and launch for data sharing across borders (Laos/Thai & Laos/Cam) (the same systems that is used in Thailand to enhance cross-border information sharing- data will be shared in a drop box page)
- Active case detection and treatment
 - Set up malaria post, capacity building on EDAT
 - Standby treatment / chemoprophylaxis for mobile groups through the piloting of “forest Survival kits’
 - Strengthen logistics to hot spot areas

Seven districts will be targeted in Laos– Thailand, Cambodia			
Champasack	UbonRatchathani	Strung Treng	PreahVihear
Sanasomboun	Buntharik		
Pathomphone	KhongChiam	Siem Pang	
Phongthong	Na Chaluai		
Champasak	Nam Yuen		
Suhuma	Si Mueng Mai		
Mounlapamok	Siridhorn	ThalaBarivat	ChoamKhsant + Chhaeb
Khong		Strung Treng	

- Coordination-cross border meetings
- Management (HR costs, operational costs)

Intervention 2: Monitoring impact, including cross-sectional point prevalence surveys.

- Systematic data collection & evaluation, integrated in the activities and to ensure that strategies applied are evidence-based: Strengthen and develop M&E at community and District-level
- Near real time reporting in areas with intensified active control: Linked to Intervention 1 with the

piloting of a data sharing platform system in that is used in Thailand.

Key Partners

All concern partners are engaging to develop the proposal:

- DCDC/PSR
- CMPE
- FDD and BFDI
- HPA
- PEDDA
- WHO (technical assistance)

Budget estimation, time frame

- Budget: Lao ICC current working budget about USD 1.5 Million (of total 3.6 M for 4 countries of Laos, Cambodia, Thailand, and Vietnam)
- Time frame: 2 years (2016-17)

Submission date

The ICC proposal will be submitted by RAI PSR by 1st Feb 2015.

Summary Key comments and discussion:

After presentation, the Chair opened floor for question and discussion.

- A question was raised if the PR will share the cost of USD 1.5 Million. It was clarified that these amounts will include the management cost for PSR but not regional PR (UNOPS). The ICC proposals will be submitted separately from the regional proposals.
- Another question about the SR selection for the ICC, it was clarified that the call for ICC proposals was opened for everyone. Interest agencies/partners can apply jointly or individually. The RSC will review and select the proposals. No particular SR selection process is required.
- The ICC proposal was endorsed by the CCM members with a vote of 21/22 (1 voting member recused from voting as he was a SR).
- Furthermore, the co-chair raised coordination of the RAI project between the regional and country levels as outlined in the letter from the RAI RSC Chair. In order to strengthen the RAI project coordination and to have more engagement of the country CCM in oversight the project, the meeting agreed with a vote of 21/22 that the RAI Sub-PR should establish a regular meeting and reporting process with the sub-SR and submit the minutes and project documents to the CCM and Ex-Com on regular basis at least monthly. The bottlenecks and constraints for non-disbursement were identified as a priority to focus on and address as the project is currently at risk in Lao PDR.

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	
DECISION(S)	

- The ICC proposal was endorsed by the CCM members with a vote of 21/22
- The meeting agreed with a vote of 21/22 that the RAI Sub-PR should establish a regular meeting and reporting process with the sub-SR and submit the minutes and project documents to the CCM and Ex-Com on regular basis at least monthly.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
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The ICC will be submitted to the RSC.	RAI PSR	01/02/15
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MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #6	Regional Concept Note of KAP Network
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Two voting members of CCM recused from this vote for reasons of COI.

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 APN+ Focal Point presented the background and concept note for the APN+ to the meeting as below:

Background of GFATM

- APN+ has been awarded with GF grants since 2011 to implement a PLHIV lead program focus in increasing access and quality of HIV treatment services in 7 countries with latest performance rating A2.
- To expand the impact of the program, APN+ together with 3 Regional Networks of Key Affected Population (ANPUD – Asian Network of People Who Use Drugs; APNSW – Asia Pacific Network of Sex Workers; APTN – Asia Pacific Transgender Network) initiated a joint proposal to GF.
- The Expression of Interest developed for this joint initiative was reviewed by the Technical Review Panel of the Global Fund and APN+ was invited to proceed with the development of a concept note to be submitted by 30 January 2015.

Membership

APN+ has 30 different country members:

Australia Bangladesh Bhutan Cambodia China Cook Island Fiji Guam	India Indonesia Iran Japan Lao Malaysia Mongolia Myanmar	Nepal New Zealand Pakistan Papua New Guinea Philippines Samoa Singapore	South Korea Sri Lanka Taiwan Thailand East Timor Vanuatu Vietnam
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APN+ works in collaboration with a number of other organizations on specific projects and issues:

- United Nations Development Program
- GNP+
- Australian Red Cross Asian Regional Office
- Canadian South East Asian Regional HIV/AIDS Program
- International Federation of Red Cross and Red Crescent Societies
- National Association of People Living With HIV, Australia
- Levi Strauss Foundation
- Family Health International
- Ford Foundation
- POLICY Project
- UNAIDS
- USAID
- Asia Pacific Coalition of AIDS Service Organisations (APCASO)
- AusAID
- TIDES Foundation
- WHO
- ASEAN Secretariat
- International Planned Parenthood Federation

Proposed Program Activities & Budget(3 years)

PROGRAM ACTIVITIES	Budget \$
1. Community monitoring towards quality of services on HIV Prevention, Treatment, Care and Support program: <i>Community monitoring of quality of care focusing on pre-art care, ART enrolment and other health care services in Indonesia, Pakistan, Bangladesh, Vietnam, Sri-Lanka, Philippines, Cambodia, Nepal, Lao PDR, Myanmar and Thailand</i>	USD 1,182,600
2. Community Study on Community Lead HIV Counseling and Testing Service: <i>Indonesia, Pakistan, Bangladesh, Vietnam, Sri-Lanka, Philippines, Cambodia, Nepal, Lao PDR</i>	USD 821,000
3. Community based study on access to HIV prevention services for people who inject drugs (ANPUD): <i>Vietnam, Indonesia, Cambodia, and Nepal</i>	USD 466,400
4. Community based study on violence against sex workers: <i>In Bangladesh, Cambodia, Indonesia, Myanmar, and Vietnam</i>	USD 521,750
5. Community based study on the barriers to access to services: <i>In Nepal, Pakistan, Philippine, Thailand, Indonesia and Vietnam</i>	USD 516,300
Total: PROGRAM ACTIVITIES: <i>In Nepal, Pakistan, Philippine, Thailand, Indonesia and Vietnam</i>	USD 4,566,650 (68%)

Country Proposed Program Activities & Budget Lao PDR (3 years)

BUDGET FOR(3 YEARS)

Program activities	Budget
1. Community monitoring towards quality of services on HIV Prevention, Treatment, Care and Support program: <ul style="list-style-type: none"> - Data synthesis, verification and documentation and key recommendations at country and regional level - Advocacy at the country level with regional stakeholders getting engaged in working closely with country partners in providing support. 	USD 37,848
2. Community Study on Community Lead HIV Counseling and Testing Service: <ul style="list-style-type: none"> - Country level adaptation and comprehensive review of existing community based practices among key populations - Evidence based advocacy across 11 program countries on improved access to early HIV diagnosis and linkage to care through community led /based HIV testing services. 	USD 31,500
Community based study to explore the role of people living with HIV to increase retention in ART program: <ul style="list-style-type: none"> - Training and implementation, analysis at country level, compilation at regional level; data collection and reporting 	USD 37,848
Grand Total: 3 Years	USD 78,748

PROGRAM ACTIVITIES	Budget
PROGRAM ACTIVITIES:	USD 4,566,650 (68%)
GRANTS MANAGEMENT & OTHERS: <ul style="list-style-type: none"> - Grant Monitoring and supportive supervision - PR Grant Management - SR Grant Management 	USD 1,688,200(32%)
Grand total Requested:	USD 6,254,850 (100%)

Summary Key comments and discussion:

- In principle, the national program strongly support to the regional program. However, the implementing partners should work with CHAS to develop the concept note in order to ensure that there are no overlap activities with the national program.
- A question if the project included ARV cost. It was clarified that there is no ARV drug and ART services include in the proposal.
- The management cost of 32% seems to be high, need more clarification. It was clarified that the management costs included every HR costs e.g. PE activities, travelling, and coordination. The GF will be looking must more detail budgets before grant approval.
- BI expressed its willingness to provide TA support for the study. The APN+ Focal Point clarified that the APN+ will provide TA to the study which is not included in the country budget.
- The regional concept note of KAP network proposal was endorsed by the CCM members with a vote of 20/22 (2 voting members recused from voting as they were SR).

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

GOV	
MLBL	

NGO		
EDU		
PLWD		
FBO		
KAP		
DECISION(S)		
The regional concept note of KAP network proposal was endorsed by the CCM members with a vote of 20/22		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Aletter of Lao CCM endorsement of Regional Concept Note will be sent to the Global Fund.	APN+ FP and CCM Sec.	30/01/15

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #7	Lao Fix Assets Transferred Plan
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	
As this item requires endorsement from the CCM members, the chair has moved this agenda ahead. The representative from PR presented the transferred plan of Fix Assets as below:	
Background	
<ul style="list-style-type: none"> The Global Fund would like to transfer any assets that were procured in 2008 and back to the PR. GF suggest that the PR donate these older assets to where they are currently located. Anything procured from 2009 onwards will remain active on the Global Fund inventory list. PR to develop a transfer plan, identifying where these older assets will be transferred to. This will need to be submitted to the CCM for their review and endorsement. For those older assets that are broken and damaged, the PR will need to submit a plan on how the PR will dispose of the assets. This will also need to be reviewed and endorsed by the CCM and should be based on national policy According to Law on fixed asset, date 5 July 2012, Manual on fixed asset management, MoF, 2014 and related notices, a verification committee should be set up to <ul style="list-style-type: none"> Verify the physical fixed assets and transfer plan, Prepare verification report and submit to MoF (Department of fixed asset management) for review After receiving report and transfer plan, the Minister of Finance will report to Government cabinet for consider and approve transfer plan 	
Fixed Assets Grouping	
Fixed assets are classified into 4 groups:	
<ol style="list-style-type: none"> Administration (office equipment, furniture...) Communication (Computer, speaker...) Vehicles (bike, pick up, van...) Health equipment (Lab equipment, Micro scopes...) 	
Fixed Asset Depreciation	
Fixed assets depreciation calculation is based on Manual on fixed asset management, MoF, 2014 for vehicles and tax law for others	
Fixed asset grouping	Useful life (Year)

Administration (office equipment, furniture...)	10
Communication (Computer, speaker...)	5
Vehicles (bike, pick up, van...)	12
Health equipment (Lab equipment, Micro scopes...)	5

Fixed asset summary since 2003 to 2014 (30 June) for all disease components

No.	Description	Total			
		No. Items	Purchase Value	Remaining Value	Remaining %
1	Administration Group	4,871	403,280	178,085	44%
2	Communication Group	4,697	1,562,217	391,622	25%
3	Health equipment	2,334	1,361,349	135,810	10%
3	Vehicle Group	2,496	2,415,393	1,055,372	44%
		14,398	5,742,239	1,760,889	31%

Though huge investment on fixed assets since 2003, the remaining value is only 31% meaning that the current fixed assets are too old and need replacement

Fixed assets summary since 2003 to 2008 to be transferred to related project implementers

No.	Description	Total			
		Items	Purchase Value	Remaining Value	Remaining %
1	Administration Group	2,825	167,341	39,707	24%
2	Communication Group	1,671	592,854	6,009	1%
3	Health equipment	1,376	672,688	638	0%
3	Vehicle Group	1,425	1,293,532	345,382	27%
		7,297	2,726,415	391,737	14%

Fixed asset summary since 2003-2008 to be transferred to related project implementers-still in items

No.	Description	No. of Items in Use		
		Items	Purchase Value	Remaining Value
1	Administation Group	2,686	160,771	38,088
2	Communication Group	1,026	352,640	4,132
3	Health equipment	1,253	654,894	623
3	Vehicle Group	805	1,219,525	337,486
		5,770	2,387,829	380,329

Fixed assets summary since 2003 to 2008 to be transferred to related project implementers-broken items

No.	Description	No. of Broken Items		
		Items	Purchase Value	Remaining Value
1	Administation Group	133	5,415	1,409
2	Communication Group	614	221,804	1,878
3	Health equipment	120	16,917	15
3	Vehicle Group	614	69,644	7,144
		1,481	313,779	10,445

Fixed assets summary since 2003 to 2008 to be transferred to related project implementers-lost items

No.	Description	No. of Lost Items		
		Items	Purchase Value	Remaining Value
1	Administation Group	6	1,155	210
2	Communication Group	31	18,411	-
3	Health equipment	3	877	-
3	Vehicle Group	6	4,364	753
		46	24,806	963

Fixed assets summary since 2003 to 2008 to be transferred to related project implementers – transfer plan

No	Activity	Time line	Plan Budget (USD)
1	Update fixed assets for all grants up to Dec 2014 and transfer plan if any	February 2015	N/A
2	Submit updated fixed asset report to GF and verified committee	27 February 2015	N/A
3	Perform verification of fixed assets by committee	March to April 2015	33,186
4	Prepare verification report by committee	May 2015	N/A
5	Submit verification report to MoF (Department of fixed asset management) for review and approval	Jun 2015	N/A
6	MoF (Department of fixed asset management) review and approve	Jul-Sept 2015	N/A
7	Implement approved transfer plan and MoF agreement	October to Dec 2015	20,000

- Verification committee will set up which include as minimum:
 - Representative from Department of fixed asset management, MoF
 - Representative from Finance Department, MoF
 - Representative from Department of International Cooperation, MoPI
 - Project management, MoH
 - Project accountant/logistic team
- All still in used fixed assets will be reviewed if
 - Re-allocation to project staff in active grant is required
 - Any replacement is required subject to budget availability
- All broken fixed assets will disposed in central and provincial level where they are located
- Plan budget will be reprogrammed from each existing grant

There was no further key question or comments after the presentation. The meeting occurred with the results. The fixed assets transferred plan was endorsed by the CCM members with a vote of 22/22

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

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

DECISION(S)

The fixed assets transferred plan was endorsed by the CCM members with a vote of 22/22

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
MINUTES OF EACH AGENDA ITEM		
AGENDA ITEM #8	Draft Framework Agreement between GFATM and Lao PDR	
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>With respect to funding provided under the New Funding Model, the Global Fund will sign a Framework Agreement with the Lao PDR. The Framework Agreement will incorporate Grant Regulations, and will remain effective for an indefinite period of time. The Framework Agreement with Lao PDR will cover all funding provided by the Global Fund under the New Funding Model to all governmental principal recipients.</p> <p>It was scheduled that the framework will be signed between the Lao Government and the Global Fund in early March. This subject has been discussed during the recent GF mission with concerned ministries. The Ministry of Health will liaise with Ministry of Foreign Affairs and Ministry of Planning and Investment to have further discussion and preparation.</p> <p>The representative from MPI proposed that the letter and comments from the MOH on the framework should be sent to MPI and MOFA soon. In addition, he also proposed to the CCM to consider for a new member from the MPI.</p> <p>It was proposed that as the framework agreement has already been circulated to the members, any inputs and comments from the CCM members are welcome.</p>		
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM		
GOV		
MLBL		
NGO		
EDU		
PLWD		
FBO		
KAP		
DECISION(S)		
Any inputs and comments from the CCM members are welcome.		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #9	Update CCM Improvement Plan
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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 CCM Secretariat presented the updated Lao CCM Improvement Plan for the New Funding Model as below:

According to the assessment results, five Eligibility Requirements (ER) are fully compliant, and three ER are indeterminate compliant (IC)

Eligibility Requirement	Indicator Ref.	Requirements	Performance rating
Req. 3	A	The CCM has an oversight plan which details specific activities, individual and/or constituency responsibilities, timeline and oversight budget as part of CCM budget.	2
	B	The CCM has established a permanent oversight body with adequate set of skills and expertise to ensure periodic oversight.	3
	C	The oversight body (OB) or CCM seeks feedback from non-members of the CCM and from people living with and/or affected by the diseases	2
Req. 4	G	The CCM ensures adequate representation of key affected populations ¹ taking into account the socio-epidemiology of the three diseases.	3
	H	The CCM ensures adequate representation of PLWD, taking into account the socio-epidemiology of the three diseases.	3
Req. 5	J	All non-governmental constituencies represented on the CCM selected their representative(s) on their own, through a transparent and documented process.	3
Req. 6	N	The CCM has a conflict of interest (CoI) policy with rules and procedures to avoid or mitigate CoI, and CCM members sign a CoI declaration form.	2
	O	CCM meeting minutes demonstrate that CCMs follow the procedures to prevent, manage and mitigate CoI.	3

Improvement Plan for ER A, the CCM has endorsed an oversight plan which details specific activities, individual and/or constituency responsibilities, timeline and oversight budget as part of CCM budget.

Improvement Plan Activities proposed (12 months)	Datelines suggested	Status	Comments
(1) CCM endorsed 2014-2015 oversight plan, specifying schedules for regular meetings and oversight visits	(1) 1 Oct 2014	Completed	Was endorsed in September 2014

Improvement Plan for ER C, the site visit planned to conduct in the last quarter 2014 was pending due to busy schedules.

Improvement Plan Activities proposed (12 months)	Datelines suggested	Status	Comments
(1) OC submitted site visit reports that document direct input by program beneficiaries (PLWD, KAP) during site visits.	(1) 1 Jan 2015	Pending	The site visit planned to conduct in the last quarter 2014 was pending due to busy schedules.

Improvement Plan for ER N, the CCM has a conflict of interest (CoI) policy and all CCM members had signed a CoI declaration form. However, some new members have just been changed. They need to submit the CoI declaration form.

Improvement Plan Activities proposed (12 months)	Datelines suggested	Status	Comments
(1) All CCM members completed and signed CoI declarations and submitted to the CCM Secretariat.	(1) 1 Sep 2014	Completed	However, some new members have just been changed. They need to submit the CoI declaration form.

According to the assessment results, five minimum standards (MS) are fully compliant, two MS are indeterminate compliant (IC) and one MS is non-compliant (NC).

Eligibility Requirement	Indicator Ref.	Minimum standard	Performance rating
Req. 3	D	The oversight body conducts oversight activities to discuss challenges with each PR and identifies problems, potential reprogramming and corresponding reallocation of funds between program activities, if necessary.	3
	E	The CCM takes decisions and corrective action whenever problems and challenges are identified	2
	F	The CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders quarterly through the process defined in its Oversight Plan.	2
Req. 4	I	The CCM has balanced representation of men and women (the Global Fund Gender Equality Strategy clarifies how women and girls are key affected groups in the context of the 3 diseases).	3
Req. 5	K	CCM membership comprises a minimum of 40% representation from national civil society sectors. ⁴	3

	L	CCM has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM	1
	M	The CCM elects its Chair and Vice-Chair(s) from different sectors (government, national civil society and development partners) and also follows good governance principles of periodic change and rotation of leadership according to CCM by-laws.	3
Req. 6	P	To guarantee effective decision making, the CCM ensures that the number of members in the CCM with Col does not exceed 1 person per constituency (excluding Ex-Officio Members with no voting rights).	3

Improvement Plan for MS E, the CCM takes decisions and corrective action whenever problems and challenges are identified.

Improvement Plan Activities proposed (12 months)	Datelines suggested	Status	Comments
(1) CCM meetings minutes demonstrate, for every PR, areas for improvement recommended by the OC on all 4 areas (disease, program, finance, PSM) have been followed up by CCM.	(1) 31 Jan 2015	In progress	The CCM meeting minutes documented all key issues raised and followed up.
(2) CCM endorsed revising CCM ToR to specify oversight responsibilities of individual CCM members	(2) 31 Jan 2015	Completed	A few revised of TOR had been made and endorsed by Ex-Com.
(3) CCM Secretariat M&E Officer (or CCM Coordinator in the case CCM does not approve creating the M&E Officer position within the CCM Secretariat) provided induction to all new CCM members about CCM oversight function	(3) 31 Jan 2015	Planned	Recently nominated new members.

Improvement Plan for MS F, the CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders regularly through the process defined in its Oversight Plan

Improvement Plan Activities proposed (12 months)	Datelines suggested	Status	Comments
(1) CCM endorsed a CCM communications plan that includes sharing widely (within country and with GF Secretariat) grant oversight activities (meetings schedule, agenda and minutes; site visits schedule and reports), CCM meetings schedule, agenda and minutes (using standard GF CCM meeting minutes template), TF	(1) 1 Nov 2014	Completed	The CCM Communication Plan was included in the CCM Oversight Plan

meetings agenda and minutes. (2) All CCM documents (ToR, By Law, meetings minutes, reports per Communications Plan) of CCM, OC and TF should be posted on CCM website within 1 month of the completed activity.	(2) 1 Dec 2014	In progress	CCM website has been regularly updated.
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Improvement Plan for MS L, six activities will be implemented by the CSO to fulfil this minimum standard. The consultation workshop will start the last week of January including the ToRs.

Improvement Plan Activities proposed (12 months)	Datelines suggested	Status	Comments
(1) Design and conduct a Consultation workshop aimed at ensuring that CSOs have a functional structure and system for coordination (including the election of members of the CSO Committee)	(1) Oct 2014 - Dec 2014 (French 5%)	Pending	The consultation workshop will start the last week of January including the ToRs.
(2) Develop ToRs for CSO Committee members	(2) Oct 2014	Pending	
(3) Design and implement a capacity building plan for CSO, KAP and PLWD representatives in the CCM (focusing on technical aspects of Global Fund grant management and related policies, good governance and effective community representation)	(3) Sep 2014 - Aug 2015 (French 5%)		
(4) Conduct a community advocacy workshop and design a system for dissemination of information/updates on Global Fund policy, strategy, funding and NSP on the three diseases, to ensure that the engagement and involvement of key population and people living with disease are meaningful (at grass-root level)	4) Sep 2014 - Aug 2015		
(5) Support the conduct of CSO coordination body meeting/s aimed at providing space for representatives from CCM members, key CSOs, key populations and people living with disease to share information/updates, best practices, lessons learned and gathering consensus on issues to advocate at the CCM level and in other partners' meetings	(5) Sep 2014 - Aug 2015		
(6) Support CSO Committee and CCM members in designing and providing coaching & mentoring of leaders, and in monitoring and reporting to each individual network of CSOs, Key population and PLWD	(6) Sep 2014 - Aug 2015 (French 5%)		

There was no further key question or comments after the presentation. The meeting occurred with the results.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM		
GOV		
MLBL		
NGO		
EDU		
PLWD		
FBO		
KAP		
DECISION(S)		
The meeting occurred with the results.		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
The CCM secretariat will update the status of improvement plan in the system.	CCM Sec.	by 30/01/15

SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	The last meeting minute was endorsed		
AGENDA ITEM #2	The results of SR selection were endorsed		
AGENDA ITEM #3	<ul style="list-style-type: none">• HIV concept note was endorsed by the CCM members with a vote of 17/22.• HIV concept note will be submitted to the GF through GMP	HIV TF and CCM Sec	30/01/15
AGENDA ITEM #4	<ul style="list-style-type: none">• The HSS concept note and the option 1 for SR setting were endorsed by the CCM members with a vote of 20/22.• The HSS concept note will be submitted to the GF through GMP	HSS TF and CCM Sec	30/01/15
AGENDA ITEM #5	<ul style="list-style-type: none">• The ICC proposal was endorsed by the CCM members with a vote of 21/22.• The meeting agreed with a vote of 21/22 that the RAI Sub-PR should establish a regular meeting and reporting process with the Sub-SR and submit the minutes and project documents to the CCM and Ex-Com on regular basis at least monthly.• The ICC will be submitted to the RSC	RAI PSR	01/02/15
AGENDA ITEM #6	<ul style="list-style-type: none">• The regional concept note of KAP network proposal was endorsed by the CCM members with a vote of 20/22• A letter of Lao CCM endorsement of regional concept note will be sent to the Global Fund	APN+ and CCM Sec	30/01/15
AGENDA ITEM #7	The meeting occurred with the results		
AGENDA ITEM #8	Any inputs and comments from the CCM members are welcome		
AGENDA ITEM #9	The meeting occurred with the results. The CCM secretariat will update the status of improvement plan in the system	CCM Sec	by 30/01/15

TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	
PROPOSED AGENDA FOR NEXT MEETING	
AGENDA ITEM #1	
AGENDA ITEM #2	
AGENDA ITEM #3	

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
	Yes	NO
ANNEXES ATTACHED TO THE MEETING MINUTES		
ATTENDANCE LIST	x	
AGENDA	x	
OTHER SUPPORTING DOCUMENTS	x	
IF 'OTHER', PLEASE LIST BELOW: GFATM Guidelines		

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*			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			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 >	CCM Sec	DATE	29/01/15
FUNCTION >		SIGNATURE >	

CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	Dr. Soulany Chansy	DATE >	29/01/2015
		SIGNATURE >	