

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

| MEETING DETAILS  |              |                            |     |      |   |  |   |          |   |
|--|--------------|----------------------------|-----|------|---|--|---|----------|---|
| COUNTRY (CCM)  |              | Lao PDR                    |     |      | TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)                             |  |   | 20       |   |
| MEETING NUMBER (if applicable)                           |              | 02                         |     |      | TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)                         |  |   | 19       |   |
| DATE (dd.mm.yy)  |              | 06/03/2020                 |     |      | TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF) |  |   | 24       |   |
| DETAILS OF PERSON WHO CHAIRED THE MEETING                |              |                            |     |      |   |  |   |          |   |
| HIS / HER NAME & ORGANISATION                            | First name   | Assoc. Prof. Dr. Phouthone |     |      | QUORUM FOR MEETING WAS ACHIEVED (yes or no)   |  |   | Yes      |   |
|  | Family name  | Muongpak                   |     |      | DURATION OF THE MEETING (in hours)  |  |   | 3,5      |   |
|  | Organization | Ministry of Health         |     |      | VENUE / LOCATION  |  | 3 <sup>rd</sup> floor meeting room, MOH |          |   |
| HIS / HER ROLE ON CCM<br>(Place 'X' in the relevant box) | Chair        |                            |     |      | MEETING TYPE<br>(Place 'X' in the relevant box)                                       | Regular CCM meeting  |   |          |   |
|  | Vice-Chair   |                            |     |      |   | Extraordinary meeting  |   | X        |   |
|  | CCM member   |                            |     |      |   | Committee meeting  |   |          |   |
|  | Alternate    |                            |     |      |   | GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING<br>(Place 'X' in the relevant box) |   | LFA      | X |
| HIS / HER SECTOR* (Place 'X' in the relevant box)        |              |                            |     |      |   |  |   | FPM / PO |   |
| GOV  | MLBL         | NGO                        | EDU | PLWD | KAP   | FBO  | PS                                      | OTHER    |   |
| X  |              |                            |     |      |   |  |   | NONE     |   |

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

| SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM<br>(Place 'X' in the relevant box) |  |  |                                       |                                   |                                    |                           |   |               |                      |   |                     |                                |  |   |                            |       |
|--|--|--|---------------------------------------|-----------------------------------|------------------------------------|---------------------------|---|---------------|----------------------|---|---------------------|--------------------------------|--|---|----------------------------|-------|
| GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS                 |  |  |                                       |                                   |                                    |                           |   |               |                      |   |                     |                                |  |   |                            |       |
| AGENDA ITEM No.  | WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW  | Review progress, decision points of last meeting – Summary Decisions | Review CCM annual work plans / budget | Conflict of Interest / Mitigation | CCM member renewals / appointments | Constituencies engagement | CCM Communications / consultations with in-country stakeholders | Gender issues | Proposal development | PR / SR selection / assessment / issues | Grant Consolidation | Grant Negotiations / Agreement | Oversight (PUDRs, management actions, LFA debrief, audits) | Request for continued funding / periodic review / phase II / grant consolidation / closures | TA solicitation / progress | Other |
| OPENING PROGRAM  | <ul style="list-style-type: none"> <li>Introduction and endorsement of agenda</li> <li>Quorum verification and conflict of interest identification</li> <li>Update follow up action from the last meeting</li> </ul> | X  |                                       |                                   |                                    |                           |   |               |                      |   |                     |                                |  |   |                            |       |
| AGENDA ITEM #1   | Review and consider for endorsement of the draft of RAI Country Component funding request and  |  |                                       |                                   |                                    |                           |   |               | X                    |   |                     |                                |  |   |                            |       |

| AGENDA SUMMARY  |  |
|-----------------|--|
| AGENDA ITEM No. | WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW  |
| OPENING PROGRAM | <ul style="list-style-type: none"> <li>Introduction and endorsement of agenda</li> <li>Quorum verification and conflict of interest identification</li> <li>Update follow up action from the last meeting</li> </ul> |
| AGENDA ITEM #1  | Review and consider for endorsement of the draft of RAI Country Component funding request and  |

|                |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |
|----------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|
|                | background documents for the Global Fund allocation period 2020-2022   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |
| AGENDA ITEM #2 | Review and consider a draft of the joint TB-HIV funding request and background documents for the Global Fund allocation period 2020-2022 |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |   |
| AGENDA ITEM #3 | AOB and close the meeting  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  | X |

**MINUTES OF EACH AGENDA ITEM**

|                        |   |
|------------------------|---|
| <b>OPENING PROGRAM</b> | <ul style="list-style-type: none"> <li>• <b>Introduction and endorsement of agenda</b></li> <li>• <b>Quorum verification and conflict of interest identification</b></li> <li>• <b>Update follow up action from the last meeting</b></li> </ul> |
|------------------------|---|

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

No COI identified in this item.

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CCM Chair warmly welcomed and thanked all participants that attended the second meeting of CCM for the fiscal year 2019-2020.

The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient and identified a conflict of interest (COI) for the agenda item number 1 as the CCM Chair (a representative from MOH) could not vote for endorsement of the draft of RAI Country Component funding request for the Global Fund allocation period 2020-2022. Furthermore, the CCM Chair and the representative from PSI also could not vote for the agenda item 2 regarding to the endorsement of joint TB-HIV Funding Request for the Global Fund allocation period 2020-2022.

The CCM Secretariat presented a summary of key points for the last CCM meeting held on 6th February 2020 and updated some follow-up actions.

- Mr Eric Seastedt, CCM Member representing Non-Governmental Constituency has expressed his interest to be a candidate for the members of three standing committees of the GF Board, the meeting agreed to nominate him as a candidate from CCM Lao PDR. However, after he reviewed the guideline and requirement for the candidate, Mr. Eric has declined his candidacy. Therefore, no candidate has been nominated from CCM Lao PDR.
- The CCM Secretariat has coordinated with the Global Fund to confirm the current CCM Member Structure to be continued working and approving the future CCM Work Plan. The GF advised that it would be helpful to better understand what the CCM would like to achieve in the long term. The CCM should come up with a mechanism on how the CCM could link with the HANSA steering committee. There is no need to change the whole CCM, what is needed is to ensure there is a link between the two steering committees. For example, through a specific sub-group that reports to the overall CCM and takes part in the HANSA steering committee meetings or any other form that makes most sense in the Lao PDR context. If there is a sub-group, the CCM would need specific ToRs for the sub-group but there is no need to change all the ToRs for the CCM, so this might be easier at this stage. It's really the CCM that needs to come up with options that work best for the CCM. The CCM Executive Committee may be one option to be a specific sub-group to centralize or be a part in and for coordinating between HANSA Steering Committee and CCM.
- In addition, the CCM Secretariat has been advised to continue following up and coordinate with the DPC's focal point on the project management structure to integrate GF with HANSA that will propose to the Ministry of Health and World Bank.

DECISION(S)

No decision.

|           |                        |          |
|-----------|------------------------|----------|
| ACTION(S) | KEY PERSON RESPONSIBLE | DUE DATE |
|-----------|------------------------|----------|

| DECISION MAKING  |            |   |  |   |
|--|------------|---|--|---|
| MODE OF DECISION MAKING<br>(Place 'X' in the relevant box)               | CONSENSUS* |   | IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS        |   |
|  | VOTING     |   | VOTING METHOD<br>(Place 'X' in the relevant box)             |   |
|  |            |   | SHOW OF HANDS  |   |
|  |            |   | SECRET BALLOT  |   |
|  |            |   | ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR</u> OF THE DECISION | > |
|  |            | ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION | >  |   |
| *Consensus is general or widespread agreement by all members of a group. |            |   | ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>  | > |

| MINUTES OF EACH AGENDA ITEM  |   |
|--|---|
| AGENDA ITEM #1   | <b>Review and consider for endorsement of the draft of RAI Country Component funding request and background documents for the Global Fund allocation period 2020-2022</b> |
| CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)   |   |
| The CCM Chair has been identified as COI in this item and rescued from voting  |   |
| 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 representative of CMPE has presented the draft of RAI Funding Request for the Global Fund allocation utilization period 2021-2023 as below:  |   |
| <b>Global Fund has allocated fund for Malaria in Lao PDR:</b>  |   |
| <ul style="list-style-type: none"> <li>National Allocation USD7,241,081</li> <li>Catalytic Funding USD5,000,000</li> <li>Total: USD12,241,081</li> </ul>   |   |
| <b>Stratification &amp; Targeting of interventions</b>   |   |
| <ul style="list-style-type: none"> <li>Districts and Health Facilities have been stratified based on the malaria case numbers (2017-2019)</li> <li>Control mode (BR or Elimination) is planned to move from province level to district level in the 2021-2025 NSP;</li> <li>Key interventions such as VMWs and LLIN bed nets targeting highest risk populations in villages in stratum 4;</li> <li>27 districts in burden reduction (API &gt;1);</li> <li>121 districts in elimination (API &lt; 1).</li> </ul>  |   |
| <b>Status of the Prioritized Budget &amp; NSP costing</b>  |   |
| <ul style="list-style-type: none"> <li>Costing exercise for the NSP and GF budget;</li> <li>All resources have been costed based on the latest costs and quantities from the available sources (CMPE, RAI2E team, WHO, GF, UNOPS, ADB, etc.);</li> <li>After the first draft of the NSP costing was prepared, prioritization workshops were conducted with CMPE and partners to assign appropriate priorities to each activity;</li> <li>The activities categorized as 'absolute' and 'high' are considered for inclusion in the GF funding request;</li> <li>Prioritized budget that is absolute from 2021-2023 USD22m (prioritized for GF funding request);</li> <li>Prioritized budget that is high from 2021-2023 USD3.5m (prioritized for GF funding request);</li> <li>Prioritized budget that is medium from 2021-2023 USD1m;</li> <li>Prioritized budget that is low from 2021-2023 USD0.3m;</li> <li>Total Prioritized budget: USD27m.</li> </ul> |   |
| <b>GF RAI3E FR – Budget Summary</b>  |   |

| MODULE  | 2021 Cost        | 2022 Cost        | 2023 Cost        | Total Cost (USD)  | % GRANT     |
|---|------------------|------------------|------------------|-------------------|-------------|
| Case management                                     | 2,313,392        | 685,377          | 1,192,473        | 4,191,242         | 34.2%       |
| Vector control                                      | 157,272          | 418,495          | 292,498          | 868,265           | 7.1%        |
| RSSH: Health management information systems and M&E | 472,307          | 460,336          | 459,917          | 1,392,560         | 11.4%       |
| RSSH: Financial management systems                  | 4,736            | 10,667           | 4,736            | 20,140            | 0.2%        |
| RSSH: Health sector governance and planning         | 530,137          | 344,923          | 106,846          | 981,906           | 8.0%        |
| Program management                                  | 1,512,381        | 1,512,571        | 1,512,768        | 4,537,719         | 37.1%       |
| RSSH: Health products management systems            | 83,083           | 83,083           | 83,083           | 249,249           | 2.0%        |
| <b>TOTAL</b>  | <b>5,073,307</b> | <b>3,515,452</b> | <b>3,652,321</b> | <b>12,241,081</b> | <b>100%</b> |

#### GF RAI3E FR – Cost Grouping

| Cost Category                                       | 2021 Cost        | 2022 Cost        | 2023 Cost        | Total Cost (USD)  | % GRANT     |
|---|------------------|------------------|------------------|-------------------|-------------|
| Human Resources                                     | 2,583,621        | 1,704,873        | 1,466,796        | 5,755,290         | 47.02%      |
| Travel Related Costs                                | 1,290,220        | 9,74,598         | 1,244,377        | 3,509,195         | 28.67%      |
| External Professional services                      | 247,511          | 247,511          | 247,511          | 742,533           | 6.07%       |
| Health Products - Pharmaceutical Products           | 49,465           | 35,275           | 34,227           | 118,967           | 0.97%       |
| Health Products - Non-Pharmaceuticals               | 499,324          | 268,381          | 461,010          | 1,228,715         | 10.04%      |
| Health Products – Equipment                         | 193,248          | 52,136           | 80,688           | 326,072           | 2.66%       |
| Procurement and Supply-Chain Management costs (PSM) | 184,529          | 230,305          | 115,287          | 530,121           | 4.33%       |
| Communication Material and Publications             | 25,389           | 2,373            | 2,426            | 30,188            | 0.25%       |
| <b>TOTAL</b>  | <b>5,073,307</b> | <b>3,515,452</b> | <b>3,652,321</b> | <b>12,241,081</b> | <b>100%</b> |

#### GF RAI3E FR – Cost by implementer

| Implementer  | Budget (2021-2023) | % of total  |
|--------------|--------------------|-------------|
| CMPE         | 6,315,096          | 52%         |
| CSO          | 1,654,514          | 14%         |
| DPC-RSSH     | 485,700            | 4%          |
| MPSC-RSSH    | 249,249            | 2%          |
| WHO          | 989,759            | 8%          |
| UNOPS        | 2,258,421          | 18%         |
| PMU          | 288,342            | 2%          |
| <b>Total</b> | <b>12,241,081</b>  | <b>100%</b> |

#### GF RAI3E FR - WTP

| Cost Category   | 2021 Cost | 2022 Cost | 2023 Cost | Total Cost (USD) |
|---|-----------|-----------|-----------|------------------|
| Procure government financed RDTs for diagnosis  | -         | 311,328   | 121,647   | 432,975          |
| Procurement of bednet   | -         | 663,620   | -         | 663,620          |
| Train PPM providers on diagnosis, treatment, stock management, data management, commodities supply, QA/QC & supervision | 95,258    | 92,208    | 95,258    | 282,724          |

|  |                |                  |                |                  |
|--|----------------|------------------|----------------|------------------|
| Strengthen the role of the PPMs in elimination areas for malaria case detection, notification and referral | 37,474         | 15,707           | 15,707         | 68,889           |
| <b>TOTAL</b>   | <b>132,732</b> | <b>1,082,863</b> | <b>232,612</b> | <b>1,448,207</b> |

#### GF RAI3E FR – Case Management

| MODULE                                       | INTERVENTION DETAILS  | COST (\$M USD) |
|--|---|----------------|
| Facility-based treatment                     | <ul style="list-style-type: none"> <li>Universal coverage of core diagnostic and treatment for malaria in all public health facilities in Lao;</li> </ul>   | 2.1            |
| Integrated community case management (iCCM)  | <ul style="list-style-type: none"> <li>Targeted coverage of malaria diagnostics and treatment in high burden villages (village malaria workers);</li> </ul>   | 1.7            |
| Epidemic Preparedness                        | <ul style="list-style-type: none"> <li>Dedicated outbreak response funds for areas where the outbreak threshold is breached;</li> <li>Stockpiles of bednets for outbreaks &amp; natural disasters;</li> </ul> | 0.15           |
| Active Case Detection and investigation      | <ul style="list-style-type: none"> <li>Implement case and foci based elimination activities</li> </ul>  | 0.14           |
| Integrated drug efficacy surveillance (iDES) | <ul style="list-style-type: none"> <li>In elimination areas follow up and monitor all cases to ensure treatment compliance and parasite clearance</li> </ul>  | 0.04           |
| <b>TOTAL</b>                                 |   | <b>4.2</b>     |

#### GF RAI3E FR – Vector Control

| MODULE   | INTERVENTION DETAILS  | COST (\$M USD) |
|--|---|----------------|
| LLINs – Mass Distribution (high risk populations)            | <ul style="list-style-type: none"> <li>Bednets distributed to populations in Strata 4 villages once every 3 years.</li> </ul>   | 0.2            |
| LLINs – Continuous Distribution (ANC, Community-based, etc.) | <ul style="list-style-type: none"> <li>Annual distribution of bednets to: Pregnant women; new residents in high-risk areas; mobile and migrant populations (MMPs); military</li> <li>Long lasting insecticide hammock nets for the highest risk forest going populations</li> </ul> | 0.6            |
| IEC/BCC  | <ul style="list-style-type: none"> <li>Develop materials focused on the mobile and static high-risk populations living in Strata 3 and 4, and especially minority populations with language barriers.</li> </ul>  | 0.004          |
| <b>TOTAL</b>   |   | <b>0.85</b>    |

#### GF RAI3E FR – RSSH

| MODULE  | INTERVENTION DETAILS  | COST (\$M USD) |
|---|---|----------------|
| <b>RSSH:</b> <ol style="list-style-type: none"> <li>Health Management Information Systems and M&amp;E</li> <li>Financial Management Systems</li> <li>Health Sector Governance &amp; Planning</li> </ol> | <ul style="list-style-type: none"> <li>Update stratification every 2 years to develop new resource allocation plan that will be modified annually and adequately address village and HC needs;</li> <li>Routine supportive supervision visits for QA of case management, surveillance and PSM at all levels (hospitals, HCs, VMWs);</li> <li>Improved integration of malaria systems &amp; responses into PHEOC and PCDC</li> </ul> | 2.4            |

|                              |  |             |
|------------------------------|--|-------------|
|                              | <ul style="list-style-type: none"> <li>• Technical support of WHO and CHAI</li> <li>• Operational research</li> </ul>  |             |
| RSSH: Health Product Systems | <ul style="list-style-type: none"> <li>• Strengthened and integrated processes and improved data utilization increasing supply availability resulting in 90% of health facilities reporting no stock out of key commodities</li> </ul> | 0.25        |
| <b>TOTAL</b>                 |  | <b>2.65</b> |

#### GF RAI3E FR – Program Management

| MODULE   | INTERVENTION DETAILS  | COST (\$M USD) |
|--|---|----------------|
| Coordination and management of national disease control programs | <ul style="list-style-type: none"> <li>• Conduct coordination and planning meetings, including annual reviews, operational planning etc. at national, provincial and district level.</li> <li>• Conduct monthly coordination meeting between DAMs and HCs.</li> </ul> | 1.2            |
| Grant management   | <ul style="list-style-type: none"> <li>• Contribute funds to UNOPS for grant management;</li> <li>• Contribute funds to PMU for program management; Pay salaries to CMPE-RAI team at all levels.</li> </ul>   | 3.3            |
| <b>TOTAL</b>   |   | <b>4.5</b>     |

#### PAAR – Budget breakdown & top priority activities

##### Highest priority activities under PAAR

1. Procure LLINs for mass distribution – strata 4
2. Procure LLINs for continuous distribution
3. Conduct training for District staff on Supervisory visits (SVs)
4. Procure office utility items
5. Conduct refresher training for PAMs and DAMNs on DHIS2
6. Training for PAMS, DAMS, PCDC (including Rapid Response Teams) & hospital on surveillance & response for malaria elimination activities

| Module  | USD              |
|---|------------------|
| Case management                               | 1,970,466        |
| Program Management                            | 1,103,932        |
| RSSH: Financial management systems            | 39,451           |
| RSSH: Health Management Info Systems and M&E  | 1,693,755        |
| RSSH: Health products management systems      | 121,308          |
| RSSH: Health sector governance and planning   | 79,540           |
| RSSH: HRH, including community health workers | 6,846            |
| RSSH: Laboratory systems                      | 13,713           |
| Specific prevention interventions (SPI)       | 22,163           |
| Vector control                                | 2,335,667        |
| <b>Grand Total</b>                            | <b>7,386,840</b> |

| Priority Level | USD |
|----------------|-----|
| High           | 6.3 |
| Low            | 0.3 |

|                    |            |
|--------------------|------------|
| Medium             | 0.8        |
| <b>Grand Total</b> | <b>7.4</b> |

### Next Steps & Timelines

| Date      | Staff                   | Activity  | Process /Outcome                                     | Remark  | Status    |
|-----------|-------------------------|---|--|---|-----------|
| 6-14 Feb  | Updates by Writing Team | Fine tune 1 <sup>st</sup> draft for RMC/OC, CCM, RSC    | Meetings at CMPE as partners require                 |   | Completed |
| 17 Feb    | CMPE, writing team      | Submission of 1 <sup>st</sup> draft to RMC/OC CCM & RSC |  |   | Completed |
| 18-27 Feb | Roberto, CHAI           | Fine Tuning Regional Funding Request with GF CT         | Country Team meets to discuss Regional FR            | Meet in Geneva                                | Completed |
| 6 Mar     | CMPE                    | Submit final draft to Lao CCM                           | Lao CCM to review and endorse Fund Request           |   | Completed |
| 10-11 Mar | RSC                     | Final review of Regional FR                             | Approval for submission given by RSC and Team        | Meet in Vietnam                               | On track  |
| 11-13 Mar | RSC                     | Final fine-tuning                                       | RSC  | Final version sent to CCM and RSC on 13 March | On track  |
| 14 Mar    | RMC/OC Mtg              | Review FR   | Resource Mobilization Committee/Over sight Committee |   | On track  |
| 20 Mar    | CCM                     | Endorse Final FR  | CCM Review, Support, Endorsement                     |   | On track  |
| 23 Mar    | RSC                     | Regional Submission to TRP by GF                        |  |   | On track  |

| Document   | Submission Status               |
|--|---------------------------------|
| Final malaria program review/evaluation  | 3 <sup>rd</sup> draft           |
| National Strategic Plan  | 3 <sup>rd</sup> draft           |
| 1. Funding Request Form  | 2 <sup>nd</sup> Draft submitted |
| 2. Programmatic Gap Table  | 2 <sup>nd</sup> Draft submitted |
| 3. Funding Landscape Table   | Still being drafted             |
| 4. Performance framework   | 2 <sup>nd</sup> Draft submitted |
| 5. Budget  | 2 <sup>nd</sup> Draft submitted |
| 6. Prioritization above allocation request (PAAR)                                  | 2 <sup>nd</sup> Draft submitted |
| 7. Implementation arrangement map  | 2 <sup>nd</sup> Draft submitted |
| 8. Essential Data Tables   | 2 <sup>nd</sup> Draft submitted |
| 9. CCM Endorsement of FR & Statement of Compliance                                 | Completed                       |
| 10. Supporting documentation for co-financing for <u>current</u> allocation period | 2 <sup>nd</sup> Draft submitted |
| 11. Supporting documentation for co-financing for <u>next</u> allocation period    | 2 <sup>nd</sup> Draft submitted |
| 12. Health Product Management tool   | 2 <sup>nd</sup> Draft submitted |

### Key comments from the meeting:

- CMPE has been required to improve or readjust the article number in order for the presentation of RAI

Country Component funding request for the Global Fund allocation period 2020-2022.

- The PMU Manager asked that should the co-financing documents for TB-HIV and Malaria be integrated or separated for the submission.
- Regarding to the question on Global Fund grant period, the CCM Secretariat has clarified that there are two terms used by the Global Fund:
  - Allocation Period is starting from 2020 to 2022;
  - Allocation Utilization Period is starting from 2021 to 2023.
- Due to CMPE presented the invalid timeline, CMPE has been informed to follow up the timeline updated in last OC and RMC Meeting on 18<sup>th</sup> February. RAI country component should be submitted before 10<sup>th</sup> March and RSC Meeting. Thus, this CCM Meeting is organized for review and endorsement for the country component then the National Programs will work closely with UNOPS and RSC to finalize the RAI national component funding request based on comments from the CCM, RSC and partners.
- LaoPHA representative raised the concern with the decreased % and amount of funding allocated to CSOs in RAI3E when compared to RAI2E. The number of VMWs allocated to CSOs for RAI3E is increased from 950 in RAI2E to 1,200, hence, the funding for CSOs should be proportionately increased. CSOs received 17% of the RAI2E allocation, whereas CSOs share in RAI3E funding request is reduced to 14%.
- UNOPS representative supported the comment made by LaoPHA representative. The allocation letter from the Global Fund has specifically mentioned that CSO are crucial for implementation, and the allocation letter strongly recommended on the fund allocation of 40%/50% to CSO out of the country allocation. Maybe 40%/50% is a lot. However, the percentage allocated to CSO going down right now in RAI3E funding request will not look very good to Global Fund.
- The representative of PSI has raised the question on the allocation for CSO 14% and UNOPS 18% if we know the direction of implementation in country in term of the overall management fee or overall money go in does not go into the implementation directly. At the same time, the representative of UNOPS clarified that the allocation % to UNOPS for RAI3E is kept the same as in RAI2E. Generally, % allocation to the PR is to be instructed by the GF at the regional level, with the principle agreement to keep the PR costs at similar level to the current grant. The % allocation to the PR is not a management fee. The program management costs include activities such as grant management, oversight, coordination, supervision and trainings.
- CMPE team strongly ensured that there is sufficient budget to support CSO to implement the assigned activities in village level and those activities will be achieved the indicator;
- The representative of DOF-MOH comment on the presentation (slide 2.1 GF RAI3E FR – Budget Summary; 2.4 GF RAI3E FR – WTP) and the last slide:
  - The budget for program management is quite high, it should be deducted around 5% and added to slide 2.2 GF RAI3E FR – Vector Control as the population will have been more supporting.
  - Willingness To Pay (WTP) should change to Co-Financing.
  - The unit cost of category should be double check carefully.
  - Funding landscape table is still being drafted – this will have a problem due to the government had the commitment for WTP 1,5mUSD in the Fund Request Application 2018-2020. This expenditure report should submit to GF before 10<sup>th</sup> March. Currently, the expenditure of WTP reports at central level is available, but there is no supporting document on expenditure for WTP from the provinces. On the other hand, the WTP expenditure could not classify how much the cost of administration, human resources and so on has been paid. Therefore, the Division of Budget of DoF-MoH has been assigned to collect the information of WTP expenditure from the provincial level to submit to GF in order to avoid the next grant deduction.
- The meeting has suggested CMPE to improve and finalize the Funding Landscape Table.
- WHO representative clarified on the relatively high % allocated for program management. The high % was to some extent due to the way Global Fund's budget template is structured. Some activities such as planning and reviews (1.2 Million USD) had to be budgeted under program management although they are directly part of the implementation.
- UNOPS representative also added to WHO clarification, by explaining that program management % of 37% in RAI3E was actually a decrease from RAI2E which had 40% for program management. UNOPS representative went on to highlight the importance of program management by emphasizing the need for support structure such as HR, coordination, supervisions required for the other malaria targeted activities (case management, vector control, etc.) to be successful. Program management % also varies depending on the context of implementation, whether it's low or medium or high risk. From past experience, Global Fund also approves program management % by judging the risk level as one of the factors.
- The CCM Chair has explained that the nation programs had prepared the budget plan for next three years



amount of 27mUSD included 12mUSD granted by GF and 1,4mUSD supported by government. The national programs should work closely with the TA of writing team to ensure that the portion of GF grant will go into the prioritized activities of the government for Malaria elimination or not? And the new funding request will be able to submit to GF on time or not? This grant should be for the prioritized intervention/activities in accordance with the NSP and for the sub prioritized activities should be supported the grant from other fund sources.

- Before voting, the quorum was verified with 18 out of 19 voting members (CCM Chair has recused from voting). CCM members have endorsed the RAI country component funding request by majority votes. The CCM requested CMPE and the writing team to continue working to improve the request and supporting documents based on the comments from meeting and send them to CCM Secretariat for further circulating to CCM for their review and comments by 10 March.

DECISION(S)

The RAI Country Component funding request for the Global Fund allocation period 2020-2022 was endorsed by majority votes from the CCM members.

ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

CMPE and the RAI writing team to continue working to improve and finalize the request and supporting documents based on the comments from CCM, RSC and the Global Fund.

CMPE and RAI writing team

By 23 March

DECISION MAKING

| MODE OF DECISION MAKING<br>(Place 'X' in the relevant box) | CONSENSUS* | IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS        |               |  |
|--|------------|--|---------------|--|
|  | VOTING     | VOTING METHOD<br>(Place 'X' in the relevant box)             | SHOW OF HANDS |  |
|  |            |  | SECRET BALLOT |  |
|  |            | ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR</u> OF THE DECISION | >             |  |
|  |            | ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION      | >             |  |
|  |            | ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>  | >             |  |

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

MINUTES OF EACH AGENDA ITEM

| AGENDA ITEM #2 | <b>Review and consider a draft of the joint TB-HIV funding request and background documents for the Global Fund allocation period 2020-2022</b> |
|----------------|---|
|----------------|---|

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

The CCM Chair and PSI representative have been identified as COI in this item and rescued from voting.

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 representative of CHAS has presented and highlighted the key points of the joint TB/HIV funding request for the Global Fund allocation utilization period 2021-2023 as below:

**TB/HIV Funding Request**

- The Global Fund allocation 2020-2022 can be up to **15,507,232 USD for HIV, tuberculosis and building resilient and sustainable systems for health**, for implementation in 2021-2023
- TB and HIV programs are submitting a joint proposal for the total allocation amount 15,507,232 USD, as well as a joint PAAR (for prioritized activities above allocation)
  - Allocation for HIV Component: 6,930,536 USD
  - Allocation for TB Component: 8,576,696 USD
  - Total: 15,507,232 USD

**Updates to the Global Fund Submission Process for TB and HIV**

- Procurement costs and technical assistance (TA) budgets are submitted jointly and managed by GF through

direct procurement

- TB, HIV, and RSSH activities will be managed through HANSA project pooled funding (\$10m USD).
- Global Fund TB and HIV Allocation
  - Procurement: \$4,7m = 30%
  - TA: \$0,8m = 5%
  - HANSA: \$10m = 65%
  - Total: \$15,5m = 100%

#### **HANSA allocation - overview**

- GF's \$10m for HANSA is not earmarked and will join the pooled funding of the 3 components of the HANSA project:
  - Component 1: Integrating Service Delivery Performance with National Health Insurance
  - Component 2: Service Delivery and Nutrition Convergence
  - Component 3: Adaptive Learning and Project Management
- The HANSA project will use Investment Project Financing (IPF) using a mix of input and results-based financing, including disbursement-linked indicators (DLIs) as well as a performance-based payment mechanism at the health center level (refer to World Bank Project Appraisal Document [PAD]).

#### **HANSA allocation – management of DLI J (TB) and DLI K (HIV)**

- Under the DLIs, the TB and HIV programs will receive a set amount per year to fund routine activities, if they meet annual DLI targets.
- Programs expect confirmation by WB/DPC of the revised yearly amounts for HANSA DLI J (TB) and DLI K (HIV).
- Mechanism for providing detailed work plans, budgets, and budget management needs to be developed by the TB and HIV programs, jointly with MOH.

#### **Million USD from GF to HANSA**

- HIV 2.7 million USD for 3 years 2021-2023 mentioned during CCM Meeting with Elin Bos on 16 December 2020.
- Based on HANSA or PAD, budget allocation 2.9 million USD for 4 years
  - 800.000 USD, year 2021 - interventions
  - 800.000 USD, year 2022 - interventions
  - 800.000 USD, year 2023 - interventions
  - 500.000 USD, year 2024 - continue
- TB 3.5 million USD for 3 years 2021-2023 mentioned during CCM Meeting with Elin Bos on 16 December 2020.
- Based on HANSA or PAD, budget allocation of 3.65 million USD for 4 years
  - 800.000 USD, year 2021 – interventions
  - 950.000 USD, year 2022 – interventions
  - 950.000 USD, year 2023 – interventions
  - 950.000 USD, year 2024 - continue

#### **Agreement Project Appraisal Document (PAD) On Jan 09,2020/WB, HANSA/GF**

##### **DLI K on HIV national program**

Increase coverage of HIV testing among key population (FSW and MSM).

DLI a1. Increase in X% of FSW that have received an HIV test in the past 12 months and know their results.

DLI a2. Increase in X% of MSM that have received an HIV test in the past 12 months and know their results.

Increase coverage of HIV treatment among people living with HIV

DLI b. X% increase in no. of HIV positive cases receiving ART treatment nationwide

##### **DLI J on TB national program**

Number of notified TB cases of all forms (i.e bacteriologically confirmed and clinically diagnosed new and relapse cases)

### Procurement Costs

- Total procurement need for all TB and HIV testing and treatment products is **\$7,762,029**.
- These costs will be covered through:  
**\$4,700,000** from the Global Fund (30% of allocation)  
**\$3,062,029** from MOH domestic co-financing  
**\$7,762,029** total procurement need

### External technical assistance

- TA needs for TB and HIV are submitted jointly and could be covered by GF set aside US\$ 0.8m (5% of allocation) for external technical assistance to support HANSA project
- However, there is funding gap on TA for RSSH which is crucial for TB and HIV activities.
- RSSH includes for PSM strengthening to prevent stockouts and also strengthening HMIS – DHIS2 for developing and sustaining the accurate reporting of HANSA DLIs

### Joint PAAR submission

**CHAS and NTC have costed a proposed list of prioritized above-allocation TB and HIV activities (currently USD 7.4m):**

- Joint TB and HIV active case finding in high risk groups (prisons)
- Expansion of intensified TB case finding using X-ray
- Expansion of HIV testing for KPs
- Integration of HIV VL testing on GeneXpert platform
- Advanced disease care and management with optimal products
- Improved management of HIV Ois including hepatitis
- Second National TB Prevalence Survey
- HIV Sentinel Surveillance and IBBS surveys for KPs
- Quality improvement for HIV treatment and care
- Assessment of stigma and discrimination (S&D) on HIV

### Full needs, anticipated funding and gaps 2021-2023

|  | TB        | HIV        |
|--|-----------|------------|
| NSP full needs 2021-2023 (a)                 | USD 16.4m | USD 28.9m  |
| GF allocation (b)                            | USD 8.58m | USD 6.9m   |
| domestic co-financing (20% of GF alloc.) (c) | USD 1.72m | USD 1.4m   |
| GF allocation + co-financing (d = b+c)       | USD 10.3m | USD 8.3m   |
| Estimated gap 2021-2023 (e = a-d)            | USD 6.1m  | USD 20.6 m |

**Total gap for TB and HIV: 26.7m, of which expected PAAR for TB and HIV amounts to USD 7.4m**

### Documents submitted to GF on 28th Feb

| # | Document title   | Status/Notes                                 |
|---|--|--|
| 1 | Funding Request Form - Allocation Period 2021-2023   | First draft to GF secretariat on 28 Feb.2020 |
| 2 | Performance framework  |  |
| 3 | Detailed budget  |  |
| 4 | Programmatic gap table   |  |
| 5 | Funding landscape table  |  |
| 6 | Prioritized above allocation request (PAAR) 2021-2023<br>List of Health Products (Joint TB and HIV)<br>Implementation Arrangement Map<br>Essential Data Tables<br>List of Abbreviations and Annexes, file of annex documents |  |
| 7 | Government Co-Financing commitment to GF supported programs (2018-2020)  | Pending?                                     |
| 8 | Supporting documentation for co-financing commitments (2021-2023)  | Pending?                                     |
| 9 | CCM member endorsement, CCM statement of compliance  | Pending?                                     |

### Co-financing TB and HIV 2018-2020

- **HIV: total commitment for three years= USD 1,482,942**
  - Actual expenditure 2018= USD 553,499;
  - Actual expenditure 2019= USD 492,710;
  - Financial obligations 2019 for ARV and RDTs procurements is USD 111,888 and the actual payment was done in Feb 2020.
  - Total expenditure up to date is USD1,158,096;
  - The forecasted expenditure in 2020 is USD 324,846 (including unmet amount of 2018-2019).
- **TB grant: Total committed amount for 3 years= USD1,567,199**
  - Actual expenditures 2018= USD 432,675;
  - Actual expenditures 2019= USD 514,388 (including \$72,166 spent by provinces);
  - Total expenditures 2018-2019 is USD 947,063;
  - Unmet amount comparing to the original commitment is USD 620,136 has been planned to catch up in 2020.

### Co-financing Malaria/RAI2e 2018-2020

- **Mal RAI2e: Total commitment for three years = USD 1,664,278**
  - Actual expenditure 2018= USD 1,161,227;
  - Actual expenditure 2019= USD 251,447;
  - Cumulative expenditure 2018-2019 = USD 1,412,674;
  - CMPE proposed activities in amount of USD 251,447 have to be completed in 2020.

### Next Steps and Timelines

- Submission of the joint PAAR by **February 21: DONE**
- CCM Review all documents and provides rolling feedback until **February 24: DONE**
- CCM Sec submission of all documents to GF country team by **February 28: DONE**
- Pending GF Secretariat review and comments
- Mechanism for providing detailed work plans, budgets, and budget management on DLI needs to be developed by the TB and HIV programs, jointly with MOH.
- In 2020, programs need to complete agreed upon Year 0 HANSA preparation activities to receive the first advanced disbursement amount.

### Key comments from the meeting:

The representative of CHAS informed the meeting that:

- USAID also supported the fund. Therefore, in the future work plan, USAID requested to work with WHO and CHAS to implement PrEP and HIV Self-testing and request the GF to cover the whole procurement. At the same time, CHAS proposed USAID to support sufficient fund for these mentioned activities;
- Regarding to the question from the participants, DLI is able to supply the requirement of the national program specifically the risk group FSW and MSM with full treatment, but could not cover the pregnant group and general population. In generally, HANSA Project invested on the intervention for the risk group FSW and MSM.

The representative of NTC informed the meeting on the fund investment on TB

- Full investigation for TB case to access the treatment in order to reduce the number of TB patient;
- Expected that the sputum will be delivered to Gen-Xpert over 90%;
- Even though there is funding GAP cover the MDR-TB in the first year, it is difficult to control MDR-TB;
- Integration of TB-HIV VL testing on GeneXpert platform. If not, the laboratory needs to be more maintained and the funding GAP is proposed to use in component 3.

The representative of PSI proposed that:

- PSI and CHAS with the last Global Fund grant has a condom social marketing program. The goal is to find out the sustainable condom market in Lao PDR. Fortunately, that has been successful so PSI would like to propose to use this grant cycle to be graduated out of GF and be put into the responsibility for long term sustainable condom marketing in partnership with PSI and MOH and with CHAS in particular. So that PSI can streamline decision no longer to be made through GF, but can be done locally in country base on the distribution requirement.

The representative from Lao Federation of Trade Unions (LFTU) noted that:

- Limited IEC of HIV for target population;
- Expand more target population and risk group especially the migrant workers;
- LFTU is working and responsible for the migrant population work especially for female worker protection;
- There are more migrant population especially from rural area working in the factories, rail way in the northern part of Lao PDR;
- If it is possible, LFTU would like to have some activities assignment on raising awareness of HIV infection.

CHAS has response to the question from the floor that:

- PSI: CHAS has added the proposal of PSI to the current FR and will double check for more detail;
- LFTU: GF grant has been committed to invest on 3 prioritized activities (FSW, MSM and HIV treatment). For HIV infection over the country is 0,3% included FSW 1-2%, MSM 0.7-0.8% and general population 0.1%.
- DLI: DLI is new mechanism for TB-HIV, the fund should come before implementing any activity. CHAS is required to prepared 5 requirements:
  - Reporting system of FSW;
  - Reporting system of MSM;
  - Treatment of HIV infection (available 7,500 cases);
  - SOP of treatment;
  - CHAS and DPC have to sign the contract with CSO, LaoPHA, PEDA and APL+ as a partner or implementer. If not, GF and HANSA will not support the fund for these activities;
- Fund flow mechanism is not clearly and this will have more negotiation later;
- GF grant has not covered all provinces in the country due to less fund, but it can cover:
  - 11 ARV sites in 8 provinces that cover 7,500 HIV cases in 2020, and will cover 8,400 in 2021, 9,300 in 2022 and 10,200 in 2023;
  - Over the country has 58,000 MSW but can cover 17,000 MSW, and cover 7,800 out of 15,000 FSW in 5 provinces.

NTC has clarified more on the fund covering the activities under NTC:

- Generally, NTC has also prepared 4 requirements as CHAS has done, but NTC has not recommended to prepare the requirement 5 which is signing the contract with CSO, LaoPHA, PEDA and APL+. In the past, TB network control has covered 18 provinces, 148 districts and 1,000 health centers over the country. CSO is a part in TB Network for delivering the sputum specimen.

The representative of UNOPS has proposed to add “SR Selection” in the agenda for the next CCM Meeting. CCM Secretariat has explained on the SR Selection Process to the meeting that in the past we selected the SRs by broadly advertising for Expression of Interest (EOI) through mess media, CCM networks and NGO networks. As a result, a number of EOI received were not matched/followed the priorities of the national programs, despite the goal, objectives, and priority areas of the national programs were defined on the advertisement. Finally, CCM delegated to the Technical Task Forces (TF) led by the national programs to invite all potential key stakeholders/partners to participate in the consultation meetings/process (country dialogue) and potential partners were selected during the consultations and worked continuously with the national programs in preparation of funding request. For the current well performing SR will be able to be selected by the Task Force and this would not need to be selected by the SR selection through broadly advertisement process. This approach has been consulted and concurred with the GF Country Team.

Given that the draft TB-HIV funding request and supporting documents were almost completed, the Chair asked opinion from the meeting if the request could be considered for endorsement and all participants agreed to proceed to the voting. Then, the quorum was verified with 18 voting members 18/19 (CCM Chair has recused from voting). CCM members have endorsed the TB-HIV funding request by unanimous votes. The CCM delegated to the national programs and the writing team to continue working to improve the request and supporting documents based on the comments from meeting and send them to CCM Secretariat for further circulating to CCM for their further review and comments.

#### DECISION(S)

The CCM unanimously endorsed the joint TB-HIV funding request and background documents for the Global Fund allocation period 2020-2022

| ACTION(S)   |            | KEY PERSON RESPONSIBLE                                       | DUE DATE                       |
|---|------------|--|--------------------------------|
| The national programs and writing team to continue working to improve and finalize the request and supporting documents based on the comments from CCM and the Global Fund. |            | CHAS, NTC, writing team                                      | By 23 March                    |
| <b>DECISION MAKING</b>  |            |  |                                |
| MODE OF DECISION MAKING<br>(Place 'X' in the relevant box)  | CONSENSUS* | IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS        |                                |
|   | VOTING     | VOTING METHOD<br>(Place 'X' in the relevant box)             | SHOW OF HANDS<br>SECRET BALLOT |
| *Consensus is general or widespread agreement by all members of a group.  |            | ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION | >                              |
|   |            | ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION      | >                              |
|   |            | ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>  | >                              |

#### MINUTES OF EACH AGENDA ITEM

|   |                           |                        |          |
|---|---------------------------|------------------------|----------|
| AGENDA ITEM #4  | AOB and close the meeting |                        |          |
| CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)  |                           |                        |          |
| No COI identified in this item.   |                           |                        |          |
| WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >   |                           |                        | NA       |
| SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED   |                           |                        |          |
| <p><b>Summary of the key points of the meeting:</b></p> <p>Before closing the meeting, the CCM Chair had summarized the key points and recommendations as below:</p> <ol style="list-style-type: none"> <li>1. The CCM endorsed RAI Country Component funding request and background documents for the Global Fund allocation period 2020-2020 and proposed to the national program and writing team to improve remaining issues that are not clear and then submit to CCM Secretariat before 10 March for further circulating to CCM members for their additional review and comment. All CCM members and/or alternates are required to sign on the endorsement form prepared by CCM Secretariat.</li> <li>2. The CCM endorsed the joint TB-HIV funding request and background documents for the Global Fund allocation period 2020-2022 and propose to the national programs and writing team to revise the documents based on the comment from the meeting and coordinate with the CCM Secretariat on the date for submitting this proposal to CCM Secretariat in order to circulate to CCM members for their further review. All CCM members and/or alternates are required to sign on the endorsement form prepared by CCM Secretariat.</li> <li>3. CCM Secretariat is required to continue coordinating with UNOPS, PR and national program for SR selection for RAI3E in accordance with the transparency requirements as discussed to finalize before April.</li> <li>4. CCM Secretariat is required to coordinate with DPC and WB teams on drafting the structure of project management to integrate GF grant with HANSA that has not been finalized.</li> </ol> |                           |                        |          |
| DECISION(S)   |                           |                        |          |
|   |                           |                        |          |
| ACTION(S)   |                           | KEY PERSON RESPONSIBLE | DUE DATE |
|   |                           |                        |          |
| <b>DECISION MAKING</b>  |                           |                        |          |

|  |  |  |   |               |   |
|--|--|--|---|---------------|---|
| MODE OF DECISION MAKING<br>(Place 'X' in the relevant box)               | CONSENSUS*   |  | IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS |               |   |
|  | VOTING   |  | VOTING METHOD<br>(Place 'X' in the relevant box)      | SHOW OF HANDS |   |
|  |  |  |   | SECRET BALLOT |   |
|  | ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> |  |   |               | > |
|  | ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>      |  |   |               | > |
| ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>              |  |  |   | >             |   |
| *Consensus is general or widespread agreement by all members of a group. |  |  |   |               |   |

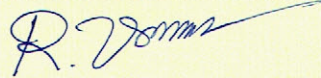
| SUMMARY OF DECISIONS & ACTION POINTS |  |                         |             |
|--------------------------------------|--|-------------------------|-------------|
| AGENDA ITEM NUMBER                   | WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW  | KEY PERSON RESPONSIBLE  | DUE DATE    |
| AGENDA ITEM #1                       | The RAI Country Component funding request for the Global Fund allocation period 2020-2022 was endorsed by majority votes from the CCM members. CMPE and the RAI writing team to continue working to improve and finalize the request and supporting documents based on the comments from CCM, RSC and the Global Fund.   | CMPE, writing team      | By 23 March |
| AGENDA ITEM #2                       | The CCM unanimously endorsed the joint TB-HIV funding request and background documents for the Global Fund allocation period 2020-2022. The national programs and writing team to continue working to improve and finalize the request and supporting documents based on the comments from CCM and the Global Fund.  | CHAS, NTC, writing team | By 23 March |
| AGENDA ITEM #3                       | <ul style="list-style-type: none"> <li>CCM Secretariat is required to continue coordinating with UNOPS, PR and national program for SR selection for RAI3E in accordance with the transparency requirements as discussed to finalize before April.</li> <li>CCM Secretariat is required to coordinate with DPC and WB teams on drafting the structure of project management to integrate GF grant with HANSA that has not been finalized.</li> </ul> | CCM Sec                 |             |

| SUPPORTING DOCUMENTATION                | Place an 'X' in the appropriate box |    |
|---|-------------------------------------|----|
| ANNEXES ATTACHED TO THE MEETING MINUTES | Yes                                 | No |
| ATTENDANCE LIST                         | X                                   |    |
| AGENDA                                  | X                                   |    |
| OTHER SUPPORTING DOCUMENTS              | X                                   |    |
| IF 'OTHER', PLEASE LIST BELOW:          |                                     |    |
|   |                                     |    |


| CHECKLIST  |     |    |   |
|--|-----|----|---|
| (Place 'X' in the relevant box)                    |     |    |   |
|  | YES | NO |   |
| AGENDA CIRCULATED ON TIME BEFORE MEETING DATE      | X   |    | The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.             |
| ATTENDANCE SHEET COMPLETED                         | X   |    | An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.   |
| DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING | X   |    | Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback. |

|  |   |  |
|--|---|--|
| FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS* | X | Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.                           |
| MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS               | X | Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement. |

**CCM MINUTES PREPARED BY:**

|                     |                                 |             |   |
|---------------------|---------------------------------|-------------|---|
| TYPE / PRINT NAME > | Mr. Budhsalee Rattana           | DATE >      | 19 March 2020   |
| FUNCTION >          | Coordinator and Finance Officer | SIGNATURE > |  |

**CCM MINUTES APPROVAL:**

|                      |                                     |             |   |
|----------------------|-------------------------------------|-------------|---|
| APPROVED BY (NAME) > | Assoc. Prof. Dr. Phouthone Muongpak | DATE >      | 19 March 2020   |
| FUNCTION >           | CCM Chair                           | SIGNATURE > |  |