

MINUTES OF OVERSIGHT COMMITTEE MEETING

1. INPUT FIELDS INDICATED BY YELLOW BOXES ☐

MEETING DETAILS						(Place "x" in the Relevant Box)	
LOCATION/VENUE	1 ST Floor CCM Secretariat Meeting Room						
MEETING NUMBER	01	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	OC MEMBERS	6			
DATE (dd.mm.yy)	21 Jan 2021		RMC MEMBERS				
MEETING SCHEDULE START	01:30		CCM SECRETARIAT STAFFS	3			
MEETING ACTUAL STARTED	01:30		OTHERS	6			
MEETING ACTUAL ENDED	04:30		TOTAL	15			
DETAILS OF PERSON WHO CHAIRED THE MEETING						MEETING TYPE	
HIS / HER NAME & ORGANIZATION	First Name	Dr. Somphou					
	Family Name	Sayasone		Regular Meeting	X		
	Position/Title	OC Chair		Extra-ordinary Meeting			
	Organization	Lao Tropical and Public Health Institute		Other Meeting			
HIS / HER ROLE ON THE MEETING	Chair	X	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING	LFA			
	Vice-Chair			FPM / PO			
	OC Member			OTHERS			
	Alternate			NONE			

2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM No.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	Responsible Person
Agenda Item #1	Progress Updates on the Global Fund Current Grants and Arrangement for the New Grants <ul style="list-style-type: none"> Representative of PR PMU and UNOPS will present the progress updates; OC will review and prepare comments/recommendations for the next CCM meeting. 	PR PMU and UNOPS OC
Agenda Item #2	CCM Evolution Process – Skype Call with GF TA <ul style="list-style-type: none"> Conduct working session with CCM Task Force to validate prioritized interventions. 	Global Fund TA OC/Task Force
Agenda Item #3	AOB and close the meeting <ul style="list-style-type: none"> Close the meeting 	Chair

3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1	Progress Updates on the Global Fund Current Grants and Arrangement for the New Grants
----------------	---

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The chair opened the meeting and welcomed all participants.
The meeting agenda was presented for comments.

Malaria Program

The representative of UNOPS has presented the Progress Update on RAI2E Malaria Grant and arrangement for RAI3E Malaria Grant as below:

Grant rating: RAI2E Laos Jan-Jun 2020

Indicator	Grant rating
# LLINs continuous distribution	B2
# Tested in public sector	A1
# Tested in community	A1
# Tested in private sector	A1
% Treated in public sector	A2
% Treated in community	A2
% Treated in private sector	A2
% no stock out	B1
% cases investigated and classified	A1
% foci investigated	A1
% on time reporting	A2
Overall Grant rating	B1

UNOPS

Initial grant rating was A2 (96%).
However, because of 1 indicator having B2 rating (LLINs distribution), the final grant rating is downward adjusted to B1.

Reference		
A1		> 100%
A2		100-90%
B1		80-60%
B2		50-30%
C		<30%

Grant rating: 2019 Jul-Dec vs. 2020 Jan-Jun

Indicator	Jul-Dec 2019 Grant rating	Jan-Jun 2020 Grant rating	Change
# LLINs continuous distribution	A1	B2	Deteriorated
# Tested in public sector	A1	A1	Maintained
# Tested in community	A1	A1	Maintained
# Tested in private sector	A1	A1	Maintained
% Treated in public sector	A2	A2	Maintained
% Treated in community	A2	A2	Maintained
% Treated in private sector	A2	A2	Maintained
% no stock out	B1	B1	No improvement
% cases investigated and classified	A2	A1	Improved
% foci investigated	C	A1	Improved
% on time reporting	B1	A2	Improved
Overall Grant rating	B1	B1	No improvement

Coverage Indicator 1: LLINs continuous distribution

Target (Jan-Jun 2020)	Result (Jan-Jun 2020)	Achievement %	Grant rating
58,598	20,605	35%	B2

Target population type	# Targeted	# Distributed	% Achievement	Remark
MMPs	17,223	2,290	13%	CMPE delivered LLINs to provinces only in the 1 st week of April-20.
Military	18,000	16,495	92%	
Pregnant women	23,375	1,820	8%	Delayed approval of government budget for distribution from province to HCs

Coverage Indicator 2: Testing in Public Sector

Target (Jan-Jun 2020)	Result (Jan-Jun 2020)	Achievement%	Grant Rating
145,625	151,417	104%	A1

Area	# Testing (Jan-Jun 20)	% against total
5 southern provinces	114,588	76%
13 northern provinces	36,829	24%

	# Testing (Jan-Jun 19)	# Testing (Jan-Jun 20)
Total public sector testing	163,953	151,417
		↓ by 8%

Coverage Indicator	Target (Jan-Jun 2020)	Result (Jan-Jun 2020)	Achievement %	Grant rating
Indicator 3: Testing in Community	40,100	81,388	203%	A1
Indicator 4: Testing in Private Sector	25,326	29,010	115%	A1

Coverage Indicator 5: % Treated in public sector

Target (Jan-Jun 2020)	Result (Jan-Jun 2020)	Achievement%	Grant Rating
100%	100%	100%	A2

Area	# of +ve cases	% of total +ve cases
Southern provinces	642	95%
Northern provinces	32	5%
Total	674	100%

188% decline in positive cases compared to 2019 Jan-Jun (# 1,947)

Category	2020 (Jan-Jun)
Pf & mixed %	26.7%
Pv %	73%

Same proportion as in Jul-Dec 2019 period.

Coverage Indicator 6: % Treated in community

Target (Jan-Jun 2020)	Result (Jan-Jun 2020)	Achievement %	Grant rating
100%	99%	99%	A2

Reasons for not achieving the target

- 2 from VMWs - CHIAs (referred to HC for ACT and G6PD test, both received ACT and G6PD tests at HCs);
- 2 from VMWs - PEDAs (both referred to HCs because VMWs were new and not confident to give ACT);
- 1 from VMW - HPA-RC (referred to HC because of ACT stock out at VMW).

- > 61 positive cases by FTAT
- > 17% of total community positive cases
- > 6% of total country's positive cases

UNOPS

Positive cases by partners		
Partner name	# positive	% contribution
CMPE	160	44%
HPA-CC	96	27%
PEDA	48	13%
HPA-RC	37	10%
CHIAs	21	6%
Total	362	100%

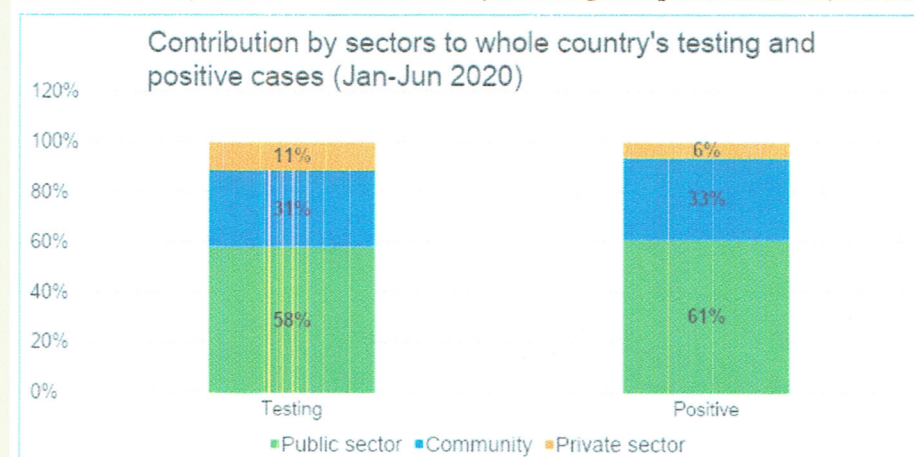
Category	2020 (Jan-Jun)
Pf & mixed %	50%
Pv %	50%

Coverage Indicator 7: % Treated in private sector

Target (Jan-Jun 2020)	Result (Jan-Jun 2020)	Achievement %	Grant rating
100%	100%	100%	A2

Area	# of +ve cases	% of total +ve cases	Category	2020 (Jan-Jun)
Southern provinces	64	100%	Pf & mixed %	37.5%
Northern provinces	0	0%	Pv %	62.5%

Contribution by sectors to whole country's testing and positive cases (Jan-Jun 2020)



Coverage Indicator	Target (Jan-Jun 2020)	Result (Jan-Jun 2020)	Achievement %	Grant rating
Indicator 8: %health facilities with no stock-out	95%	80%	84%	B1
Indicator 9: % cases investigated	95%	97%	102%	A1
Indicator 10: % foci investigated	95%	100%	105%	A1
Indicator 11: % timely reports	95%	89%	94%	A2

Programmatic Achievements RAI2E – 2020

- **Trainings:** completed ICCM trainings, surveillance trainings, DHIS2 trainings, drug inspector trainings for all levels of relevant health staff and VMWs; finance trainings of all SRs and all provincial staff;
- **Meetings:** completed biannual bottom-up planning meetings with all provinces and districts, quarterly and biannual review meetings with all SRs,
- **Guidelines and manuals:** completed malaria re-stratification 2019, national strategic plan 2021-2025
- **Pf targeted activities:** ACDs, FTAT for forest returnees, high % prescription for PMQ single dose
- **Pv targeted activities:** trainings and roll out of PMQ 8 weeks for health centers which do not have G6PD RDTs, VMW assisted referral of Pv patients to HCs, PMQ compliance monitoring and reporting by VMWs
- **Other routine activities:** supervision visit by different levels, case investigation and response activities, pharmacies and drug companies' inspection
- **Covid-19 response:** \$425,000 from projected RAI2E savings have been reallocated for Covid efforts.
- **Grant Making for RAI3:** Grant Documents approved by Global Fund in Q4 2021

Estimated 2020 RAI2E Budget Burn Rate - by Module

Module	2020 Budget (USD)	2020 Estimated Expense (USD)	Burn Rate
Case management	1,467,221	1,438,640	98%
COVID-19	424,982	427,982	101%
Program management	978,021	956,416	98%
RSSH: Health management information systems and M&E	444,258	405,315	91%
RSSH: National health strategies	522,791	522,791	100%
RSSH: Procurement and supply chain management systems	154,490	146,309	95%
Vector control	72,849	71,536	98%
TOTAL	\$ 4,064,613	\$ 3,968,989	98%

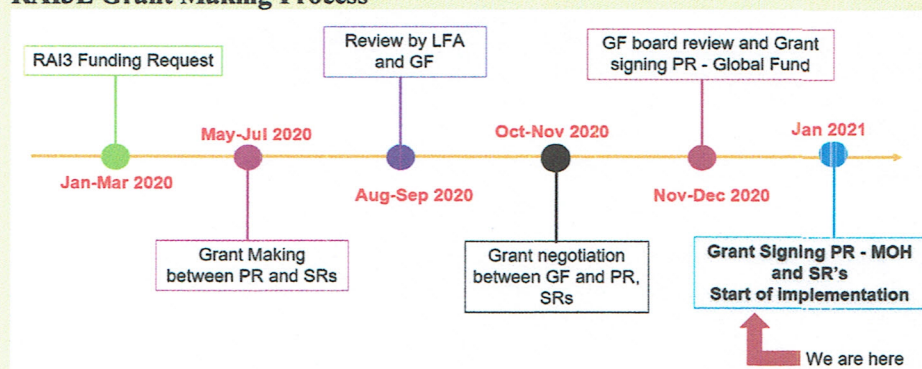
Estimated 2020 RAI2E Budget Burn Rate - by Implementer

Module	2020 Budget (USD)	2020 Estimated Expense (USD)	Burn Rate
CHlas	218,261	215,558	99%
CMPE	2,127,909	2,076,753	98%
HPA	337,959	301,353	89%
PEDA	227,527	224,622	99%
PMU	406,099	403,844	99%
WHO	746,859	746,859	100%
TOTAL	\$ 4,064,613	\$ 3,968,989	98%

Closeout of RAI2E – Outstanding Ineligible Amounts

Category	Total Ineligible Amount (a+b)	Amount for Refund as of 20 January, 2021 (a)	Amount to be justified by 19 February, 2021 (b)
Expenditure Verifications of Provincial Offices in 2020	74,286,000 LAK	1,166,000 LAK	73,120,000 LAK
PR Reviews during 2018 and 2019	7,431,000 LAK	7,431,000 LAK	
PR Review of CMPE Vientiane	850,000 LAK		850,000 LAK
Long Outstanding Advances	10,550,000 LAK		10,550,000 LAK
Total Ineligible	93,117,000 LAK	8,597,000 LAK	84,520,000 LAK

RAI3E Grant Making Process



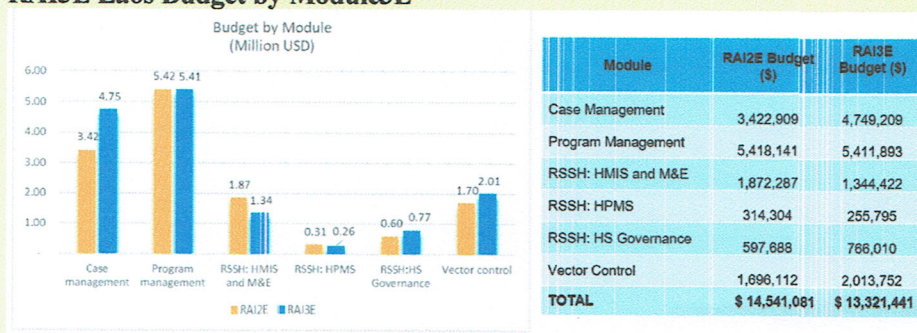
RAI3E Budget - Summary Grant Year 2018-2020

- RAI2E GMS: \$ 242.4 M
- RAI3E GMS: \$ 230.6 M (-5%)

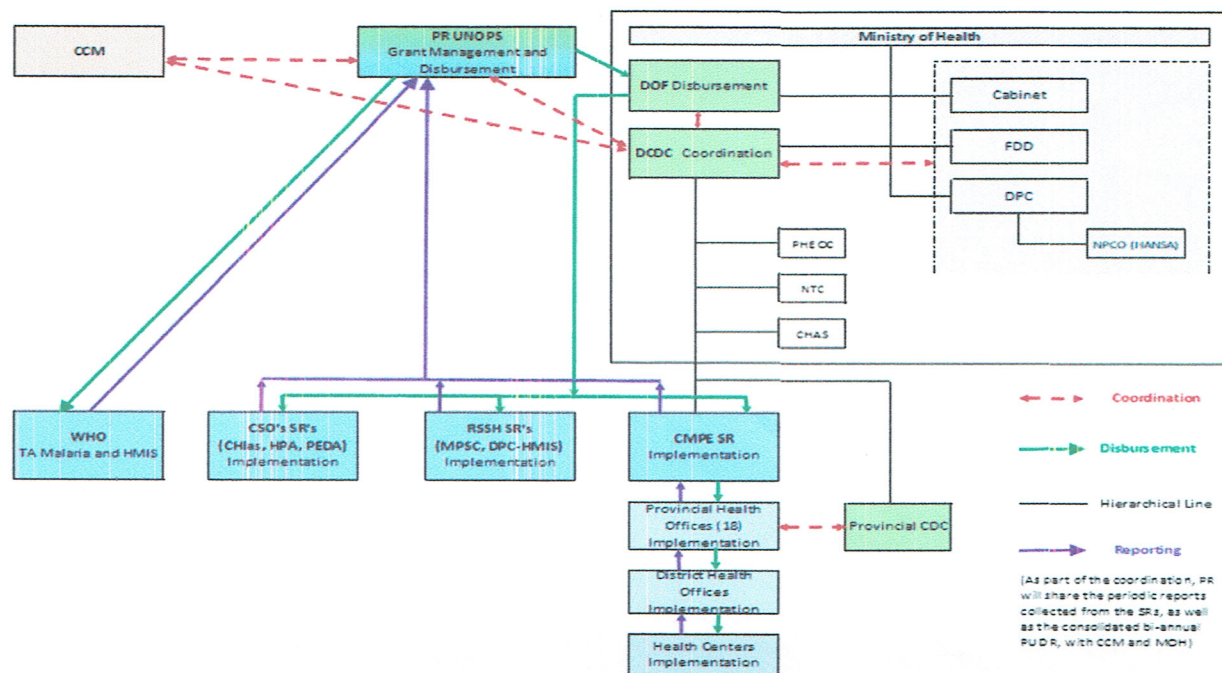
Year 2021-2023

- RAI2E Laos: \$ 13.32 M
- RAI3E Laos \$ 14.54 M (+9%)

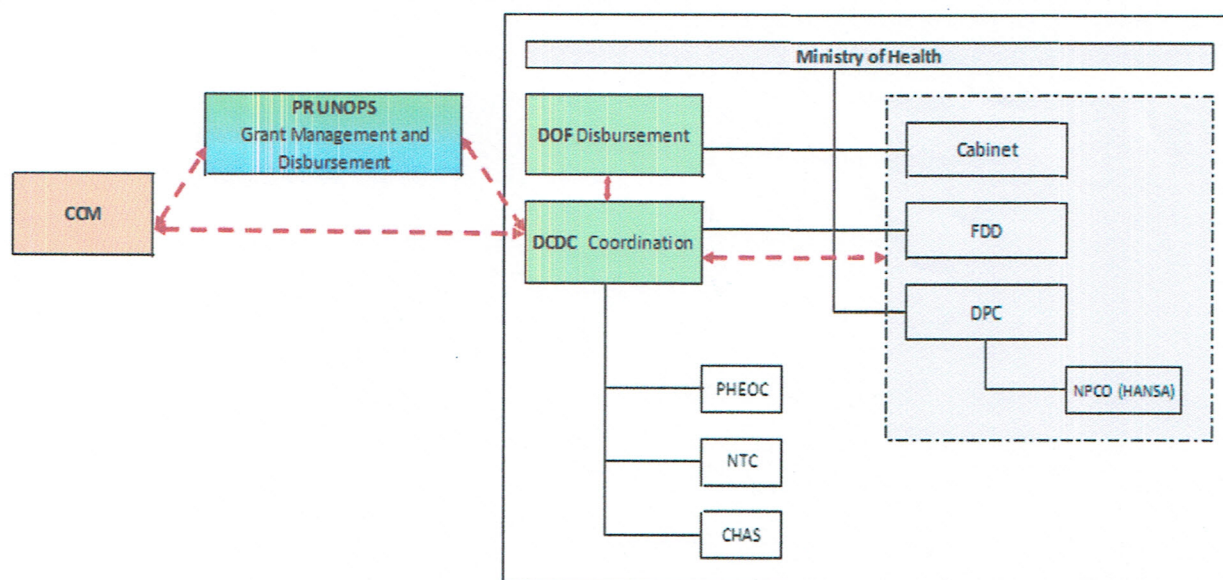
RAI3E Laos Budget by Module3E



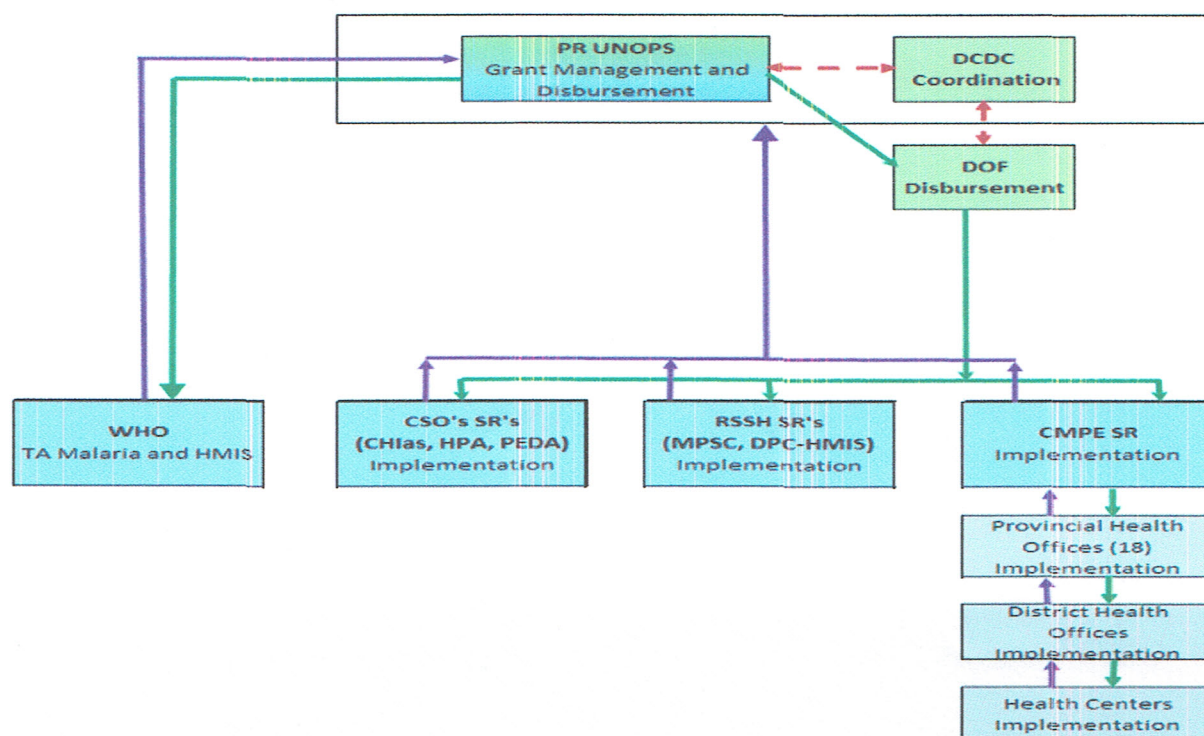
RAI3E Laos Implementation Arrangements



RAI3E Laos Implementation Arrangements – Coordination



RAI3E Laos Implementation Arrangements - Fund Flow



Key discussion points and comments from the meeting

- The meeting congratulates for the hard works and high level of achievements of the program. However, it was noted that there are some health facilities reported a stock out of some drug during the reporting period of January to June 2020. The reasons behind this are delaying process of procurement and then delaying distribution. The program had already addressed this issue.
- Some activities have been identified to address the COVID-19 outbreak implication to the program and saving money has been used to procure personal protective equipment and laboratory equipment.

HIV and TB Programs

The representative of PR PMU has presented the Progress Update on the Global Fund Current Grants and Arrangement for the New Grants as below:

- Grant Closure Planning for HIV and TB
- On Going Covid19 RM, will be ended 30 June 2021
- Ongoing HIV and TB Regional grants will be ended 31 December 2021
- The DPC-PR/PMU is planning to close out of 2 grants: **LAO-T-GFMOH (2018-2020)/RSSH and LAO-H-GFMOH (2018-2020)** which has been consolidated into **LAO-C-MOH (HANSA)** in the Implementation Period 2021-2023
- The Implementation Period of these two grants has been ended on 31 December 2020.**
- Closeout required deliverables:**
 - Closure budget for Sub-recipients who are not expected to continue under the New Grant: PSI, MPSC, HMIS (Statistic UNIT of DPC), they will develop an itemized costed budget for all activities that will be implemented during the closure period after the Implementation Period end date 31 December 2020), submission due date 15 Sept 2020 **DONE**.
 - The Closure Budget for Sub-recipients will need to be endorsed by the CCM Chair and Vice-Chair, and reviewed and verified by the Global Fund's Local Fund Agent ("LFA"). **DONE and APPROVED**
- List of Program Assets and Receivables:** Submission due date 15 Sept 2020
 - **DONE** and will be reported once again in 2020 PU which will be submitted on 1st. March 2021

- All Health Products procured with Grant Funds that are not likely to be used / consumed before the Implementation Period end date;
- Other Program Assets (including, but not limited to, vehicles, equipment and infrastructure and non-physical assets such as copyright in any Information, Education and Communication ("IEC") materials or television spots) created / acquired with Grant Funds); and
- All receivables owed to the Principal Recipient by a third party.
- **Maintain Program Books and Records** - In Negotiation with DOF/MOH to keep these records in Central Warehouse/MOH
 - for at least seven years from the date of the last disbursement under the Grant.
 - develop a plan to determine where and how the Program Books and Records will be stored for that period
- **Final Progress Update for the Grant, Submission due date 1st March 2021_On Going**
 - This shall include:
 - The programmatic and financial progress report for the period between the last progress report and the Implementation Period end date; and
 - The expenditure report for the period between the last expenditure report and the Implementation Period end date (including any extensions).
- **Audit Report, Submission due date 30 June 2021_will be conducted in March-April**
 - This shall cover the last year of the Implementation Period (including any extensions). The Global Fund will inform the PR of the timelines of the audit as this is managed through the regional finance audit initiative by the Global Fund Secretariat
- **Final Tax Report for the Grant, Submission due date 30 June 2021_Prepared by PMU**
 - This shall cover the final year of the Implementation Period (including any extensions).
- **Financial Closure Report, Submission due date 1August 2021_Will be prepare by PMU/Finance manager**
 - This shall include:
 - The financial reconciliation of the cash balances as at the end of the Implementation Period (including any extensions);
 - The expenditure report covering the period from the last submitted expenditure report up to the end of the closure period (i.e. six months after the end of the Implementation Period); and
 - An updated list of financial commitments and financial obligations as at the Implementation Period end date.
- **The Grant Closure Reporting Documents will be reviewed and verified by the LFA and the Global Fund**
- **Any remaining cash, non-compliant expenditures or recoverable amounts should be swiftly determined and returned to the Global Fund.**

Key discussion points and comments from the meeting

- GF requires to save all supporting documents for the period of 7 years after the grant closure and the amount of saving budget need to refund to GF;
- The Global Fund approved the close out plan and budget which include activities and some staffing position to handle the transition from the current to the new grant.
- National Programs are not ready for the grant closure. The target will not be reached due to the delayed budget (Transfer old grant to new grant). 10 MDR TB patients are still admitted at the hospital. The PMU has proposed to use the current grant to procure TB test kits and MDR drugs but the Global Fund cannot approve this budget. The national program may propose these issues to the HANSA project if this budget can be used.
- Regarding to the question on the implementation activity before HANSA Project started, CHAS has included the budget to HANSA Project and informed all ARV sites as well as Peers and volunteers to continue working and their incentive will be paid upon receiving the budget from HANSA Project.
- PR PMU is requested to update more information in the next CCM meeting on the key issues and actions proposed by TGF FPM during the last joint GF and WB mission in December 2020, which include

procurement of TB and HIV drugs and health products, progress of USD 3.1m co-financing commitments with domestic financing, sign MoU between DPC and CSOs, integration of HIVCAM into DHIS2, handover process from PMU to NPCO, and the first payments transfer to the subnational level;

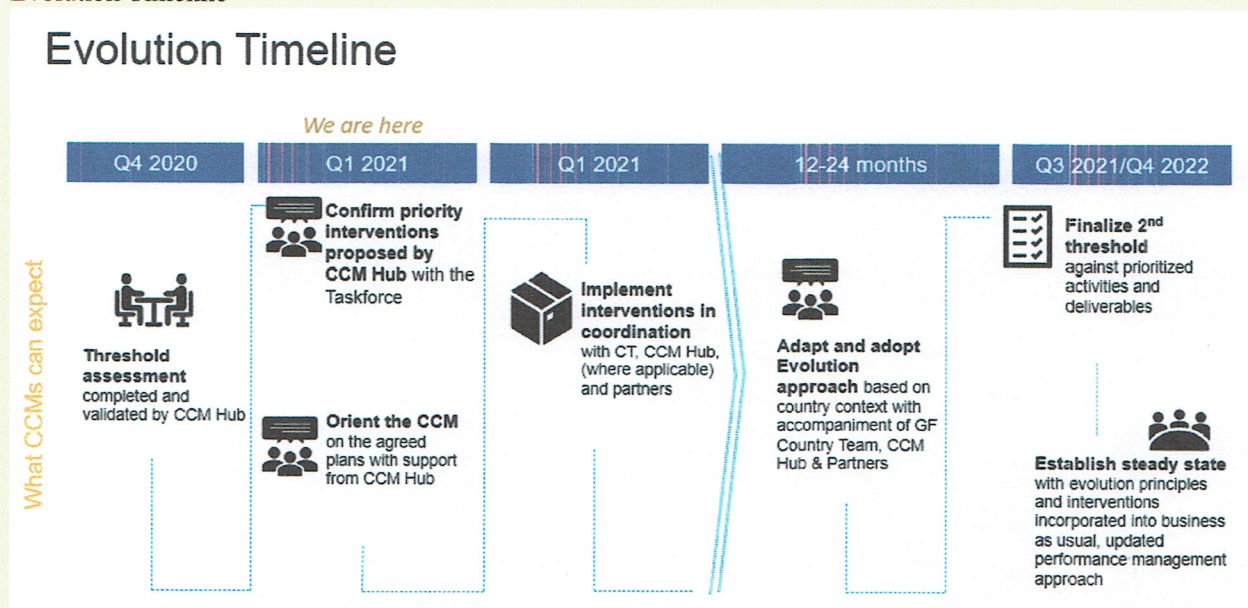
- Requested to invite NPCO to participate in the coming CCM Meeting;
- Regarding to the role of OC member to represent the OC Meeting results to the CCM Meeting, the meeting agreed that the representative from CHAI and CHAS to consolidate some pending issues of funding to propose in the coming CCM Meeting.

Agenda Item #2 CCM Evolution Process – Skype Call with GF TA

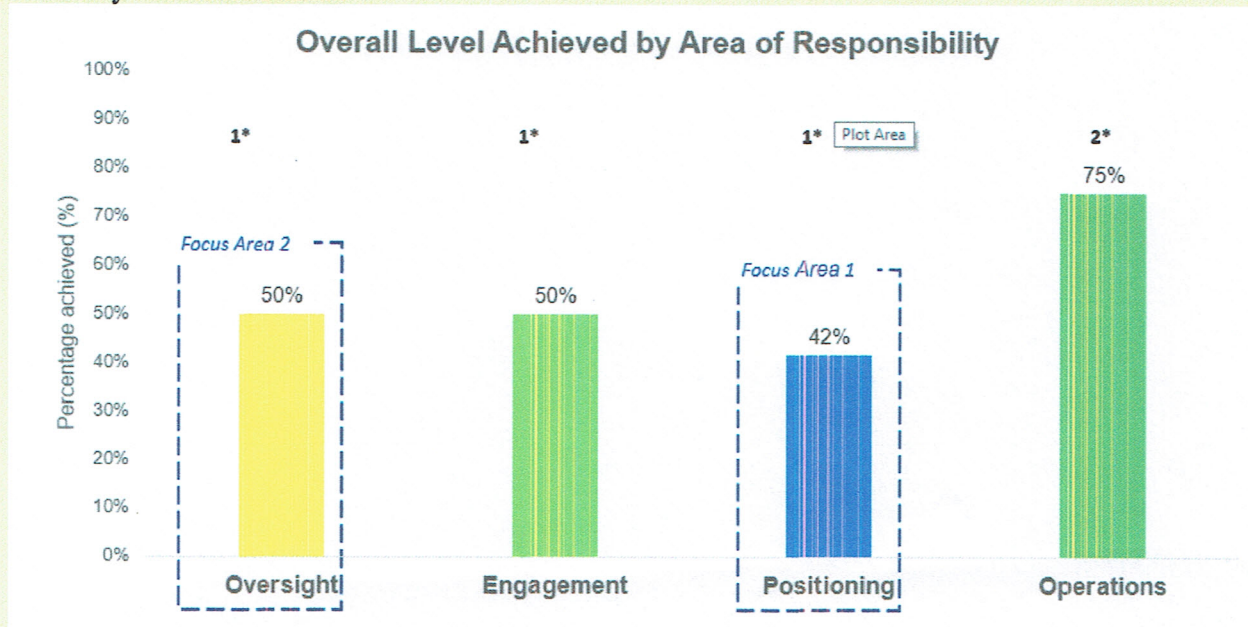
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The GF consultant presented the current status of CCM Evolution, Timeline, Threshold Results, Feedbacks from the last task force meeting as below:

Evolution Timeline



Summary Threshold Results



Updates Since Last Taskforce Meeting

- December 2020: The completed threshold tool was presented to CCM Hub and FPM by the consultant
- Feedback –
 - Very thorough review and analysis
 - Excellent use of supporting data
 - Acknowledgment/appreciation for high performance of Loa CCM Secretariat
 - Reassurance that some indicators are not applicable for Focused Country portfolios like Lao
- Threshold assessment accepted without change
- Discussion on activities between FPM and CCM Hub resulting in 3 specific activities being proposed as below.

Priority Activities Proposed by the Global Fund

Priority Level	Areas of responsibility	Objectives	Priority Activities
1	Positioning	To review and revise the CCM governance documents and committee structure to specify its new mandate and reporting processes in relation to the HANSA steering committee, implementation and coordination units	Support to align CCM governance documents with new governance architecture
2	Oversight	To systematize a regular oversight process (in relation to an agreed performance area of the HANSA project, and with respect to any new agreed governance structure) inclusive of Community-Based Monitoring	Oversight Officer position to be integrated into the Secretariat
3	Engagement		Implement Community-Based Monitoring in relation to HANSA project component 2

Next Step

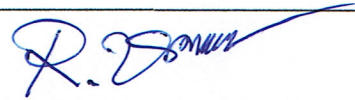
- Presentation of the results and proposed activities into the CCM for endorsement
- CCM Hub to participate
- For Taskforce to decide: who to present?

Key discussion points and comments from the meeting

- The Task Force agreed with the priority interventions proposed by the CCM Hub and the GF Consultant;
- It was agreed that TGF Consultant will prepare the presentation for the upcoming CCM Meeting in February and the CCM Evolution orientation session in the CCM meeting will be facilitated by the CCM Hub, TGF Consultant and the CCM Secretariat.

Agenda Item #3	AOB and close the meeting Close the meeting
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

4. MINUTES PREPARED BY:

TYPE/PRINT NAME	Mr. Budhsalee Rattana	DATE:	04 February 2021
FUNTION/ POSITION	Coordinator and Finance Officer CCM Secretariat	SIGNATURE	

5. MINUTES APPROVED BY:

TYPE/PRINT NAME	Dr. Somphou Sayasone	DATE:	04/02/2021
FUNTION/ POSITION	OC Chair	SIGNATURE	