

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			21		
MEETING NUMBER (if applicable)		02			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			20		
DATE (dd.mm.yy)		06 April 2021			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			21		
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	
		Organization	Ministry of Health			VENUE / LOCATION		1 <sup>st</sup> floor meeting room, MOH		
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair		X	MEETING TYPE (Place 'X' in the relevant box)			Regular CCM meeting		X
		Vice-Chair						Extraordinary meeting		
		CCM member						Committee meeting		
		Alternate						GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA
HIS / HER SECTOR* (Place 'X' in the relevant box)								FPM / PO		
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 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	Report of the final results of CCM															X

	Evolution Threshold, priority areas and interventions for improving the core CCM responsibilities																			
AGENDA ITEM #2	Progress update on implementation of the Global Fund Grants for the 3 programs																			
AGENDA ITEM #3	AOB Information update on the Global Fund additional financing to support in country COVID19 response; Close the meeting																			

**MINUTES OF EACH AGENDA ITEM**

<b>OPENING PROGRAM</b>	<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>
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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) >	Yes
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

CCM Chair warmly welcomed and thanked all participants that attended the second CCM meeting of the year 2021.

The meeting agenda was presented for comments. The CCM Secretariat confirmed the meeting quorum is sufficient.

The CCM Secretariat updated on the following up actions from the last CCM meeting which regard to the prioritized areas and interventions of CCM Evolution that proposed by the GF. The CCM Secretariat noted that after receiving CCM endorsement of the prioritized areas and interventions, CCM Hub will include Evolution interventions in the CCM's annual workplan, and send an implementation letter for CCM signature to validate the updated costedworkplan.

**DECISION(S)**

No Decision

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

**DECISION MAKING**

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

**MINUTES OF EACH AGENDA ITEM**

AGENDA ITEM #1	Report of the final results of CCM Evolution Threshold, priority areas and interventions for improving the core CCM responsibilities
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

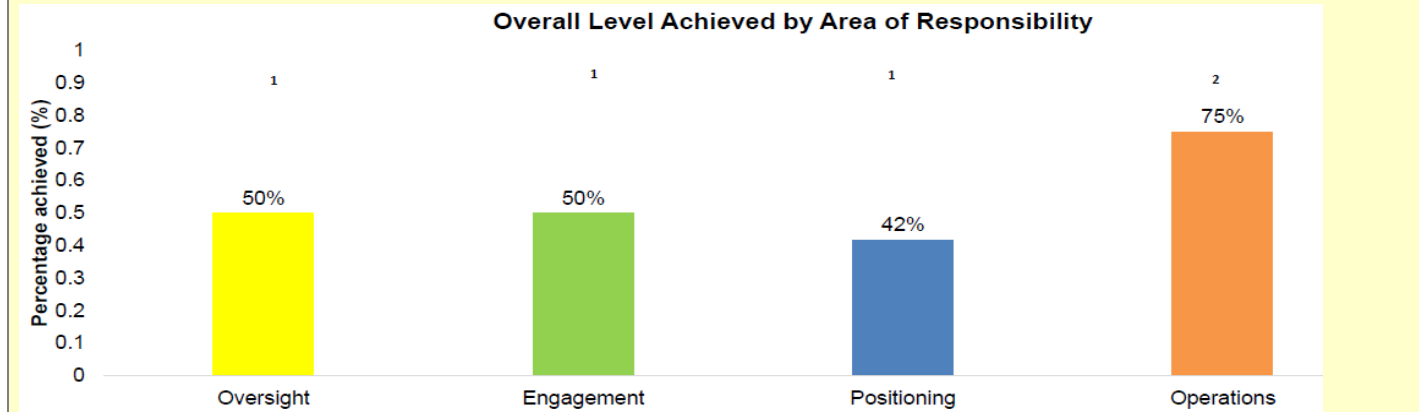
No COI identified in this item

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

CCM Secretariat has presented the final results of CCM Evolution Threshold, priority areas and interventions for improvements in core CCM responsibilities as below:

**Global Fund Validated Results Dashboard**



Overall Numerical Level				
Area	0	1	2	3
Oversight		25%	58%	90%
Engagement		25%	58%	90%
Positioning		25%	58%	90%
Operations		25%	58%	90%

Area of Responsibility	Indicator	Summary Findings	Level by Indicator
Oversight	The oversight function is aligned with the Global Fund (GF) grant priorities and relevant national processes (e.g., national program reviews and national planning)	A current costed Oversight Plan is in place and is being implemented on schedule. OC committee membership is aligned with the grant. The committee has a TOR and updated membership list. Meetings are held regularly prior to CCM meetings and are well-documented. There is good sharing and presentation of key grant documents: reports, proposals, PU/DRs, Global Fund Guidance and so on. Significant and persistent attention is paid to the tracking of co-financing commitments.	2
	Use of strategic information for action and decision-making throughout the Global Fund (GF) grant-life cycle		2
	Adoption of a risk management approach to oversight	A formal/regularized risk management approach/process has not been adopted into the oversight process. There does not appear to be a current grant risk and mitigation plan in place for the OC to regularly check in on. The OC has not been involved in any risk identification/prioritization exercises recently.	0
	CCM supports the		2

	realization of co-financing commitments	Whilst data sharing is exemplary there is not much evidence of performance data analysis, distillation of critical performance issues, bottleneck solution brainstorming or requests from OC to CCM for a decision or action to unblock a bottleneck. There are duplicative progress updates from PR into both OC and CCM. It was noted that site visits often find persistent recurring issues that remain unresolved.	
Engagement	CCM constituencies selection/election processes abide by principles of good governance and ensure quality engagement	Clear efforts are being made to realize the ideals around community engagement that are embodied by the CCM model. From a constitutional point of view this engagement is fully enshrined in the relevant CCM documentation and membership lists.	2
	CCM constituencies engagement in GF processes	There is also good evidence that this engagement extends to processes that pertain to the national programmes as a whole such as NSP development and the disease-specific taskforces.	2
	Representatives of CCM constituencies (particularly Civil Society members) engage in country processes pertaining to the national response (e.g., National Strategic Planning, National Program Reviews and Prioritization, Development Partner's Country Operational Planning, etc.)	The main issue appears to be the struggle to realize systematic bi-directional consultations with constituencies. This was formalized with Red Cross resources and coordination support at one point but appears to have dropped off once that project closed out. Given the challenges with giving the community voice in CCM meetings (time constraints, cultural constraints, language barrier etc.) the role of the CSO coordinating committee becomes even more pertinent.	2
	CCM members (particularly CS members) carry out activities to solicit inputs from and provide feedback within their constituencies to contribute to sound decisions.		0
Positioning	The CCM proactively defines a "strategic positioning" vision to ensure alignment with and/or integration into national structures/coordinating bodies and formal links with donor partner platforms.	Positioning is a critical issue for Lao CCM as the country moves to new implementation arrangements that pool GF funding into the WB HANSA project. Alignment with national structures is a significant part of the rationale behind the GF's decision to pool the funds in this way. The questions of how the CCM links with the HANSA Steering Committee and what its respective role is in relation to the national HANSA project coordination office in the DPC have yet to be resolved. A possible organogram has been presented to CCM and OC and been discussed. The sense among CCM stakeholders is that the decision will be made by the Ministry (rather than by the CCM.) The as yet undetermined merged governance arrangements	1
	Ensuring buy-in and ownership of the vision by all relevant stakeholders (particularly national government)		1

	The CCM aligns its functions and structures with the national response for enhanced harmonization of systems, processes and decision-making for greater impact and efficiencies.	present potential risks for the CCM particularly in relation to the CCM's leverage and the extent to which a meaningful role in governance for communities can be preserved.	2
	Civil society members and communities are proactively represented and engaged in coordination, governance and decision-making bodies and processes beyond the CCM		1
Operations	CCM ensures ethical decision-making processes are adopted and mainstreamed throughout its operations.	On an administrative level the execution of the operational side of CCM functioning is exemplary. Operations are well documented, plans are in place and costed, meeting minutes are complete and efficiently turned around. Initiative is taken to ensure that new requirements from GF, such as the Ethics Code of Conduct, are put in place. A documented appraisal process of the Secretariat is in place and so on.  If there are any shortcomings this would be mainly on strategic support. Processes as they currently stand do not accommodate a significant role for the secretariat in strategic analysis/filtering of data that is presented into the CCM and the Oversight Committee. Part of the issue here is that, as with many CCMs, the progress reports are not being made available in sufficient time before meetings for there to be an pre-meeting analytic review and completeness check. If the Secretariat were to take up such a role there would need to be an assessment of any logistical and capacity constraints as well as contextual constraints around authority structures. A new role for the CCM in relation to HANSA would also have implications for the relative weighting given to administrative versus strategic support provided to the CCM by the Secretariat.	2
	The CCM Secretariat provides strategic support to the CCM and its structures		2
	The CCM has appropriate and relevant structures in place, which operate optimally and efficiently		2
	The CCM's operations are effectively managed		3

### Objective and Priority Activities

Based on collective findings as discussed with the CCM Task Force, below is a prioritized list of core areas of CCM responsibilities validated by the Global Fund. The two priority areas for the Evolution project are assigned levels "1" and "2", which should receive immediate attention. However, the CCM is encouraged to work in all areas during the Evolution project as discussed with the Evolution Task Force.

Priority Level	Areas of responsibility	Objectives
	<b>Oversight</b>	Improve the quality and impact of the strategic oversight and risk management. Integrate CBM as part of oversight in 2021.

	<b>Engagement</b>	Enhance systematic bi-directional consultations with civil society constituencies in the day-to-day affairs of the CCM Train on Community Based Monitoring (CBM) data tools and analysis
	<b>Positioning</b>	Define a strategy for the strategic positioning of the CCM on the national health structure 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.
	<b>Operation</b>	

### Validated Interventions

Based on the findings, below are the Global Fund validated interventions for each area core responsibility. The amount should be used exclusively for the implementation of validated interventions within the framework of the Evolution project by **the end date of June 2023**.

#	Area	Intervention	Modality	Source of funds	Amount to be disbursed (in USD)
1.	Oversight	Hire an Oversight/Transition Officer (2 years)	Additional staff	Additional resources (CCM Evolution)	48,000
2.	Oversight	Update CCM Oversight Plan with specific roles and responsibilities	Guidance Note / Online Orientation	Without additional resources-CCM Funding Agreement	0
3.	Engagement	Train Civil Society representatives pre- and post- CCM meetings	Local Consultant	Additional resources (CCM Evolution)	4,800
4.	Engagement	Train on Community Based Monitoring (CBM) data tools and analysis	Civil Society Regional Platforms	Additional resources (CCM Evolution)	12,500
5.	Positioning	Map existing health governance bodies and platforms	Local Consultant	Additional resources (CCM Evolution)	5,000
6.	Positioning	Develop positioning options and a Positioning strategy plan	Local Consultant	Additional resources (CCM Evolution)	5,000
7.	Operations	Implement CCM Secretariat Performance Management	Guidance Note / Online Orientation	Without additional resources-CCM Funding Agreement	0
<b>Total:</b>					<b>75,300</b>

### Key discussion points and comments from the meeting

- The same questions and comments in the last OC meeting were raised regarding to the additional budget CBM intervention, the representative of CHAS and PMU noted that CBM intervention has already included in the HIV Catalytic Funding (Sustainability of HIV services for Key Population in Asia (SKPA), which many activities including training on CBM at the provincial level have been implemented as progress update reported by PMU. The additional \$12,500 for CBM training funded by CCM Evolution should be reviewed and reallocated to cover other activities to avoid the overlapping implementation. In this regard, the PMU has provided more information on the CBM budget in SKPA grant that was submitted by CHias which has been recently reprogramming and submitting to AFAO and TGF for approval. The current saving budget of SKPA would be sufficient to cover the training and related activities of CBM. However, CHias Director noted that additional resource may need for this intervention as the fund under the SKPA grant is covered for only HIV activities. The additional \$12,500 for CBM training funded by CCM Evolution may be covered the activities of TB and Malaria. The CHias and CCM Secretariat were suggested to ask the CCM Hub and the Global Fund for more information and report the CCM later;

- The CCM members had also asked that in addition to the local consultant costs, is there any operational budget, e.g. consultation workshops for positioning process, training and field monitoring for CSO engagement. Although the CCM already has the budget for routine functions that are approved in the annual costed-work plan, more budget is needed for additional interventions of evolution process.
- As results, the CCM had postponed the endorsement of the proposed interventions and budget, and requested the CCM Secretariat to approach CCM Hub and Fund Portfolio Manager for more information and clarification.

**DECISION(S)**

- The CCM had postponed the endorsement of the proposed interventions and budget, and requested the CCM Secretariat to approach CCM Hub and Fund Portfolio Manager for more information and clarification.

**ACTION(S)**

**KEY PERSON RESPONSIBLE**

**DUE DATE**

**DECISION MAKING**

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS			
	VOTING		VOTING METHOD (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.

AGENDA ITEM #2	Progress update on implementation of the Global Fund Grants for the 3 programs
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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) >

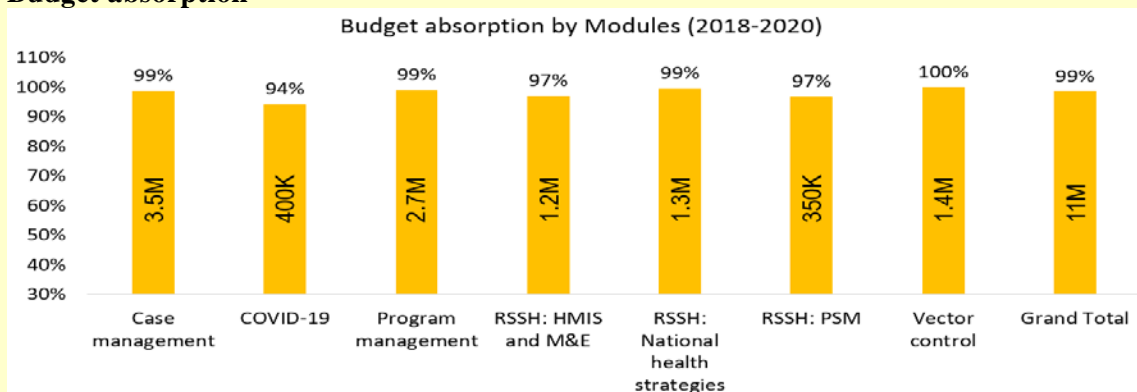
Yes

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

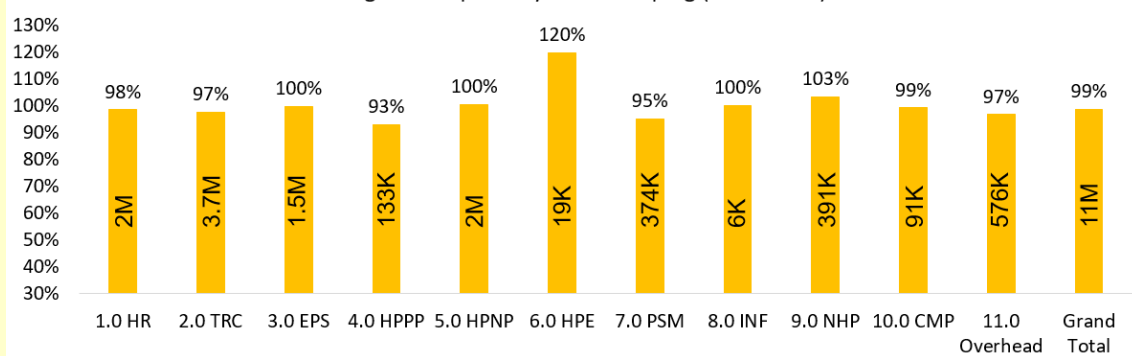
**Malaria Program**

The representative of UNOPS has presented the progress update on RAI (Malaria) Grant as below:

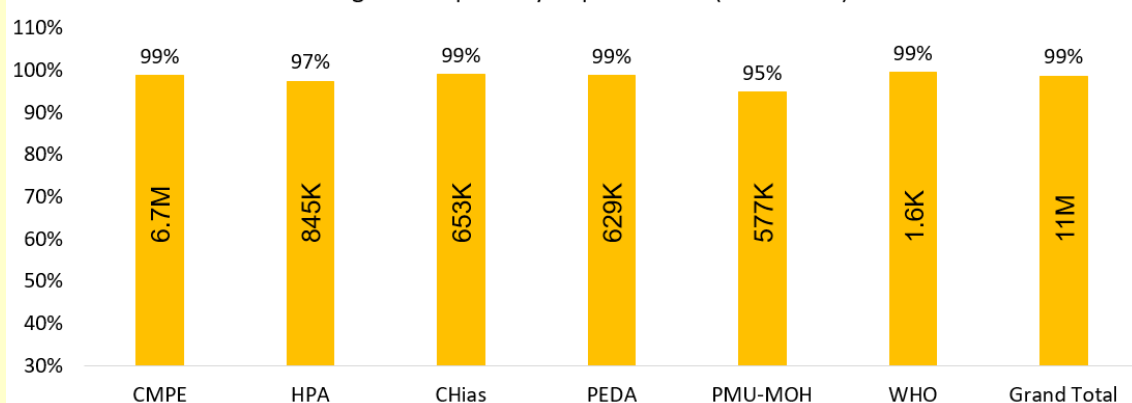
**Budget absorption**



Budget absorption by Cost Grouping (2018-2020)



Budget absorption by Implementers (2018-2020)



## 2. Performance targets and results

21 indicators were reported for Jul-Dec 2020 PUDR

### 4 impact indicators

- API
- # active foci
- TPR
- Inpatient malaria death

### 6 outcome indicators

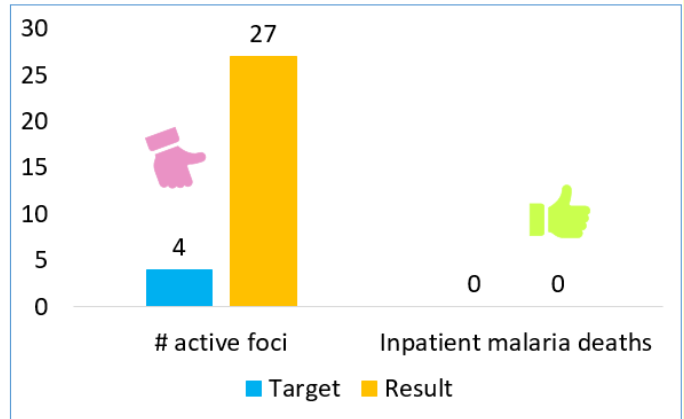
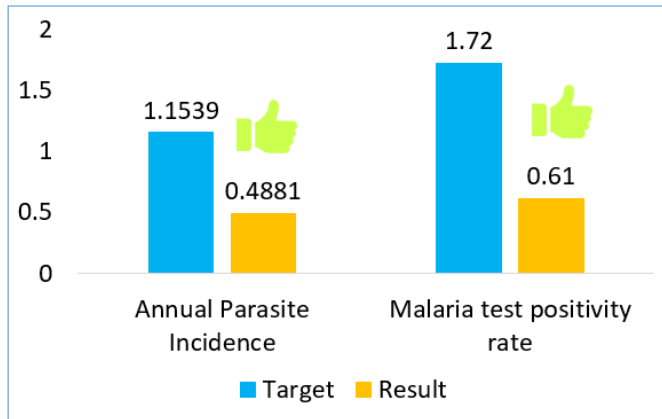
1. % slept under ITN previous night
2. % HH with 1 ITN/2 people
3. % existing ITN used previous night
4. ABER
5. % of MMP slept under ITN
6. % of MMP with fever who accessed malaria diagnosis

### 11 coverage indicators

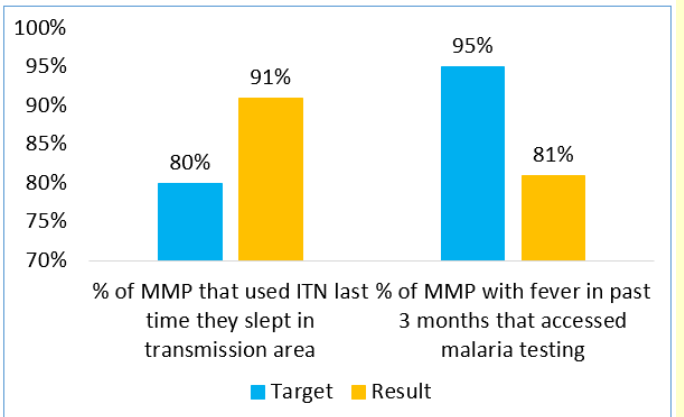
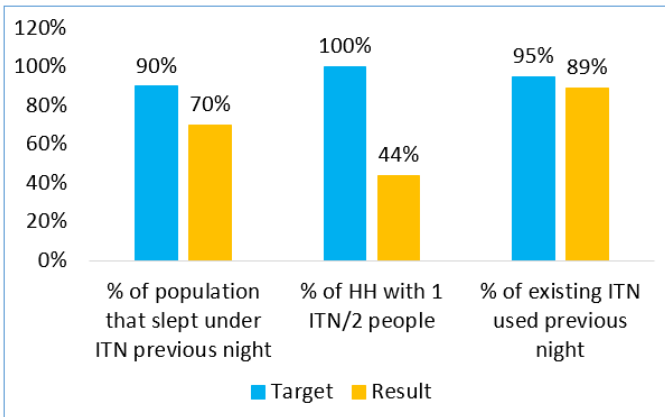
1. # LLINs - continuous
2. # testing – public
3. # testing – community
4. # testing – private
5. % treated – public
6. % treated – community
7. % treated - private
8. % no stock out
9. % cases investigated and classified
10. % foci investigated and classified
11. % timely reporting



### Impact indicators for 2020: targets and results

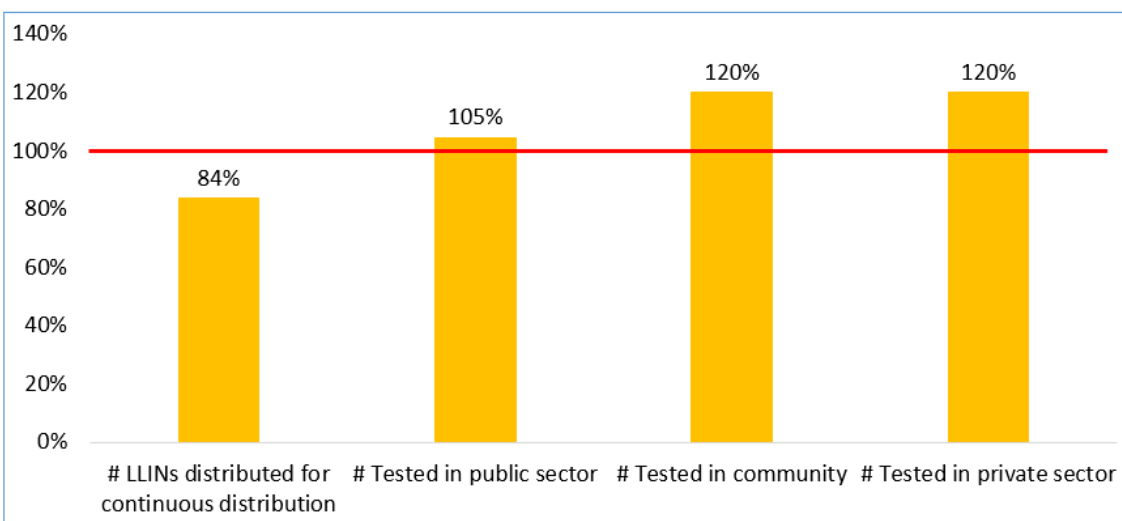


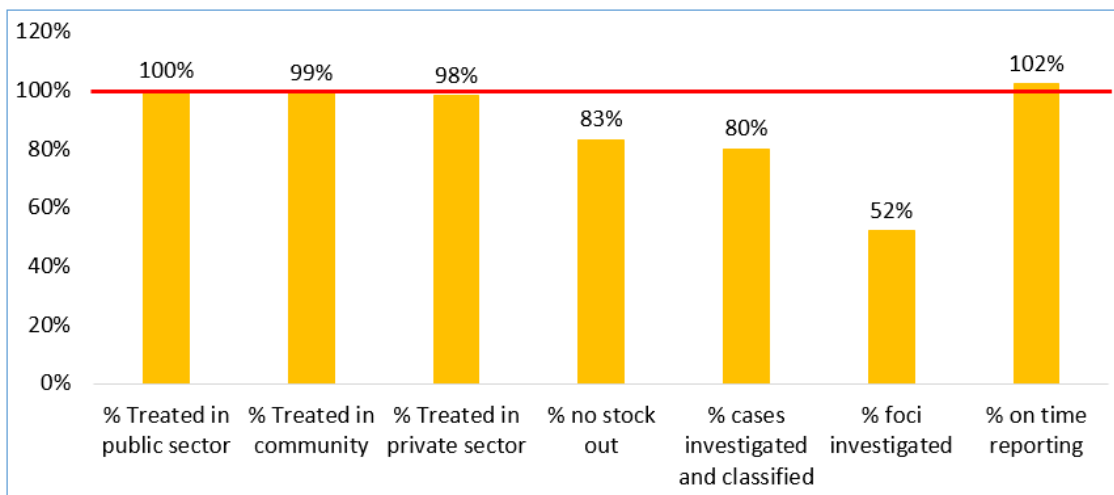
### Outcome indicators for 2020: targets and results



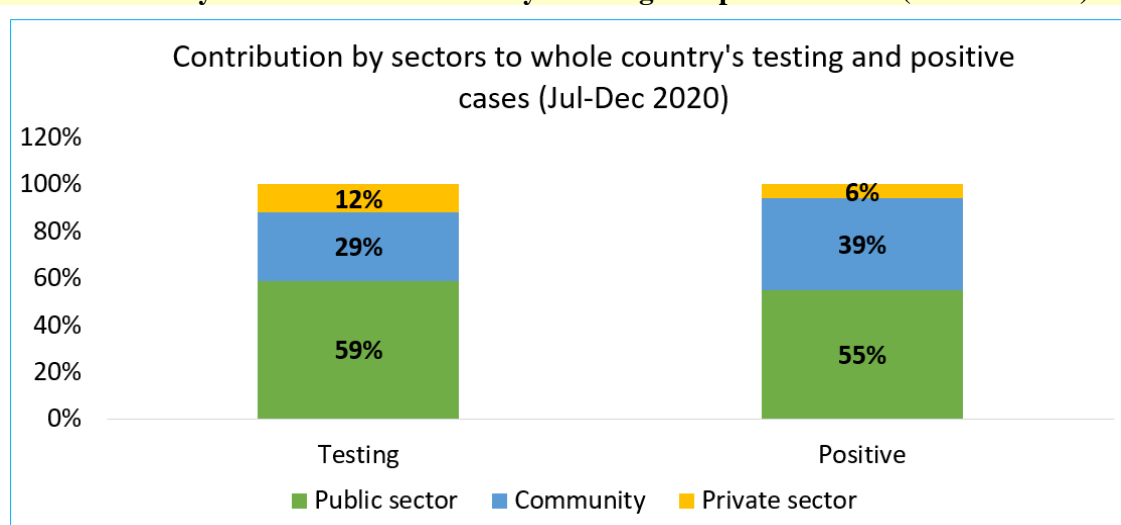
- Annual Blood Examination Rate: Target 12.8%; Result 19.5%

### Coverage indicators Jul-Dec 2020: achievement %





### Contribution by sectors to whole country's testing and positive cases (Jul-Dec 2020)



### 3. Programmatic achievement

#### Key programmatic achievements Jul-Dec 2020

- 77,935 LLINs distributed to MMPs, militaries and pregnant women.
- 314,405 malaria tests for malaria suspected cases
- 2,423 malaria treatment for malaria positive cases
- 139 case investigation conducted
- 10 foci investigated and responded

#### Trainings

- ICCM trainings for 18 provinces, 148 districts, > 1,000 health centers & ~ 1,800 VMWs
- Surveillance trainings for 18 provinces & 148 districts
- DHIS2 trainings for 18 provinces & 148 districts

#### Meetings

- RAI3E grant making
- FTAT review
- Bottom-up planning with all 18 provinces and 148 districts
- Quarterly reviews and annual review
- TWGs (Technical Working Groups)

#### Surveys

- LLINs survey for LLINs coverage assessment after 2019 mass distribution campaigns
- MMPs survey

## **Others**

- Pv radical cure in all health centers
- Active case detections and outbreak responses
- Routine supervision to different levels
- Recruitment of new VMWs for RAI3E

## **4. PR support**

### **PR support to SRs**

#### **Capacity building**

- Training on Prevention of Sexual Exploitation and Abuse for all CSOs
- Financial compliance and reporting trainings for all provincial staff
- Training on bottom-up planning for CMPE staff

#### **Program management**

- Support to CMPE for bottom-up planning SOP development
- Support to CMPE for bottom-up planning with all 18 provinces and 148 districts for Q4-2020
- Quarterly review meetings with all SRs
- Day to day program management support

#### **Grant management**

- Reprogramming to identify savings for COVID support and procurement of additional RDTs to avoid stockout
- Grant Making for RAI3E: grant documents for RAI3E 2021 – 2023 approved by Global Fund in Q4 2020
- RAI2E grant closure for all SRs

#### **Procurement & supply chain**

- Procurement of PPEs for COVID funded by reinvested RAI2 savings
- Procurement of LLINs, RDTs and ACTs
- Supply chain support: improvement of supply chain for VMWs

#### **Financial management**

- Periodic expenditure verification with all SRs
- Financial supportive supervision visits

#### **Monitoring & Evaluation**

- Supportive supervision visits for data quality and program quality
- Data quality desk reviews at all SRs

## **5. RAI3E Status**

### **RAI3E (2021-2023) status**

#### **Agreement signing**

- Project Cooperation Agreement UNOPS – MOH: signed
- Grant Agreements signed: CMPE, CHias, HPA, PEDDA, MPSC, DPC – HMIS, WHO

#### **Disbursement**

- Disbursement for Q1 from Bank of Lao MoH account to Sub Recipients:
- Completed on February 26th for CMPE, CHias, PEDDA, HPA;
- Completed on March 22nd for MPSC, DPC-HMIS;
- Disbursement for Q2 is in progress from PR to BoL MOH account

#### **Implementation readiness**

- Induction Workshop with all SRs: completed on March 9th
- Bottom – up planning for Q1+Q2 workplans: completed for all 18 provinces and 148 districts

- News VMWs for RAI3E: recruitment completed in Dec-2020
- Purchase Orders for key health products are issued, most of the products to be delivered in Q1 and Q2;
- Procurement for LLINs for 2022 distribution – in progress, ETA Q4 2021;

#### Co-Financing

- Budget request for 2021 has been submitted from CMPE and is in progress of being approved at MoH;

#### Government co-financing: 1.48 Million USD for 3 years

Activity	Amount in USD				Comments
	2021	2022	2023	TOTAL	
<b>TOTAL</b>	<b>643,836</b>	<b>516,251</b>	<b>288,123</b>	<b>1,448,210</b>	
Procurement and PSM costs of RDTs for malaria diagnosis	-	281,435	151,542	432,978	* 880,000 qty of malaria RDTs to be procured in 2022 and 2023
Procurement and PSM costs of bed-nets	462,670	-	-	462,670	* 217,788 qty of LLINs to be procured for mass distribution
LLIN-mass distribution microplanning meetings at central level with targeted provinces (5 southern provinces)	2,717	-	-	2,717	* LLINs microplanning at the central with 5 southern provinces * 2 days meeting in Q4-2021 to prepare for LLINs mass distribution that will happen in Q1-2022
LLIN-mass distribution microplanning meetings at provincial level with targeted districts (5 southern provinces)	4,968	-	-	4,968	* 1 meeting in each province of 5 southern provinces * 1 person from each district (total 42 districts) * 2 days meeting in Q4-2021 to plan for the LLINs mass distribution that will happen in Q1-2022
Annual Review and Planning Meeting with provinces	19,288	19,288	19,288	57,864	* 1 time per year; 3 days meeting;
Elimination certification preparation meeting/training for all districts in elimination provinces	15,134	15,134	-	30,267	* elimination certification meetings/trainings will be done for all the districts in the 13 central and northern provinces (106 districts)
Dissemination meeting for updated microscopy IQA guideline	6,327	-	6,327	12,655	* Dissemination of microscopy IQA guideline in 2021 and 2023
Microscopy training for PAMs, provincial hospital and district hospital laboratory staff	-	59,885	-	59,885	* 125 elimination district hospitals, 18 PAMS and provincial hospitals, 26 army hospitals, 10 police hospitals, 8 central hospitals, 1 university (Total: 188 sites) will be trained.

Activity	Amount in USD			
	2021	2022	2023	TOTAL
Training of PAMS and DAMN on LMIS SOP	-	32,594	-	32,594
Update training materials for PPM providers, and print	3,050	-	3,050	6,100
Conduct training of trainers for PPM facilities with CMPE, PAMS and DAMS	36,285	36,285	36,285	108,856
Conduct refresher training of providers in PPM network	55,922	55,922	55,922	167,767
Translate and Print Job Aids for PPMs	449	-	-	449
Conduct meeting with all the PPMs and FDD in elimination area to transition	37,025	-	-	37,025

## 6. RAI3E Challenges

### Possible Challenges

- Government procurement of LLINs using co-financing amount - for mass distribution in 2022: timely approval of the budget and procurement process for WHO prequalified products;
- New process for funds disbursement from MOH bank account at the Bank of Laos (change from BCEL);
- Closeout of RAI2 – Outstanding responses for verifications of reported expenditures for FOCI investigations (expenditures not matching the DHIS2 reports, potential ineligible for \$2,948);
- Recurrent Malaria outbreaks in Attapeu and Sekong provinces;
- Government procurement of LLINs using co-financing amount - for mass distribution in 2022: timely approval of the budget and procurement process for WHO prequalified products;
- New process for funds disbursement from MOH bank account at the Bank of Laos (change from BCEL);
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- Recurrent Malaria outbreaks in Attapeu and Sekong provinces;

### CMPE Priorities and Challenges

Priority Areas	Challenges
Program Management	<ul style="list-style-type: none"><li>- Sustained engagement with provinces in weekly meetings;</li><li>- Timely fund availability at the sub-national level for foci &amp; outbreak response;</li></ul>
Case Management	<ul style="list-style-type: none"><li>- New RACD strategy;</li><li>- TES recruitment, most cases are in remote areas;</li><li>- Referral and compliance monitoring of Pv cases;</li><li>- Improving testing rate, i.e all fever cases are not being tested currently;</li></ul>
Vector Control	<ul style="list-style-type: none"><li>- LLINs should be WHO prequalified;</li><li>- LLIHNs limited qty to cover forest goers;</li><li>- Limited HR resources &amp; capacity for vector surveillance;</li></ul>
Surveillance & Response	<p>Sub-national capacity in surveillance &amp; response;</p> <ul style="list-style-type: none"><li>- Timeliness &amp; quality of outbreak response;</li></ul>
Malaria Elimination	<p>Technical capacity of HC &amp; DAM for 1-3-7 implementation;</p> <p>Seasonal access issues;</p> <ul style="list-style-type: none"><li>- PHOEC &amp; NCLE linkages &amp; knowledge transfer (malaria emergency response plan)</li></ul>
Pf elimination	<p>Planning, budgeting, approval and procurement – time sensitive</p> <ul style="list-style-type: none"><li>- To be able to start the Pf elimination accelerator strategies by Jan 2022;</li></ul>

### Key discussion points and comments from the meeting

- Although malaria has been listed as a notifiable disease, there have been some challenges with the malaria reporting from NCLE's EWARN system because of the two different data systems: malaria uses the DHIS2 system, however, NCLE hasn't started reporting in DHIS2. For such reasons, malaria is not included yet in the NCLE's notifiable disease reports. PSI, who is supporting the EOC in collaboration with WHO and CHAI, responded that plans are underway to upgrade the NCLE's data system and include malaria in the NCLE's reporting;
- According to the LLINs survey, households in villages did not have sufficient number of LLINs because the nets were brought to the forest or farms when the villagers had overnight visits there. In this regard, the representative from WHO raised that it is also good idea to use LLIHNs for the forest goers and GF should support more LLIHNs and how many LLIHNs should be distributed to one family;
- The MOF representative noted that the MOH should make sure that the Co-Financing requirement is included in the Government Budget for 2021;
- The representative from CSO explained that the budget is sufficient for implementing activities, however, during the rainy season is difficult to distribute the LLIHNs and malaria commodities in the remote areas;
- The representative of CHAI expressed his thanks to the CMPE, UNOPS team and all implementing partners for their active working that result a good work performance and this should be continued in the future in order to achieve the project goal;
- UNOPS and CMPE were suggested to prepare the brief narrative report of the PowerPoint presented at the

CCM and translate into Lao language then submit to the MOH.

### **HIV and TB Programs**

The representative of PMU has presented the progress update on TB and HIV grant (2018-2020) and activities plan hand over to NPCO/DPC (HANSA) as below:

#### **1. TB program**

##### **Programmatic update**

	<b>Target</b>	<b>Result</b>	<b>Achievement Ratio</b>
TB Case Notification	8592	8014	93%
Treatment Success	6485 (N#) 7205 (D#) 90%	6145 (N#) 6808 (D#) 90.3%	100%
MDR Case Notification	90	49	54%
MDR began 2nd line treatment	81	39	48%
TB/HIV Cases Receive ART	338 (N#) 376 (D#) 89.89%	292 (N#) 364 (D#) 80.21%	89%

##### **Budget vs Expenditure for the Reporting Period Jan-Dec 2020\_ By Cost grouping**

	<b>Budget for Reporting Period</b>	<b>Actual Expenditures</b>	<b>Budget Vs Actual Variances</b>	<b>Absorption Rate</b>
1. Human Resources	\$556,608	\$506,493	\$50,115	91.0%
2. Travel related costs (TRC)	\$683,944	\$580,982	\$102,962	84.9%
3. External Professional services (EPS)	\$188,154	\$157,086	\$31,067	83.5%
4. Health Products - Pharmaceutical Products (HPPP)	\$310,711	\$310,711	\$0	100.0%
5. Health Products - Non-Pharmaceuticals (HPNP)	\$183,355	\$98,740	\$84,615	53.9%
6. Health Products - Equipment (HPE)	\$1,084,066	\$878,451	\$205,615	81.0%
7. Procurement and Supply-Chain Management costs (PSM)	\$133,609	\$97,919	\$35,690	73.3%
8. Infrastructure (INF)	\$95,773	\$3,664	\$92,109	3.8%
9. Non-health equipment (NHP)	\$241,329	\$205,981	\$35,348	85.4%
10. Communication Material and Publications (CMP)	\$17,819	\$16,485	\$1,334	92.5%
11. Indirect and Overhead Costs	\$137,012	\$121,137	\$15,875	88.4%
12. Living support to client/ target population (LSCTP)	\$121,205	\$90,637	\$30,568	74.8%
13. Payment for Results	\$125,585	\$127,579	-\$1,995	101.6%
<b>Grand Total</b>	<b>\$3,879,168</b>	<b>\$3,195,863</b>	<b>\$683,304</b>	<b>82.4%</b>

##### **Budget vs Expenditure for the Reporting Period Jan-Dec 2020\_ By Module intervention**

	<b>Budget for Reporting Period</b>	<b>Actual Expenditures</b>	<b>Budget Vs Actual Variances</b>	<b>Absorption Rate</b>
1. TB care and prevention/cases detection and diagnosis	\$1,658,239	\$1,585,269	\$72,970	95.6%
2. TB care and prevention/Engaging all care providers (TB Care and prevention)	\$45,639	\$40,413	\$5,226	88.5%
3. TB care and prevention/Engaging all care providers (TB/HIV)	\$7,047	\$6,000	\$1,047	85.1%

4. Program management/Grant Management	\$643,186	\$563,797	\$79,389	87.7%
5. Program management/other Program management intervention	\$97,773	\$96,915	\$858	99.1%
6. TB care and prevention/treatment	\$276,942	\$281,548	-\$4,606	101.7%
7. MDR-TB/treatment MDR-TB.	\$294,125	\$145,023	\$149,102	49.3%
8. TB/HIV/TB/HIV collaboration Interventions	\$47,809	\$44,931	\$2,878	94.0%
9. Program management/ Policy, Planning, Coordination and Management of National Disease Control Program	\$67,785	\$69,032	-\$1,247	101.8%
10. TB care and prevention/Community TB Care Delivery	\$145,530	\$144,730	\$800	99.5%
11. RSSH: Health management information systems and M&E/Program and data quality	\$140,098	\$95,185	\$44,913	67.9%
12. RSSH: Health management information systems and M&E/Analysis, review and transparency	\$2,080	\$2,169	-\$89	104.3%
13. RSSH: Health management information systems and M&E/other health information system and M&E intervention	\$8,665	\$7,896	\$769	91.1%
14. RSSH: Procurement and supply chain management systems/other procurement supply chain management intervention	\$33,423	\$6,921	\$26,502	20.7%
15. MDR-TB/Case Detection and Diagnosis: MDR TB	\$5,273	\$5,909	-\$636	112.1%
16. MDR-TB/Prevention for MDR TB	\$0	\$0	\$0	N/A
17. RSSH: Procurement and supply chain management systems/Supply Chain infrastructure and development of tools	\$1,166	\$0	\$1,166	0.0%
18. COVID-19/Risk mitigation for disease programs	\$349,790	\$100,127	\$249,663	28.6%
19. COVID-19/Covid 19 Control and containment including health system strengthening	\$54,600	\$0	\$54,600	0.0%
<b>Grand total</b>	<b>\$3,879,168</b>	<b>\$3,195,863</b>	<b>\$683,304</b>	<b>82.4%</b>

#### Budget vs Expenditure for the Reporting Period Jan-Dec 2020\_ By Implementing Entity

	Budget for Reporting Period	Actual Expenditures	Budget Vs Actual Variances	Absorption Rate
The National Tuberculosis Center	\$3,068,058	\$2,492,589	\$575,470	81.2%
Centre D'Infectiologie Lao-Merieux (CILM)	\$20,484	\$22,272	-\$1,788	108.7%
Ministry of Health of the Lao People's Democratic Republic	\$205,624	\$143,494	\$62,130	69.8%
Population Services International (PSI)	\$107,876	\$88,279	\$19,597	81.8%
Promotion for Education and Development Association (PEDA)	\$78,874	\$73,023	\$5,851	92.6%
Mutual Assistance for Attapeu People (MAAP)	\$5	\$4	\$0	96.7%
Lao Positive Health Association (LaoPHA)	\$112,048	\$106,795	\$5,253	95.3%
Lao Yout Union (LYU)	\$3,338	\$3,812	-\$474	114.2%
Humana People to People (HPP)	\$65,380	\$72,014	-\$6,634	110.1%
Medical Procurement and Supply Centre (MPSC)	\$64,401	\$49,044	\$15,357	76.2%
Health Management Information System (HMIS/DPC)	\$153,079	\$144,539	\$8,540	94.4%
<b>Grand total</b>	<b>\$3,879,168</b>	<b>\$3,195,863</b>	<b>\$683,304</b>	<b>82.4%</b>

**Budget vs Expenditure for the cumulative Period 1Jan 2018-31 Dec 2020\_ By Cost grouping**

	Cumulative Budget	Cumulative Actual Expenditures	Cumulative Budget Vs Actual Variances	Absorption Rate
1. Human Resources	\$1,543,038	\$1,492,923	\$50,115	96.8%
2.Travel related costs (TRC)	\$1,748,802	\$1,645,841	\$102,962	94.1%
3.External Professional services (EPS)	\$578,661	\$547,593	\$31,067	94.6%
4. Health Products-Pharmaceutical Products (HPPP)	\$671,643	\$671,643	\$0	100.0%
5. Health Products - Non-Pharmaceuticals (HPNP)	\$298,854	\$214,239	\$84,615	71.7%
6. Health Products - Equipment (HPE)	\$1,897,833	\$1,692,218	\$205,615	89.2%
7.Procurement and Supply-Chain Management costs (PSM)	\$247,968	\$212,278	\$35,690	85.6%
8.Infrastructure (INF)	\$117,925	\$25,816	\$92,109	21.9%
9.Non-health equipment (NHP)	\$522,645	\$487,928	\$34,716	93.4%
10. Communication Material and Publications(CMP)	\$65,383	\$64,049	\$1,334	98.0%
11. Indirect and Overhead Costs	\$384,923	\$368,365	\$16,558	95.7%
12. Living support to client/ target population (LSCTP)	\$304,839	\$274,272	\$30,568	90.0%
13. Payment for Results	\$264,502	\$266,497	-\$1,995	100.8%
<b>Grand Total</b>	<b>\$8,647,017</b>	<b>\$7,963,662</b>	<b>\$683,355</b>	<b>92.1%</b>

**Budget vs Expenditure for the Cumulative Period 1 Jan 2018- 31 Dec 2020\_ By Module intervention**

	Cumulative Budget	Cumulative Actual Expenditures	Cumulative Budget Vs Actual Variances	Absorption Rate
1. TB care and prevention/cases detection and diagnosis	\$3,668,514	\$3,595,523	\$72,991	98.0%
2. TB care and prevention/Engaging all care providers (TB Care and prevention)	\$104,593	\$99,368	\$5,226	95.0%
3. TB care and prevention/Engaging all care providers (TB/HIV)	\$21,445	\$20,398	\$1,047	95.1%
4. Program management/Grant Management	\$1,868,494	\$1,789,075	\$79,419	95.7%
5. Program management/other Program management intervention	\$299,952	\$299,094	\$858	99.7%
6. TB care and prevention/treatment	\$643,365	\$647,971	-\$4,606	100.7%
7. MDR-TB/Treatment: MDR-TB	\$525,997	\$376,895	\$149,102	71.7%
8. TB/HIV/TB/HIV collaboration Interventions	\$115,388	\$112,510	\$2,878	97.5%
9. Program management/ Policy, Planning, Coordination and Management of National Disease Control Program	\$262,059	\$263,306	-\$1,247	100.5%
10. TB care and prevention/Community TB Care Delivery	\$324,768	\$323,968	\$800	99.8%
11. RSSH: Health management information systems and M&E/Program and data quality	\$237,380	\$192,467	\$44,913	81.1%
12. RSSH: Health management information systems and M&E/Analysis, review and transparency	\$2,080	\$2,169	-\$89	104.3%
13. RSSH: Health management information systems and M&E/other health information system and M&E intervention	\$20,050	\$19,282	\$769	96.2%



14. RSSH: Procurement and supply chain management systems/other procurement supply chain management intervention	\$130,698	\$104,196	\$26,502	79.7%
15. MDR-TB/Case Detection and Diagnosis: MDR TB	\$16,678	\$17,314	-\$636	103.8%
16. MDR-TB/Prevention for MDR TB	\$0	\$0	\$0	N/A
17. RSSH: Procurement and supply chain management systems/Supply Chain infrastructure and development of tools	\$1,166	\$0	\$1,166	0.0%
18. COVID-19/Risk mitigation for disease programs	\$349,790	\$100,127	\$249,663	28.6%
19. COVID-19/Covid 19 Control and containment including health system strengthening	\$54,600	\$0	\$54,600	0.0%
<b>Grand Total</b>	<b>\$8,647,017</b>	<b>\$7,963,662</b>	<b>\$683,355</b>	<b>92.1%</b>

#### Budget vs Expenditure for the Cumulative Period 1 Jan 2018- 31 Dec 2020\_ By Implementing Entity

	Cumulative Budget	Cumulative Actual Expenditures	Cumulative Budget Vs Actual Variances	Absorption Rate
1. The National Tuberculosis Center	\$6,404,551	\$5,829,031	\$575,521	91.0%
2. Centre D' Infectiologie Lao-Merieux (CILM)	\$61,209	\$62,997	-\$1,788	102.9%
3. Ministry of Health of the Lao People's Democratic Republic	\$504,834	\$442,704	\$62,130	87.7%
4. Population Services International (PSI)	\$278,118	\$258,521	\$19,597	93.0%
5. Promotion for Education and Development Association (PEDA)	\$193,403	\$187,551	\$5,851	97.0%
6. Mutual Assistance for Attapeu People (MAAP)	\$1,079	\$1,079	\$0	100.0%
7. Lao Positive Health Association (LaoPHA)	\$267,369	\$262,116	\$5,253	98.0%
8. Lao Yout Union (LYU)	\$69,217	\$69,690	-\$474	100.7%
9. Humana People to People (HPP)	\$157,175	\$163,808	-\$6,634	104.2%
10. Medical Procurement and Supply Centre (MPSC)	\$291,990	\$276,632	\$15,357	94.7%
11. Health Management Information System (HMIS/DPC)	\$418,072	\$409,532	\$8,540	98.0%
<b>Grant Total</b>	<b>\$8,647,017</b>	<b>\$7,963,662</b>	<b>\$683,355</b>	<b>92.1%</b>

#### Government Co-financing committed and expended overview (in USD) 2018-2020

2018		2019		2020	
Committed	expended	Committed	expended	Committed	expended
782,194	432,675	401,096	514,388	620,136	In progress

#### LAO PDR GF Disease Grant Risk Management\_ update 20

##### Major risks to TB Grant

##### Risks 1:

Estimated 60% of TB cases remain undiagnosed

##### Risk management actions\_ March 2017:

Explore innovative ways of improving TB case notification, including expansion of community outreach role beyond IEC – link to sputum collection and DOTS. Include in new funding application

##### Status 2019:

Currently the coverage is 50% in 2017 and estimated to be 58% in 2018 (WHO report will be distributed in Q3 2019).

This increase is owed to increase the coverage by Xpert and increased detection by ACF. ACF has contributed to

19.5% (1269 cases) of the new case findings in 2018.

**Status 2020:**

TB treatment coverage increased up to 61% in 2019 and 73% in 2020 (8,014 notified TB cases in NTC/HMIS DHIS2, WHO will release 2020 incidence estimate in Q3 2021);

90% Xpert testing coverage in 2020; 27% of TB cases diagnosed by ACF in 2020.

**Risks 2:**

Financial and administrative constraints in testing sputum samples, including weak coordination and inefficient use of transportation allowances

**Risk management actions\_ March 2017:**

Improved organization of transportation of sputum samples and appropriate utilization of transportation allowances

**Status 2019:**

The new SOP has been developed, released and shared with GF.

**Status 2020:**

Transportation of specimens between health centres and districts and from districts to provincial GeneXpert laboratories was improved.

**Risks 3:**

Limited integration of HIV/TB services

**Risk management actions\_ March 2017:**

Expand integrated HIV/TB community-led service package. Include in new funding application

**Status 2019:**

At the time of writing of two funding requests (2018-2020), representatives from both disease programmes had joint meetings and discussed about the implementation target, budget and joint interventions. Currently the services are integrated and 81% of the all TB cases are tested for HIV in 2018. This difference was because of the shortage of RDTs in some periods in the year. CHAS is implementing 3Is and almost 100% TB screening for all HIV cases and 90% of HIV/TB cases were under ART in 2018. There are quarterly joint meetings between focal points of the diseases. In addition, there are joint monitoring field visits by both disease programmes.

**Status 2020:**

Both programmes developed:

- joint TB-HIV successful Global Fund new grant (2021-2023) under HANSA project and
- joint use of GeneXpert for HIV viral load (budget COVID19 RM)
- Updated TB-HIV guidelines
- quarterly meetings and monitoring field visits.

83% TB patients with HIV test result (% among all TB)

80.2% TB-HIV patients received ART treatment

**TB CATALYTIC FUNDING:**

**Tuberculosis Elimination among Migrants (TEAM)**

Impact/Outcome	Target	Result	Comments
TB O-2a: Treatment success rate of all form of TB- bacteriologically confirmed plus clinically diagnosed, new and relapse cases	90.00%	71.42%	During 2010, the TB patients register and receive the treatment 7 cases were detected by ACF and PCF approaches. The success of treatment is 5 cases and 2 cases were lost of follow up are Chinese as the detail below: <ul style="list-style-type: none"><li>• LuangNamtha Province: 1 case (Chinese);</li><li>• Khammuan Province: 1 case (Chinese);</li></ul>

			<ul style="list-style-type: none"> <li>• Borkeo Province: 1 case (Chinese);</li> <li>• Vientiane Capital: 2 cases (1 Indonesian and Burmese)</li> <li>• Borkeo Province: 1 case (Chinese)–lost of follow-up</li> <li>• Vientiane Capital: 1 case (Chinese)–lost of follow-up</li> <li>• NTC has a measure TB patients management by strengthening the TB network at the provincial, central and village levels of 164 unit in the country. Especially M&amp;E, treatment, supervision and reporting of patients registered in the TB tracker system.</li> </ul>
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Coverage	Target	Result	Achievement ratio	Comments
TCP-6b: Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)	724.00	169.00	23%	According to the lockdown has started in March 2020 until now due to COVID 19, some targeted districts did not allow us to conduct the activity as our targeted population is the foreign workers/migrants (Chinese, Vietnamese, Myanmar, and Thai) who work in the risk location/areas. Therefore, those activities are postponed to Q3-Q4 2020 depending on the situation of COVID 19 and the declaration of the MOH. Therefore, it does not achieve the goals and plans set.

### TB Migrants – Challenges and Mitigations

Challenges	Mitigations
<ul style="list-style-type: none"> <li>• Access to migrant population</li> <li>• Data collection has not been updated</li> <li>• Language communication has also been difficult</li> <li>• Information System is being scaled up countrywide but not yet fully functional</li> <li>• Cross border exchange for patient follows up</li> <li>• COVID 19 situation and no access to foreign workers camps even before the Lao Government lock-down</li> </ul>	<ul style="list-style-type: none"> <li>• Update of Mapping of migrant population by Coordinating with government agencies, especially PHO, DHO, Labour and Community based by CSOs.</li> <li>• M&amp;E (TB tracker) supports (capacity building, supervision and material)</li> <li>• Link the cross-border info system</li> <li>• Coordinate with COVID teams to conduct ACF in Quarantine sites</li> <li>• IEC video clip in 4 different languages (Lao, English, Chinese and Vietnamese)</li> <li>• Publish IEC materials (Lao, English, Chinese and Vietnamese)</li> <li>• LED monitor signboard about health messages has already been installed at 3 border points: Luangnumtha Province, Savannakhet Province, and Borkeo Province</li> <li>• Plan with partners and 8 target provincials for implementing the catch-up plan: Advocacy, Quarterly re-mapping, and consultative and planning meeting at provincial level</li> </ul>

### Budget vs Expenditure for the reporting period Jan-Dec 2020

Budget	Expenditure	Variance	Comments
\$ 201,204.13	177,102.65	24,101.48	The balance is saving to be carried forward in Q1 2021

**2. HIV Program****Programmatic update**

	Target	Result	Achievement Ratio
KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	10,200.00	10,108.00	99%
KP-3c(M): Percentage of sex workers that have received an HIV test during the reporting period and know their results	9,180.00	9,099.00	99%
KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	1,400.00	1,509.00	108%
KP-3a(M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	1,260.00	1,419.00	113%
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	7,526.00	8,189.00	109%

**Budget vs Expenditure for the Reporting Period Jan-Dec 2020\_ By Cost grouping**

	Budget for Reporting Period	Actual Expenditures	Budget Vs Actual Variances	Absorption Rate
1. Human Resources	\$409,803	\$372,857	\$36,946	91.0%
2. Travel related costs (TRC)	\$845,425	\$717,500	\$127,925	84.9%
3. External Professional services (EPS)	\$97,373	\$61,301	\$36,072	63.0%
4. Health Products - Pharmaceutical Products (HPPP)	\$1,090,936	\$1,070,737	\$20,199	98.1%
5. Health Products - Non-Pharmaceuticals (HPNP)	\$573,232	\$176,590	\$396,641	30.8%
6. Health Products - Equipment (HPE)	\$958,755	\$315,826	\$642,929	32.9%
7. Procurement and Supply-Chain Management costs (PSM)	\$511,722	\$138,643	\$373,079	27.1%
8. Infrastructure (INF)	\$0	\$0	\$0	N/A
9. Non-health equipment (NHP)	\$6,737	\$5,024	\$1,713	74.6%
10. Communication Material and Publications (CMP)	\$94,206	\$5,111	\$89,095	5.4%
11. Indirect and Overhead Costs	\$254,979	\$130,757	\$124,222	51.3%
12. Living support to client/ target population (LSCTP)	\$85,626	\$92,213	-\$6,587	107.7%
13. Payment for Results	\$7,424	\$6,052	\$1,373	81.5%
<b>Grand Total</b>	<b>\$4,936,217</b>	<b>\$3,092,611</b>	<b>\$1,843,606</b>	<b>62.7%</b>

**Budget vs Expenditure for the Reporting Period Jan-Dec 2020\_ By Module intervention**

	Budget for Reporting Period	Actual Expenditures	Budget Vs Actual Variances	Absorption Rate
1. Comprehensive prevention programs for sex workers and their clients/Behavioral intervention for sex workers	\$236,621	\$265,421	-\$28,800	112.2%
2. Comprehensive prevention programs for MSM/HIV testing services for MSM	\$15,806	\$17,633	-\$1,827	111.6%
3. Program management/Grant management	\$541,429	\$451,959	\$89,470	83.5%
4. Program management/ other Program management Intervention	\$13,157	\$67,048	-\$53,891	509.6%

5. Comprehensive prevention programs for MSM/Diagnostic and treatment of STIs and other sexual health services for MSM	\$1,054	\$318	\$736	30.2%
6. Treatment, care and support/Counselling and psychosocial support	\$43,377	\$46,119	-\$2,742	106.3%
7. Treatment, care and support/Prevention, diagnosis and treatment of opportunistic infections	\$79,015	\$65,082	\$13,933	82.4%
8. Treatment, care and support/HIV Care	\$21,400	\$17,580	\$3,821	82.1%
9. Program management / Policy, Planning, coordination and management of national Program	\$18,711	\$18,943	-\$232	101.2%
10. Comprehensive prevention programs for MSM/other	\$53,640	\$52,490	\$1,151	97.9%
11. Comprehensive prevention programs for sex workers and their clients/HIV testing services for sex workers	\$40,469	\$38,400	\$2,069	94.9%
12. Comprehensive prevention programs for sex workers and their clients/ Addressing stigma, discrimination and violence against sex workers	\$18,776	\$18,355	\$421	97.8%
13. Comprehensive prevention programs for sex workers and their clients/ Prevention and management of co-infection and morbidities for sex workers	\$1,337	\$89	\$1,248	6.6%
14. Comprehensive prevention programs for sex workers and their clients/other interventions for sex worker and their clients	\$35,796	\$157,504	-\$121,708	440.0%
15. Treatment, care and support/Differentiated ART services delivery	\$1,394,173	\$1,170,919	\$223,254	84.0%
16. 16. HIV Testing Services/Differentiated HIV testing services	\$361,535	\$315,826	\$45,709	87.4%
17. Comprehensive prevention programs for sex workers and their clients/Diagnosis and treatment of STIs and other productive health services for sex workers	\$807	\$151	\$656	18.7%
18. TB/HIV/Key populations (TB/HIV)-others	\$1,964	\$2,270	-\$305	115.5%
19. Comprehensive prevention programs for MSM/behavioral interventions for MSM	\$113,453	\$141,241	-\$27,788	124.5%
20. COVID-19/Risk mitigations for disease program	\$1,123,631	\$240,153	\$883,478	21.4%
21. COVID-19/COVID 19 Control and containment including health system strengthening	\$820,065	\$5,111	\$814,955	0.6%
<b>Grand Total</b>	<b>\$4,936,217</b>	<b>\$3,092,611</b>	<b>\$1,843,606</b>	<b>62.7%</b>

#### Budget vs Expenditure for the Reporting Period Jan-Dec 2020\_ By Implementing Entity

	Budget for Reporting Period	Actual Expenditures	Budget Vs Actual Variances	Absorption Rate
1. CHAS	\$3,247,234	\$2,344,783	\$902,451	72.2%
2. PSI	\$110,796	\$279,788	-\$168,993	252.5%
3. PEDA	\$105,533	\$98,418	\$7,114	93.3%
4. LAOPHA	\$253,752	\$203,418	\$50,334	80.2%
5. Ministry of Health of the Lao People's Democratic Republic	\$575,051	\$166,203	\$408,847	28.9%
6. CMPE	\$156,000	\$0	\$156,000	0.0%
7. NTC	\$487,852	\$0	\$487,852	0.0%
<b>8. Grand Total</b>	<b>\$4,936,217</b>	<b>\$3,092,611</b>	<b>\$1,843,606</b>	<b>62.7%</b>

**Budget vs Expenditure for the cumulative Period 1 Jan 2018-31 Dec 2020\_ By Cost grouping**

	Cumulative Budget	Cumulative Actual Expenditures	Budget Vs Actual Variances	Absorption Rate
1. Human Resources	\$1,182,387	\$1,145,441	\$36,946	96.9%
2. Travel related costs (TRC)	\$1,270,307	\$1,142,382	\$127,925	89.9%
3. External Professional services (EPS)	\$211,761	\$175,689	\$36,072	83.0%
4. Health Products - Pharmaceutical Products (HPPP)	\$2,172,018	\$2,151,819	\$20,199	99.1%
5. Health Products - Non-Pharmaceuticals (HPNP)	\$682,734	\$517,075	\$165,658	75.7%
6. Health Products - Equipment (HPE)	\$1,557,445	\$914,516	\$642,929	58.7%
7. Procurement and Supply-Chain Management costs (PSM)	\$716,264	\$343,186	\$373,079	47.9%
8. Infrastructure (INF)	\$0	\$0	\$0	N/A
9. Non-health equipment (NHP)	\$18,471	\$16,758	\$1,713	90.7%
10. Communication Material and Publications (CMP)	\$94,206	\$5,111	\$89,095	5.4%
11. Indirect and Overhead Costs	\$424,709	\$391,364	\$33,345	92.1%
12. Living support to client/ target population (LSCTP)	\$275,856	\$282,443	-\$6,587	102.4%
13. Payment for Results	\$21,150	\$19,778	\$1,373	93.5%
<b>Grand Total</b>	<b>\$8,627,308</b>	<b>\$7,105,562</b>	<b>\$1,521,746</b>	<b>82.4%</b>

**Budget vs Expenditure for the Cumulative Period 1 Jan 2018-31 Dec 2020\_ By Module intervention**

	Cumulative Budget	Cumulative Actual Expenditures	Budget Vs Actual Variances	Absorption Rate
1. Comprehensive prevention programs for sex workers and their clients/Behavioral intervention for sex workers	\$438,111	\$466,911	-\$28,800	106.6%
2. Comprehensive prevention programs for MSM/HIV testing services for MSM	\$48,910	\$50,737	-\$1,827	103.7%
3. Program management/Grant management	\$1,475,818	\$1,386,348	\$89,470	93.9%
4. 4.Program management/ other Program management Intervention	\$40,548	\$185,316	-\$144,768	457.0%
5. Comprehensive prevention programs for MSM/Diagnostic and treatment of STIs and other sexual health services for MSM	\$1,269	\$533	\$736	42.0%
6. Treatment, care and support/Counselling and psychosocial support	\$134,885	\$137,627	-\$2,742	102.0%
7. Treatment, care and support/Prevention, diagnosis and treatment of opportunistic infections	\$267,926	\$253,992	\$13,933	94.8%
8. Treatment, care and support/HIV Care	\$55,260	\$51,439	\$3,821	93.1%
9. Program management / Policy, Planning, coordination and management of national Program	\$125,481	\$125,713	-\$232	100.2%
10. Comprehensive prevention programs for MSM/other interventions for MSM	\$165,043	\$163,892	\$1,151	99.3%
11. Comprehensive prevention programs for sex workers and their clients/HIV testing services for sex workers	\$119,255	\$117,185	\$2,069	98.3%
12. Comprehensive prevention programs for sex workers and their clients/ Addressing stigma, discrimination and violence against sex workers	\$59,926	\$59,504	\$421	99.3%
13. Comprehensive prevention programs for sex	\$1,550	\$302	\$1,248	19.5%

workers and their clients/ Prevention and management of co-infection and morbidities for sex workers				
14. Comprehensive prevention programs for sex workers and their clients/other interventions for sex worker and their clients	\$102,750	\$455,441	-\$352,691	443.2%
15. Treatment, care and support/Differentiated ART services delivery	\$2,566,530	\$2,343,276	\$223,254	91.3%
16. HIV Testing Services/Differentiated HIV testing services	\$960,225	\$914,516	\$45,709	95.2%
17. Comprehensive prevention programs for sex workers and their clients/Diagnosis and treatment of STIs and other productive health services for sex workers	\$1,592	\$936	\$656	58.8%
18. TB/HIV/Key populations (TB/HIV)-others	\$5,083	\$5,388	-\$305	106.0%
19. Comprehensive prevention programs for MSM/behavioral interventions for MSM	\$113,453	\$141,241	-\$27,788	124.5%
20. COVID-19/Risk mitigations for disease program	\$1,123,631	\$240,153	\$883,478	21.4%
21. COVID-19/COVID 19 Control and containment including health system strengthening	\$820,065	\$5,111	\$814,955	0.6%
<b>Grand Total</b>	<b>\$8,627,308</b>	<b>\$7,105,562</b>	<b>\$1,521,746</b>	<b>82.4%</b>

#### Budget vs Expenditure for the Cumulative Period 1 Jan 2018- 31 Dec 2020\_ By Implementing Entity

	Cumulative Budget	Cumulative Actual Expenditures	Cumulative Budget Vs Actual Variances	Absorption Rate
1. CHAS	\$5,760,740	\$4,858,289	\$902,451	84.3%
2. PSI	\$334,795	\$825,647	-\$490,852	246.6%
3. PEDA	\$317,992	\$310,878	\$7,114	97.8%
4. LAOPHA	\$675,519	\$625,185	\$50,334	92.5%
5. Ministry of Health of the Lao People's Democratic Republic	\$894,411	\$485,564	\$408,847	54.3%
6. CMPE	\$156,000	\$0	\$156,000	0.0%
7. NTC	\$487,852	\$0	\$487,852	0.0%
<b>Grand Total</b>	<b>\$8,627,308</b>	<b>\$7,105,562</b>	<b>\$1,521,746</b>	<b>82.4%</b>

#### Government Co-financing committed and expended overview (in USD) 2018-2020

2018		2019		2020	
Committed	expended	Committed	expended	Committed	expended
462,033	553,499	473,575	1,158,097	547,334	428,165

#### LAO PDR GF Disease Grant Risk Management\_ update 2020

##### Major risks to TB Grant

##### Risks 1:

**Hidden high-risk populations not being reached for VCT and services**

##### Risk management actions\_ March 2017:

Revise strategy to reach hidden high-risk populations, including community testing/treatment monitoring. Include in new funding application 2018-2020

##### Status 2019:

Two methods of EPM (Enhanced Peer Mobilization) and snowballing are planned to be compared by a TA

supported from GF. Furthermore, there are some discussions at the country level to have some revisions to service provision to MSMs based on the findings from recent IBBS.

**In collaboration with UNAIDS, funds are mobilized to conduct trainings for peers working in MSMs, FSWs and PWIDs projects in 5 GF implementing provinces.**

**Status 2020:**

The activities have been continued under the GF support for MSM in 2 provinces and Linkages support 3 provinces PEDDA with 5 PCCAs implemented the outreach activities and HIV testing FSW in 5 provinces. It is going on.

**Risks 2:**

Limited data on people who inject drugs PWID

**Risk management actions\_ March 2017:**

Research on PWID – include in new funding application

**Status 2019:**

There is a plan to conduct an IBBS among PWIDs by the end of 2019. The fund is included in catalytic fund and the PR (AFAO) is in the process of getting approval from Ministry of Foreign Affairs for working in Lao PDR. As soon as catalytic funds gets available planning for next steps including getting approval from ethic committee will be started. This should be noted that as per these different steps the implementation of this IBBS might have some delays

**Status 2020:**

the Catalytic Fund/GF - AFAO or SKPA Program in collaboration with French 5% and CHAS have discussed and completed the PWID Rapid Assessment and planned to conduct the study and field data collection in April-May 2021. 2020 is the year for preparation with the funding support from GF with the amount of 125,000 USD and French 5% 117,000 Euro.

**Risks 3:**

No strategy for condom procurement and distribution

**Risk management actions\_ March 2017:**

**Commission condom market research. Include in new funding application. Revive and strengthen NCC**

**Status 2019:**

The committee has been active and distributed about 1 million condoms in 18 provinces during 2018. This number will be increased to 1.5 and 2 million in 2019 and 2020 respectively. The committee also had some concerns about the quality of the condoms. FDD was assigned to assess the quality of the all condoms in the market. The review revealed that just “Number One” condom, imported by PSI, can meet the quality standards. NCC requested the authorities to collect and retract all the low-quality condoms from the market. In addition, provincial and district health authorities was assigned to have a close monitoring on the condom market and report about the sub-standard condoms. FDD also took relevant measures to create a ban on import for non-compliant sub-standard commercial condoms.

**Status 2020:**

Condom Social Marketing implemented by PSI in close collaboration with CHAS as National AIDS Program ad FDD. It is going on.

**Risks 4:**

Concerns about service quality, including discrimination against KPs by health staff/VCT staff

**Risk management actions\_ March 2017:**

Refresher training of health staff

**Status 2019:**



There is a project in the country called “Health Queal”. This project uses an electronic version of questionnaire for monitoring the stigma and discrimination situation in the hospitals. All the ARV staff and a randomly chosen of other staff who are in contact with patients fill this questionnaire on a quarterly basis. There are core trainers in 4 hospitals who provide training about stigma and discrimination to all relevant wards. In addition, central experts do field visits quarterly and provide coaching as per the analysis of the collected data about stigma and discrimination. National training materials is also planned to be developed as per the availability of resources from catalytic fund.

**Status 2020:**

Also continuing under the National AIDS Program in collaboration with Health Queal/UCSF, CDC/PEPFAR, GF-SKPA. These activities were implemented at 11 ART sites and some communities where PLWH living. Up to now it is going on.

**HIV CATALYTIC FUNDING**

**Sustainability of HIV services for Key Populations in Asia (SKPA)**

Activities planned in the reporting Quarter	Activities Implemented/ Major Accomplishments	Challenges faced and mitigation measures during implementation of this activity
1. Community Base Monitoring (CBM) consultation training in Khammoune Province	33 representatives from peer counselors, healthcare worker and stakeholders which outcomes of the meeting are: 1. Identified CBM model/ approach 2. Identified focus areas. 3. CBM data collections tools (draft) 4. Identified potential sites for CBM. 5. Identified target population Comprehensive consultation meeting report	CBM tools are new in Laos which healthcare workers still not understand what CBM is? And also, CBM tools need to agree by all healthcare worker and community throughout the country
2. Community Base Monitoring (CBM) consultation training in Vientiane Capital	35 Representatives from stakeholders attended this meeting which outcome of the meeting are: 1. Finalize CBM data collections tools 2. Agreement of potential sites for CBM. 3. Agreement for target population 4. Agreement of potential site 5. Understanding about KP review report 6. Make sure the QI data collection is not 7. different from CBM data collection Comprehensive consultation meeting report – English language	CBM tools it’s self still not clear in utilization due to it has many tools inside which health care workers and stake holder worry that it might be overlap with the existing tools, therefore healthcare worker suggests to conduct another meeting to harmonize the tools and adapt the tools to utilize in over the country
3. Stigma & Discrimination training for health care workers and Peer supporters	27 Peer counselors, 30 healthcare workers attend this consultation workshop which the outcomes of the training are: • Health care worker sensitize on stigma and discrimination Healthcare worker and peer counselor know about feedback mechanism and feedback mechanism has been reviewed	Feedback mechanism is new in Laos which it needs to implement by community, we are not sure that how much community understand and know how to use it? How can community implement efficiency?
4. Demand Creation detail activity work plan and budget with APCOM	DG detail activity work plan and budget has been completed and submitted to AFAO and shared with CHAS partner in August 2020 and expected to implement the activity by January 2021	CHias is still waiting for the approval from AFAO in terms of reprogramming budget for 2021
5. focus group discussion (FGD) on community demands	20 MSM & TG will be attended Through this FGD consultation meeting, a comprehensive report will be developed which will include, but	Too many questions for participant and most of questions are technical which very hard to understand in

	<p>not limited to the following:</p> <ul style="list-style-type: none"> <li>MSM/TGW behavior and perception for the creation of demand generation activities in VTE city;</li> <li>Effective messages to promote demand generation activities in VTE city;</li> </ul> <p>Bottlenecks and challenges, along with its mitigation strategy, and recommendations for developing sustainable and robust campaign in VTE city.</p>	<p>terms of IT information. PrEP is also new in Laos which participant may not understand and response the question</p>
6. The budget for PrEP and tests (Oral Quick) to cover 200 MSM/TG has been approved and in process of purchasing.	Completed development plan for PrEP and tests (OralQuick) for the 1st year and also that PrEP costs to cover 200 MSM/TG and MoH has been approved.	The main challenging of the plan development is the advocating to national partners about the drug procurement due to partners have their plan of activity but no cost for PrEP and testing kits procurement budget,
7. Recruited PWID consultant, developing protocol and costing developing.	The selection committee completed of selection consultant for PWID and the consultant's contract has been developed. The implementing of the project will be started in January 2021	Delayed of implementation due to the COVID-19 pandemic. Therefore, only one consultant applied for this call due to whole countries lockdown and external people could not travel

#### Y2 2020 Budget vs Expenditure for the reporting period\_CHIAs

Budget	Expenditure	Variance	Comments
\$ 617,628.65	\$ 172,184.52	\$ 445,444.13	Absorption rate is 27.9%. only few activities were taken place during reporting period (2020), that is due to Covid 19 pandemic. Most TRC activities are carried over and reprogrammed in 2021 in order to catch up and reach the targets as planned.

#### Activities plan handover to NPCO/DPC (HANSA)

##### Grants (TB&HIV) Closure planning activities update March 2021 @Finance

Grants: LAO-H-GFMOH and LAO-T-GFMOH	Activities	Responsible	PMU Update Mar 2021
Finance	1.Final Progress Update for (Jan-Dec 2020) for national TB&HIV grants	PMU	Completed and LFA review is under process
	2. C19RM Funding activities (Ending period 30 June 2021 for activities implementation)	PMU till end of April 2021 and afterwards over to NPCO/HANSA team under DPC as discussed and agreed in the meeting dated 10 March 2021 between PMU and NPCO representatives	Any goods and services yet to be received, classify as financial obligations in the PU and will be verified in the financial closure report as a full payment and will be integrated in final closure report due date on 1st. August 2021
	3. Audit Year 2020 (report) due date 30 June 2021	few PMU staff remain in Apr with support from NPCO finance officers and proposed to hand over to NPCO	Start communicating with EA E&Y Tunisia in March and the field work probably starts in Apr and will take at least two and half months (based on prior year experience).

	4. Final Tax report for the grants due date 30 June 2021	Responsible: few PMU staff remain in Apr	PMU team is collecting information, the consolidated report might be shared to the GF in Apr before the due date.
	5. Final Financial Closure Report due date 1st. Aug 2021	PMU with support from NPCO finance officers	few PMU staff remain till in Apr can share and support all related financial data to NPCO finance officers and handover to NPCO
	6. Fixed Assets Report due date 30 June 2021	PMU with support from NPCO finance officers	PMU team is working on Fixed Asset updated Dec 2020 with proposing plan after end of the grants. Probably, this could be done and shared to the GF in Apr.

#### Grants (TB&HIV) Closure planning activities update March 2021 @Procurement PSM

Grants: LAO-H-GFMOH and LAO-T-GFMOH	Activities	Responsible	PMU Update Mar 2021
Procurement of drugs and Health products (including items under C19RM)	1. TLD 300/300/50mg (Req#9827) with date of expected delivery 30 April 2021	PMU with support from NPCO Procurement officers	Included in the Covid 19 items above & Co-financing of procurement for 2021: NPCO
	2. mRDT (Req#10348) with date of expected delivery 30 June 2021	PMU with support from NPCO Procurement officers	Malaria for Covid (C19RM)
M&E	1. Quarterly Progress Update (Oct-Dec 2020) 2. Annual Progress Update (Jan-Dec 2020) 3. Develop the final PU in template section (with Finance section) 4. Collect the Support Documents	PMU	Receiving the reports from SRs 31 Jan 2021  Finalizing the PU: 3 March 2021  Clearing the LFA comments and questions: April 2021 and No need to report programmatically on C19 RM activities

#### Regional TB Grant: UNOPS PR: Ending period for this grant is 31st. Dec 2021

Finance	Ongoing Cash forecasting and disbursement request to UNOPS PR	NTC and PMU staff remain in Apr and hand over to DPC	Q9 Jan-March 2021 cash report & Q10 Apr-Jun 2021 are done
M&E	1. Six-month Progress Update to UNOPS (Jan-June 2021) due date 30 Jul 2021 2. Annual Progress Update to UNOPS (Jan-Dec 2021) due date 31 Jan 2022	NTC and NPCO/DPC	

#### Regional HIV Grant\_SKPA: AFAO PR( Ending period for this grant is 31<sup>st</sup> Dec 2021)

HIV Regional	Activities	Responsible	PMU Update Mar 2021
Finance	Ongoing update and disbursement request (quarterly) to AFAO	Responsibility: few PMU staff remain in Apr and hand over to DPC	

Procurement of drugs and Health products	Lamivudine300mg/ Tenofovir300mg	PMU/CHAS/CHIAs	Procurement done in Wambo: (goods expected to receive by 31 March 2021)
M&E	Quarterly Progress Update to AFAO 15 days after end of each quarter Annual Progress Update to AFAO (Jan-Dec 2021) Submitting the reports: 31 Jan 2022	PMU/CHAS/CHIAs	Q8 Oct-Dec 2020Programmatic report done. Q9 Jan-March 2021 in progress

### Key discussion points and comments from the meeting

- The meeting has no additional comments to the presentation. The PMU has informed that there is no longer PMU in the future due to the current PMU will be closed at the end of April and will be handover to NPCO/DPC (HANSA Project).

### DECISION(S)

No decision

### ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

### DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING		VOTING METHOD (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> >	
*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

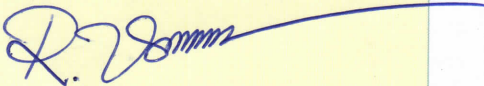
AGENDA ITEM #3	AOB Information update on the Global Fund additional financing to support in country COVID19 response; <b>Close the meeting</b>
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	NA
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
Fund Portfolio Manager of Global Fund has informed to CCM Secretariat that presently there is no available detail information regarding the additional Global Fund financing for the Covid19 response before this CCM meeting. Therefore, the meeting suggested to organize the teleconference with the FPM and Executive Committee, PRs and relevant partners by the end of April to further discuss on the additional GF Covid19 financing.	
DECISION(S)	
No Decision	
ACTION(S)	KEY PERSON RESPONSIBLE
	DUE DATE

	<b>DECISION MAKING</b>			
	MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS *		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
		VOTING		VOTING METHOD (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> >	

SUMMARY OF DECISIONS & ACTION POINTS			
AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	<ul style="list-style-type: none"> <li>The CCM had postponed the endorsement of the proposed interventions and budget, and requested the CCM Secretariat to approach CCM Hub and Fund Portfolio Manager for more information and clarification.</li> </ul>	CCM Secretariat	
AGENDA ITEM #2			
AGENDA ITEM #3			
AGENDA ITEM #4			

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:		

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.

<b>CCM MINUTES PREPARED BY:</b>			
TYPE / PRINT NAME	>	Mr. Budhsalee Rattana	DATE > 22 April 2021
FUNCTION	>	Coordinator and Finance Officer	SIGNATURE > 
<b>CCM MINUTES APPROVAL:</b>			
APPROVED BY (NAME)	>	Assoc. Prof. Dr. Phouthone Muongpak	DATE >
FUNCTION	>	CCM Chair	SIGNATURE > 