

**MEETING MINUTES OF
EXECUTIVE COMMITTEE, OVERSIGHT COMMITTEE AND
RESOURCE MOBILIZATION COMMITTEE MEETING**

1. INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS		(Place "x" in the Relevant Box)			
LOCATION/VENUE	1st Floor Meeting Room, CCM Secretariat, MOH				
MEETING NUMBER	NA	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	EXCOM MEMBERS (incl. 1 RMC)	1	
DATE (dd.mm.yy)	18/11/2021		OC MEMBERS	6	
MEETING SCHEDULE START	13:30		RMC MEMBERS (incl. 1 OC)	2	
MEETING ACTUAL STARTED	16:30		JOINT MEETING ONLINE	9	
MEETING ACTUAL ENDED	16:45		OTHERS INCLUDING CCM SECRETARIAT STAFF	9	
			TOTAL	27	
DETAILS OF PERSON WHO CHAIRED THE MEETING					
HIS / HER NAME & ORGANIZATION	First Name	Assoc. Prof. Dr. Phouthone		MEETING TYPE	
	Family Name	Muongpak		Regular Meeting	x
	Position/Title	CCM Chair		Extra-ordinary Meeting	
	Organization	Lao Red Cross		Other Meeting	
HIS / HER ROLE ON THE MEETING	Chair	x	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING	LFA	x
	Vice-Chair			FPM / PO	x
	CCM Member			OTHERS	x
	Alternate			NONE	

2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM N°.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	Responsible Person
Agenda Item #1	Review the latest draft of CCM Positioning Pathway Plan <ul style="list-style-type: none"> The Local Consultant will present the latest draft of CCM Positioning Pathway Plan; 	Local Consultant
Agenda Item #2	Progress Update on a Performance of the CCM Work Plan for fiscal year 2021 <ul style="list-style-type: none"> Representative from CCM Secretariat will present the progress update; 	CCM Secretariat
Agenda Item #3	Progress Update on the Implementation of the Global Grants <ul style="list-style-type: none"> Representative from PR and National Programs will provide progress update on implementation of the Global Fund grants, including RAI, TB, HIV, and C19RM; 	PR/National Programs Representatives
Agenda Item #4	AOB and close the meeting	Chair

3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1	Review the latest draft of CCM Positioning Pathway Plan
----------------	---

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The Chair opened the meeting and welcomed all participants.

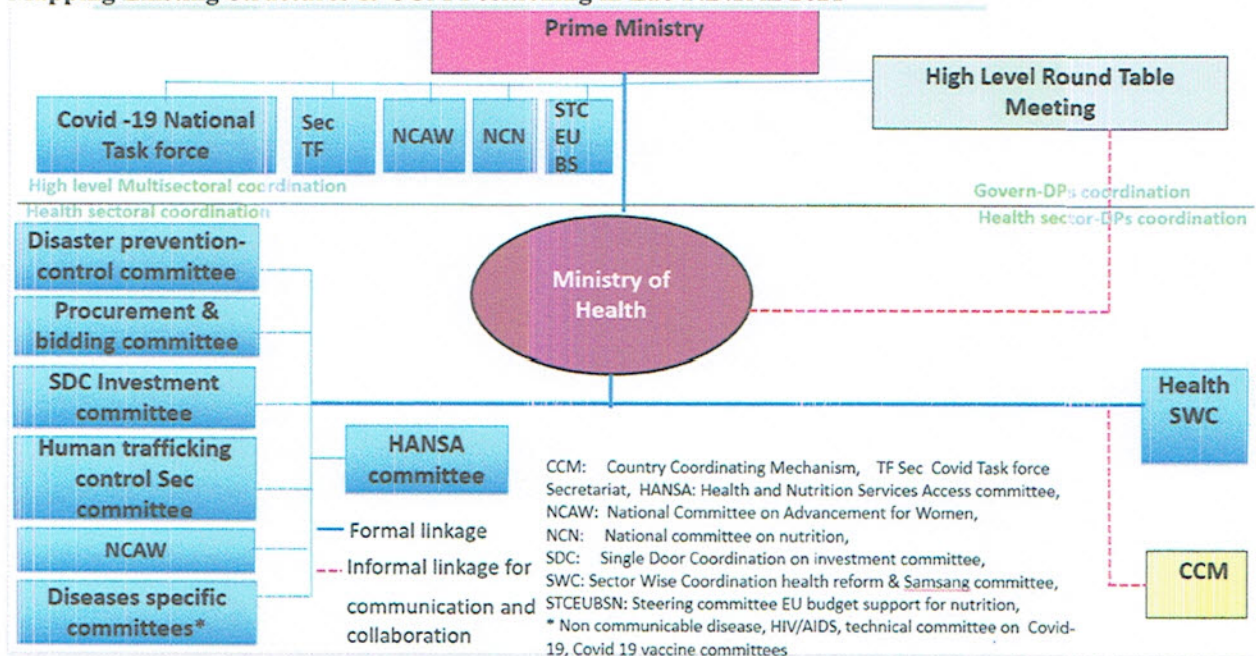
After the meeting agenda was presented for comments, the Chair has given the floor to the Local Consultant to Support CCM Positioning Process to present the latest draft of CCM Positioning Pathway Plan as below:

Outline of Presentation

- I. **What**
The Lao CCM positioning is an incorporation of the current CCM structure in to the national health body
- II. **Why**
Base on Global Fund Guideline and CCM Policy - encourage country to:
 - Position CCM with in existing health platform
 - Engage DPs/CSO in CCM positioning
 - Ensure Investment in 3 ATM programs
 - develop the CCM positioning pathway**Base on the direction of the national health sector**
 - Simply the national structure
 - Align government & DPs coordination with in the existing platform
 - Not create a parallel structure with the existing platform
- III. **What for**
The objective of the CCM Positioning is to sustain effective coordination of CCM & GFATM program in health programs and investment
- IV. **When & How (Three Process framework)**
 - **Knowledge** (Map National Coordinating Platform - CCM position in SWC)
 - **Coordination** (Collect and analyze data jointly in shared dialogue on selection for CCM Positioning in health sector-wise coordination committee)
 - **Sustainable Structure** (Position CCM Functions within a national body)

Review 17 existing health structure/committees

Mapping Existing Structures & CCM Positioning in Lao P.D.R in 2021



Other Findings

- Though Most of center of coordination of the existing structure located in Cabinet like CCM Sec
- Too many coordinating donor platforms
- Too many national bodies
- Too many health programs coordination mechanism
- Less function of some committees and its secretariat
- Out of date of few committees

Propose 4 options of CCM positioning

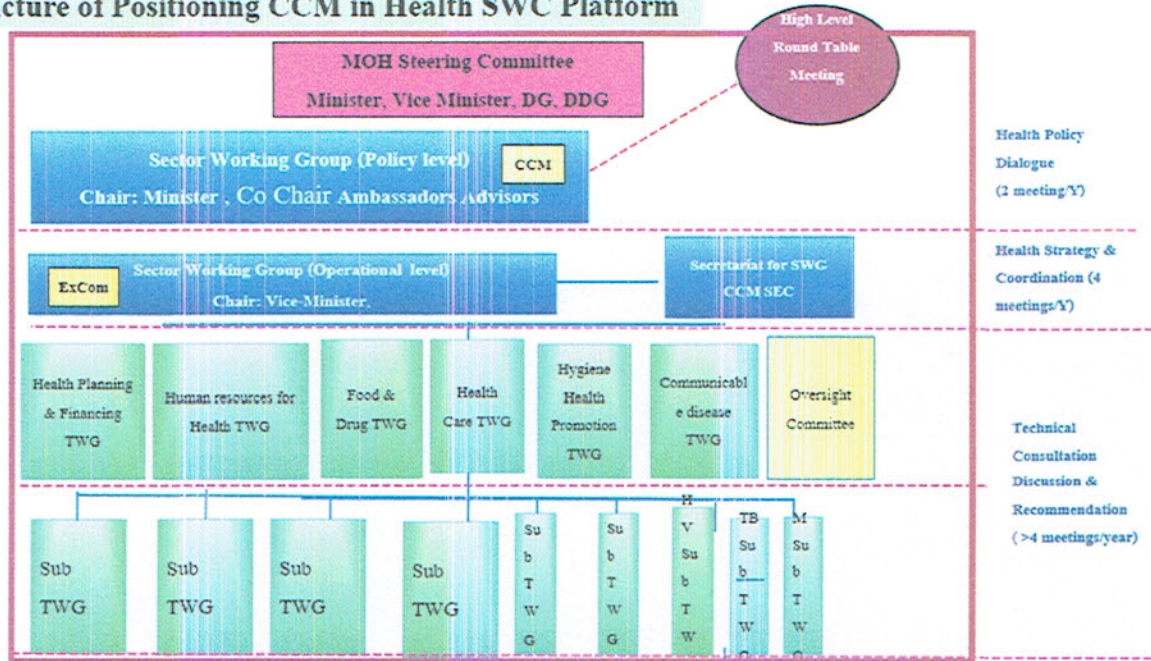
Option 1: Positioning CCM in Health SWC, Health Reform Samsang structure

Option 2: Positioning CCM in HANSA structure

Option 3: Positioning CCM in Technical Committee for PCRCM Covid-19

Option 4: Positioning CCM in Disaster Prevent & Control Committee

Structure of Positioning CCM in Health SWC Platform



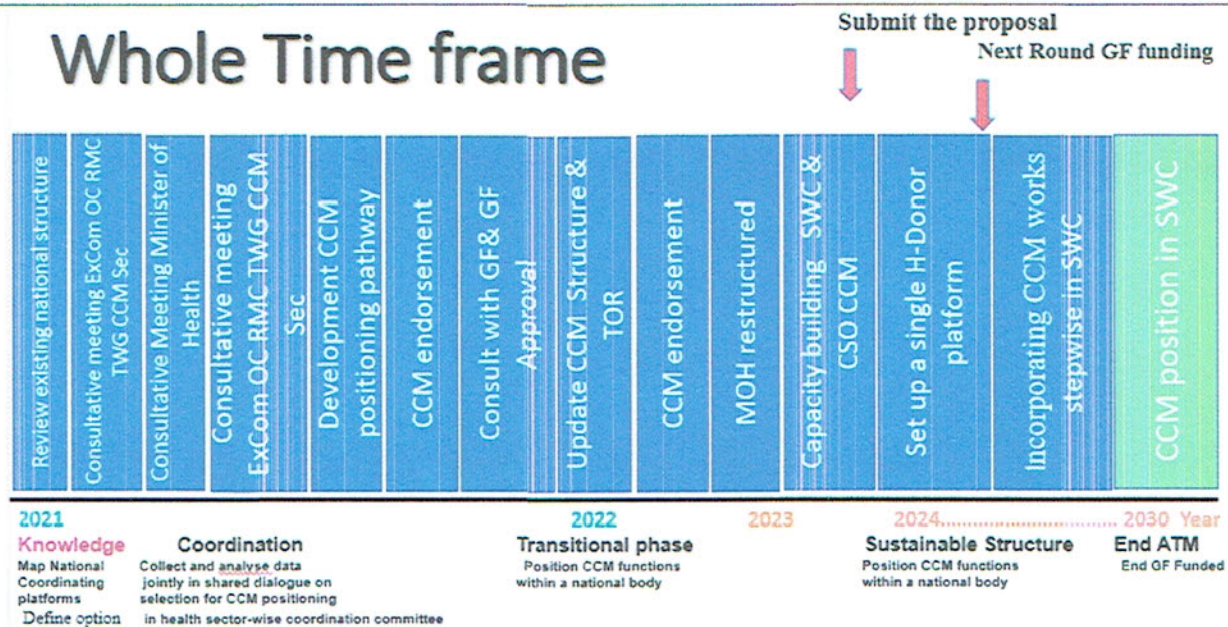
4th steps in Transitional Phase

1. MOH and SWC restructuring within 2021
2. Capacity building of CSO within
3. Building capacity of SWC and CCM
4. Set up a single health sector donor coordinating platform
5. Incorporating CCM works and coordination into SWC programs

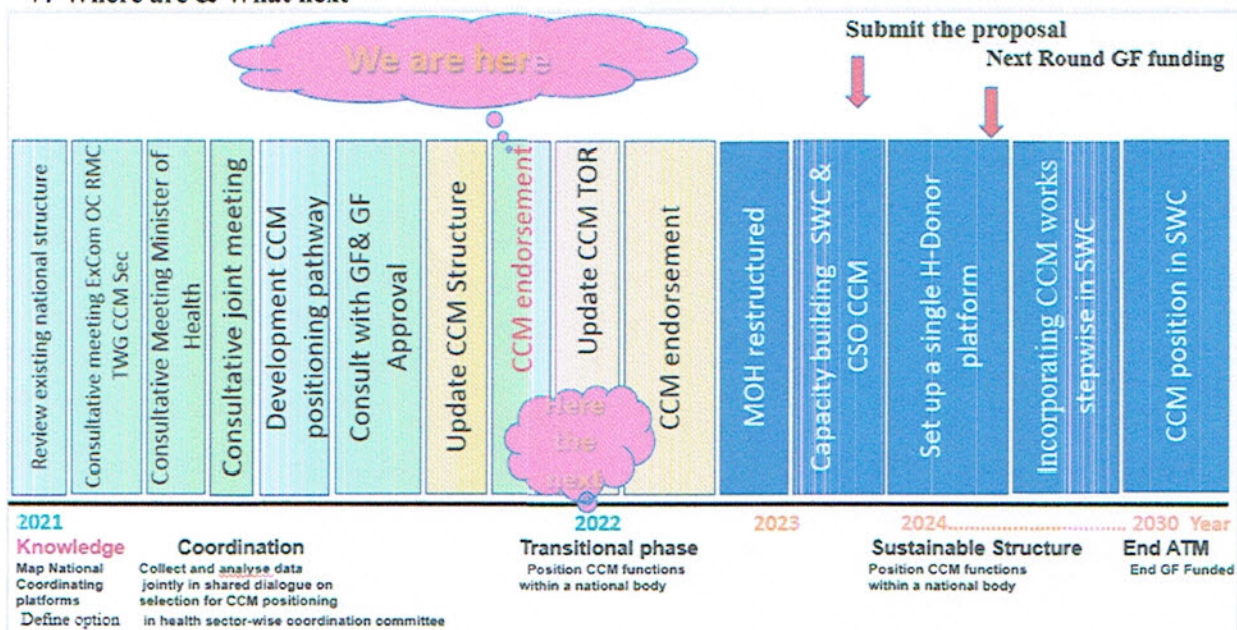
Incorporating CCM works and coordination into SWC programs step by step: Main activities

- Transferring the CCM structure, shifting CCM functions and principles with in the health SWC, aligned CCM in health program coordination.
- Enlightening both CCM and SW: CCM members take part in the SWC policy levels meeting; CCM issues brought in to SWC policy level agenda;
- Familiarizing GFATM program and GF financial cycle in SWC operational
- Initiating OC in TWG of SWC: OC meeting and function under umbrella of SWC for health platform
- Taking CCM GFATM works acquainted with in SWC platform

Whole Time frame



V. Where are & What next



VI. Conclusion

Conclusion of CCM positioning Pathway plan

- I. Background
 - II. Objective
 - III. Methodology and frame work
 - IV. Knowledge: Map national coordinating platforms
 - V. Coordination: Collect and analyse data jointly in shared dialogue
 - VI. Sustainable structure: Position CCM functions within a national body – 5 stairs
 - 1st stair: the development of the Lao CCM positioning pathway plan and its timeline
 - 2nd stair: the revision of structure of the new Lao CCM Position in SWC
 - 3rd stair: the revision of SWC – CCM TOR
 - 4th stair: the transitional phase
- Step 1) MoH restructure; 2) Capacity building (CB) CSO; 3) CB CCM-SWC; 4) a single donor MoH platform; 5) incorporate CCM function in SWC

- 5th stair: CCM full function in the new SWC structure

In conclusion

- Successful of the pathway of Lao CCM positioning in SWC for Health is that the end of the pathway shall be achieved a multisectoral partnership coordination improved, effectiveness and realization of ATM - health investment and GFATM grant oversight monitoring improved.
- Successful of transferring and shifting CCM structure and function to SWC-in Health shall be in a short or a long term - influenced by:
 - Commitment of policy makers, CCM & technical officer
 - Preparedness and readiness of both SWC and CCM
 - Calendar of the Global fund ending

Key comments from the meeting:

- FPM's highlights on the three priorities of the Global Fund in this process includes:
 - The participation of key populations must be at least preserved and even reinforced in the new positioning of the CCM. This concern could be addressed through technical assistance;
 - The process must be gradual and the timetable could be extended by one year if necessary;
 - The participation of the Global Fund's historical donors should be maintained in the new positioning.
- The key populations concern that they will be no longer represented in the new positioning;
- A representative from French Embassy confirmed to the meeting that France is prepared to support the repositioning of the CCM, in particular in the revision of SWC – CCM TOR, through technical assistance under L'Initiative (formerly the 5% Initiative).
- The Chair advised that CCM Evolution Process:
 - Should be done before applying for new funding request;
 - Should be implemented and achieved significantly;
 - Should be shifted gradually.
 - Should strengthen the Sector Wide Coordination within the Ministry of Health;
- The Chair also added that:
 - It is wondered that the Cabinet or DPC of the Ministry of Health is leading in Sector Coordination and the relevant sectors aware and understand their roles.
 - The CCM Evolution Process should be developed alongside the Sector Coordination.
 - The implementation should be carried on to accomplish as planning.

Decisions

No decision

Agenda Item #2	Progress Update on a Performance of the CCM Work Plan for fiscal year 2021
-----------------------	--

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Annual Performance Report of Lao CCM Work Plan is usually required to report to the Global Fund between one month after the end of each financial year (between one month after 31 December), but the next CCM meeting will be held on 9 December 2021. For the next year, the CCM meeting will be held in March 2022, unless there is any urgent need. Therefore, at this stage, the CCM Secretariat presented the progress update on the CCM work plan performance only from January to October 2021, which include two parts as below:

Part 1: Performance Report of Lao CCM Work Plan 2021: This year the format of CCM work plan has been changed from the report of the previous year as there are different funding channels from the Global Fund were integrated in the CCM work plan:

- The original CCM Funding Agreement between the CCM Lao PDR and the Global Fund is for a period of 3 years (1Jan 2019-31 Dec 2022); The CCM is currently implementing its second year work plan, with approved funding from the GF amount of \$ 79,344 which covers the period from 1 January to 31 December 2021. The CCM work plan has been revised in May 2021 as the Global Fund approved additional funding for other two interventions, which started from June 2021 including:
 - Funding for the CCM Evolution covers a period from June 2021 to 30 June 2023;
 - Funding for C19RM covers a period from June 2021 to 31 December 2022;
- All three funding are totally \$161,144;

- Due to cities lockdown restriction resulting from COVID-19 outbreak, some activities cannot implement as plan. The funding expenditures so far are \$71,389;
- Estimated payment for the next two months (Nov and Dec): \$23,630 in case of the measurement of C19RM lockdown have been dropped;
- Estimated total payment for 2021: \$95,019;
- Estimated total saving balance for 2021: \$66,125.

Part 2: Performance Framework Annual Report for 2021

Area of responsibility	Indicators
Oversight	Oversight Committee Meetings discussions include strategic information from oversight tools, dashboards, national disease/ program information and community-based monitoring information (where available).
	Oversight Committee Meetings discussions include strategic information from oversight tools e.g. PU/PUDR, Performance Letter, DHIS2, oversight field visit reports, and national disease/ program information. DHIS2 has additional data management tools e.g. dashboard, mapping, reporting formats. However, no oversight field visit is conducted as planned this year (2 visits will be conducted) due to country lockdown restriction resulting from the nationwide spreading of COVID-19 at the communities. The trainings on community -based monitoring tool were initially conducted in 2 provinces.
	CCM Secretariat synthesizes and provides summary grant information to the Oversight Committee meetings.
	CCM Secretariat, in collaboration with PR and the national programs (SRs), synthesizes and provides summary grant information to the Oversight Committee meetings.
	CCM adopts a risk management approach to oversight.
	The results of an HSS grant risk assessment were presented into a CCM meeting in Sept 2015 and the PR has shared a risk mitigation action plan with the CCM later. A risk assessment of HIV, TB and Malaria grants was conducted and presented into a CCM meeting in December 2016. The oversight of grant risk management are regularly updated at the Taskforce level and included into the PU/DR report which the PR presents to OC and CCM and submitted to the GF by the due dates. The last reports on the updated status of actions to manage the disease program grants risks were presented in the CCM meeting in April 2021.
Engagement	CCM Executive Committee membership includes of PLWD or KAP representatives.
	Out of total 5 voting members of the CCM Executive Committee includes the representative from different constituencies, i.e. 1 CSO, 1 Academic, 2 Government, and 1 Multi/bilateral agency.
	All CCM constituencies have engagement framework or communication plan with clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM.
	Only CSO constituency has engagement framework e.g. Coordination Committee of CSO-KP-PLWD, network and activity workplan with defined processes of soliciting inputs from and providing feedback to their constituency that selected them to represent their interests in the CCM. For other constituencies, their representative report directly to their own organizations that selected them to represent their interests in the CCM.
Positioning	CCM has a Positioning plan
	The Lao CCM has initiated the CCM Evolution process in late 2020 as part of CCM Evolution project of the Global Fund. With Financial and TAs support by the Global Fund, a series of processes and activities have been carried out, including threshold establishment and assessment; setting priorities and key interventions, mapping existing coordinating bodies/ institutional platforms in the country, and developing a positioning pathway plan of the CCM in the existing coordinating bodies/ institutional platforms.
	CCM has a mapping of other existing coordinating bodies/institutional platforms Please see above answer.
Operations	CCM operations are governed by good practices; dialogue at CCM meetings is constructive and each participant understands their role e.g. member versus alternate versus observer.

CCM operations are governed by good practices. Dialogue at CCM meetings is constructive and each participant understands their role. These are evidence by the threshold assessment results conducted by the GF TA which summarized that the execution of CCM functioning in Lao PDR 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.

The CCM assesses annually the overall CCM Secretariat Performance and shares results in a timely manner during the CCM funding process.

The CCM has assessed annually the overall CCM Secretariat Performance and shared results in a timely manner during the CCM funding process.

Key comments from the meeting:

For Part 1.

- The reasons of high saving balance of the CCM funding this year are due to:
 - Two funding were approved in June 2021 and all three funding do not have the same period of expenditure, of which some activities can be implemented until the end of June 2023. The funding can be readjusted for activities of CCM work plan in 2022.
 - Some key activities such as two site visit activities including short and long distance, ad-hoc CCM meeting and workshop and CSO quarterly meetings cannot implement as plan due to the Covid-19 prevention and control measures.

For Part 2.

- The first priority area in 2021 of CCM performance framework is CCM Positioning process which is under way such as:
 - Mapping existing coordinating bodies/ institutional platforms in the country have been carried out;
 - Developing a positioning pathway plan of the CCM in the existing coordinating bodies/ institutional platforms is in the process.
- The CCM Operations are governed by good practices. These are evidence by the threshold assessment results conducted by the GF TA which summarized that the execution of CCM functioning in Lao PDR 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. In this regard, the Chair has expressed his congratulations to the CCM that has been evaluated as the good practices and well-functioning.
- In the meantime, the Chair has encouraged all participants, CCM and partners, including the local authorities to work as “New Normal” and upgrade working online during the country is locking down to fruitful and quality achievement.

Decisions

No Decision

Agenda Item #3 Progress Update on the Implementation of the Global Grants (including RAI, TB, HIV, and C19RM)

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

RAI3E Program:

Representative from UNOPS has updated on the RAI3E Project for period of January to September 2021 as below:

Coverage Indicators	Period	Target	Result	Achievement	Grant Rating
Coverage Indicator CM1: Testing – all sectors	Jan-Jun 2021	289,507	274,402	95%	A2
	Jul-Dec 2021	353,842	185,243	52% (50% of period)	
Coverage Indicator CM2: % positive cases treated	Jan-Jun 2021	100%	100%	100%	A2
	Jul-Dec 2021	100%	100%	100% (50% of period)	
Coverage Indicator CM5:	Jan-Jun 2021	75%	64%	85%	B1

% cases investigated & classified in 3 days	Jul-Dec 2021	75%	88% (53/60)	117% (50% of period)	
Coverage Indicator CM (other): % foci investigated & responded	Jan-Jun 2021	75%	45%	60%	B1
	Jul-Dec 2021	77.78%	53% (9/17)	68.14% (50% of period)	

Coverage Indicator VC3: Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution

Period	Target	Result	Achievement	Note
Jul-Dec 2021	99,605	26,933	27%	There are no MMP & Militaries net available in country this year because delay of procurement from supplier suspension by GF

Description	Target (Jul-Dec 2021)	Result (Jul-Sep 2021)
MMPs	24,605	-
Pregnant Women	25,000	17,906
Militaries	50,000	-
Covid Quarantine	20,000	8,961

Grant rating: RAI2E Laos Jan-Jun 2021

Indicator	Grant rating
# Tested – all sectors	A2
% positive cases treated – all sectors	A2
% cases investigated and classified	B1
% foci investigated and responded	B1
Overall grant rating	B1

Reference

A1	>100%
A2	100-90%
B1	60-89%
B2	30-59%
C	<30%

Key Programmatic Updates: Jan – Sep 2021

Training

- ICCM, surveillance and DHIS2 training ongoing, delay due to COVID-19

Surveillance

- Outbreak responses in the south
- CIFIR in the elimination areas
- Weekly SMS reporting in high burden villages & health facilities
- Entomological surveillance

Commodities forecasting

- Submitted and approved by GF for 2022

Meetings

- Bottom-up planning meetings
- Malaria elimination committee
- Weekly meetings with provinces

Pf elimination acceleration

- Pilot project in Khammouane: TDA 2 rounds completed; Pyramax required for IPT
- Scale up plan to southern provinces approved by GF

Pv radical cure – G6PD quanti roll out

- Health centers - south: completed

- Health centers - north and hospitals: delayed due to COVID-19

Overview Budget vs. Expenditure Jan-Sep 2021 by SR

SR name	Budget Jan – Sep 2021	Expenditure Jan-Sep 2021	Unspent budget Jan – Jun 2021	Budget absorption Jan – Sep 2021 %	Note
CMPE	\$ 1,844,324	\$ 1,255,677	\$ 588,647	68%	Savings from procurement (nets and G6PD)/ Savings from FX gain/ Reduction in travel costs for supervision and planning meetings (delayed or organized online)/ Delayed trainings of HC and VMW
MPSC	\$ 73,827	\$ 29,679	\$ 44,148	40%	Delayed trainings and supervision
HPA	\$ 237,090	\$ 198,395	\$ 38,695	84%	
CHlas	\$ 176,281	\$ 139,070	\$ 37,211	79%	
PEDA	\$ 183,202	\$ 157,771	\$ 25,431	86%	
WHO	\$ 392,775	\$ 371,275	\$ 21,400	95%	
DPC - HMIS	\$ 69,720	\$ 50,324	\$ 19,396	72%	
DCDC	\$ 27,965	\$ 24,376	\$ 3,589	87%	
Grand Total	\$ 3,005,184	\$ 2,226,668	\$ 778,516	74%	

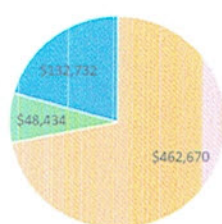
Overview Budget vs. Expenditure Jan-Sep 2021 by Module

Module	Budget Jan – Sep 2021	Expenditure Jan-Sep 2021	Unspent budget Jan – Sep 2021	Budget absorption Jan – Sep 2021 %
Case Management	\$ 1,261,177	\$ 936,256	\$ 324,921	74%
Vector Control	\$ 180,338	\$ 10,007	\$ 170,331	6%
Program Management	\$ 905,236	\$ 781,852	\$ 123,385	86%
RSSH: Health management information systems and M&E	\$ 345,894	\$ 273,344	\$ 72,550	79%
RSSH: Health products management systems	\$ 73,827	\$ 29,679	\$ 44,148	40%
RSSH: Health sector governance and planning	\$ 219,081	\$ 191,154	\$ 27,927	87%
Specific prevention interventions (SPI)	\$ 19,631	\$ 4,376	\$ 15,255	22%
Grand Total	\$ 3,005,184	\$ 2,226,668	\$ 778,516	74%

Government Co-Financing Update

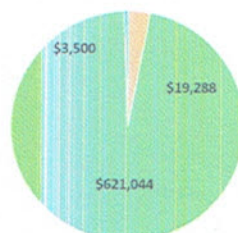
Government co-financing amount for 2021 - total 643,836 US\$

Original co-financing plan



- LUNs for 2022 mass campaign (# 217,788 LLINs)
- Meetings
- PPMs related - trainings, meetings

Revised co-financing plan



- Meetings
- LUNs for 2022 mass campaign (# 168,731 LLINs)
- PPM related

Key comments from the meeting:

- The updating on the progress of the implementation of the RAI3E project found that 7 indicators had completed data and information;
- The Government Co-Financing was allocated from PPM to contribute to the net procurement plan and the procurement documents are still under consideration by the Ministry of Health;
- The reason for the lack of MMP & Militaries net available in the country this year is because the supplier could not provide MMP & Militaries due to the line production were stopped for our old standard, in case

of requiring to produce the same standard the cost shall be higher, the reason why the GF and UNOPs agreed to suspended the procurement.

HIV Program:

Component 2 DLI-K

- (%) of FSW that have received an HIV test in the past 12 months is increasing;
- (%) MSM that have received an HIV test in the past 12 months is increasing;
- Number of HIV positive cases currently on ART treatment nationwide is increasing;

Implementation period of DLI-K

YEAR	Implementation period
Y 1	01 /01/ 2021 to 31 /05/ 2021 (5 months)
Y 2	01 /06/ 2021 to 31 /05/ 2022 (12 months)
Y 3	01 /06/ 2022 to 31 /05/ 2023 (12 months)
Y 4	01 /06/ 2023 to 31 /05/ 2024 (12 months)

Areas of implementation on Key Population (FSW and MSM)

	HANSA (2021-2023)	Implementers
FSW	1. Vientiane Capital	PCCA
	2. Savannakhet	PCCA
	3. Vientiane Province	CSO: PEDA
	4. Khammouane	CSO: PEDA
	5. Champasack	CSO: PEDA

	HANSA (2021-2023)	Implementers
MSM	1. Vientiane province	CSO: LaoPHA (CHias)
	2. Louangprabang	CSO: LaoPHA (CHias)
	3. Khammouane	CSO: LaoPHA (CHias)
	4. Xayaboury	CSO: LaoPHA (CHias)
	5. Bolikhamxay	PCCA

Areas of implementation for ARV treatment

Province	Implementer
1. Vientiane Capital	1. Setthathirath Prov Hosp ARV
	2. Mahosoth Prov Hosp ARV
	3. Mittaphab Prov Hosp ARV
2. Khammouane province	4. Khammouane Prov Hosp ARV
	5. Savannakhet Prov Hosp ARV
3. Savannakhet province	6. Songkhone Dist Hosp POC
	7. Champasack province
5. Salavanh province	8. Salavanh Prov Hosp POC
6. Louangprabang province	9. Louangprabang Prov Hosp ARV
7. Oudomxay province	10. Oudomxay Prov Hosp POC
8. Louangnamtha province	11. Louangnamtha Prov Hosp ARV
9. Bokeo province	12. Bokeo Prov Hosp ARV
	13. Tonepheuung Dist Hosp ARV
10. Houaphanh province	14. Houaphanh Hosp ARV
11. Vientiane province	15. Vientiane Prov Hosp POC → 9/2021
12. Xayabouly province	16. Xayabouly Prov Hosp POC → 8/2021
13. Borikhamxay province	17. Borikhamxay Prov Hosp POC → ທ້າຍປີ 2021
14. Xiengkhouang province	18. Xiengkhouang Prov Hosp POC → ທ້າຍປີ 2021

DLI K Y2 (1/6/2021 – 31/5/2022)**Target Year 2 (6/2021 - 5/2022) (FSW and MSM)**

- DLI 1. Increased coverage of (2%) FSW that have received an HIV test in the past 12 months, compare last year (Year 1).
- DLI 2. Increased coverage of (6%) MSM that have received an HIV test in the past 12 months, compare last year (Year 1).
- DLI 3. Increased coverage of (4%) HIV treatment among people living with HIV in the past 12 months, compare last year (Year 1).

Co-Financing contribution by Lao government 2021-2023

- HIV/AIDS/STI program: \$ 1,809,384
- TB program: \$ 1,292,062.51
- Total: \$ 3,101,446.51

Challenges

- Covid-19 pandemic the country was lock down (since 1 April 2020) had impact of target reached;
- Transport and travel restrictions delayed access to medications and commodities;
- The vulnerable groups cannot travel to receive diagnostic and treatment services;
- Patients reluctant to come to the hospital, decreased incidence including emergency;
- The increased patient lost to follow up;
- Reporting system to DHIS2 not yet completed.

Key comments from the meeting:

- The meeting suggested that the PPT Report should be more detailed, such as:
 - Identify achievable indicators;
 - Outstanding issues that cannot be achieved;
 - How to address outstanding issues during the outbreak of Covid19;
 - How to access target groups such as FSW and MSM;
- Year 1 report has been submitted to the World Bank (WB), but it has not been reviewed yet and CHAS is asked to prepare a response to the WB's questions. According to the WB's rules, the disbursement will be based on the DLI, but during the outbreak of Covid19, for DLI Y1 the WB has a policy of disbursement in full and must be deducted in the DLI Y2;
- Regarding the input into the report through the problematic and incomplete DHIS2 system, the representative from the PR office noted that it is not a problematic DHIS2 system, the system is fully function but should increase the ownership and technical responsibility for accurate data entry;
- Condom sales activities could not reach the target due to the outbreak of Covid19, which resulted in the inability of the implementers to reach the target groups such FSW and MSM;
- Government Co-Financing has not been completed due to:
 - Coordination between the National Programs and the concerned departments of MOH is not well communicate regarding the detail procedure; The application of each diseases centers is different, resulting in the Department of Finance, MOH has taken times for incorporating and consideration;
 - The application must go through several steps of approval;
 - Currently, there is a possible solution, with the Ministry of Health asking the Global Fund to provide funding in advance to keep up with the implementation of funding in 2022, and the Ministry of Health will consult with the Ministry of Finance to approve such co-financing to cover the full commitment in 2023;
- The question was raised in the meeting whether it was possible to receive the fund to carry out the activities, the DPC representatives replied that the first disbursement of 2022 is currently in the process of guidance from the Minister of Health.

HANSA Project:

The representative from the PR (NPCO) has updated on the progress of implementation regarding the next steps for C19RM in the last updated from 18 August 2021 up to present as below:

- Obtained an agreement on the appointment of the project directors for C19RM Project on 6 October 2021, and the project coordinator committee in 9 November 2021;

- Obtained the Implementation Letter from Global Fund regarding the integrated funding into Lao-C-MOH Grant Agreement on the C19RM Budget and HPMT on 22 October 2021;
- Completed the MOU signing between PR and each SR;
- Completed the recruitment of 3 PR staff;
- The opening of the Bank Account has been approved by the Ministry of Finance and has been submitted to the Commercial Bank;
- The recruitment of the Coordinators at SRs (CHAS, NTC, and CMPE has been completed) and nowadays in the process of announcing to recruitment the finance (CHAS has been completed for finance interview);
- CSOs are now in the process of preparing the ToRs to recruitment project staff;
- Obtained the letter on placing order and procuring health products for 2022 and interim quality assurance requirements for COVID-19 Medical devices from GF on 8 November 2021. In this regard, only NTC has been submitted the Propose Letter to NPCO/PR and other SRs have not been submitted yet;
- All SRs are now in the process of preparing to open the Bank Account at BCEL.

Project Overview:

The MOU Signed between PR and SRs to Implementation Project:

- 1) DPC+NCLE signed on 27 September 2021
- 2) DPC+APL+ signed on 27 September 2021
- 3) DPC+CHAS signed on 01 October 2021
- 4) DPC+NTC signed on 05 October 2021
- 5) DPC+CHAs signed on 05 October 2021
- 6) DPC+PEDA signed on 05 October 2021
- 7) DPC+LAO Red Cross signed on 05 October 2021
- 8) DPC+DHR signed on 06 October 2021
- 9) DPC+FDD signed on 06 October 2021
- 10) DPC+CMPE signed on 13 October 2021
- 11) DPC+Lao Women's Union signed on 14 October 2021
- 12) DPC+CHAI signed on 27 October 2021

Key comments from the meeting:

- The participants in this meeting have no additional comment on this item.

TB Program:

Progress update and action plan (including COVID-19 mitigation) to achieve Y2

Y2 implementation progress

DLI-J	Y2 (Jun 2021 to May 2022)		
	Target June 2021-May 2022	Preliminary Result Jun.-Nov. 2021	% of target for the reported period
TB notification #	7,537 TB cases notified for the period of Jun/21-May 2022 for the whole country	2,574 TB cases notified during the period of Jun-Nov 2021 (source TB tracker DHIS2)	
Xpert coverage %	100% for the period of Jun/21-May 2022 for the whole country	99% in 2021 (source: aggregated quarterly report in DHIS2 Q1-Q3 2021)	99%

Mitigation plan to achieve Y2 target

CHALLENGES	Action's taken
<ul style="list-style-type: none"> • Drop in TB notification is due to: <ul style="list-style-type: none"> – Drop in sending sputum specimen to Xpert testing – Limited access of the patient to health facility. – Limitation of activities due to COVID19 	<ul style="list-style-type: none"> • NTC is continuing monitoring and coaching the implementation at all levels, using real time surveillance from DHIS2 TB Tracker and GeneXpert laboratories monthly reports. • Conducting quarterly video meeting in provinces to follow-up catch up plans from and

- lockdown.
- Implementation at BMU not well functioned due to Covid situation.
 - Limitation and re-tasking of human resource at all levels, particularly district hospital.
 - Many activities were not implemented including active case-finding.

districts level as well.

- Reviewing plan of ACF and Supervision.
- Restarting ACF at all levels as soon as possible.
- Adapting activities for following the COVID-19 task force guidance such as wearing mask, avoiding crowding, social distancing.

TB patient tracker and report on DHIS2

CHALLENGES	Action's taken
<ul style="list-style-type: none"> • Delay to data entry • Data quality improvement 	<ul style="list-style-type: none"> • Conducting weekly video meeting to follow up by coaching and exchange via WA group with implementing sites. • On site supervision visit provinces and districts where there is no Covid outbreak. • Set-up plan for retraining by tele-conference or social media discussion.

GF and Co-financing budget for TB and HIV

	YEAR 1		YEAR 2		YEAR 3	
	Sum of GF Y1 cash	Sum of GoL Y1 cash	Sum of GF Y2 cash	Sum of GoL Y2 cash	Sum of GF Y3 cash	Sum of GoL Y3 cash
CHAS	1,550,309.26	182,655.67	694,342.87	687,554.13	520,133.76	881,918.96
NTC	748,341.56	247,588.00	660,756.42	461,493.45	533,346.23	646,519.13
Grand Total	2,298,650.82	430,243.67	1,355,099.29	1,149,047.58	1,053,479.99	1,528,438.09

Global Fund and Co-financing budget for TB

	YEAR 1		YEAR 2		YEAR 3	
	Sum of GF Y1 cash	Sum of GoL Y1 cash	Sum of GF Y2 cash	Sum of GoL Y2 cash	Sum of GF Y3 cash	Sum of GoL Y3 cash
4.2 Anti-tuberculosis medicines	227,792.26	-	217,460.43	213,568.20	236,402.57	232,952.57
5.6 Laboratory reagents	17,771.40	-	270.00	22,092.80	20.00	22,342.80
5.8 Other consumables	109,424.60	-	-	94,610.60	-	94,610.60
6.3 Microscopes	10,000.00	-	-	-	-	-
6.4 TB Molecular Test equipment	344,030.00	228,700.00	401,555.00	102,155.00	259,340.00	259,340.00
6.6 Other health equipment	-	9,000.00	-	-	-	-
7.2 Freight and insurance costs (Health products)	36,323.30	6,888.00	38,470.99	26,066.85	34,583.66	34,273.16
7.5 Quality assurance and quality control costs (QA/QC)	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
Grand Total	748,341.56	247,588.00	660,756.42	461,493.45	533,346.23	646,519.13

Key comments from the meeting:

- Some activities were not achieved the targets and some activities were not implemented as plan due to COVID-19, National Programs should find the solution to mitigate that challenge for TB activities;
- The issues of co-financing for TB program have the same of HIV program.

Decisions
No Decision

AOB and close the meeting

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The CCM Secretariat has informed the meeting regarding to the message from RCM Secretary for the term of the current RCM for the TB Elimination Among Migrants in the GMS (TEAM) grant will end in December 2021, the RCM members have to be newly selected for the period of 2022-2024 to oversee the implementation of the TEAM 2 grant.

Referring to the TOR of the RCM, the CCM Lao PDR is required to nominate representatives and candidates to be RCM members and send back RCM Secretariat by 30 November 2021.

- (1) One representative from Civil Society constituency;
- (2) One representative from any other constituency;
- (3) One candidate to be a representative of private sector;
- (4) One candidate to be a representative of migrants.

This matter has been discussed in the meeting and it was proposed that the CCM Secretariat to continue coordinating with the concerned constituencies/sectors (e.g. CSO, MOH, Ministry of Labor and Social Welfare and the national program) to nominate their representatives and contact to potential candidates asking for their willingness and availability. The nomination letter should be sent to the RCM Secretariat by the due date.

Decisions
No decision

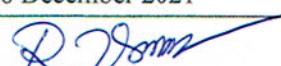
4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM N°.	WRITE IN DETAIL THE DECISIONS	KEY PERSON RESPONSIBLE	DUE DATE

5. NEXT MEETING

LOCATION/VENUE	
DATE:	Not identified.
TIME	

6. MINUTES PREPARED BY:

TYPE/PRINT NAME	Mr. Budhsalee Rattana	DATE:	6 December 2021
FUNTION/POSITION	Coordinator and Finance Officer	SIGNATURE	

7. MINUTES APPROVED BY:

TYPE/PRINT NAME	Assoc. Prof. Dr Phouthone Muongpak	DATE:	
FUNTION/POSITION	CCM Chair	SIGNATURE	