

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS											
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			10			
MEETING NUMBER (if applicable)		04			TOTAL NUMBER OF CCM MEMBERS JOINED ONLINE (INCLUDING ALTERNATE)			12			
DATE (dd.mm.yy)		09 Dec 2021			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			15			
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			45			
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)			8			
	Organization	Lao Red Cross			VENUE / LOCATION		Don Chan Palace Hotel				
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair				MEETING TYPE (Place 'X' in the relevant box)	Regular CCM meeting		X			
	Vice-Chair					Extraordinary meeting					
	CCM member					Committee meeting					
	Alternate					GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA			
HIS / HER SECTOR* (Place 'X' in the relevant box)								FPM / PO		X	
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER		X	
		X						NONE			

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

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)																
GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS																
AGENDA 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 (PJDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
OPENING PROGRAM	<ul style="list-style-type: none"> <li>Introduction and endorsement of agenda</li> <li>Quorum verification and conflict of interest identification</li> <li>Update follow up action from the last meeting</li> </ul>	X														
AGENDA ITEM #1	Review and consider for endorsement of the latest draft of CCM Positioning Pathway Plan															X

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

AGENDA ITEM #2	Progress update on the performance of CCM Work Plan for fiscal year 2021	X																	
AGENDA ITEM #3	Annual Overall CCM Secretariat Performance Assessment																		X
AGENDA ITEM #4	Progress update on the implementation of the Global Fund Country and Regional Grants												X						
AGENDA ITEM #5	Update information from the CSO-KP-PLWD Coordinating Committee					X													
AGENDA ITEM #6	Update information on the RAI3E and RSC Secretariat																		X
AGENDA ITEM #7	Debrief on HANSA Joint Implementation Support Mission from 22 November – 1 December 2021												X						
AGENDA ITEM #8	AOB Close the meeting																		

<b>MINUTES OF EACH AGENDA ITEM</b>	
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>
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	
<p>CCM Chair warmly welcomed and thanked all participants that attended the 4<sup>th</sup> Plenary CCM meeting of the calendar year 2021.</p> <p>The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient.</p> <p>The CCM Secretariat updated on the following up actions from the 3<sup>rd</sup> Plenary CCM Meeting on 18 June 2021 which regard to the progress implementation of the suggestion during the last meeting as follows:</p> <ul style="list-style-type: none"> <li>● The meeting agreed to endorse the C19RM Full Funding Request by majority votes under the conditions and recommendations and suggested CCM Secretariat to follow-up with the CCM members/alternates on signing the endorsement form and follow-up with the Task Force/Writing Team and CCM members to complete the final draft of Funding Request and submit to the GF on time. The CCM Secretariat then followed the steps suggested by the meeting and the final revised C19RM 2021 funding request was submitted to the Global Fund on time and approved by the Global Fund.</li> <li>● CCM members have endorsed the revised Code of Ethical Conduct of the Global Fund at the beginning of 2021, after that the Global Fund had revised it and published it on the CCM Ethics Webpage, and after the revised Code of Ethical Conduct has been presented to the last Plenary CCM Meeting, this item was endorsed by CCM members. The pending issue is that all CCM members and staffs of the CCM Secretariat have to complete the online training on the Code of Ethical Conduct. Previously, CCM Secretariat has recommended CCM members to follow these guidelines, but only a few have been completed. In case of the CCM members find difficulty in entering to the online system, if any members need help, the CCM Secretariat is ready to assist the members to complete the online training on the Code of Ethical Conduct.</li> </ul>	
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>WHIO ABSTAINED</u> >	

### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1	Review and consider for endorsement of the latest draft of CCM Positioning Pathway Plan
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	

The Local Consultant to Support CCM Positioning Process presented 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 into the national health **body-Sector wise coordination for health (SWC).**

##### II. Why

**Base on Global Fund Guideline and CCM Policy - encourage country to:**

- Position CCM within 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

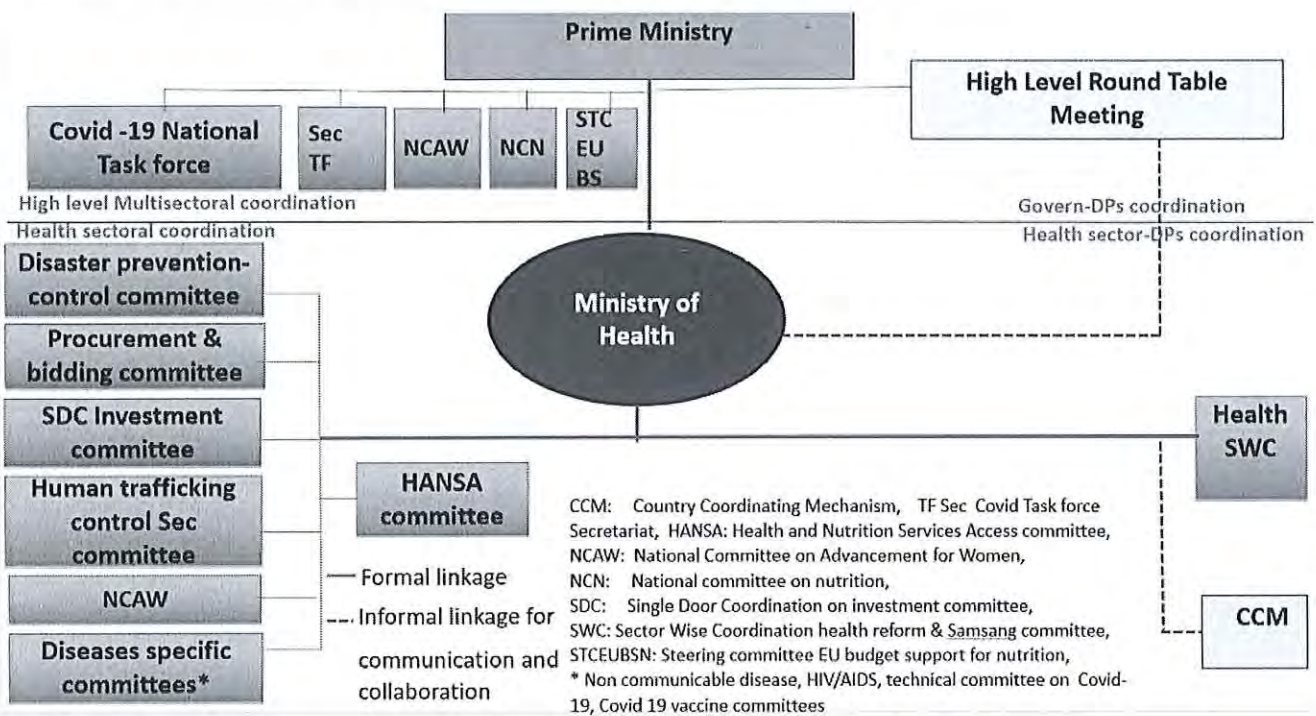
##### III. What for

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.

**Coordination Process**

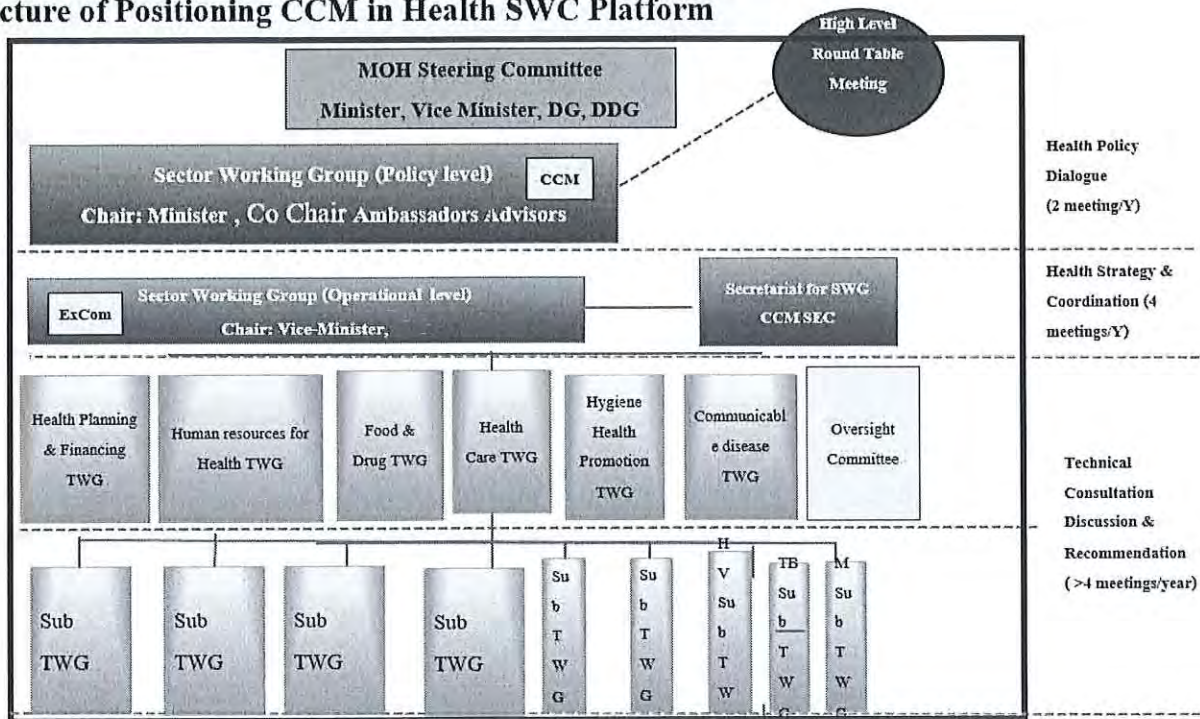
- The Lao Positioning CCM in to Health SWC, Health Reform Samsang structure is selected through coordinating platform: Consultative meetings with a leader of ministry of health, ExCom, OC, RMC, ATM national programs and CCM sec;
- The selection is based on Majority agreement;
- and based on rational to the Lao context.

**Five Steps/stairs in Sustainable Structure**

The sustainable structure requires a couple steps

1. 1<sup>st</sup> step: the development of the Lao CCM positioning pathway plan and its timeline (Done)
2. 2<sup>nd</sup> step: the revision of structure of the new Lao CCM Position in SWC (Done)
3. 3<sup>rd</sup> step: the revision of SWC – CCM TOR (on going Jan 22)
4. 4<sup>th</sup> step: the transitional phase (on going)
5. 5<sup>th</sup> step: CCM full function in the new SWC structure

## Structure of Positioning CCM in Health SWC Platform



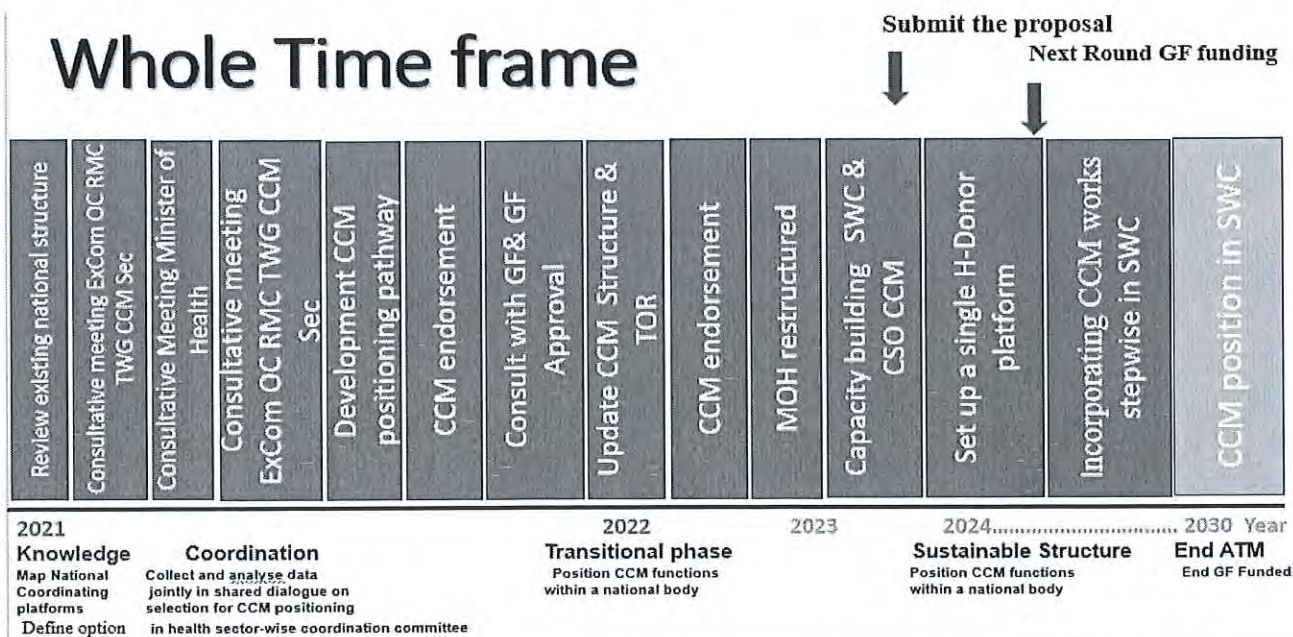
### 4<sup>th</sup> steps in Transitional Phase

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

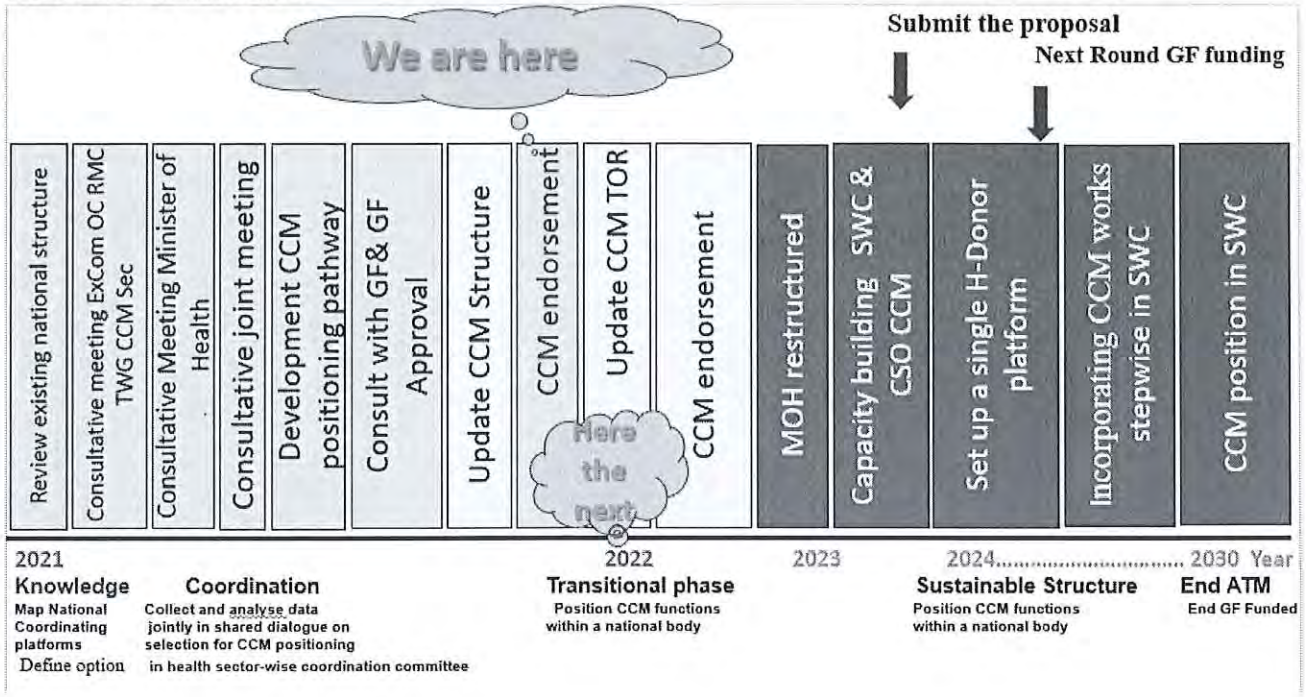
### Incorporating CCM works and coordination into SWC programs step by step: Main activities

- Transferring the CCM structure, shifting CCM functions and principles within 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

- 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 discussion points and comments from the meeting

- The transition period for the establishment of a single coordination mechanism in the health sector may be the agenda of the CCM Secretariat and the SWC Secretariat to explore this mechanism in accordance with Global Fund guidelines;
- The representatives from JICA added that it is necessary to discuss the integration of CCM into SWC within the current SWC side, because CCM and SWC are the separate body at this moment. Basically, he agreed with GF-CCM's proposal to integrate CCM into SWC, but this is a proposal of CCM side. The CCM can approve this proposal but decision of the current SWC is another;
- The CCM Secretariat provided more information to the meeting on the background of the CCM positioning process which is a part of the CCM Evolution project of the Global Fund. The Lao CCM has initiated the CCM Evolution process in late 2020. With Financial and TAs support by the Global Fund, a series of activities and consultation processes among CCM committees (e.g. ExCom, OC, RMC and CCM plenary) and partners have been carried out e.g. conducting 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, especially SWC. The results have been consulted with the MOH leader who also supported the initiative proposal of CCM positioning into the existing SWC. However, the consultation between CCM and SWC is needed to move forward the proposal and potential of CCM positioning into SWC;
- Some participants noted that the role and function of the SWC should be assessed before integrating the CCM into the SWC. At the same time, it must be in line with the Ministry of Health's five-year plan and direction, which the WHO and JICA have also supported;
- The Director-General of the DPC noted that the SWC structure has six components, but in the framework of the Health Reform, there are five components. When integrating the CCM with the SWC, further refinement of the health coordination mechanism should be considered. Next steps we will know which

department will be responsible for the SWC and which sector will be the SWC secretariat. The CCM Secretariat will work closely with the SWC Secretariat and related departments to move forward the integration process of the existing CCM into SWC according to the agreement and then the CCM Secretariat will work with the SWC Secretariat to make it a reality. At the same time, he requested the Global Fund to continue funding the Three Diseases Project, and also suggested the stakeholders to improve their responsibilities so that donors can be trusted, such as:

- Restructure the coordination mechanism under the existing five-component health reform framework;
- In the SWC, there are several levels; the joint committee in charge should be improved with the development partners, such as the work plan, the existing financial plan, the link between the government budget and the budget from the development partners to avoid duplication of budgets and activities to be transparent and auditable;
- Closely coordination between the CCM Secretariat and SWC in order to engage in the work effectively;
- The DPC has raised questions about the preparation of a long-term plan for 2030 as to which year the Global Fund will continue to provide assistance, but it is unclear whether the Global Fund will withdraw to help the poorest countries, which we can see from the fact that funding from the Global Fund is declining and government contributions are increasing each year;
- FPM also stressed that in the future the SWC would need to restructure to accommodate for GF requirements for CCMs. In order to apply for funding from the Global Fund, a CSO representative, representatives of people living with the diseases and key populations would be required to be part of the CCM; TA to Support Positioning clarified that after the meeting adopted the proposal, the TOR on CSO participation will need to be revised to meet the requirements of the Global Fund. In the next step in integrating the CCM TOR into the SWC, the CCM and SWC Secretariat have to play a very important role in negotiating to bring the TOR we are amending here into the SWC, which will be considered for organizational and functional refinement. For instance, the SWC TOR does not mention about Chair elections, voting and the majority quorum votes. The key comments from the meeting will be brought into consideration for revising the TOR;
- The meeting summed up the views of several parties who agreed to integrate the existing CCM with the SWC and to be the most appropriate mechanism, as the SWC has a similar structure and is the key initiative to facilitate the coordination of all aspects of the health sector and recommended as below:
  - Take the HANSA project as a model project for implementation;
  - Consider further ways and procedures to integrate CCM with SWC;
  - The implementation of the transition phase preparation is to be completed by 2022;
  - Ask the relevant TA to revise the plan document as agreed at the meeting.

**DECISION(S)**

The CCM members have endorsed by majority votes the proposed CCM Positioning Pathway Plan under the conditions and recommendations mentioned above.

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</u> THE DECISION	>	
		ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	>	
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >		

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

AGENDA ITEM #2	Progress update on the performance of CCM Work Plan for fiscal year 2021
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

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 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 November 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 that 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 and three months (1 Oct 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 \$79,329;
- Estimated payment in December: \$16,780 in case of the measurement of C19RM lockdown have been dropped;
- Estimated total payment for 2021: \$96,109;
- Estimated total saving balance for 2021: \$65,035

**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 oversight of grant risk management or challenges have been regularly updated at the Taskforce level and included into the PU/DR report which the PR presented to OC and CCM and submitted to the GF by the due dates. This year, the reports on the updated status of actions to address the disease program grants risks or challenges were presented in the CCM meeting in April and December 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.
<b>Positioning</b>	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 activities and consultations process have been carried out, e.g. conducting 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.
<b>Operations</b>	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 discussion points and comments from the meeting

After the presentation, the meeting agreed with the reports and has no more comment for this item, but the Chair has given recommendations as below:

- All concerned partners to review their current work plan whether or not the plan still be appropriately for the C19 outbreak period. What can be done to improve the work plan to adapt to the incidence of C19 in our country? As well as adjusting their work plans and budgets to suit to New Normal, such as organizing effective online meetings;
- Compare the cost of conducting site visit and activities of the three diseases programs in the northern part, which may not use car rental from Vientiane Capital to the local area by using the train to the province and then use the car rental at the provincial level.

DECISION(S)			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
DECISION MAKING			
MODE OF DECISION MAKING	CONSENSUS*	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	

(Place 'X' in the relevant box)	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> >	

<b>AGENDA ITEM # 3</b>	<b>Annual Overall CCM Secretariat Performance Assessment</b>
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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

The CCM Secretariat informed the meeting that the Annual Overall CCM Secretariat Performance Assessment is based on the new Performance Framework Evaluation which included in the new agreement between the Global Fund and the CCM Lao PDR. According to the GF guidelines, the CCM members will assess the overall performance of the CCM Secretariat each year. CCMs are free to define their own methodology for the assessment and the results of the assessment are discussed during a CCM plenary meeting. The CCM Secretariat performance were classified into four levels, including: 0 "Performing with serious issues", 1 "Performing with a few minor issues", 2 "Performing well (Good)" and 3 "Exceptional performing well (very good)". The assessment form also provided a space for comments and suggestions. In order to mitigate the conflict of interest, the assessment was proceeded by the OC representative, including circulating the form, collecting and summarizing the results of the assessment.

The assessment forms (both English and Lao version) were circulated to the CCM members for their score and comments. Fifteen CCM voting members/alternates who were attended the meeting at the venue and online have completed the forms. Based on the results, the CCM members qualified the CCM Secretariat Performance as below:

**Annual Overall Performance Assessment of the CCM Secretariat, Lao PDR, for Year 2021**

CCM assesses the Annual Overall Performance of the CCM Secretariat					
Level of CCM Secretariat Performance	Performing with serious issues (0)	Performing with a few minor issues (1)	Performing well (Good) (2)	Exceptional performing well (Very Good) (3)	Comments/Suggestions
Sum assessment results by CCM Members	0	0	9/15	6/15	No additional comment
%			60%	40%	

**Key discussion points and comments from the meeting**

- The meeting agreed with the results and had no additional comment for this item.

DECISION(S)

CCM qualified CCM Secretariat Performance as Exceptional performing well: 40%, Performing well: 60%.

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> >

AGENDA ITEM #4	Progress update on the implementation of the Global Fund Country and Regional Grants (including RAI, TB, HIV, and C19RM)
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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

**RAI3E Program:**

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

**Coverage Indicator CM1: Testing – all sectors**

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 1: Testing – all sectors - Detail**

Jan – Jun 2021			
Sector name	Target	Result	% achievement
Public sector	196,865	169,573	86%
Community sector	60,796	72,441	119%
Private sector	31,846	32,388	102%
<b>Total – all sectors</b>	<b>289,507</b>	<b>274,402</b>	<b>95%</b>

Jan – Dec 2021			
Sector name	Target	Result Jul - Sep	Achievement for 50% of period
Public sector	240,612	110,890	46%
Community sector	74,307	53,865	73%
Private sector	38,922	19,031	49%
<b>Total – all sectors</b>	<b>353,841</b>	<b>183,786</b>	<b>52%</b>

**Coverage Indicator CM2: % positive cases treated**

Coverage Indicators	Period	Target	Result	Achievement %	Grant Rating
Coverage Indicator CM2: % positive cases treated	Jan-Jun 2021	100%	100% (Jan-Jun 2021)	100%	A2
	Jul-Dec 2021	100%	100% (Jul-Sep 2021)	100% (50% of period)	
Coverage Indicator CM5: % cases investigated &	Jan-Jun 2021	75%	64%	85%	B1
	Jul-Dec 2021	75%	88% (53/60)	117%	

classified in 3 days			(Jul-Sep 2021)	(50% of period)	
Coverage Indicator CM (other): % foci investigated & responded	Jan-Jun 2021	75%	45% (Jan-Jun 2021)	60%	B1
	Jul-Dec 2021	77.78%	53% (9/17) (Jul-Sep 2021)	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 (Jul-Sep 2021)	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
<b>Overall grant rating</b>	<b>B1</b>

**Reference**

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

**Key Programmatic Updates: Jan – Sep 2021**

**ICCM Training**

- Completed up to HC level for southern provinces;
- Ongoing for VMW's, interrupted by C19;

**Surveillance**

- Surveillance and DHIS2 trainings are ongoing;
- Outbreak responses are conducted in the southern provinces;
- CIFIR conducted in the elimination areas;
- Weekly SMS reporting is ongoing in high burden villages & health facilities
- Entomological surveillance

**Commodities forecasting for 2022**

- Submitted and approved by GF
- Procurement is ongoing

## Meetings

- Bottom-up planning meetings (from district/ province to central) were conducted for 2021 (Jan-Jun and Jul-Dec) and are planned for Jan- Jun 2022;
- Weekly meetings with provinces conducted by CMPE;

## Pf elimination acceleration

- Pilot project was conducted in Khammouane: TDA 2 rounds completed; Pyramax is required for IPT
- Scale up plan to southern provinces is approved by GF and planned to start in Jan 2022;

## Pv radical cure – G6PD quanti roll out

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

## Key Programmatic Updates: Plan for 2022

### Case management

- Improving testing rate
- Scale up of Pf elimination acceleration activities
- Continue TES and iDES

### Vector control

- LLINs mass campaigns
- LLINs continuous distribution
- Entomological surveillance

### Surveillance

- Outbreak responses and CIFIR
- Weekly SMS reporting and outbreak alert system in high burden villages and health facilities
- Entomological surveillance

## Overview Budget vs. Expenditure Jan-Sep 2021 by SR

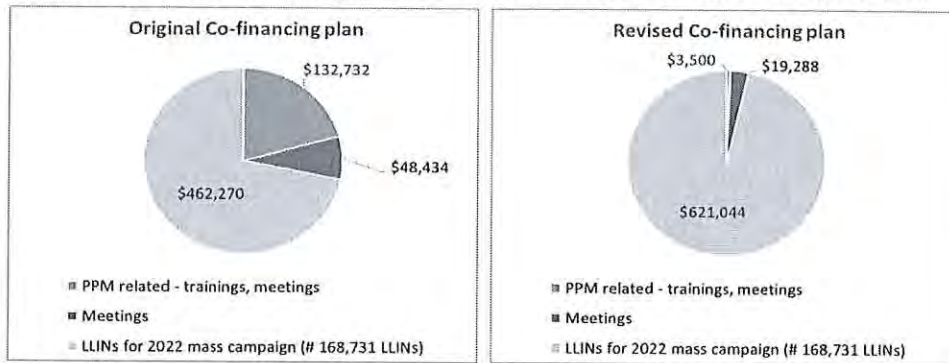
SR name	Budget Jan – Sep 2021	Expenditure Jan-Sep 2021	Unspent budget Jan – Jun 2021	Budget absorption Jan – Sep 2021 %	Note
CMPE	\$ 1,844,324	\$ 1,255,677	\$ 588,647	68%	Savings from procurement (nets and G6PD)/Savings from FX gain/ Reduction in travel costs for supervision and planning meetings (delayed 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%	
CHIs	\$ 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%	
<b>Grand Total</b>	<b>\$ 3,005,184</b>	<b>\$ 2,226,668</b>	<b>\$ 778,516</b>	<b>74%</b>	

## 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	\$ 345,894	\$ 273,344	\$ 72,550	79%

information systems and M&E				
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%
<b>Grand Total</b>	<b>\$ 3,005,184</b>	<b>\$ 2,226,668</b>	<b>\$ 778,516</b>	<b>74%</b>

**Government Co-Financing : Amount Committed for 2021 - 643,836 US\$**



- LLIN Procurement- 168,731 Units:
- 125,730 units were delivered;
  - 43,000 units to be contracted (PO) by 10 December;
  - The total amount allocated for LLINs procurement is expected to be spent by the end of 2021 ( 5.7 Billion KIP/ 621,044 US\$)

**Major Risks and Management Actions**

Risk	Management Action
Not meeting the 2023 PF elimination target due to increased PF cases in a few districts in the south	PF Elimination activities (TDA, IPTF) to start ASAP in high burden districts
Disruption in testing at treatment at the community level due to lack of PPE for Village Malaria Workers, HCs or PPMs	Coordination between CMPE, DCDC, CSOs and Provincial authorities for timely provision of PPEs to all malaria workers
Delays in trainings, meetings and supervision visits due to Covid restrictions	<ul style="list-style-type: none"> <li>- Remote coaching provided continuously by electronic means;</li> <li>- Planning meetings conducted online</li> </ul>
Reduced testing rates due to Covid 19 travel restrictions and reduced availability of staff	<ul style="list-style-type: none"> <li>- Testing of all fever cases;</li> <li>- Continuous supply of commodities</li> </ul>
Outbreak responses are delayed due to the Covid 19 travel restrictions	Districts will lead the outbreak response if provinces cannot travel. HCs will lead the outbreak response if districts cannot travel. VMWs will conduct the RACD if HCs can't travel to villages.

**Key discussion points and comments from the meeting**

- After the presentation, the meeting has no more comment for this item.

**HIV/AIDS Program:**

**CHAS Director has updated on the RAI3E Project for period of January to September 2021 as below:**

**Outline**

- Areas of implementation for Key Pop and ART sites
- Indicators for FSW and MSM in year Y2 period on June2021- May2022
- Progress report DLIK
- Co-financing in Y2
- C19RM
- Challenges and Mitigation

### Implementation period of DLI-K

YEAR	Implementation period
Y 1	01 /01/ 2021 to31 /05/ 2021 (5 months)
Y 2	01 /06/ 2021 to31 /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)

FSW	HANSA (2021-2023)	Implementers
	1. Vientiane Capital	PCCAs
	2. Vientiane	PEDA
	3. Khammaune	PEDA
	4. Savanaket	PCCAs
	5. Champasack	PEDA

MSM	HANSA (2021-2023)	Implementers
	1. Louanprabang	CHias
	2. Xayabury	CHias
	3. Vientiane Province	CHias
	4. Borikhamxay	PCCAs
	5. Khammouane	CHias

### Areas of implementation for ARV treatment

- 11 ARV sites are available in 7 provinces including Vientiane Capital;
- 7 POC available in 7 provinces

### DLI K Y2

#### (FSW and MSM)

DLI-A. Increased 2% of FSW received an HIV test in the past 12 months;

DLI-B. Increased 6% of MSM received an HIV test in the past 12 months;

DLI-C. Increased 4% of HIV Positive cases in currently treatment.

### Budget for DLI-K and Co-financing in Y2

Celling Budget of DLI-K in Year 0 and Year1 for CHAS CSO

Celling Budget of DLI-K in Year 1 (2021)

for CHAS, CSOs and Provinces

Budget		
Responsibility	Budget (USD)	Percentage (%)
CHAS	348,558	43.57%
CHias (CSO)	155,816	19.48%
PEDA (CSO)	77,809	9.73%
Setthathirat Hospital	18,897	2.36%
Mahosot Hospital	12,928	1.62%
Mittaphab Hospital	8,476	1.06%
13 provinces	177,516	22.19%
<b>Total:</b>	<b>800,000</b>	<b>100%</b>

### Challenges

- Corona virus 19(COVID-1) pandemic since 1 April 2020 the country was lock down, it have impacted to PLHIV patience and it hard to reach the target group(Key population FSW and MSM) .
- Entertainments, bar beers, resorts, Massage shops, guesthouses, schools those places were closed up service.
- Transportation and travelling were restricted:
  - PLHIV could not come to pick up ARV at the health facilities (ART).
  - Vulnerable people could not come to service for HIV testing and treatment.

- Patients are reluctant to come for health service at Health facilities.
- Increasing of PLHIV lost of follow up.

#### **Risk management actions for FSW during COVID-19**

- Strengthening the closed coordination, collaboration and plan due to Covid-19 situation among CHAS, PCCAs/DCCAs, PE and CSOs to fit the real time situation.
- Continuing the implementation of activities on raising awareness and providing mobile HIV testing services at the sites and hotspots.
- Increasing the frequency to reach FWS in collaboration with the national and local TASK Force Committee against Covid-19 to find the way how to access to key population.
- Recommending and providing the team at the implemented sites on the national guidelines of the prevention and control Covid-19. All should be healthy and safe.
- Closely monitoring activities and ensuring data entry through DHIS2 system.

#### **Risk management actions for MSM during COVID-19**

- Consultation with partners at Provincial level and PCCAs for the guidance and set up plan to reach MSM target
- Using social media or online network (WhatsApp, Facebook, MSM application group) to promote and access HIV testing and PrEP for key population such MSM.
- Training-Retraining Peers and field teams on the Implementation of index testing and PrEP.
- Improving coordination and collaboration between outreach activity teams and health care providers at health facilities on HIV testing and referral to ART sites.
- Using safety IPC equipment during implemented activities such as PPE, mask, alcohol, gloves, self-face cap....for peers.
- Closely monitoring activities and ensuring data entry through DHIS2 system.

#### **Risk management actions for PLHIV during Covid19 Pandemic**

- During COVID-19 outbreak, PLHIV were affected by travel restriction and had disruption in continuity of treatment. Peer support provides home delivery of MMD ARV refill during COVID lockdown
- Telehealth provider done by health care workers and Peers at ART sites is very crucial to follow up patient's health and adherence. Using technology on mobile phone to have a video call for checking ARV drug and psycho-support during COVID lockdown.
- Fast track ARV pick up is more implemented during COVID-19 pandemic at ART sites according to the guidance and SOP
- Scaling up POC sites at provincial and district level will make PLHIV more accessible to HIV treatment, reduce transportation cost for ARV refill at ART sites and reduce LTFU cases particularly during COVID lockdown

#### **Mitigating actions**

##### **Capacity building of Health care provider**

- Meeting with site to review implementation status with 11 ARV sites
- Refresher training including case conference and QI workshop for Health care provider and CSOs
- Develop and implement QI plan to improve index partner HTC service
- Monitoring and coaching on site for care and treatment service
- Support ARV sites conduct monthly meeting

##### **Establishing selected new POC for stable PLHIV**

- Develop of quality improvement coaching manual
- Training on utilization QI coaching manual for Health staff for ARV
- QI and index testing sharing lesson learned for ART and POC
- Training S&D for health care staff in 11 ARV sites and 6 POC

##### **Establishing HIV-1 Recent infection surveillance among persons newly diagnosed with HIV**

- National consultation workshop to finalize protocol of HIV-1 recency testing service
- Capacity building 11 ARV sites and 1 POC to implement
- Workshop for HIV recency data collection and reporting system ( VCT log book Lab log book, DHIS2 )



### Strengthen laboratory Capacity and quality system

- Strengthen National HIV serology EQA program to monitor laboratory performance and the quality of HIV testing
- Consultation meeting to discuss and plan EQA
- On site supervision and evaluation to observe the testing process

### Strengthening HIV strategic information (SI)

- Consultation meeting on sharing lessons learned to harmonize HIV/AIDS data from HIV CAM plus and DHIS2 software
- Workshop on population estimation by using AEM software
- Meeting on data quality check and data used for provincial and ART level in DHIS2 software
- Consultation on monitoring and evaluation to support strategic information at CHAS
- Supervision and monitoring data quality check in SVK and CPS provinces

### Progress report on HIV-COVID-19 (2020-2021)

#### Activities and Budget COVID-19 (2020): 919.527,22 USD

##### Detail activities:

- Training in IPC and EBS at Health center ( Dispensary )
- Training on HIV patient management during Covid-19
- Community based ARV dispensing for PLHIV during covid-19 outbreak
- IEC material development of radio messages
- Supervision District raising awareness for 4 diseases
- HIV DHIS2 data management for ART and POC sites, coaching for Health staff, coaching for CSO staff
- Printing pamphlets work with village chiefs to disseminate
- Airtime to hospitals and Health center workers
- Phone credit for routine report of EBS from Health center-village to District Health service and Provincial CDC
- Procure Lab equipment ( SafeSeal Microcentrifuge tube, Filter pipette tips, RNA mini kit, HIV viral load testing using Gene Xpert, CD4 testing machine and other consumables: Mask, Gel...

IPC= Infection Prevention Control  
EBS=Education Based Service

done

Implementer :

- CHAS
- NTB
- CMPE
- NCLE

CHAS: 152,000 USD

Those HIV activities will be reported in this PUDR 2021

### C-19 RM (COVID-19 Response Mechanism Project)

- Implementation Period 3 years: 1 January 2021 - 31 December 2023
- Activities and Budget: 597.283 USD
- Main Focus of C19RM Funding: Mitigation of Covid19 risks for the HIV programs

### Progress update C-19 RM funding (2021)

- The Signed contract between DPC/NPOC/PR and CHAS to Implement Project: 1<sup>st</sup> October 2021
- Completed open bank account for COVID-19 funding 2021.
- Recruited Project coordinator and Finance officer.

**Remark: CHAS does not have any procurement of health product in this grant**

### Areas for further enhancement of partnerships

- WHO: Technical assistance, guideline development, National data base (DHIS2), POC, PrEP, PMCT.
- UNAIDS: HIV/AIDS National Strategic Action Plan Review and Development, Key Pop demographics survey (IBBS), Technical assistance, M&E.
- AHF: Support gap on some Peer at ARV site, community-based testing, some test kit and condom, Food and some transportation.
- Aids Care China: ARV care and treatment for foreigner, HCV – HBC treatment.

- PEPFAR/USAID/FHI: Index & Self testing, Community Linkage and retention, adherence, KP(MSM, TG), Training and supervision (CQI & Clinical Treatment Services), M&E, program management, PrEP, Quality improvement, Strategic information, HTC, External quality assessment (EQA), index testing, Recency testing.
- GFATM/CHIA: HIV testing/Laboratory/community services, TB/HIV, KP, PP, Commodity & supply, ARV for PrEP, PSCM/Forecasting & Warehousing and Inventory (through CHAI), non-professional HCWs, Above site Programs, Care and treatment, Prevention, OVC programs by CHIAS.
- Government: Co-financing all health services including support partners fighting HIV/AIDS in country...

#### **TB/HIV Collaboration**

- CHAS to share areas of collaboration with TB program: supervision, monitoring, testing and treatment, etc....
  - Assign TB/HIV focal point
  - Conduct quarterly meeting
  - Develop TB/HIV co-infection Policy and guideline
  - Share responsibility for indicator
  - Joint Monitoring and supervision
  - Support IPT and CPT for patient HIV infection
  - Viral load testing by using Gene X pert machine

#### **Key discussion points and comments from the meeting**

- After the presentation, the meeting has no more comment for this item.

#### **TB Program:**

The NTC Deputy Director has provided progress update and action plan (including COVID-19 mitigation) to achieve Y2 as below:

#### **Content**

- NTP strategy
- Current Progress and Challenges
- Coordination and cooperation from others development partners to further support NTCP achieving the strategy

#### **NTP strategy 2021-2025**

**Vision:** END TB in Lao PDR

#### **Objectives:**

- To decrease mortality and morbidity due to TB as per End TB targets milestones (50% reduction in TB incidence and 75% reduction in mortality due to TB by 2025 compared to 2015)
- To develop patient centred approach and equity in access to quality TB services
- To protect all TB patients under the National Health insurance system
- To contribute to the Universal Health Coverage (quality TB services in primary health care at province, district and health centre levels)
- Increase **awareness** and access for all TB patients from village to health centre level with community-based approaches/partners;
- Tested for resistance to Rifampicin all TB presumptive using Xpert;
- Free screening by chest X-ray to all TB contacts;
- **ACF** among high-risk groups;
- Streamline TB and HIV collaborative activities within UHC;
- Real time surveillance with DHIS 2 TB tracker countrywide;
- PHO/DHO analyse reports in DHIS2 and adapt interventions;
- NHI coverage and social support to all TB/MDR-TB patients

## Coordination and cooperation from others development partners to achieve the strategy

### NTC is ensuring regular coordination and cooperation with:

#### Central level:

DPC, DCDC, DHR, FDD, National Nutrition Centre, NCLE, Health Education Centre, MPSC, NTC, CHAS Ministry of labour and social welfare (NHI bureau), Department of Security, Trade Union, Lao Women Union, Youth Union;

#### Provincial and district levels:

PHOs and DHOs, all hospitals (central, province, district) and all health centres;

VHWs, VHV's at community level country wide

Community based partners in selected areas: CHIAS, PEDTA, HPP

#### Other partners:

Global Fund, World Bank, private sector, international technical partners (WHO, CHAI, CILM, KIT)

### Current progress and challenges (1)

DLI-J	Y2 (Jun 2021 to May 2022)		
	Target June 2021-May 2022	Preliminary Result Jun.-Nov. 2021	% of target for the reported period
<b>TB notification #</b>	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)	68%
<b>Xpert coverage %</b>	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%

### Current progress and challenges (2)

Challenges	Action's taken
<ul style="list-style-type: none"> <li>• <b>Drop in TB notification is due to:</b> <ul style="list-style-type: none"> <li>– Drop in sending sputum specimen to GeneXpert testing</li> <li>– Limited access of the patient to health facility.</li> <li>– Limitation of activities due to COVID19 lockdown.</li> <li>– Implementation at BMU not well functioned due to Covid situation.</li> <li>– Limitation and re-tasking of human resource at all levels, particularly district hospital.</li> <li>– Many activities were not implemented including active case-finding.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• NTC is continuing monitoring and coaching the implementation at all levels, using real time surveillance from DHIS2 TB Tracker and GeneXpert laboratories monthly reports.</li> <li>• Conducting quarterly video meeting in provinces to follow-up catch up plans from and districts level as well.</li> <li>• Reviewing plan of ACF and Supervision.</li> <li>• Restarting ACF at all levels as soon as possible.</li> <li>• Adapting activities for following the COVID-19 task force guidance such as wearing mask, avoiding crowding, social distancing.</li> </ul>

### TB patient tracker and report on DHIS2 (3)

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

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

**TB Procurement 2022**

- NTC has submitted to PR (DPC, NPCO) the 2022 full needs for TB drugs (US\$ 500k) and TB laboratory US\$ 650k including GeneXpert tests
- NTC requested quotation to Global Drug Facility for TB drugs order 2022 with expected amount \$500,000

Product	Cost
Total TB drugs Order (FLDs + SLDs)	\$ 385,289.43
PSM costs of TB drugs 30%	\$ 105,821.80
TB laboratory consumables and reagents	\$ 115,586.83
GeneXpert needs	\$ 464,980.00
PSM costs of laboratory 25%	\$ 116,245.00
Grant Total	\$1,187,923.06
Ceiling budget from GF Y2 + Y3	\$ 1,194,102.65

**Key discussion points and comments from the meeting**

After the presentation from a representative of the NTC, the participants commented as follows:

- During the C19 outbreak period it is difficult to travel for implementing the activities;
- For PPE and reporting system via DHIS2, there is no problem in the medical services sector, the problem is the responsibility of the DPC department and experts to find solutions to be able to gather information in a timely manner;
- The reason for planning to purchase a microscope is to monitor after diagnosis to identify the active and inactive bacteria in the sputum, because the use of GenXpert monitors will usually have a positive effect,

regardless of whether active or inactive bacteria is found.

- Government Co-Financing Contribution:
  - The DPC and the relevant centers have agreed that the Global Fund should disburse the procurement budget in advance for 2022 and then the Government will cover in 2023, which official commitment letter between the three centers, by counterpart signature between the DPC, the DOF and the Minister of Health;
  - Before approving the procurement in 2022 the Global Fund asked official assurance letter from the Ministry of Health that being prepared by DPC. At the same time, the DOF also sees that it is a matter of time and the internal coordination is not clear, which prolongs the time to procure drugs. If it is clear that the relevant center will contribute to this procurement, the DOF can negotiate with the Ministry of Finance to transfer money directly to the Global Fund;
  - In response to this issue, the External Finance and Debt Management Department, (EFDD) of Ministry of Finance has added: "Regarding the need for the Global Fund to disburse for drug procurement in advance and then the government to cover that later, the relevant departments may have already discussed with their team whether there will be enough budget in 2023 to meet the needs of the global fund or not." In consultation with the Ministry of Planning and Investment (MPI), the DPC of the Ministry of Health and the Budgeting Department of the Ministry of Finance to ensure adequate contributions;
  - Contribution budget of TB program may not be enough. Compensation co-financing planning should be discussed with MPI and MOF to get exact figures;
  - The meeting recommended that the DPC, which is responsible for the HIV and TB program, to consider inviting the counterparts from MOF to discuss and agree before sending a commitment contribution to the Global Fund.

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>	>	
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >		

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

<b>AGENDA ITEM #5</b>	<b>Update information from the CSO-KP-PLWD Coordinating Committee</b>
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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

A representative from CSO-KP-PLWD CC presented the update as below:

**Outline**

- Background of CCM-CSO-KPs and PLWDs contribution
- Process Update on new Election 2021 CSO-KPs-PLWDs
- Next step 2022

**Background of CCM-CSO-KPs and PLWDs contribution**

- Operate the CCM and its Secretariat;
- Integrate GF funding with other funding;
- Prepare funding request and participate in PR selection process;
- Monitor funding implementation and resettlement applications;
- Documentation and communicate with its constituents and with the GF.

### Process Update on new Election 2021 CSO-KPs-PLWDs

The workshop is operated in accordance with its defined agenda by representing the overall view of the reform and focusing on the importance of the participation of civil society organizations. The representation is made by the experts from CCM Secretariat.

After that, the workshop is operated as follows:

- The new CCM-CSO-KPs and PLWDs Representative Learn more about HANSA project and DLI indicator (Presented by World Bank);
- The new CCM-CSO-KPs and PLWDs Representative Learn more about Global Funds policy (Presented by Global Fund Portfolio manager);
- Introduction CCM ToR (Presented by CCM Secretariat);
- Review and discuss TOR for CSOs-KPs and PLWDs Sub-sector;
- Sharing experiences of being CCM member by chair of PLHIV network;
- Select the new CCM member by representation of CSO-KPs and PLWDs;
- Endorsed new CCM member and alternate from CSO-KPs and PLWDs;
- Discuss on CCM member Roadmap.

### Next step 2022

- Participate on process of CCM national transition plan;
- Participate CCM regularly meeting in the year 2022;
- Joint field visit with CCM from other CCM-CSO, key population and People Living with Diseases;
- Request Technical Assistance from expertise France Initiative on capacity building for our CCM-CSO-KPs and PLWDs

### Key discussion points and comments from the meeting

- The CCM Secretariat has raised questions for CSO representatives on six new CCM members that should include Assoc. Prof. Dr. Phouthone Muongpak as LRC is also representing the CSO, and the CCM Secretariat has already updated in the Global Fund's Partner Portal and it has been validated by the GF;
- With regard to the new CCM members from the CSO, the meeting provided additional guidance:
  - To operate under the role of CSO authorized by the Ministry of Home Affairs;
  - As the Global Fund has given an importance to CSO, the representatives of key affected population from all three diseases must be proactive. Prior to attending any CCM meeting, a group discussion should be held to prepare information and inputs for the CCM Meeting.

DECISION(S)

No decision

ACTION(S)

KEY PERSON  
RESPONSIBLE

DUE DATE

### DECISION MAKING

MODE OF DECISION MAKING  
(Place 'X' in the relevant box)

CONSENSUS\*

VOTING

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

VOTING METHOD  
(Place 'X' in the relevant box)

SHOW OF HANDS

SECRET BALLOT

ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE  
DECISION >

ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION  
>

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

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>

**AGENDA ITEM #6 Update information on the RAI3E and RSC Secretariat**

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**

The RSC Secretariat attended the CCM Meeting and prepared a presentation with an update on the discussion and decisions from the 18<sup>th</sup> RSC Meeting in November 2021. Due to the delays to the timetable of the meeting, the presentation was ultimately sent as a pre-recorded video and also shared with participants in document form. The presentation included:

- Some background information on the Regional Artemisinin-resistance Initiative, launched in 2014 and funded by the Global Fund, which supports the purchase of key malaria commodities, including vector control, diagnostics and quality-assured drugs;
- enables development of surveillance systems and case management by community health workers; and
- builds resilient and sustainable health and community systems.
- A summary of the epidemiological update given during the 18<sup>th</sup> RSC Meeting, where WHO reported an 11 percent reduction in P vivax cases and a 51 percent reduction in P Falciparum + Mix Cases from Jan-Sep 2020 to Jan-Sep 2021.
- A summary of key grant achievements in 2021 including distribution of LLINs/LLIHNs, support to volunteer malaria workers, parasitological testing, case investigation and active foci response; and a comment on the key challenge of low budget absorption noted during the 18<sup>th</sup> RSC Meeting.
- An explanation of the roles of the RSC and CCM in relation to the RAI funding requests, PR/co-PR selection, SR Selection, reprogramming, oversight, and reporting.
- An update to the CCM on some key RAI documents that are accessible to the CCM members, including a new RAI3E Grant Overview, a literature review on 8AQ therapy for P vivax malaria in the GMS, and the Minutes of the RSC Meeting. All these documents are linked in the presentation Power point that was shared with members.

**Key discussion points and comments from the meeting**

Following the presentation, the chairperson, on representative from the Lao PDR, who attended the Senior Officials' Meeting held in the Philippines, reported the following:

- Myanmar has political problems, but the meeting also unanimously agreed that it would have to continue to formulate in some way because the ASEAN position still allowed Myanmar to continue of the engagement;
- The Sub-Regional Mekong Countries are very progressive, with China receiving WHO certification to eradicate malaria;
- Discussions in the regional RAI3E also carried out implementation assessments, including that the RSC also conducted likely CCM Evolution assessments;
- For the implementation of RAI funding, if any country could not meet the target of using the approved fund, they will have a meeting together and agree to move that fund to the countries that can implement to reach the target, for which Lao PDR also receives additional funding for RAI

**DECISION(S)**

No decision

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

**DECISION MAKING**

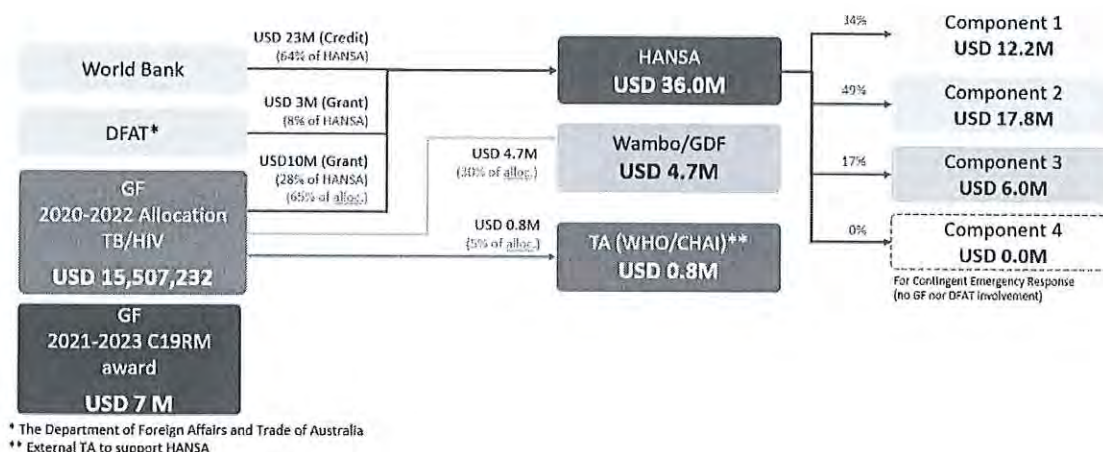
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	
			SECRET BALLOT	
		ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >		
		ENTER THE NUMBER OF MEMBERS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

AGENDA ITEM #7	Debrief on HANSA Joint Implementation Support Mission from 22 November – 1 December 2021		
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			
A representative from GF CT presented the update as below:			
<b>Health and Nutrition Service Access (HANSA) Program</b>			
<b>Project Objective</b>			
<ul style="list-style-type: none"> <li>To help improve access to quality health and nutrition services, with a focus on priority programs such as HIV and TB, particularly in targeted areas of Lao PDR</li> </ul>			
<b>Alignment</b>			
<ul style="list-style-type: none"> <li>The project is fully aligned with key national strategy and global policy priorities, including the health sector reform strategy 2021-2025</li> </ul>			
<b>Sector-wide engagement</b>			
<ul style="list-style-type: none"> <li>HANSA is investing at all levels of the health system (provincial, district, village) and increasing coordination between all the main departments of the MOH</li> </ul>			
<b>PBF Approach</b>			
<ul style="list-style-type: none"> <li>HANSA is implemented through a performance-based financing approach using Disbursement Linked Indicators (DLIs) based on experience of previous WB</li> </ul>			
<b>Project Financing</b>			
<ul style="list-style-type: none"> <li>HANSA is jointly financed by World Bank (\$23M), Global Fund (\$10M) and DFAT (\$3M): Total Financing of \$36M (July 2020 to December 2025)</li> </ul>			
<b>HANSA Project Components</b>			
Component 1: Quality of health care at the Health Center level			
Component 2: Disbursement Linked Indicators (DLIs) at the provincial and central level			
Component 3: Project Management			



## Joint Investment Overview

❖ A total of USD 36M to be invested in HANSA which includes three components



### The Joint Mission jointly conducted by:

- The World Bank
- The Global Fund
- Australian Government, Department of Foreign Affairs and Trade

### Objectives of Joint Mission 22 Nov – 1 Dec 2021

- Review implementation progress and follow up on actions from the technical update mission in June 2021
- Discuss and agree on the scope of the restructuring
- Discuss and agree on mitigation actions related to the COVID-19 situation to accelerate implementation

### Key Findings: Component #1

#### Improving quality of health care at the HC level

- Teams have been trained on QPS in 4 provinces, the assessments completed in November, and 4 additional provinces planned in December
- 3<sup>rd</sup> part verification agency was contracted and first round of assessment to be completed in January 2022
- The first QPS payment to the HC is expected in Q1-2022

#### Challenges

- Delays in implementation of activities due to Covid-19 restrictions
- Challenges for HC in opening of bank accounts to receive QPS payment

### Component #2: Service delivery (12 DLIs)

#### Strengthening PHC for performance and quality for UHC

- Performance and quality assessment at primary health DLI-A
- Free MCH and timely payment to health center DLI-B
- Supply of essential drugs and supplies at health center DLI-C
- Deployment of clinical personnel at health center level DLI-D
- Financial Management at health center DLI-E
- Improved data and monitoring using DHIS2 DLI-F

#### Addressing Malnutrition (focus on four priority provinces)

- Implementation of SBCC and GMP at village-level DLI-G
- Integrated outreach to remote villages DLI-H
- Increased coverage of MCH and immunization services DLI-I

#### Delivery of Priority Public Health Programs

- Increased coverage of HIV testing and treatment DLI-J
- Improved TB notification DLI-K

- Strengthening health security and preparedness DLI-L

## **Component #2: HIV and TB**

### **Key Findings**

- CHAS reportedly on track to achieve 2 out of the 3 requirements for the DLI - HIV testing among MSM and ARV treatment coverage expected to meet Year 2 targets, HIV testing among FSW remains challenging
- NTC is on track to partially achieve one requirement and to fully achieve a second requirement for the DLI – TB case notification rate has decreased while GeneXpert coverage remains high
- COVID-19 related lockdown measures and travel restrictions have made it increasingly difficult to reach key populations with HIV testing and to conduct TB active case finding

### **Key Recommendations**

- Increasing coverage of HIV testing: CHAS to develop a roadmap with CSOs, WHO and UNAIDS with clear strategies to assure increased HIV service coverage among key populations. The roadmap should suggest specific strategies to address barriers to HIV testing for key populations in the context of Covid-19 and propose evidence-based HIV prevention and treatment interventions (such as CBT, ST, PrEP) to optimize and increase coverage of effective interventions for hard to reach populations.
- Increasing TB case notification through a differentiated approach: NTC to develop a road map with CSOs and WHO with clear strategies to increase TB case notification. The roadmap should consider a differentiated approach for the provinces based on current programmatic performance and addressing barriers to implementation in the context of Covid-19, including strategies to strengthen the capacity at the local and community level to conduct active case finding.

### **Key Findings: Component # 3**

- Completed optimize HR structure under NPCO for WB/GF financed programs
- Completed recruitment of verification agencies for DLIs and QPS
- Timeline for QPS and DLI verification has been discussed and agreed. The DLI verification reports for the first QPS verification and DLI Year-1 achievement are expected in February and March 2022 respectively

### **Key Findings & Recommendations: Gender**

- Finalized Annual Implementation Plan based on Gender Action Plan (GAP)
- Update Gender Assessment and GAP for the actual pace of implementation in the COVID-19 context
- Consider needs of key populations and barriers to HIV and TB services to update Gender Assessment and implementation of GAP

### **Restructuring: reimbursement to advance payment**

- Delays in the contracting of the independent academic institution (IAI) and subsequent verification of DLI results, have affected planned timelines for Year 1 disbursement
- As per the request from MOH and MOF, the WB and GF have agreed to advance Year 1 funds prior to the official verification of programmatic results by the IAI
- Aim: to provide more flexibility in order to address the impact of COVID-19 on implementation and to mitigate delays in IAI verification of the DLI results
- Year 1 payment: advance payment for Year 1 will be made upon receipt of MOH's programmatic report of achievement against DLI targets, but prior to verification by IAI
- Year 2 payment: reimbursement payment, but only upon verification of Year 1 results – adjustments may be made

### **Procurement & Co-financing**

- GoL committed US\$ 3.1 M of domestic funding for procurement of HIV and TB commodities for the 2021-2023 period, in addition to US\$ 4.7 M budgeted under GF grant
- MOH requested to utilize Y3 procurement grant budget to cover Y2 gaps in order to avoid delays
- Orders need to be placed (Wambo/GDF) asap
- Request for letter of commitment from the Minister of Health with assurance for Y3 procurement

**C19RM: US\$ 7 M for 2021 - 2023**

- Procurement of Health Products: GeneXperts, PPE, reagents, LLINs, RDTs, oxygen
- Support for the HIV, TB and Malaria Programs to ensure continuity of testing and treatment services: updating of guidelines and SOPs, referral systems, living support for patients, household visits and transportation costs
- Support for the community-led response: support to networks and peer-support groups for ART retention, online counseling, community monitoring for contact tracing, treatment adherence, follow up, online counseling for HIV and TB, provision of mental health services and support for survivors of domestic violence through the shelters

**Key discussion points and comments from the meeting**

- Regarding to PPE, DPC / NPCO is managing the project C19RM. However the information of PPE belongs to the FDD and Health Care Department. Usually the MPSC request from the Global Fund, the DPC will take the action to sign that letter and MPSC should provide this information to DPC as the letter has delayed nearly two weeks then DPC could not respond to the global fund;
- The chair emphasizes to ensure the ongoing implementation of the three-disease program, including: Volunteers must be able to implement the activities with protective equipment such as Mask, Gel, Alcohol; If interviewed locally there may be a blue-ground suit;
- DPC to coordinate with the three centers to develop detailed plans from the central to the local level; For the distribution of equipment in conjunction with the CHAI project, which will use a M-Supply system to distribute the equipment;
- Regarding the Global Fund, a management action requires that the DPC report on the progress of distributing PPE to the end-users/beneficiaries. Some information has been provided by the DPC but it does not include distribution to end-users, this is still pending;
- The meeting with the CSO to achieve the DLI-K HIV indicator, so the planning for volunteers of CHIA, PEDDA, APL+ who needed to use protective equipment such as PPE, Mask, Gel to carry out activities, including the TB program as well.
- The meeting suggested the relevant departments and centers to find a solution and the DPC to guide this work and the CDC on behalf of the task force should also be involved. At the same time, the three centers should coordinate with C19RM technical to explain the use of such protective equipment at the local level in order to know and understand;
- The CDC can facilitate all parties, if any party does not receive the equipment for this C19RM can send an official letter and the CDC will find a solution as appropriate;
- The Global Fund has requested the DPC to share an official letter from the Minister of Health re-confirming the co-financing commitments of US\$ 3.1 M for procurement of HIV and TB health products for the 2021-2023 implementation period. The GF is able to advance 2023 GF grant procurement budget to cover the gaps in 2022 procurement, but an Assurance Letter is required by the Minister of Health. Additional consultations need to take place between the DPC-MOH and the MOF to ensure adequate planning of domestic resources to cover the full procurement needs in 2023.

**DECISION(S)**

No decision

**ACTION(S)**

KEY PERSON RESPONSIBLE

DUE DATE

**DECISION MAKING**

MODE OF DECISION MAKING  
(Place 'X' in the relevant box)

CONSENSUS\*

VOTING

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

VOTING METHOD  
(Place 'X' in the relevant box)

SHOW OF HANDS

SECRET BALLOT

ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >

ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>

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

**MINUTES OF EACH AGENDA ITEM**

AGENDA ITEM #8	AOB Close the meeting
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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) >

NA

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

The CCM Secretariat has updated the message from the Embassy of France regarding to the Initiative's 2022 calls for projects as below:

The Initiative's 2022 calls for projects are published on the Initiative's website.

In French: <https://www.initiative5pour100.fr/actualites/article/publication-des-appels-projets-2022-425>

In English: <https://www.initiative5pour100.fr/en/actualites/article/launch-three-2022-calls-proposals-425>

Laos is concerned by two of the three calls for projects:

**1. Strengthening health systems at all levels (community to national)**

This call for proposals aims to select projects that are complementary to and/or supportive of Global Fund investments and that contribute to building or strengthening a gender-sensitive health system that provides equitable access to quality services for populations, particularly through the fight against the three pandemics. These projects must be catalytic in nature, i.e. capable of changing practices and/or policies.

Amount: The total amount of the grant from the Initiative must cover at least 50% of the project budget and must be between €500,000 and €3,000,000.

Duration: The duration of projects must be between 24 and 48 months.

**2. Strengthening the role of key and vulnerable populations in HIV, tuberculosis and/or malaria to improve their health and well-being**

This call for proposals is issued to select projects that complement and/or support the Global Fund in strengthening the role of key and vulnerable populations in improving their health and environment.

The Initiative encourages:

1. the implementation of adapted, gender-sensitive advocacy and empowerment strategies for the promotion of their human rights and improved access to health services.
2. the improvement of the quality of and access to health services by and for key and vulnerable populations, through adapted, gender-sensitive and community-integrated strategies.

These projects must be catalytic as well.

Amount: The total amount of the Initiative's grant should cover at least 50% of the project budget and should be between €500,000 and €3,000,000.

Duration: The duration of projects must be between 24 and 36 months.

**N.B.: Laos is not eligible for Operational Research call for proposals.**

**Key discussion points and comments from the meeting**

- Concerning the CSO proposing the CCM members to support in applying for funding from the any donors, the meeting recommended that the CSOs to liaise with the French Embassy for funding and TA assistance in developing and strengthening the new members as appropriate. Further information on the


application can be obtained by following the email of the representative of the French Embassy who is currently a CCM member.

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 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> >	

SUMMARY OF DECISIONS & ACTION POINTS			
AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	The CCM members have endorsed by majority votes the proposed CCM Positioning Pathway Plan under the conditions and recommendations mentioned above.		
AGENDA ITEM #2			
AGENDA ITEM #3	CCM qualified CCM Secretariat Performance as Exceptional performing well: 40%, Performing well: 60%.		
AGENDA ITEM #4			

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

CHECKLIST	(Place 'X' in the relevant box)		
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	X		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	X		Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	X		Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	X		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.

<b>CCM MINUTES PREPARED BY:</b>			
TYPE / PRINT NAME >	Mr. Budhsalee Rattana	DATE >	23 December 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 >	