

**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)	3
DATE (dd.mm.yy)	15/03/2022		OC MEMBERS	7
MEETING SCHEDULE START	13:30		RMC MEMBERS (incl. 1 OC)	2
MEETING ACTUAL STARTED	16:30		OTHERS INCLUDING CCM SECRETARIAT STAFF	17
MEETING ACTUAL ENDED	16:35		TOTAL (Including online 15)	29
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	LFA	
	Vice-Chair		FPM / PO	
	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	Update on the process of CCM Positioning Pathway Plan <ul style="list-style-type: none"> CCM Secretariat will provide updated information; 	CCM Secretariat
Agenda Item #2	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 #3	Update information and activities from the CSO-KP-PLWD Coordinating Committee <ul style="list-style-type: none"> Representative from CSO-KP-PLWD CC will present the update; 	CSO-KP-PLWD CC
Agenda Item #4	AOB and close the meeting. <ul style="list-style-type: none"> Second invitation to nominate the members of RCM TEAM for a period of 2022-2024; Invitation to nominate the members of Oversight Committee of RCM TEAM for a period of 2022-2024. 	Chair

3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1	Update on the process 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, a representative of the CCM Secretariat updated on the process of the CCM Positioning pathway plan. The final draft of the CCM positioning plan was endorsed by the CCM members in the last CCM plenary meeting on 9 December 2021 and was circulated to CCM members and all concerned partners, including the Sector-Wide Coordination Secretariat. The CCM Secretariat has informal discussion with JICA representative and SWC Secretariat regarding the next step of CCM positioning process in the MOH SWC platform. It was informed that the MOH has been currently reformed including the SWC platform. The SWC Secretariat will invite the CCM representatives and secretariat to join the SWC meeting after the new SWC platform has been set up and its new committee have been officially appointed.

During the meeting, the proposed timeline of the CCM positioning pathway plan and organogram of positioning CCM in Health SWC Platform were presented again for more information and discussion.

Figure 1. Time line of Lao CCM Positioning Pathway Plan

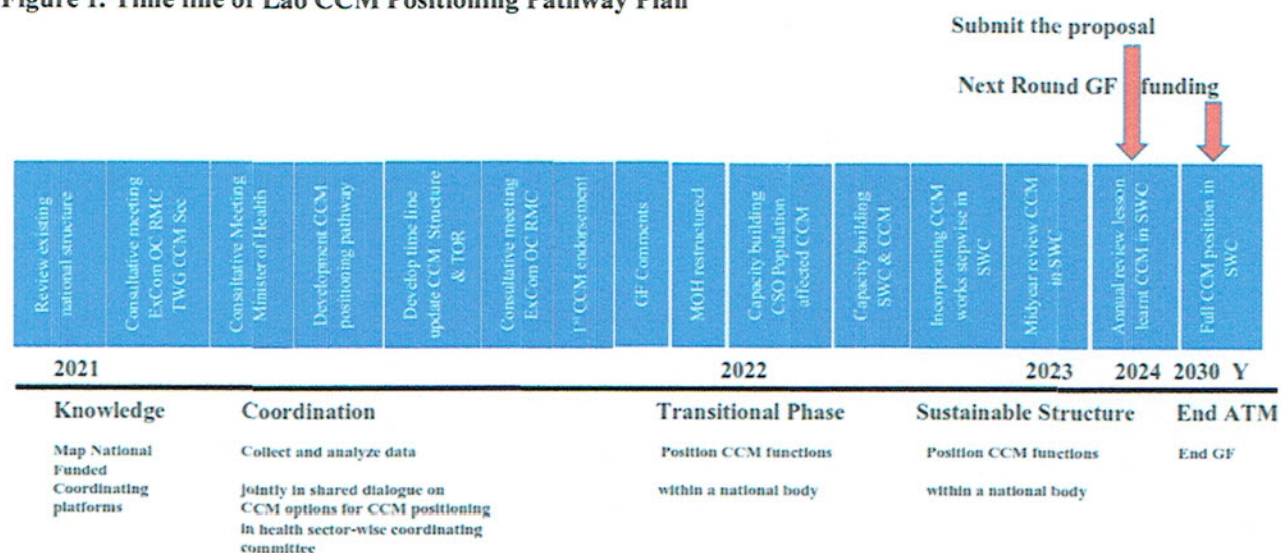
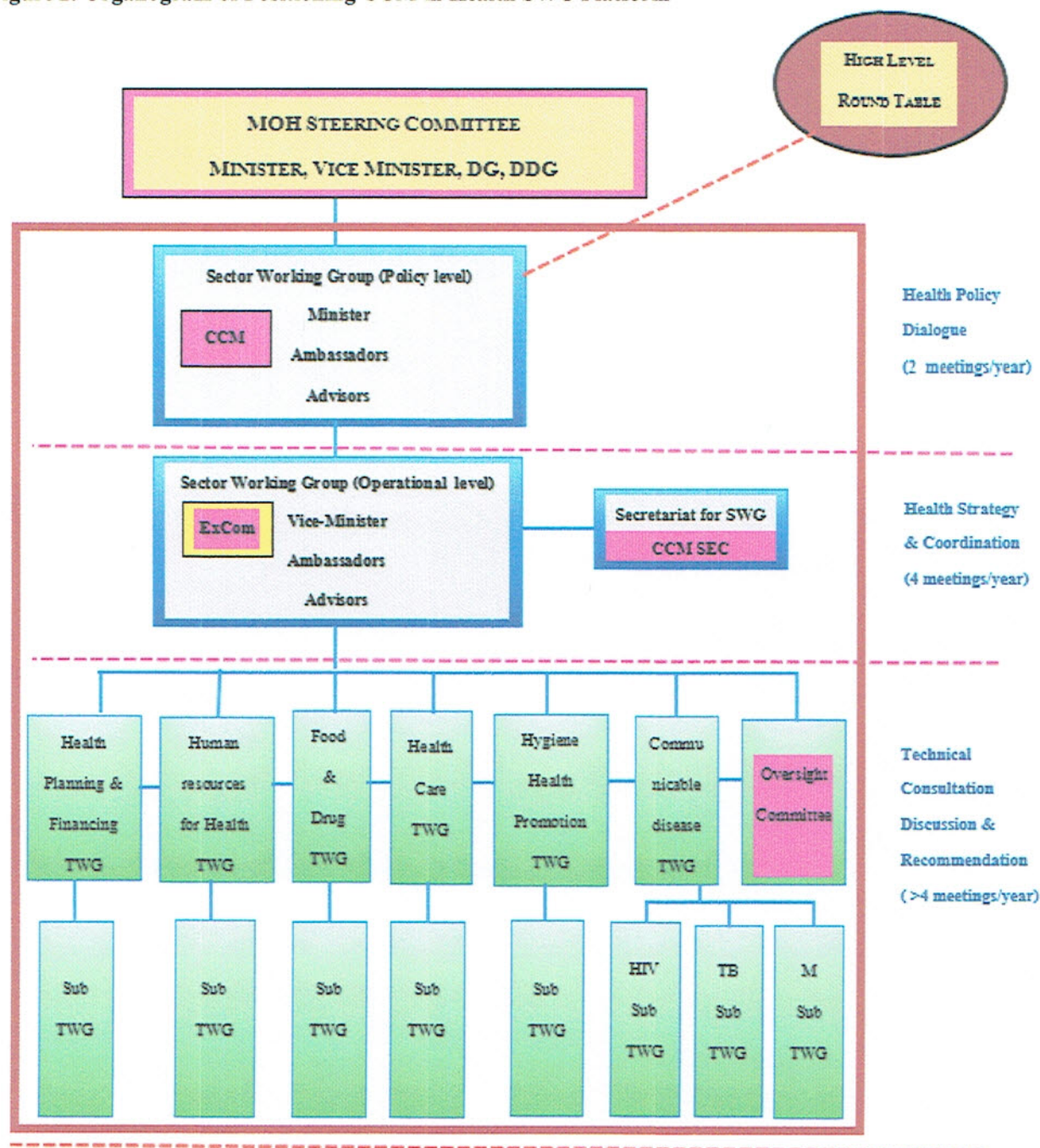


Figure 2. Organogram of Positioning CCM in Health SWC Platform



Key comments from the meeting:

- Some participants commented on the structure and functions of SWC and potential issues for merging CCM into SWC. It was suggested to wait for seeing the results of current SWC's reform including the new structure and TOR in order to consider positioning the CCM in the new SWC platform.

Decisions

No decision

Agenda Item #2	Progress Update on the Implementation of the Global Grants
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

RAI3E Program:

Representative from CMPE and UNOPS updated on the RAI3E Project for a period of January to September 2021 as below summary (*for more information, please see the attached PPT*):

Program overall indicators and results

Impact indicators	Period	Target	Result	Achievement	Grant Rating
Indicator 1 Inpatient malaria deaths	Jan-Dec 2021	0	1	Not achieved	Not relevant
Indicator 2 Malaria test positivity rate	Jan-Dec 2021	0.59%	0.61%	Not achieved	Not relevant
Indicator 3 Annual Parasite Incidence (API)	Jan-Dec 2021	1.596	1.308	Achieved	Not relevant
Indicator 4 Reported malaria cases	Jan-Dec 2021	3.768	3.924	Not achieved	Not relevant

Outcome indicators

Impact indicators	Period	Target	Result	Achievement	Grant Rating
Indicator 1 Annual blood examination rate	Jan-Dec 2021	27.26	21.48	Not achieved	Not relevant

Coverage Indicators	Period	Target	Result	Achievement	Grant Rating
Indicator 1: LLINs continuous distribution	Jan-Dec 2021	99,605	38,137	38.29%	B2
Indicator 2: Testing in all sectors	Jul-Dec 2021	353,842	369,472	104.42%	A1
Indicator 2: Testing in all sectors (Public)	Jul-Dec 2021	240,614	224,047	93%	
Indicator 2: Testing in all sectors (Community)	Jul-Dec 2021	109,312		100%	
Indicator 2: Testing in all sectors (Private)	Jul-Dec 2021	38,926	36,113	93%	
Indicator 3: Treatment in all sectors	Jul-Dec 2021	100%	100%	100%	A2
Indicator 4: % case investigation within 3 days	Jul-Dec 2021	75%	85.71%	114%	A1
Indicator 5: % foci investigation within 7 days	Jul-Dec 2021	78%	72%	92%	A2

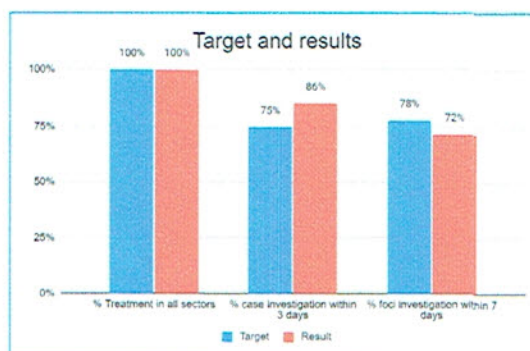
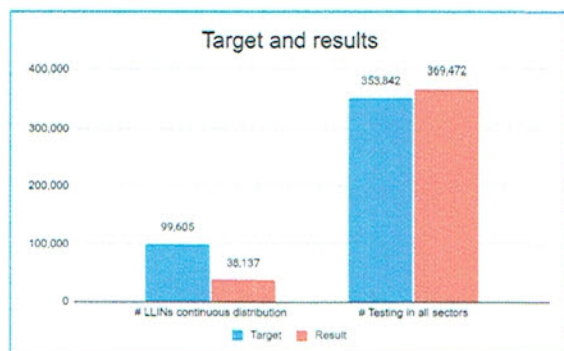
Grant rating: RAI3E Laos Jul-Dec 2021

Indicator	Grant Rating
# LLINs continuous distribution	B2
# Testing in all sectors	A1
% Treatment in all sectors	A2
% case investigation within 3 days	A1
% foci investigation within 7 days	A2
Overall grant rating Jul-Dec 2021	B1

Jul-Dec 2020: Overall grant rating	B1
Jan-Jun 2021: Overall grant rating	B1

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

Summary



CSOs indicators and results (9 Indicators)

No	Indicators	Target	CHIAS	PEDA	HPA
1.	# Testing	14,640	22,626	27,758	22,736
2.	% Treated	100%	99.6%	100%	98%
3.	% Pv referral	70%	143%	113%	143%
4.	% No RDT stock out	90%	107%	109%	108%
5.	% No ACT 6x4 stock out	90%	101%	101%	108%
6.	# VMW trained on ICCM	400	400	400	400
7.	% Functioning VMW	100%	100%	100%	100%
8.	# Supervision	700	246	1070	228
9.	# Staff and VMW trained on PSEA	423	442	419	423

Budget vs. expenditure Jan – Dec 2021 – Summary by SR

Implementer	Budget 2021	Expenditures 2021	Currency Gain/Loss 2021	Net Savings 2021	Burn Rate	Note
CMPE	\$2,363,265	\$1,645,897	\$242,553	\$474,815	80%	Detail on next slide
CHias	\$288,531	\$255,067	\$31,361	\$2,103	99%	
HPA	\$366,905	\$302,356	\$47,392	\$17,157	95%	
PEDA	\$295,080	\$263,505	\$30,706	\$869	100%	
DCDC	\$39,044	\$32,577	\$3,228	\$3,239	92%	
DPC	\$87,840	\$63,554	\$6,287	\$17,999	80%	Production and Dissemination of Annual Statistical Report delayed to 2022
MPSC	\$78,646	\$42,808	\$5,588	\$30,250	62%	Purchase computers delayed to 2022, trainings and supervision delayed or done online
WHO	\$523,699	\$387,645		\$136,054	74%	HIS TA Carry Over to 2022
TOTAL	\$4,043,010	\$2,993,409	\$367,115	\$682,486	83%	

Key comments from the meeting:

- LLINs were achieved only 38% due to delay in GF Procurement of the LLIN for MMP and military distribution, no budget for distribution of LLINs from districts to villages and delay data entry into system. Discussions among PR, CMPE and partners concerned were taken place to address the issues;
- The infection rate of Malaria in Attapue is decreased, but increased in Salavan due to CMPE cannot distribute LLINs to beneficiary in district level and soldiers. Therefore, indicators cannot be achieved as target.

TB Program:

The NTC representative presented the progress update as below (for more information, please see the attached PPT):

The DLI-J Achievement**TB Notified Cases**

Period	Target	Achieved	% Achieved	Remark
Year 1	7,565	6,052	80%	
Year 2	7,537	4,506	59%	From now to March 31

NTC C19RM Budget (LAO-C-MOH 2021 -2023)

Budget by Module - Intervention	Year 1	Year 2	Year 3	Total Budget	%
COVID 19- COVID Diagnostics and testing	95.277	123.856	106.856	325.989	23,33%
COVID19-Case management, clinical operations and therapeutics	290.300	00	00	290.300	20,78%
COVID19-Laboratory systems	8.646	00	00	8.646	0,62%
COVID19-Mitigation for TB programs	263.981	180.072	180.072	624.125	44,68%
COVID19-Health products and waste management systems	66.963	00	00	66.963	4,79%
Program management-Grant management	9.000	35.999	35.999	80.998	5,80%
Total	734.167	339.927	322.927	1.397.021	100%

C19RM Activities Status (update)

No.	Description	Implementer	Budget 2021-2022 (USD)	Status of Activities	Expenditure of Q1/2022
1.	Maintaining Specimen transportation from district to provincial GeneXpert laboratories	NTC	70.919,86	SOP had been developed and send to implementing sites on 15 February 2022 Will start to conduct in end of March 2022	00
2.	Conducting ACF among high-risk group testing for Covid and TB (BASE ALLOC)	NTC	31.890,92	NTC is conducting at ODX	4.863 \$
3.	Conducting ACF among high-risk group testing for Covid and TB (ABOVE ALLOC)	NTC	53.151,53	NTC will conduct in 2022	00
4.	Community outreach for awareness raising among highrisk group by 2 CSO organizations.	CSO	5.873,92	Ongoing carried out RRDPA has carried out at Hinheub district on 23-26/02/22 , 131 attendees MAP has carried out at Vanvieng district 14-16/03/22 ,82 attendees	1.956 \$
5.	Transportation of DR-TB patients from home to treatment unit and return (BASE ALLOC)	NTC	23.110,96	NTC started conduct in SVK for First site	200 \$
6.	Transportation of DR-TB patients from home to	NTC	7.969,30	NTC will conduct in 2022	00

	treatment unit and return (ABOVE ALLOC)				
	Scaling-up of GeneXpert connectivity solution 2 days Practice workshop in all 164 TB Units: 10 subnational workshop (in Vientiane and Province) inviting 2 persons by TB unit; (BASE ALLOC)	NTC	17.621,76	NTC will conduct in Q2/2022	00
8.	Training of the 23 Gene Xpert laboratories on new SOPs and IPC and quality control for TB, COVID, HIV Viral load; 3 labs technicians per laboratory:	NTC	15.914,54	NTC will conduct in Q2/2022	00
9.	Data quality improvement for laboratories: Training on data management of GeneXpert testing and results	NTC	13.382,92	1 session has been conducted at Bolikhamxai Province including 7 districts of Lab technicians , total 18 participants date 2-4 /02/22	3.162 \$
10.	C19RM 2020 Roll Over - TB tracker practice workshop in all (164) TB	NTC	28.761,27	NTC conducted 2 sessions in HP&XK on Feb 2022	6.270 \$

C19RM Procurement Status

No.	Description	Implementer	Budget (USD)	Status
1.	Portable digital X-ray machine set and accessories for outreach TB and Covid screening	NTC	180.000,00	Pending NPCO confirmation of payment status by GF
2.	PSM costs (12.5%) Procurement agent and handling fees	NTC	22.500,00	Pending NPCO confirmation of payment status by GF
3.	PSM costs (12.5%) Freight and insurance costs (Health products)	NTC	22.500,00	Pending NPCO confirmation of payment status by GF
4.	GeneXpert module replacement	NTC	10.800,00	Justification request to submit to GF to change supplier from WAMBO to CEPHEID
5.	PSM costs 12.5% for GeneXpert modules	NTC	1.350,00	Justification request to submit to GF to change supplier from WAMBO to CEPHEID
6.	GeneXpert Machine (4 modules, laptop, 10 color)	NTC	58.500,00	Pending request price quote from WAMBO
	PSM for GXp machines: 12.5%	NTC	7.312,50	Pending request price quote from WAMBO
8.	Vortex mixer	NTC	4.116,00	Justification request to submit to GF to change supplier from WAMBO to Local
9.	PSM 12.5% for vortex mixer	NTC	514,50	Justification request to submit to GF to change supplier from WAMBO to Local
10.	1 Teleconference set: 10,000 US\$	NTC	10.000,00	In the process of evaluation for the bidding documents

C19RM Procurement Status (Refund)

No.	Description	Implementer	Budget (USD)	Status	Q1/2022
1.	(bl#243 LAO-T-MOH) Civil works for renovation of 2 MDR-TB units (bl#243): 65,000 US\$	NTC	65.000,00	Completed	
2.	(bl#244 LAO-T-MOH) 16 beds for 2 MDR units: 6,524 US\$	NTC	6.525,00	Completed	
3.	(bl#209 LAO-T-MOH) 4 EKG machines: for MDR units	NTC	5.157,60	Completed	
4.	(bl#246 LAO-T-MOH) 1 Autoclave for 1 MDR unit	NTC	2.800,80	Completed	
5.	(bl#237 LAO-T-MOH) 2 Monitors for ICU bed in two new MDR-TB units including PSM costs	NTC	3.993,81	Completed	
6.	(bl#227 from LAO-T-MOH) equipment/computers to support DHIS2: 38 Notebook computers for data entry in TB tracker at district level: 39,267 US\$	NTC	39.267,00	Completed	

C19RM Procurement Budget under NCLE

No.	Description	Implementer	Budget (USD)	Status
1.	GX C-19 Xpress tests cartridges	NCLE	80.250,00	Received goods
2.	PSM costs (12.5%) Procurement agent and handling fees	NCLE	22.531,25	Received goods
3.	PSM costs (12.5%) Freight and insurance costs (Health products)	NCLE	22.531,25	Received goods
4.	Centrifuge for plasma spin (15 tubes) for GeneXpert laboratory 650US\$ x 15 items	NCLE	9.750,00	Justification request to summit to GF to change supplier from WAMBO to Local
5.	PSM 12.5% for centrifuge	NCLE	1.218,75	Justification request to summit to GF to change supplier from WAMBO to Local
6.	UPS for GeneXpert machine: local procurement including PSM costs	NCLE	13.140,00	Justification request to summit to GF to change supplier from WAMBO to Local

Key comments from the meeting:

- Some activities could not be carried out as planned due to the outbreak of Covid-19. The NTC and partners have tried to address the issues;
- Many provinces have no TB officer because the former staff has been worked for C19 and most of the staff has focused on C19 response, while the new staff does not understand TB work;
- The meeting also recommended that the national programs should take remedial measures to reduce the challenges of TB implementation;
- Procurement Process delay (C19RM 2 Budget) leading to some TB drugs stock out such as: H 100 mg & H 300 mg, RH for children, and Amecacine 500 mg. This may cause MDR TB or re-infected TB;
- The meeting recommended the NTC to continue to coordinate with the regional WHO to advance the drug from the regional TB networks for TB patients in Lao PDR.
- In addition, the meeting recommended the NTC should report all finding issues, challenges and solutions to the PR office and MOH leaders in order to obtain the guidance for addressing the issues.
- Financial documents and commitment letter for co-financing was delayed which has been signed in last February 2022. The Global Fund recommended to procure the drugs and health products through Wambo, but it is more expensive than domestic procurement. Therefore, NTC and PR-MOH request the GF to change supplier from Wambo to local facility. It is expected that the procurement of TB Drugs will arrive in Lao PDR in June 2022.

HIV Program:

Representative from CHAS has provided the progress update on HIV program funding by HANSA and C19 RM as below (for more information, please see the attached PPT):

Period of implementation on DLI K

Year	Period
Y1	1 Jan 2021 to 31 May 2021 (5 months)
Y2	1 Jun 2021 to 31 May 2022 (12 months)
Y3	1 Jun 2022 to 31 May 2023 (12 months)
Y4	1 Jun 2023 to 31 May 2024 (12 months)

Implementers DLI-K: CHAS, PCCAs, CHiAs and PEDAs**Areas of implementation for reaching out the key population (FSW and MSM)**

	Provinces	Implementers
FSW	1. Vientiane Capital	PCCAs
	2. Vientiane	PEDA
	3. Khammaune	PEDA
	4. Savanaket	PCCAs
	5. Champasack	PEDA
MSM	1. Louanprabang	CHias
	2. Xayabury	CHias
	3. Vientiane Province	CHias
	4. Borikhamxay	PCCAs
	5. Khammouane	CHias

DLIK-A: Percentage and Number of FSW who received an HIV test in the past twelve (12) months and know their results

Increasing 2% of FSW received an HIV test in the past twelve (12) months and know their results						
Target FSW	Baseline Y1 (06/2020-05/2021)			Target Y2 (06/2021-05/2022)		
	Estimate number FSW of 2021	Number of FSW received HIV test	% of FSW revied HIV test	Estimate number FSW of 2021 *	Number of FSW received HIV test	% of FSW revied HIV test
	9,119	8,027	88%	9,260	8,336	90%

Increasing 6% of MSM received an HIV test in the past twelve (12) months and know their results						
Target MSM	Baseline Y1 (06/2020-05/2021)			Target Y2 (06/2021-05/2022)		
	Estimate number FSW of 2021	Number of MSM received HIV test	% of MSM revied HIV test	Estimate number MSM of 2021 *	Number of MSM received HIV test	% of MSM revied HIV test
	6,454	1,772	27%	6,570	2,168	33%

Progress report on DLI K Y2

DLIK-A: Increasing 2% of FSW received an HIV test in the past 12 months and know their results

DLIK-B: Increasing 6% of MSM who received an HIV test in the past 12 months and know their results

DLIK-C: Increasing + 4% of Number HIV positive cases currently on treatment

Budget for DLI-K and Co-financing in Y2

- Year 0 & Year 1 for CHAS & CSO = 800,000USD
- Year 2 for CHAS & CSO = 800,000USD
- Co-financing in Y 2021 = 182,655USD
- Co-financing in Y 2022 = 704,792USD. This amount was focus on health product and equipment procurement submitted on March 2021. MOH approved on 1st November 2021. List of Health products (ARV, OI, Lab equipment and reagent were submitted to DPC.

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.
- Hidden FWS can't accessed them.
- PLHIV lost of follow up.
- Procurement and supply were not on time.
- PSM cost was high.
- Still waiting budget in year 2022(Y2) up to now.

Solutions:

- Used peer education to find out them network and snowballing method to access hidden of FSW and Mobile HIV testing.
- MMD for PLHIV.

Major risks to HIV Grant: FSW

Risks	Mitigation Measures	Risk management actions during COVID-19
1. Hidden high-risk populations FSW not being reached for VCT and services)	<ul style="list-style-type: none"> ➤ Developing mechanism to reach the hidden of FSW. ➤ Using social media to promote and link with network to access key population and HIV testing 	<ol style="list-style-type: none"> 1. 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. 2. Continuing the implementation of activities on raising awareness and providing mobile HIV testing services at the sites and hotspots. 3. 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. 4. 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. 5. Closely monitoring activities and ensuring data entry through DHIS2 system.

Major risks to HIV Grant: MSM

Risks	Mitigation Measures	Risk management actions_ Covid19 Pandemic
2. Hidden high-risk populations MSM not being reached for VCT and services (Covid19 pandemic) (June-Oct/2021)	<ul style="list-style-type: none"> ➤ Continuing to strengthen strategy for reaching MSM and providing health services. ➤ Improving Index testing activities ➤ Using social media and linking with network to promote and access the HIV testing 	<ol style="list-style-type: none"> 1. Consultation with partners at Provincial level and PCCAs for the guidance and set up plan to reach MSM target 2. Using Social media or online network (WhatsApp, Facebook, MSM application group) to promote and access HIV testing and PrEP for key population such MSM. 3. Training-Retraining Peers and field teams on the Implementation of index testing and PrEP. 4. Improving coordination and collaboration between outreach activity teams and health care providers at health facilities on HIV testing and referral to ART sites. 5. 5.Using safety IPC equipment during implemented activities such as PPE, mask, alcohol, gloves, self-face cap....for Peers. 6. 6. Closely monitoring activities and ensuring data entry through DHIS2 system.

Major risks to HIV Grant: PLHIV

Risks	Mitigation Measures	Risk management actions Covid19 Pandemic
Disruption to ARV pick up and Care seeking due to COVID Lockdown	<ul style="list-style-type: none"> • Communication and peer-support for drug delivery to ensure continuity of HIV treatment • MMD Strategy • Telehealth Provider • Fast Track ARV pick up at ART sites 	<p>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</p> <p>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.</p>

	<ul style="list-style-type: none"> Scaling up Point of Care (POC) sites 	<p>Fast track ARV pick up is more implemented during COVID-19 pandemic at ART sites according to the guidance and SOP</p> <p>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</p>
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Mitigation Plan

SOP on community based ART Delivery model in Lao PDR

	Scenario	Strategies
ARV	PLHIV living near ART sites	Fast track ART pick-up at ART sites
	PLHIV living in the urban area	Home-based ART delivery by peers and health care workers
	PLHIV living in the rural area	Community ART group delivery by peers Family group ART delivery
	PLHIV living in other countries e.g., Thailand	ART refill by post

Provide service COVID-19 vaccination for PLHIV at 3 ART sites

PLHIV n= 8551

C19RM Year 1: 4% get vaccination provided by ART

1% get vaccination provided by themselves at Health Facilities

Mitigating actions

- Capacity building of Health care provider
- Establishing selected new POC for stable PLHIV
- Establishing HIV-1 Recent infection surveillance among persons newly diagnosed with HIV
- Strengthen laboratory Capacity and quality system
- Strengthening HIV strategic information (SI)

Progress updated on C19 RM

Activities and Budget COVID-19 (2020): 919,527,22 USD (CHAS: 125,000 USD)

The implementers CHAS, NTC, CMPE and NCLE have done the following 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 (Safe Seal Microcentrifuge tube, Filter pipette tips, RNA mini kit, HIV viral load testing using Gene X pert, CD4 testing machine and other consumables: Mask, Gel...

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 Implementation Project: 1st 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 grand

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 comments from the meeting:

- The first year could not reach the target indicators of DLI-K due to the fund was delayed. Although the second year has not yet received the fund, the target indicators can reach 72% by using the saving of year 1. The meeting recommended DPC to closely follow up with the Global Fund and the World Bank on the reasons for the delay in transferring fund.
- WB has commented that funding disbursement is required verification for the performance indicators and although without DLI funding, activities should continue as usual. DLIs funding may delay for the year 2 because of transitional phase. WB, GF and DPC has discussed to address this issue and find some flexibility. The fund may be advanced before the DLI has been verified.
- On the other hand, the submission of documents was not clear and took a long process that caused delay in transfer of fund. Therefore, close coordination between the national program and the relevant departments of the Ministry of Health is required.

Decisions

No Decision

Agenda Item #3 Update information and activities from the CSO-KP-PLWD Coordinating Committee

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

A representative from CSO-KP-PLWD CC presented the summary results of pilot CBM tool application as below *(for more information, please see the attached PPT)*:

The Focal Point identified 10 Health Care Facilities in Vientiane.

No	Facility Name	Facility Type	Funding Type	Facility Type	Finding Type
1	Mahosot Hospital	Government Hospital	Fully Government	Government Hospital	Fully Government
2	Setthathirath Hospital	Government Hospital	Fully Government	Government Hospital	Fully Government
3	Mittapharb Hospital	Government Hospital	Fully Government	Government Hospital	Fully Government
4	Sisattanak Hospital	Government Hospital	Fully Government	Government Hospital	Fully Government
5	Sikhottabong Hospital	Government Hospital	Fully Government	Government Hospital	Fully Government
6	Saysetha Hospital	Government Hospital	Fully Government	Government Hospital	Fully Government
7	Hadxaifong Hospital	Government Hospital	Fully Government	Government Hospital	Fully Government
8	Vientiane Women and Youth Centre for Health & Development, Laos (VWYC)			Non-Government Organisation (NGO)	Fully Donor
9	103 Hospital				
10	???				

Key issues for accessing health service of the key population have been identified:

- COVID19 severely impacted service provision and accessibility
- Lack of access to appropriate and clean washroom facilities
- Clients did not feel supported, or respected in general
- Not all questions put forward to the service provider were answered and counselling was rushed
- Medication available was not affordable
- General healthcare services were available but there lacks comprehensive gender affirming care
- There is no integration of gender affirming care into general healthcare settings, nor specific facilities established for the community

Key discussion points and comments from the meeting

- A question was raised regarding the target group and benefits for this pilot assessment. It should be reconsidered if this assessment is a priority of the national programs.

Decisions

No Decision

AOB and close the meeting**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

The CCM Secretariat has informed the meeting that two letters have been received from RCM Secretary last week to nominate the representatives from CCM Lao PDR as below:

1. Two candidates from the migrant and private sectors to be a member of RCM for the TB Elimination Among Migrants in the GMS (TEAM 2) grant for the period of 2022-2024;
2. Two candidates from CCM or non-CCM to be OC members of the RCM for the same period.

The nomination letter should be submitted to the RCM executive secretary at spetchsri@gmail.com by 31 March 2022.

In this connection, the CCM Secretariat had already submitted the nomination letter of 6 representatives from CCM Lao PDR to be the members and alternates of the RCM in November 2021 but at that time there was no candidate from the migrant and private sectors.

The meeting agreed to nominate the current RCM alternate member, Dr. Khampheng Phongluxa, to take another role as an OC member of the RCM. Due to no other candidate for the second seat of the OC RCM at this point, the CCM secretariat has been assigned to further coordinate with CCM members and partners in order to identify suitable candidate for this role.

With regards to the candidates from migrant and private sectors, the CCM secretariat informed the meeting that communication was made with concerned sectors but no volunteer for this role.

Decisions

The meeting agreed to nominate the current RCM alternate member, Dr. Khampheng Phongluxa, to take another role as an OC member of the RCM. Due to no other candidate for the second seat of the OC RCM at this point, the CCM secretariat has been assigned to further coordinate with CCM members and partners in order to identify suitable candidate for this role.

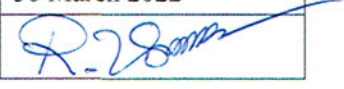
4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM No.	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:	30 March 2022
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	