

CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS									
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE) (INCLUDING ONLINE 11)			20	
MEETING NUMBER (if applicable)		01			TOTAL NUMBER OF CCM MEMBERS JOINED ONLINE (INCLUDING ALTERNATE)				
DATE (dd.mm.yy)		25 Mar 2022			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			20	
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF) (INCLUDING ONLINE 21)			33	
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)			4
		Organization	Lao Red Cross			VENUE / LOCATION		Don Chan Palace Hotel	
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair		X	MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting	X	
		Vice-Chair					Extraordinary meeting		
		CCM member					Committee meeting		
		Alternate			GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA	X	
HIS / HER SECTOR* (Place 'X' in the relevant box)				FPM / PO					
GOV	MLBL	NGO	EDU	PLWD			KAP	FBO	PS
		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 (PUDBs, 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"> Introduction and endorsement of agenda Quorum verification and conflict of interest identification Update follow up action from the last meeting 	X														
AGENDA ITEM #1	Update on the process of CCM Positioning Pathway Plan <ul style="list-style-type: none"> CCM Secretariat will provide 															X

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.			

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	Update on the process 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 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 9th 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 under the direction of the Ministry of Health has been working with concerned sectors and stakeholders to merge the three committees, i.e., SWC, Health Sector Reform and Samsang into a single committee. 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. According to the timeline that endorsed in principle by the CCM, for year 2022 is a transitional phase preparation period to consider the integration of the CCM into the SWC and anticipate that by the end of 2023, if possible, the CCM's functions will be implemented in the SWC. However, this is a timeline that proposed from the CCM side. The next step will be a series of discussions and consultations with the SWC side in order to move forward the process.

Figure 1. Time line of Lao CCM Positioning Pathway Plan

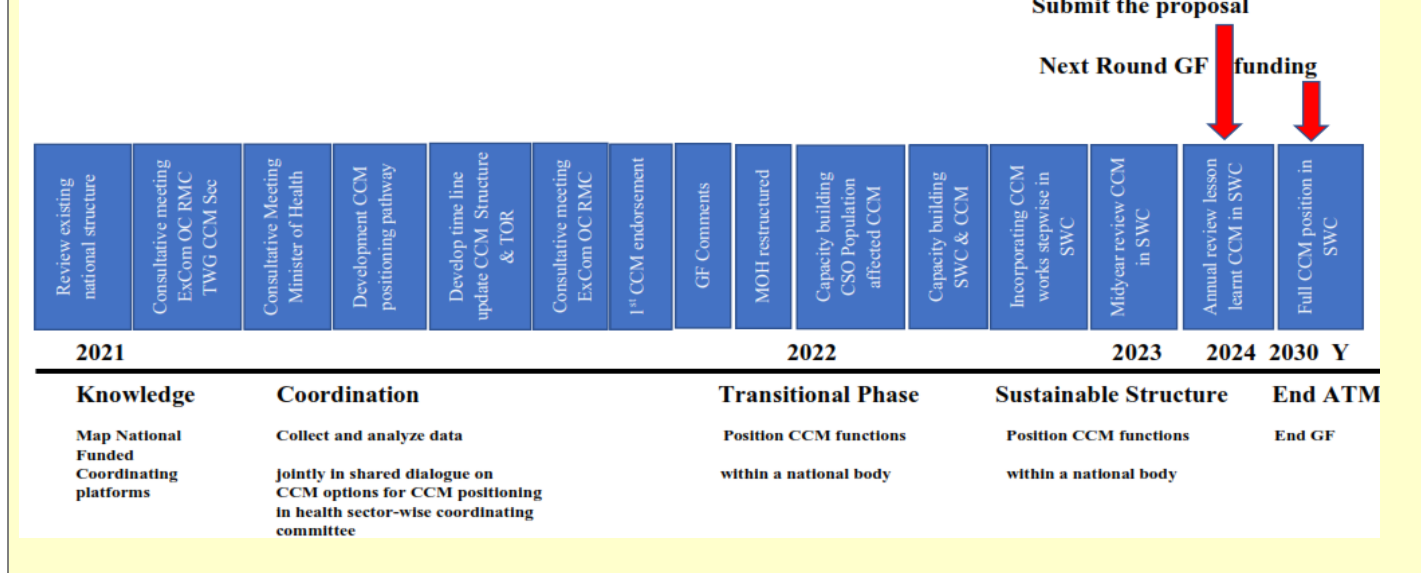
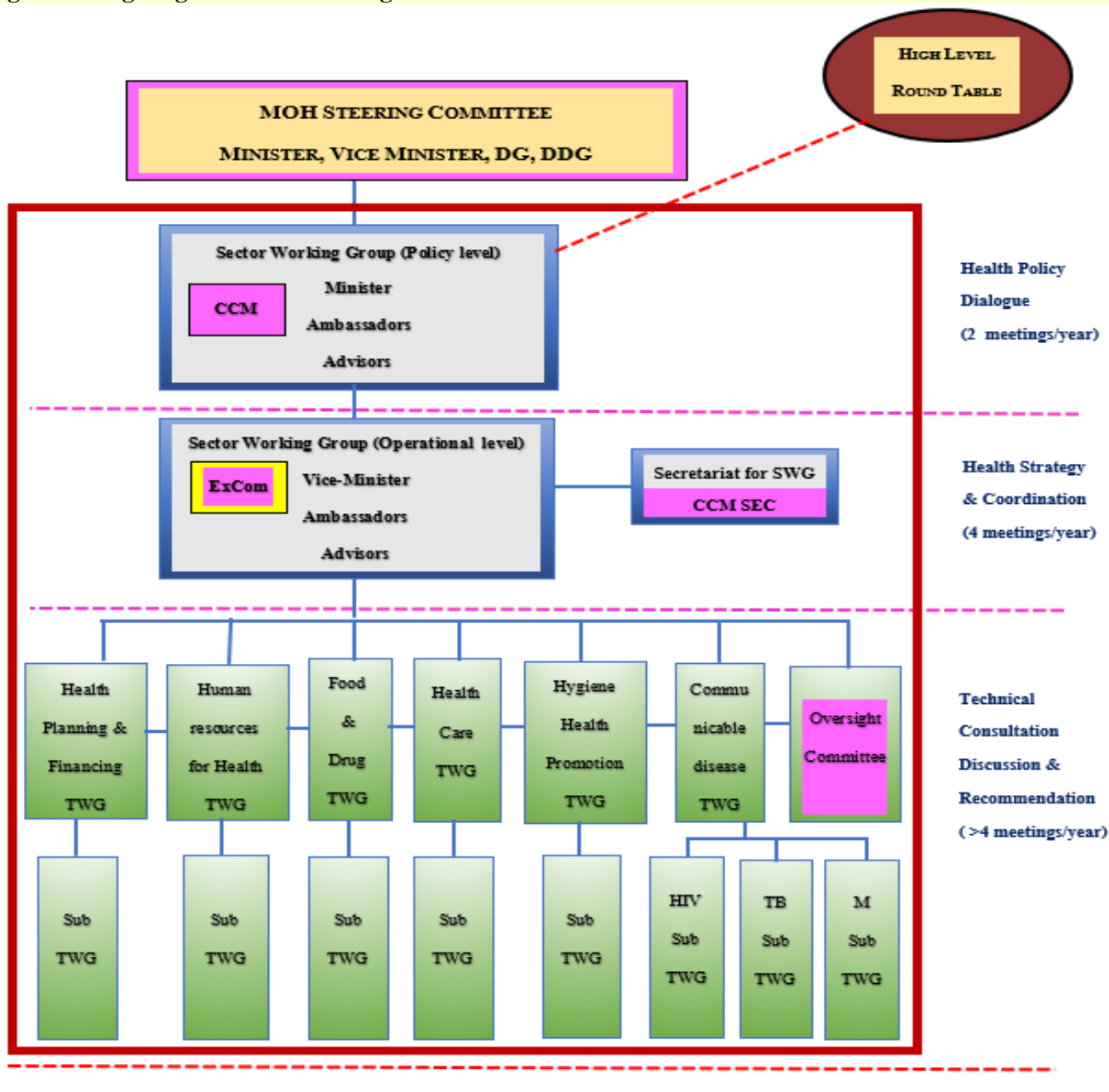


Figure 2. Organogram of Positioning CCM in Health SWC Platform



Key comments from the meeting:

- A representative from the SWC Secretariat informed the meeting that the SWC Secretariat under the guidance of MOH leaders has reviewed and discussed the structure and functions of the CCM. Based on initial review, the integration of the CCM into the SWC may be not relevant due to CCM mechanism is a multi-stakeholder approach which adheres to the principles of broad participation of all stakeholders, while the SWC is a fundraising mechanism of the MOH and its health counterparts. The SWC specifically monitors the implementation of health programs within the Ministry of Health. However, MOH has not yet decide at this point and will consider how and where the integration of CCM into the SWC will be appropriated.
- The meeting recommended to wait for the results of the current SWC’s reform including the new structure and TOR before moving forward the process of positioning the CCM in the new SWC platform.

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.			

AGENDA ITEM #2	Progress update on the implementation of the Global Fund Country and Regional Grants
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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

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 – 2021

Impact indicators

1. Inpatient malaria deaths
2. Malaria test positivity rate
3. API
4. Reported malaria cases

Outcome indicator

1. ABER

Coverage indicators

1. LLINs continuous distribution
2. # testing in all sectors
3. % treated in all sectors
4. % case investigated within 3 days
5. % foci investigated within 7 days

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

Death case: Nong district, Savannakhet Province on September 2021

Outcome indicators

Outcome indicators	Period	Target	Result	Achievement	Grant Rating
Indicator 1 Annual blood examination rate	Jan-Dec 2021	27.26	21.48	Not achieved	N/A

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 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

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

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

Other Programmatic Achievements 2021 and Priorities for 2022

Programmatic Achievements – 2021	Programmatic Priorities - 2022
<p>Trainings: ICCM, Surveillance and DHIS2</p> <ul style="list-style-type: none"> Completed in the Southern Provinces at all levels (Province, District, HC, VMW) in 2021 as planned, and 80% in the Northern Provinces; The delayed trainings in the Northern Provinces are in process to be completed in quarter 1 of 2022; 	<p>Case management</p> <ul style="list-style-type: none"> Improve testing rate in the public sector; Improve PV Referral cases for the VMW's managed by CMPE; Scale up of Pf elimination acceleration activities (Pilot Completed in 2021); Finalize Re-stratification exercise;
	<p>Vector control</p> <ul style="list-style-type: none"> LLINs mass campaign – 922,100 nets in 43 districts; LLINs continuous distribution and PF Accelerator – 101,923 nets;
<p>Surveillance</p> <ul style="list-style-type: none"> Outbreak responses (67) were conducted in the south; Weekly SMS reporting in high burden villages & health facilities; Entomological surveillance ongoing, partially interrupted to Covid19; 	<p>Surveillance</p> <ul style="list-style-type: none"> Maintain good rates for case investigation and improve rates for FOCI investigation; Continue and improve the weekly SMS reporting and outbreak alert system in high burden villages and health facilities

<p>Pv radical cure – G6PD quantitative roll out</p> <ul style="list-style-type: none"> • Health centers - south: completed in 2021; • Health centers – north: partially delayed due to Covid 19, planned to be completed in April 2022; 	
<p>Program Management</p> <ul style="list-style-type: none"> • Planning meetings with Provinces and Districts were conducted to develop 6 months’ work plans (mostly online); • Weekly meetings conducted by CMPE with provinces to discuss main technical issues; • Finalized Closeout and Audit Reports for RAI2 (2018-2020); • Grant Agreements were amended to include the additional budget for PF Accelerator activities (USD 515,000); 	<p>Program Management</p> <ul style="list-style-type: none"> • Reprogram the budget savings and submission for GF approval (includes updated procurement forecast and performance framework); • Improve the disbursement process at the Bank of Lao: the average disbursement time is 18 days for the first 5 quarters of the grant (it should be 10 days);

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%	

Co – Financing Requirement

Activity	2022	2023	Comments
Procurement and PSM costs of RDTs for malaria diagnosis	\$ 281,435	\$ 151,542	* 880,000 qty of malaria RDTs to be procured in 2022 and 2023
Annual Review and Planning Meeting with provinces	\$ 19,288	\$ 19,288	* 1 time per year; 3 days meeting; * 4 participants from each province (total 18 provinces); other implementing partners will pay for travel from their own budget
Elimination certification preparation meeting/training for all districts in elimination provinces	\$ 15,134	\$ -	* elimination certification meetings/trainings will be done for all the districts in the 13 central and northern provinces (106 districts) * 6 meetings will be done for 13 provinces and districts: 3 in Year 1 and 3 in Year 2
Dissemination meeting for updated microscopy IQA guideline	\$ -	\$ 6,327	* Dissemination of microscopy IQA guideline in 2021 and 2023 * 2 meetings in each year for 18 provinces; 2 persons from each province * 2 days meeting
Microscopy training for PAMS, provincial hospital and district hospital laboratory staff	\$ 59,885	\$ -	* 125 elimination district hospitals, 18 PAMS and provincial hospitals, 26 army hospitals, 10 police hospitals, 8 central hospitals, 1 university (Total: 188 sites) will be trained.
Training of PAMS and DAMN on LMIS SOP	\$ 32,594	\$ -	* Revised malaria LMIS SOP trainings to PAMS and DAMN in the whole country * Last LMIS training in early 2020, the revised LMIS SOP for malaria program will be completed in 2021, hence, retraining is required in 2022.
Update training materials for PPM providers, and print	\$ -	\$ 3,050	
Conduct training of trainers for PPM facilities with CMPE, PAMS and DAMS	\$ 36,285	\$ 36,285	
Conduct refresher training of providers in PPM network	\$ 55,922	\$ 55,922	
Conduct review meetings to assess progress of transition to detect, refer and notify cases	\$ 15,707	\$ 15,707	
Total	\$ 516,251	\$ 288,123	

The budget is approved for 2022. The request to start the procurement process for RDTs to be delivered in 2022 was submitted by CMPE to the DOF.

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 Accelerator Elimination activities (TDA, IPTF) to be conducted in high burden districts
Disruption in testing and 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"> – Remote coaching provided continuously by electronic means; – Planning meetings conducted online
Reduced testing rates due to Covid 19 travel restrictions and reduced availability of staff	<ul style="list-style-type: none"> – Testing of all fever cases; – Continuous supply of commodities
Outbreak responses 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.
Delays in the disbursement process through MOH account at the Bank of Laos	DCDC and PR UNOPS coordinate closely to DOF and with the National Treasury for improvements of the disbursement process.
Increased travel costs for field activities due to high fuel costs	Reallocation of budget savings through the reprogramming exercise.
Delays in the procurement of RDTs budgeted as part of the Co – Financing Requirement	CMPE and DCDC continue to coordinate with DOF for the timely procurement process

Key comments from the meeting:

- LLINs were achieved only 38% due to delay in GF Procurement of the LLIN for MMP and military distribution, due to suspension of the supplier by the GF OIG. The nets for the same activity in 2022 are already delivered from a different supplier, the same issue will not repeat in 2022;
- The meeting suggested to re-investigate to find the reason of death case of Malaria in Nong district, Savannakhet Province on September 2021.

COVID-19 Response Mechanism

Representative from DPC, MOH updated on the LAO-C-MOH for COVID-19 Response Mechanism Project as below summary (*for more information, please see the attached PPT*):

Project Progress Update

1. Received grant funds from GF on November 23, 2021 in the amount of **US\$ 2,654,356.26**.
2. Completed opening bank account for PR and each SR on December 22, 2021 and updated into MOU signed between PR and each SR, and sent to GF on December 23, 2021.
3. Completed transferring C19RM activities budget to all SRs for Q3 & Q4 on December 28, 2021 and January 27, 2022, as well as Q5 on March 21, 2022 (Only PEDA, ALP+ and LWU not transfer yet).
4. Completed 1st Quarterly Meeting with 12 SRs on January 20, 2022.
5. Completed C19RM Progress Update Meeting with GF on February 3, 2022.
6. Submitted Government Co-financing Commitment Letter to GF on February 11, 2022.
7. Completed sending the PPE data to GF after received information from MPSC in 4 times (1st and 2nd time on December 10 & 24, 2021, 3rd time on February 14, 2022, and 4th time on March 4, 2022).
8. Completed Meeting with GF to discuss on Government Co-financing on March 24, 2022.
9. Completed purchase COVID-19 Ag Rapid Test Device (6.680 sets (25 kit, set = 167.000), and distributed to the target provinces on December 7, 2021.
10. Completed Procurement of GX C19 Xpress SARS-COV-2, Test kit, 10.000 test.
11. All procurements related to each SR are now on-going process.
12. The total fund received from GF in the amount of **2,654,356.25 USD** and already used for the Project Implementation as detailed in the table below:

The Global Fund Grant No. 1817 Grant Name: LAO-C-MOH

No	Bank Name	Description	Expenditure	Balance
Grant	BOL	LAO-C-MOH		2,058,432.06
1.	BCEL	PR/DPC	28,001.50	2,693.50
2.	BCEL	MoH DHR	2,696.00	42,354.00
3.	BCEL	MoH CHAS	15,220.26	50,675.74
4.	BCEL	MoH CMPE	11,227.34	105,216.96
5.	BCEL	MoH NTC	17,422.88	26,422.12
6.	BCEL	Lao Red Cross	3,273.80	810.85
7.	BCEL	Lao Women Union	11,151.93	39,048.54
8.	BCEL	CHIAS	4,383.23	145,749.77
9.	BCEL	APL+	6,378.66	43,512.74
10.	BCEL	PEDA	7,701.01	32,633.37
11.	BCEL	MoH NCLE	736,771.49	-
12.	BCEL	MoH FDD	-	-
Total			844,228.49	2,547,549.65

Direct Payment by GF	736,771.49
Payment by PR & SRs	107,455.61

By Cost Grouping	USD
1. Human Recourse (HR)	64,404.36
2. Travel Related Costs (TRC)	26,281.64
3. External Professional Services (EPS)	
4. Health Products – Pharmaceuticals Products (HPPP)	

5. Health Products – Non-Pharmaceuticals (HPNP)	650,481.36
6. Health Products – Equipment (HPE)	
7. Procurement and Supply-Chain Management Costs (PSM)	86,772.49
8. Infrastructure (INF)	
9. Non-Health Equipment (NHP)	
10. Communication Material and Publications (CMP)	2,696.00
11. Indirect and Overhead Costs	10,658.88
12. Living support to client/target population (LSCTP)	2,933.37
13. Payment for results	
Total:	844,228.10

Next Step

1. Meeting with GF to discuss about revised 2022-2023 work plan and reprogramming on the TB, HIV, and malaria activities on March 28, 2022.
2. Submit revised 2022-2023 work plan and reprogramming on the TB, HIV, and malaria activities to GF on April 30, 2022 based on GF notice on March 17, 2022.
3. 2nd Quarterly Meeting with 12 SRs on 3rd week of April, 2022.
4. Transfer C19RM activities budget to 3 SRs for Q5 (PEDA, ALP+ and LWU).
5. Follow up all procurements related to each SR which is now on-going process.

Key comments from the meeting:

- After listened to the presentation, the participants had no additional comments on the agenda.

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 PEDA

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

Target FSW	Increasing 2% of FSW received an HIV test in the past twelve (12) months and know their results					
	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 received HIV test	Estimate number FSW of 2021	Number of FSW received HIV test	% of FSW received HIV test
	9,119	8,027	88%	9,260	8,336	90%

Target MSM	Increasing 6% of MSM received an HIV test in the past twelve (12) months and know their results					
	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 received HIV test	Estimate number MSM of 2021	Number of MSM received HIV test	% of MSM received 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 was submitted to DPC.

Challenges

Corona virus 19(COVID-1) pandemic since 1 April 2020 the country was lock down, it has 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.

Request from 23 point to DPC on Mach 2021, and 17 points July 2021 until now it will continue to fix on DHIS2 system to be improved such as:

- Adherence calculate it not match with ARV drug on hand's PLHIV.
- PLHIV Next appoint date did not save in system.
- Daily ARV regiment dose missed on event report page.
- DHIS2 system have not opened box yet to accept the result of VL result from Gen X-pert.
- Standard report still is not match with data base in the system CSO tracker.

Solutions:

- Used peer education to find out their 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
Hidden high-risk populations FSW not being reached for VCT and services)	<p>Developing mechanism to reach the hidden of FSW.</p> <p>Using social media to promote and link with network to access key population and HIV testing</p>	<ul style="list-style-type: none"> • 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.

Major risks to HIV Grant: MSM

Risks	Mitigation Measures	• Risk management actions_ Covid19 Pandemic
Hidden high-risk populations MSM not being reached for VCT and services (Covid19 pandemic) (June-Oct/2021)	<p>Continuing to strengthen strategy for reaching MSM and providing health services.</p> <p>Improving Index testing activities</p> <p>Using social media and linking with network to promote and access the HIV testing</p>	<ul style="list-style-type: none"> • 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. • 5.Using safety IPC equipment during implemented activities such as PPE, mask, alcohol, gloves, self-face cap...for Peers. • 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	<p>Communication and peer-support for drug delivery to ensure continuity of HIV treatment</p> <p>MMD Strategy</p> <p>Telehealth Provider</p> <p>Fast Track ARV pick up at ART sites</p> <p>Scaling up Point of Care (POC) sites</p>	<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> <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</p>

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 massages
- 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 C19RM 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:

- Some OI drug was stock out for three months in the southern provinces, but now these drugs are available;
- Regarding the volunteers have not received their salaries, the representative from CHAS confirmed that the fund will be transferred immediately after CHAS receives the fund from PR;
- Regarding the opinion and questions on limited HIV case finding at the district hospital and difficult to reach FSW; and reconsideration for increasing screening test and self-testing and accessing to PreP, the CHAS explained that the national strategy has been developed and these packages have been implemented as pilot phase among MSM group which has shown an effective result. Expansion these packages to the other group like FWS requires more discussions in detail on funding, test kits and reporting systems;
- The National HIV/AIDS Program focus on TPT to prevent people not living with HIV and TB and patients should have access to HIV viral load testing and self-testing to certify as healthy and not to transmit the disease to others;
- During Covid19 outbreak, the infected person may request ARV drug for 5 - 6 months treatment course to reduce travelling costs. According to the SOP, an infected person can receive drugs for more than 3 months, depending on the actual health conditions. If the infected person has good health and has no complications, all ARV centers in each province can provide drugs for up to 6 months. CHAS will coordinate with the ARV and POC sites at provincial level on this issue.

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 treatment unit and return (ABOVE ALLOC)	NTC	7.969,30	NTC will conduct in 2022	00
7.	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-	3.162 \$

				4 /02/22	
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
7.	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 submit to GF to change supplier from WAMBO to Local
5.	PSM 12.5% for centrifuge	NCLE	1.218,75	Justification request to submit 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 submit to GF to change supplier from WAMBO to Local

Proposed Issues/Challenges

1. Not Reach the targets (DLI-J)
2. Some TB Drugs stock out
 - H 100 mg & H 300 mg
 - RH for children
 - Amecacine 500 mg
3. Procurement Process delay (C19 RM2 Budget)

Action Plans for the challenges

Issues	Actions Taken
<p>Drop in TB notification:</p> <ul style="list-style-type: none"> • Fund Transfer procedure was delay to implementing sites, included provincial and district level • Many activities were not implemented, including active case-finding • Less specimens from district to Xpert sites at provincial hospitals • Limited access of the patient to health facilities due to lockdown condition, patient could not freely move from home to health facilities • Low coverage of X-ray machines especially at district level (20%) 	<ul style="list-style-type: none"> – Conducting quarterly video meeting with each province to follow-up funding flow from province to districts and implementation and reporting of activities – CDC and implementing sites as provincial and district TB units re-adjust priority plan to mitigate impact by following the COVID-19 task force guidance such as wearing mask, avoiding crowding, social distancing – Reviewing plan of ACF and Supervision by restarting ACF at all levels – Combining training on IPC and EBS with TB identification and referral at all levels. In order to build the capacity in term of health education to improve the quality of services – Integrated with other programs via specific task force at implementing sites – On site supervision visit provinces and districts where there is no outbreak.

Key comments from the meeting:

- The solution for addressing the stock out of drugs, NTC has facilitated sharing the drugs between the provinces throughout the country that have more drugs available to the provinces that are in need. Accelerate drug procurement suppliers to deliver drugs on time (as planned by the ARV Site and supplier);
- For some kinds of drugs are not available in Lao PDR, it may be difficult to adjust the treatment regimen,

but for HIV patients who have taken the drug with TB may have to share it and have to check the stock out at the provincial level;

- Regarding the Gen-Expert that has been delivered to the provincial level but the training is not good enough, NTC is consulting with CHAS and will train the staffs on this topic. CHAS has already developed an application for the implementers. At the same time, NTC kindly propose development partners with additional assistance as the death rate from tuberculosis in Lao PDR is more than 2,000 per year;
- UNOP representatives stated that a process of money withdrawal is difficult, especially at the Department of Finance (DOF) of Ministry of Health and the Bank of the Lao PDR (BOL);
- The Global Fund has complied with the Ministry of Finance (MOF) regulations (Fund should be transferred to single door) and the DOF has requested the MOF to facilitate the same withdrawal as commercial banks to reduce the withdrawal process. The reason why provincial volunteers did not receive their salaries may be caused by process delays in withdrawing money. However, the DOF will take this issue to discuss with the relevant committees and coordinate with the implementers as well as the national programs. If necessary, may hold a joint meeting with the MOF to find a solution;
- For government co-funding, DOF has received the plan in January of each year, but there have been delays in coordination process and responsible units;
- According to the DLI regulations of the HANSA project, it is firstly necessary to carry out the work. Once the indicators are reached, then the money can be disbursed. But if the government does not have the money to invest in advance, what should be done? This issue should be informed to the Global Fund;
- Regarding the question on the national health insurance scheme in Savannakhet province has not yet cover HIV, TB and Malaria, If other diseases are coverable in some districts, the NHIB will consult with the provincial health insurance office to find out the solutions.

DECISION(S)

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

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 CSO presented the structure and activity plan of CCM-CSO-KP-PLWD in 2022 as below (for more information, please see the attached PPT):

- Members of CCM-CSO-KP-PLWD
 - Representative of people living and affected by HIV/AIDS
 - Representative of people living and affected by TB
 - Representative for people living and affected by Malaria
 - Representative for people living and affected by PEER
 - Representative for CSOs (Lao Red Cross)
- Activity Plan for CCM-CSO-KPs and PLWDs in 2022
 - Capacity building for CCM-CSO-KPs and PLWDs
 - Training on community health system strengthening including GF’s coordination mechanism
 - Training on genders, sexual orientation and gender identity, advocacy, communication skills and being good representative
 - Training on community lead monitoring (CLM)
 - Attend the meeting/workshop
 - Pre-meeting between CSO-KPs and PLWDs before the plenary meeting of CCM
 - Attend the CCM Plenary Meeting – Calendar Year 2022
 - Attend the linking and learning session and workshop to share the best practices and community champion among CSOs and partners
 - Community field visit
 - Conduct quarterly field visit related to activity of CSOs implementing in the community level in three components, HIV/TB and Malaria;
 - Join field visit with CCM members
 - Production and dissemination of achievements for the CSO engagement in HIV, TB and Malaria.
 - Produce cases story for people living and affected by HIV/TB and Malaria related to the success on care and treatment adherence and quality health care access.

Key discussion points and comments from the meeting

- The meeting has comment on the name of the coordinating committee that have CCM members who are representing CSO constituency as “CCM-CSO-KP-PLWD”. The meeting agreed to delete the word "CCM" from that name because it may be confused with the name of the CCM and choose another name that is appropriate and not confusing.

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.

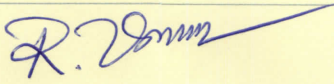
SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1			
AGENDA ITEM #2			
AGENDA ITEM #3			
AGENDA ITEM #4			

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

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

CCM MINUTES PREPARED BY:

TYPE / PRINT NAME >	Mr. Budhsalee Rattana	DATE >	08 April 2022
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

CCM MINUTES APPROVAL:

APPROVED BY (NAME) >	Assoc. Prof. Dr. Phouthone Muongpak	DATE >	
FUNCTION >	CCM Chair	SIGNATURE >	