

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES



MEETING DETAILS									
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			28	
MEETING NUMBER (if applicable)		02			TOTAL NUMBER OF CCM MEMBERS JOINED ONLINE (INCLUDING ALTERNATE)			2	
DATE (dd.mm.yy)		23 Jun 2022			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			23	
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			68	
HIS / HER NAME & ORGANISATION		First name	Dr. Rattanaxy			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes
		Family name	Phetsouvanh			DURATION OF THE MEETING (in hours)			8
		Organization	CDC Department, MoH			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	X			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
X								NONE	

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

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)																
GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS																
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decision points of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals / appointments	Constituencies engagement	CCM Communications / consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
OPENING PROGRAM	<ul style="list-style-type: none"> <li>Introduction and endorsement of agenda</li> <li>Quorum verification and conflict of interest identification</li> <li>Update follow up action from the last meeting</li> </ul>	X														
AGENDA ITEM #1	Report on Oversight Field Visit to Luang Prabang Province											X				



MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	<b>Report on Oversight Field Visit to Luang Prabang Province</b>
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI identified in this item	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p>The representative from the oversight field visit (OFV) team presented a report on the visit conducted in Luang Prabang Province from 23-27 May 2022. The visit focused on the implementation of the project's activities supported by the GFATM at provincial, district and health center levels. The findings were summarized as below <i>(For more information, please see the attached PPT):</i></p> <p><b>Overall Key Achievements</b></p> <ul style="list-style-type: none"> <li>• Under leadership from the provincial and district government, the projects were successfully implemented;</li> <li>• Received funding from the Global Fund, development partners and the government to implement the main activities of each level;</li> <li>• The three-disease program also has multi-stakeholder collaboration and response;</li> <li>• Available management project guidelines and equipment to run the project;</li> <li>• Health care provider and stake holder had been trained on technical;</li> <li>• Data collection and report through one channel (DHIS2);</li> <li>• Overall, the three programs have been achieved the targets and indicators.</li> </ul> <p><b>Overall Key Issues</b></p> <ul style="list-style-type: none"> <li>• Insufficient Health care provider and always turnover;</li> <li>• Some Health care provider, stake holder and volunteers are not yet fully trained skill of 3 diseases (HIV, TB and Malaria);</li> <li>• Limited and insufficient budget to run program especially HIV activities in district and Health center;</li> <li>• Insufficient vehicles and equipment to implement the activities;</li> <li>• Intergration and cooperation from provincial, district and health center is not good enough;</li> <li>• Patients are poor and living far from the treatment facilities is hard to access for the treatment service;</li> <li>• Monitoring and evaluation from each level is not regular;</li> <li>• Data collection and report through DHIS2 has been some difficulty due to internet and the system is not yet complete.</li> </ul> <p><b>Overall Proposal of the local partners</b></p> <ul style="list-style-type: none"> <li>• Request to support staff for implementing program in some unit;</li> <li>• Capacity building on technical including DHIS2 for staff in each level;</li> <li>• Request budget to run the program activities;</li> <li>• Request Ministry of Finance review DSA, travel rate...</li> <li>• Request for vehicle, moto bicycle, equipment, IEC material and reagent.</li> <li>• Strengthening internet system especially in Health center.</li> </ul> <p><b>General Recommendations of the OFV Team</b></p> <p><b>Provincial Level:</b></p> <ul style="list-style-type: none"> <li>• Get advice and report implementation result, strengths, weaknesses to Provincial Health office;</li> <li>• Strengthening integration and collaboration between unit and partner concern districts and Health centers;</li> <li>• Orientation workshop to explained more details activities to run the program;</li> <li>• Prepare detail work plan and share responsibility with unit and institution concern;</li> <li>• Capacity building, integration, collaboration for staff and partner concern;</li> <li>• Regularly monitoring and supervision districts and Health centers;</li> <li>• Review, control and approve data in DHIS2 system regularly.</li> </ul> <p><b>District Level:</b></p> <ul style="list-style-type: none"> <li>• Strengthening integration and collaboration between unit, partner concerns and Health centers;</li> </ul>	

- Prepare detail work plan and clear responsibility and submit to provincial for get approval with follow up work plans;
- Clear TOR and clear responsibility;
- Monitoring and supervision Health center regularly;
- Report implementation result, strengths, weaknesses to Provincial Health office regularly;
- Data entry and report through DHIS2 system regularly and on time.

#### **Health Center Level**

- Prepare detail action plan and submit to the district on a regular basis;
- Follow up on the approval of action plan from the district;
- Integration and collaboration with unit and partner concern during implementation;
- Data entry and report through DHIS2 system regularly and on time.

#### **Key comments from the meeting:**

- Representative of WHO noted that: “Integrated implementation of three diseases (ATM) has been found in Savannakhet Province;
- Questions on strategies for improving the health strengthening system and recommendations for integrated implementation for ATM:
  - strategies for improving the health strengthening system:
    - Make a detailed action plan, assign tasks, assign a person in charge and provide a detailed budget;
    - Regularly supervise and support the district and health centers;
    - Guidance staffs at provincial, district and health center level to be better responsible for their duties;
  - Recommendations for integrated implementation for ATM:
    - Initiative strengthening the capacity building of knowledge and information of staffs at the hospital and health center on ATM;
    - The relationship and coordination between the relevant departments should be improved for implementing activities;
    - The implementation should be linked to all relevant sectors and the action plan should be in detail;
    - Representatives from CMPE suggested that the integration of these three diseases may be difficult due to the guidelines and functionalities are very different (be able to integrate only reporting in DHIS2), possibly to organize a joint consultation meeting.
    - Representative from WB provided advice to the relevant sectors to review the implementation results.
- Malaria: a reason for the delay in transferring money to the district level is because of the provincial finance officer has been replaced and new finance officer has just been hired, which will speed up the transfer process to the district level. For travel cost is still based on the Degree of Ministry of Finance up on the subject to change;
- The question was raised about the special policies for people with disabilities and access to the people with disabilities. Representative of CHAS has clarified that HIV / AIDS services have not been collected the information for people with disabilities but the program has a comprehensive and non-discriminatory HIV / AIDS treatment system; All people living with HIV / AIDS have equal access to treatment;
- Regarding the comments from Lao Federation of Trade Unions and CSO representatives regarding their participation in the oversight field visit, the CCM Secretariat has explained a detail process of the oversight field visit to the meeting. For example, before conducting the OFV, the CCM Secretariat circulated the notice and invitation through e-mail to all members and alternates of CCM, OC, National Programs, NPCO, and relevant partners for their consideration and sending their expression of interest in joining the mission to the CCM secretariat. After receiving the participants' notifications, the CCM Secretariat has sent the official invitation to the participants. The pre-meeting was also convened to discuss more detail on the process and arrangement of OFV;
- The meeting recommended that each stakeholder conducting supervision the ATM programs at the local level, should inform the relevant sectors before implementing any activities and should also inform the authorities of provinces, districts and health centers to avoid duplication of activities. The meeting also

recommended that CCM members should take turns participating in oversight field visit so that more parties could be involved in the three-disease work.

- Community engagement: CSO representative raised a question to open or provide mechanism to build capacity for CSO-KP-PLWDs in supporting the national program on case finding and monitoring.

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.

**MINUTES OF EACH AGENDA ITEM**

**AGENDA ITEM #2** Update on the Joint HANSA Mission findings

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**

GF team has provided an update on mission findings as below *(for more information, please see the attached PPT):*

**Objectives of Mission 13-23 June 2022**

1. HANSA monitoring mission
  - Review year 2 implementation progress and follow up on actions from the mission in November 2021
  - Site visit to Oudomxay
  - Propose recommendations & adjustments for year 3 implementation
2. C19RM Reprogramming
  - Review and discuss the C19RM reprogramming to optimize funding utilization
3. Co-financing of TB and HIV health products
4. Looking forward 2024-2026

**HANSA monitoring visit – TB & HIV**

**Overall findings & achievements**

- Despite the challenges in implementation due to the Covid-19 lockdowns and travel restrictions, the TB and HIV programs accelerated implementation in year 2
- Roadmaps were developed by NTC, CHAS and partners to catch up
- DLI J: achievement of the TB case notification targets is reported at 90% and 100% for GeneXpert diagnosis
- DLI K: over-achievement of targets reported for HIV testing among KPs (102% for FSW and 121% for MSM) and 106% for ART coverage for year 2

## **TB Program**

### **Challenges**

- Sputum specimen transportation to GeneXpert testing
- Increase TB diagnosis capacity in district hospital and health centers
- Catch up with ACF in high prevalence districts and prisons
- Conducting contact tracing
- Case finding in children

### **Recommendations**

NTC with the support of technical partners including WHO, CHAI and CSOs, to submit a revised implementation strategy for year 3 under HANSA. The revised implementation strategy should consider the following elements to be rolled out during the last year of the current grant and the next GF investment:

- Concrete steps to integrate TB services in PHC service delivery and ensure availability of services at the community level;
- Increase TB case notification and treatment through a two-pronged approach to intensify case finding in the health facility, including contact tracing and active case finding by strengthening the local/community response to conduct ACF;
- Optimize and increase case finding among children;
- Optimize usage of GeneXpert as the primary diagnosis tool for all presumptive TB cases and to increase MDR-TB diagnosis;
- Improve quality of care for MDR-TB patients including enrollment of diagnosed patients on treatment, adopt new short treatment regimens and provide patient-centered care and enablers (food or transport subsidies); and
- Ensure complementarity of activities funded under C19RM to ensure these directly support HANSA and the national Covid response.

## **HIV/AIDS Program**

### **Challenges**

- Reaching KPs due to the lockdowns
- Access and referrals to the target groups have decreased
- Delays in fund flow
- Reaching target groups (FSW and MSM) has not been achieved as compared to the national strategic target (92% by 2022)

### **Recommendations**

- By 30 June 2022, DPC and CHAS to confirm access to additional GF funding for Technical Assistance support to design and implement innovative approaches to reach key populations with HIV services.
- The scope of work for the TA should be developed jointly between GF, CHAS, CSOs, WHO, and UNAIDS to ensure that it fits the needs and priorities of the country and supports achievement of the NSP targets.
- Timelines for TA: July 2022 – December 2023
- CHAS with the support of technical partners including WHO, CHAI and CSOs, to submit a revised implementation strategy for year 3 under HANSA. The revised implementation strategy should consider the following elements to be rolled out during the last year of the current grant and the next GF investment:
- Concrete steps to integrate HIV services in PHC service delivery through the decentralization of HIV testing and treatment services at the HC and community level, including universal access to PMTCT services;
- Review and update year 3 targets for HIV testing and ART coverage under HANSA to ensure an ambitious scope and further progress towards elimination;
- Review and update strategic information for key populations to improve program design and targeting, including disaggregated data for TGs, sub-national data and hotspot mapping;
- iv) Scale up innovative community-based approaches to reach KP with HIV prevention, testing and treatment services;
- v) Scale up TB/HIV collaborative activities, including provision of TPT for PLHIV, HIV testing for all TB patients and full ART coverage for co-infected patients; and
- vi) Ensure complementarity of activities funded under C19RM to ensure these directly support HANSA and the national Covid response.

## C19RM reprogramming

### General comments

- US\$ 7.1 M of C19RM funding for 2021-2023 period
- 19% reported expenditure rate
- US\$ 5.4 M (70% of total budget) has been allocated in Y2 (2022) - feasibility of absorption
- Travel related cost accounts for 19% of total budget, making this cost-input the most budgeted. It is mainly distributed for support towards Malaria programs (6%), HIV program (4%), TB program (3%), and CBOs monitoring (2%). These activities relate to advocacy, training, household visits for drug delivery, transportation of VMWs, IEC material, and monitoring.

### DPC to work with SRs ensure a cohesive strategy focused on program priorities:

- Opportunities to strengthen and improve TB, HIV and malaria program results
- Ensuring synergies with other COVID-19 related investments: e.g. PPE (13% of total budget), please consider forecast and current stocks
- Strengthen diagnostics capacity (x-ray machines, GeneXpert machines, replacement modules) to support multiple programs
- Reinforcement of laboratory information system (e.g. GeneXpert connectivity solution)
- Address gaps in cold chain storage facilities at the central warehouse level for time and temperature-sensitive laboratory reagents, test kits etc.

### Co-financing of TB & HIV health products

Government of Lao PDR committed US\$ 3.1 M of domestic funding for procurement of HIV and TB commodities for the 2021-2023 period

The budget approval for government co-financing for the implementation period of 2021-2023, acknowledged by Government of Lao PRD for TB and HIV is detailed in the table below:

Program	Government Co-Financing for 3 Years of 2021-2023 (in USD)			
	2021	2022	2023	Total 3 Year (2021-2023)
HIV	156,782.88	573,304.00	1,079,308.25	1,809,395.13
TB	120,800.00	399,073.00	772,193.40	1,292,066.40
<b>Total</b>	<b>277,582.88</b>	<b>972,377.00</b>	<b>1,851,501.64</b>	<b>3,101,461.52</b>

### The following risks have been raised with MOH, DOF & MOF:

- delays in disbursement of domestic funds for procurement of 2023 commodities may result in delays in ordering and arrival of health products, putting at risk patients' access to life-saving treatment;
- unfavorable exchange rate evolution resulting in higher commodity prices in Lao Kip.

### Recommendation:

- DPC, CHAS and NTC to work closely with DOF and MOF to ensure funding availability and timely ordering of commodities based on the current stocks. MOF to develop a strategy to manage the unfavorable exchange rate, given that this is a likely issue across other health programs and sectors.

### Looking forward 2024-2026

#### Informing the next GF investment in Lao PDR for the 2024-2026 period

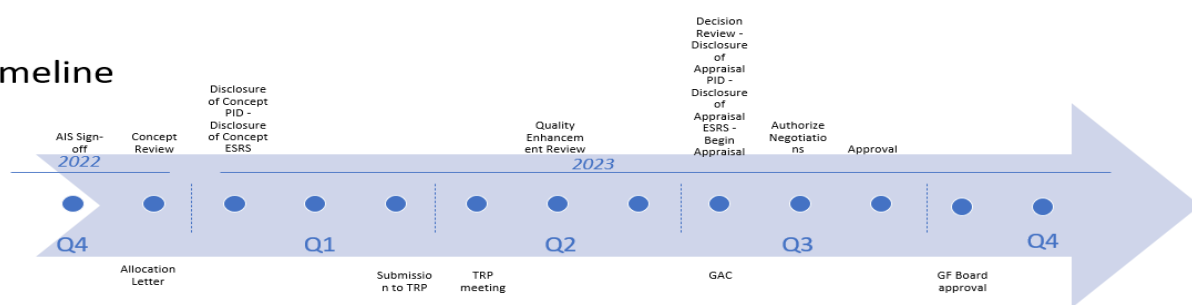
- September 2022: GF's 7th replenishment campaign to raise at least US\$18 billion to fight HIV, TB and malaria and build stronger systems for health, and reinforce pandemic preparedness
- November 2022: HANSA Mid-Term Review informed by 3 learning exercises - DLI learning, HANSA evaluation & community consultations
- GF allocation letter to be shared with Lao PDR CCM end-2022
- Dec 2022 - Q1 2023: preparation & submission of GF Funding Request for 2024-2026
- Q2-Q3 2023: negotiation & approval of next GF grant

### Recommended next steps

- **CCM to ensure compliance with eligibility requirements:** representation of key populations, people living with/affected by the diseases & non-government constituencies; inclusive dialogue for FR development; & transparent and documented PR selection process.

- **HANSA Mid-Term Review:** DPC & CCM to lead MTR to ensure a national discussion and prioritization exercise based on the findings and recommendations from 3 learning exercises (DLI learning, HANSA evaluation & community consultations)
- **Funding Request development:** CCM & WHO to engage a team of consultants

## WB timeline



## GF timelines

### Key Comments from the meeting:

- A budget of \$ 7.1 million for C19RM has been delayed and only 19% of the total budget has been expensed and the project has not been achieved as planned and proposed to GF to postpone the implementation period or may allocate the budget for other activities such as health strengthening system;
- For Government Co-Financing, CHAS has submitted the proposal to DPC and will be updated to GF later;
- The implementation of HANSA funding for TB & HIV after the end of 2023 may continue to be re-allocated for the 2024-2026 plan;
- The meeting recommended on working with WHO and CHAI to ensure:
  - Sufficient supplies and reasonable uses;
  - Sufficient cartridges for GeneXpert;
  - Develop a detailed plan for the priority of TB, HIV and C19 testing so that there are no delayed effects;
  - 9 provinces have PCR machines to certify new infections;
  - EQV is required the external technicians to check the machine;
- The budget for activities that have not yet been achieved in 2020-2021. GF recommended to reprogram for 2022-2023, but should follow the National Strategic Plan (NSP) of ATM, considering which activities are most effective;
- SRs have already submitted plans to DPC-MOH and have discussion several times to ensure the investment on C19RM: For example, the procurement of PPEs covers 13% of the total budget, this should be taken into consideration of actual using plans and existing PPEs in stock. Some SRs is planning to procure PPE that it is not necessary to have when the outbreak of C19 is down;
- For procurement activities, CHAI will provide information for these, such as reviewing and adjusting the prioritized activities and determining which activities should be continued;
- Regarding CBM/CLM, NTC proposed CSO to support for TB response in case detection and integrating 3 diseases in the community;
- NTC propose CDC to organize a joint meeting with the relevant sectors and partners to discuss on procurement activities;
- GF and WB recommended CDC to review the implementation plan, which is only six months left, and consider whether any of the activities that have been delayed and which one have been approved should be implemented immediately; For any activities that have not yet been approved, it should be reconsidered immediately, and for any activities that are already planned but do not have the budget support, the budget should be allocated to ensure that they are achieved on time.
- The meeting recommended
  - Double check the grant implementation to avoid any overlap of using the grants;
  - Make a roadmap for the implementation of the grants;
  - Arrange timeline for submitting the new proposal;
  - Encourage CSOs to be involved in TB cases detection by working closely with the Ministry of Home Affairs and working closely with the villages, using a CLM system;



- National program should provide training to CSO to assist the national program by having a CLM system to follow up the infected people who come to a hospital making sure they take the medicine and follow the prescriptions;
- Train new CCM members who are representing CSO and KAP to ensure active and meaningful participation;
- For budget request to collect data and capacity building of the CSO network, a budget proposal should be prepared;
- For those patients who are poor and cannot access to the service, DSA and travel should be supported.
- CCM Secretariat also explained that the budget for CSO is already included in the CCM annual budget plan but it is small portions such as: the budget for quarterly meeting and the budget for activities, which the CSO focal point has been informed many times, but the CSO did not submit the request to the secretariat. The secretariat has now recruited a national officer to support the engagement of CSO and C19 coordination. The national officer will coordinate and work closely with CSO and partners on this matter.

**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.

**MINUTES OF EACH AGENDA ITEM**

**AGENDA ITEM #3** Present on the Draft CCM Oversight 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**

GF TA for CCM oversight functions presented the plan to the meeting as below: *(For more information, please see the attached PPT):*

**Background**

- CCM Evolution threshold assessment (2020) identified need for additional support to the oversight function
- It is a Global Fund eligibility requirement that all CCMs have an Oversight Plan
- Previous Oversight Plan expired in December 2020
- A new plan (2021-2023) has been drafted for consideration and endorsement by the CCM
- The new plan is structured according to the CCM's current guidance

## Context

### The new plan;

- concerns oversight of 3 grants:
  - National**
    - **LAO-C-MOH:** Improving health services access to strengthen the sustainability and quality of the national TB and HIV response
  - Regional**
    - **QSE-M-UNOPS:** Regional Artemisinin Initiative 3 Elimination (RAI3E)
    - **QSE-T-IOM:** TEAM2: Tuberculosis Elimination among Migrants
- acknowledges the not-yet-completed CCM re-positioning process (will need updating when the process is completed.)

### Contents Overview

- Introduction
- Framework and Concepts
- Oversight Processes
  - Site visits
  - Risk management
  - Co-financing tracking
  - Community-Based Monitoring
- Stakeholder Roles
- Annexes

## Framework and Concepts

### 7 Core Principles

- Accountability
- Strategic focus
- Risk-based
- Continuous across grant cycle
- Engagement of relevant technical expertise
- Avoidance of conflict of interest
- Supportive and constructive approach

### Processes

- Site visits (**no change**)
- Risk management (**new**)
- Co-financing tracking (**stronger emphasis**)
- Community-Based/Led Monitoring (**new**)

### Risk Management

- Key Risks from Funding Request
  - **Decentralization Risk:** The risk of reduced support for TB /HIV programs as management responsibility decentralizes
  - **Co-Financing Risk:** The risk of delays in realization of domestic funding commitments particularly in relation to procurement
  - **CSO Engagement Risk:** The risk of limited CSO resourcing and engagement
- Main questions for Oversight Committee:
  - Are the risks still key?
  - Have the planned mitigations been implemented?
  - Are the mitigations reducing the risks?

### Community-Based/Led Monitoring

- Important for identifying critical key population service access issues
- An initial call has taken place with CHIAS
- It was not then clear who would implement CLM and what form it would take
- Key questions for the oversight process:

- Frequency of CLM data output
- Scope of CLM (populations/ facilities/ services covered)
- Type of data generated

### Roles

- Secretariat
- Oversight Committee Members
- Implementers
- CCM
- Key Populations and People Living with Disease

### Annexes

- Summary of active grants
- Current Oversight Committee TOR
- Field visit tools
- CCM workplan 2022
- Key risks for HANSA grant
- Oversight Officer TOR

### Next Steps

- Discussion/Endorsement of plan by CCM
- Modifications once CCM re-positioning process has been completed
- Training for Oversight Officer on risk management
- Formalization of CBM/CLM data flow into Oversight Committee
- Consideration of whether co-financing tracking can be further strengthened

### Key comments from the meeting:

- Regarding the CBM / CLM activities, the GF TA has not yet clarified which parties will be the implementers;
- WHO representatives suggested CSOs to discuss on project implementation whom that will reflect the issues to the CCM. It could be a CCM member representing CSO who could be a voice to reflect the issue to the CCM;
- CCM members from CSO informed that the CSO has a team that can provide actual data from the risk groups and target groups;
- The meeting recommended that a consultation meeting should be held on CBM / CLM activities and make advanced planning before conducting the actual monitoring. For the budget, it is recommended to allocate the budget from C19RM to other activities, such as CBM / CLM.
- Regarding CBM / CLM activities, the CCM secretariat proposed CSO to review and continue using of existing tools that CHIAs have implemented in the past years;
- In order to finalize the Oversight Plan, the CCM Secretariat has proposed to all participants to review and endorse later. The plan will be endorsed by “No-objection vote” via email. The plan will be translated into Lao and it will be circulated to all participants later. The meeting agreed with the proposal.

### DECISION(S)

The meeting agreed the CCM members to review and endorse the plan by “No-objection vote” via email.

### ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

The CCM Secretariat to circulate the final draft of the plan both Eng and Lao versions to the CCM members to review and endorse by “No-objection vote” via email.

CCM members

### DECISION MAKING

MODE OF DECISION MAKING	CONSENSUS*	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING	VOTING METHOD	SHOW OF HANDS	

(Place 'X' in the relevant box)	(Place 'X' in the relevant box)	(Place 'X' in the relevant box)	
			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 #4</b>	Progress update on the implementation of the Global Fund 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 December 2021 as below summary (*for more information, please see the attached PPT*):

**Presentation outline**

1. Performance Indicators and Budget Results Reported for 2021
2. Program Achievements and Priorities for 2022
3. Reprogramming of RAI3E
4. Co – Financing Requirement
5. Risk Management

**1. Performance Indicators and Budget Results Reported for 2021**

Impact indicators

1. Inpatient malaria deaths
2. Malaria test positivity rate
3. Annual Parasite Incidence (API)
4. Reported malaria cases

Outcome indicator

1. Annual Blood Examination Rate (ABER)

Coverage indicators

1. LLINs continuous distribution
2. # Testing of suspected malaria cases in all sectors
3. % Treated of positive malaria cases in all sectors
4. % Case investigated within 3 days
5. % Foci investigated and response within 7 days

Impact indicators	Period	Target	Result	Achievement
Indicator 1 Inpatient malaria deaths	Jan-Dec 2021	0	1	Not achieved
Indicator 2 Malaria test positivity rate	Jan-Dec 2021	0.59%	0.61%	Not achieved
Indicator 3 Annual Parasite Incidence (API) per 1,000 population at risk	Jan-Dec 2021	1.596	1.308	Achieved
Indicator 4 Reported malaria cases	Jan-Dec 2021	3.768	3.924	Not achieved

**Outcome indicators**

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

Coverage Indicators	Period	Target	Result	Achievement
Indicator 1: LLINs continuous distribution	Jan-Dec 2021	99,605	38,137	38.29%
Indicator 2: Testing in all sectors	Jul-Dec 2021	353,842	369,472	104.42%
Indicator 3: Treatment in all sectors	Jul-Dec 2021	100%	100%	100%
Indicator 4: % Case investigation within 3 days	Jul-Dec 2021	75%	85.71%	114%
Indicator 5: % Foci investigation within 7 days	Jul-Dec 2021	78%	72%	92%

**Budget Results Reported for 2021**

Implementer	Budget 2021	Expenditures 2021	Currency Gain/Loss 2021	Net Balance end of 2021	Burn Rate	Note
CMPE	\$2,363,265	\$1,645,897	\$242,553	\$474,815	80%	Detail on next slide
CHIAs	\$288,531	\$255,065	\$31,361	\$2,105	99%	
HPA	\$366,905	\$302,238	\$47,481	\$17,186	95%	
PEDA	\$295,080	\$263,504	\$30,706	\$870	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	\$5,596	\$30,242	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
<b>TOTAL</b>	<b>\$4,043,010</b>	<b>\$2,993,287</b>	<b>\$367,213</b>	<b>\$682,510</b>	<b>83%</b>	

Category	Main Source of Budget Balance (2021)	Note
Procurement	\$220,797	\$152K – Savings from nets for continuous distribution (not procured) \$68K – Savings from other procurement
PF Accelerator Activities	\$48,859	Activities delayed (carry over to 2022)
Other Activities	\$205,159	\$60K – Savings from meetings/trainings done online \$128K – Delayed ICCM and Surveillance trainings (Carry Over to 2022) \$9K – iDES not done \$5K – PV Referral not implemented
<b>TOTAL</b>	<b>\$474,815</b>	

Implementer	Net Savings 2021	Carry over to 2022	Savings after Carry Over	Note
CMPE	\$474,815	\$230,401	\$244,413	Carry Over to 2022 for delayed ICCM and Surveillance trainings, PF Accelerator Activities, Annual Meeting, other outstanding advances
CHlas	\$2,105	\$2,105	\$0	
HPA	\$17,186	\$15,386	\$1,800	
PEDA	\$870		\$870	
DCDC	\$3,239		\$3,240	
DPC	\$17,999	\$11,079	\$6,920	Production and Dissemination of Annual Statistical Report delayed to 2022
MPSC	\$30,242	\$12,902	\$17,340	Purchase computers delayed to 2022, trainings and supervision delayed or done online
WHO	\$136,054	\$134,164	\$1,890	HIS TA Carry Over to 2022
<b>TOTAL</b>	<b>\$682,510</b>	<b>\$406,037</b>	<b>\$276,472</b>	

## 2. Programmatic Achievements and Priorities for 2022

Programmatic Achievements – 2022	Programmatic Priorities - 2022
<p><b>Trainings: ICCM, Surveillance and DHIS2</b></p> <ul style="list-style-type: none"> <li>• ICCM, Surveillance and DHIS2 training completed at all levels – some were delayed from Q4 2021 due to Covid-19 restrictions;</li> <li>• ICCM, Surveillance and DHIS2 refresher trainings are planned for Q 3-4 2022;</li> <li>• Refresher Financial Training to 18 Provinces and districts was completed in Q2 2022.</li> </ul>	<p><b>Case management</b></p> <ul style="list-style-type: none"> <li>• Improve testing rate in the public sector;</li> <li>• Improve PV Referral cases for the VMW’s managed by CMPE;</li> <li>• Scale up of Pf elimination acceleration activities (Pilot Completed in 2021);</li> <li>• Finalize Re-stratification exercise;</li> </ul>
	<p><b>Vector control</b></p> <ul style="list-style-type: none"> <li>• LLINs mass campaign – 922,100 nets in 43 districts;</li> <li>• LLINs continuous distribution and PF Accelerator – 101,923 nets;</li> </ul>
<p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>• CIFIR in the elimination areas – Continue to improve the rates;</li> <li>• Improve outbreak responses and case investigation foci investigation/response (CIFIR);</li> <li>• Test weekly SMS reporting and outbreak alert system in high burden villages and health facilities;</li> <li>• Ongoing entomological surveillance focusing on hot spot areas.</li> </ul>	<p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>• Maintain good rates for case investigation and improve rates for FOCI investigation;</li> <li>• Continue and improve the weekly SMS reporting and outbreak alert system in high burden villages and health facilities</li> </ul>
<p><b>Pv radical cure – G6PD quantitative roll out</b></p> <ul style="list-style-type: none"> <li>• Health centers including hospitals in south and north provinces rolled out;</li> <li>• Assisted Pv referral by VMWs on going – Focus to improve in the public sector.</li> </ul>	

<p><b>Case Management</b></p> <ul style="list-style-type: none"> <li>• Improve testing rate in the public sector;</li> <li>• Improve Pv Referral by CMPE VMW's, however focus need to improve;</li> <li>• Scale up of Pf elimination acceleration activities;</li> <li>• Continue TES and iDES;</li> <li>• Finalized Re-Stratification exercise in March 2022.</li> </ul>	<p><b>Program Management</b></p> <ul style="list-style-type: none"> <li>• Reprogram the budget savings and submission for GF approval (includes updated procurement forecast and performance framework);</li> <li>• 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);</li> </ul>
<p><b>Vector Control</b></p> <ul style="list-style-type: none"> <li>• LLINs mass campaign – 922,100 nets in 43 districts;</li> <li>• LLINs continuous distribution and PF Accelerator – 99,923 nets including LLIHNs;</li> </ul>	
<p><b>Pf elimination acceleration</b></p> <ul style="list-style-type: none"> <li>• Scaling up to 7 districts under 5 provinces: TDA 2 rounds completed, IPTf ongoing, Pyramax applied for both TDA and IPTf.</li> </ul>	
<p><b>Program Management</b></p> <ul style="list-style-type: none"> <li>• Planning meetings with Provinces and Districts were conducted to develop 6 months work plans for Jan-Jun and Jul-Dec 2022;</li> <li>• Weekly meetings conducted by CMPE with provinces to discuss main technical issues;</li> <li>• Reprogramming Package (Budget, Commodities Forecasting and Performance Framework) was submitted to GF for approval in May 2022;</li> <li>• Continue to 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);</li> <li>• Complete the Malaria Program review (needed for the application for RAI4) by Q4 2022.</li> </ul>	
<p><b>P.f elimination acceleration Strategies</b></p> <ul style="list-style-type: none"> <li>• Activities: <ol style="list-style-type: none"> <li>1. Community Engagement</li> <li>2. Census</li> <li>3. Distribution of LLIN / LLIHN</li> <li>4. Targeted Drug Administration (TDA) for male &amp; females aged 7-49yrs</li> <li>5. Intermittent Preventative Treatment for forest goers aged 7-49yrs (IPTf)</li> <li>6. Active Fever Screening (AFS)</li> </ol> </li> <li>• Targeting ~24,000 people in 60 villages, in 7 Districts</li> <li>• ≈ 70% of Pf cases in 2020 &amp; 2021</li> </ul>	

### 3. Reprogramming

#### The total available savings \$1,261,932

Note:

- Actual savings available from operations: \$ 152,200;  
Included in total available savings are:
  - Currency exchange gain from 2021 (\$ 303,053);
  - Net gain from adjusting the currency exchange rate (\$806,678);

**The total proposed reprogrammed budget: \$ 2,864,074**  
**The total UQD (Unfunded Quality Demand) budget: \$ 1,602,043;**

#### 4. 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	
<b>Total</b>	<b>\$ 516,251</b>	<b>\$ 288,123</b>	

#### Procurement of MRDT's with the Co-Financing budget:

- **Timing:**
  - Currently the request is under approval at MOH Procurement Quantity;
  - The process is delayed: According to CMPE projection, the MRDT's are needed to be received in the country in July.
- **Quantity:**
  - The original budget (during grant making) was estimated to procure 880,000 MRDT's in 2022+2023;
  - Based on currency depreciation, it is estimated that 615,000 units will be procured;
  - If the procurement approval process is more delayed, the quantity gap will continue to increase due to currency depreciation.

#### 5. Risk Management

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
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 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:

- The number of mobile populations working in forest is still high;
- Malaria program has a good opportunity to achieve the elimination plan by 2030, because:
  - Can access more funds from the region if any country is unable to absorb the fund as their plan;
  - RDT is using to diagnose for Malaria. Any positive case detected, the treatment can be provided immediately;
- According to the Malaria program's elimination plan by 2030:
  - Year 2023: the elimination of type PF throughout the country;
  - Year 2025: the elimination PV for in the northern provinces;
  - Year 2030: the elimination all Malaria (PF and PV) throughout the country;

### HIV Program:

Representative from CHAS has provided the progress update on HIV program funding by HANSA 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

### 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

### Challenges Y2

1. Corona virus 19(COVID-1) pandemic since 1 April 2020 the country was lock down, it has been harder to reach the target group (Key population FSW and MSM).
2. The approved budgets have been delayed, the access and referral the target groups have decreased.
3. The health facilitators infected coronavirus, it has impacted to the data entry to DHIS2 software has been delayed.
4. The incomplete DHIS2 database has impacted for data entry and the consistency of reporting.
5. Reaching target groups (key population FSW and MSM) has not achieved to the national strategic target (92% by 2022).

## **Solution Y2**

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. Review the hotspots area to ensure the access and services for target groups;
3. Raising Awareness on HIV/AIDS and STI by using social media;
4. Increase advertising in various forms and frequency of community testing (Peer testing/mobile testing) in hotspots area included the referral to HIV services;
5. PE capacity building in reaching, testing and referrals to care;
6. Perform the COVID-19 prevention measures during the implementation activities;
7. Continue the ARV drug delivery for PLHIV during the COVID-19 pandemic;
8. Closely monitoring activities and ensuring data entry through DHIS2 system;
9. Improve and strengthen the data entry, timely and accuracy through DHIS2 system, closely and regular monitoring the quality of data from DHIS2 reporting;
10. Continue working and collaboration with Department of Planning and Finance to improve the database and reporting from DHIS2 platform;
11. Organize lesson learned meeting and regular field supervision.

## **Estimate target Y3 for FSW, MSM and ARV Treatment in DLI K**

DLI K - (a1) FSW will increase 2% of receiving an HIV test and know their results

DLI K - (a2) MSM will increase 8% of receiving an HIV test and know their results

DLI K - (b) Number of HIV positive will increase + 5% on ART Treatment

- FSW target breakdown for Y3: 8,783
- MSM target breakdown for Y3: 3,243

## **Roadmap**

### **The main activities as the following:**

1. Outreach activities and HIV testing among FSW and MSM as a daily basic
2. (Facility testing, Community testing and self-testing).
3. Prevention, Mobile testing and campaign activities.
4. Refresh IEC and skill training for outreach activities;
5. Raising Awareness on HIV/AIDS and STI by using social media.
6. Quality improvement on treatment, referring and monitoring for the PLHIV access and retention in care.
7. Support equipment to prevention Covid-19.
8. PCCAs/DCCAs/CSOs supervision and monitoring by coaching on sites.
9. Monthly meeting for sharing the lessons learn and planning;

### **Key comments from the meeting:**

- CHAS work with Mother and Child Health Center to provide the PMCT package for the pregnant women, which has coverage target for VCT by 80%;
- All blood donors are screening for HIV and other STIs; any positive test will be reported to the CHAS;

## **COVID-19 Response Mechanism**

### **Overview of C19RM funding for HIV program**

- Implementation Period 3 years: 1 January 2021 - 31 December 2023
- Activities and Budget 3 years: 597.283 USD
- Main Focus of C19RM Funding: Mitigation of Covid19 risks for the HIV programs
- The Signed contract between DPC/NPOC/PR and CHAS to Implementation Project: 1<sup>st</sup> October 2021;
- Completed open bank account for COVID-19 funding 2021;
- Recruited Project coordinator and Finance officer.

Approved budget	2021	2022	2023	Total
C19RM grant total (USD)	120,741	246,411	230,131	597,283
Procurement (Non-HP)	54,895	0	0	54,895 (9%)
Implement activities & admin cost	65,846	246,411	230,131	542,388 (91%)

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

#### Reprogramming budget (from saving) in 2022-2023

Items	Saving Y1	Saving Y2	Saving Y3	Total
C19RM - 2020 (4 BL: 102,110,126,130)	46,613 \$	-	-	46,613 \$
C19RM - 2021	56,110 \$	53,504 \$	51,762 \$	161,376 \$
<b>Total</b>	<b>102,723 \$</b>	<b>53,504 \$</b>	<b>51,761 \$</b>	<b>207,988 \$</b>

**Remark:** Budget saving for Y1 excluded 3 budget lines for IT procurement # 54,895 \$ which was transferred to CHAS in May 2022, and this budget are carry over to Q6/2022

#### Prioritized Reprogramming Activities in 2022-2023 (Total: 207,988\$)

- Scale up Point of Care (POC) sites in 2 provinces (PSL+XSB) and 4 central hospitals (MNCH, Children, 103, 5 Mesa)
- Improve data management for CSOs partners – develop SOP/Guidance and Training workshop
- Strengthening/Creating mechanism for PLHIV and KPs to access national health insurance through discussion and consultation workshop, develop SOP or guidance for PEs education.
- Public awareness raising through printing communication materials, special events, Radio advertisement, social media
- Enhance S&D reduction activities into on-going QI efforts
- (e.g. develop Training curriculum, TOT workshop,

#### Key comments from the meeting:

- This agenda, participants did not add more comment as C19RM work was discussed in the second agenda, which was presented by the Global Fund team.

#### TB Program:

The PPT was circulated to all participants, due to key information of TB progress has been included in the GF Mission Presentation, this item was skipped. *(for more information, please see the attached PPT):*

#### DECISION(S)

#### 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 <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 and activities 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) >	<b>Yes</b>
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

A representative from CSO presented the structure and activities of CSO-KP-PLWD in 2022 as below (*for more information, please see the attached PPT*):

- **Members of CCM-CSO-KP-PLWD**
  - Representative for CSOs (Lao Red Cross)
  - Representative of people living and affected by HIV/AIDS
  - Representative for people living and affected by PEER
  - Representative for KPs
  - Representative of people living and affected by TB
  - Representative for people living and affected by Malaria
- **Progress Update (April – June 2022)**
  - Representative from CCM-APL+ joined the site visit to Luang Prabang Province with CCM;
  - Representative from CCM-KPs and PLWDs joined the mission with GF team in Oudomxay Province;
  - Organized pre-meeting between CSO-KPs and PLWDs before the plenary meeting of CCM;
  - Produced three cases studies related to community engagement for HIV, TB, MALARIA elimination.
- **Key Challenges**
  - No budget support for CSO-KPs and PLWDs action plan, only currently budget of pre-meeting supported by CCM sec;
  - The most current CCM members are new and limited capacity related to technical issues of funding investment related indicators and guidelines.
- **Way Forward**
  - Make a request the Technical Assistance from CRG and Expertise France to support CSO's consultation facilitation and financial development for HIV and TB community response;
  - Financial mobilization to support CCM mission related to quarterly action plan (training, monitoring/field visit and meeting).

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

- Representative from CSO proposed to add the agenda of CSO to earlier list of meeting agenda as one of the key agendas;
- The CCM Secretariat explained and clarified to CSO on the budget for activities and the scheduling of CSO agenda as follows:
  - There are 2 budget lines of CCM funding for CSO such as: budget for quarterly meetings and budget for activities, but the budgets are small. For more information, CSO is required to contact with CSO Coordinator at the CCM Secretariat;
  - The arrangement of each meeting agenda is based on the priority and the importance of the subjects according to the CCM roles and functions;
  - Most of the documents will be in English because CCM has been working directly with the donors. Each meeting, a bunch of documents were circulated and they may not be translated into

Lao as required due to the delay in submitting the documents to the Secretariat. Due to this issue, the CCM Secretariat has allocated this portion of budget for CSO to organize a consultation meeting among the CSO participants prior to the CCM meeting in order to held each other reviewing the documents and preparing their comments for the CCM meeting;

- Representatives from CSO reported that many infected people did not have access to the treatment. Some travel to Thailand and some infected persons have mental health issues. The CHAS proposed CSO network for the additional support so that the infected persons could have immediate access to the treatment. For those who have self-stigma from HIV infection, there are mental rehab trainers though limited and assistants from CSO to provide peer-counselling activities. In the past there were volunteers from CSO to assist the drug transportation.

**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	The meeting agreed the CCM members to review and endorse the plan by “No-objection vote” via email.	CCM MEMBERS	
AGENDA ITEM #4			

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
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.

**CCM MINUTES PREPARED BY:**

TYPE /PRINT NAME >	Mr. Budhsalee Rattana	DATE >	8 July 2022
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

**CCM MINUTES APPROVAL:**

APPROVED BY (NAME) >	Dr. Rattanaxay Phetsouvanh	DATE >	
FUNCTION >	CCM ExCom member	SIGNATURE >	