

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES



MEETING DETAILS											
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)				21		
					TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)				17		
					TOTAL NUMBER OF CCM MEMBERS/ ALTERNATE AND OTHERS JOINED ONLINE)				22		
MEETING NUMBER (if applicable)		03			TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)				41		
DATE (dd.mm.yy)		30 Sep 2022			TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)				62		
DETAILS OF PERSON WHO CHAIRED THE MEETING											
HIS / HER NAME & ORGANISATION		First name	Assoc. Prof. Dr. Phouthone			QUORUM FOR MEETING WAS ACHIEVED (yes or no)				Yes	
		Family name	Muongpak			DURATION OF THE MEETING (in hours)				8	
		Organization	Lao Red Cross			VENUE / LOCATION		Don Chan Palace Hotel			
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair		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			
HIS / HER SECTOR* (Place 'X' in the relevant box)								FPM / PO		X	
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER		X	
		X						NONE			

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

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)																
GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS																
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decision points of last meeting – Summary/Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals / appointments	Constituencies engagement	CCM Communications / consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (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	Overview of Risk Management		X													

AGENDA ITEM #2	Progress update on the implementation of the Global Fund Grants																X
AGENDA ITEM #3	Update on technical assistance to support the national ATM programs;																X
AGENDA ITEM #4	The Global Fund Strategy 2023-2028															X	
AGENDA ITEM #5	RAI4E funding request preparation update															X	
AGENDA ITEM #6	Timelines for GF funding request submission and negotiation for TB and HIV components.															X	
AGENDA ITEM #7	Update on HANSA Evaluation mission															X	
AGENDA ITEM #8	Schedule for the next oversight field visit															X	
AGENDA ITEM #9	Plan for TA and a project to strengthen the integrated management of Village Health Volunteers							X									
AGENDA ITEM #10	AOB Close the meeting																

<b>MINUTES OF EACH AGENDA ITEM</b>			
<b>OPENING PROGRAM</b>		<ul style="list-style-type: none"> <li>● Introduction and endorsement of agenda</li> <li>● Quorum verification and conflict of interest identification</li> <li>● Update follow up action from the last meeting</li> </ul>	
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
No COI identified in this item.			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >			Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
<p>CCM Chair warmly welcomed and thanked all participants that attended the 3<sup>rd</sup> Plenary CCM Meeting of the calendar year 2022 at the venue and online.</p> <p>The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient and there is no conflict of interest due to all agenda items will not require for endorsement.</p> <p>The CCM Secretariat updated on the following up actions from the 2<sup>nd</sup> Plenary CCM Meeting held on 23 June 2022, the meeting agreed that the Oversight Plan will be translated into Lao and circulated to all participants to review and endorse later. After the meeting, the CCM Secretariat has circulated the final draft of the plan both English and Lao versions to the CCM members. The CCM members have reviewed and endorsed the plan by “No-objection vote” via email.</p>			
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**

<b>AGENDA ITEM #1</b>	Overview of Risk Management
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 has presented on overview of risk management as below:  
Background

- CCM Evolution Threshold Assessment (Nov 2020-Feb2021) identified opportunities to strengthen Lao PDR CCM's **Oversight** function;
- Of the 4 indicators for oversight performance in the assessment tool, **risk management** scored at the lowest level of functionality;
- Through the CCM Evolution Strategic Initiative Lao PDR CCM is being given resources to pay for an **Oversight Officer + remote TA** to support oversight strengthening;
- An external consultant has been providing remote support to the CCM Secretariat since March 2022.

Risk Management Support – to date

- Review of top-level risks identified in Funding Request to Global Fund;
- Training session with Secretariat on Risk Management (July);
- Working session with Oversight and Resource Mobilisation Committee (August);
- Output: Risk Rating and Mitigation Tracking Tool developed for use by Oversight Committee.

Key Risks to Global Fund contribution to HANSA  
From Funding Request

- **Decentralization Risk:** The risk of reduced focus and support for TB/HIV programs as management responsibility shifts from central down to provincial/district level;
- **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.

**Risk Analysis – Likelihood + Severity** (This involves 2 questions for each risk identified):

- What is the chance (**likelihood**) that this risk will occur in the next 12 months?
  - Highly Unlikely – Unlikely – Likely - Highly Likely
- If it does occur, how **severe** will its impact on our grant objectives be?
  - Minor – Moderate – Major - Critical

Risk Evaluation

Risk Levels		Severity			
		Minor	Moderate	Major	Critical
Likelihood	Highly Unlikely	Low	Low	Medium	Medium
	Unlikely	Low	Medium	High	High
	Likely	Medium	High	High	Very High
	Highly Likely	Medium	High	Very High	Very High

## Results of OC/RM Committee Risk Evaluation

Risk	Severity	Likelihood	Risk Level
<b>Decentralization Risk</b> TB and HIV programme receive less focus and specific support at central level while decentralization process and provincial/district management capacity takes time to hand over ownership and responsibilities for addressing the two epidemics.	Major	Likely	<b>High</b>
<b>Co-Financing Risk</b> Domestic funding delay of procurement by domestic co-financing	Critical	High Likely	<b>Very High</b>
<b>CSO Engagement Risk</b> Limited/delayed access to funding and involvement of CSOs to implement community-based TB and HIV activities	Moderate	Unlikely	<b>Medium</b>

### 3 Ways of Reacting to Risk

- **AVOID:** Stop doing the thing that gives rise to the risk
- **IGNORE:** Carry on doing the thing that gives rise to the risk, regardless:
- **REDUCE:** Plan and implement actions that reduce the risk (*mitigate.*)

### Planned Mitigations for Grant Key Risks (from Funding Request)

Risks	Proposed Mitigations
<b>Decentralization Risk</b> (Less focus and support for TB/HIV)	<ol style="list-style-type: none"> <li>1. Indicators related to GF investment in TB/HIV have been developed with annual targets.</li> <li>2. Progressive shift of share of DLI Funding Value over time. (National level share ↓, provincial and district share ↑)</li> </ol>
<b>Co-Financing Risk</b> (Domestic procurement delays)	<ol style="list-style-type: none"> <li>1. Procurement of essential tests/drugs of TB/HIV supported by GF budget during 1st year. Then progressively handed over to GoL.</li> <li>2. Training by WB of the DPC procurement unit, procurement planning and monitoring, transparency and publication, staff DOI, check of specifications including value for money, careful planning of consultants' recruitment.</li> </ol>
<b>CSO Engagement Risk</b> (Ltd access to funds/ ltd involvement)	<ol style="list-style-type: none"> <li>1. Setting up of a mechanism for subcontracting CSOs by MoH DPC is a prerequisite for the first-year advance funding of DLI funds in both DLI J for TB and DLI K for HIV</li> </ol>

### 2 Key Questions for Monitoring Mitigations

- Did it happen? (Was the mitigation implemented as planned?)
- Did it work? (Did it reduce the risk?)
- Reducing Risk =
  - Reducing likelihood;
  - Reducing severity of (potential) impact;
  - Reducing both likelihood and severity.

## Mitigation Implementation Monitoring

Risk	Risk Level	Mitigation	Mitigations Status	Mitigations Result
Decentralization Risk	High	Develop specific indicators related to GF investment in TB and HIV with defined targets per year: (DLI J for TB notification and GeneXpert coverage for each province and DLI K for HIV for coverage of key populations).	Implementation Completed	Risk Level Reduced
		Progressively shift share of DLI funding value from NTC to PHD and DHO in accordance with HANSA DLI verification protocol	Implementation in Progress	Risk Level Reduced
Co-Financing Risk	Very High	Procurement of essential tests and drugs of TB and HIV to be supported by GF procurement budget during the first year (including 6 months buffer) until mid-2022 and then progressively handed over to GoL to give more time to secure the domestic funding.	Implementation in Progress	Risk Level Reduced
		Training by WB of the DPC (MoH) procurement unit, procurement planning and monitoring, transparency and publication, staff DOI, check of specifications including value for money, careful planning of consultants' recruitment.	Implementation in Progress	Risk Level Reduced
CSO Engagement Risk	Medium	Set up a mechanism for CSO subcontracting by MoH DPC (a prerequisite for the provision of the first-year advance funding of DLI funds in both DLI J for TB and DLI K for HIV)	Implementation Completed	Risk Level Reduced

### Conclusions

- The Decentralization and Co-Financing Risks remain a major concern that require urgent attention;
- The current set of mitigations for these two risks is unlikely to be sufficient to reduce the risk to an acceptable level (the co-financing risk has already actualised);
- Without further intervention it is highly likely that there will be a further default on co-financing commitments especially in the area of domestic procurement.

### Recommendations

- The CCM should agree on additional mitigation actions for the Co-Financing and Decentralisation Risks;
- The Oversight Committee should formalise risk mitigation implementation monitoring into its regular meeting process;
- The PRs should report on progress towards meeting co-financing commitments into every Oversight Committee meeting (a simple tool has been developed for this purpose);
- The PRs should report on progress towards meeting domestic procurement commitments into every Oversight Committee meeting;
- Key risks should be re-evaluated annually to assess the impact of mitigations on risk level.

### Summary:

#### 3 Key Risk Management Tasks for Strengthened CCM Oversight

- Monitoring Risks
- Have they actualised/happened?
- (If not) Has the risk level changed (likelihood and/or severity)? – *Annual Assessment*
- Monitoring Mitigations
- Have they been implemented? (*Checked regularly in Oversight Committee Meetings*)
- (If yes) Did they reduce the risk level (likelihood and/or severity) – *Annual Assessment*
- Agreeing New Mitigations
- (If the risk level has increased or remained high) What additional mitigations will be implemented?

## Two New Tools to Support Risk Management in Oversight

- Co-financing commitment tracker
  - Tracks annual domestic budget approvals and expenditure against annual co-financing commitments for HIV and TB
- Grant risk and mitigation tracker
  - Logs risk rating for each of the grant risks and tracks progress and impact of mitigations
  - User selects Severity and Impact levels for each risk – risk rating is automatic based on selection
  - Allows addition of new mitigations

### Some key discussion points and comments from the meeting

- The representative of the Department of Planning and Cooperation of the Ministry of Health commented on the risk management in the implementation of the project that:
- The risks of mechanism in the implementation of DLI activities in the HANSA project may exist because the responsibility has been given to the provincial and district levels as implementers in concordance with government policies that are related to the three builds. Therefore, the budget, staff, and activities were given to the provincial and district levels for their responsibility for the implementation, administration and management the projects, which may have some risks, but the risks may be mitigated gradually.
- The Co-Financing of the government usually come from the government budget section 63 and 67, is it possible to use the government loans?
- The representative from APL+ commented that CSO can contribute meaningfully in bridging the gaps between the public sectors and the community in the implementation of disease prevention programs. Therefore, it is possible to allocate more budgets and activities for civil society to reduce the gaps.
- The outstanding problem regarding the coordination mechanism between CCM and the HANSA Steering Committee has not been solved. CCM plays less role in the management of the HANSA project and received less information. The meeting added that the CCM and the concerning committee from the Ministry of Health and the HANSA Steering Committee should have a mechanism to organize joint meetings regularly to discuss and address the problems together.
- Regarding the problem of measurement to mitigate the risk, the GF consultant reiterated the need for strengthening the coordination between CCM and HANSA Steering Committee and propose to identify the measures to reduce the current 2 high risks. In preparation of the new funding request from the Global Fund, it may be important for CCM to consider delegating ad-hoc committee to be responsible for brainstorming risk mitigation measures with relevant HANSA and MOH committee. The current GF TA to support the CCM Evolution will be available and happy to support this process until mid-October 2022, if there is any requirement;
- The chair has recommended on the risk management of Decentralization Risk, Co-financing Risk and CSO Engagement Risk, CCM Secretariat is required to follow the recommendation of Mr. Graham GF TA on how to manage risk and coordinate with relevant parties to discuss on the need of technical assistance to manage this risk.

#### 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	
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	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION			>	
	ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION			>	
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >		

**MINUTES OF EACH AGENDA ITEM****AGENDA ITEM #2** Progress update on the implementation of the Global Fund Grants

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) &gt;

Yes

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED****Malaria Program**

Representatives from PR UNOPS / CMPE updated on the RAI3E Malaria Grant Progress as below:

**1. Performance Indicators (Jan-Jun 2022)**

Coverage Indicator Details	Target	Result	Achievement	Comments
LLINs mass distribution	922,100	908,468	98%	Achieved
LLINs continuous distribution	49,962	34,689	69%	Underachieved
Parasitological testing in all sectors	303,982	379,486	120%	Overachieved
First-line antimalarial treatment in all sectors	100.00%	100.00%	100%	Achieved
Confirmed cases fully investigated and classified	84.62%	97.62%	115%	Overachieved
Confirmed active foci investigated and classified within 7 days	75.00%	74.07%	99%	Achieved

## LLINs mass distribution

Target	Result	Ratio	Comments
922,100	908,468	98%	Achieved

## Sector Contribution

- Government: 18%
- PMI 24%
- RAI3E 58%
- Total Distributed: 34F689 Nets

## Underachieved

- Due to delay in shipment (April) which consequently delayed start of distribution (May);
- Remaining Q1-Q2 LLINs will be distributed in Q3-Q4.

## Parasitological testing in all sectors (Jan-Jun 2022)

Target	Result	Ratio	Comments
303,982	379,486	120%	Overachieved

- Private Sector 8.6%
- Community 33.5%
- Public Sector 57.9%
- 38% comparing to Jan – Jun 2021 Due to Pf acceleration activities.

## First-line antimalarial treatment in all sectors

Target	Result	Ratio	Comments
100%	100%	100%	Achieved

- Private Sector 5%
- Community 36%
- Public Sector 59%
- Total treated: 1,302 positive cases (98% in 5 Southern Provinces)

First-line antimalarial treatment in all sectors (Jan-Jun 2021 to Jan – Jun 2022)

- Positive Cases decreased 8%
- Positivity Rate decreased 33%
- Pv cases increased by 58%
- Pf/mix cases decreased by 60%

Confirmed cases fully investigated and classified (Jan-Jun 2021 to Jan – Jun 2022)

Target	Result	Ratio	Comments
84.62%	97.62%	115%	Overachieved

- Total confirmed: 82 out of 84 total malaria cases found in elimination districts were investigated.

Confirmed active foci investigated & classified within 7 days (Jan-Jun 2021 to Jan – Jun 2022)

Target	Result	Ratio	Comments
75%	74.07%	99%	Achieved

Total confirmed: A total of 35 indigenous cases in 27 villages (27 foci), out of which 20 received foci investigation and response within 7 days from the diagnosis.

**2. Budget Results for Jan-Jun 2022**

SR	Current Reporting Period (Jan - Jun 2022)				
	Budget	Actual	Variances	Absorption	Variance Analysis
CHIA	\$117,732.08	\$74,971.46	\$42,760.62	63.68%	Currency gain, carry over for ongoing activities (outstanding advances) and pending VMW payments
CMPE	\$2,637,249.21	\$2,631,464.40	\$5,784.81	99.78%	Budget does not include additional funds for PF Accelerator activities and 2022 procurement
DCDC	\$30,795.35	\$22,225.54	\$8,569.81	72.17%	Currency gain and other small variances
DPC	\$41,489.92	\$35,125.88	\$6,364.04	84.66%	Currency gain, carryover for printing, training and supportive supervision
HPA	\$178,219.67	\$103,381.15	\$74,838.52	58.01%	Currency gain, carryover for delayed ICCM training, pending payments for VMWs, and HR lines due to staff turnover and gap during recruitment
MPSC	\$42,576.05	\$30,558.58	\$12,017.47	71.77%	Currency gain, carryover from delayed procurement, training and supervision
PEDA	\$115,710.05	\$81,659.37	\$34,050.68	70.57%	Currency gain
WHO	\$276,170.80	\$226,374.55	\$49,796.25	81.97%	Carryover from HIS Technical Assistance positions
<b>Total</b>	<b>\$3,439,943.13</b>	<b>\$3,205,760</b>	<b>\$234,182</b>	<b>93.19%</b>	

**Reprogramming**

Reprogrammed budget review by PR: ongoing

GF Approved Reprogramming Activities	
Key re-programmed activities (Within the available savings)	Unfunded Quality Demand (If additional savings are identified)
1. Increase in salaries for the SRs, retroactive from 1 July 2022	1. Pf accelerator 2023 activities and procurement
2. Increase in VMW incentives and travel costs	2. RDT Co-financing gap
3. FOCI investigations	3. District training and elimination certification
4. Additional supervision & training	
5. Replenishment of few old equipment	4. Two vehicles for CMPE



### 3. Program Achievements for Jan-Jun 2022 (RAI3E Activities Updates)

- DHIS2 and surveillance trainings at Province and Districts levels for Elimination districts planned in Q4 2022
- ICCM Refresher trainings to District level and VMWs on-going (~ 30% of VMWs with weak performance for refresher trainings)
- G6PD roll out testing to hospitals, and down to Health centers in stratum 3&4
- Assisted Pv referral by VMWs ongoing – Focus to improve in the public sector
- Pf acceleration on targeted 60 villages under 7 districts of 5 Provinces ongoing
- Assessment of Pf acceleration activities ongoing, and 2023 Plan developed Q4 2022
- Mid Term Review ongoing and the review findings conclusion in Q4 2022
- Bottom-up planning of Provinces and Districts for 1st semester 2023 planned in Q4 2022
- Reprogramming for 2023 approved and PR is working with SRs for reprogrammed budgets & performance framework targets

#### Challenges

1.	Local currency depreciation	mainly impacting: a. <i>RDT procurement through co-financing commitment</i> b. <i>SR staff and VMWs motivation</i>
2.	Increase in fuel price	impacting travel budget and the implementation of corresponding activities
3.	Disruptions in global supply chain	which has delayed the delivery of LLINs for continuous distribution in 2022
4.	PV outbreaks	several outbreaks in Sekong, Savannakhet, and Attapeu Provinces
5.	Assisted PV referral and drug compliance	low results may risk the increase of PV cases

#### RDT gap through co-financing commitment:

- The government will honor its co-financing commitment in local currency
- Due to currency depreciation, it is only sufficient to buy (locally) around 20% of the forecasted needs
- To mitigate the associated risk of stock out which had triggered outbreaks in Laos in the past,
- GF approved the procurement of 645,000 RDTs (co-financing gap).
- Procurement process ongoing

#### 4. Areas of Development

1. BDO Audit Key Findings: Annual Audit of SRs			2. PR Supportive supervisions	
Audit Period 2021			Repetitive Findings since 2018	
No.	Functional area	Audit Funding Total	SR	Priority Rating
1	Finance	Expenditure not fully recorded	CMPE	Low
2	Finance	Excessive cash payments	CMPE MPSC	High
3	Finance / Management	Delay in cash advance settlement	CMPE	Medium
4	Finance	Incomplete supporting documents	CMPE	Medium
5	Procurement	Weakness in procurement procedures	CMPE	Medium

#### 3. PR RDQA and supervision visit at province, district & HC levels

Areas of Development	Recommended Actions
<b>Data verification and management</b> (Missing documents, data mismatch)	Strengthen staff capability, enhance data verification, documentation and data quality in DHIS2
Supervision visits from CMPE (central level) to provinces (Lack of supervision visits to some provinces this year)	Develop supervision plan and conduct supervision visits to priority provinces Maintain a proper system of recommended actions and follow up mechanisms for every supervision visit
<b>Outbreak response approval process</b> (from central to province to district to health center is sometimes lengthy)	Consider decentralization of approval at province level to expedite process
<b>PPM test-treat activities after PSI withdrawal</b> (lack of strategy for transition to CMPE)	Analyze and strategize to ensure sustainability of private sectors engagement

### 3. PR RDQA and supervision visits at province, district & HC levels

Areas of Development	Recommended Actions
<b>Stock Management</b> Insufficient stock, no stock cards, some expired commodities  Insufficient coordination between FDU & Province CDC  Inconsistent records between DHIS2 and MSupply platform	Perform a holistic assessment of the stock management system to specify areas of development and corresponding action plan Enhance coordination between Malaria unit and FDU at all levels to monitor distribution plans and ensure quality of data between the two platforms
<b>VMW capacity for Pf acceleration activities</b>	Strengthen VMW capacity for Pf acceleration activities with partner support

*(For more information, please refer to the attached presentation).*

#### Some key discussion points and comments from the meeting

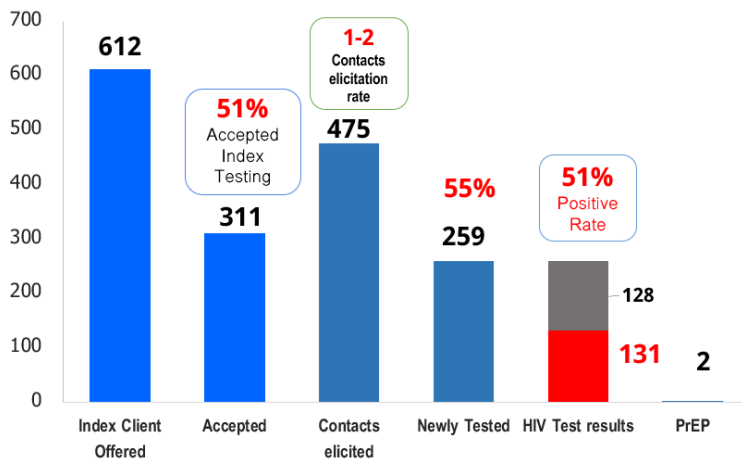
- It wonders that the strategy to eliminate the Malaria falciparum (PF) in the northern provinces is still effective and support the NSP. The CMPE representatives clarify that the strategy aims to eliminate the PF in the 13 northern provinces in 2023 and according to report, there is no PF case finding in the target provinces. SOP for training on the procedure of PF elimination and giving the certificates for 6 northern provinces by 2024 is now preparing. In 2023, the elimination of PF will be declared in 2 southern provinces such as: Khammuan and Savannakhet.
- The technical management mechanism of the 3 centers (CHAS, NTC and CMPE) is under supervision of the DCDC MOH, but the administration and management in the implementation of projects supported by the Global Fund are different. For example, CMPE is funded through PR UNOPS and under the management of DCDC, but CHAS and NTC are funded through PR MOH and under the management of DPC. According to the direction of the Ministry of Health, should we improve the management mechanism to be the same system?
- CMPE does not participate in the HANSA project, which the malaria control program has a separate management mechanism, but there is a management system of the project from the central level down to the health center level as the same of the HANSA project. This issue may be considered as a lesson learnt for improving the health management system in the future.
- CMPE funded by GF C19RM through DPC as PR, how management and exchange rate are defined in comparison with TB/HIV? CMPE clarifies that there are two sources of funding such as RAI and C19RM with exchange rate at 8,000lak/1\$. After reprogramming, GF has approved exchange rate at 10,000/1\$ and current approved C19RM exchange rate is 11,546.88/1\$. Due to the high inflation, the saving of two sources of budget will increase. In addition, UNOPS inform the meeting that the savings will be used in additional activities and increase SRs and VLW's salary. The additional budget in 2023 will be used for PF activities implementation and RDT procurement for avoiding stockout.

#### HIV/AIDS Program

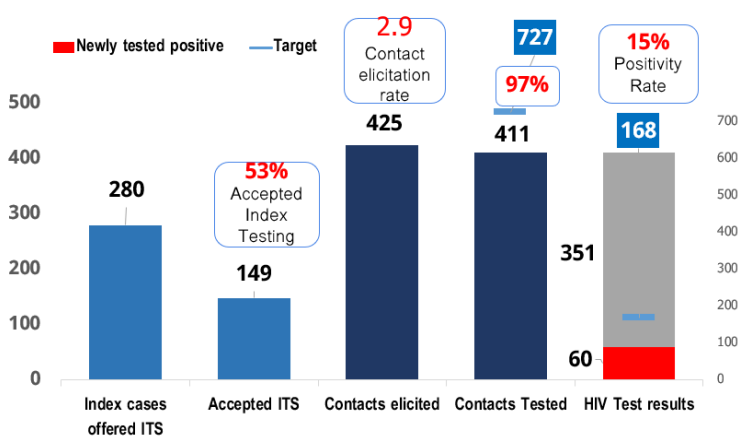
##### HIV prevention among FSW (Jan-Jun 2022)

- Estimated FSW: 16,382
- Target 13,106 = 80%
- Reach 5,776 = 44%
- HIV Testing 5,776 = 100%
- HIV +28 = 0,5%
- Refer to ART 18 = 64%

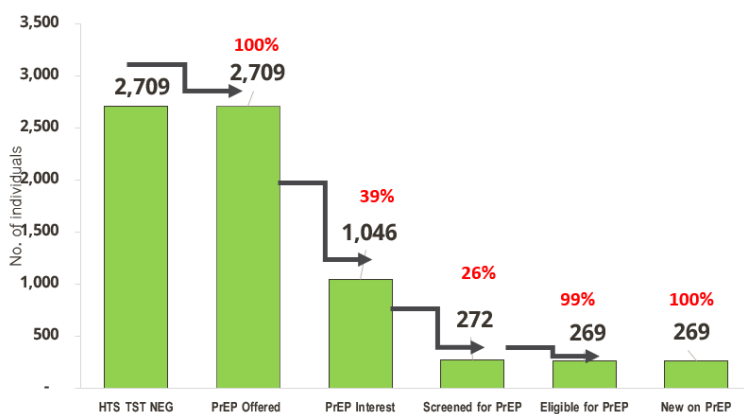
### Index Testing in 11 ART sites (Jan-Jun 2022)



### Index Testing among MSM/TG in 3 provinces (VTC, SVK, CPS) (Jan – Jun 2022)



### PrEP result (in 3 provinces: VTC, SVK, CPS) (Jan – Jun 2022)

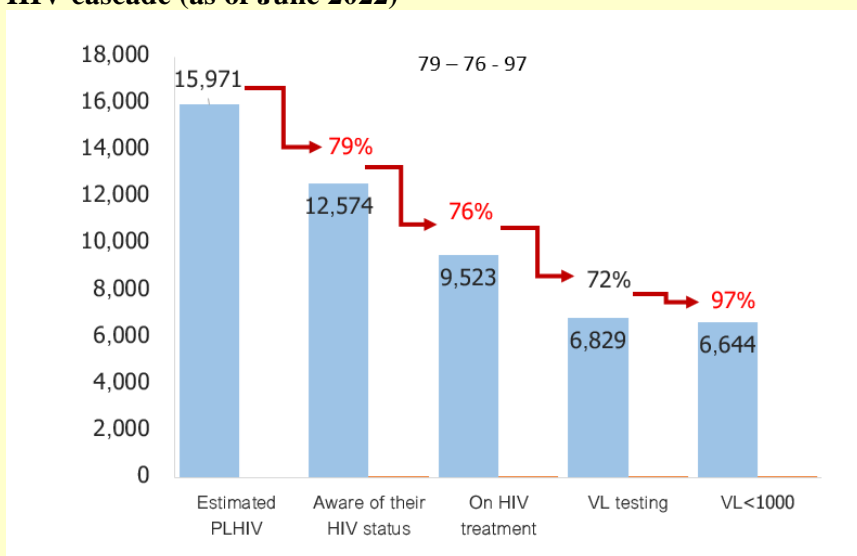


### HIV Recency

Residential province	Number
Attapu	1
Bokeo	2
Bolikhambxai	2
Champasak	3
Houaphan	1
Khammouan	1
Louangphrabang	5

Oudomxai	1
Phongsaly	2
Saravan	1
Savannakhet	2
Vientiane province	1
Vientiane Capital	17
Bokeo	2

### HIV cascade (as of June 2022)



(For more information, please refer to the attached presentation).

### Some key discussion points and comments from the meeting

- The meeting expressed appreciation on the clear and detailed presentation. At the same time, it is also recommended to present it on the National AIDS Conference for information to mobilize the fund from various sectors in the future, as the report shows that the rate of HIV infection is still increasing.
- Representative from CSO proposed to expand the network and service hours in the evening and Saturday-Sunday so that MSM who are students can access the services more conveniently and to train blood test methods for MSM. The decrease in HIV infections among FSW is due to poor access to the target group. Also, risk groups do not receive enough condoms.
- CHAS clarifies that health service network cannot be expanded more at present due to limited budget. Funding is also not available from GF to expand service network. However, HANSA may take this into consideration to allocate some funding for increasing more service networks in the new target provinces. Sometimes, MSM groups have too high expectation for the services such as they want to have a test by MSM doctors. CHAS also added that there is no funding from GF to support for condoms and most of the budget is used to purchase medicines. In the future, the government budget will not cover condoms procurement for free distribution and will give this task to pharmacies to take over. CHAS has already trained FSWs on how to perform blood tests, but those who have been trained will be able to perform or not.

### TB Program

#### 1. National TB Control Program update year 2-year 3 (until Sep 2022)

#### TB treatment:

NTC is securing WHO prequalified first and second line TB drugs through GDF <https://stoptb.org/gdf/oms/default.asp> with GF and Gol co-financing:

- All Y2 TB drugs (FLDs and SLDs) paid by GF already arrived in country.

- **Y3 TB drugs:** split order (No1. GDF in-voices submitted to DPC (pending GoL payment); No2. expected to be ordered in Jan23 and paid by GoL co-financing).
- Treatment success rate was ≈90% among DS-TB patients and 73% among DR-TB in 2021
- **Addressing barriers to treatment:**
- to reduce diagnosis and treatment delays especially for DR-TB patients;
- to use newly recommended TB drugs and shorter regimens;
- to arrange for patient centred ambulatory treatment as much as possible

#### Addressing catastrophic costs for TB patients

Challenges	Interventions
Late access diagnosis and treatment with high proportion of patients with low BMI	Earlier access to quality TB diagnostic services through decentralization of Xpert testing and ACF capacity in provinces
Improve nutritional support for DS and DR-TB patients including systematic nutrition assessment, counselling, and therapeutic and supplementary feeding	DR-TB patients have BMI measured and benefit from patient support for transportation, daily food, initial and follow-up examinations (chest X-ray, EKG, biological tests) Nutritional survey is under preparation for DS and DR-TB patients, including systematic BMI check, nutritional counselling and ready to use therapeutic food (RUTF) for patients with low BMI ( $\leq 16.5$ )
Insufficient social protection for TB patients	integration of TB services under the national health insurance scheme, and discuss with NHI for including full social protection package for diagnosis and treatment of TB patients.

#### GeneXpert and x-ray machine utilization

24 laboratories equipped

6 Central level laboratories: 8 instruments

- NRL (3)
- Centre of Infectiology Lao Christophe Mérieux (CILM)
- Sethathirat Hospital
- Mithaphab Hospital
- 103 Hospital (Military hospital)
- 5 Mesa hospital (Police hospital)

17 Provincial hospital + 1 “district” hospital: 22 instruments

- Louang Prabang (2)
- Khammouane (2)
- Savanakhet (2)
- Champasack (2)+ 106 Military “district” Hospital (1)

Stand by at NRL: 12 instruments

73 Modules Broken countrywide

#### TB/HIV collaboration: testing, treatment, referrals and TPT

Challenges	HIV
CHAS is screening for TB all PLHIV at each of their visit	HIV testing: 5,215/6,197 (84%) TB patients had and HIV test result available including 301 (5.8%) HIV positive in 2021.
Treatment: PLHIV receive same TB treatment	The proportion of TB/HIV patients started on ART decreased from 297/369 (80%) in 2020 to 203/301 (67%) in 2021, due to limited access to health facilities
Referrals: referral of non-contagious TB patients to ART units for ART treatment start (based on Nal guidelines)	Referral of Bac+ TB PLHIV to TB units for severe forms needing to be hospitalized
	TPT among PLHIV: ART centres and POC provide 6-month isoniazid TB preventive treatment (TPT) to the newly diagnosed PLHIV who do not have active TB based on symptoms screening. The number of patients receiving TPT increased from 381 in 2018 up to 756 in 2021 (of estimated 1000 new PLHIV each year).

## TB patient tracker and report on DHIS2

Challenges	Action taken
<ul style="list-style-type: none"><li>Data entry in TB tracker was delayed</li><li>Data quality improvement is needed</li><li>Limited use of data for decision making</li></ul>	<ul style="list-style-type: none"><li>Conducting weekly video meeting to follow up by coaching and exchange via WA group with implementing sites.</li><li>On site supervision visit provinces and districts where there is no Covid outbreak.</li><li>Set-up plan for retraining by tele-conference or social media discussion.</li><li>Using real time surveillance from DHIS2 TB Tracker and GeneXpert laboratories monthly reports.</li></ul>

## Analysis of best practices, challenges and action plan to achieve year 3 targets

Challenges	Interventions
<ul style="list-style-type: none"><li>Increase TB diagnosis capacity in district hospital and health centres</li><li>Systematize contact tracing,</li><li>Improve DR-TB patients management</li><li>Improve case finding in children,</li><li>Increase community engagement</li></ul>	<ul style="list-style-type: none"><li>Scale-up active case-finding by provincial teams in high prevalence districts and prisons</li><li>Scale-up ambulatory treatment of DR-TB patients</li><li>Train/retrain physicians on diagnosis and treatment of TB in children;</li><li>Conducting quarterly video meeting in provinces to follow-up district catch up plans</li><li>Developing CBOs network closely linked to public health centres</li></ul>

### 3. Enhancing collaboration with other partners/ donors/implementers

NTC to ensure regular coordination and cooperation with:

Central level:

- DPC, DCDC, DHR, FDD, National Nutrition Centre, NCLE, Health Education Centre, MPSC, NTC, CHAS Ministry of labour and social welfare (NHI bureau), Department of Security, Trade Union, Lao Women Union, Youth Union;
- Provincial and district levels: PHOs and DHOs, all hospitals (central, province, district) and all health centres;
- VHWs, VHVVs at community level country wide Community based partners in CSOs project areas: CHIAS, PEDA, HPP
- Other partners: Global Fund, World Bank, private sector, international technical partners (WHO, CHAI, CILM, KIT)

*(For more information, please refer to the attached presentation).*

### Some key discussion points and comments from the meeting

- The representative from CSO suggested to increase the budget for activity implementation namely: follow up the drug intake of HIV and TB patients and closely follow up the infected family members.

### 4. The Global Fund Covid-19 Response Mechanism (C19RM), LAO-C-MOH

Summary of Budget Expenditure from January 1 to September 30, 2022

- Total Received the Grant Fund from GF: US\$ 7,906,557.00
- Expenditure in Y1 (2021): US\$ 1,465,999.00
- Expenditure in Y2 (Jan 1-Sept 30, 2022): US\$ 1,602,579.02
- Total Balance: US\$ 4,873,978.98

Closing Bank Account and Transfer Remaining Budget from LAO-H-GFMOH Grant to LAO-C-MOH Grant  
The budget has been transferred:

- PMU/DOF, account name: PR-MOH-HA-CONSO-P1: **US\$ 98,143.87** (Done)
- PMU/DOF, account name: OP-HA-CONSO-P1: **US\$ 91,476.03** (Done)
- CHAS, account name: NAP-CHAS-HA-NFA: **US\$ 1,550.63** (Done)
- CHIAS, account name: LAOPHA-HA-NFM: **US\$ 398.45** (Done)

- PEDA, account name: PEDA-HA-NFM: **US\$ 1,707.50** (Done)
- PSI, account name: PSI-HA-NFM: **US\$ 4,100.29** (Not transfer yet, and expected to transfer by October, 2022)

Prepared to transfer the refund of non-compliant expenditures from the previous grants of LAO-T-GFMOH and LAO-H-GFMOH to GF Bank Account

The budget to be transferred:

- NTC: US\$ 218.68
- CHAS: US\$ 304.70
- LAOFA/CHIAs: US\$ 282.64
- PEDA: US\$ 253.96
- PSI: US\$ 545.84
- PR/PMU: US\$ 229.34
- Total: US\$ 1,835.16

*(For more information, please refer to the attached presentation).*

**Some key discussion points and comments from the meeting**

- DPC representative reported that: MOF has changed the disbursement system which leads to delay in disbursement and tax will be paid on procurement. To solve the problem, DPC has submitted tax exemption documents to MOF and wait for the approval. In addition, the challenge of C19RM budget is a short time period for the implementation. If C19RM budget cannot be disbursed within 2023, it will be refunded to GF. The meeting suggested that DPC should discuss this with concerned sectors and report to MOH leadership to solve the problems and inform the procurement company on tax exemption;
- It is suggested that DPC should discuss with GF more regarding reprogramming and implementation duration. In addition, DPC should organize quarterly meetings with 12 SRs under DPC leadership to report on the progress of the project implementation. CCM Secretariat should be also invited to get update information and report the meeting results to CCM;
- The chair suggested that PR-DPC should summarize all the information including the C19 RM project and report to the CCM quarterly meetings to understand the content and find the solutions together.
- Disbursement procedures such as approval, procurement, tax payment is given to PR-DPC to coordinate with relevant parties to find a solution based on the notice and principles that have been implemented in the past. PR-DPC should report and ask for guidance from the Ministry of Health and CCM to find the solutions together.

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</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 #3		Update on technical assistance to support the national ATM programs	
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 CCM Secretariat presented the summary table of TA mapping on coordination and workstreams of the different TAs to support the process of preparation for the next GF funding request for the year 2024-2026, including HANSA Evaluation.</p> <p><b>Some key discussion points and comments from the meeting</b></p> <ul style="list-style-type: none"> <li>The meeting has agreed with the presentation and has no more comments for this agenda item.</li> </ul>			
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</u> THE DECISION >
		ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >	
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	
*Consensus is general or widespread agreement by all members of a group.			
AGENDA ITEM #4		The Global Fund Strategy 2023-2028	
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 CCM Secretariat presented the Global Fund Strategy 2023-2028 <i>(for more information, please find the attached PPT)</i>:</p> <p><b>Some key discussion points and comments from the meeting</b></p> <ul style="list-style-type: none"> <li>The meeting has agreed with the presentation and has no more comments for this agenda item. Before closing the meeting, the chair has recommended that the GF implementation strategy of the new round of funding will be ended in 2028 and each relevant parties shall review the 10 new priorities of the Global Fund along with the problems and outstanding issues that have not been resolved;</li> </ul>			
DECISION(S)			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE



<b>DECISION MAKING</b>				
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING		VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS
				SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >	
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	

<b>AGENDA ITEM #5</b>	<b>RAI4E funding request preparation update</b>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI identified in this item

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The CCM Secretariat presented the RAI4E funding request preparation update as below:

**RAI4E Funding Request Writing Process**

Looking forward – RAI countries next Implementation Period

- Application Process 6-9 months
- Grant Implementation 3 years

National Strategies	January 2024 - Grant Implementation Begins	
Application Process	<b>Funding Request</b>	March 2023 - Funding Request Submission
	<b>Review</b>	Screening
		TRP Review
	<b>Grant Making</b>	April – July 2023 – Grant making
	<b>Approval</b>	August 2023 - Grant Submission
		Grant Approval Committee (GAC)
		November 2023 - Board Approval
December 2023 - Grant Signing		
	January 2024 - Grant Implementation Begins	

**Applying for Funding (Inclusive Country Dialogue)**

- Youth
- Country Government
- Global Fund
- Academia
- Others
- Private Sector
- Country Dialogue
- Technical Partners
- Civil Society/key populations

These actors should be convened by the oversight governing body as this body is responsible for submitting the funding request and nominating the Principal Recipient(s)

## Key Annexes Funding Request narrative

- Budget
- Performance Framework
- Funding Landscape Table
- Programmatic Gap Table
- Prioritized Above Allocation Request
- Essential Data Table
- Governance body Endorsement of Funding Request
- Governance body Statement of Compliance
- Co-Financing Documentation
- National Strategic Plan
- Implementation Arrangement Map
- Health Product Management Tool
- Transition Readiness Assessment and/or Transition Plan

## The RAI4E Writing Team supported by FEI5%:

### Goal

- To support the RAI Regional Steering Committee and the GMS Country Coordinating Mechanisms to develop the next regional malaria Funding Request to the Global Fund for the period 2024-2026.

### Outcomes

- The experts will put together a high-quality, coherent Funding Request (FR) including all necessary annexes, in accordance with Global Fund guidance and templates (window 1).

## The RAI4E Writing Team Proposed Timeline

Key Activities and Deliverables	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Kick off meeting/ consultation (TL/SPC) with RSC									
Organization and moderation of RSC Meeting Discussion on Funding Request (TL & SPC, rest of team remotely): <b>Overall Roadmap</b>									
Country Consultations with NMEPs and preliminary interviews. Desk review (whole team): <b>Country component roadmap (early Dec.) &amp; Regional and National component outlines (end Dec.)</b>									
Country Dialogue Meetings and FR development on site for each country (in country for the whole team for approx. 18 days): <b>First Draft of funding request</b>									
RSC review by mid-February 2023									
Compilation / <b>Finalization of Funding Request</b> , including all annexes for endorsement by RSC									
RSC review									
Compilation of final funding request (Geneva for TL, SPC, PFS)									
Submission of <b>Funding Request to Global Fund</b>									
Address TRP clarifications and feedback									

## Contacts of the RAI4E Writing Team

- Team Leader - Roberto Garcia – [roberto.garcia@hmsteam.org](mailto:roberto.garcia@hmsteam.org)
- Deputy Team Leader - Lorina McAdam
- Admin Support – Salina Abigail – [salina.abigail@hmsteam.org](mailto:salina.abigail@hmsteam.org)
- Performance Framework Specialist – Jami Darkoh
- Cambodia Component – Yves Bourny - [yves.bourny@hmsteam.org](mailto:yves.bourny@hmsteam.org)
- Lao PDR Component – Yu Nandar
- Myanmar Component – Esther Sedano
- Thailand Component – Darin Kongkasuriyachai
- Vietnam Component – Sean Hewitt

## Dates for Country Meetings and Country Dialogues for RAI4E Funding Request for Lao PDR

Dates	Country Meetings and Country Dialogues
14 December 2022	Lao PDR Country Meeting on Priorities and Allocation
2 February 2023	Lao PDR Country Dialogue
21 February 2023	Lao PDR Country Meeting to Endorse Draft
20 March 2023	Deadline for submission of regional RAI4E Funding Request to the Global Fund

### Key comments from the meeting:

- According to RSC meeting in Bangkok and discussion of a RAI4E process calendar, RSC Secretariat have consulted further with the Global Fund, RSC, L'Initiative Expertise France, and Health Management Support Team (HMST) to define the dates. The proposed dates above have been agreed in principle for Lao PDR as those dates will not overlap with the other countries. In this regard, through the discussion during the meeting, the CCM and national program will try to follow the proposed date for the RAI4E funding request and will establish a contact with the RAI4E Writing Team;
- The chair has stressed on the funding request preparation for the RAI4E project of CMPE/UNOPS has been assisted by a writing team and it should be checked the implementation period to ensure that it is submitted on time by RSC timeline (20 MARCH 2022).

### 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 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 #6

Timelines for GF funding request submission and negotiation for TB and HIV components.

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

Representative from the Global Fund Country Team presented the timeline for GF funding request submission and negotiation for TB and HIV components as below:

### Milestones and Timelines for next investment

#### Global Fund grant-life cycle

- Application Process 6-9 months
- Grant Implementation 3 years

<b>National Strategies</b>	Allocation letter	
<b>Application Process</b>	<b>Funding Request</b>	Funding Request Submission
	<b>Review</b>	TRP Review Meeting
	<b>Grant Making</b>	TRP Review Recommendation
		GAC Review
		Board Approval
	Grant Signing	

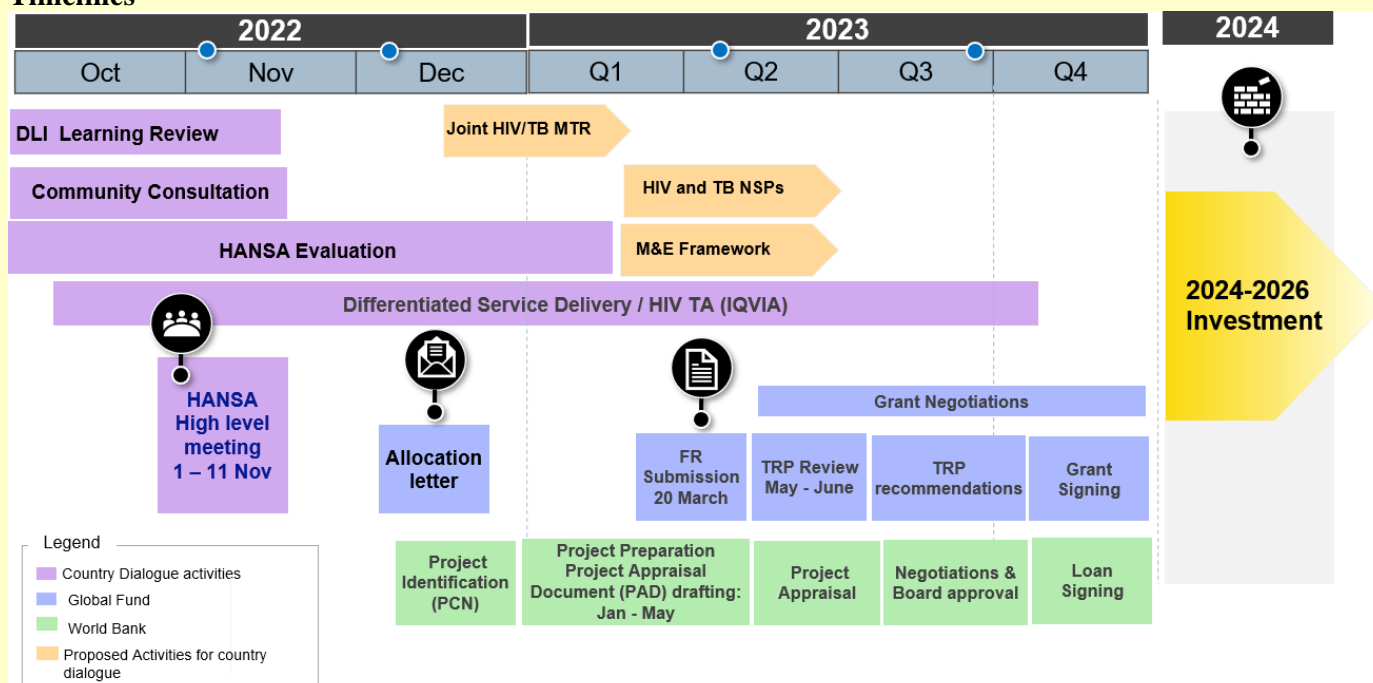
### Country Dialogue

<ul style="list-style-type: none"> <li>Country Government</li> <li>Technical Partners</li> <li>Others</li> <li>Global Fund</li> <li>Private Sector</li> <li>Youth</li> <li>Academia</li> <li>Communities CBOs</li> <li>Country Dialogue</li> <li>key populations and those living with the diseases</li> </ul>	<ul style="list-style-type: none"> <li>All stakeholders involved in the response or impacted by the three diseases</li> <li>Review progress, challenges and opportunities to improve how you tackle these going forward</li> <li>Inclusive, open, multi-stakeholder process: led by the CCM and country-owned and driven</li> <li>Gives all stakeholders a voice in the development and agreement of key priorities</li> </ul>
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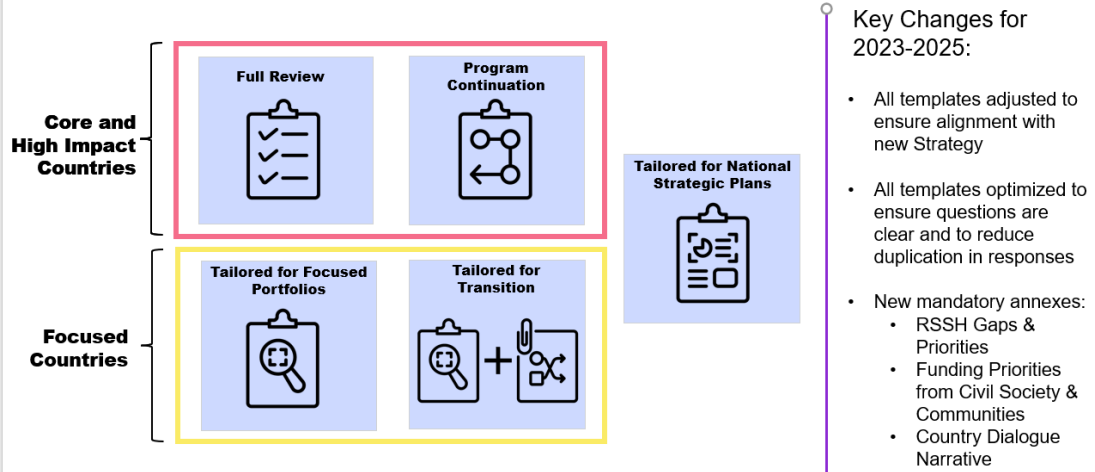
### Country dialogue in Lao PDR (2024 – 2025)

- Country dialogue
- DLI Learning
- HANSA Evaluation and MTR report
- HANSA High Level Meeting
- Mid-term review
- Community Consultation

### Timelines



## Global Fund Application Approaches



## Global Fund Application Forms

- <https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-request-forms-and-materials/>
- Application Materials, Applicant Manual and Instructions have been published in the Global Fund website
- **New Global Fund Strategy:** Emphasis on most affected communities; investments in resilient and sustainable systems for health and pandemic preparedness.

## Content areas in Funding Request Form

- Rationale
  - Funding Request Prioritization
  - Country Context
- Maximizing Impact
  - Strategic alignment
  - Co-financing, Sustainability & Transition
- Implementation
  - Implementation Arrangements
  - Risk
- Across the Funding Request
  - Human Rights and Gender
  - Value for Money
  - Opportunities for Integration

## Country Dialogue During FR Development

Funding Request Narrative	Performance Framework	Detailed Budget	Programmatic Gap Tables	Funding Landscape Tables	Prioritized Above Allocation Request	Health Product Management Template <input type="checkbox"/>
RSSH Gaps & Priorities Annex <input type="checkbox"/>	Gender Assessment*	Human Rights Assessment*	Essential Data Tables	National Strategic Plans	Innovative Financing Documentation <input type="checkbox"/>	Sustainability & Transition Supporting Documentation <input type="checkbox"/>
Implementation Arrangements Map <input type="checkbox"/>	Funding Priorities from Civil Society & Communities	Country Dialogue Narrative	CCM Endorsement of Funding Request	CCM Statement of Compliance	Co-financing Documentation	Sexual Exploitation, Abuse and Harassment Risk Assessment*
+ List of Abbreviations & Annexes	Documents Not Reviewed by the Technical Review Panel					

\* : If available  
 : If applicable

### Some key discussion points and comments from the meeting

- DPC raised questions in the meeting regarding the allocation of GF and WB funding to the HANSA project:
  - Year 0 starts 2019 - 2020;
  - Year 1 starts 2020 - 2021;
  - Year 2 starts 2021 - 2022;
  - Year 3 starting from 2022 - 2023 is considered to be allocated for all 4 years.
  - Year 4 starting 2023 - 2024 GF and WB have not yet been allocated funds, but during the year 2023 - 2024 still be possible to use the funding from year 2 or 3 because the 2022 budget will be received in January 2023 which can be used until 2023 - 2024;
  - MTR will include 2 results: DLI Review and HANSA Evaluation, but according to the actual implementation period, results of the MTR will be available in the 1st quarter of 2023.
    - It wonders whether there will be the results of the HANSA evaluation available during the funding request preparation or we must wait until the 1st quarter of 2023.
    - The framework of HANSA project is for 5 years starting from year 0 to year 5 (2020 – 2024) or and then will be preparing for HANSA 2. The question was raised on how the GF allocation in the current cycle will be extended.
- To the above question, the representative of GF clarified that:
  - The 2021-2023 GF funding cycle has been allocated from January 2021 to December 2023. After the end of the current cycle on 31 December 2023; GF will provide new funding starting from January 2024;
  - The evaluation of the HANSA project including:
    - The results of the HANSA project which is an important element for preparing the funding request from the GF will be discussed and agreed through the meeting of HANSA Steering Committee.
    - Sustainability will be the key element in the HANSA evaluation and the draft report will be issued in November or December and not necessarily to wait until the 1st quarter of 2023.
- The representative from WB further advised that:
  - The funding request should be prepared on time as the 1st window period (March 20, 2023);
  - The results of HANSA MTR in November will be available in January 2023 which can be used as a reference information for the next funding request preparation;
  - The national ATM programs may have a sufficient report by the end of January 2023 and may also be used as a reference for the next funding request;
  - Negotiations for funding request may take about 6-9 months. It should be prepared in time and funds should be available for implementation in January 2024, and it should be consistent with WB's schedule which the draft PAD is being sent to the TRP in March;
  - There may be a new round of additional funding request from IDA, but according to WB procedures, it is not possible to request such additional funding, so it will be separated into the HANSA 2 project;
  - To ensure the transition period from HANSA 1 to HANSA 2, it should not have funding problems and all activities should be implemented as planned;
  - Regarding questions from DPC, the GF funding in HANSA 1 and 2 will end in 2025 or not later than 2026 in accordance with initial design. However, the WB funding cycle has a period of 5 years. If HANSA 2 starts in 2024, it may end in 2026, but it depends on the funding conditions that will be receive and including funding from other sources.
  - The preparation of the funding request for HANSA 2 may use the original document of HANSA 1. HANSA 2 may receive additional funding from IDA and GF and will also have additional legal contracts because the funding from WB is a loan while the funding from GF is a grant. However, all document details will be available in PAD.
  - The question was raised from the WHO representative about the preparation of funding request from GF and WB, which two documents contain the same the scope of work, funding mechanism and partners which are available in the WB's PAD and the GF's funding request form. To reduce the Writing Team's workload, it wonders to exempt some documents in the WB's PAD. Regarding this issue, the representative of GF clarified that based on the conditions of GF, there are no exceptions and it is still required to include all documents and information in the funding request as per requirements. However, if the CCM and partners have concerns, CCM should write email to the GF directly by referring to the request objective to exempt only the documents contained in the WB's PAD in order to focus on the implementation.

- UNAIDS is ready to provide technical assistance in MTR and Funding Request preparation for all programs. Additionally, external consultants can be hired to assist the process of funding request and could also request the assistance from the FEI 5% in writing the proposal and negotiating the funding request.
- GF also concerns if TA is the same who is supporting the implementation of activities and preparing funding request. This may cause insufficient time for implementing activities. Moreover, hiring TA for MTR is a high cost. It should be discussed next week to find the possibility for this process.
- Before closing the meeting, the chair has recommended on the funding request preparation of TB and HIV should strictly follow the Timeline of the Global Fund for the first window of new round of funding request submission on 20 March, 2023. According to the Global Fund's suggestions, a TA has been prepared to support the MTR and write the project presentation. At the same time, CCM Secretariat should prepare a proposal to the Global Fund to request for exemption the documents contained in the WB's PAD as well as request for technical support in evaluating the documents or our current technical team to provide additional documents. This issue is given to the CCM Secretariat to continue coordinating with the relevant parties to find a solution together within the next week.

**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 #7** Update on HANSA Evaluation mission

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**

Representative from HANSA Evaluation mission team presented the update on HANSA Mission as below:

A representative from HANSA evaluation team presented the evaluating the impact of Global Fund Investment through the HANSA program in Lao PDR from September to Jan 2023.

- The team leader presented 4 specialists that are responsible for this evaluation exercise.
- There are 3 main questions used to interview the partners on the HANSA project impact;
  1. Pragmatic of HANSA on TB and HIV programs and Health Quality Services
  2. wider MoH governance and objective/system salient covid
  3. The sustainability of funding and programs.
- Along with HANSA evaluation, the team also conduct with other team evaluation to be more supportive on lesson learnt
- The evaluation has started from 22 September to evaluation mission arrangement.
- The evaluation team leader presented the timeline of this evaluation mission.
- Then the evaluation team representative a brief on evaluation mythologies starting from limitations, data analysis, concepts and integrated shared learning.

DECISION(S)			
No decision			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
<b>DECISION MAKING</b>			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING		VOTING METHOD (Place 'X' in the relevant box)
			SHOW OF HANDS
			SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	
*Consensus is general or widespread agreement by all members of a group.		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	

<b>AGENDA ITEM #8</b>	Schedule for the next oversight field visit		
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
No COI identified in this item			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >			Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
The CCM Secretariat has informed the schedule for the next OFV and the meeting agreed that next OFV will be joined with HANSA mission to Champasak province in the first week of Nov 2022.			
DECISION(S)			
No decision			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
<b>DECISION MAKING</b>			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING		VOTING METHOD (Place 'X' in the relevant box)
			SHOW OF HANDS
			SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	
*Consensus is general or widespread agreement by all members of a group.		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	

<b>AGENDA ITEM #9</b>	Plan for TA and a project to strengthen the integrated management of Village Health Volunteers		
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 CHAI has presented the Plan for TA and a project to strengthen the integrated management of Village Health Volunteers as below:

## Integrated Village Health Volunteers

### Background

- Village Health Volunteers (VHVs);
- Community-Based Integrated Health Services (Integrated outreach services, involving VHVs, Village Health Committee and villagers);
- Model Healthy Village (Multi-sectoral collaboration through Village Health Committee).

Laos MoH has established **integrated primary health care** as pathway to UHC, inclusive of enhanced role for VHVs

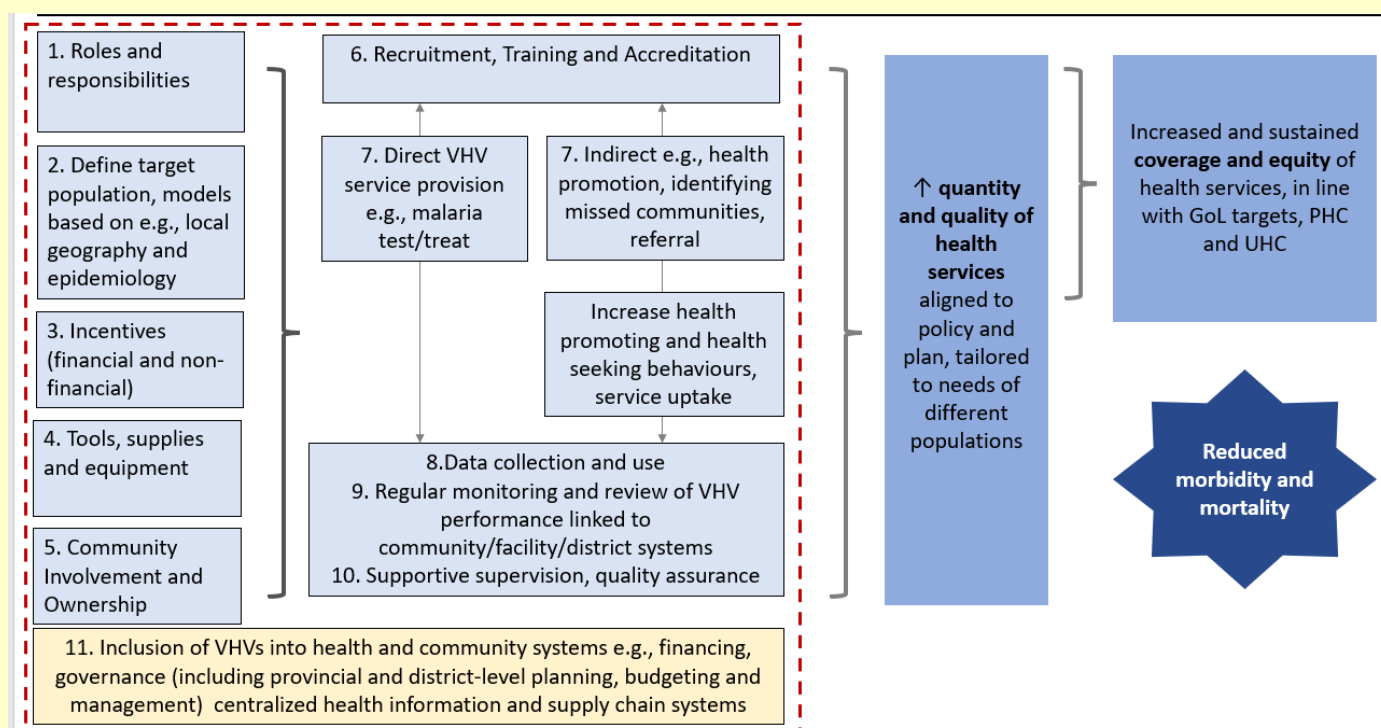
Roles and responsibilities of integrated VHVs (working across multiple program areas) defined at policy level but unclear how to:

- **finance and operationalize** at lower levels and in different local contexts
- **recruit, resource and retain** VHVs, including in context of donor transition

DHHP and DCDC have co-designed with CHAI a scope of work to **implement and evaluate** the **feasibility, scalability and sustainability** of an **integrated VHV approach at the district level**.

- Aligned to existing Lao policy frameworks and normative guidance

**Designed to complement other measures to ensure VHVs are effective and sustainable (Annex A for full list)**



### Proposed Approach and Plan (Over 18-month period)

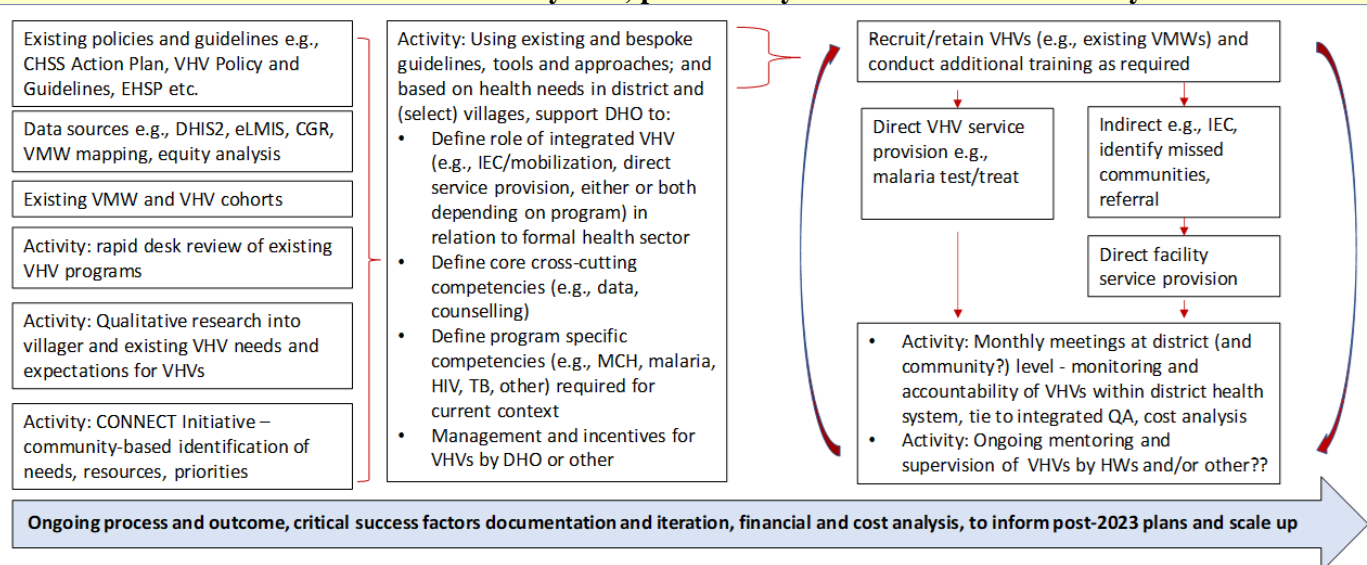
1. Select (with DHHP and DCDC) **two focal districts** based on e.g., **malaria endemicity (1 endemic and 1 non-endemic)**, poverty rates, geographic accessibility, ethnicity and service coverage
2. Within each district, work with DHO and relevant authorities to implement approach in **all villages** i.e.
  - a) Evidence gathering, including **community-led identification of needs, priorities and resources**
  - b) Co-design with DHOs local integrated VHV model including:
    - the **optimal number and type of VHVs** and what **specific function(s)** they should perform
    - appropriate **incentives** (to be mobilized from existing resources); and

- system support e.g., **supervision, referral pathway**
- c) Work with village committees, HFs and DHO to **recruit and deploy** integrated VHVs (link to CONNECT initiative)
- d) Support DHO to conduct **regular meetings** with HFs, VHVs and village authorities to review health system performance, address bottlenecks and build **joint accountability** for outcomes

### Expected Outputs and Outcomes

1. Tailored **tools, analysis and processes** to support development and testing of locally feasible and effective integrated VHV models
2. **Case study** documenting:
  - Process, enabling factors and barriers;
  - VHV, community level and service delivery outcomes;
  - Factors to consider in scalability e.g., cost, health system requirements
3. Support MoH and partners to scale and sustain effective components and approaches for integrated VHVs, considering cost, supply and demand side constraints, equity and quality etc.
  - Aligned to both GoL vision and GF strategic priorities including emphasis on integrated, people centered care and strengthening community health systems

### **Hypothesis: to be sustainable and effective, the governance and financing of (integrated) VHVs must be clarified and embedded within the health system, particularly at district and community level**



#### Assumptions:

- VHVs are non-salaried positions
- Sufficient technical policies, guidelines, training packages etc. but require further operational testing and validation
- Focus on 1 district and X villages within district – before and after analysis or comparison group? 1 CHAI PO based at DHO

#### Risks

- Gaps in rest of health system undermine performance of VHVs – choose well performing district to try to illustrate preconditions important for success?
- Other partner and/or central initiatives distort priorities, time and efforts rather than being complementary

### Key discussion points and comments from the meeting

- The meeting has appreciated to the project plan. It is a good plan to integrate the VHVs into existing health services and MOH has already a manual for build the capacity of VHVs as well as building a sustainable community health system.

#### DECISION(S)

No decision

#### ACTION(S)

KEY PERSON RESPONSIBLE

DUE DATE

#### DECISION MAKING

CONSENSUS\*

IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS

MODE OF DECISION MAKING (Place 'X' in the relevant box)	VOTING		VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >		
			ENTER THE NUMBER OF MEMBERS <u>AGAINST</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.

### 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			

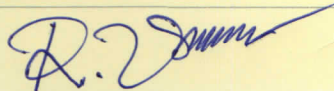
SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
	Yes	No
ANNEXES ATTACHED TO THE MEETING MINUTES		
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		

### 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 >	21 October 2022
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

### CCM MINUTES APPROVAL:

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