

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES



MEETING DETAILS										
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			22		
					TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			17		
					TOTAL NUMBER OF CCM MEMBERS/ ALTERNATE AND OTHERS JOINED ONLINE)			22		
MEETING NUMBER (if applicable)		04			TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)			21		
DATE (dd.mm.yy)		15 December 2022			TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			43		
DETAILS OF PERSON WHO CHAIRED THE MEETING										
HIS / HER NAME & ORGANISATION		First name	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								
HIS / HER SECTOR* (Place 'X' in the relevant box)								GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	FPM / PO	X	
		X						OTHER	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	CCM Integrated Performance Framework (IPF) Evaluation		X													



- Engagement with 9 indicators;
- Positioning with 5 indicators;
- Operation with 9 indicators.

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

- The meeting agreed with the overall preliminary results and changed the scores in some indicators of Performance Framework Areas:
  - The indicator no. 9 of engagement has been changed from score 2 to score 3;
  - The indicator no. 4 of positioning has been changed from score 1 to score 2;
  - The indicator no. 5 of positioning has been changed from score 2 to score 3;

#### MINUTES OF EACH AGENDA ITEM

**AGENDA ITEM #2** Annual Overall CCM Secretariat Performance Evaluation

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

After listening to the presentation of Annual Overall CCM Secretariat Performance Evaluation from the CCM Secretariat, CCM members have filled in the form and the OC representative summarized and presented the results to the meeting as below:

#### CCM Secretariat Performance Evaluation Form, Year 2022

Key Task/Activity	Key indicator	CCM Members Rating			
		Exceeds expectations	Fully meets expectations	Partially meets expectations	Comment
1. <b>Operations</b> Support the operational functions of the CCM	i. All CCM members oriented in person or online/email, including on Code of Ethical Conduct, within 3 months of becoming a member.	23.08% (3p)	76.92% (10p)	0	
	ii. CCM governance documents updated regularly.	0	84.62% (11 p)	15.38% (2p)	
	iii. Programmatic data is available on time for oversight and funding request processes.	30.77% (4 p)	69.23% (9 p)	0	
<b>Overall Rating for Operations</b>		<b>17.95%</b>	<b>76.92%</b>	<b>5.13%</b>	
2. <b>Oversight</b> Support the CCM in enhancing efficiency of oversight procedures	i. Annual CCM Oversight Plan is available and implemented as schedules.	30.76% (4p)	69.23% (9p)	0	
	ii. High quality, on time oversight reports shared with key stakeholders.	23.08% (3p)	76.92% (10p)	0	
<b>Overall Rating for Oversight</b>		<b>26.92%</b>	<b>73.08%</b>	<b>0%</b>	
3. <b>Positioning</b> Facilitate discussions among key stakeholders on	i. Facilitate stakeholder consultations on coordinating and aligning CCM with existing national coordination platforms.	23.08% (3p)	76.92% (10)	0	

transition and sustainability efforts	ii. Ensure inclusion of sustainability and transition preparedness topics on CCM Meeting Agenda; including co-financing commitments briefing every 6 months to the CCM.	23.08% (3p)	76.92% (10)	0	
<b>Overall Rating for Positioning</b>		<b>23.08%</b>	<b>76.92%</b>	<b>0%</b>	
4. <b>Engagement</b> Foster meaningful, inclusive and active participation of key stakeholders	i. CCM members engage actively in the CCM functions and meetings.	23.08% (3p)	69.23% (9)	7.69% (1p)	
	ii. CCM members (particularly CSO and KP representatives) carried out activities to solicit inputs from and provide feedback within their constituencies to contribute to sound decisions of the CCM.	7.69% (1p)	84.62% (11p)	7.69% (1p)	
<b>Overall Rating for Engagement</b>		<b>15.38%</b>	<b>76.93%</b>	<b>7.69%</b>	

<b>MINUTES OF EACH AGENDA ITEM</b>			
<b>AGENDA ITEM #3</b>	Nomination of the new Representatives from Lao CCM to the RAI RSC		
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
COI was identified in this item. The CCM member and alternate from Lao Tropical and Public Health Institute, who will be nominated as the representatives from CCM Lao PDR to the RAI RSC have conflict of interest and shall be excused from the voting.			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >			Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
After the CCM Secretariat presented the procedure for selection and the lists of the nomination of the new representatives from Lao CCM to the RAI RSC, The CCM agreed to nominate Dr. Khampheng Phongluxa, the Deputy Director General, Lao Tropical and Public Health Institute, to continue representing the Lao PDR Country Coordinating Mechanism to the RAI Regional Steering Committee for a second three-year term (December 2022 to November 2025) and nominated Dr. Khetmany Chanthakoummane, the Deputy Head of Health Policy and Health System Research Division, Lao Tropical and Public Health Institute, as an alternate member to enhance the partnership and cooperation with the RAI RSC.			
DECISION(S)			
The meeting agreed to nominate Dr. Khampheng Phongluxa to continue representing the Lao PDR CCM to the RAI RSC and nominated Dr. Khetmany Chanthakoummane, as an alternate member.			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
The CCM Secretariat to prepare the nomination letter and send to the RSC Secretariat.		CCM Sec	soon
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> >			

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

ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>

**AGENDA ITEM #4**

**Report on the Results of joint Oversight Field Visit between CCM and HANSA Mission in Champassak Province**

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI identified in this item

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >

Yes

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

The representative from the oversight field visit team (CCM & OC member) presented a report on the joint oversight field visit with HANSA mission in Champasak Province from 2-5 Nov 2022. The visit focused on the implementation of the project's activities supported by the GFATM and HANSA at provincial, district and health center levels. *(For more information, please see the attached PPT).* The findings were summarized as below:

**Overall Key Achievements**

- Under leadership from the provincial and district government, the projects were successfully implemented;
- Received funding from the Global Fund, development partners and the government to implement the main activities of each level;
- The three-disease program also has multi-stakeholder collaboration and response;
- Available management project guidelines and equipment to implement the projects;
- Health care provider and stake holder had been trained on technical;
- Data collection and report through one channel (DHIS2);
- ART center for HIV/AIDS patients are available at the provincial hospital;
- There are PCR machines and GeneXpert are available with sufficient cartridges at the provincial hospital;
- There is mSupply electronic system used to record stock in and stock out in warehouse;
- Integrated management of vaccines and essential medicines in warehouse;
- There are Village Health Volunteers (VHV) in each village;
- Overall, the three programs have been achieved the targets and indicators.

**Overall Key Issues**

- Medicines and equipment for COVID 19 outbreak have overwhelmed the warehouse, which caused the space messiness and being unorganized;
- Storage of non-medical goods (floor mats, mattresses, jugs for water) taking up >30% of total space
- Oversupply of masks and gowns
- GeneXpert running at full capacity, 3 modules were broken;
- Insufficient health care provider and always turnover;
- Some health care provider, stake holder and volunteers are not yet fully trained skill of 3 diseases (HIV, TB and Malaria);
- Limited and insufficient budget to implement the program especially HIV activities in district and health center;
- Insufficient vehicles and equipment to implement the activities;
- Patients are poor and living far from the treatment facilities is hard to access for the treatment service;
- Monitoring and evaluation from each level is not regular;
- Data collection and report through DHIS2 has been some difficulty due to internet and the system is not yet complete.

**Overall Proposal of the local partners**

- Request to support staff for implementing program in some unit;
- Capacity building on technical including DHIS2 for staff in each level;
- Request budget to implement the program activities;
- Request Ministry of Finance review DSA, travel rate, ...
- Request for vehicle, moto bicycle, equipment, IEC material and reagent;
- Strengthening internet system especially in Health center.

## General Recommendations of the OFV Team

### Provincial Level:

- Strengthening integration and collaboration between unit and partner concern districts and Health centers;
- Orientation workshop to explain more details activities to implement the program;
- Prepare detail work plan and share responsibility with unit and institution concern;
- Capacity building, integration, collaboration for staff and partner concern;
- Regularly monitoring and supervision districts and health centers;
- Review, control and approve data in DHIS2 system regularly;
- Distribute LLINs to pregnant women in the target village as well as conducting the integrated activities with other projects so that pregnant women are universally protected;
- The areas that are not in the distribution target or areas that have not received enough LLINs, it should speed up the process for using LLINs reserved in stock in the warehouse;
- PHO to coordinate with the DHO to report the items in the warehouse and prepare a plan to request the needed-items and consider to distribute these items as needed;
- Official notification from the MOH is required for guiding the integration of the ATM programs;

### District Level/ Health Center Level

- Strengthening integration and collaboration between unit, partner concerns and health centers;
- Monitoring and supervision Health center regularly;
- Report implementation result to provincial health office regularly;
- Data entry and report through DHIS2 system regularly and on time;
- Create a mechanism to follow up the report from the PPM section after the PSI transfers their project activities to the public sector;
- Coordinate with the Provincial Health Office for timely implementation of activities 1-3-7, when confirmed case reported;
- To use the government's promotional budget portion to implement the activities.

### Key discussion points and comments from the meeting

- The meeting has agreed with the presentation and has no more comments for this agenda item.

## AGENDA ITEM #5

## 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) >

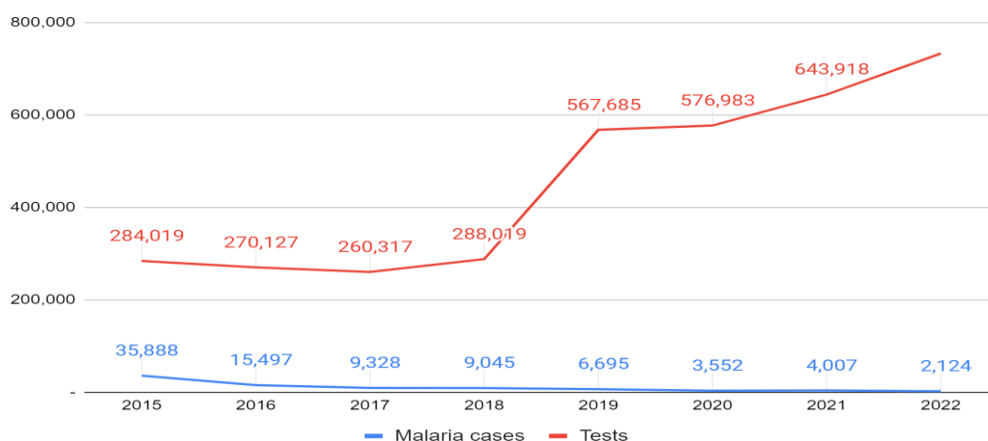
Yes

### SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

#### Malaria Program

UNOPS team has updated on the RAI3E Malaria Grant Progress as below (*For more information, please see the attached PPT*):

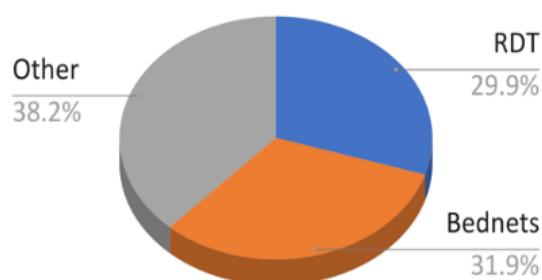
#### Epidemiological Update - Trend in Testing and Cases



## Government co-financing update

	2021	2022	2023	Total
<b>Total commitment (in USD)</b>	<b>643,836</b>	<b>516,251</b>	<b>288,123</b>	<b>1,448,210</b>

Main contribution is to RDT procurement and bednets ( 61.8%)



### Other activities:

- Annual review meeting
- LLIN-mass distribution microplannings
- Elimination certification preparation meeting/training
- Dissemination meeting for IQA guideline
- Microscopy training
- LMIS SOP trainings
- PPM training materials/job aids printing
- ToT training for PPM
- PPM refresher training
- PPM and FDD meetings
- Transition Review meeting

## Budget Reprogramming

### GF Approved Reprogramming Activities

#### Key Re-programmed Activities (within the available savings)

1. Increase in salaries for the SRs, retroactive from 1 July 2022
2. Increase in VMW incentives and travel costs
3. FOICI investigations
4. Additional supervision & training
5. Pf accelerator 2023 activities and procurement
6. District training and elimination certification
7. Replenishment of few old equipment & two vehicles for CMPE

#### Unfunded Quality Demand (To be covered from other components)

**Total: USD 444,039**

Procurement 2022 - 645,000 RDTs (Co-financing budget's gap)

Procurement 2023 - 538,254 RDTs (under original budget)

International Procurement - Antimalarial medicines Pyramax

## Key Program updates in 2022

### Trainings

- ICCM refresher training & DHIS2 and Surveillance training for elimination districts conducted

### Pf acceleration strategies

- On-going
- Assessment and review meeting done in Nov, the recommendation of assessment will comply to develop 2023 plan

### PSM

- System assessment conducted by LFA and UNOPS PSM team in Dec

## Meetings

- Mid-term review finding analysing and the final report disseminated in December,
- Bottom-up planning meetings with provinces,
- Weekly online meetings with Southern Provinces

## Pv radical cure

- Quali G6PD testings available in hospitals in provinces/districts, and health Centers at strata 3&4

## Surveillance

- CIFIR activities ongoing in elimination district
- Response activities conducted in Pv outbreaks

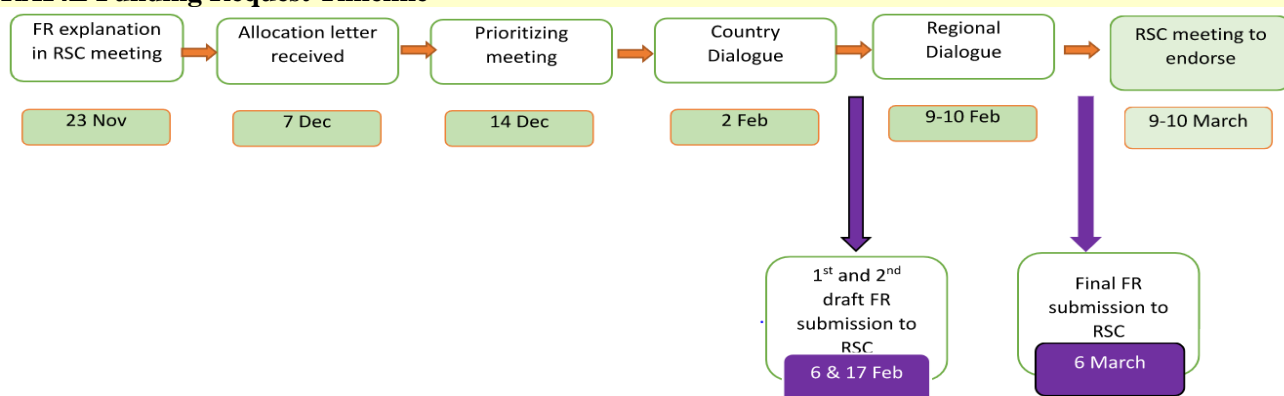
## Challenges

Challenge	Recommended Response
Response delay to <b>outbreaks</b> due to the need of central level technical and financial approval	<ul style="list-style-type: none"> <li>- Decentralization of response approval to province technical team to facilitate quick approval process</li> </ul>
Low achievement of <b>Pv referral and compliance of Pv treatment</b> due to lack of collaboration from patients	<ul style="list-style-type: none"> <li>- Strengthening Pv case referral scheme and treatment compliance / or piloting of TDA for Pv case hot spot villages?</li> <li>- Pv radical treatment follow up by VMWs</li> </ul>
<b>VMW</b> sustainability and integration of disease packages Low performance of CMPE <b>VMWs</b>	<ul style="list-style-type: none"> <li>- Integration strategies to be in place</li> <li>- Pilot assessment of VHV's integration (ongoing)</li> <li>- Support from CSOs in monitoring and data collection in southern provinces</li> </ul>
Phasing out of PSI support of <b>PPM</b> posing a risk of lower private sector contribution to targets	<ul style="list-style-type: none"> <li>- Support from CSOs in monitoring and data collections</li> </ul>

## MTR Key Outcomes - Programme Management

- **Mid-term review meeting**
  - Mid-term review finding analysing, the final report is to be disseminated in early December;
- **Key outcomes and Way forward**
  - Strengthen Pv referral and treatment follow-up;
  - Decentralize outbreak response;
  - Consider TDA/IPT option for Pv;
  - Strengthen and expand 'Accelerator strategies';
  - Establish a network of mobile malaria teams to expand malaria elimination services;
  - Support from CSOs in monitoring and data collection of VMWs/PPMs in southern provinces;
  - Remove critical commodities from co-financing and replace with less critical nationally procured commodities like microscopy and entomological packages, or nets;
  - Gap analysis of PSM and recommendations to prevent stockouts

## RAI4E Funding Request Timeline





## HANSA Project

The representative from DPC-MOH updated on the HANSA project as below: *(For more information, please see the attached PPT).*

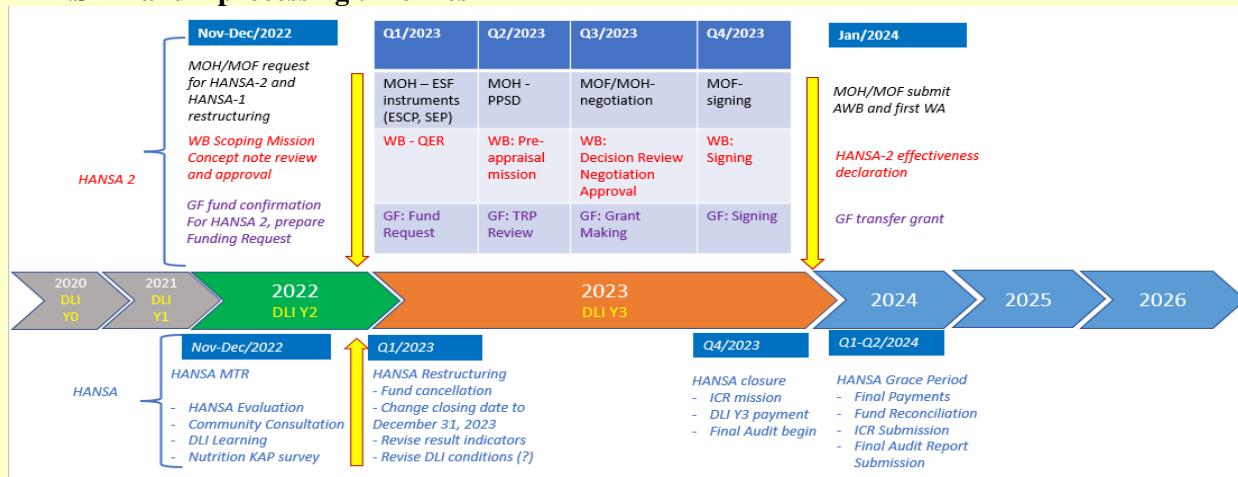
### Output of DLI Y1 and Y2

DLIs	Status
<b>DLI-A:</b> Quality performance and service readiness measurement conducted regularly at health center level	Y1: partially achieved Y2: partially achieved
<b>DLI-B:</b> Number of patients who pay out of pocket for “Free” Maternal and Child Services reduced	Y1: fully achieved Y2: partially achieved
<b>DLI-C:</b> Availability of essential drugs and supplies at health center level improved	Y1: fully achieved Y2: fully achieved
<b>DLI-D:</b> Number of provinces in which the number of health centers without a clinical health worker, as reported in the DHIS2, has been reduced.	Y1: partially achieved Y2: fully achieved
<b>DLI-E:</b> Improvement of financial management capacity at health center level	Y1: fully achieved Y2: fully achieved
<b>DLI-F:</b> Increase coverage and correctness of event capture reports for selected services	Y1: fully achieved Y2: fully achieved
<b>DLI-G:</b> Implementation of Social and Behavioral Change Communication (SBCC) and Growth Monitoring and Promotion activities at village-level	Y1: partially achieved Y2: fully achieved
<b>DLI-H:</b> Number of villages in Zones 2 and 3 in nutrition convergence provinces in which integrated outreach sessions are conducted	Y1: fully achieved Y2: fully achieved
<b>DLI-I:</b> Number of Immunization Target Districts which have increased the Pentavalent 3 and deliveries with Skilled Birth Attendant (SBA)	Y1: partially achieved Y2: partially achieved
<b>DLI-J:</b> Number of notified TB cases of all forms (i.e., bacteriologically confirmed and clinically diagnosed new and relapse cases)	Y1: partially achieved Y2: partially achieved
<b>DLI-K:</b> HIV testing among key populations (female service women and men having sex with men); b) and HIV treatment among people living with HIV	Y1: fully achieved Y2: fully achieved
<b>DLI-L:</b> Increase in national readiness for health security in responding to pandemics and health emergency at international boundaries (airports and ground crossings)	Y1: not achieved Y2: fully achieved

### DLI-Y1, Y2 and Y3 Payment

- Advance payment was made for full amount of DLI-Y1. Overall, achievement upon the IAI verification is 76% or \$3,432,500 and will be accounted as expense for DFAT/WB/GF financing according to the proportion of 10/40/50
- DLI-Y2 results have been verified by IAI and suggested to pay \$4,530,500 (94.57%). Payment amounts are being reviewed based on the IAI verification results and will be endorsed by WB/GF by end of December 2022
- DLI-Y2 and Y3 payment and potential catch up payment from DLI-Y1 will apply a reimbursement method and
- The payment of DLI-Y3 will need to be made at the first week of December 2023 before the new project closing date

### HANSA 1 and 2 processing timelines

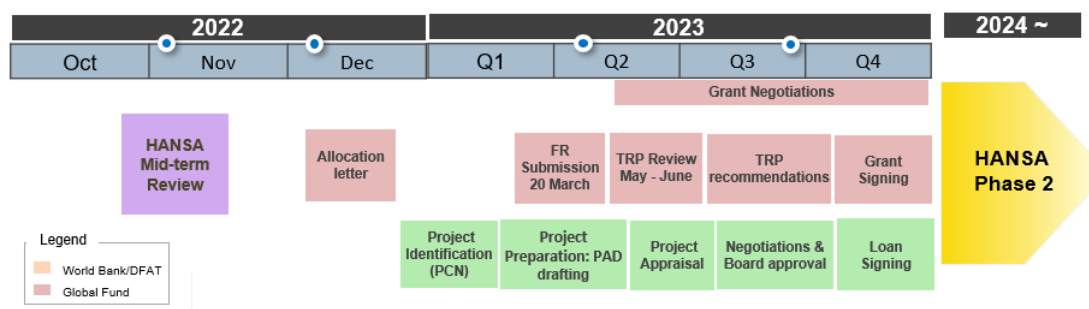


## Processing Steps by the Government

MOH to finalize and send request to MOF for HANSA 1 restructuring and financing to HANSA-2 (cover letter, revised RF, revised budget by components and source of funds, revised DLI table)	MOH	November 21, 2022
Formal request is submitted to WB	MOF	December 15, 2022
ESF instruments (ESCP and SEP) are prepared	MOH	Dec 22 – Feb 23
Project Cost Table and Project Procurement Strategy for Development (PPSD)	MOH	March-May 23
Pre-appraisal and ISM are held	MOH, MOF	June 12-23, 2023
MOF to form negotiation committee and send authorization to negotiate to the Bank	MOF	August 11, 2023
Financing agreement is signed	MOF	October 2023
POM for HANSA-2 is prepared to fulfill effectiveness condition	MOH	October 2023
First WA is prepared and submitted to the WB	MOF	January 2024
MOH to finalize and send request to MOF for HANSA 1 restructuring and financing to HANSA-2 (cover letter, revised RF, revised budget by components and source of funds, revised DLI table)	MOH	November 21, 2022

## HANSA Phase 2

Proposed timeline for HANSA 2 preparation, including the alignment with the Global Fund grant funding request



## HIV Program

Representative from CHAS updated on the Progress updates for HIV under HANSA as below. (For more information, please see the attached PPT).

### Highlight Progress updates on HIV under DLI.K (HANSA)

#### HANSA Project Components

Component 1: Integrating Service Delivery Performance with National Health Insurance Payments

Component 2: Service Delivery and Nutrition Convergence

Component 3: Adaptive Learning and Project Management

Component 4: Contingent Emergency Response

### 3 Indicators of DLI-K

Indicator DLI K - (a1) Percentage of FSW received an HIV test in the past twelve (12) months and know their results

Percentage of FSW received an HIV test in the past twelve (12) months and know their results	Percentage Increase (FSW)				
	Y0	Y1	Y2	Y3	Y4
	0%	2%	2%	2%	2%

Indicator DLI-K (a2): Percentage of MSM received an HIV test in the past twelve (12) months and know their results

Percentage of MSM received an HIV test in the past twelve (12) months and know their results	Percentage Increase (MSM + TG)				
	Y0	Y1	Y2	Y3	Y4
	0%	5%	6%	8%	10%

Indicator DLI-K (b): Number of HIV positive cases currently on treatment

Number of HIV positive cases currently on treatment	Percentage Increase (on ART)				
	Y0	Y1	Y2	Y3	Y4
	0%	1.7%	4%	5%	5%

## Priority HIV Programs under HANSA

### Highlight Key Progress:

- The HIV program focus on the following 5 priority strategies: i) ensuring prevention of HIV transmission; ii) case finding; iii) linkages to care; iv) ART enrollment; and v) viral load suppression
- HIV testing coverage targets for FSW were set to increase at a 2% rate on a yearly basis: Y1 & Y2 has reported fully-achievement; and progress updates at 45% of 8779 FSW target in Y3.
- HIV testing coverage targets for MSM were set to increase by 5%, 6% & by 8% on years 1-3. Y1 & Y2 has reported fully-achievement; and progress updates at 52% of 3256 MSM/TG target in Y3 so far.
- ART enrollment targets were set to increase by 1.7%, 4% & 5% on years 1-3 respectively. Y1 over-achieved at 109%; Y2 has reported over-achievement at 106.2%; and a 99.8% progress of achievement of 9808 PLHIV on ART in Y3.

### The HIV program accelerated implementation and is currently on track to fulfill year 3 HANSA targets

### Key recommendations from Joint MTR HANSA project during 1-11 November 2022

- Integration of TB, HIV and malaria services into primary health care: Opportunities to de-centralize and integrate TB, HIV and malaria services into the primary health care level
- CHAS with the support of technical partners including WHO, CHAI, UNAIDS and CSOs, consider a revision to 2023 program targets to ensure further alignment and support for national targets.

### Looking ahead under HANSA 2:

- Opportunities for the next GF investment period 2024-2026: achievement of national targets of reaching 95-95-95 by 2025, address barriers for access, integration of HIV services through PHC, community-led responses
- UNAIDS to support development of the national M&E framework, mid-term review and National Strategic Plan
- CHAS and CSOs working alongside IQVIA team to support roll out of differentiated service delivery models to reach key populations
- Evaluation & community consultation to provide additional findings and recommendations into program design for the next investment period

### Timeline for Joint TB/HIV Mid-Term Review

Annex 1 TB/HIV midterm review time table (update NOV 2022)

Activity	Oct-22			Nov-22				Dec-22				Jan-23				Feb-23				Mar-23			
	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
<b>I - Mid Term Review</b>																							
a) Concept note: Objectives + Scope (topics), data collection + indicator Review team (MTR lead team, TB team, HIV team), TA internal/external, Budget																							
b) Desk review: Analytical framework Compile all docs, Output																							
c) Field visit: Check list, sites, People to interview																							
d) Partners Workshop: Consolidated TB + HIV findings																							
Draft report shared with stakeholders																							
<b>II- NSAP update 2026-2030</b>																							
<b>III- Funding request</b>																							
Early draft FR to be shared with CCM and GF CT																							
Final FR to GF on 20th March 2023																							

## Overview of C19RM funding for HIV program

- Implementation Period 3 years: 1 January 2021 - 31 December 2023
- Activities and Budget 3 years: 667.526 USD (budget approved after reprogramming)
- 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 in November 2021.
- Recruited Project coordinator and Finance officer.

## HIV Co-financing Budget 2021-2023

Year	Budget Commitment	Budget Amount Approved	Amount spent (update Nov 22)	(%)
2021	\$ 156,783	\$ 167,856	\$ 162,192	103%
2022	\$ 573,304	\$ 454,504	\$ 395,540	69%
2023	\$ 1,079,308	\$ 785,937 (not yet approved)		

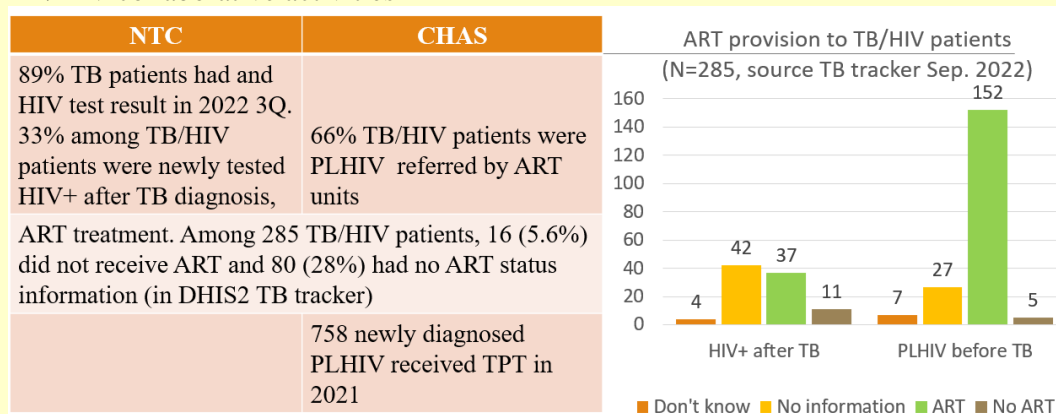
## Challenges

- Corona virus 19(COVID-1) pandemic is impact to reach the target group (Key population FSW and MSM) harder in Year 1.
- The approved budgets (HANSA&C19RM) have been delayed transferring, the access and referral the target groups have decreased.
- The GF investment through HANSA and C19RM does not achieve the national targets, particularly the high-risk groups e.g. FSW achieved 68% and MSM achieved only 10% of NSP targets.
- GF investment is now decreasing, while the innovative prevention approaches are needed to continue reaching those KPs.
- Hidden KPs is still challenge to reach and recruit for HIV testing which needs to review the strategies and interventions to address those un-reached.
- C19RM budget is not allow for HIV commodities, even for TB/HIV prevention approach such as TB-LAM, TPT products.
- HIV commodities gap through co-finance commitment which is approved in local currency (kip) therefore currency depreciation is challenging;
- Co-finance budget for 2023 not yet approved, and due to currency depreciation, it might not sufficient for forecasted needs.

## TB Program

Representative from NTC updated on the Progress updates for TB as below. (For more information, please see the attached PPT).

### TB/HIV collaborative activities



## Best practices and action plan to achieve Y3 targets

Best practices/ Challenges	Action Plan
<ul style="list-style-type: none"> <li>• Expand screening with digital X-ray and testing with GeneXpert to save lives and cut TB transmission</li> </ul>	<ul style="list-style-type: none"> <li>• Scale-up outreach active case finding (ACF) among TB household contacts, prisoners and other hard to reach groups by provincial teams</li> </ul>

<ul style="list-style-type: none"> <li>• Ensure uninterrupted supply of GeneXpert equipment and tests</li> <li>• Integrate GeneXpert platforms in the laboratory country network</li> </ul>	<ul style="list-style-type: none"> <li>• Equip and train 5 additional provincial teams to conduct ACF</li> <li>• Provide ≈50,000 Xpert TB tests/year and GeneXpert machines, connectivity, spare modules, calibration kits and maintenance</li> <li>• Provide other GeneXpert tests: Xpert XDR, COVID-19 testing, HIV viral load, early infant diagnosis (EID), Hepatitis B viral load</li> </ul>
<ul style="list-style-type: none"> <li>• Uninterrupted supply of tests and drugs until Q3 2024 (to bridge with the next grant 2024-2026, considering 9 months lead time for TB drugs), based on LOHP joint funding amended 2021-23</li> </ul>	<p><b>GF procurement Y2</b> Y2 TB drugs were paid and shipped and cover until Q2 2023 Y2 41,000 GeneXpert TB tests + PSM in Y2: \$503,700.58 <i>pending GF payment in Y2</i></p> <p><b>Co-financing for TB Y3 = \$1,171,266.40</b></p> <ul style="list-style-type: none"> <li>• \$88,011.72 TB tests + GeneXpert modules <i>already paid</i></li> <li>• \$188,423.60 TB drugs <i>already paid</i></li> <li>• \$46,937.43 pending payment of PSM Cost for TB Drugs <i>on process</i></li> <li>• \$965.28 <i>pending payment of PSM Cost for GeneXpert TB tests and Modules</i></li> <li>• \$257,693.20 for remaining TB drugs</li> <li>• \$503,700.58 for 41,000 GeneXpert TB tests + PSM in Y3</li> <li>• \$68,689.80 for 32 GeneXpert modules and 60 calibration kits</li> <li>• \$105,821.80 for laboratory reagents and consumables</li> </ul>
<ul style="list-style-type: none"> <li>• Improve TB case finding in children</li> <li>• Streamline TB/HIV collaborative activities</li> <li>• Address barriers to treat all DR-TB patients at province/district level</li> <li>• Nutritional support and social protection for DS and DR-TB patients</li> <li>• PHOs/DHOs perform real time surveillance with DHIS 2 TB tracker to report progress and prioritize interventions</li> <li>• Delays in fund flow needs to be mitigated for DLI J Y2 particularly province to district level (specimen transport fee)</li> </ul>	<ul style="list-style-type: none"> <li>• Train/retrain physicians on diagnosis and treatment of TB in children;</li> <li>• Maintain communication and collaboration with CHAS/NTC</li> <li>• Expand patient centred, ambulatory treatment of DR-TB with all-oral shorter regimens</li> <li>• Full NHI coverage and nutritional and social support to all TB and DR-TB patients</li> <li>• Training and on site coaching of provinces and districts health offices on the use of DHIS2 TB Tracker</li> <li>• Disbursement in time</li> </ul>

**Multisectoral approach:**

**End TB with the CCM, Ministries and departments and implementers**

- MoH Departments (DPC, DCDC, DHR, FDD), NNC, NCLE, Health Education Centre, MPSC, CHAS, Ministry of labour and social welfare (NHI bureau), Department of Security, Lao Women Union,
- PHOs and DHOs and all hospitals (central, province, district) and health centres;
- Community systems, people affected by TB and families
- WHO, World Bank, Global Fund, DFAT, CHAI, CILM, KIT, France Expertise, JICA

**C19RM Summary of Activities and Procurement by NTC**

Budget by Module - Intervention	Budget of Year 2	Expenditures Jan-Dec 2022	% Absorption of 2022	Carry Forward to 2023	Budget of Year 3	Total Budget available in Year 3
COVID 19- COVID Diagnostics and testing	426.599\$	105.712\$	24,78%	320.887\$	138.938\$	<b>459.825\$</b>
COVID19-Case management, clinical operations and therapeutics	469.920\$	211.500\$	45,01%	258.420\$	18.880\$	<b>277.300\$</b>
COVID19-Laboratory systems	99.465\$	27.840\$	27,99%	71.985\$	6.000\$	<b>77.985\$</b>

COVID19-Mitigation for TB programs	143.553\$	72.740\$	50,67%	70.813\$	121.349\$	<b>192.162\$</b>
Program management-Grant management	46.190\$	30.840\$	66,77%	00	36.380\$	<b>36.380\$</b>

## C19RM

The representative from PR (DPC) has updated on the Global Fund Grants on C19RM as below (*For more information, please see the attached PPT*):

### Summary of Project Implementation for 2022

1. Completed submission the 2022-2023 C19RM reprogramming plan to the Global Fund and received the approval of the plan from the Global Fund on 09/07/2022.
2. Completed submission of the PUDR reporting in 2021 to the Global Fund according to the deadline set by the Global Fund on 14/09/2022.
3. Completed the audit for project implementation in 2021 from the audit company (EY) between 19-23/09/2022.
4. Completed the transfer of activity funds to the SRs to implement the project activities starting from Q3 & Q4 2021 – Q5, Q6 & Q7 2022.
5. Completed Closing Bank Account and Transfer Remaining Budget from LAO-H-GFMOH Grant to LAO-C-MOH Grant:
  - 1) PMU/DOF, account name: PR-MOH-HA-CONSO-P1: **US\$ 98,143.87 (Done)**
  - 2) PMU/DOF, account name: OP-HA-CONSO-P1: **US\$ 91,476.03 (Done)**
  - 3) CHAS, account name: NAP-CHAS-HA-NFA: **US\$ 1,550.63 (Done)**
  - 4) CHIAs, account name: LAOPHA-HA-NFM: **US\$ 398.45 (Done)**
  - 5) PEDA, account name: PEDA-HA-NFM: **US\$ 1,707.50 (Done)**
  - 6) PSI, account name: PSI-HA-NFM: **US\$ 4,100.29 (Not transfer yet, and expected to transfer by December, 2022)**
6. Completed refunds to the Global Fund for water, electricity, and telephone charges for Grants LAO-T-GFMOH and LAO-H-GFMOH on 11/11/2022:  
**The budget has been transferred:**
  1. NTC: US\$ 218.68
  2. CHAS: US\$ 304.70
  3. LAOFA/CHIAs: US\$ 282.64
  4. PEDA: US\$ 253.96
  5. PSI: US\$ 555.90
  6. PR/PMU: US\$ 219.28
  - Total: US\$ 1,835.16**
7. Completed a meeting with the Global Fund on the HPMT and DB works of the project on 06/10/2022.
8. Completed transferred funds from the Ministry of Finance to the PR bank account in the amount of US\$ 136,636.53.
9. Completed the payment for first installment of the procurement of PSA Oxygen Generator System to the DHR in the amount of US\$ 32,877.60.
10. Completed the payment of UPS for GeneXpert machine to NCLE for 12 units in the amount of US\$ 10,392.
11. Completed a meeting with the Global Fund during the Mission in Vientiane Capital between 1-11/11/2022.
12. Completed the payment of 24,000 USD for the 1st installment of the contract to PMOS for the procurement of Licensing Connectivity Solution between the province and the district of the NTC.
13. Completed purchased order 20 Microscopes for the NTC. Currently still waiting for the GF to be consider on the use of budget between the Main grant/LAO-C-MOH and/or C19RM Grant.
14. Completed purchased order 7 GeneXpert Machines (4 Modules, Laptop, 10 colors) and added 1 year warranty for the NTC. Currently still in an ongoing process.
15. Completed purchased order 3 X-Ray machines for the NTC. Currently still in an ongoing process.
16. Completed purchased order 4,800 boxes of gloves for the CMPE. Currently still in an ongoing process.
17. Completed purchased order alcohol spray for the CMPE (budget 165,448 USD). Currently in the process of final evaluation.
18. Completed purchased order 1 freezer and 4 refrigerators for the MPSC. Currently in the process of final evaluation.

19. Completed purchased order Vortex Mixer (25 units) & Centrifuge Machine (15 units) for NTC. Currently, the bidding has already been opened and the winning company is Arizok.
20. Completed purchased order Centrifuge for plasma spin (15 tubes) for GeneXpert laboratory for the NTC. Currently, the bidding has already been opened and the winning company is Arizok.
21. Completed purchased order office equipment for the project coordination office (budget 7,100 USD). Currently making a contract with the company
22. Completed purchased order UPS for GeneXpert Machine: local procurement including PSM costs of 35 sets for the NTC. Currently, the bidding has already been opened on 18/11/2022.
23. Completed purchased order 50 Portable Loudspeakers for GBV information dissemination for the Lao Women's Union. Currently in the approval process from the Department of Planning and Cooperation.
24. Announcing 3 more positions (M&E Officer, Senior Finance Officer, Procurement Officer). Currently being posted on the website: 108 jobs and will be closed on 08/12/2022.

#### PR & SRs' s Balance in Bank 31/10/2022

Implementers	Balance	Remark
Ministry of Health of the Lao PDR (PR_BOL)	\$ 1,078,799.67	Balance of 31/10/2022
APL+	\$ 40,704.85	Balance of 31/10/2022
MoH CHAS	\$ 106,714.08	Balance of 31/10/2022
CHIAS	\$ 162,692.87	Balance of 31/10/2022
MoH CMPE	\$ 166,944.13	Balance of 31/10/2022
MoH DHR	\$ 22,824.45	Balance of 31/10/2022
Lao Red Cross	\$ 20,958.02	Balance of 31/10/2022
Lao Women Union	\$ 16,095.62	Balance of 31/10/2022
MoH NTC	\$ 96,977.29	Balance of 31/10/2022
PEDA	\$ 1,905.93	Balance of 31/10/2022
PR_BCEL	\$ 110,628.15	Balance of 31/10/2022
<b>Total</b>	<b>\$1,825,245.06</b>	<b>Bank statement BCEL &amp; BOL</b>

#### Key points and comments from the meeting

##### HIV Program

- A representative from CSO has given comments on HIV infection that:
  - Access to all target groups is not well performance;
  - Some people living with HIV do not disclose themselves;
  - FSW in remote areas are difficult to access for the treatment services and receive information about HIV prevention;
  - There is an increased risk of HIV infection due to those FSWs interact with guests via online and in general restaurants;
  - There are also a number of the officials and people who have money and use the sexual services from young students without using condoms, which may increase risk for HIV infection among these groups compares to the FSW group;
  - Propose to conduct the IEC in secondary and high schools to raise awareness of HIV prevention;
  - Propose to organize awareness campaign for young people with participation of police and relevant parties for dissemination of knowledge and information on HIV prevention;
  - The HANSA project coordinator representing CSO in Champasak province has not been authorized by HANSA project;
- TB and HIV programs agreed to follow the timeline for preparing a new funding request from the GF on time;
- For preparation of the target group estimation, there is a plan for training in Thailand at the end of January 2023.

##### TB Program

- Propose to conduct more IEC on TB activities:
  - To the groups that has less confidence and condition, as the rate of TB infection is increased among these groups which have been infected for a long time before accessing to TB treatment;
  - To advise TB patients to take the drugs on time and follow doctor's prescription;
  - Encourage more partners involving in earlier TB case finding.

**AGENDA ITEM #6****Debrief from the 20th RAI RSC Meeting**

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**

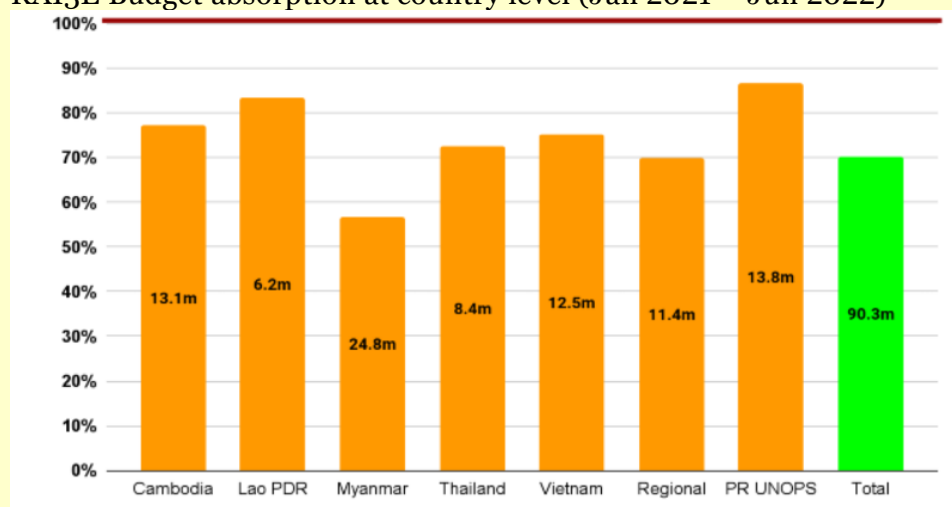
The representative from RSC Secretariat presented the debrief of the 20<sup>th</sup> RAI RSC Meeting as below (*For more information, please see the attached PPT*):

**The Regional Artemisinin-Resistance Initiative (RAI)**

- Launched in 2014 in response to the emergence of artemisinin resistant malaria in the GMS.
- Funded by The Global Fund.
- Supports purchase of key malaria commodities, including vector control, diagnostics and quality-assured drugs
- Enables development of surveillance systems and case management by community health workers.
- Builds resilient and sustainable health and community systems.

**20<sup>th</sup> RAI RSC Meeting**

- During the 20th RSC Meeting in Bangkok, the RSC discussed challenges for malaria elimination and priorities for the next grant.
- The RSC agreed on the importance of putting a focus on Myanmar, establishing the best means to eliminate P vivax malaria, ensuring accelerator/intensification activities are rolled out based on evidence, improving value for money and prioritization, enhancing use of data, ensuring LLIN efficacy, and addressing antimalarial stock and supply issues.
- The RSC recognized that the service delivery part of the regional component has been an effective means to support hard-to reach populations and MMPs under RAI3E.
- The RSC also:
  - decided that the format of operational would be replaced by an approach based on targeted evaluations of interventions for which the level of evidence is low.
  - requested that reports on integration of volunteers and management of P vivax be shared with those developing the RAI4E.
  - encouraged the CCMs to ensure that CSOs working on malaria are represented in the Country Dialogue process.
  - endorsed its updated membership, available publicly on [www.rairsc.org](http://www.rairsc.org).

**RAI3E Budget absorption at country level (Jan 2021 – Jun 2022)****The RAI4E Development Process**

A draft investment case for a RAI4E outlined seven priorities for a potential fourth grant:

1. Innovative accelerated interventions towards elimination The RAI4E Development Process
2. Case-based surveillance and prevention of reestablishment



3. Leveraging community health workers to enhance basic health services
4. Radical cure of P vivax
5. A data-driven regional approach
6. Strengthening civil society organizations' contribution to the health system
7. Strengthening pandemic preparedness and response

With the support of Expertise France L'Initiative, HMST was recruited to form the Writing Team for the RAI4E Funding Request, working directly with CCMs, the RSC, and other stakeholders. A Writing Committee has been formed for the RAI4E Funding Request, consisting of all RSC Members.

#### The RAI4E Funding Request Process

- 14 Dec 2022 Lao PDR Country Meeting on priorities and allocation
- 02 Feb 2023 Lao PDR Country Dialogue
- 21 Feb 2023 Lao PDR Country Meeting for Endorsement the draft

#### Key points and comments from the meeting

- The meeting has no additional comments on this agenda.

<b>AGENDA ITEM #7</b>	Update of the Timelines for the new Global Fund Funding Request Preparation		
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 presented the Integrated Timeline for GF FR Preparation (Cycle 2024-26) for HIV/TB and RAI4E as below:			
<b>Integrated Timelines for GF Funding Request Preparation, Cycle Year 2024-2026</b>			
<b>Key Activities</b>			
Date	HIV/TB	RAI4E	CCM
<b>September 2022</b>			
30-Sep-22			Full-day CCM Plenary Meeting
<b>November 2022</b>			
1-2 Nov 2022		MTR (Mid-term review) Validation meeting on National Malaria Program	
22-23 Nov 2022		20th Regional Steering Committee Meeting Meeting in Bangkok	
30-Nov-22			Oversight Committee (OC) Meeting
<b>December 2022</b>			
07-Dec-22		Global Fund Allocation Letter arrives (TBC)	Prepare annual evaluation of the CCM Integrated Performance Framework (IPF)
13-15 Dec 2022	Annual Review Meeting the National HIV Program		
14-Dec-22		National Consultation on Priorities and Allocation	
Mid Dec 2022	Expected GF allocation letter circulation		

15-Dec-22			Full-day CCM Plenary Meeting
By end Dec 2022	Desk review of programmatic and financial data		
<b>January 2023</b>			
By end Jan 2022	Field visit at district and health centre levels in selected provinces		
<b>February 2023</b>			
02-Feb-23		Country Dialogue on RAI4E Country Component	
06-Feb-23		1st draft FR submission to CCM and RSC	OC and CCM review and comment on the 1st draft FR for RAI4E through E-mail
By the 1st week of Feb 2023	Partners consensus workshop (WS) to prioritize the next GF funding request		
9-10 Feb 2023		Regional Dialogue on RAI4E Funding Request by the Writing Committee in Bangkok	OC and RMC meeting on 9 Feb. to review and comment on the draft FR for RAI4E
17-Feb-23		2nd draft FR submission to CCM and RSC	OC and CCM review and comment on the 2nd draft FR for RAI4E through E-mail
21-Feb-23			<b>CCM Meeting to review and endorse the draft FR for RAI4E</b>
By 3rd week Feb 2023	Draft MTR report share with stakeholders		
By last week Feb 2023	HIV and TB NSP Updates (2026-2030)		
By last week Feb 2023	1st draft FR share with CCM and GF CT		
<b>March 2023</b>			
01-Mar-23			OC and CCM review and comment on the draft FR for TB and HIV through E-mail
06-Mar-23		Final FR submission to RSC	OC Meeting to review the draft FR for TB and HIV
9-10 Mar 2023	Final draft FR submit to CCM	21st Regional Steering Committee Meeting (Vientiane, Lao PDR)	
14-Mar-23			<b>CCM Meeting to review and endorse FR for TB and HIV</b>
20-Mar-23	<b>DEADLINE FOR SUBMISSION OF TB AND HIV FUNDING REQUEST TO GLOBAL FUND</b>	<b>DEADLINE FOR SUBMISSION OF REGIONAL RAI4E FUNDING REQUEST TO GLOBAL FUND</b>	<b>DEADLINE FOR SUBMISSION OF ALL NEW FUNDING REQUEST TO GLOBAL FUND</b>

#### Key points and comments from the meeting

- The CCM Lao PDR is not required to submit a GF-specific funding application, but a draft of the Project Appraisal Document (PAD) which contains all of the information of the HANSA program, plus some

additional annexes, such as the HIV/TB MTR report. The PAD should be developed through an inclusive country dialogue process which will also include various inputs and recommendations based on the negotiation of funding to invest in the HANSA 2. At the same time, CCM must be responsible for following-up and participating in the negotiations and discussions on the process of compiling documentation accessing, providing inputs and endorsing of the PAD for GF submission on 20 March 2023.

- The representative from the WB had an additional comment that the preparation of HANSA 2 has been discussed with the relevant partners and the plans have been reviewed. In order to strengthen and support the country in achieving its goals, the WB has supported in preparing the PAD. All relevant partners will be able to access the PAD and hopefully to receive inputs and suggestions from the relevant partners for this matter.

<b>AGENDA ITEM #8</b>	<b>Selection of PR for the new Funding Cycle of The Global Fund, year 2024 - 2026</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 has informed the meeting on the 6 eligibility requirements of GF, which include the PR selection for implementing the grant of the Global Fund. The CCM Secretariat proposed to open the floor for discussion on the PR selection for the new funding cycle year 2024-2026.

**Key points and comments from the meeting**

- CCM has a role in endorsement various documents and monitoring the use of grants from the Global Fund. The PR is an implementing agency of the grants. Refer to the GF policies and requirements, PR selection must be based on past performance results and future sustainability. As the GF has integrated HIV and TB investment in HANSA project, which has been managed by DPC-MOH. According to the current structure and arrangement, the CCM agreed to select the current PR continuing its role as the new PR for TB and HIV grants. The FPM has concurred with the CCM decision;
- The representative from DPC noted that NPCO under the DPC has a central role in coordinating with all partners including national and international sectors/agencies in funding resource mobilization and implementation of 8 programs of MOH.

**DECISION(S)**

The meeting agreed to select DPC-MOH to continue as the PR of the TB/HIV programs for the new Global Fund funding cycle, year 2024-2026.

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

Before closing the meeting, the chairman of the meeting expressed his appreciation and thanks to all participants and has summarized some key comments as follows:

- 1) The CCM Secretariat to circulate suggestions and comments from the meeting regarding the three diseases which included in the meeting minutes to the PR (DPC-MOH) and national programs;
- 2) The CCM Secretariat to circulate findings and recommendations (such as vehicles, village volunteers, staffs) which included in the OFV report to the PR (DPC-MOH) to find the solutions;
- 3) The CCM Secretariat to follow up and encourage the national program to follow the timeline ensuring that the new funding request will be effectively prepared and submitted on time in accordance with the strategy of Ministry of Health to eliminate Malaria and reduce TB and HIV infection.
- 4) The meeting agreed to select DPC-MOH to continue as the PR of the TB/HIV programs for the new Global Fund funding cycle.

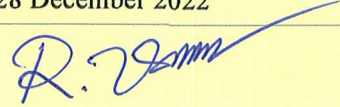
**SUMMARY OF DECISIONS & ACTION POINTS**

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
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AGENDA ITEM #3	The meeting agreed to nominate Dr. Khampheng Phongluxato to continue representing the Lao PDR CCM to the RAI RSC and nominated Dr. Khetmany Chanthakoummane, as an alternate member.  The CCM Secretariat to prepare the nomination letter and send to the RSC Secretariat.	CCM SEC	SOON
AGENDA ITEM #8	The meeting agreed to select DPC-MOH to continue as the PR of the TB/HIV programs for the new Global Fund funding cycle, year 2024-2026.		

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 >	28 December 2022
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	Prof. Dr. Phouthone Muongpak	DATE >	29 December 2022
FUNCTION >	CCM Chair	SIGNATURE >	