The Ad-Hoc Plenary Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS															
COUNTRY (CCM)			Lao PDR									TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)		19	
												TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)		18	
												TOTAL NUMBER OF CCM MEMBERS/ ALTERNATE AND OTHERS JOINED ONLINE)		19	
MEETING NUMBER (if applicable)			01									TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)		23	
DATE *(dd.mm.yy)*			21 February 2023									TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)		42	
DETAILS OF PERSON WHO CHAIRED THE MEETING												QUORUM FOR MEETING WAS ACHIEVED (yes or no)		Yes	
HIS / HER NAME & ORGANISATION	First name		Prof. Dr. Phouthone									DURATION OF THE MEETING (in hours)		4	
	Family name		Muongpak									VENUE / LOCATION	Don Chan Palace Hotel		
	Organization		Lao Red Cross												
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair								x			MEETING TYPE (Place 'X' in the relevant box)	Regular CCM meeting		
	Vice-Chair												Extraordinary meeting		x
	CCM member												Committee meeting		
	Alternate											GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)	LFA		x
HIS / HER SECTOR* (Place 'X' in the relevant box)													FPM / PO		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS						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

AGENDA SUMMARY		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	• Introduction and endorsement of agenda • Quorum verification and conflict of interest identification • Update follow up action from the last meeting	x														
AGENDA ITEM #1	Review and consider for endorsement of the draft RAI4E Funding Request													x		

AGENDA ITEM #2	Report on Re-election of the Oversight Committee (OC) Chair and Vice-Chair						x						x			
AGENDA ITEM #3	Brief report on the HANSA-2 Preparation Mission											x				
AGENDA ITEM #4	Update on the timeline and activities for the new Global Fund Funding Request Preparation												x			
AGENDA ITEM #5	AOB Close the meeting															

MINUTES OF EACH AGENDA ITEM	
OPENING PROGRAM	• Introduction and endorsement of agenda • Quorum verification and conflict of interest identification • Update follow up action from the last meeting
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was 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	

CCM Chair warmly welcomed and thanked all participants that attended the Ad-hoc Plenary Meeting – Calendar Year 2023 at the venue and online.

The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient. The agenda no. 1 and 2 of the meeting today will be endorsed by CCM members. The CCM member representing the Ministry of Health has a conflict of interest and shall be excused from the voting in the agenda item no. 1. The CCM member representing from Lao Tropical and Public Health Institute also has a conflict of interest and shall be excused from the voting in the agenda item no. 2.

At the same time, the CCM Secretariat has updated follow-up actions of the CCM agreement during the 4th Plenary CCM Meeting on 15 December 2022.

1. Nominated 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 nominate Dr. Khetmany Chanthakoummane, the Deputy Head of Health Policy and Health System Research Division, Lao Tropical and Public Health Institute, as an alternate member. After the meeting, the CCM Secretariat has prepared the nomination letter and sent to the RSC Secretariat.
2. Selected DPC-MOH to continue as the PR of the TB/HIV programs for the new Global Fund funding cycle, year 2024-2026.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	Review and consider for endorsement of the draft RAI4E Funding Request
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 from Ministry of Health has a 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	

Representative of CMPE presented the draft of RAI4E Funding Request for Lao PDR as below:

Allocation Letter Overview

- Laos RAI3E allocation for 2021-2023: USD 12,641,703
- Laos RAI4E allocation for 2024-2026: USD 16,392,000 (Increase by 30%)

Approach

Strategic choices for RAI4E were based on:

- Six guiding principles for prioritization
- Alignment with RAI4 strategic priorities
- Transparent and inclusive approach

Prioritized Country Needs

- **Aligned with**
  - National Strategic Plan 2021-2025
  - Global and regional strategies for Malaria elimination
- **Aims at**
  - Eliminating P. Falciparum malaria by 2023 & P. Vivax in Northern & Central provinces by 2025
- **To continue & scale up**
  - Accelerator Strategy activities introduced in the third RAI allocation (RAI3E): Pf & Pv
- **To emphasize on**
  - Hard-to-reach populations, ethnic minorities, migrant and mobile populations, populations in border areas, forest goers and people in camps
- **To engage**
  - Civil Society Organizations (CSOs
- **To increase**
  - Sustainability including the comprehensive integration of CHWs

Alignment with MTR Recommendations & Conclusions

A. Program Management	**RAI4 Priorities**
1. Increase efficiency of PAM & DAM existing staff through reallocation of tasks and building capacity; 2. Remove critical key commodities from co-financing to RAI grant and replace locally procured items.	1. Training for PAM & DAM staff 2. Most critical key commodities were included in allocation, while the co-financing will include less critical commodities, such as microscopy, entomological equipment, non-malaria commodities (paracetamol, ORS)
B. Case Management	
1. Strengthen Pv treatment compliance and follow up – 7 days PQ tx added to NMTG; 2. Delivery of services beyond the village – outreach and VMWs at cultivation sites	1. Update of treatment guidelines to PMQ 0.5mg/kg over 7 days for G6PD normal patients & inclusion of assisted Pv referral costs; 2. Addition of KMWs & MMWs for outreach services in katos and scattered fields;
C. Surveillance	
1. Use PHEOC hotline to report cases from high burden areas – improve response times; 2. Shift routine data entry to Health Centre – improve reporting timeliness & free up District team; 3. Outbreak / FOCI response to be continued	1. Real time reporting will be done through EOC hotline; 2. HC level data entry into DHIS2 platform will be gradually shifted to HC; corresponding training will be conducted to HC staff; 3. Targeted outbreak/ FOCI response based on the epidemiology, transmission setting
D. VMWs Integration	
1. Work with broader MOH on integration of VMWs into community health worker programs; 2. Improve quality of ICCM training materials	1. Expanded ICCM services for strata 1&2 and corresponding training; 2. ICCM training material/content will be customized as per the expanded ICCM packages

E. Logistics	RAI4E Priorities
1. Improve logistic management and coordination between program and warehouses at all levels (central, province, district) - data entry, data accuracy and data use in mSupply and DHIS2 for prevention of stock outs. 2. Increase the budget for warehouses and shipping at all level.	1. Coordination between CMPE and FDD (central level) and PAM/DAM and FDD (meetings) & develop linkage between m Supply and DHIS2 to ensure data consistency; 2. In-country PSM costs were revised.
F. Vector Control	
1. Full coverage LLIN mass campaign 2. Continuous distribution to MMP, forest goers, pregnant women and military 3. Integrated of LLINs report in DHIS2	1. Procurement of LLINs 2. Integration of LLINs report in DHIS2 and corresponding training for PAM/DAM staff
G. Acceleration Strategies	
1. Strengthen delivery of all AS interventions through outreach – kato based VMW and MMW. 2. Continue to strengthen community and cross sectoral advocacy - establishing a district committee to monitor activities every quarter. 3. Adopt species specific AS strategies to try and increase impact on Pv.	1. Expanded services to hard-to-reach areas and addition of KMWs & MMWs for outreach services in katos and scattered fields; 2. Community advocacy & cross sector advocacy activities; 3. Continuation of Pf AS and initiation of Pv AS activities (TDA, AFS, iPTf).
H. Malaria Elimination & Certification	
1. Train VMW to do simplified 'classification' without the HC support (in villages with VMW in an elimination district). 2. Refine foci definition to include transmission sites beyond the village (i.e. Kato or forest/ cultivation area). 3. Roll out subnational malaria free certification – strong subnational verification and validation processes to prepare for eventual national elimination certification.	1. Included in training of VMWs 2. Ento assessment at malaria foci and hotspots 3. Elimination certification activities and training; expected malaria certification in 8 provinces.

Allocation Guidance

Allocation Letter: Aims of the Allocation

- In Lao (PDR), there are 90 health center catchment areas supported by CSOs located along the border with Vietnam and Cambodia. Malaria cases from these catchment areas constitute a significant portion of all malaria cases in the five southern provinces.
- Activities should continue with the support of partners and the successful intensification/ last mile approaches should be continued.

Case Management

Routine Activities (Continuation of RAI3)	Pv Radical Cure	PPM	CIFIR in elimination districts	Targeted outbreak response
Rationale: Elimination, effectiveness 1. Case diagnosis & treatment for whole country 2. ICCM training 3. VMWs incentives and travel costs	**Rationale: Elimination, effectiveness, equity engagement** 1. G6PD testing at all hospitals & HCs in strata 3 & 4	**Rationale: Elimination, effectiveness, engagement** 1. Testing & treatment in Burden Reduction areas.	**Rationale: Elimination, efficiency, effectiveness** 1. Case notification, investigation and FOCI response in elimination districts	**Rationale: Elimination, efficiency, effectiveness, equity engagement** 1. Targeted outbreak response based

4. Testing & Anti-malaria commodities 5. iDES	2. Assisted Pv referrals and treatment follow up by VMWs and HCs	2. Referral in Elimination areas. 3. Training & supervision	following 1-3-7 approach 2. Real time reporting through EOC hotline 3. Training	on the epidemiology, transmission setting 2. Real time reporting through EOC hotline

Specific Prevention Interventions

Pf AS	Pv AS	Other
Rationale: **Elimination,effectiveness, Engagement Continuation of Pf Acceleration Strategies to cover:** 1. Pf-VMWs 2. Mobile Malaria Workers MMWs 3. Kato malaria workers KMWs 4. TDA activities 5. AFS activities 6. IPTf activities 7. LLIN/LLIHN distribution for forest goers	**Rationale:** **Elimination, effectiveness, engagement** 1. Pv-VMWs 2. Mobile Malaria Workers MMWs 3. Kato malaria workers KMWs 4. TDA activities 5. AFS activities 6. IPT activities 7. LLIN/LLIHN distribution for forest goers	**Rationale:** **Elimination, effectiveness, Engagement, supporting elements** 1. Commodities 2. Community advocacy & cross sector advocacy 3. Household census 4. Supervision 5. Training and meetings

Annual Target population in RAI4E:

- Pf AS: 12,000 (2024)
- Pv AS: 25,000

Community Systems Strengthening & HR

Community engagement, linkages and coordination	VMWs
Rationale: **Efficiency, equity, engagement** 1. VHV landscape analysis 2. Expanded ICCM training in stratum 1 & 2 3. Supervision	**Rationale:** **Elimination, efficiency, equity, engagement** 1. Routine outreach to katos & mobile sites 2. Supervision from central to PAM/DAM and district coordinators

Vector Control

LLINs	Entomological surveillance	IRS	IEC/BCC
Rationale: **Elimination, effectiveness, engagement** 1. Mass distribution in strata 3 & 4 2. Continuous distribution in strata 3 & 4 for MMPs, forest goers, pregnant women & military 3. Distribution for outbreak & FOCI responses	**Rationale:** **Effectiveness** 1. Ento assessment at malaria foci and hotspots 2. Review and update guidelines 3. Training for sub-national staff 4. Develop entomological surveillance database in DHIS2	**Rationale:** **Elimination, efficacy, effectiveness** 1. Update IRS SOP 2. Training 3. Conduct IRS as part of the foci or outbreak response	**Rationale:** **Engagement** 1. Tailor material/content to targeted groups 2. Community-based IEC/BCC activities

RSSH M&E

DHIS2	Malaria Free certification activities	Surveys
Rationale: **Elimination, effectiveness, equity engagement** 1. Training at all levels including HCs 2. DHIS2 data entry at HC level - real time reporting from HCs	**Rationale:** **Elimination, effectiveness, engagement** 1. Appointment of evaluation team 2. Training for central & sub-national staff (partially under co-financing) 3. NMEC & PMEC Meetings (partially under co-financing) 4. Expected malaria certification in 8 provinces	**Rationale:** **Elimination, effectiveness, equity engagement** 1. Bed net survey after LLINs mass distribution; 2. Mapping of high risk and hard to reach population in malaria hotspots, their habitats and behaviors.

RSSH Health Products Management
PSM
Rationale: Efficiency, supporting elements

1. Coordination between CMPE and FDD and PAM/DAM and FDA (meetings)
2. MPSC supervision and training
3. Develop linkage between m Supply and DHIS2 to ensure data consistency
4. Focal person for supply chain management at PAM, DAM, HC, CSOs
5. LMIS SOP update and training

District Stratification Final Results

CONTROL MODE	2019	2022
Total Elimination	125	134
Total Burden reduction	23	14

- Under the 2022 stratification 91% of districts are elimination vs 84% in 2019
- One district (Boulapaha, Khammouane) remained elimination but API is 2.7

HFCA Strata Map

Final Strata	Total HFCAs
Malaria Free	849
Stratum 2 (Low Risk)	193
Stratum 3 (Med Risk)	97
Stratum 4 (High Risk)	88

Comparison with RAI3E

Main Changes from RAI3E				
VMWs	**LLIN Distribution**	**Elimination Accelerator Strategies**	**Pv Radical Cure**	**PPM**
1. Addition of KMWs & MMWs for outreach services in katos and scattered fields 2. Addition of KMWs & VMWs for AS activity 3. Total number of VMWs: 2,576 (Routine, AS, and outreach) 4. CMPE will supervise 1,036 VMWs & CSOs will supervise 1,540 VMWs through	1. Mass distribution for • Strata 4 (>20 cases) except PH and DH with no local transmission • HFCA in Strata 3a (10-20 cases), strata 3b (5-10 cases) if they border high risk areas such as BR areas or Cambodia., 2. Continuous distribution covering: • MMPs & pregnant women	1. Continuation of Pf accelerator strategies 2. Implementation of Pv accelerator strategies	Change of treatment guidelines to: 1. PMQ 0.5mg/kg over 7 days for G6PD normal patients While keeping same as RAI3: 1. PMQ 0.75mg/kg over 8 weeks for G6PD deficient and intermediate (female)	Testing & treatment in 14 Burden Reduction districts: 83 PPM

district facilitators (both including routine, AS and outreach)	• military, • OB & FOCI response and • AS for forest goers.		patients, or if patients G6PD status is unknown	

RAI3E vs RAI4E Budget

Modules	RAI3E ($)	RAI4E ($)
Program Management	4.7M	3.7M
Vector Control	1.4M	0.9M
Case Management	3.1M	8.5M
RSSH Modules (Combine)*	3.1M	3.3M

RAI3E vs RAI4E Partner Budget Share

Partners	RAI3E Budget	RAI4E Budget
CMPE	54%	49%
MPSC.DPC and DCDC	3%	3%
UNOPS	16%	17%
WHO	10%	10%
CSOs	17%	22%

Some key discussion points and comments from the meeting

After listening to the representatives of the writing team / CMPE presenting of the draft RAI4E Funding Request (FR), the participants agreed with the FR generally and made additional comments as below:

- The CCM Chair asked that have the budget allocation in the RAI4E is in line with the national strategy and the regional strategy to eliminate Malaria?
- The CHAS representative had also made several comments and questions as below:
  - The preparation of FR for the period of 2024 - 2026 is still the continuation of activities in the same modules but will emphasize better quality, which is based on the target area of the epidemic.
  - The guideline of RAI4E FR preparation phase is clear, if compared to the TB/HIV component, the time is very short and the detail budget allocation is not clear define.
  - The project should allow the both VMWs and government volunteers/staffs who are responsible many tasks in the PHC and HC to participate in the project implementation in the target area. For the selection of volunteers (VMWs) of the project, a total of 2,576 people has gone through the selection process? Out of these, CMPE will supervise 1,036 VMWs and CSOs will supervise 1,540 VMWs. How is the calculation of the salary or incentive for those VMWs? VMWs come from many sectors such as Lao Red Cross, PEDA, CHIAs and others. How those VMWs are coordinated and how are their engagement in HC?
  - For the HR of UNOPS and WHO, have they followed the regulations of MOFA? For permanent staffs and external experts, UNOPS and WHO are required to provide detailed information of their employment, such as the numbers of staffs and their duties, and their staffs shall be authorized by the relevant center, department and ministry.
  - Lao PDR will be able to eliminate malaria as planned or not?
  - How is the RAI4E budget allocated?
- In respond to the above questions, the representative from CMPE clarified that:
  - According to the MTR, epidemics are still common in Kato, where the forest goers is scattered and inaccessible. Therefore, the project has created additional VMWs, Kato KMWs, TDA, AFS, IPTf activities, distribution of LLIN/LLIHN for forest goers, access to KATO (expedition) because they did not come to us.
  - VMWs for both CMPE and CSOs will be selected by villages, but the technical aspects of VMWs are under the CMPE supervision and responsibility (e.g. blood test)
  - The CMPE's VMWs will not receive a salary but will receive an incentive for their sending information and travel cost to the small hospital, approximately 400,000 kip/per person/month, just like the CSO's VMWs.

- Regarding the coordination and integration, CMPE has upgraded the knowledge of VMWs. In addition to work for Malaria treatment, VMWs will also give ORS, diarrhea drugs and antipyretics to patients according to CMPE's treatment manual.
- Integration of malaria activities may still not be done in the 5 southern provinces where there is high disease burden, and VMWs is responsible for many tasks. But integration has conducted in 13 northern provinces with less malaria.
- The detail budget allocation and HR information (e.g. permanent staffs and foreign experts) are already included in the draft of FR, In the RAI4E project, there were 16 more district level coordinators in the foci area, and they have the same incentives as VMWs. They also applied the reporting and monitoring system of CMPE.
- The representative from UNOPS clarified on the budget allocation for UNOPS and WHO that the budget distribution is not much changed from RAI3E. The budget is not only supporting UNOP in Lao PDR, but also supporting the regional team as well as for supporting the financial management and all international procurements for CMPE and programs. Some of the budget from Lao PDR is also covered the salary of the regional team and TA of WHO, who provides the technical assistance for oversight from the district to the central level. UNOPS is working closely with CMPE and SRs on a daily basis. With the great success in the project implementation of the CMPE and with the support of UNOPS, the RAI4E budget has been increased.
- The representative from CMPE reiterated that after the FR is approved by the GF for the new cycle of 2024-2026, CMPE will provide more detail information on procurement and recruitment (including the responsibilities of TA and those who provide procurement) for the project implementation from the province to the district level.

- Representative from HPA in Laos noted that HPA will continue to carry out activities using the existing public sector mechanism for PHC Unit. HPA has agreed with the draft of RAI4E Funding Request. HPA has seen a progress of the PHC integration in the southern provinces where the VMWs are active. HPA also supports the VMWs for taking care of new born and sick children in the community. In the future, HPA is planning to have a trainer to upgrade the VMWs.
- A representative from the Ministry of Foreign Affairs (MOFA) reported that in the past, due to the lack of detailed rules and guidelines for the management of permanent staff and experts from abroad, MOFA's Department of International Organizations (DIO) had difficulties in monitoring. Therefore, it is suggested that the relevant partners to report the number of their staffs to the DIO in order to facilitate the following up the activities of those experts in each project.
- The chairman of the meeting reiterated and recommended that for the integration and sustainability, the Ministry of Health is the direct management supervisor in all project implementation, CSO is a complementary partner in the project areas that the public sector cannot reach, especially some target population group, and the health center will be the manager, guide and lead in the implementation at the community level.
- A representative from DPC has made the following comments:
  - Regarding the PHC and VHV is under the direction and supervision of Department of Hygiene. In addition to the VHV, there are also volunteers from other ministries that work on public health such as the Ministry of Public Works, the Ministry of Agriculture, which works to reduce poverty in the 4 northern provinces. Therefore, in improving the implementation of HANSA 2, there is a lot of potential to use these VHVs in one standard by using a same level and reasonable budget.
  - HANSA 2 comprises of 3 components: Component 1 is related to the assessment of the quality of service at the health center level. All relevant departments are involved in improving the quality of service at the health center level including 8 programs of MOH, Component 2 includes 12 indicators and includes 3 groups in the implementation of the activities in the Village Health Facilitator, but in HANSA 2 it is called: Village Health Facilitator.
  - Departments and relevant partners will help each other determine activities and indicators in the HANSA2 to implement the project in the next 5 years.
- Representatives from the Department of Finance reported on the government's contribution (Co-Financing) to the Global Fund project as below:
  - Co-financing that will be invested in RAI4E within 3 years (2024 - 2026), about 400,000USD per year, in total of 1,270,000USD. DOF-MOH has discussed together with MOF and MPI in the last meeting and agreed to meet the amount planned for each year. At the same time, MOH is required to submit an official document to the Department of External Finance (MOF) to consider for approval of this project according to the regulations and the approved document will also need to report to MPI.
  - For the RAI4E, there is the good news that the Co-financing budget has been allocated in the key activities and the procurement of medical equipment and other essential drugs, which is a good to make the approval

process faster. Compared to the previous cycle, Co-financing was used to purchase RDT, LLINs, which received money from the MOF in the 2nd or 3rd quarter of each year, was delayed because the government lacked this budget portion. As a result, the co-financing contribution of each year is delayed leading to the delay of procurement and implementation of project activities. The DOF-MOH will try to assist the project to get approval on time from MOF according to regulations.

- The Chair also raised the question that according to the guideline of the Ministry of Health for the elimination of malaria, prevention, health promotion and treatment are important, but the budget allocation for prevention is small portion. Is it in line with the MOH strategy? According to the policy, before malaria can be eradicated, we must focus on prevention activities before other measures by paying attention to the knowledge and distribution of LLINs to the target population and cutting off the transmission cycle of the disease; but this proposal, why large amount of budgets are allocated for the treatment?
- In response to the above question, the representative of CMPE has clarified that prevention by distribution of LLINs will be conducted only in 14 districts which are high risk areas alongside with drug distribution e.g Pyramax for forest goers and general people from aged 7 to 49 years, once a month. These approaches were implemented in 5 southern provinces in 2022 such as Khammouan, Savannakhet, Saravan, Sekong and Attapue provinces. It was found that this model was very effective in eliminating P. falciparum in Bualapha, Xeno and currently no P. Vivax case has been identified. In the meantime, the result of LLINs distribution to the targeted population were not effective comparing to Pyramax, so the strategy was changed by speeding up the mass treatment in general population and increasing the blood tests. The drug can be taken 5 times a year (2 times within 2 months and after that before entering the forest and then taking continuously once a month for 3 months, 80% of the people who have received Pyramax were satisfied with the results and most people do not like to take the old medicine (ASMQ) due to drug side effect (e.g. drowsiness and sleepiness) and have less effective.
- CHAS representative noted that there are 2 kind of preventive and 3 kind of treatment drugs for HIV (e.g Prep). It is needed to follow up the drug resistance and side effect and follow the guidelines and recommendations from WHO and lessons leant from other countries. At the same time, representatives from DCDC noted that the drug has not been used as chemoprophylaxis but for mass treatment, which is not taking preventive doses as we understood in the past. This drug is used to kill the parasites to cut off transmission in human, which called the treatment of all people without diagnosis (Mass treatment). China has used this technique for more than 10 years to eliminate malaria effectively, which called as spring treatment. The plan for drug distribution was prepared each year and the drugs were distributed to all people at the treatment dose as recommended by WHO. In addition, the representative from CMPE explained that for the activity to follow up the drug resistant, CMPE have already implemented in 2 southern provinces. The numbers of blood test have been increased to monitor the successful of parasite control, if less positive case identified means that this model is effective.
- CMPE has clarified that vector control survey has been re-conducted to monitor existing vectors, for example, are there any mosquitoes carrying this type of disease in the endemic areas. If the people in that area have received the drug (Pyramax) for 5 times but if there is another outbreak occurred, this may indicate that only infection cycle in humans has been cut. CMPE will reassess to find out if the mosquitoes still carry the parasites and develop another measure for vector control. The findings will be also used as a reference for requesting more funds from the Global Fund.
- In this program, the current VMWs will continue their multiple tasks. They will be motivated by receiving incentives and travel cost for entering data, sending the reports and following up the patients for taking drug. But not all VMWs will receive the supports.
- Representative from WHO noted that the CMPE has followed the WHO guidelines to develop the strategy and implement the activities to reach the malaria elimination goal. Even though it was a limited time for implementation, last year CMPE has targeted 60 villages with these interventions by 50% budget allocation which is effective. WHO has provided technical support the national program to adapt the guideline and develop the interventions.
- Refer to the question of the representative from UNAIDS on coordination and integration of activities at cross border areas between Laos and Cambodia, the representative of RAI4E writing team responded that:
  - The program has been doing cross border approaches since RAI1 started in 2013, which include case management, referral patients, data sharing, etc., among Laos, Cambodia and Vietnam.
  - The activities across the border in RAI4E will be the same approaches as the previous grant but it is not included in the country allocation, which is part of the regional grant that will be directly managed and overseen by RSC. This is still under the discussion to ensure that all cross border related activities will be included in the regional component of the RAI4E grant.
  - Indeed, 50 HC at the border between Laos and Vietnam has been included in the funding allocation letter. All these 50 HC will continue to have VMWs which will be managed by CMPE and supported from CSOs.

- The representative from CHAS has provided more comments on the coordination and collaboration at cross borders areas for 3 diseases. In the past, UNAIDS had supported the HIV project across the borders between Laos - Mynmar, Laos - Vietnam and Laos - Thailand. It is observed that there is also some budget allocation supported by the regional grant, but it was not included in the country. It would be good if the country has some budget allocation in RAI4E and manage by the national program.
- The chair of the meeting also expressed his concern on the coordination mechanism, management of VMWs and the integration of VMWs to the health promotion activities at the village level in order to strengthen their capacity and collaboration. Therefore, kindly proposed to MOH and relevant partners to reconsider the standard incentive payment mechanism for VHWs of the three programs. Proposed to the academic sectors to conduct the research and consider the use of preventive drugs in more detail, even though there is a reference information on the use of drugs from the neighboring country.
- Regarding to the question from UNAIDS on to what extent have the RAI4E liaised with the Cambodia and Vietnam teams on the border interventions to ensure integration with those country plans? The representative of RAI4E writing team has added that it would be helpful to have further discussion on the VMWs coordination mechanism. The VMWs contribute quite significantly to the malaria burden reduction and elimination. According to the data in the past few years, VMWs have reported 30% of malaria cases in the whole country. The amount of budget invested on VMWs networks is 25% of the grant which is reasonable amount.
- After extensive and conductive discussion, the floor was opened for the CCM voting. Finally, The CCM members have endorsed by majority votes for the draft RAI4E Funding Request.

DECISION(S)		
The CCM members have endorsed by majority votes for the draft RAI4E Funding Request.		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
All CCM members are kindly requested to sign the endorsement form	CCM Secretariat	ASAP

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #2	Report on Re-election of the Oversight Committee (OC) Chair and Vice-Chair
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 from Lao Tropical and Public Health Institute, who was selected as the new OC Chair has 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 listening to the CCM Secretariat reporting on the result of re-election of the Oversight Committee (OC) Chair and Vice-Chair in the last OC meeting through a transparent selection process, the CCM members did not have any additional comments and CCM has unanimously endorsed for the election result.

- Dr. Khampheng Phongluxa, representative from the Lao Tropical and Public Health Institute was elected as a new OC Chair, and
- Mr. Shortus, Matthew Scott, representative from WHO was elected as a new OC Vice Chair.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #3	Brief report on the HANSA-2 Preparation Mission
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was 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	

HANSA2 Preparation

Pre mission

- Jan 24 Gender and Social Inclusion
- Jan 25 The Quality and Performance linked payments to health centers, using the NHI fund transfer system and Quality performance and service readiness measurement conducted regularly at health center level
- Jan 26 number of patients who pay out of pocket for "Free" Maternal and Child Services reduced
- Jan 27 Delivery of integrated PHC services and Availability of essential drugs and supplies at health center level improved
- Jan 30 Number of notified TB cases of all forms and HIV testing among key populations

Mission

- Feb 3 to 14

Improving quality and access to essential health services through integrated PHC service delivery
Strengthening PHC system

- Improving quality of primary health care using QPS as management tools
- Supply of essential drugs and supplies at Health Center
- Deployment of trained clinical health worker at Health Center
- Financial management for Health Center (planning, reporting, and evaluation)
- Data for Planning and Management
- Health security and pandemic preparedness

People Centered PHC Services

Services Package Aligned with:

- Essential Health Service Package 2018/20
- Policy on PHC 2019
- Model Healthy Village 2018
- Integrated Community Health 2021

Financing PHC using NHI system

- Performance payment linked to verified QPS score by 3 party
- Direct facility transfers to Health Centers using NHI

PHC Service Delivery

- Ensuring access to PHC services by the poor
- Implementation of Integrated Social and Behavioral Change Communication
- Integrated outreach services (EPI, FP, ANC, PNC, GMP, HIV, TB) in rural and remote villages
- Immunization focusing on lowest performing districts and deliveries with SBA
- Notified TB cases of all forms
- HIV testing among key populations (FSW &MSM) and HIV treatment

Governance and accountability

- **Local health governance**: (i) Province and District Integrated Planning and Budgeting; (ii) management of health program (i.e. improvement of HC using QPS)
- **Community engagement**: village-level participatory planning for health services, management of community-based services

Proposed HANSA2 Project Components

Component 1: Financing for PHC services using NHI payments through Quality Performance Score card (QPS) implementation

Modification QPS tool

- Continue using QPS as quality assessment tool for primary health care level
- Including also HIV and TB in the QPS assessment tool
- Information from QPS will be use not only for the purpose of quality assessment but also to assist different health programs to improve quality of health services at primary health care level

- Develop QPS dashboard
- Include not only score and venue of HC but also quality indicator

- Link QPS and PBC activities
- Improving the used of QPS budget to improve quality of service at HC level

Long term sustainability

- Establish QPS management team to assist MOH/QHC
- Empower NHIB to be a third-party verification for QPS
- Involve PHO and DHO to support QPS implementation

Component 2: Integrated PHC Service Delivery through Performance Based Condition (PBC)

1. Supply of essential drugs and supplies at Health Center (PBC1)
2. Deployment of trained clinical health worker at Health Center
3. Financial management for Health Center (planning, reporting, and evaluation)
4. Data for Planning and Management
5. Implementation of Integrated Social and Behavioral Change Communication
6. Integrated outreach services (EPI, FP, ANC, PNC, GMP, HIV, TB) in rural and remote villages
7. Notified TB cases of all forms
8. HIV testing among key populations (FSW &MSM) and HIV treatment
9. Health security and pandemic preparedness

Component 3: Adaptive Learning and Project Management through input-based financing

Sub-component 3.1: Project management

Sub-component 3.2: Adaptive learning to support PBC

Sub-component 3.3: Gender Equality and Social Inclusion

Component 4: Contingent Emergency Response

Next step

- Complete technical discussions to formulate PBC indicators and targets for integrated PHC service delivery by **February 20, 2023;**
- **Integrated PHC Service delivery**: technical discussions will be participated by technical departments, centers, programs, CSOs and partners for delivering MCH, immunization, HIV and TB services
- **Strengthening PHC system**: technical discussions will be participated by departments, centers and partners for supporting system strengthening for PHC
- PBC indicators and indicative targets are finalized by technical departments, centers and programs and endorsed by MoH
- Draft Funding Request (PAD) is submitted to CCM for review by end of February

Priority Actions (now to June 2023)

- February 2023
  - Complete Project Concept Note Review - WB
  - Draft of Funding Request (PAD) presented and endorsed by CCM - GF
- March 2023
  - Funding Request submitted – GF
  - Complete drafting ESF instruments: ESCP, ESMF, SEP – MOH
  - Complete Quality Enhancement Review for Draft Project Appraisal Document – WB
- May 2023
  - ESF instruments finalized and disclosed in country - MOH
  - Complete drafting PPSD - MOH
  - TRP review and meeting - GF
- June 2023
  - Joint Pre-appraisal mission
  - Finalize draft PAD - WB

Some key discussion points and comments from the meeting

- Representative from UNAIDs has raised the questions on the sustainability and integration in the preparation of the HANSA2 project. As the HIV testing and treatment will be included in this proposal, it should have more

discussion on TB and HIV process among the national programs, CSOs and other development partners during preparation of the PAD. The PBC model requires a detailed plan and costing compares to DLI which is more results-based approach.

- Representative from CHAS raised a question on the implementation of blood testing among FSW in the first year during the Covid19 outbreak in early 2021 which was not achieved as planned:
  - On 8 February 2023, it was notified by DPC that the budget was deducted by $74,000. Who deducted this budget? It was proposed to increase coordination with donors and related partners for further information;
  - The times for preparation of TB/HIV FR is very short comparing to the RAI4E FR and TB/HIV components have to be integrated into the primary health care (PHC) as directed by the Ministry of Health;
  - The budget allocation of the Global Fund for TB/HIV programs is a total of 15 million dollars, of which 8 million dollars for the TB program and 7 million dollars for the HIV program, but there is no detail budget allocation, which makes it difficult to prepare the new funding request;
  - The FR shall be developed through the different process (MTR of TB/HIV, Country Dialogue, Develop National Strategic Action Plan 2024-2026) before submitting to CCM members for endorsement by 14 March and submission to the GF by 20 March. Then, discussion on inclusion of the documents into the PAD will be taken place;
  - DPC to coordinate with GF for detailed budget allocation for each component or will be allocated as the same as HANSA phase 1?
  - Currently, the MTR report of each program is not yet completed and compiled into a single report;
  - MTR preparation has been supported by different TA teams but they have reviewed and discussed on how to integrate TB/HIV into PHC.
- In respond to the above question, the representative from DPC clarified that:
  - The sustainable prevention activities can include in HANSA-2, but it depends on the design of PBC, which indicators will be linked. In fact, QPS already included preventive indicators;
  - It is necessary for the prevention activities, the relevant centers are requested to propose any indicators to be included in the program;
  - Agree to have many partners including CSO and others to discuss and share their opinions on the PAD after has been prepared by the GF and WB;
  - Difference between DLI and PBC disbursement. DLI means that the implementers have to meet the criteria, so they can get paid according to the results. In the first year, according to the policy of the donor, implementer will receive a 100% advance for the activities, but if the activities in the 1st year cannot reach the target 100%, in the 2nd year the budget will be deducted. The donor is proposed to reconsider on the activities that cannot be carried out in year 1 due to the outbreak of covid 19. After disbursement of the DLI budget, if the budget has been remained, it can be used in other indicators or can be used for other priority activities at the provincial and district levels and there is no need to report detailed expenditure and there is no expenditure audit. For the PBC, there must be a detailed report after receiving the budget for any indicator, such as receiving 800,000 dollars of activities and the entire budget has been used to achieve the indicators and the budget as planned. In case of the approved budget (800,000 dollars) and the activities achieved 100% but the amount of expenditure is only $700,000, the balance must be reported and refunded to the donor. Another case when $800,000 was approved for activities, unfortunately the activities could not be implemented as planned, the amount of balance that was paid (e.g. for the travel cost to CSO), had to refund to the donor.
- Representative from WB has shared the experiences on integration of PHC, site visits and the key lessons learned from MTR and DLIs from the last 2 years. Each department is aware of their responsibility for their DLIs;
- The PBC consultation meeting will be organized on Monday, 27th Feb, hosted by DPC/NPCO;
- PAD will be disseminated to ministry departments and partners and it will take some time for review.

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

AGENDA ITEM #4	Update on the timeline and activities 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 provided the progress updates on the Integrated Timeline for GF FR Preparation (Cycle 2024-26) for HIV/TB and RAI4E

Integrated Timelines for GF Funding Request Preparation, Cycle Year 2024-2026

Key Activities			
Date	**TB and HIV Programs**	**Malaria Program (RAI4E)**	**CCM**
September 2022			
30-Sep-22			Full-day CCM Plenary Meeting
October 2022			
November 2022			
1-2 Nov 2022		MTR (Mid-term review) Validation meeting on National Malaria Program	
22-23 Nov 2022		20th Regional Steering Committee Meeting in Bangkok	
30-Nov-22			Oversight Committee (OC) Meeting
December 2022			
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		
January 2023			
By end Jan 2022	Field visit at district and health centre levels in selected provinces		
February 2023			
02-Feb-23		Country Dialogue on RAI4E Country Component	
06-Feb-23	Kick-off meeting of the HANSA2 preparation mission	1st draft RAI4E Funding Request submission to CCM and RSC	OC and CCM review and comment on the 1st draft RAI4E Funding Request through E-mail
08-Feb-23	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	
15-Feb-23			OC Meeting to review and comment on the draft RAI4E Funding Request
17-Feb-23		2nd draft RAI4E Funding Request submission to CCM and RSC	OC and CCM review and comment on the 2nd draft RAI4E Funding Request through E-mail
21-Feb-23			**CCM Plenary Meeting to review and consider for endorsement of the draft RAI4E Funding Request Country Component**
By 3rd week Feb 2023	Draft TB and HIV Mid-term Review (MTR) report share with stakeholders		
By last week Feb 2023	TB and HIV National Strategic Plan (NSP) Updates (2026-2030)		
By last week Feb 2023	First draft TB and HIV Funding Request (combine with PAD) share with CCM and GF CT		
March 2023			
01-Mar-23			OC and CCM review and comment on the draft FR for TB and HIV through E-mail
06-Mar-23		Final RAI4E Funding Request submission to RSC	

07-Mar-23			OC Meeting to review and comment on the draft TB and HIV Funding Request (combine with PAD)
9-10 Mar 2023	Final draft TB and HIV Funding Request (combine with PAD) submit to CCM	**21st Regional Steering Committee Meeting (Vientiane, Lao PDR)**	
14-Mar-23			**CCM Plenary Meeting to review and consider for endorsement of the TB and HIV Funding Request (combine with PAD)**
20-Mar-23	**DEADLINE FOR SUBMISSION OF TB AND HIV FUNDING REQUEST (combine with PAD) TO GLOBAL FUND**	**DEADLINE FOR SUBMISSION OF REGIONAL RAI4E FUNDING REQUEST TO GLOBAL FUND**	**DEADLINE FOR SUBMISSION OF ALL NEW FUNDING REQUEST TO GLOBAL FUND**

After the CCM secretariat updated the progress of activities according to the timeline to prepare for a new cycle of funding request from the Global Fund, the participants agreed and did not have any additional comments on this agenda.

Before closing the meeting, the chair expressed his gratitude to all the participants and appreciation to the RAI4E writing team and encouraged the team of TB/HIV program and related partners to continue preparing the funding request and submit to the CCM for consideration and endorsement by 14 March 2023.

SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	The CCM members have endorsed by majority votes for the draft RAI4E Funding Request for the new Global Fund funding cycle, year 2024-2026.		
AGENDA ITEM #2	CCM has unanimously endorsed for the new OC Chair and vice chair election result that Dr. Khampheng Phongluxa, representative from the Lao Tropical and Public Health Institute was elected as a new OC Chair, and Mr. Shortus, Matthew Scott, representative from WHO was elected as a new OC Vice Chair.		

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 2 weeks 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 1 week 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 15 days of endorsement.

CCM MINUTES PREPARED BY:			
TYPE / PRINT NAME >	Mr. Budhsalee Rattana	DATE >	8 March 2023
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	
CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	Prof. Dr. Phouthone Muongpak	DATE >	
FUNCTION >	CCM Chair	SIGNATURE >	