

The 2nd CCM Plenary Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES



MEETING DETAILS												
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			22				
MEETING NUMBER (if applicable)		02			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			16				
DATE (dd.mm.yy)		17 May 2023			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)			34				
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL PARTICIPANTS (INCLUDING ONLINE)			56				
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)			4			
		Organization	Lao Red Cross			VENUE / LOCATION	Crowne Plaza Hotel					
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair		X	MEETING TYPE (Place 'X' in the relevant box)			Regular CCM meeting	X			
		Vice-Chair						Extraordinary meeting				
		CCM member						Committee meeting				
		Alternate			GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)			LFA	X			
GOV	MLBL	NGO	EDU	PLWD				KAP	FBO	PS	FPM / PO	X
X											OTHER	X
HIS / HER SECTOR* (Place 'X' in the relevant box)												
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"> 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 HANSA 2 Project Appraisal													X		

	Document (PAD) and TB/HIV Application Package																			
AGENDA ITEM #2	AOB Close the meeting																			

MINUTES OF EACH AGENDA ITEM	
OPENING PROGRAM	<ul style="list-style-type: none"> • Introduction and endorsement of agenda • Quorum verification and conflict of interest identification • Update follow up action from the last meeting
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	
<p>CCM Chair warmly welcomed and thanked all participants that attended the CCM Plenary Meeting – Calendar Year 2023 at the venue and online.</p> <p>The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient. The agenda no. 1 of the meeting today will be endorsed by CCM members. The CCM member representing the World Bank has a conflict of interest and shall be excused from the voting.</p> <p>At the same time, the CCM secretariat apologized to the participants regarding the urgent change in the meeting agenda. The previous tentative agenda comprised of 3 items but due to time constraint, in consultation with CCM Chair and GFCT, this meeting will focus only agenda item 1 in order to allow more time for the CCM members and participants to review and consider for endorsement of the draft HANSA 2 Project Appraisal Document (PAD) and TB/HIV Application Package. For the progress update on the implementation of the Global Fund Grants and process of RAI4E funding request, the reports (PPT) have been circuited to the CCM and participants for their updated information.</p> <p>At the same time, CCM Secretariat also updated follow-up actions of the CCM meeting on 21 February 2023 as below:</p> <ol style="list-style-type: none"> 1. The CCM members have endorsed by majority votes for the RAI4E Funding Request. After the meeting all required documents were submitted to the RSC. 2. CCM has unanimously endorsed for the election result of the new chair and vice chair of the Oversight Committee. 	

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	Review and consider for endorsement of the draft HANSA 2 Project Appraisal Document (PAD) and TB/HIV Application Package
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 World Bank 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	
<p>In this session, the presentations that summarized the full application package for the Global Fund grant cycle 2024-2026 were presented to the meeting for panel discussion and for CCM members reviewing and considering for endorsement,</p>	

1. HANSA 2 - Project Appraisal Document (PAD)

Representative of DPF-MOH presented the draft of HANSA 2 - (PAD), including TB/HIV PBC as below (*for more information, please find the attached file*):

Project Development Objective: To improve access to quality health and nutrition services in targeted areas of Lao PDR

Project Coverage: Nationwide

Project Fund: US\$ 44.5 million incl. IDA credit and grants from GF, DFAT and Gavi (tbc)

Project Duration: January 2024 to December 2028

Implementing Agency: Ministry of Health (MOH)

HANSA2: 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

- Delivery of Quality Essential Health 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

Strengthening PHC system

- | | |
|---|---|
| <ul style="list-style-type: none">● 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) | <ul style="list-style-type: none">✓ Strengthening PHC Systems is to ensure delivery of quality PHC services through a people-centered approach at frontline service delivery level.✓ Key interventions under HANSA2:✓ Ensuring HCs have sufficient stock of essential drugs and supplies.✓ Ensuring HCs have at least 5 staff with proper mix of staff and skills. |
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<ul style="list-style-type: none"> • Data for Planning and Management • Health security and pandemic preparedness 	<ul style="list-style-type: none"> ✓ Building HC staff capacity on financial management including planning, budgeting, and financial reporting. ✓ Ensuring availability of disaggregated data for micro and micro-planning. ✓ Implementing integrated planning and budgeting from all sources at provincial, district and HC level ✓ Strengthening health security and pandemic preparedness.
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Integrated Service Delivery

<ul style="list-style-type: none"> • Free MCH => 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 	<ul style="list-style-type: none"> ✓ Delivering Integrated Services for PHC: aims to increase access to quality PHC services through a people-centered approach ✓ Redefining integrated outreach and SBCC package (RMNCAH, TB, HIV) and supportive supervision system. ✓ Building capacity of HC staff and VHV/VFs on redefined packages (integrated outreach & SBCC) and incentivization. ✓ Extending existing information system required for monitoring integrated outreach and SBCC implementations. ✓ Increasing HC capacity on TB&HIV counseling, TB&HIV screening and HIV testing in high incidence areas. ✓ Increasing access to HIV services among key populations and people living with HIV. ✓ Establishing referral system to refer patients from community to the frontline HF. ✓ Increasing utilization of health services by the poor and vulnerable.
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HANSA2 Project Budget Allocation

Component 1: Financing for PHC services using NHI payments (\$20 million)

Component 2: Integrated PHC Service Delivery (\$19.5 million)

Component 3: Adaptive Learning and Project Management (\$5 million)

Component 4: Contingent Emergency Response (\$0)

HANSA2 Project Cost by Component

Unit: Million USD

	Scenario 1 (Baseline)	Scenario 2#
Component 1: Financing for PHC services using NHI payments	20.0	20.0
Component 2: Integrated Service Delivery	19.5	21.5
Component 3: Adaptive Learning and Project Management	5.0	5.0
Component 4: Contingency Emergency Response Component	0.0	0.0
Total	44.5	46.5
GOL	0.0	0.0
WB	25.0	25.0
GF	15.5	17.5
DFAT	4.0	4.0
GAVI (tbc)	0.0	0.0

Component 1 Proposed budget allocation

Component/Activities	Responsible Unit	Total
Component 1: Integrating Service Delivery Performance with National Health Insurance Payments		20,000,000
1.1 Implementing quality performance-linked payments to HC nationwide	NHIB	17,855,000
1.2 Implementing QPS assessments using the revised QPS tool and vignettes	DHR/DHO	925,000

1.3 Updating the QPS tools and clinical vignettes integrating TB&HIV component, and QPS FM guideline	DHR/DHP/Cabinet/CHAS/NTC/DPF	270,000
1.4 Implementing QPS verification by selecting HCs and using the revised QPS tool and vignettes	TPV/NHIB	500,000
1.5 Building capacity of the district level on QPS assessments	DHR/PHO/DHO	250,000
1.6 Building the NHI capacity on verification, payment and monitoring for quality improvement	NHIB	200,000

- All HCs across the country (1,075 HCs) will be eligible for 2 rounds of QPS payment. The maximum payment for HC-A (173 HCs) and HC-B (902 HCs) will be different due to differences in the number of HCWs, OPD visits, IPD admissions etc.
- Transition of QPS verification from TPV to NHIB will fully complete in Year 3.

Component 2: Proposed PBCs

Proposed PBC		Responsible Unit	Total
Sub-Component 2.1: Strengthening PHC system for delivering integrated services			9,341,694
PBC 1	Improving Integrated planning, budgeting and financial reporting for integrated PHC services	DPF	3,113,694
PBC 2	Increase HCs' availability and readiness in providing quality integrated PHC services	DHP, FDD	6,228,000
Sub-Component 2.2: Delivering Integrated Services for PHC.			13,209,313
PBC 3	Improve integrated service delivery through integrated outreach	DHHP	3,700,340
PBC 4	Strengthen the delivery of integrated SBCC at the village level to improve health and nutrition behavior	DHHP	3,668,720
PBC 5	Reaching the unreached to End TB	NTC	2,969,621
PBC 6	Key populations and people living with HIV/AIDS access to HIV services	CHAS	2,870,632
Total			22,551,007

Component 2 Integrated Service Delivery (None PBC)

Component 2: Integrated Service Delivery (none-PBC)		Responsible Units	Total
2.7	Improving coverage of SBA and Immunization	DHHP/MCHC	5,895,000
2.8	Strengthening pandemic preparedness and response capacity	DCDC	
2.9	Improving access to PHC services by the poor	NHIB	2,674,231
2.10	Ensuring access to essential medicines and supplies for HIV and TB	CHAS/NTC	10,000,000
2.11	Strengthening laboratory capacity	NCLE	2,000,000

Component 3 proposed budget allocation

Component 3: Adaptive Learning and Project Management and M&E			5,000,000
3.1	Project management	NPCO	1,500,000
3.2	Verification for PBCs (IAI)	IAI/NPCO	1,000,000
3.3	MHIS/DHIS2	DPF/Cabinet	500,000
3.4	Implementing Monitoring & Evaluation System	NPCO	500,000
3.5	Conducting program evaluation, surveys and research	NPCO	500,000
3.6	Gender and Social inclusion	Cabinet	750,000
3.7	Environmental and social framework	NPCO	250,000

Next Steps

DPF to organize internal meetings

- ✓ Revise and confirm the Project Costs by Component by May 22

- ✓ Finalize the PBC values and costs of input-based activities under Component 2 by May 23 NTC and CHAS to
- ✓ Prepare an Annex on priority activities/interventions for HIV and TB (non-PBCs) by May 19
- ✓ Confirm the cost of health products by May 19 DPF and WB to
- ✓ Update the PAD reflecting the above by May 25
- ✓ DPF to submit the revised PAD for CCM endorsement by May 26

2. HIV/AIDS Program

Representative of CHAS presented the draft of HIV/AIDS Funding Request 2024-2026 as below (*for more information, please find the attached file*):

Updated NSAP 2024-2026

Strategic Objective 1: Strengthen an enabling environment for an effective HIV/AIDS and STI response

- Law, policy and advocacy; human resources; sustainability and investment; governance and management; strategic information; stigma and discrimination; and international and cross-border cooperation.

Strategic Objective 2: Improve access to quality prevention and testing services

- Prevention and testing among key populations (FSW, MSM/TG, and PWID/PWUD); and services such as condoms, STI services, blood safety, online and social media, and PrEP; and effective linkage to testing and treatment, including index testing.

Strategic Objective 3: Increase access to quality testing, treatment and care services

- Testing and treatment quality and effectiveness, effective ART for all PLHIV; effective screening and treatment for TB and other co-infections such as syphilis and hepatitis B and C; care and support to encourage retention, good adherence, and family and community-based support; promotion of index testing; reduction of stigma and discrimination; and improved quality of life of PLHIV.

PBC 1.1: Increase coverage of HIV testing among FSW

Description: Percentage of FSW who have received an HIV test in the past 12 months and know their results

PBC	Year 1 target June 2024- May 2025	Year 2 target June 2025- May 2026	Year 3 target June 2026 – May 2027	Year 4 target June 2027 – May 2028	Year 5 target June 2028 – May 2029
Description: Baseline (92%)	93%	94%	95%	95%	95%
Integrated planning, budgeting and financial reporting for the HC level	Integrated outreach activity carried out by HC staff and CSO in selected district and HCs – to provide HIV services and prevention package				
Scalability	In selected provinces	In selected provinces	In selected provinces	In selected provinces	In selected provinces
PBC value	190,838.20	190,838.20	190,838.20	190,838.20	190,838.20
Eligible expenditures/ Activities	Expenditure associated with activities under NSAP 2024-2026. Which will include the update/development of essential HIV guidelines/SOPs, workshops, trainings, meetings, online and social media interventions, supervisions, outreach activities for HIV case finding, procurement of essential health products, contracting, running cost, office supplies to strengthen and improve access to HIV services for key populations and people living with HIV/AIDS, to support HIV program planning, to build capacity of healthcare and community health workers, to improve and monitor program implementation and to strengthen strategic information..				

Data source/Agency	DHIS2 / CHAS-MOH
Verification Entity	HANSA 2
Procedure	

PBC 1.1: Increase coverage of HIV testing among FSW

1. Update the mapping of locations and sub-populations of FSW, update size estimation and HIV prevalence, and inform program planning
2. Develop standard guidelines for implementation of prevention activities, specifying comprehensive and minimum packages
3. Conduct training for health and community workers in delivery of services for female sex workers and their sexual partners and clients
4. Development of online and social media interventions to reach female sex workers for HIV services, STI testing and prevention, condoms and lubricant use, Hepatitis and PrEP
5. HIV case finding: in health care setting and community through CBT, outreach activity using rapid screening test kit, HIVST and index testing.
6. Strengthen on service delivery and strategic information system (M&E capacity building and coordination, routine data management, data quality and data use, continue to strengthen the surveillance system (HSS+) S&D survey and Policy development)
7. Scale up PrEP for female sex workers in priority locations
8. Establish community-based clinic as one-stop-shop at community level to provide HIV service including testing and treatment, PrEP services in priority locations.

PBC 1.2: Increase coverage of HIV testing among MSM/TG

Description: Percentage of MSM/TG who have received an HIV test in the past 12 months and know their results

PBC	Year 1 target June 2024- May2025	Year 2 target June 2025- May 2026	Year 3 target June 2026 – May 2027	Year 4 target June 2027 – May 2028	Year 5 target June 2028 – May 2029
Description: Baseline (48%)	57%	70%	84%	95%	95%
Integrated planning, budgeting and financial reporting for the HC level	Outreach activity carried out by HC staff and CSO in selected district and HCs – to provide HIV services and prevention package				
Scalability	In selected provinces	In selected provinces	In selected provinces	In selected provinces	In selected provinces
PBC value	210,405.47	205,025.47	212,345.47	212,345.47	212,345.47
Eligible expenditures/ Activities	Expenditure associated with activities under NSAP 2024-2026. Which will include the update/development of essential HIV guidelines/SOPs, workshops, trainings, meetings, online and social media interventions, supervisions, outreach activities for HIV case finding, procurement of essential health products, contracting, running cost, office supplies to strengthen and improve access to HIV services for key populations and people living with HIV/AIDS, to support HIV program planning, to build capacity of healthcare and community health workers, to improve and monitor program implementation and to strengthen strategic information..				
Data source/Agency	DHIS2/ CHAS-MOH				
Verification Entity	HANSA 2				
Procedure					

PBC 1.2: Increase coverage of HIV testing among MSM/TG

1. Update the mapping of locations and sub-populations of MSM/TG, update size estimation and HIV prevalence, and inform program planning
2. Develop standard guidelines for implementation of prevention activities, specifying comprehensive and minimum packages
3. Conduct training for health and community workers in delivery of services for MSM/TG and their sexual partners
4. Development of online and social media interventions to reach MSM/TG for HIV services, STI testing and prevention, condoms and lubricant use, Hepatitis and PrEP
5. Implement testing for case finding: in health care settings, in the community, through mobile outreach, adopting methods of index and self-testing.
6. Scale up PrEP for female sex workers in priority locations
7. Establish community-based clinic as one-stop-shop at community level to provide HIV service including testing and treatment, PrEP services in priority locations.
8. Strengthen on service delivery and strategic information system (M&E capacity building and coordination, routine data management, data quality and data use, continue to strengthen the surveillance system (HSS+) S&D survey and Policy development)

PBC 2: Increase coverage of PLHIV enrolled on ART

Description: Percentage of PLHIV enrolled on ART

PBC	Year 1 target June 2024- May 2025	Year 2 target June 2025- May 2026	Year 3 target June 2026 – May 2027	Year 4 target June 2027 – May 2028	Year 5 target June 2028 – May 2029
Description: Baseline (75%)	78%	81%	83%	86%	89%
Integrated planning, budgeting and financial reporting for the HC level	Integrated Outreach activity carried out by HC staff and community workers in selected district and HCs – to provide information of HIV care and treatment and linkage to early ART				
Scalability	In selected districts	In selected districts	In selected districts	In selected districts	In selected districts
PBC value	556,578.00	553,979.60	559,785.16	559,785.16	559,785.16
Eligible expenditures/ Activities	Expenditure associated with activities under NSAP 2024-2026. Which will include the update/development of essential HIV guidelines/SOPs, workshops, trainings, meetings, online and social media interventions, supervisions, outreach activities for HIV case finding, procurement of essential health products, contracting, running cost, office supplies to strengthen and improve access to HIV services for key populations and people living with HIV/AIDS, to support HIV program planning, to build capacity of healthcare and community health workers, to improve and monitor program implementation and to strengthen strategic information.				
Data source/Agency	DHIS2/ CHAS-MOH				
Verification Entity	HANSA 2				
Procedure					

PBC 2: Increase coverage of PLHIV enrolled on ART

1. Expanding ART/POC sites in priority area. Target 2 ART/POC sites in each year
2. Build capacity for health care workers to improve early/rapid ARV treatment with patient-centered approach and AHD, HIV/TB and other co-morbidity management at all ARV and POC sites.
3. Support integrating of routine HIV services for pregnant women at HCs in high burden areas, and ensure linkage PLHIV to access care and treatment

4. Improve Quality of HIV services based on 5 Good and 1 Satisfaction policy and patient centred approach (Improve referral system, Training on HTS, PMCT, EID; On site supervision...)
5. Assessment and conducting on S&D reduction in healthcare facilities and community in selected facilities and areas
6. Develop S&D operational plan and manual guideline to reduce S&D in HF and Community – incorporating with QI & QPS
7. Capacity building for HCWs and CSO staff on S&D intervention and integrate S&D into routine QI efforts
8. Strengthening on DQA for ARV tracker for ART & POC sites
9. Support community involvement of PLHIV to be peer counsellors working at ART&POC sites.

Co-financing for HANSA 2 Project (2024-2026)

Co-Financing	2024	2025	2026	Total 3 years
PBC 1.1 FSW	110,980	110,980	110,980	332,940
PBC 1.2 MSM	140,630	140,630	140,630	421,889
PBC 2 ARV	148,878	148,878	148,878	446,634
Health Products	258,393	417,014	691,443	1,366,850
Input based	336,827	100,413	101,926	539,165
Total	995,707	917,914	1,193,856	3,107,478

Budget of HANSA 2 Project 2024-2026 (GF allocation)

HANSA 2	2024	2025	2026	Total 3 years
PBC 1.1 FSW	178,794.20	178,794.20	178,794.20	536,382.60
PBC 1.2 MSM	194,065.47	201,185.47	208,505.47	603,756.41
PBC 2 ARV	288,028.00	283,029.60	286,435.17	857,492.77
Health Products	1,027,948.92	1,616,120.85	1,925,315.45	4,569,385.22
Input based	296,934.00	286,834.00	298,234.00	882,002.00
Total	1,985,770.59	2,565,964.12	2,897,284.29	7,449,019.00

Budget of HIV PBC for HANSA 2 Project 2024-2026

PBC	2024	2025	2026	Total 3 years
PBC 1.1 FSW	190,838.20	190,838.20	190,838.20	572,514.60
PBC 1.2 MSM	210,405.47	205,025.47	212,345.47	627,776.41
PBC 2 ARV	556,578.00	553,979.60	559,785.16	1,670,342.76
Total	959,845.67	951,868.27	964,994.83	2,879,633.77

HANSA 2 activities budget by implementers (3 Years)

- PHO 27%
- CSO 25%
- CHAS 48%

Prioritized Above Allocation Request (PAAR) HIV Program (2024-2026)

No	PAAR Proposed Interventions	US\$ 2024-26	Priority level
1.	Update the mapping of key populations (FSW, MSM/TG)	55,520	High
2.	Conduct training for health and community workers to access and provide HIV services for key populations in additional priority provinces	20,808	High
3.	Develop guidelines for the implementation of preventive comprehensive and minimum packages for key populations	15,000	Medium
4.	Conduct mobile outreach activities for HIV testing for key populations (FSW, MSM/TG) in selected high burden locations in addition to HANSA 2 project	234,803	High
5.	Develop online and social media interventions for KP, including training for health and community workers, mass media and KP	58,152	Medium
6.	Initiate and scale up PrEP for FSW and MSM/TG, including training, laboratory testing fee	94,176	High

7.	Establish HIV community-based clinic to provide HIV services to key populations (capacity building, supervision, supplies, prevention activities)	191,160	High
8.	Strengthen strategic information (M&E), data quality assurance for health workers, partners, CSO and health workers, including routine data quality assurance (RDQA)	177,090	Medium
9.	Strengthen HIV sentinel surveillance (HSS) for key populations (FSW and MSM/TG)	334,037	High
10.	Advocate HIV activities for new provinces for key populations	42,840	High
11.	Provincial program management for key populations, including supplies for outreach activities	59,900	High
12.	Expand and scale up ART and POC sites in high burden locations	41,409	High
13.	Support integrated HIV services for pregnant women at health centers in high burden locations and ensure linkages to care and treatment, including HIV exposed infants and children. (Training, supplies, assessment)	88,200	High
14.	Improve quality of HIV services using Quality Performance Score Card (QPS) in line with MOH “5 Goods and 1 Satisfaction” policy	24,480	High
15.	Conduct assessment on stigma and discrimination (S&D) in healthcare facility and in the community and implement activities to reduce S&D	107,078	High
16.	Support PLHIV engagement in HIV services at ART and POC sites, including counselling, psycho-social (mental) support,	187,212	Medium
17.	Provide care and support for PLHIV, including affected children and women (Nutrition supplement, life-skills building, tele-health support (mental health support)	67,524	Medium
18.	Conduct community led monitoring (CLM)	12,000	High
19.	Procure condom and lubricant for key populations	147,698	High
20.	HIV test kits for pregnant women at ANC	50,000	High
Total		2,009,113	

3. TB Program

Representative of NTC presented the draft of TB Funding Request 2024-2026 as below (*for more information, please find the attached file*):

NSP 2024-2028 End TB priority interventions

- To decentralise and integrate TB, HIV and malaria services in primary health cares (PHC);
- To increase PHC health facilities contribution to patient centred TB services (at district, health centres and community levels);
- To increase awareness on TB in villages and patients access to health centres with community-based approaches/partners;
- To decentralize TB clinical diagnostic capacity with use of chest X-ray by districts;
- To provide free access to chest X-ray screening for persons living with TB patients;
- To engage village health committees, village health workers and health volunteers in supporting the health centre staff for TB awareness, referral of patients, household contact tracing and treatment support.
- To support NRL and laboratory network extension and integration;
- To decentralise systematic screening for TB among vulnerable populations including prisoners and isolated ethnic minorities by decentralised provincial level ACF teams;
- To streamline and decentralise TB and HIV collaborative activities to all provinces and districts;
- PHO/DHO to ensure real time surveillance using DHIS 2 TB tracker and data use for action;
- NHI to cover full TB diagnosis and treatment package for all TB patients (DS/DR-TB, TB/HIV patients)

HANSA 2 will contribute to End TB Outcome indicators

- Increase the TB treatment coverage of WHO estimated incidence of TB cases new and relapse all forms from 78% nation-wide in 2022 (pending the 2022 WHO estimate of incidence) to $\geq 95\%$ by 2025 and onwards

- Increase the MDR/RR-TB treatment coverage from 36% in 2022 (of WHO estimated incidence 98 MDR-TB cases) to 70% in 2024, 75% in 2025 and 80% in 2026.
- Increase the number and proportion of TB diagnosis and treatment among children 0-14Y from 1.5% in 2022 to 4% in 2026
- Increase TB Preventive Treatment (TPT) coverage among children U5Y household contacts of bacteriologically confirmed pulmonary TB patients from baseline 10% in 2022 to 70% in 2026
- Increase the number and proportion of TB patients with an HIV test available from 80% in 2022 to 100% in 2026
- Increase ART care among TB/HIV patients from 80% in 2022 to 100% in 2026
- Zero catastrophic costs among TB patients and families by 2025 (was 62.6 % in 2019)

PBC 5: Reaching the unreachable to End TB

Implementing Agency (ies)	Year 1 target June 2024- May 2025	Year 2 target June 2025- May 2026	Year 3 target June 2026 – May 2027	Year 4 target June 2027 – May 2028	Year 5 target June 2028 – May 2029
National Tuberculosis Center	1. At least 8,725 notified TB cases of all forms (new and relapse)	1. At least 8,647 notified TB cases of all forms (new and relapse)	1. At least 8,569 notified TB cases of all forms (new and relapse)	1. At least 8,302 notified TB cases of all forms (new and relapse)	1. At least 7,945 notified TB cases of all forms (new and relapse)
Total PBC value: US\$	2. At least 50% of number of household contact children under 5-year-old* received TPT	2. At least 60% of number of household contact children under 5-year-old received TPT	2. At least 70% of number of household contact children under 5-year-old received TPT	2. At least 80% of number of household contact children under 5-year-old received TPT	2. At least 90% of number of household contact children under 5-year-old received TPT
PBC value (not including domestic co-financing)	1. 819,431 (80%) 2. 204,858 (20%)	1. 755,787 (80%) 2. 188,947 (20%)	1. 800,478 (80%) 2. 200,120 (20%)		
PBC Eligible expenditures Total 2024-26: US\$2,969,621	NSP related priority activities to: Support integration of TB activities at PHC level: Build capacity for provision of patient centred and integrated TB, TB/HIV services at provincial, district, HC, VHV, VHW, Village levels; Training paediatricians and OPD/IPD physicians on lung health and TB including clinical diagnosis in adult and children; Household contact TB screening and referral; Treat all TB cases and provide TPT at least to children under 5 after excluding active TB; Active case finding (ACF) to reach the unreachable in remote areas and in prisons; Increase MDR/RR-TB treatment coverage; TB/HIV collaborative activities; Community TB care delivery; Laboratory system strengthening (LSS) including transportation of specimens, expand molecular testing capacity and other laboratory main functions; Monitoring/reporting and data use for action with TB tracker.				
Input based	Procurement of TB diagnostics and medicines (US\$4,509,362 for 3 years); Technical assistance for TB and HIV and laboratory				

Expected TB needs and sources of funding (1)

PBC / INPUT	(All)			
Conditions	Sum of Y1 Total Cash Outflow	Sum of Y2 Total Cash Outflow	Sum of Y3 Total Cash Outflow	Sum of Y1-3 Total Cash Outflow
Co-funding	1,338,858.11	1,234,057.43	526,228.42	3,099,143.96
GF DIRECT PROCUREMENT	2,187,556.12	1,152,163.33	1,172,074.46	4,511,793.92
GF TA	213,600.00	196,650.00	196,650.00	606,900.00

HANSA2 PBC	1,024,288.83	944,734.17	1,000,598.32	2,969,621.31
Grand Total	4,764,303.06	3,527,604.94	2,895,551.20	11,187,459.20

Expected TB needs and sources of funding (2)

PBC / INPUT	PBC			
Conditions	Sum of Y1 Total Cash Outflow	Sum of Y2 Total Cash Outflow	Sum of Y3 Total Cash Outflow	Sum of Y1-3 Total Cash Outflow
HANSA2 PBC	1,024,288.83	944,734.17	1,000,598.32	2,969,621.31
1. Support integration of TB prevention and care at PHC level	264,525.81	298,527.62	332,739.07	895,792.50
2. Increase Tuberculosis Preventive Treatment (TPT) uptake among children under 5	76,863.95	92,236.74	107,609.53	276,710.22
3. TB/HIV collaborative activities	13,304.45	13,304.45	13,304.45	39,913.35
4. Community TB care delivery	138,829.85	139,873.22	138,829.85	417,532.93
5. Cross cutting LSS	191,044.30	192,951.93	192,951.93	576,948.15
6. Cross cutting procurement	227,114.25	93,193.84	99,273.43	419,581.51
7. Cross cutting management	112,606.21	114,646.37	115,890.06	343,142.64
Grand Total	1,024,288.83	944,734.17	1,000,598.32	2,969,621.31

Expected TB needs and sources of funding (3)

PBC / INPUT	INPUT based			
Conditions	Sum of Y1 Total Cash Outflow	Sum of Y2 Total Cash Outflow	Sum of Y3 Total Cash Outflow	Sum of Y1-3 Total Cash Outflow
Co-funding	1,338,858.11	1,234,057.43	526,228.42	3,099,143.96
GF DIRECT PROCUREMENT	2,187,556.12	1,152,163.33	1,172,074.46	4,511,793.92
GF TA	213,600.00	196,650.00	196,650.00	606,900.00
Grand Total	3,740,014.23	2,582,870.77	1,894,952.89	8,217,837.88

Prioritized Above Allocation Request (PAAR)

PAAR proposed interventions (TB)	US\$ Y1-3	Priority level
Training HCs and VHVs based on National TB manual on TB awareness sample collection and referral, diagnosis, treatment, contact investigation	320,000	High
Additional home visits by HC staff for TB contact tracing	276,710	High
Active case finding (ACF) in prisons and high TB burden districts by central and provincial ACF teams (operational costs)	353,350	High
Purchase 12 digital X-ray machines for ACF provincial teams and selected high-burden TB districts (including 10% PSM costs)	792,000	Medium
Training of physicians on chest X-ray reading	42,554	High
Training of X-ray technical staff	42,554	High
Training/retraining for health staff at prison on TB screening and case management	37,953	High
Scaling-up community-based interventions by CSO in more districts	300,000	High
TOTAL	2,165,121	

4. Matching Fund

Representative of CLE presented the draft of Matching Fund Proposal as below:

Matching Fund Proposal - Lao PDR Laboratory Systems Strengthening

No	National LSS Interventions (all sources)	Matching Fund activities to complement existing investments	HANSA/ existing funds	Matching Fund request
1	Establish integrated transportation of samples for infectious disease (18 province)	<p>Implement integrated sample transportation from DH upward, building on existing TB sample transport down to HC (HANSA-funded)</p> <ul style="list-style-type: none"> Refreshing relevant national guidelines Baseline assessment of current specimen transport mechanisms & optimization analysis Training, implementation, monitoring & supervision Procurement of equipment & consumables for diagnostic specimen management & transportation Sample transportation costs (mechanism TBD) 	<u>\$ 450,000</u>	\$ 640,000
2	Laboratory integration and efficiencies of services	<p>Move towards integration of lab services to rationally allocate limited resources across vertical programs and general laboratory</p> <ul style="list-style-type: none"> Updating/revising national norms & standards, including basic testing package and requisite capacity, waste management guidelines Standardization of essential diagnostic tests, utilization of existing infrastructure and equipment for multi-disease testing Integration of training, supervision (complementing HANSA-funded TB lab training) Procurement of equipment & consumables for lab waste management Development & implementation of maintenance plan for all equipment (complementing HANSA-funded GX warranty) 	<u>\$ 567,000</u>	\$ 605,000
3	Strengthen laboratory data systems and information sharing	<p>Progress toward a national LIMS system, connecting all provincial laboratories, and use of data for decision-making</p> <ul style="list-style-type: none"> Procurement of equipment & services (phased expansion of LIMS to connect all PH) Integration with existing DHIS2 & surveillance data systems, sample tracking (linked with sample transport) 	\$ 327,800	\$ 370,000
4	Strengthen Quality Management System	<p>Targeted quality activities in service of #1-3 above</p> <ul style="list-style-type: none"> Revise guidelines and provide training on laboratory and specimen management procedures (supports #1, #6) 	\$ 992,950	\$ 200,000

		<ul style="list-style-type: none"> Integrate EQA programs (integrating HIV, TB, and other diseases) (#2) 		
5	Institutionalize biosafety, biosecurity and bio-risk assessment	Targeted biosafety activities in service of #1-3 above <ul style="list-style-type: none"> Biosafety cabinet certification & replacement HEPA filters (#2) Capacity building for biosafety cabinet field certifiers - basic accreditation (#2, supports bringing TB activities closer to general lab) 	\$ 237,000	\$ 125,000
6	Enhance surveillance preparedness and response to disease outbreaks	Targeted surveillance activities in service of #1-3 above <ul style="list-style-type: none"> Training in TB/HIV genomic sequencing for public health response and treatment (#2, complementing current plan to establish a surveillance lab at NCLE) Procurement of consumables 	\$2,175,000	\$ 60,000
	Total		\$4,749,750	\$2,000,000

5. CSO's Top Priorities

Representative of CSO presented the Funding Priorities of Civil Society and Communities as below (*for more information, please find the attached file*):

Top priority

In high burden areas for HIV, STIs and TB, establish a comprehensive community-based testing and treatment site as a “one-stop shop”, a Friendly Community Health Service (FCHS), to address all the program needs of MSM, TG, sex workers and their partners.

- Centres e.g. can provide testing, index testing, PrEP for the most at risk and ART for PLHIV, family planning, and TB screening.
- Centres can provide outreach for areas that are hard to access.

Priority 2

A joint care model for CSO outreach/field officer and nurse led outreach services, to provide sample collection (HIV, STI, and TB) and confirmatory testing:

- CSO field officers, be trained to conduct HIV community- based testing among TB patients / community-based TB sample collection among HIV patients and service linkage.
- Improve health staff's and outreach staff's skills on providing counselling to gain informed consent prior to testing (and separately for HIV and TB).
- Health Staff and outreach to have clear pathways for referral to HIV or TB treatment and support services.
- NTC to provide/arrange sputum collection training for CSO staff.

Priority 3

- Scale up HIV testing modalities to include greater focus on community self-testing, Index testing, especially for partners of female sex workers, transgender women and gay men to improve reach of at-risk populations.

Priority 4

Develop a comprehensive integrated package of services for outreach for TB and HIV including prevention and raising awareness, testing and sample collection and case management.

It is recommended that CSOs to create this package in collaboration with NTC and CHAS.

- Diversify TB specimen collection beyond the health centre i.e., via lay provider (CSO staff).
- Comprehensive Case Management model to include adherence to treatment, community based MMD, mental health and counselling support including harm reduction and referral for auxiliary services; maternal and child health, nutrition, gender-based violence, sexual and reproductive health etc.

Priority 5 and 6

- Community-led research to gain a greater insight into the economical, physical and time barriers associated with accessing government primary health centres.
- Community-Led Monitoring (CLM) to improve service quality, efficiency and accountability.

Key discussion points and comments from the meeting

After listening to the presentations, the floor was opened for panel discussion and comments which were summarized as below.

- Representative from APL+ has provided comments to the meeting that there is no clear CSO budget allocation in the HANSA 2. It needs to be reviewed and reallocated the budget for CSOs to meet top activities due to the numbers of HIV infections are increasing in target groups. In addition, any good pilot activity is requested to implement in collaboration between KPs and national programs to encourage the CSOs to engage more activity implementation. In response to this question, the representative from the Department of Planning and Finance has clarified that this funding request is an overview of the project, but the next step there will be focused in detail on the budget allocation, activities and responsibilities of each SRs, which will be identified by project agreement of the Ministry of Health.
- The chair of OC has raised a question for the health centers supported by the HANSA 2 project that have not been implemented well, especially the payment of PBC. How can the project be improved? A representative from the Department of Planning and Finance also clarified that health centers which have low scores or are not yet implemented well, the HANSA 2 project has a plan to improve the weaknesses of each health center by using the new round grant.
- A representative from GFCT made the following comments:
 - Encourage more CSO participation and assign any activity that CSOs can implement under the national programs. GF will continue working with CSOs like the previous HANSA 1.
 - Use CSO network for sputum sample transportation to make the system work well and efficiently.
 - According to the grant allocation letter, the amount of 15.5 million dollars is specified under the HANSA2, but currently GF has not yet allocated the exact amount to each component of TB and HIV in HANSA 2.
 - As the co-financing for HANSA 1 has not met the requirement and kindly propose to the government to mobilize more internal sources of funds and contribute more co-financing in HANSA 2 to achieve the strategy of eliminating HIV/AIDS and TB by year 2030. The GF would like to ensure that the government is able to contribute the Co-Financing to the projects supported by the GF.
 - Health product equipment budget that proposed in the PAAR, how is NTC planning to procure the X-Ray?
 - For integrated outreach activities under the PBC model between the HIV and TB and the Department of Hygiene and Health Promotion, how to cooperate the provision of mobile TB and HIV health education and counseling services under HANSA2.
 - A representative from CHAS clarified that CHAS has a plan of activities from the national to sub-national level, such as rapid test, mother-child integration, use of the DHIS2 system at the community level and other activities such as stigma and discrimination mitigation, and CLM. The detail plan, including management, budget allocation and implementation of activities will have further discussed together.
- The CCM Chair commented on the draft HANSA 2 - Project Appraisal Document (PAD) and TB/HIV Application Package, whether it is in line with the national strategy of the Ministry of Health and whether it can really be achieved, such as: primary health care is the foundation for accessing to universal health coverage, the strategy of the HIV/AIDS program, the strategy of the TB program in controlling and ending the epidemic of the disease. In response to this question, a representative from the Department of Planning and Finance clarified that:
 - The HANSA 2 has been designed to consistent with 5 elements and aligned with the 5-year strategic plan of the Ministry of Health (e.g. enhancing the quality of services, strengthening the health finance, improving the health information system to be accurate and timely, building and strengthening the human resource, management and administration) and sustainable development goals SDGs;
 - Agreed that the proposed budget plan is higher than the existing budget. It is necessary to organize the meeting with the concerned departments and centers to discuss and re-adjust the budgets;
 - Sometimes the Co-Financing contribution in the HANSA 1 is delayed due to the government's co-financing approval mechanism. Therefore, the Co-Financing for HANSA 2 will be invested for the

national consultation meeting, development of the national strategic plan, manuals and legislations rather than focusing on procurement of life-saving drugs and essential health products as in the HANSA 1.

- CSO requested NTC to consider for more involvement of CSOs in collecting sputum samples in community-level;
- Regarding the request of CSO for attaching their proposed top priority interventions into the HANSA 2 – PAD, the chair a representative from the DPF recommended that the CSOs should consult with the relevant centers and departments to find a way in compiling the documents.
- After the presentation on Matching Fund, the TA from CHAS added that the Matching Fund is an additional fund from the Global Fund in addition to the allocated fund (\$15.5 millions), but Lao PDR can submit this funding request about \$2 millions for investing in the integrated laboratory system strengthening. The requirement for submitting this funding request, the government is required to contribute around \$2 millions of Co-Financing. It seems that the current government budget for the CLE is sufficient for the requirement and is eligible to receive the Matching Fund, but it depends on the consideration of the Global Fund.
- In addition, the TA from CHAS also noted that PAAR is another fund from the Global Fund that will provide support in addition to the allocated fund for the prioritized activities that could not be covered by the allocated fund. The Global Fund noted that the PAAR is not available right now but CHAS and NTC were suggested to submit the funding request in order to formally register for the Global Fund consideration when the fund is available.

Endorsement

After extensive and constructive discussion and comments, the floor was opened for the CCM voting. Finally, The CCM members have endorsed by majority votes the full application package for the Global Fund grant cycle 2024-2026. The CCM delegated to the national programs and partners to continue working to complete the required documents and submit them to the Global Fund by the due date.

Before closing the meeting, the chair expressed his gratitude to all the participants. This meeting was completed and closed at 16:35 pm.

SUMMARY OF DECISIONS & ACTION POINTS


AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	<ul style="list-style-type: none"> • The CCM members have endorsed by majority votes the full application package for the Global Fund grant cycle 2024-2026. • The national programs and partners to continue working to complete the required documents and submit them to the Global Fund by the due date. 	The national programs	By 30 May 2023
AGENDA ITEM #2			

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 >	30 May 2023
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

CCM MINUTES APPROVAL:

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