

The Ad-hoc CCM Plenary Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			16		
MEETING NUMBER (if applicable)		04			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			15		
DATE (dd.mm.yy)		26 October 2023			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)			33		
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL PARTICIPANTS (INCLUDING ONLINE)			49		
HIS / HER NAME & ORGANISATION		First name	Dr. Ying-Ru			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
		Family name	Jacqueline Lo			DURATION OF THE MEETING (in hours)			4	
		Organization	World Health Organization			VENUE / LOCATION	Don Chanh Palace Hotel			
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair				MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting		
		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 ^a (Place 'X' in the relevant box)								FPM / PO		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER	X	
	X							NONE		

LEGEND FOR SECTOR ^a				
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	T.A 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	Progress Update on the Global Grants (RAI3E, RAI4E), (HIV/TB for HANSA I and Co-Financing)												X			

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1

Progress Update on the Global Grants (RAI3E, RAI4E), (HIV/TB for HANSA1 and Co-Financing)

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

RAI3E and RAI4E Program

The representative from CMPE has provided RAI3E Malaria Grant progress update and Grant Making Process for RAI4E (*For more information, please see the attached PPT*).

After listening to the presentations, the key discussion points and comments from the participants in meeting were summarized as below:

- Representative from CMPE informed the meeting that the RAI3E project has been implemented according to the plan and will start implementing the new RAI4E project in January 2024. For the Co-Financing of Malaria 2024-2026 has been approved by MOH and MPI.

TB/HIV Program

The representative from CHAS and NTC have provided the progress update on implementation of the Global Fund grants including TB and HIV for HANSA1 (*For more information, please see the attached PPT*).

After listening to the presentations, the key discussion points and comments from the participants in meeting were summarized as below:

- The budget for HANSA1 for HIV/AIDS activities year 3 was deducted by 74,000 dollars due to the delay in receiving funds, which affected the project implementation. How will the program be improved and addressed?
- The number of 1 in 5 infected patients who have been registered in the ARV system, but have not been tested Viral Load (XVL) is aligned with the National guideline?
- In response to the above question, a representative from CHAS clarified that:
 - VL screening in HANSA1 project is still low due to the outbreak of the Covid-19 and caused the difficult to access risk groups;
 - After the newly infected patients have received access for the treatment registration and received the drug for 6 months or 1 year, those must be tested for VL;
 - For infected patients who are referred for treatment, there may lack of drug for some time during the outbreak of Covid-19;
 - During the outbreak of the Covid-19, the infected patients were not allowed to receive services in the hospital and each service point focused on the response to the Covid-19, so there was no follow-up in VL testing;
 - Lack of coordination between laboratory staff and treatment doctors is still not working well;
 - CHAS, CDC (Thailand) and PEPFAR have collaborated to develop the app (V.Lao) so that treatment doctors can follow up their patients who have tested positive for VL and facilitate other services. After getting the app, VL tests is increased and treatment doctors are comfortable to follow up their patients in 2022 and 2023;
 - For patients who have already accessed to the treatment service system during the Lock down of the Covid-19, long-term drug has been given so that the patient will not missed taking the drug.
- TA from CHAS provided additional comments on the delayed funding issue:
 - The issue of delayed funding is due to the system which is difficult to integrate TB/HIV work into the HANSA project;
 - The Global Fund Grant was transferred as scheduled in December 2020; CHAS started to implement activities on January 1, 2021 but the process of approving the transfer of money from MOF to MOH account will take a long time;

- The Global Fund guideline is set from the January to May 2021 as the reporting period for the implementation of the project, but this period is during the outbreak of the Covid-19, which has the following effects:
 - The office is closed;
 - The FSW activities were not implemented and did not meet the expected indicator due to the restaurants/places of FSW were closed, so this budget line was cut. It is expected that IAI will soon review and approve this budget line to CHAS to reimburse the expenses that CHAS has used budget from other sources to pay to the partner.
- A representative from FBO raised a question to the meeting that the activities to eradicate these 3 diseases will have the end or will they continue to do this kind of eradication activities over again? Or how long will it take to eliminate these 3 diseases?
- In response to the above question, the representative from CMPE clarified that:
 - CMPE has a strategy to eliminate Malaria by 2030;
 - The important thing is the vector of germs that the people entering the forest bring the germs in the forest to the community, so CMPE has a prevention strategy such as sleeping in the LLINs, preventing mosquito bites and transmitting the germs when entering the forest by wearing long sleeves, long pants, and make a fire when sleeping in the fields or forest and distributing cradle nets to vulnerable groups;
 - The evolution of Malaria into a new gene, CMPE has developed drugs to kill parasites in the bloodstream and in the liver;
 - Currently, WHO has recommended a manual for the prevention and treatment of malaria by using combination treatment drug such as ACT and artemisinin;
 - CMPE also has a surveillance system for the migrant population carrying the virus to spread in the Lao PDR;
 - In the period 2021 to 2022, there were accelerated activities to eliminate malaria in 5 provinces, 7 districts, and 60 villages by giving drug to the entire population in the target group of 7 to 49 years and giving preventive drug to the vulnerable population group that enters the forest;
 - 2023 must eliminate Plasmodium falciparum;
 - In 2025, P.vivax must be eradicated in cooperation with the Mekong River Sub-Regional Countries, which received technical support from WHO;
 - CMPE has distributed campaigns to vulnerable groups every 3 years, and once a year, there will be campaigns aimed at the migrant population, pregnant women who give birth in vulnerable villages and anti-epidemics nets to support groups that have been affected by flooding disaster.
- In response to the above question, the representative from CHAS clarified that:
 - CHAS will carry out activities according to the national and global AIDS strategy plan to eliminate HIV/AIDS and STI (hepatitis and syphilis) within the year 2030;
 - The elimination of AIDS will be a long time in spite of the strategy, innovation that is the concept note of CHAS and the international AIDS;
 - The implementation of risk groups is epidemic and has no decrease due to the behavior, thought and actions of individuals who are not highly responsible and their ownership;
 - CHAS is spreading knowledge and information on AIDS prevention through online social media such as WhatsApp, Facebook and conducting health education advertising activities in the community, but it is still not possible to spread over the remote areas due to limited budget;
 - The government cannot support the distribution of free condoms, the users will have to buy for themselves to protect themselves to avoid the infection.
- In response to the above question, a representative from NTC clarified that:
 - NTC will carry out activities according to the strategy to eliminate TB by 2030, just like AIDS and Malaria, but it will be very difficult due to TB is transmitted through the respiratory system;
 - The activity implemented in the past has decreased in 2020 at 149 per 100.000 people and in 2035 it will remain below 10 per 100.000 people). If we want to eliminate 0 people, it may not be possible in comparing to developed countries, there are still TB cases;
 - TB has implemented activities to reach at risk groups in remote areas. If we want to end the TB disease, we must rely on the cooperation of many parties to help promote health education.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #2	Report on the Office of the Inspector General (OIG) Audit Findings for Global Fund Grants in Lao PDR
-----------------------	-------------------------------------------------------------------------------------------------------------

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

TB/HIV Programs

The representative from OIG Audit Team has reported on the results of audit key findings of the Global Fund Grant (*For more information, please see the attached PPT*).

After listening to the presentations, the Key discussion points and comments from the participants in meeting were summarized as below:

- A representative from CHAS noted that CHAS has improved some of the information on the presentation, but the OIG team has limited time, there are some issues that have not yet been discussed with the OIG for reconsideration, such as:
 - Challenges with the implementation of PreP program:
 - Challenges in PreP implementation, including low acceptance rates (34%) and the need for root cause analysis, particularly focused on different age groups
 - There is confusion about PreP rollout plans and target revisions (GF targets being 49% for 2024, 35% for 2025, and 28% for 2026)
 - Limited resources for community-led services and rigid health facility guidelines, long waiting times, and stigma hinder PreP demand
 - A need for innovative training methods, emphasizing online outreach and understanding sexual and gender orientation
 - Discrepancy in follow-up period and WHO staging:
 - Guidelines suggest 28 days of to start the LTFU, the country's guidelines indicate 90 days, causing inconsistencies in treatment evaluation
 - Delays in treatment initiation are not assessed against WHO staging, affecting treatment enrolment
 - DHIS 2 lacks updated WHO staging information, leading to incomplete and unreliable 2022 data.
- A representative from NTC noted that the OIG's audit results found that the death rate of TB was too high, and propose the OIG to reconsider, such as:
 - High percentages of deaths within one month of tuberculosis treatment in the years 2019 to 2022 (61, 65, 68 and 73%, respectively) highlight significant delays in diagnosis and initiation of treatment, indicating that patients are often diagnosed and treated at advanced disease stages.
 - Barriers to optimum TB screening:
 - Several barriers hinder optimum TB screening at the country level.
 - Inadequate Chest X-ray coverage, 1
 - Limited accessibility to GeneXpert screening tools at district levels (GeneXpert coverage 66%)
 - Remote regions face difficulties in accessing TB services, exacerbating the problem.
 - COVID-19 lockdowns led to decreased TB notifications, data entry delays, and funding flow issues, impeding progress
 - Low TB suspected case identification: TB suspected case identification is low due to insufficient screening rates (48% compared to the expected 1% of the population).
 - There are challenges in sending sputum samples from health centres and district hospitals to diagnostic testing at provincial hospitals with GeneXpert (insufficient funding for transportation costs, leading to reduced staff motivation)
 - Inadequate treatment outcomes and high numbers of deaths and losses to follow-up among diagnosed MDR-TB patients
 - 37% treatment coverage in multi-drug-resistant tuberculosis (MDR-TB) and RR-TB, mostly before

starting treatment, partly due to diagnosis and treatment delay, malnutrition and comorbidities and refusal to be treated with long hospitalization duration far from home

- Absence of a follow-up system to ensure that the patients who were referred reached the district or provincial hospital and completed the procedure
- High percentages of deaths within one month of tuberculosis treatment in the following years (2019-61%, 2020- 65%,2021-68% and 2022-73%, respectively).
- The meeting clarified that the joint work between the OIG team and the relevant parts is limited time and could not be discussed in detail. Therefore, the meeting agreed as follows:
 - The OIG team to share the audit findings report presentation to the CCM Secretariat;
 - The CCM Secretariat to forward the audit findings report presentation to the relevant center for review and reconsideration and then return it back to the CCM Secretariat;
 - The CCM Secretariat to send the latest audit findings report presentation and the comments from the meeting to the OIG team for reconsideration.

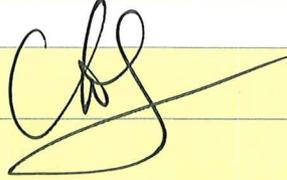
SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1			
AGENDA ITEM #2			

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

HECKLIST			(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 >	Budhsalee Rattana	DATE >	13 November 2023
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	Dr. Ying-Ru Jacqueline Lo	DATE >	1/12/2023 
FUNCTION >	CCM Vice Chair	SIGNATURE >	