

The 4th CCM Plenary Meeting Minute

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS											
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			20			
MEETING NUMBER (if applicable)		05			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			15			
DATE (dd.mm.yy)		12 December 2023			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)			24			
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL PARTICIPANTS (INCLUDING ONLINE)						
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)			7		
		Organization	Lao Red Cross			VENUE / LOCATION		Don Chanh Palace Hotel			
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair		X		MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting		X	
		Vice-Chair						Extraordinary meeting			
		CCM member						Committee meeting			
		Alternate				GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA		X	
HIS / HER SECTOR* (Place 'X' in the relevant box)				FPM / PO				X			
				OTHER				X			
				NONE							
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS				
		X									

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)														
AGENDA ITEM No.		GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS														
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	Report on the Results of Oversight Field Visit (OFV) in Borlikhamxay Province											X				

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	Report on the Results of Oversight Field Visit (OFV) in Borlikhamxay Province
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>The representative from the oversight field visit team (CCM member) presented a report on the Results of Oversight Field Visit (OFV) in Borlikhamxay province from 6-10 November 2023. The visit focused on the implementation of the project's activities supported by the GFATM and HANSA at provincial, district and health center levels. <i>(For more information, please see the attached PPT).</i></p> <p>The findings were summarized as below:</p> <p>The Report on the Results of Oversight Field Visit (OFV) in Borlikhamxay Province was reported to the joint meeting between Executive Committee (ExCom) and Oversight Committee (OC) held last December 1, 2023 and the report was revised according to the comments of the participants and was reported to the 4th CCM Plenary Meeting. After listening to the report, participants have made the same comments as in the meeting on December 1, 2023 and mostly agreed with, but there were also additional comments as below:</p> <ul style="list-style-type: none"> ● In response to a question from a representative from the French Embassy on TB case detection has not meet the target, the representative of the National Tuberculosis Center (NTC) clarified that: <ul style="list-style-type: none"> ○ The implementation of TB work at the local level follows the strategy of the center as well as the strategy of the Ministry of Health ○ Propose to add some information on various key issues such as the management mechanism and budget allocation in the report as noticed that the fee for sending sputum sample is not enough. It may cause the coordination mechanism between the health sector and the implementers is not working well. Before the implementation of every activity, NTC and the Provincial Public Department (PHD) have discussed and agreed together in detail, but due to the rate of payment the fee for the sample delivery between the HPP and NTC is very different, so PHD will not receive the payment for the delivery of samples from NTC and will receive the payment from the HPP project ○ The case Finding of TB in Borikhamxay province is not achieved according to NTC's strategy stated in HANSA1, in the DLI-J activities that mentioned on TB notification and Gen-Xpert testing coverage at the provincial level, 51% is classified as middle level ○ The issue of insufficient staff is the problem that has been going on for many years and still cannot be solved because it is a problem of staff management that will try to reduce the number of staff and will see this problem in the next report ● Representative from APL+ has commented on the drugs stock out. There are few kinds of drugs stock out in almost all POC centers since September. In addition, the HIV positive group is difficult to access to ARV treatment service, they are required to cover the cost of pre-health examination by themselves before accessing ARV drug treatment. Most HIV positive patients do not have enough money and could not access to ARV drug treatment, which increases the number of HIV infected cases. ● Representative from key affected by HIV/AIDs added: <ul style="list-style-type: none"> ○ Most of HIV infected cases are students, migrant workers and waiters/waitress. They have to pay 400,000 kip for the cost of pre-health examination by themselves before accessing ARV drug treatment. Due to the cost of living is high, these infected patients could not access to the treatment and there are lost follow-up cases, which makes the community health worker unable to register the number of these infected cases into the ARV treatment system and cause these infected patients access to the last stage of treatment, which is difficult in treatment. ○ Accessing to ARV treatment services takes a long time, propose to reduce the process so that infected patients can receive treatment quickly to avoid losing patients ○ The HIV/AIDS testing registration process comprise of documents to be filled out. How can service providers will address this issue for the key populations such as MSM, TG, FSW access to HIV testing more comfortable. ● In response to the above comments, representatives from the NTC also called on domestic and international donors to consider the budget to support the cost of pre-health examination before access to ARV drugs treatment because currently the Global Fund only supports free ARV drugs. ● Representative from FSW group proposed CCM to conduct OFV to oversight the activity implementation of 	

volunteers in Vientiane Capital to have a lesson learn on the strengths, weaknesses and outstanding issues, especially the activities of FSW. This constituency also works against human trafficking, domestic violence and sexual assault and also disseminate the information on HIV/AIDS prevention to FSW group to understand more how to prevent from HIV/AIDS. Only the representative of FSW networks knows better how to access FSW group.

- Representative from FBO made the following comments:
 - In the report on the results of oversight field visit for three diseases, there should be a detailed list number of which indicators have been achieved and which have not been achieved
 - Regarding the TB work shows that the good point is due to there is a Gen-Xpert to diagnose the suspected cases of TB, the weak point is due to TB diagnosis at the provincial hospital has not been achieved as expected?
 - The development plan priorities of each province will have a development strategy based on the government's master plan strategy to be developed, but Borikhamxay province may consider economic intervention or anti-drug addiction as the 1st priority and public health work as the 2nd or 3rd priority.
- Representative from USCDC made more comments
 - The problem of finding the target group with risk behavior that has been tested and diagnosed as HIV positive case, but accessing to the treatment is experiencing socio-economic problems, which is shown as the pending number for the HIV positive registration and access to ARV drug treatment
 - Based on the monitoring at local level found that condoms are still lacking and insufficient, even though condoms are essential for prevention, which must be reviewed in procurement planning. On the other hand, condoms are important and indispensable, although they mobilized to take PREP before having sex by advertising to promote their use, but the trend of using PREP admits that there are still many risk groups facing it difficult.
- The meeting chair has summarized the following comments on the report:
 - Insufficient staff and frequent turnover
 - Insufficient budget and the overall budget have been allocated to support the health sector but the amount is limited. Some provinces are self-contained units, but depending on which province allocates a budget for health work, how little or how much depends on the reason and necessity for their allocation.
 - Working mechanism including staff training, monitoring and supervise from the central to provincial level, province to district, district to health center, procurement of tools, equipment, salary payment for volunteers
 - For the solution of the work mechanism, it depends on the capacity of the provincial health department to manage and allocate the budget
 - The mechanism of integrate 3 diseases programs in the HANSA 2, for volunteers to responsible for 3 duties to reduce the waste of budget and staff. Integration work is also an option to replace the insufficient staff by focusing on creating more volunteers at the village level, and can use more volunteers. The Lao Red Cross also aims to create volunteers by training 1,000 volunteers a year in the community. The direction of the government has approved for all departments, some sectors to allocate their own budgets as workers, such as central hospitals focus on their own budgets, some parts of the hospital's income by hiring employees to work as workers.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #2	Annual Overall CCM Secretariat Performance Evaluation
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI identified in this item	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
Yes	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
After listening to the presentation of Annual Overall CCM Secretariat Performance Evaluation from the CCM Secretariat, CCM members have filled in the form and the representatives from OC and CCM members summarized and presented the results to the meeting as below:	
CCM Secretariat Performance Evaluation Form, Year 2023	

Key Task/Activity	Key indicator	CCM Members Rating			Comment
		Exceeds expectations	Fully meets expectations	Partially meets expectations	
1. Operations Support the operational functions of the CCM	i. All CCM members oriented in person or online/email, including on Code of Ethical Conduct, within 3 months of becoming a member.	7.69% (1p)	84.62% (11p)	7.69% (1p)	
	ii. CCM governance documents updated regularly.	0	92.31% (12p)	7.69% (1p)	
	iii. Programmatic data is available on time for oversight and funding request processes.	30.77% (4 p)	69.23% (9 p)	0	
Overall Rating for Operations		12.82%	82.05%	5.13%	
2. Oversight Support the CCM in enhancing efficiency of oversight procedures	i. Annual CCM Oversight Plan is available and implemented as schedules.	23.08% (3p)	76.92% (10p)	0	
	ii. High quality, on time oversight reports shared with key stakeholders.	23.08% (3p)	61.54% (8p)	15.38% (2p)	
Overall Rating for Oversight		19.66%	73.50%	6.84%	
3. Positioning Facilitate discussions among key stakeholders on transition and sustainability efforts	i. Facilitate stakeholder consultations on coordinating and aligning CCM with existing national coordination platforms.	30.77% (4 p)	69.23% (9 p)	0	
	ii. Ensure inclusion of sustainability and transition preparedness topics on CCM Meeting Agenda; including co-financing commitments briefing every 6 months to the CCM.	15.38% (2p)	76.92% (10p)	7.69% (1p)	
Overall Rating for Positioning		21.94%	73.22%	4.84%	
4. Engagement Foster meaningful, inclusive and active participation of key stakeholders	i. CCM members engage actively in the CCM functions and meetings.	23.08% (3p)	69.23% (9)	7.69% (1p)	
	ii. CCM members (particularly CSO and KP representatives) carried out activities to solicit inputs from and provide feedback within their constituencies to contribute to sound decisions of the CCM.	30.77% (4 p)	38.46% (5p)	30.77% (4 p)	
Overall Rating for Engagement		25.26%	60.30%	14.43%	

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	Progress update on the implementation of the Global Grants and update on preparation of the documents for signing a new funding request with the Global Fund for HIV, TB, Malaria and C19RM
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 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:

- Representative from USCDC expressed his appreciation for being able to find more new HIV diagnosed cases. At the same time, kindly proposed prevention work in the future by changing the technique to use a complete set of PREP, but it is still necessary to use condoms together, so the procurement plan should take into account the need to use actual condoms.
- Representatives from APL+ commented on the joint strategy to eliminate HIV/AIDS set at 95%, 95%, 95%, but currently only achieved 76, 77, 79 compared to the year of 2023 and 2025. Proposed to share good points of projection implementation that CSOs has over achieved the target indicators as lessons learnt eliminating AIDS together with the United Nations in the year 2025 and 2030. It is also proposed the HANSA 2 to reconsider in sharing the existing indicators of MSM, TG, FSW group for CSO to implement activities.
- In response to the above comments, a representative from CHAS also clarified that: the implementation of the blood test and treatment services that the government is responsible for is all target groups using the section 63 of government budget and the Co-financing cover health information education, prevention and treatment activities in other population groups in addition to the main projects that have been responsible, which has more information on the National AIDS Plan and will soon have an annual meeting to review the AIDS Plan in the National Strategy for the mid-term period.

C19RM

After listening to the representative from DPF reported on the implementation of C19RM to the meeting, the meeting participants unanimously agreed and did not have any additional comments and the DPF representative also focused on the staff responsible for C19RM will have been continued to work until June 2024.

RAI3E

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:

- It is recommended to monitor the use of the LLINs after it has been distributed because there are some local people who have received the LLINs and not using it, which may increase the number of people infected with malaria.
- Offer to retrain the volunteers because the volunteers are replaced frequently
- Regarding the above comments, the representative from CMPE has clarified that: the number of local people will use the LLINs or not, CMPE does not have a clear figure because the survey has not been done yet. For the selection and training of volunteers, the project has a role in selection and has a clear management system.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4	Update on the result of IPF Deep Dive Evaluation for CCM Lao PDR
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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

The representative from CCM Hub has reported on the results of IPF Deep Dive Evaluation for CCM Lao PDR findings (*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 GF CT stressed on the oversight area to ensure having the right oversight officer in place. Moreover, positioning plan in the next five years, GF encourage CCM to continue conversation among the implementation. GF encourages the leadership to continue the conversation with the right members and focus on the key actions on 2024.
- FPM has made some comments on the CCM Work that the review team conducting the assessment. There are some good points from the oversight and positioning area and some challenges on the engagement. GF will continue to support and work on this together. At the same time, FPM also updated on current process of HANSA2 grant:
 - GF has negotiation and country dialogue with PR and recently presented the grant to GAC and now waiting for the outcome and recommendation from the GAC and the GF board for approval.
 - After approval by the GF board, the process of the grant signing will be prepared such as the grant confirmation document for countersignatures of MoH and GF. Subject to approval, GF conduct counter sign this grant confirmation document and the new grant will be in place starting the first Jan 2024
- The meeting chair of the meeting gave the following instructions:
 - Regarding the involvement of the government sector, importance is given to civil social organizations in participating in all processes. The meeting was also attended by CSOs, representatives of infected people and oversight field visit in Borikhamxay province also had CSO participating. Previously there were proposals that CCM elements did not have youth representatives to attend the meeting but in fact most of them were young members but youth organizations were not included. Proposed to include youth organizations in the CCM improvement plan in the future
 - Orientation for new CCM members, due to there are many CCM member replacement, the orientation is not done regularly. The new members have realized and what they think about their role whether they work in any field, policy level or technical level, which makes some comments to be included in the goals that want to develop, some are outside the framework of the CCM role.
 - The integration of the CCM into SWC has not yet developed, although CCM has been trying for 2 years, but it has not yet been approved.
 - Regarding what has been researched, analyzed and found in the monitoring report in Borikhamxay province, it has not been implemented and solved in the sector.
 - For the challenges in the IPF Deep Dive report, which part will be responsible for following up and following the laid procedures? As the CCM Chair and the CCM Secretariat, we have been encouraged according to the role, which is a good coordination with the public health sector. For the Global Fund or CCM Hub, what kind of encouragement will there be? CCM Chair has been the CCM Chair for 8 years and has important responsibilities and it's time to be replaced by a new member.
- Representative from GF CT continue with appreciation to the CCM Chair the commitment, integrity, and transparency for CCM work and express his kindly thanks to the Chair point out the new CCM members sharing the ideas how to adapt, integrate and understand better their roles.

Before closing the meeting, the meeting chair concluded the meeting as follows:

1. The meeting has endorsed the Report on the Results of Oversight Field Visit (OFV) in Borlikhamxay Province during 6-10 November 2023
 - Propose to the relevant departments to accept the findings to improve and solve
 - How will the Department of Planning and Finance set the action plan for the GF grant?
 - How will the Department of Communicable Disease Control set the action plan to control the disease?
 - How will the CCM coordination mechanism and CCM Secretariat reflect the relevant departments to recognize and find the resolution
 - Propose the relevant departments in the Ministry of Health participate in regular CCM meetings
2. The CCM members has scored on the Annual Overall CCM Secretariat Performance Evaluation base on the indicators and representative of the CCM and OC has collected the ratings and announced the rating results to the meeting
3. Progress update on the implementation of the Global Grants and update on preparation of the documents for signing a new funding request with the Global Fund for HIV, TB and Malaria.
 - For HIV/TB and Malaria programs are already detailed, the person in charge of C19RM is required to coordinate with the SRs who have not yet submitted the report should be submitted on time and what is the next step procedure for the savings
4. Update on the result of IPF Deep Dive Evaluation for CCM Lao PDR

- Totally agree with the result of the IPF Deep Dive Evaluation including the good and weak points of engagement and operation and will following the action points.

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 >	27 December 2023
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

CCM MINUTES APPROVAL:

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