

**MEETING MINUTES OF
EXECUTIVE COMMITTEE AND OVERSIGHT COMMITTEE MEETING**

1. INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS		(Place "x" in the Relevant Box)		
LOCATION/VENUE	1st Floor Meeting Room, CCM Secretariat, MOH			
MEETING NUMBER	NA	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	EXCOM MEMBERS	2
DATE (dd.mm.yy)	19/03/2024		OC MEMBERS	5
MEETING SCHEDULE START	13:30		RMC MEMBERS	
MEETING ACTUAL STARTED	16:30		OTHERS INCLUDING CCM SECRETARIAT STAFF	11
MEETING ACTUAL ENDED	16:30		TOTAL (Including online)	18
DETAILS OF PERSON WHO CHAIRED THE MEETING		MEETING TYPE		
HIS / HER NAME & ORGANIZATION	First Name	Prof. Dr. Phouthone	Regular Meeting	x
	Family Name	Muongpak	Extra-ordinary Meeting	
	Position/Title	CCM Chair	Other Meeting	
	Organization	Lao Red Cross		
HIS / HER ROLE ON THE MEETING	Chair	x	LFA	x
	Vice-Chair		FPM / PO	x
	CCM Member		OTHERS	x
	Alternate		NONE	

2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM N°.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	RESPONSIBLE PERSON
Agenda Item #1	1. Update on the process of CCM Workplan 2024 <ul style="list-style-type: none"> CCM Secretariat will provide updated information 	CCM Secretariat
Agenda Item #2	2. Progress Update on the Implementation of the Global Fund Grants <ul style="list-style-type: none"> Representative from (PR UNOPS) and National Programs (CMPE) will provide progress update on RAI3E Representative from (PR DPF) and National Programs (CHAS and NTC) will provide progress update on implementation of the Global Fund grants on TB and HIV; 	PRs/National Programs Representatives
Agenda Item #3	3. AOB and close the meeting. <ul style="list-style-type: none"> Next oversight field visit plan. 	Chair

3. 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
<p>The chair warmly welcomed and thanked all participants that attended the Joint Meeting of Executive Committee and Oversight Committee 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 and informed the objective of the meeting and gave the floor to the chair.</p>	

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The CCM Secretariat presented the process of CCM Workplan 2024. *(For more information, please see the attached PPT).*

CCM Workplan 2024

No.	Activity Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Oversite field visit												
2	Joint meeting of Oversight Committee (OC), Resource Mobilization Committee (RMC) and Executive Committee (ExCom) at Ministry of Health (When require)												
3	Full-day CCM plenary meeting at hotel in Vientiane Capital.												
4	Ad-hoc meeting/workshop (when require)												
5	CCM Website development & maintenance												
6	Communication, material, documentation, translation and publication												
7	CSO Coordinating Committee meeting												

Key discussion points and comments from the meeting

- In response to questions from the meeting, the CCM Secretariat has not organized the CCM Orientation Workshop for CCM members on information related to the CCM TOR, but all CCM members were instructed for the CCM directly or via email, which included Code of Ethical Conduct requirements within 3 months of becoming a CCM member.
- For the CCM Structure Reform, it is in the decision-making process of the Ministry of Health. In January 25, 2024, a meeting was held on the 2nd floor of the Ministry of Health under the chairmanship of Dr. Chanchanom Manithip, Director General of Cabinet of the Ministry of Health (MOH), which includes 11 participants included the Director General of Cabinet of MOH, Director General of DCDC, the representative of the Secretariat Office of MOH, the representative from CHAS, NTC, CMPE and CCM Secretariat Team. The CCM Secretariat reported: (1). Implementation of CCM's works, (2). Next step of CCM's plans and (3). Discussion on the CCM Structure. At the same time, the CCM Secretariat also proposed to the Ministry of Health for considering to:
 - Delegate a new representative from MOH to replace the current executive director of the CCM Secretariat;
 - Delegate a representative from the Ministry of Health to become a CCM member;
 - After that, the CCM Secretariat will organize a CCM Meeting at the end of March 2024 to select 1 CCM Chair and 2 CCM Vice Chair according to the process and the Global Fund requirements.

Decisions

No Decision

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from National Programs (CMPE, CHAS and NTC) have provided the progress update on implementation of the Global Fund grants, including RAI3E, TB and HIV (*For more information, please see the attached PPT*).

Malaria Program**Achievements of RAI3E Grant (2021-2023)**

- 1,200,320 LLINs/LLIHNs distributed (including 360,000 from PMI & 152,000 from co-financing)
- 1,089 Confirmed malaria cases in low endemic areas investigated
- 2,347,203 Suspected malaria cases that received a parasitological test.
- 88 Active foci received response within 7 days.
- 6,964 Confirmed malaria cases were detected. 100% were treated as per national treatment guidelines
- 2,381 VMWs

Programme Performance (2021 - 2023)

- Reported Malaria Cases
 - 100% of reported cases were treated as per national treatment guidelines
 - The malaria cases decreased by 70% in 2023 compared with the last year's cases (# 701 in 2023 vs. 2,339 in 2022). Regarding species analysis to compare with last year, Pf/mix cases reduced by 82%, and Pv cases decreased by 67% in 2023. AS acceleration strategies interventions of Pf species were conducted since 2022 and continue in 2023 at targeted Pf hotspots areas in 5 Southern provinces which showed a significant impact on Pf case reduction in 2022, and 2023.
- Malaria Cases Achievements by Sectors
 - Expected cases nationwide 8,294
 - Reported cases nationwide 6,964 (84% of expected cases)
- Parasitological Tests to Suspected Malaria Cases 2,347,203
- Parasitological Testing by sectors 2,347,203
- Testing by Community 762,778
- LLINs Distribution: 908,468 LLINs were distributed during the mass campaign in 2022

RAI3E Implemented Activities - Acceleration Strategies

- Pf AS Started in 2021: Effective advocacy resulted in community acceptance
- Continued in 2022 & 2023: High coverage rates and target achievement
- Resulted in: Significant decrease of cases & shrinking in Pf hotspots

RAI3E Implemented Activities - CIFIR & OB Responses

- **CIFIR Activities**
 - Strong surveillance system
 - Launch of real time reporting through the EoC hotline in 2023
 - High achievements on 1-3-7 elimination surveillance and response
- **OB Response**
 - Ongoing rapid OB response in less than 7 days
 - There were an unprecedentedly low number of outbreaks in 2023, with only 12 reported.
- **Guidelines & Assessment**
 - Burden reduction surveillance and guidelines were updated in 2022
 - Surveillance assessment conducted in 2022; with recommendations planned for RAI4E

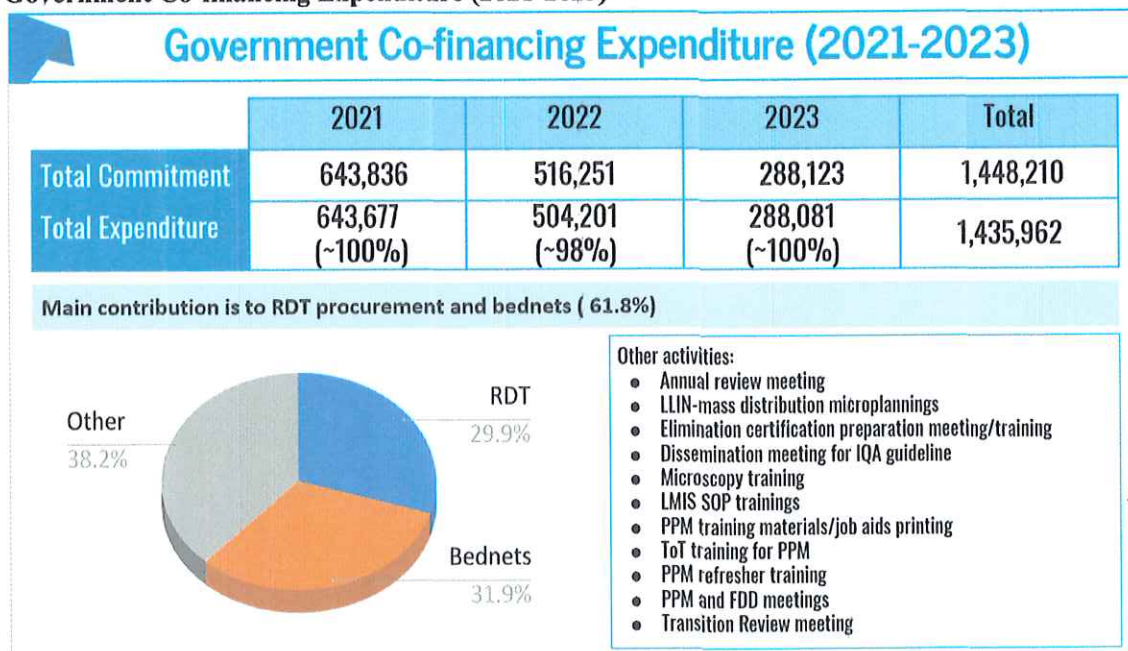
An unusual OB occurred in Nakai (malaria-free) in July 2023; Global Fund approved the usage of additional funds to conduct a serosurvey, PCR testing and SeroTAT to identify possible drivers of transmission and gaps in the current surveillance.

- **RAI3E Implemented Activities - Supervision**
 - Supervision and monitoring visits from CMPE central to sub-national levels; covering areas of programme management, case management, vector control, surveillance, etc...
 - Supervision and monitoring visits from province, district and health centers to lower levels;
 - Entomological monitoring - monthly visit in hotspot areas;
 - Supportive supervisory visits to provinces under DPF
 - Monitoring and supervision visits for integrated PSM program for LMIS - Provincial to District Level under MPSC
- **RAI3E Implemented Activities - Training**
 - Annual training on DHIS2, Surveillance and Supervision visit protocol, including Training of Trainers for Provincial staff, and training of district staff;
 - Annual ICCM, testing and treatment, reporting, and stock management training; including training of trainers for provinces (including provincial hospitals), and training for district, health centers and VMWs.
 - Refresher training for HTM programmes, HMIS team and managers (central level) under DPF
 - Training of Trainers - Capacity building of provincial level FDU super users to coordinate PSM activities in province under MPSC
 - PSM strengthening training for province and district staff on integrated distribution, forecasting and data utilization under MPSC
 - Refresher training on Monitoring and Evaluation to CSO and CMPE provincial project coordinator in 2021 by UNOPS
 - ToT for Prevention of Sexual Exploitation and Abuse (PSEA) to CSO colleagues by UNOPS
- **RAI3E Implemented Activities - Health Products Procurement (USD 3,650,000)**
 - RDTs & Antimalarial drugs
 - Entomological monitoring, IR testing, Lab equipment, supplies & consumables
 - LLINs
- **Additional and Upfront Procurement (approved by GF USD 700,000)**
 - 645,000 RDTs to cover co-financing gap for 2023
 - 88,000 blisters of Pyramax to cover 2024 needs
 - 126,000 tablets of Primaquine to cover 2024 needs
 - 364,000 tablets of Chloroquine to cover 2024 needs
 - 11,700 blisters of ACT6*4 to compensate expired stock
 - 87,000 RDTs to mitigate risk of stock out in Q1 2024
- **RAI3E Implemented Activities - PSM**
 - UNOPS conducted a holistic assessment of the supply chain management of Malaria commodities in Dec 2022.
 - Recommendations have been adopted by CMPE. CMPE, CHAI, UNOPS have designed a pilot to address PSM issues at sub-national levels launched in 2023 and will be scaled up in 2024.
 - A new minimum stock policy has been put in place in May 2023, to account for substantial provincial differences in cases, minimize expiries, and optimize costs. In the new model, minimums are determined differently between Burden Reduction Districts and Elimination Districts. The new policy was used for forecasting commodities for RAI4E.

● **RAI3E Budget v/s Actual (2021 - 2023) - by SR**

SRs	Budget	Actual	Absorption
CMPE	\$8,072,007	\$7,931,523	98%
DCDC	\$128,354	\$112,175	87%
DPC	\$170,949	\$142,352	83%
HPA	\$1,024,399	\$843,067	82%
MPSC	\$197,167	\$152,004	77%
PEDA	\$789,853	\$680,700	86%
WHO	\$1,472,819	\$1,472,819	100%
Grand total	\$12,641,701	\$11,981,150	95%

- **Capacity Building Activities on Finance**
 - Accounting software installation and Chart of Account development for all SRs, except international organizations
 - Refresher training on Accpac accounting tool for all SRs, except international organization
 - Training/refresher training on financial guidelines at least once a year for all central SRs
 - Update of financial guideline for SRs in 2023
 - Updated RAI HR manual specific for CMPE in 2023
 - Training/refresher training on finance for all province accountants at least once a year (in person) and online quarterly meetings were organized in 2023
- **Challenges and Areas of Improvement (Supportive supervision visits and expenditure verification: at least 9 targeted provinces per year).**
 - During 3 years, DCDC, PR and CMPE organized visits to provinces 27 times, where about 3,182 expenditure vouchers amounting to 10,6 billion Kip were verified. Of this amount, 311 million Kip classified as potential non-compliant were found. As a result of the expenditures verification in provinces in 2021-2023, preventive actions were taken on corrections of the supporting documentation for a total 99.95% and only 0.05% was classified as ineligible expenditure and refunded to the grant.
 - The key findings are as follows:
 - Missing supporting documentation
 - Expenditure overstatement
 - Mismatched VMW Signature
 - Missing copy log-book for project car
 - Incomplete supporting documents
- **Government Co-financing Expenditure (2021-2023)**



Key discussion points and comments from the meeting

- RAI4E's budget for the Q1 has been transferred to all SRs and some activities have been implemented;
- In addition to blood tests to find Malaria case infected, the other activities have also been implemented by distributing drugs over the risk districts to take preventive drugs before entering the forest;
- In the actual implementation of the countries along the Mekong River Sub-region, only Lao PDR has the conditions to receive more fund;

HIV Program

NSP Goal for HIV/AIDS to end the transmission and limit the impact of HIV/AIDS in Lao PDR by 2030

Objective	Intervention
1. Strengthen an enabling environment for an effective HIV/AIDS response	<ul style="list-style-type: none"> • Law, policy and advocacy • Human resources • Sustainability & fundraising • Management & planning • Strategic information • Stigma & discrimination • International & cross-border
2. Improve access to quality prevention services	<ul style="list-style-type: none"> • <i>Female sex workers</i> • <i>Men who have sex with men</i> • <i>Transgender women</i> • <i>People who use & inject drugs</i> • <i>Mobile people & migrants</i> • <i>Pregnant women</i> • <i>Prisoners</i> • <i>Victims of human trafficking</i> • <i>Condoms</i> • <i>Sexually-transmitted infections</i> • <i>Blood safety</i> • <i>Online & social media</i> • <i>Pre-exposure prophylaxis</i>
3. Increase access to quality treatment and care services	<ul style="list-style-type: none"> • <i>HIV testing</i> • <i>Treatment</i> • <i>HIV/TB</i> • <i>Home & community care & support</i> • <i>Mobile people & migrants</i>

Fund Allocation by Global Fund

Programs	Allocated Fund	Period of Fund
HIV	7,449,033	1 Jan 2024 to 31 Dec 2026
TB	8,088,355	1 Jan 2024 to 31 Dec 2026
Total	15,537,388	

Prioritized Above Allocation Request (PAAR), Additional fund from the amount of allocated fund:
Lao PDR is among the countries that have the conditions to receive more funds called Matching Funds: US\$2,000,000 for strengthening the Laboratory systems strengthening.

PBC 6 Overall objective

This PBC aims to increase access to quality of people-centred based approach for HIV services for all the people living with HIV, key populations through adoption and expansion of innovative and differentiated service delivery (DSD) models including HIV testing, PrEP and ART with strong involvement and participation of the affected communities and key populations.

PBC 6	PBC Value Y1 US\$	PBC Value Y2 US\$	PBC Value Y3 US\$	Total 3 Y US\$
PBC 6.1: % FSW tested in targeted sites	186,240	175,440	175,440	537,120
PBC 6.2: % MSM/TG tested in targeted sites	171,617	172,537	172,974	517,127
PBC 6.3: % PLHIV on ART	525,938	511,966	524,654	1,562,558

nationwide				
PBC 6.4: % VLT nationwide	29,676	29,900	29,900	89,476
PBC 6.5: No. PrEP for MSM/TG Nationwide	44,350	60,000	60,001	164,351
Total	957,821	949,843	962,968	2,870,632

Partner Allocate fund

HIV Component budget summary for 3yrs (2024-2026)				
Resp. Unit	Budget	Budget	Budget	Total for 3yrs
	Y1 (2024)	Y2 (2025)	Y3 (2026)	
CHAS	407,346 (43%)	383,256 (40%)	375,988 (39%)	1,166,590
PHO	315,878 (33%)	333,690 (35%)	353,084 (37%)	1,002,652
PEDA	68,860 (7%)	68,860 (7%)	68,860 (7%)	206,580
Chias	119,317 (12%)	120,317 (13%)	121,317 (13%)	360,950
APL plus	46,420 (5%)	43,720 (5%)	43,720 (5%)	133,860
Total:	957,821	949,843	962,968	2,870,632

Specific objective PBC 6

PBC 6.1:

- % of FSW in the 5 target sites that have received an HIV test during the reporting period and know their results: VTE cap, VTE Pro, KM, SVK, CPS.

Objective:

- To increase the HIV testing coverage among FSW by updating and implementing the differentiated HIV service delivery and strengthening linkage to HIV prevention, treatment and care.

Main Activities:

- Implement community-based testing for FSW through outreach activity, mobile testing and peer led intervention with adopting of index testing and HIV self-testing.
- Conduct community awareness raising for HIV prevention and S&D reduction in community, incorporating with CLM: Public awareness on HIV prevention including S&D reduction at community level and printing IEC material
- Strengthen on strategic information system (M&E capacity building and coordination, RDQA), including HIV sentinel surveillance for KPs: Training on data management for PCCA, health providers and community partners for HIV prevention and HTS such as VCT, STI, PrEP, Index testing.

PBC 6.2:

- % MSM/TG in the 5 target sites that have received an HIV test during the reporting period and know their results: LPB, XYBL, BLKX, KM, VTE pro.

Objective:

- To increase the HIV testing coverage among MSM/TG by updating and implementing the differentiated HIV service delivery and strengthening linkage to HIV prevention, treatment and care; and monitor the trend of HIV prevalence among key populations (MSM/TG)

Main Activities:

- Implement community-based testing for MSM/TG through outreach activity, mobile testing and peer led intervention with adopting of index testing and HIV self-testing
- Establish community-based clinic as one-stop-shop at community level to provide HIV services including HIVST, ARV point of care, PrEP and condom & lubricants for prevention in priority locations.
- Virtual intervention/Online reach and link to test 'testVTE & MatesDer', focus on MSM/TG and young population
- community awareness raising for HIV prevention and S&D reduction in community, incorporating with CLM: Public awareness on HIV prevention including S&D reduction at community level
- Strengthen on strategic information system (M&E capacity building and coordination, RDQA), including HIV sentinel surveillance for KPs: Conduct HIV sentinel surveillance among MSM/TG

PBC 6.3:

- % of PLHIV on ART among all estimated PLHIV at the end of the reporting period

Objective:

- To improve ART coverage and retention on HIV treatment and care through implementation differentiated ART services delivery, expansion ART/POC sites in all provinces with capacity building for healthcare worker and CSOs.

Main Activities:

- Expanding ART/POC sites in priority area. Target 4 POC sites in each year
- Establish and improve referral system - linking newly diagnosed HIV from HIVST, KPLHV from community to ART or POC ART sites with CSO's worker accompaniment
- Build capacity for health care workers to enhance early/rapid ARV treatment with patient centred approach and AHD, co-morbidity management, including S&D reduction in all ARV and POC sites.
- Promote DSD for HIV services at ART/POC sites to improve access to treatment, including ARV delivery for KPs through community based clinic – incorporating with QPS
- Strengthen on SI (M&E capacity building and coordination, RDQA)
- Community awareness raising for HIV prevention and S&D reduction in community– incorporating with CLM
- Program management – hiring contracted staff and running cost

PBC 6.4:

- % of PLHIV on ART with a viral load test result at least once during the reporting period

Objective:

- To improve access to HIV viral load testing and follow up across the country.

Main Activities:

- Promote POC VL testing at district level and intensify quality of VL monitoring with case management and data reporting, using IT to facilitate VL lab services.
- Support PLHIV engagement in HIV care and treatment through tele health counselling, psycho-social and mental health support
- Reinforce U=U awareness among PLHIV/KPLHIV, reduce S&D in community
- Lesson learned workshop to review program updates and improve HIV testing and treatment services

PBC 6.5:

- Number of MSM/TG who received any PrEP product at least once during the reporting period.

Objective:

- To scale up PrEP service and uptake.

Activities

- Roll out and simplify PrEP services for MSM/TG
- Develop and implement differentiated PrEP services in community

Draft GC7 co-financing commitments (September 21, 2023)

	2024-2026 commitments (USD)				Additional amount (Difference in totals) (USD)
	Y1	Y2	Y3	Total	
	Budget	Budget	Budget		
HIV	1,064,902.84	917,915.64	1,124,661.50	3,107,479.98	1,345,699.28
TB	1,005,200.81	1,201,777.40	894,465.51	3,101,443.72	2,128,961.19
Totals	2,070,103.65	2,119,693.04	2,019,127.01	6,208,923.70	3,474,660.47

Challenges

- Increasing new HIV diagnosed (17% increased in 2023 compare to 2022 data) particularly among young MSM and TG group
- GF/HANSA efforts may not be enough to create visible impact on first 95
- MOU HANSA II project already started on 1/1/2024, but the budget is not transferred to PBC implementors
- Integrated service delivery at PHC is challenging for HIV program
- KP cross border
- Expanding POC testing for HIV VL-GXP and EID-GXP at district level
- KP/PLHIV stigma and discrimination still being obstacles to access health services
- CLM implementation under HANSA II with CSO engagement towards to build sustainability
- Government co-financing for 2024-2026 is challenging to contribute achievement of 95-95-95

TB Program

HANSA 2 (PBC 7)

PBC 7: Reaching the unreached to End TB

PBC Condition 1: Number of notified TB cases of all forms (New and Relapse)

PBC Condition 2: Number of household contact children under 5-year-old received Tuberculosis Preventive Treatment

HANSA 2 PBC Condition 1:

Number of notified TB cases of all forms (new and relapse)

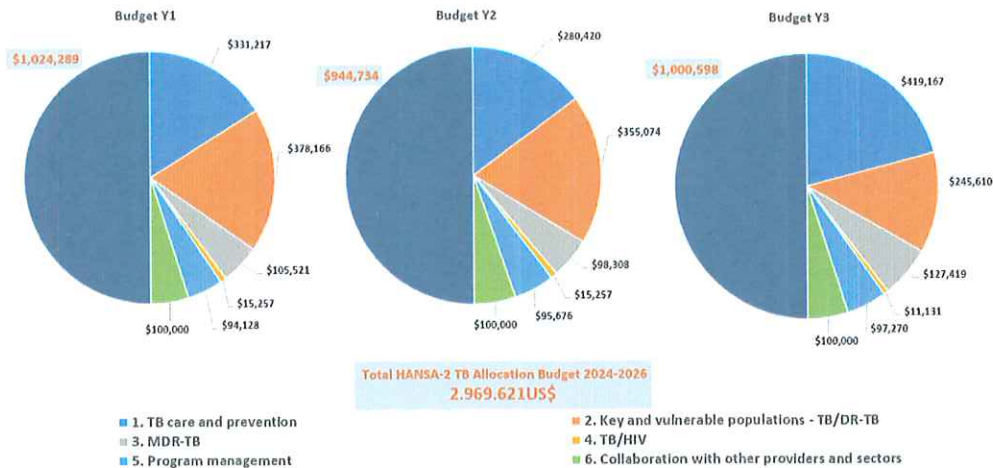
- Year 1: 8,725
- Year 2: 8,674
- Year 3: 8,7569

HANSA 2 PBC Condition 2

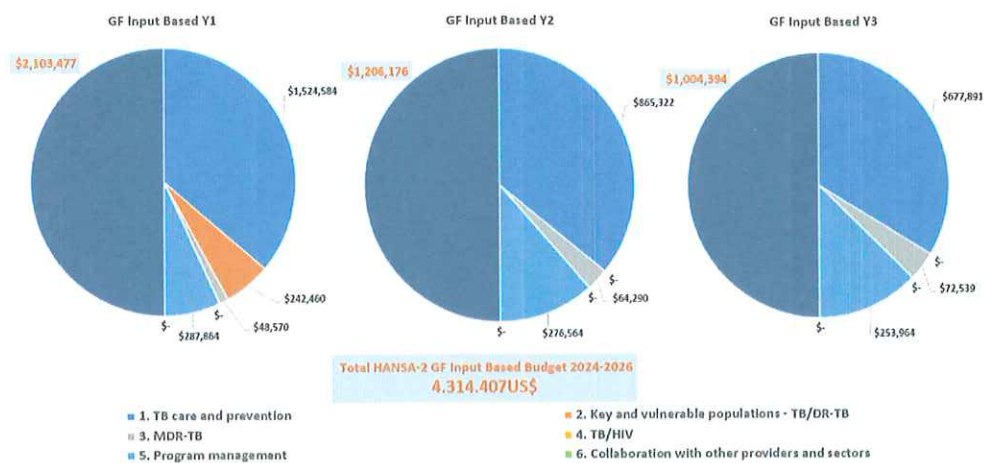
Number of households contact eligible received Tuberculosis Preventive Treatment (TPT)

- Year 1: 1,436 Children under 5-year-old
- Year 2: 1,708 Children under 5-year-old
- Year 3: 3,000 All eligible (number to be defined at end of Y2)

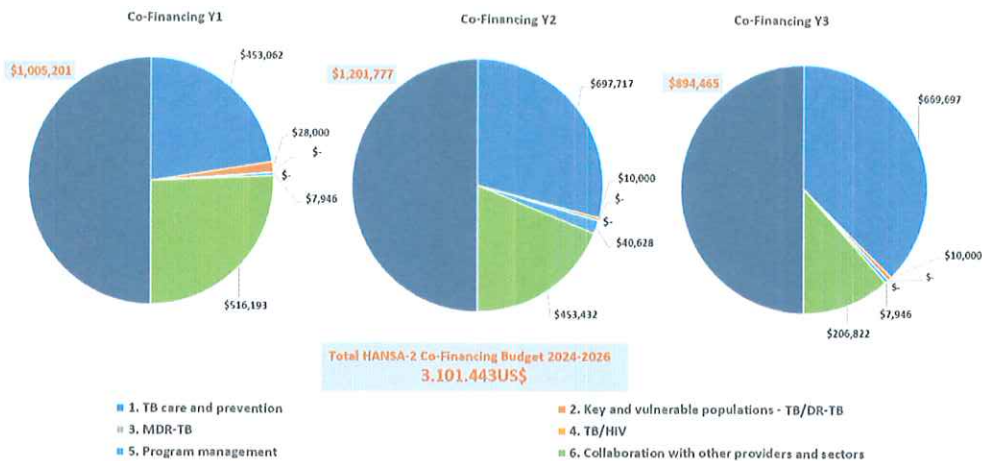
HANSA-2 TB Budget 2024-2026 (TB Allocation Budget)



HANSA-2 TB Budget 2024-2026 (GF Input Based)



HANSA-2 Co-Financing Budget 2024 – 2026



Gaps/Challenges

Challenges	Solutions
<ul style="list-style-type: none"> Delays in the budget are affecting the implementation of activities to meet PBC criteria The turnover of staff responsible for TB. Xpert machines are not available at the district level. Delay in data entry and Data quality improvement 	<ul style="list-style-type: none"> Need more clear timeline for disbursement from related departments More capacity-building is needed for local health providers at the district and health center levels. High burden districts might require Xpert machines. Retraining is needed for data quality improvement.

Key discussion points and comments from the meeting

- CHAS and NTC have not yet received the budget from the GF in 2024
- CCM is required to collect the information from the national programs on the result of activities implementation
- Representative from GF suggested CHAS and NTC to coordinate with DPF-MOH to advance the budget. At the same time, NCLE is required to update the progress of Matching Fund to the coming CCM Plenary Meeting
- NTC is required to improve the PPT for the challenge resolution

Decisions

No decision

4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM N°.	WRITE IN DETAIL THE DECISIONS	KEY PERSON RESPONSIBLE	DUE DATE

5. MINUTES PREPARED BY:

TYPE/PRINT NAME	Mr. Budhsalee Rattana	DATE:	29 March 2024
FUNTION/POSITION	Coordinator and finance officer	SIGNATURE	

6. MINUTES APPROVED BY:

TYPE/PRINT NAME	Prof. Dr. Phouthone Muongpak	DATE:	
FUNTION/POSITION	CCM Chair	SIGNATURE	