

The 1st CCM Plenary Meeting Minute

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			21		
					TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			16		
MEETING NUMBER (if applicable)		01			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)			22		
DATE (dd.mm.yy)		26 Mar 2024			TOTAL PARTICIPANTS (INCLUDING ONLINE)			45		
DETAILS OF PERSON WHO CHAIRED THE MEETING										
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)			8	
		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	
HIS / HER SECTOR* (Place 'X' in the relevant box)								FPM / PO		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER		X
		X						NONE		

LEGEND FOR SECTOR*			
GOV	Government	PLWD	People Living with and/or Affected by the Three Diseases
MLBL	Multilateral and Bilateral Development Partners in Country	KAP	People Representing 'Key Affected Populations'
NGO	Non-Governmental & Community-Based Organizations	FBO	Religious / Faith-based Organizations
EDU	Academic / Educational Sector	PS	Private Sector / Professional Associations / Business Coalitions

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	Update on the process of CCM Workplan and Costed Workplan year 2024		X													

AGENDA ITEM #2	Progress Update on the Implementation of the Global Fund Grants (HANSA Project)																X			
AGENDA ITEM #3	Progress update on the implementation of the Global Grants Fund including HIV, TB, Malaria and Matching Fund																	X		
AGENDA ITEM #4	Update information and activities from the CSO-KPs-PLWDs Coordinating Committee							X												
AGENDA ITEM #5	AOB Close the meeting																X			

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
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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
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CCM Chair warmly welcomed and thanked all participants that attended the 1st CCM Plenary Meeting – Calendar Year 2024 at the venue and online.

The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient. The meeting today will have an agenda item 1 for voting endorsement and CCM members will not have a conflict of interest.

At the same time, CCM Secretariat also updated follow-up actions of the 4th CCM Plenary Meeting on 12th December 2023 as below:

The 4th CCM Plenary Meeting on 12th December 2023

- 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 (In progress).
 - Department of Planning and Finance is required to set the action plan for the GF grant (In progress).
 - Department of Communicable Disease Control is required to set the action plan to control the disease (In progress).
 - CCM members and CCM Secretariat is required to reflect the relevant departments to recognize and find the resolutions (In progress discussion in Joint Meeting of ExCom & OC Meeting).
 - Propose the relevant departments in the Ministry of Health to participate in the regular CCM meetings (In progress).
- 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 (CCM Secretariat has circulated the CCM Meeting Minute to all CCM, ExCom and OC members and partners).
- 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 (National Programs will update in the meeting today).
 - 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 (In progress).
- 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 (In progress).

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1 Update on the process of CCM Workplan and Costed Workplan year 2024

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 the CCM Secretariat presented the process of CCM Workplan and Costed Workplan year 2024 as below (*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 the question from the meeting on the Oversight and Transition Officer, the CCM Secretariat has conducted the second recruitment this position and the shortlist candidates will be interviewed sooner. Based on the TOR of Oversight and Transition Officer will:
 - Provide support to oversight planning and implementation.
 - Provide technical and administrative support to the CCM oversight committee.
 - Facilitate and support analytical data-driven discussions and decision-making.
- For the CCM Structure Reform, it is in the decision-making process of the Ministry of Health. CCM Secretariat participated in the meeting on January 25, 2024 at MOH and 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. This regards, it is in the decision-making process of the Ministry of Health.
- The CCM members have majority endorsed the CCM Workplan and Costed Workplan year 2024.
- The meeting agreed to select Borkeo Province to conduct the next oversight field visit in May 2024.

MINUTES OF EACH AGENDA ITEM**AGENDA ITEM #2** Progress Update on the Implementation of the Global Fund Grants (HANSA Project)

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI identified in this item

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative from DPF/PR/NPCO has updated on the Implementation of the Global Fund Grants (HANSA Project) as below (*For more information, please see the attached PPT*).

HANSA2 - Project Preparation

- Grant Agreement/Grant Confirmation between Department of Planning and Finance (DPF), Ministry of Health (MOH) and the Global Fund (GF) has been signed on December 20, 2023.
- Grant Fund in the total of USD 17,537,388
- First Annual Funding Decision for the LAO-C-MOH (the "Grant") for the period 1 January 2024 - 30 June 2025 ("Disbursement Period") has been sent from the Global Fund to DPF-MOH (The Project/PR/NPCO) on January 26, 2024.
- The disbursement schedule for the Ministry of Health of Lao PDR is planned as follows:

Indicative cash transfer date	Forecast amount (USD)	Details and requirements for disbursement
19/01/2024	566,740	US\$ 487,382 release to laboratory system strengthening activities under component 2 of HANSA2 and US\$ 79,257.75 component 3 under HANSA for 2024
08/07/2024	530,640	Relates to service and maintenance of GeneXpert machines under component 2 of HANSA2
06/01/2025	1,452,243	Relates to components 1 under HANSA2. Subject to the submission and GF approval of a third-party verification (TPV) report for round 2 of 2024
13/01/2025	1,131,507	Relates to components 2 under HANSA2. Subject to the submission and GF approval of the Independent Academic Institution (IAI) report on Year 1 results
20/01/2025	237,315	US\$ 158,057 relates to laboratory system strengthening activities under component 2 of HANSA 2 and US\$ 79,257.75 component 3 HANSA 2 for Jan to Jun 2025
Total	3,918,445	

- The disbursement schedule to technical and development partners for technical assistance is planned as follows:

Indicator Transfer date	Payee	Forecast amount (USD)	Requirement for disbursement
29/02/2024	WHO	172,570	Subject to submission of a signed Memorandum of Understanding between the MoH and the technical partner, along with the accompanying invoice. Part of component 3 under HANSA 2 for 2024
29/02/2024	CHAI	74,900	
29/02/2024	NCLE TA	79,400	
04/03/2024	UNAIDS	53,500	
06/01/2025	UNAIDS	53,500	
06/01/2025	CHAI	74,900	
06/01/2025	NCLE TA	79,400	
20/01/2025	WHO	180,081	
27/01/2025	World Bank	136,932	Subject to submission of a signed agreement with the Global Fund along with the accompanying invoice
		905,182	

- Contracting of CSOs: NTC and CHAS have already signed the contracts with CSOs in early March 2024.
- Contracting with development partners for Technical Assistance (WHO, CHAI, and UNAIDS):

- WHO: DPF expected to sign the contract with WHO within this week.
- CHAI: DPF has already signed the contract with CHAI yesterday (March 25, 2024).
- UNAIDS: UNAIDS is now in the process of preparing the draft of contract and will be submitted to DPF soon according to the call with UNAIDS on March 7, 2024.
- Co-financing Commitment Letter: The MOH Minister has already signed the commitment letter on February 2, 2024, and has also been submitted to the MPI Minister for signature the same day. Currently still waiting for the signing-off from the Minister of MPI.
- AOP for NTC, CHAS, and NCLE has already finalized.
- POM for NTC, CHAS, and NCLE not yet finalized. Expected to finalize within this week and/or next week.

Key discussion points and comments from the meeting

- Regarding the question from the NTC center that proposed DPF to consider using the saving budget from HANSA1 to implement activities in the year 1 of HANSA2, such as the delivery of sputum samples, TB case finding and follow-up TB patients, DPF clarified that the saving budget of DLI is available. If it is transferred, NPCO will transfer it to the relates centers upon receiving the budget.
- Quarter 1 of 2024 CHAS and NTC centers have not yet received the grant from the Global Fund, due to delays in negotiations and the implementation of activities may cause difficulties similar to HANSA1 because the activity indicators are set from January 2024.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	Progress update on the implementation of the Global Grants Fund including HIV, TB, Malaria and Matching Fund
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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
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Malaria Program

Representative from PR-UNOP and National Programs (CMPE) have provided the achievement of RAI3E and updated on RAI4E as below (*For more information, please see the attached PPT*).

RAI3E Achievements: Presentation Outline

- Programme Performance & Achievements against Indicators
- Key Implemented Activities
- Financial Performance
- Challenges to Implementation

RAI3E Key Achievement Grant

- 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 & Achievements against Indicators

- 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 2021 - 2023
- 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
- LLINs Distribution: 908,468 LLINs were distributed during the mass campaign in 2022

Key Implemented Activities

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.

Challenges & Areas of Improvement

- Case management
- Vector control
- Surveillance
- DHIS2 - reporting
- Supervision visits

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)

	2021	2022	2023	Total
Total Commitment	643,836	516,251	288,123	1,448,210
Total Expenditure	643,677 (~100%)	504,201 (~98%)	288,081 (~100%)	1,435,962

- **Main contribution is to RDT procurement and bednets (61.8%)**
- **Other Activities (38.2%)**

RAI4E Update: Presentation Outline

- RAI4E Budget
- Programmatic Highlights
- General updates

Budget by Partners' Allocation

Sub-Recipients	Grant
Lao PDR Center for Malariology, Parasitology, and Entomology	\$7,973,617
Department of Planning and Finance	\$170,952
Department of Communicable Diseases Control	\$128,354
Medical Product Supply Center	\$275,111
World Health Organization	\$1,605,097
CSOs (HPA, PEDAs, CHIAs)	\$3,575,020
Total	\$13,728,151

Co-financing Budget 2024-2026

Activity	Total	Percentage
Training	\$258,975	20.25%
Meetings	\$60,867	4.76%
Malaria commodities procurement	\$781,799	61.13%
Non-malarial procurement	\$4,195	0.33%
Office supplies	\$90,565	7.08%
Printed material	\$82,599	6.46%
Total	\$1,279,000	100%

General Programmatic Highlights

- Case management services in 3 sectors
- Elimination activities (1-3-7)
- Elimination certification & Prevention of Reintroduction training & activities
- Acceleration strategies activities (Pv & Pf)
- LLIN/LLIHN distribution

RAI4E Targets

- 452,401 LLINs/LLIHNs to be distributed (including 300,000 from PMI)
- 100% Malaria cases in low endemic areas investigated, and responses to active foci with 1-3-7 approach for elimination
- 1,950,000 Parasitological tests will be done
- 1,630 Estimated malaria cases will receive treatment as per national treatment guideline

Implementation Areas

- CMPE 130 districts in 18 provinces
- PEDAs 7 districts in 3 provinces
- CHIAs 5 districts in Salavan Province
- HPAs 6 districts in 2 provinces

RAI4E General Update

- Project Coordination Agreement (UNOPS and DCDC) signed in January;
- All SRs grant agreements signed in January and first disbursement processed;

- Orientation workshops completed by 30 January;
- Microplanning for Acceleration Strategies (AS) 2024 completed and all AS commodities arrived in country. Activities planned to start after Pi Mai.
- All programme funded staff recruited including central, provincial and district staff;
- Routine case management activities are ongoing;
- Procurement requests for 2024 placed in December 2023;
- Bottom-up planning conducted for Southern provinces for Q1-Q2.

Key discussion points and comments from the meeting

- In response the questions from the meeting on the selection and management of VVMs, the total of 2,381 VVMs under CMPE, HPA, PEDA and CHIA were completed the transparent selection process and those VVMs receive the incentives. The process of integration of VVMs to be responsible for the activities of HIV, TB and Malaria is currently in the process of preparing a manual together with the Department of Hygiene and Health Promotion. Currently, please be informed that many staffs and volunteers are out of work.
- Representative from NTC proposed the meeting to reflect HANSA2 to consider approving the village volunteers for TB Program as same as Malaria program.
- Representative from DPF raised the question that after the government has contributed Co-Financing, how did CMPE report the implementation information to the government? And how the CMPE find the solution for the past issue findings? How to is the key issue of Co-Financing contribution? In response to the question, CMPE clarified that: CMPE has reported the results of the project implementation to CCM and MOH and the issue findings is the modification of the project budget because of the inflation issue, which causes procurement. For preparing to eliminate Malaria process, the engagement of the private sector will contribute significantly. CSO will also support PPM to enhance the PPM strengthening and CMPE, PR and DPF should be sustainability encouragement.
- In response to the comment raised by the FBO, Malaria five sub-regional countries, Lao PDR is only the one country performed very well to prepare Malaria elimination sooner, thus Lao PDR has enough right and requirement to receive more grant.
- 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. For the procurement delayed is due to the time of prepare activity tightly. This regards, UNOP will coordinate with the GF to advance some budget for procurement.

MATCHING FUND

Update on Matching Fund under HANSA2

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 <i>transportation of samples</i> for infectious disease (18 province)	Implement <i>integrated</i> sample transportation from DH upward, building on existing TB sample transport down to HC (HANSA-funded) <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) 	\$450,000	\$640,000
2	<i>Laboratory integration</i> and	Move towards integration of lab services to rationally allocate limited resources across vertical programs and general laboratory	\$567,000	\$605,000

	efficiencies of services	<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) 		
3	Strengthen laboratory data systems and information sharing	Progress toward a national LIMS system, connecting all provincial laboratories, and use of data for decision-making <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 <i>Quality Management System</i>	Targeted quality activities in service of #1-3 above <ul style="list-style-type: none"> Revise guidelines and provide training on laboratory and specimen management procedures (supports #1, #6) Integrate EQA programs (integrating HIV, TB, and other diseases) (#2) 	\$992,950	\$200,000
5	Institutionalize <i>biosafety, biosecurity</i> 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 <i>surveillance preparedness</i> and <i>response</i> 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

Meeting summary for an update on Laboratory System Strengthening (LSS) Activities Matching Funds, Lao PDR on 14 March 2024

Activity	Status Update	Action point(s)	Comments
Recruitment of 6 QMU Staff	Recruitment process underway (direct appointment). DPF/NPCO has prepared the draft contracts and is waiting for the CVs and justifications.	Given the delay, DPF/NPCO to update the recruitment timelines.	

Lab TA	NCLE wants to have a direct contract with CHAI. As a result, the TORs need to be updated to add the expected deliverables and payment schedule. DPF plans to provide CHAI with the RFP and EOI to submit a proposal (financial and technical).	DPF/NPCO to clarify whether this is in line with the MoH/HANSA procurement guidelines.	
Bank account	NCLE submitted a request to DPF for support. NPCO check with BoL and MoF on the criteria for opening a bank account. HANSA 2 legal agreement has not been signed. Bank account will be open after signing of the HANSA 2 legal agreement.	DPF/NPCO to explore if they can use GF grant agreement to open the bank account.	
LIMS	Awaiting report from the LIMS pilot in 3 sites. Based on pilot, a detailed scale up plan to 18 Provincial Hospitals needs to be developed and presented during a stakeholder alignment meeting.	DPF/NPCO to liaise with NCLE & CHAI and confirm the timelines for pilot close-out, scale-up plan and stakeholder meeting.	LIMS activities under MF should only start after stakeholder alignment and adoption of the plan.
SI TA ToR	The scope of the ToR will be determined once the final DNO report is available.	DPF/NPCO to liaise with NCLE & CHAI and share timelines for DNO completion and stakeholder meeting (URGENT)	GF to participate in the stakeholder meeting.
GXP Service & maintenance	Updated inventory of GXP status and functionality received from NCLE. Some of the data are still missing – important as this will impact budget needed for service & maintenance.	GF will request DPF/NPCO to update the file, in coordination with NCLE, NTC & CHAS. GF will provide further guidance on negotiation with Cepheid.	Approved budget for this activity under MF likely to be insufficient.

Pending issues:

- NCLE in coordination with NTC sent update inventory list of GPX on 6 March 2024, but GF had responded via email on 15 March 2024 as bellowed:
- Requested DPF to support NCLE in coordinating with the different centers to complete the file and provide remaining details on calibration status, software version, UPS etc. (columns N, O, P, R and U) for the GXP machines.
- It is important to have this data, not only for the lab indicator but also because it will have an impact on the budget as we negotiate the service and maintenance agreement for the coming years.
- Please confirm if you can submit this by Tuesday, 26 March.
- In the meantime, please be informed that we are discussing the possibility of arranging the warranty extension plus via GDF and will come back with further guidance on this.

Key discussion points and comments from the meeting

- The key issue is the maintenance of the GenXpert
- Module and UPS of GenXpert were broken
- Regarding the proposal to GF to approve the Matching Fund for the maintenance of the GenXpert, DPF has coordinated with the repair company and NCLE has sent it to GF and is still waiting for a response from GF
- Procurement work will take time for discussion
- Staffing, wait for procurement plan approval from GF

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*).

Outline

- Update HIV cascade
- Progress Update on HIV - PBC 6 preparation under HANSA II
- Annual Operational Plan for 2024
- Challenges and Areas to improve

NSP Goal for HIV/AIDS to end the transmission and limit the impact of HIV and 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 2024 - 2026

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: Key populations and people living with HIV/AIDS access to HIV services

PBC No.	Detail	Y 1 (2024)	Y 2 (2025)	Y 3 (2026)
PBC 6.1 (Conti.)	Percentage of female sex workers (FSW) in the 5 target sites that have received an HIV test during the reporting period and know their results	93%	94%	95%
PBC 6.2 (Conti.)	Percentage of men who have sex with men/transgender (MSM/TG) in the 5 target sites that have received an HIV test during the reporting period and know their results	57%	70%	84%
PBC 6.3 (Conti.)	Percentage of people living with HIV (PLHIV) on ART among all estimated PLHIV at the end of the reporting period	64%	66%	69%
PBC 6.4 (New)	Percentage of people living with HIV (PLHIV) on ART with a viral load test result at least once during the reporting period	89%	95%	98%
PBC 6.5 (New)	Number of men who have sex with men (MSM)/transgender (TG) who received any PrEP product at least once during the reporting period.	1100	1300	1500

Additional Indicators need to be reported

1. Percentage of FSW who have HIV infected refer to treatment on ARV in past 12 month
2. Percentage of MSM/TG who have HIV infected refer to treatment on ARV in past 12 month
3. Percentage of PLHIV received Multi-Month Dispensing “MMD”
4. Percentage of HIV- infected enrolled on ART have TB screening
5. Percentage of HIV-infected people enrolled in ART who received TPT/IPT for TB prevention
6. Percentage of pregnant women who have HIV-infected people refer to ARV treatment
7. Percentage of infant who birth born from positive mother have HIV test after 2 months of birth. (EID in 4-6 Weeks)

PBC 6 Value

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 nationwide	525,938	511,966	524,654	1,562,558
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

Key documents

Key documents requirement	Progress
CSOs contract (PEDA, CHIs, APL+) is complete	Signed
POM (Project Operation Manual) is complete and shared to NPCO	Complete
Master Plan (2024-2026), AOP_2024 (Annual Operation Plan 2024), PMF (Project Performance Monitoring Framework)	Complete
Procurement and Monitoring plan (HPMT)	Complete
TOR TAs (International TA from UNAIDS and CHAI)	Complete

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

- Delay on funding for PBC implementation, meanwhile MOU HANSA II project already started on 1/1/2024;
- Delay procurement will make potential commodity shortage for HIV services
- Integrated service delivery at PHC is challenging for HIV program
- Expanding POC testing for HIV VL-GXP and EID-GXP at district level
- KP/PLHIV stigma and discrimination is barrier to access health services
- CLM implementation under HANSA II with CSO engagement towards to build sustainability
- Government co-financing for 2024-2026 for HIV program is challenging – Still waiting for MPI signing-off.

Areas to improve

- Propose DPF for possibility to advance budget, so each PBC will be able to implement activities as HANSA 2 PBC Y1 work plan
- Monitor closely with NPCO/Procurement unit to clarify and place the order ASAP
- Integrated PHC service delivery package need to be defined and ensuring on establishing linkages across, community, integrated outreach and health facilities
- CHAS will list the HFs to distribute GXP machine and discuss with NCLE and NTC
- S&D reduction package for KPs is now finalizing and CHAS will
- CHAS allocated budget for CLM implementation to initiate and moving forward with CSO engagement for sustainability

Key discussion points and comments from the meeting

- Expanding the POC to a full-service area to:
 - To avoid losing patients
 - ARV drugs have been managed in each POC center
 - Distribute ARV drugs to infected people widely
 - Test for HIV before any operation case
 - Providing treatment services for sexually transmission and infection diseases free of charge
 - Counseling patients
 - The rate of taking PREP is increasing
- Provide free services for HIV in the Community Base Clinic target population group
- In response to questions from the meeting, inflation is the key issue for the government's Co-Financing contribution

- CHAS and NTC have not yet received the funds from GF for the first quarter of 2024, which may cause difficulty to the activity implementation.
- Representatives from USCDC raised the following questions and suggestions:
 - The **government** has decided to borrow low-interest loans from WB and Luxemburg is to Co-financing contribution or not?
 - To review the guideline on access to PREP, there should not be too many difficult steps so that clients can easily access the protection and treatment
 - Appreciation for the community's participation in the various activities of the project
- AOP and POM have not yet completed
- For the question raised on the take the balance from HANSA1 to use in HANSA2 is pending for the clarification.

TB PROGRAM

HANSA 2 (PBC 7)

PBC 7: Increase TB prevention and care coverage and 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

PBC Condition 1:

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

- Year 1: 8,725
- Year 2: 8,674
- Year 3: 8,569

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)

Priority activities to increase TB prevention and care coverage and reaching the unreached to End TB

- (i) supporting integration of TB activities at PHC level (building capacity for provision of patient-centered, integrated TB, TB/HIV services at provincial, district, HC, VHV, VHW, Village levels);
- (ii) training pediatricians and OPD/IPD physicians on lung health and TB, including clinical diagnosis in adults and children;
- (iii) household contact TB screening and referral;
- (iv) treating all TB cases and providing TPT (at least) to children under 5 after excluding active TB;
- (v) active case finding to reach the unreached in remote areas and in prisons;
- (vi) increasing MDR/RR-TB treatment coverage; (vii) TB/HIV collaborative activities;
- (viii) community TB care delivery;
- (ix) strengthening laboratory systems, including specimen transportation, expanding molecular testing capacity and other main laboratory functions;
- (x) monitoring, reporting, and data use for action with TB Tracker

HANSA-2 TB Budget 2024-2026 (TB Allocation Budget): 2,969,621US\$

- TB Budget Year 1 2024: 1,024,289US\$

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

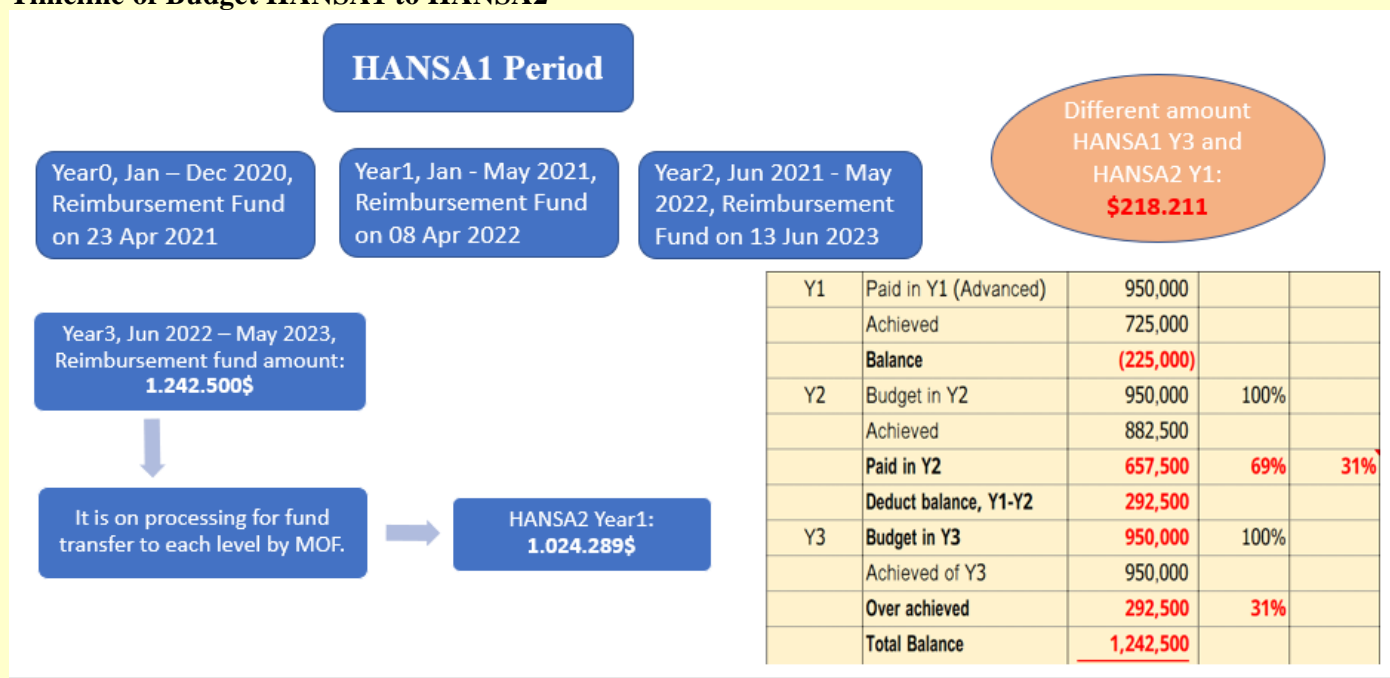
- Total GF Input Based Budget 2024-2026: 4,314,407US\$
 - Year1: 2,103,477US\$
 - Year2: 1,206,176US\$
 - Year3: 1,004,349US\$

HANSA-2 Co-Financing Budget 2024 – 2026

- Total HANSA2 Co-Financing Budget 2024-2026: 3,101,443US\$
 - Co-Financing Year1: 1,00,201US\$

- Co-Financing Year2: 1,201,777US\$
- Co-Financing Year3: 894,465US\$

Timeline of Budget HANSA1 to HANSA2



Gaps/Challenges

Challenges	Solutions
<ul style="list-style-type: none"> ● Funding delay: each level could not conduct PBC7 Y1 work plan activities so that targets could not be achieved, if reimbursement from HANSA1 Year3 is not disbursed to each level on time; ● Budget of HANSA1 Y3 950.000US\$ plus over achieved 292.500US\$ = 1.242.500US\$ is expected to be allocated, considering cumulative achievement of HANSA1 Y1-Y3 target, missing amount: 218.211US\$; ● Concept of integration may not be clear and need more understandable as practices ● Need more capacity building for local health provider (District and HCs level) ● Limited capacity for Xpert Maintenance ● Delay to data entry and Data quality improvement 	<ul style="list-style-type: none"> ● Need more clear timeline of disbursement budget (1.024.289US\$) to each level (DPF), so each level could start to conduct activities as HANSA2PBC Y1 work plan; ● NTC is ready to provide and submit additional work plan of this balance amount: 218.211US\$; ● All programs, PBCs and None PBCs should create specific SOPs ● Funding support would be available ● NCLE and NTC is finding the options for maintenance ● DHIS2-TB Tracker need more real time data entry from district level

Key discussion points and comments from the meeting

- The cases of TB patients who take medicine and have side effects and then stop taking the TB drugs. This regards, volunteers should be supported to follow up those patients taking TB drugs within villages
- The OC Chair raised that the site visit of RCM in LuangPrabang province still found the TB case in migrant population that working in Banana Garden
- For question has raised on the Co-Financing that the government has already allocated, in case of that budget has not been used at all, the remaining budget has not been returned to the government, the GF remaining grant is required to refund to the donor.

MINUTES OF EACH AGENDA ITEM**AGENDA ITEM #4** Update information and activities from the CSO-KPs-PLWDs Coordinating Committee

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 from CHIAs presented the New Election Plan 2024 for the CCM Members from CSO_KPs_PLWDs as below (*For more information, please see the attached PPT*).

New Election Plan 2024 for CCM Members from CSO, KPs, PLWDs

CSO-KPs-PLWD structure

Civil Society

- Engaged in the fight against the three diseases
 - NPAs
 - Faith-based Organization
 - Academia
- Affected by or living with some of the three diseases (community-based organizations)
 - PLWHIV, People affected by Malaria
 - Key affected
 - Women, girls
 - Children
 - MSM, TG, Sexual Diversity
 - Migrant population
 - Youth
 - Low-income population

Plan Reform CSO_KPs and PLWDs 2024

- HANSA1 ended in December 2023
- Term of CSO, KPs, PLWDs ended by December 2023
- Preparing HANSA2 monitoring, which fully engaged with CSO, KPs, PLWDs representatives as CCM members
- Plan to conduct the new election for CSO, KPs, PLWDs representatives as CCM members
- Main needs identified:
 - Definition of a common vision of CSO, KPs, PLWDs
 - Improvement in conducting oversight
 - Clear definition of role/responsibilities of each constituency representatives
 - Communication strategy (internal and external)
 - Strengthening the coordinator between CSO, KPs, PLWDs and CCM Secretariat

Action Plan for the representative's election from CSO, KPs, PLWDs as CCM Members 2024

ACTIVITY	TIME
Endorsed by CCM and Submit the Technical Assistance from L'Initiative and approval TA	Jan-March 2024
Internal review of CSO_KPs and PLWD Terms of Reference including definition of role and responsibilities of Civil Society	May 2024
External review of CSO_KPs and PLWD TOR and revise of guidelines & role for CSO_KPs and PLWDs constituency	Jun 2024
Consultation workshop with different members, network and community representatives	July 2024
Support new election process members of CSO, KPs and PLWD	August 2024
<ul style="list-style-type: none"> ● Capacity need assessment ● Capacity building and initial implementation of CSO, KPs, PLWDs TOR 	Sep-Oct 2024
Develop the action plan for CSO, KPs and PLWD	Oct 2024
CCM TOR Implementation and monitoring HANSA2	Oct 2024
Attend the regularly meeting and field visit by other CCM from constituency	Oct 2024-2026

Key discussion points and comments from the meeting

- Since the engagement and C19RM coordinator was cut, there has not replaced by another coordinator to support the coordination between CCM Secretariat and CSO. In this regard, the pre-meeting of CSO, KPs and PLWDs has not been conducted for the first quarter 2024.
- The recommendation was raised on the TA selection supported by L'Initiative, the internal TA is also acceptable and the expenditure will be cheaper than external TA.
- The meeting suggested on the new election process members of CSO, KPs and PLWD to be the CCM Members should be done transparency and under the guideline of the Global Fund with efficiently engagement.
- Village Health Workers should be integrated in three diseases works to carry out the community coordination and supporting the patients in remote area to access to the diagnosis and treatments
- CSO are required to process the selection but depend on the CCM requirements which is under the guidance of the Ministry of Health and the Global Fund because in Lao PDR has only 1 CCM.

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 majority endorsed the CCM Workplan and Costed Workplan year 2024. ● The meeting agreed to select Borkeo Province to conduct the next oversight field visit in May 2024. 	CCM Secretariat	Early May 2024

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 >	9 April 2024
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

CCM MINUTES APPROVAL:

APPROVED BY (NAME) >	Prof. Dr. Phouthone Muongpak	DATE >	22 April 2024
FUNCTION >	CCM Chair	SIGNATURE >	