

The 2nd CCM Plenary Meeting Minute

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS									
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			22	
MEETING NUMBER (if applicable)		02			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			16	
DATE (dd.mm.yy)		23 July 2024			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)			22	
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL PARTICIPANTS (INCLUDING ONLINE)			44	
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	CCM			VENUE / LOCATION		Don Chan 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	
FPM / PO			X						
OTHER			X						
NONE									
HIS / HER SECTOR* (Place 'X' in the relevant box)									
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS		

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.		WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS														
			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 Bokeo Province on 06-12 May 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 and TB																	X		
AGENDA ITEM #4	Progress update on the implementation of the Global Grants Fund for Malaria																	X		
AGENDA ITEM #5	Progress update on the implementation of the Global Grants Fund for Matching Fund																	X		
AGENDA ITEM #6	Update information and activities from the CSO-KPs-PLWDs Coordinating Committee					X														
AGENDA ITEM #7	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
------------------------	--

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

CCM Chair warmly welcomed and thanked all participants that attended the 2nd 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 not have an agenda item for voting endorsement and CCM members will not have a conflict of interest.

At the same time, CCM Secretariat also updated the follow-up actions of the 1st CCM Plenary Meeting on 26th March 2024 as below:

The 1st CCM Plenary Meeting on 26th March 2024

1. The recruitment of Oversight Officer at the CCM Secretariat has been announced 3 times, the 3rd time is in the process of preparing the interview for the candidate in the beginning of August.
2. For the CCM Structure Reform, the CCM Secretariat has joined the meeting with the Ministry of Health (MOH) 3 times for discussion and currently MOH is still in the decision-making process to integrate CCM in the MOH's SWC. The CCM Secretariat has proposed to MOH to:
 - Nominate a representative from MOH (Minister or Vice Minister Level) to become the CCM Member;
 - Nominate a representative from MOH (Director General or Deputy Director General Department related to the three diseases) to become the CCM Member Alternate;
 - Nominate a representative from MOH (Director of the Cabinet or Deputy Director of the Cabinet) to become the Executive Director of the CCM secretariat replacement of the current person;
 - After that, the CCM Secretariat will organize a CCM Ad-Hoc Meeting to select 1 new CCM Chair and 2 CCM Vice Chair base on to the CCM TOR and the Global Fund's requirements.
3. The meeting agreed to endorse the CCM Workplan Year 2024, the CCM secretariat has conducted the Oversight Field Visit (OFV) in Bokeo province between 06-12/05/2024 with the OFV Team oversee the implementation of the three diseases and reported the results to the joint meeting between the Executive Committee (ExCom) and the Oversight Committee (OC) which was held on June 25, 2024;

4. The national programs of the three diseases have just received the grant for the implementation of the project last week (the Ministry of Health has successfully transferred the money to the national programs).
5. For the CSO, 4 TAs have been selected and will continue to select the representatives from CSO to become the CCM Members.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1	Report on the Results of Oversight Field Visit (OFV) in Bokeo Province on 06-12 May 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 oversight field visit team (CCM & OC Member Alternate) presented on the Results of Oversight Field Visit (OFV) in Bokeo Province during 06-12 May 2024. The visit focused on the implementation of the project's activities supported by the GFATM and HANSA at provincial, district and health center levels. (For more information, please see the attached PPT).

HIV Program

Key Issues

- The budget is limited and HIV/AIDS activity has not implemented at health center level
- The supply of condoms is still insufficient to meet demand
- Difficulty in accessing to target groups, especially the special economic zone in Ton Phueng District
- Index testing is not done as expected target
- HIV infected patients are increasing, especially in Houyxaï and Ton Phueng District
- The budget for following-up the infected patients who have lost follow-up is insufficient. The total number of lost follow-up patients are 51 cases, more 4 lost follow-up cases in 2024 and there is no budget for home visit
- The infected patients are not good in cooperative, do not come to the receive the drugs and fail to have blood test as the appointment
- There is a discrimination with infected patients in the community
- The infected patients have their selves-stigma and discrimination
- The DHIS2 data reporting system is not yet stable
- Insufficient staff and there is a frequent turnover of staff, especially the staff of the ARV center of the provincial hospital are responsible for many duties, causing their work to be delayed sometimes
- District level:
- Pha Oudom District HIV/AIDS Officer (DCCA) is not yet experienced in IEC/teaching media demonstration
- The activity implementation, planning, summarizing reports and entering data into the DHIS2 system are sometimes delayed due to there is only one person in charge of information in Ton Phueng District.
- Devices for IEC are not sufficient for actual activity implementation
- Lack of laptop computers, LCDs, audio devices, vehicles support the activity implementation

Challenge

- The migrant population has increased significantly, causing HIV infection from 2021-2023 to increase compared to last year, especially in Houy Xai and Ton Phueng District.
- The budget for the implementation of HIV/AIDS has decreased, but the number of infected patients has double increasing
- Ton Phueng District has a lot of infrastructure construction projects and economic growth, resulting in an increase in entertainment places and FSW
- Difficulty for language in communicating information on HIV and STIs for ethnic groups and foreigners
- Service providers also have limited experience and skills in both technical and project management
- The HIV referral system for foreigners, especially Chinese and Burmese, is still limited
- Expanding the blood testing network to health centers

TB Program

Key Issues

- The staff in charge of TB at the health center level are frequently turnover and have not been trained in TB work
- Sending samples of suspected cases of TB from health centers to districts and districts to provinces has not been implemented regularly

- TB Officer at the district level have many responsibilities that make it impossible to follow up patients during treatment according to the technical manual
- Data entry in the DHIS2 system is still not well done and timely
- Patients who have been treated for a period of time and their symptoms have improved, do not want to continue taking the drugs as scheduled resulting in lost follow up patients.
- Receive a delayed budget and the budget for IEC materials and monitoring activities at the village level is still limited

Malaria Program

Key Issues

- The implementation of the activities according to the annual budget plan is also seen to be delayed causing the budget has been deducted and the project plan is 2 times/year
- The staff in charge of Malaria in some districts and health centers have been replaced so that the new replacement does not understand due to the previous staff have not trained to the new staff
- Malaria control and prevention is still the responsibility of the public health sector and not the responsibility of the general public
- The migration of the population of neighboring countries with a war which will be the condition and cause of the new malaria epidemic

Recommendation from OFV Team

1. Provincial level, to add more staff to some units in the operation work of 3 diseases
2. Central level, capacity building on technical aspect including DHIS2 for staff at provincial, district and health centers
3. Strengthening integration and collaboration between units and partners concerned at provincial, district and health centers
4. Conduct orientation workshop to build common understanding on the program's implementation
5. Prepare detail work plan and share responsibility with units and partners concerned
6. Provincial level, regularly monitoring and supervision districts and health centers
7. Provincial and district level, to review, verification and approve data in DHIS2 system regularly
8. Should be provided with adequate tools especially computers to ensure timely reporting
9. To ensure that the medicine and RDTs are sufficient
10. Focus on TB suspected case finding among the risk groups and all their relatives in districts and health centers
11. District and health center level as well as volunteer workers, to use the government's promotional budget portion to implement the activities
12. Integrate TB activities with other activities to provide TB information to the community

Key discussion points and comments from the meeting

After listening to the report, the participants of the meeting had the same comments as in the Joint Meeting of ExCom & OC on June 25, 2024 and mostly agreed, but there were also some additional comments as follows.

- Difficulty in reaching the target group, especially the Special Economic Zone in Ton Pheung District
- There is no cooperation project between Lao PDR and China border
- The Chinese company has provided the RDT for blood test but it is not enough and not yet systematic
- The representatives of FBO had a point of view to exchange opinions that:
 - What will the health sector have a solution for HIV infected people who are discriminated and self-stigma? Instead of Buddhism, there is a way to teach not to have a self-stigma. In response to this question, the representative of CHAS clarified that HIV-infected people who are discriminated themselves because they are afraid that others will hate them and are ashamed in society. The health sector already has an HIV/AIDS law to manage infected people and treatment facilities do not reveal the secrets of HIV infected people. There is also the App to track infected people
 - Propose to the concerned health unit to find a solution to access the target group, especially the Special Economic Zone in Ton Phueng District to test for HIV for the health safety of Lao workers who work in that place.
- The representative of Lao Tropical and Public Health Institute (LTPHI) proposed the relevant centers to provide in terms of devices to facilitate timely reporting
- In response to questions from Promotion of Family Health Association (PFHA), representatives from WB and CHAS clarified that: regarding the numbers of migrants, cannot access risk groups and there is no VCT policy at the health center level, the screening of pregnant women has been provided for a long time but has not yet

reached the health center level; Regarding these issues, technical assistances were discussed with WB, MOH, WHO, CHAS on the RDT that can test and know the results of three diseases at once, but it has not been implemented yet. The implementation policy is at province and district level; the GF also focuses on the implementation only for the vulnerable population and some health centers only (MSM & FSW).

- The meeting chair has emphasized the relevant centers to report these issues such as insufficient staff, information not reaching the risk target group, insufficient service devices, insufficient and delay budget, the cooperation with the border of Lao PDR and China, management of numbers of migrants for the MOH to recognize and find solutions as appropriately.

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*).

Overview of HANSA2 Project under GF grant

- Program Title: Improving health service access to strengthen the sustainability and quality of the national TB and HIV response
- Grant Name: Lao-C-MOH
- Grant Fund: USD 17,537,388
- Implementation Period: 2024-2026 (3 Years period)
- 1st AFD 18 months (Jan 2024-June 2025) 9,773,918.57
 - Health Products through PPM USD 2,182,347.23
 - GDF USD 2,767,944.34
 - TA USD 905,182.00
 - MOH USD 3,918,445.00

Procurement Progress Updates

No	TA	Source	Progress
1	National program officer (TA) for HIV prevention	UNAIDS	Contract signed July 18, 2024
2	TA Medical for TB and HIV	WHO	On board
3	WHO Lao country office NPO for TB and HIV	WHO	On board
4	HIV & TB TA	CHAI	On board
5	LSS TA for NCLE	CHAI	On board
6	6 staff supporting QA unit of NCLE	NCLE	On board
7	1 staff mentoring QA unit	NCLE	Contract starting Aug 2024

- Contracting of CSOs: NTC and CHAS have already signed the contracts with CSOs in March 2024.
- Co-financing Commitment Letter: MPI approved 23 May 2024.

Others Progress Update

- Y1 budget: Completed transfer on July 18, 2024
 1. NTC- USD 623,704.53 USD (13,795,720,499 LAK)
 - Sub-national level USD 400,584
 2. CHAS- USD 700,159.76 (15,486,833,731 LAK)
 - Sub-national level USD 257,661
- Advance budget for NCLE:
 3. Received official request 3 months fund (Q3/2024) July 12, 2024:
 - Direct payment from NPCO: 19 B LAK
 - Advance amount: 1,8 B LAK
 - Pending for approval from the MOH for fund transfer

HANSA2 - Project Preparation

- 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 relates to laboratory system strengthening activities under component 2 of HANSA 2 and US\$ 79,257.75 component 3 under HANSA 2 for 2024.
08/07/2024	530,640	Relates to Service and Maintenance of GeneXpert machines under Component 2 under HANSA 2. Subject to submission of final service level agreement with Cepheid and their agent.
06/01/2025	1,452,243	Relates to component 1 of HANSA 2. 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 Component 2 under HANSA 2. 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 under HANSA 2 for Jan to June 2025.
Total	3,918,445	

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

Indicative cash transfer date	Payee	Forecast amount (USD)	Requirements for Disbursement
29/02/2024	World Health Organization (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 HANSA2 for 2024.
29/02/2024	Clinton Health Access Initiative (CHAI)	79,400	
29/02/2024	NLCE TA	74,900	
04/03/2024	UNAIDS	53,500	
06/01/2025	UNAIDS	53,500	
06/01/2025	CHAI	74,900	
06/01/2025	NLCE 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.
Total		905,182	

Key discussion points and comments from the meeting

- After listening to the presentation, the participants of the meeting had no additional comments on this agenda.

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
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

HIV PROGRAM

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

HIV/AIDS Program

Global Fund allocation budget for 2024-2026, based on the GF notification letter dated 20 December 2022

- National HIV program = 7,449,033 (from 1 Jan 2024 to 31 Dec 2026)
- National TB program = 8,088,355 (from 1 Jan 2024 to 31 Dec 2026)
- Total = 15,537,388

HANSA2 - Project Preparation

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

Indicative cash transfer date	Payee	Forecast amount (USD)	Requirements for Disbursement
29/02/2024	World Health Organization (WHO)	172,570	Subject to submission of a signed Memorandum of Understanding between the MoH and the technical partner, along with the accompanying invoice.
29/02/2024	Clinton Health Access Initiative (CHAI)	79,400	
29/02/2024	NLCE TA	74,900	
04/03/2024	UNAIDS	53,500	Part of component 3 under HANSA2 for 2024.
06/01/2025	UNAIDS	53,500	
06/01/2025	CHAI	74,900	
06/01/2025	NLCE 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.
Total		905,182	

PBC 6 Value

PBC 6	PBC Value Y1 (US\$)	PBC Value Y2 (US\$)	PBC Value Y3 (US\$)	Total 3 Years (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 6.5: % VLT nationwide	29,676	29,900	29,900	89,476
PBC 6.4: No. PrEP for MSM/TG Nationwide	44,350	60,000	60,001	164,351
Total	957,821	949,843	962,968	2,870,632

Challenges

- Delay on funding for PBC implementation, meanwhile MOU HANSA II project has started on 1/1/2024
- CHAS just received funds of Year 1 on 18 July 2024, which is very challenging for implementing and achieving Y1 target within 5 months left to the end of year.
- Most of peer/community workers for FSW and MSM/TG has quit or stop working due to delay of their incentive for 6 months, CSOs (PEDA & CHIAs) have to recruit new peers to work in the short period (5 months)
- Delay procurement made potential commodity shortage for HIV services. Some ARVs and VL cartridges are stock out which needs to request the expedition those items immediately.
- Condom procurement still in process of justification of the quality, artwork and branded (HUK DER) based on CHAS requirement to GF.
- Integrated HIV service delivery at health center is challenging if HIV test kit still insufficient for supply.

- Expanding POC testing for HIV VL-GXP and EID-GXP still challenging with the capacity of lab technician at district level
- Government co-financing for 2024-2026 for HIV program is challenging – Still waiting for MOH approval for HIV activities under Gov. Section 63 (~ \$592K)
- All challenges for implementation will affect to the Y1 achievement and further affect to the budget allowance of Year 2.

Key discussion points and comments from the meeting

- The representative of HIV-infected people in Luang Prabang province has commented on the following-up of HIV-infected people who have lost follow-up for the treatment (Lost Follow-up patients), has proposed the provincial level allocate the budget to the district level to implement this activity to reduce the expenditure (if the provincial level implements it, it may spend a lot of budgets on travel).
- The HIV infection rate decreases due to the project has not accessed to the infected patient's group in the community, lack of HIV information, lack of IEC activities. In addition, there are infected patients who are child, the travel costs of the infected patients must be increased because their family must be accompanied by a that child to receive the ARV Drug. It is proposed to send the drug for the patient as appropriate to reduce the travelling cost. In response to this proposal, CHAS has a policy of sending the drug for patients in advance for a period of 6 months.
- Representatives from the USCDC made a proposal to CHAS and NTC to consider the blood test to find HIV infected people in the health center level, which health center to be selected? For district hospitals, there may still be very few that will be able to test all three results at once. If the district hospital detects a patient infected with HIV, then let the district level diagnose the access to ARV Drugs at the district level in order to strengthen the district level. To the question about the blood test for HIV infection at the health center level, CHAS clarified that the GF has emphasized the policy to focus on the blood test for HIV infection among FSW, MSW and risk groups in various factories.

TB PROGRAM

HANSA 2 PBC 7 Activity

Training related per diems/transport/other costs

- Training province and district TB staff, HCs, VHV, prison nurses based on updated National TB manuals on screening, diagnosis, treatment, contact investigation, M&E;
- On site coaching by MDR unit team at district/health center level for ambulatory treatment management;
- Practical Approach on Lung Health (PAL) Course for Hospital doctors at central province and district levels for TB staff including OPD, IPD;
- Training of central province and district doctors on management of MDR-TB
- Training of radiologist and technicians on chest X-ray reading in province and district hospitals and prisons
- Training on GeneXpert and Lab SOPs for lab technicians
- Train HIV/AIDS workers on screening of active TB and LTBI at province and district levels (in ART and other POC)

Supervision/surveys/data collection related per diems/transport/other costs

- TB/HIV joint on site visits to selected sites (ARTs, POCs) once a quarter by NTC and CHAS
- Monitoring visits by provincial level to district and health center levels; and supervision by District level to 1000 health centers;
- Operational costs for Active case finding (ACF) in prisons, high TB burden districts;
- TB tracker on site coaching in all 162 TB units (central, provincial and district levels) for DQA;
- TB patients' home visit to screen all HHC including children (5,500 BC TB patients per year) and TPT;
- HCs staff conduct home visits to follow-up TB patient treatment and HHC children and adults receiving TPT by HC staff
- Community based TB interventions conducted by CSOs in selected districts
- Transport samples of presumptive and diagnosed TB patients; 100% samples from district and health center sent to GeneXpert laboratory.

Co-financing investment and activities

- Communication material and printing for TB program
- Additional training and supervision
- Additional ACF operational costs for provinces and prisons

- Procurement of TB Medicines (first line TB drugs) and diagnostics (0% in Y1, 20% in Y2 and 40% in Y3)
- Procurement of health equipment (laboratory reagents and consumables and additional digital X-ray machines for ACF teams and high TB burden district hospitals)

TB program activities conducted from January to Jun 2024

- Achieving orders of TB drugs and diagnostic tests procurement with GF direct payment (TB drugs to arrive in country August-December 2024),
- Updating National guidelines and testing during training sessions in 5 provinces,
- Limited number of outreach ACF in remote districts,
- Updating the TB information system (TB tracker module 2) to monitor and report on TPT,
- Improving laboratory data management with NRL and NCLE,
- World TB day in Saysettha district hospital of Vientiane Capital
- Continued MDR management and culture follow-up,
- Online coaching on TPT with provinces and districts staffs,
- NTC and PTC coaching visits in selected remote districts on TPT and DQA for TB tracker

Gaps/Challenges

- Delays in release of the HANSA1 Year 3 funding is affecting the implementation of activities to meet PBC7 targets:
 - Reduces transportation of specimen to GeneXpert sites
 - Limited active case finding (ACF) due to lack of operational cost funding
 - No funds for home visit for contact examination by health center staff
 - No funds for training and supportive supervision by different levels
- Limited integration of TB related activities with other health interventions
- Delay in data entry and need for data quality improvement; Re-training is needed for data quality improvement;
- Need to decentralize and maintain the GeneXpert laboratory network including in selected high TB burden districts

Next steps

- Urgent release of the HANSA1 Y3 funds to the national TB program, provinces and districts to conduct all the planned and budgeted high impact interventions to reach the PBC7 1 and 2 indicators targets including specimen transportation, outreach ACF and household contact examination, training and supportive supervision at all levels
- More advocacy and capacity-building local health providers at the district and health center levels.
- Continue and expand support to data entry staff by conduct refresher training, on site coaching or online to ensure the quality of data entry and real time
- DPF/NCLE and NTC/NRL to continue collaborating for management and maintenances of the GeneXpert laboratory network

Key discussion points and comments from the meeting

- For TB work, TPT is a realistic target and access to IPT is much lower and NTC's plan is to focus on the target group of children under 5 years old.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4	Progress update on the implementation of the Global Grants Fund for Malaria Program
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	
MALARIA PROGRAM	
Representative from PR-UNOP and National Programs (CMPE) have provided the achievement of RAI3E and updated on RAI4E as below <i>(For more information, please see the attached PPT)</i> .	

Key Implemented Activities - Jan to Jun 2024

Bottom Up Planning (BUP)

- For Q1 & Q2: conducted in March for Southern Provinces in Savannakhet; and in April for Northern and Central Provinces (online)
- For Q3&4: Conducted in June for Southern Provinces in Champasack; and for Northern and Central Provinces in Vang Vieng

Financial Training

- PR UNOPS conducted refresher annual training on financial management & compliance
- Conducted in June for Southern Provinces in Champasack; and for Northern and Central Provinces in Vang Vieng; back to back with BUP

Forecasting Review

- Conducted in May to revise the commodities needs in light of change in Acceleration Strategies and over testing; resulting in changes to original approved plans and budgets

RSC Meeting

- Conducted in mid-May
- Special emphasis on sustainability efforts
- All countries, including Lao, need to present in the next RSC (November) on sustainability efforts and transition plans

Desk Review

- CMPE started implementation of monthly desk review for provinces, similar to PR desk review over CSOs, to enhance data quality and completeness through verification of paper based supporting documents against DHIS2

Support to M&E System

- PR continues to support M&E system for the grant through:
- Training to provinces on M&E during first BUP meeting;
- Desk reviews for CSOs on monthly basis;
- RQDA trips to selected provinces

Key discussion points and comments from the meeting

- After listening to the presentation, the participants of the meeting had no additional comments on this agenda.

MINUTES OF EACH AGENDA ITEM		
AGENDA ITEM #5	Progress update on the implementation of the Global Grants Fund for Matching Fund	
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		
MATCHING FUND		
Representative from NCLE presented the progress update on the catalytic Matching Funds as below <i>(For more information, please see the attached PPT).</i>		
Laboratory Systems Strengthening Implementation plan and progress		
Activity	Description	Status Update
Capacity enhancement on Laboratory System and QM unit	Establishment of QM unit and recruitment of staff to support implementation of MF QMS related activities Technical Assistance to support implementation of Laboratory System Strengthening (LSS) interventions	7 QM unit staff recruited Lab TA recruited All required requesting document were re-submitted to DCDC and DPF for approval.

	Joint consultative meeting and establishment of technical advisor and working groups	
Development of Policy foundation for integrated laboratory	<p>Technical Working Group meeting to review national standard for infrastructure, tests, techniques and equipment for all laboratory levels.</p> <p>Technical meeting and consultation on SOPs for integrated laboratory - operations, specimen management</p> <p>Establish national integrated EQA system-strengthening integration of existing EQA programs</p> <p>Contracting waste disposal contractor to collect and dispose of expired reagents and supplies including broken equipment</p> <p>Strengthening inventory systems- conduct inventory clean-up and physical inventory count at NCLE</p>	<p>To hold in Q4</p> <p>To hold in Q4</p> <p>To hold in Q4</p> <p>All required requesting document submitted and approved. Vendor selection is currently in process.</p> <p>Expected to do annually (2025&2026)</p> <p>QM unit staff conducted inventory clean-up and physical inventory count at NCLE storage. Inventory updated and expired items report submitted for waste disposal plan. Items rearrangement plan and floor plan updated</p>
Strengthening the Biosafety/biosecurity capacity	<p>Meeting and advocacy on Biosafety/security materials updates</p> <p>Enroll 4 health personnel in basic level of accreditation for biosafety cabinet field certifier program in Thailand</p> <p>Certify 40 biosafety cabinets in 17 provincial hospital labs and in 6 central level labs using external certifiers</p> <p>Procurement of biosafety HEPA filters and UV lamps and Replacement service for HEPA filter in BSC (Removing and replacing the exhaust HEPA filter)</p> <p>Biosafety/security materials updates and printing</p> <p>Biosafety/biosecurity refresher training for staff at provincial and district level labs in 10 provinces</p>	<p>To hold in Q4</p> <p>To enroll in 2026</p> <p>Required requesting document in preparation and plan to start in coming Q4 and in 2025&2026</p> <p>To provide specification of HEPA filters to DPF by Q4 and in 2025 and 2026</p> <p>To do in 2025</p> <p>To conduct in 2025 for provincial level and 2026 for district level</p>
Laboratory Information Management System (LIMS) Strengthening	<p>Detailed LIMS scale-up workplan</p> <p>LIMS pilot close-out meeting</p> <p>Technical meeting on LIMS</p> <p>Contract vendor for LIMS implementation in 17 provincial hospitals, LIMS license and services fee and expansion</p> <p>Procurement of LIMS hardware</p> <p>Network enhancement at NCLE</p> <p>LIMS- training in introduction and practical uses of LIMS in 17 provincial hospital labs</p> <p>GXP Service & maintenance</p> <p>GXP warranty extension for 12 NCLE GX devices plus 54 NTC devices</p>	<p>Submitted to DPF on 21 May 2024</p> <p>Held on 30 May 2024</p> <p>To hold once LIMS scope of work has been established</p> <p>To hold stakeholder alignment meeting to define LIMS scope of work.</p> <p>Specification of relevant hardware listed</p> <p>Specification of relevant hardware and software have listed and ready to submit along with budget plan</p> <p>To conduct in 2025</p> <p>Updated inventory of GXP status and functionality submitted to DPF on 23 May 2024 and services option from Cepheid selected.</p> <p>(Repair 60 broken modules, then calibrate all modules and select 2-year warranty extension)</p>
Establishment of Sample Transportation (ST) Network	<p>External TA recruitment - Technical Assistance to support operational planning for integrated sample transportation system in Lao PDR</p>	<p>Submitted relevant documents to DPF on 21 May 2024</p> <p>Awaiting GF selection of Sample Transportation Network (STN) vendor</p>

	<p>Consultation meeting and technical review meeting on rationalization and mapping of ST routes</p> <p>Contract selected supplier for ST between district & provincial l& central levels and support ST costs between HCs and district level lab.</p> <p>Procurement of equipment and consumables for sample transportation</p> <p>Develop sample transportation SOPs and printing</p> <p>Training on ST SOPs and tracking system</p>	<p>Expected to hold in December 2024</p> <p>The contract will begin in 2026</p> <p>Specification of equipment and consumables will be listed and submitted in 2025 along with budget plan</p> <p>To complete and print out in 2025 before conducting training</p> <p>To conduct in 2026 before vendor contract signing and roll out the system</p>
--	--	--

Key discussion points and comments from the meeting

- Refrigerant request should be provided in accordance with the actual usage needs so that there are not many refrigerants left which will result in using a large amount of maintenance budget.
- During HANSA1, NTC is under the responsible for the self-implementation and self-maintenance
- During HANSA2, GF proposed NCLE to be responsible for implementation and maintenance

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #6	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		
<p>The representative from CHIAs presented Progress Update of Technical Assistance to support the new election of CSO, KPs and PLWDs for CCM Members and the Road Map of New Election Process for CSO, KPs and PLWDs for CCM Members as below (<i>For more information, please see the attached PPT</i>).</p>		
Objectives:		
<ul style="list-style-type: none"> ● Overall objective: Strengthen the representation, commitment, and engagement of KAP, PLWD, CSOs, and youth representatives in CCM Laos. ● Specific objectives: <ul style="list-style-type: none"> – Conduct a situational analysis (desk review and KII) – Update the TORs of representatives – Amplify the voices and participation in the coming elections and meetings – Assess and enhance the knowledge and capacity of the newly elected CSO and KPs – Support the youth leads in <u>building the capacity</u> of the youth constituency 		
Technical assistance from Expertise France by TeAM		
<ul style="list-style-type: none"> ● Mrs Inga Oleksy, Team leader, International TA ● Mrs Viviane Leu, Team member, International TA ● Dr Manivanh, Team member, National TA ● Mr Singkham, Team member, National TA 		
Proposed Timeline of TA – Phase 1		
Timeframe	Key Activities	Modality
June-July 2024	Conduct situation analysis (desk review and KIIs)	Remotely
July 2024	Prepare a situation analysis report and PPT	Remotely
July 2024	Review and update amended TORs for KP representatives on CCM	Remotely
Early Aug 2024	Workshop to share the findings and make a presentation	In Vientiane
August 2024	Support the election process of KP representatives for CCM	In Vientiane
August 2024	Conduct capacity assessment of elected reps/ -develop capacity building plan	In Vientiane/ Remotely

Proposed Timeline of TA – Phase 2

Timeframe	Key Activities	Modality
Sept 20-Sept 2024	Conduct capacity building process; (to define 2-3 training events)	In Vientiane
Oct 24-Feb 25	Implement tailored mentoring and coaching support	In Vientiane and remotely
Oct 24-Feb 25	Support KP CCM members in 2 CCM Oversight visits	In Lao and remotely
Oct 24-Feb 25	Conduct supervision monitoring visits	In Vientiane

Key discussion points and comments from the meeting

- Received funding from FEI 5% through the French Embassy that supported 4 TAs (approved) to support the strengthening of CSO, the contract of the TAs will expire at the end of December 2024 and cannot be renewed until 2025.
- The GF representative made a proposal to the CCM to accept the support of the TAs supported by French and to start selecting members from the CSO to become the CCM Members. In response to the proposal, the meeting chair explained that the transition and sustainability of CCM must be the MOH's decision to integrate CCM into the MOH's SWC. Therefore, the meeting could not agree for CSO to start electing CSO members because current CCM members that representatives from the CSO do not include all constituencies especially the Lao Red Cross (LRC) and the current CCM Chair is a previous representative from LRC and is the key representative from the CSO as CCM Chair, but he has retired and it means the current CCM Chair is not a representative from any organization and there are no other 2 CCM vice chairs to decide the CCM Work. Therefore, the CCM secretariat is preparing to send a proposal to the LRC to nominate a new representative. After officially appointing representatives from LRC and representatives from MOH (1 CCM member, 1 CCM Alternate member and 1 Executive Director of CCM Secretariat), the CSO election process will be discussed and considered by MOH. Finally, the CCM Secretariat will hold a CCM Ad-Hoc Meeting to reform the CCM structure and elect all new CCM members from all relevant constituencies and elect a new CCM Chair and 2 new CCM Vice Chair based on the CCM TOR.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #7 AOB and closed the meeting

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

No COI was identified in this item.

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

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

1. Guidance for CCM to develop transition and sustainability plan for Malaria

The representative from RSC Member for Lao PDR has presented Guidance for CCM to develop transition and sustainability plan for Malaria elimination after RAI4E as below (*For more information, please see the attached PPT*).

The Global Fund Technical Review Panel, in its review of the RAI4E Funding Request, requested a transition and sustainability plan by the end of 2024. In May 2024, the Global Fund sent letters to the Country Coordinating Mechanisms asking them to:

- include the topic of sustainability for malaria, TB and HIV programs as a regular agenda point.
- review sustainability activities conducted to date and documents developed.
- prepare sustainability and transition road maps for malaria including synergies with HIV and TB sustainability plans and health system integration and sustainability more broadly, and
- support the CCM-nominated representative, Dr Khampheng Phongluxa, to present the road map at the 24th RAI Regional Steering Committee Meeting in November 2024.

At the 23rd RAI Regional Steering Committee (RSC) Meeting in May 2024, an RSC Sub-committee on Transition was established to help CCMs plan to finalize elimination, achieve elimination certification, and prevent re-establishment of malaria as donor funding phases out.

Key discussion points and comments from the meeting

- In case of GF support 50%, how will CCM Lao PDR continue the project?
- In case of GF does not have a budget to support, how will CCM Lao PDR be able to find sources of funding from outside to support the project?
- CCM is required to meet with partners and relevant ministries
- Since November 2023, PSI Laos, in collaboration with CMPE and APLMA, has been undertaking a Sustainability and Transition Readiness Assessment, to assist the national malaria program to prepare for a sustainable transition from donor's support. They have been working with the MoH to develop a five to seven-year operational roadmap, describing the vision and pathway to integration of malaria programmatic components into existing communicable disease control structures. This included stakeholder analysis, organizing consultative workshops, in addition to one-to-one interviews with key stakeholders. As a result, a document entitled "Roadmap to Malaria Integration" was drafted; outlining interventions and milestones to achieve the Ministry of Health's integration vision and providing strategic directions for the development of the next National Strategic Plan for Malaria (2026-2030) as well as plans for prevention of re-establishment; through covering eight key programmatic areas targeted for malaria integration. PSI presented this roadmap draft to CMPE, UNOPS, WHO and CHAI.
- During the CCM Plenary meeting, UNOPS raised the question of how the work of the RSC sub-committee on transition can benefit from PSI work; and accordingly proposed a joint meeting with CCM, CMPE, MOH, APLMA, PSI and RSC to coordinate efforts and discuss the next steps; especially the need to develop a clear timeline, responsibility matrix with clear leadership, as the implementation of this transition roadmap requires commitment and joint efforts from all relevant stakeholders.
- CCM Secretariat to organize this joint meeting at the earliest, as the CCM should present this transition roadmap, as well as other work on transition, in the RSC meeting in November. PSI and UNOPS can support CCM to organize this meeting and other subsequent meeting as needed.
- Is the Road Map planning exclusive to Malaria or does it include TB/HIV because PEFA and USAID have not yet received any documents on this matter.

2. Next Oversight Field Visit Plan

- The meeting agreed to CCM Secretariat to implement the next oversight field visit in Oudomxay Province at the end of August 2024.
- RSC Secretariat has informed that the RSC Independent Monitoring Panel plans to visit Lao PDR (Vientiane and Sekong) related to malaria on 8-13 September.


SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	<p>The meeting chair summary:</p> <ol style="list-style-type: none"> 1. Propose to the relevant national programs to report the finding issues to the MOH in order to improve the policies that are not yet consistent so that the activities are implemented to achieve the target in the next stage. 2. In the transitional and the sustainability of Malaria, it is suggested that the CCM secretariat continue to coordinate with the relevant parties to get the details and report to the MOH. CCM Secretariat to coordinate with UNOP to plan together and be the same action plan in the next step. 3. The meeting agreed to CCM Secretariat to implement the next oversight field visit in Oudomxay Province at the end of August 2024. 	National Programs, UNOP and CCM Secretariat	

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
ANNEXES ATTACHED TO THE MEETING MINUTES	Yes	No
ATTENDANCE LIST	X	
AGENDA	X	

OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		

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 >	08 July 2024
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

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