

# The 3<sup>rd</sup> 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		
MEETING NUMBER (if applicable)		03			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			19		
DATE (dd.mm.yy)		04 October 2024			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)			26		
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL PARTICIPANTS (INCLUDING ONLINE)			47		
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		Double Tree Hilton			
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair				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		LFA		X
HIS / HER SECTOR* (Place 'X' in the relevant box)					(Place 'X' in the relevant box)			FPM / PO		X
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER		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

AGENDA SUMMARY		SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)														
AGENDA ITEM No.		GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS														
WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW		Review progress, decision points of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals / appointments	Constituencies engagement	CCM Communications / consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
OPENING PROGRAM	<ul style="list-style-type: none"> <li>Introduction and endorsement of agenda</li> <li>Quorum verification and conflict of interest identification</li> <li>Update follow up action from the last meeting</li> </ul>	X														
AGENDA ITEM #1	Progress Update on the Implementation of the Global Fund Grants (HANSA Project)													X		

AGENDA ITEM #2	Progress update on the implementation of the Global Grants Fund for HIV																			
AGENDA ITEM #3	Progress update on the implementation of the Global Grants Fund for TB																	X		
AGENDA ITEM #4	Progress update on the implementation of the Global Grants Fund for Malaria																	X		
AGENDA ITEM #5	Report on the Results of Oversight Field Visit (OFV) in Oudomxay Province on 26-30 August 2024																	X		
AGENDA ITEM #6	Progress update on the implementation of the Global Grants Fund for Matching Fund																			
AGENDA ITEM #7	Update information and activities from the CSO-KPs-PLWDs Coordinating Committee							X												
AGENDA ITEM #8	AOB Close the meeting																	X		

MINUTES OF EACH AGENDA ITEM	
<b>OPENING PROGRAM</b>	<ul style="list-style-type: none"> <li>● Introduction and endorsement of agenda</li> <li>● Quorum verification and conflict of interest identification</li> <li>● Update follow up action from the last meeting</li> </ul>
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 3 <sup>rd</sup> CCM Plenary Meeting – Calendar Year 2024 at the venue and online.	
<p>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 no.5 for endorsement and CCM members will not have a conflict of interest.</p> <p>At the same time, CCM Secretariat also updated the follow-up actions of the 2<sup>nd</sup> CCM Plenary Meeting on 23<sup>rd</sup> July 2024, the meeting agreed as below:</p> <ol style="list-style-type: none"> <li>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. The CCM Secretariat has coordinated with the national program (CHAS, NTC and CMPE) to report the follow-up actions to the meeting base on the agenda prepared by CCM Secretariat.</li> <li>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. CCM Secretariat has coordinated with UNOPs, PSI and DCDC to organize the consultation meeting on 20 August 2024 to discuss on the preparation of the transitional and the sustainability of Malaria. The meeting agreed and assigned to DCDC to take lead and establish the Taskforce Committee of Transitional and Sustainability Development Plan signed the Minister of Health. After that, the consultation meeting has also organized on 23 August 2024 chaired by DCDC for further discuss on this matter.</li> <li>3. The meeting agreed to CCM Secretariat to implement the next oversight field visit in Oudomxay Province at the end of August 2024. CCM Secretariat has conducted the oversight field visit in Oudomxay province during 26-30 August 2024. CCM Secretariat has prepared the report of this oversight field visit, and it has been reviewed by the Oversight Committee during the last joint meeting of ExCom and OC Meeting on 09 September 2024 and will be presented to the CCM Meeting for endorsement by the CCM Members.</li> </ol>	

In the meantime, CCM Secretariat has informed to the meeting that the CCM Secretariat has signed the employment contracted with the Oversight and Transition Officer working at the CCM Secretariat Office for the period of 12 months starting from 1 September 2024 to 31 September 2025.

#### MINUTES OF EACH AGENDA ITEM

**AGENDA ITEM #1** 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 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 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) – USD 9,773,918.57**
  - Disbursed to MOH: USD 3,918,445.00
  - Direct payment to 3<sup>rd</sup> party: USD 3,673,126.34
    - Global Drug Facilities (GDF): USD 2,767,944.34
    - TA service providers: USD 905,182.00
  - Health products: USD 2,182,347.23

#### TB-HIV: Government Co-financing commitment for 2024-2026

	Budget (USD)			
	Y1	Y2	Y3	Total
<b>HIV</b>	1.064.902,84	917.915,64	1.124.661,50	3.107.479,98
<b>TB</b>	1.005.200,81	1.201.777,40	894.465,51	3.101.443,72
<b>Total</b>	<b>2.070.103,65</b>	<b>2.119.693,04</b>	<b>2.019.127,01</b>	<b>6.208.923,70</b>

#### Key discussion points and comments from the meeting

- After listening to the presentation, the participants of the meeting had raised the question to the Laboratory System Strengthening of NCLE regarding to the GF funded staff under the QMU into the national structure to be funded from domestic resources after 2026 (MF3, Status 7 out of 12 are recruited, and when/how about other 5 staffs recruitment process will be done. In this regard, DPF will coordinate with NCLE for further updated information and will response to the meeting later.

#### MINUTES OF EACH AGENDA ITEM

**AGENDA ITEM #2** Progress update on the implementation of the Global Grants Fund for HIV

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 CHAS has provided the progress update on implementation of the Global Fund grants including HIV as below (*For more information, please see the attached PPT*).

#### HIV/AIDS Program

#### 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**

**ANNUAL TARGET OF YEAR 1 (2024):**

- 6.1 At least 93% of FSW in the 5 target sites that have received an HIV test during the reporting period and know their results.
- 6.2 At least 57% of MSM/TG in the 5 target sites that have received an HIV test during the reporting period and know their results.
- 6.3 At least 64% of people living with HIV on ART among all people living with HIV at the end of the reporting period
- 6.4 At least 1,100 cases of MSM/TG who received any PrEP product at least once during the reporting period.
- 6.5 At least 89% of people living with HIV on ART with a viral load test result at least once during the reporting period.

**CURRENT STATUS: Sept-2024 (Y1)**

PBC	TARGET	ACHIEVED	PREOGRESS
PBC 6.1	93% (9,475)	57% (5,836)	62%
PBC 6.2	57% (4,435)	22% (1,764)	39%
PBC 6.3	64% (11,979)	68% (12,639)	106%
PBC 6.4	1,100 cases	568 cases	52%
PBC 6.5	89% (10,610)	93% (10,725)	104%

**PBC 6.1 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 (Progress)**

Province	Target HIV Tested for FSW		HIV Tested for FSW		Progress	POS	Referred to ARV	% Referred
	Y1		Y1 (Sept_2024)		Y1	Y1		
	No.	%	No.	%				
Vientiane Capital City	3758	93%	3,001	74%	80%	4	3	75%
Vientiane Province	1565	93%	893	53%	57%			
Khammouan	1304	93%	345	25%	27%	4	2	50%
Savannakhet	1582	93%	1,076	63%	68%	3	3	100%
Champasack	1266	93%	521	38%	41%			
<b>HANSA PBC Target</b>	<b>9,476</b>	<b>93%</b>	<b>5,836</b>	<b>57%</b>	<b>62%</b>	<b>11</b>	<b>8</b>	<b>73%</b>

Org.	Provinces			Total	% Cover
CSO	VTP	KM	CPS	4,136	44%
PCCA	VTE	SVK		5,341	56%

Data Export: 10Oct2024

**PBC 6.2 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**

Province	Target HIV Tested for FSW		HIV Tested for FSW		Progress	POS	Referred to ARV	% Referred
	Y1		Y1 (Sept_2024)		Y1	Y1		
	No.	%	No.	%				
Louangphabang	1,190	93%	280	13.4%	23.5%	2	2	100%
Xainyabouli	736	93%	266	21%	36%	4	4	100%
Vientiane	1,366	93%	570	24%	42%	5	4	80%
Bolikhamxai	422	93%	310	42%	73%	4	4	100%
Khammouan	721	93%	300	24%	42%	1	1	100%
<b>HANSA PBC Target</b>	<b>4,435</b>	<b>93%</b>	<b>1,726</b>	<b>22%</b>	<b>39%</b>	<b>16</b>	<b>15</b>	<b>94%</b>

Org.	Provinces				Total	% Cover
CSO	LPB	SYB	VTP	KM	4,013	90%
PCCA	BKX				422	10%

### **Challenges:**

- Delayed disbursement of budget allocations has restricted the timeframe for the implementation
- Volunteers are not paid on a constant basis, therefore activities become inconsistent and disrupted
- Volunteers resigned due to a lack of continuous compensation, insufficient training provision, and the recruitment could not be completed in time
- Identifying and reaching the target group, particularly mobile sex workers, can be a challenging task
- There are delays in both the replacement plan and the purchase of test kits and related equipment
- HIV services need to be expanded to include VL and EID testing with GXP machines at the district level
- Co-financing of government plans for 2024-2026 remains challenging

### **Solutions:**

- Enhancing coordination and collaboration between the MOM, provincial authorities/partners to provide clarity on budget allocations and allow some flexibility in budget transferring
- Expend and integrate HIV services with other programs
- Increase peer support for community testing, including STI screening, reproductive health, build POC where location FSW meets
- Improve linkage to care, train healthcare staffs to referrals effectively about important of same-day ART
- Actively following up with PLHIVs who miss appointments, conduct ARV gaps analysis to address barrier to care
- Provide training for data entry focal point on the importance of accurate data entry, allow feedback channel where staff can report difficulties
- Regularly monitor stock levels and train staff to maintain accurate stock records and forecast in order to fast replacements

### **HIV referral system**

#### **Status of the HIV referral:**

- HIV referral link to care improved from 87% in 2023 to 88% in 2024
- There are WS to inform and improve quality of transferring process as referral status to PCCA, develop Referral form, DQA monitor link to care result
- Implement DQA and routine follow up on site and online

### **Challenge:**

- The regulation of entertainment venues restricts female sex workers (FSWs) from staying out for extended periods. The owner rarely permits because the FSW will take around two days to return to work.
- FSW is concerned about the expenses associated with health screenings prior to getting ARV.
- FSW is not prepared for treatment and would rather return home.
- PLHIV are seeking care services in Thailand.

**solution:**

- Venues should consider extending service hours to accommodate FSW who may be available for appointments outside of regular hours including night or weekend services.
- Promote access to health insurance that may cover the costs of health checks and potential HIV treatment.
- Implement peer support where FSWs can share trust, and provide emotional support to one another to ARV treatment.
- Integrate HIV treatment with other health services, such as TB/ANC/STI services, also implement mobile clinics to reach untested KPs. This helps positive patient access to ARV initiation and ongoing care.

**Key discussion points and comments from the meeting**

- Representative from the Ministry of Planning and Investment (MPI) raised the following questions and proposals:
  - Propose that CHAS, NTC and CMPE send a report on the implementation of TB, HIV and Malaria in the past to the Department of International Cooperation, MPI
  - How do the national programs have to solve problems and challenges, such as the delay in the budget approval process and the delay in issuing notice for implement is delayed because of donors or the issue of coordination within the line ministries or the financial system
  - For the financial evaluation is conducted by the GF or the GF experts cooperate with the Ministry of Health to evaluate together? Kindly propose the GF to consider the Lao PDR to be the financial manager of all the grants in order to comply with the Lao PDR regulations
  - Any policies that cannot be implemented should be proposed to the GF for revision
  - Kindly invite all concerned to attend the round table meeting on 24 October 2024
  - At the same time, it was also proposed to the meeting to consider adjusting the rate of DSA to suit the current economic situation.
- Regarding the proposal on DSA, the representative from the Ministry of Finance clarified that: adjusting the DSA rate may be difficult to implement because of the grants comes from many sources. Only funds transferred through the Bank of Lao PDR (BOL) should comply with the latest Ministry of Finance Agreement No. 200, but if any project does not affect the initial budget, the new DSA rate can be adjusted.
- The representative from the Ministry of Home Affaire (MOHA) also proposed to the meeting to consider that only foreign grants should adjust the DSA rate according to the UN rate and only domestic funds should be complied with the latest agreement of the Ministry of Finance. At the same time, it was also proposed that MOH divide the work for CSO to contribute to work and achieve the target
- In response to questions from APL+, a representative from CHAS clarified that regarding the policy of sending ARV Drugs for patients to reduce travel costs, CHAS has a policy of providing ARV Drugs for patients 6 months in advance but patients must be tested for VL. If any patient does not receive a VL test, he will not be able to receive the drug for a long time because it will reflect to the indicator.
- Representatives from the USCDC suggest that they may start working together later this year to help solving the HIV problem as soon as possible.

**MINUTES OF EACH AGENDA ITEM**

<b>AGENDA ITEM #3</b>	Progress update on the implementation of the Global Grants Fund for TB
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI was identified in this item.

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

Yes

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

The representative from 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*).

**HANSA 2 PBC 7: Reach the unreached to End TB**

**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

**HANSA 2 GF Input based activities**

- Procurement of TB diagnostics (GeneXpert cartridges) and medicines (100% Y1, 80% Y2 and 60% Y3 for first line TB drugs)
- Procurement of health equipment (laboratory equipment and X-ray machines)
- Technical assistance
- Matching funds for Laboratory through NCLE

#### **Planned 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)

#### **Program activities conducted from January to September 2024**

- Development of the three years master plan for 2024-2026, and annual operational plan for 2024
- Signed contracts with CSOs: PEDA and CHIAS
- Completing orders of TB drugs and diagnostic tests procurement with GF direct payment (TB drugs to arrive in country October-December 2024)
- Completed the TB nutrition study "Effect of Nutritional Intervention on TB treatment Outcome and financial burden due to TB: Before and after trial in Lao PDR (TB nuts)"
- Updating National guidelines and testing during training sessions in 8 provinces
- Conducting outreach ACF in remote districts and in prisons
- Updating the TB information system (TB tracker module 2) to monitor and report on TPT
- Improving laboratory data management with NRL and NCLE
- Continued MDR management and culture follow-up
- On-site training and online coaching on updated TB guidelines and TPT implementation with provinces and districts staffs
- NTC and PTC coaching visits in selected remote districts on DQA for TB tracker

#### **Gaps/Challenges**

- HANSA 1 Y3 funding has been released to provinces and districts to conduct PBC 7.1 and PBC 7.2 activities end of July 2024
- NTC activities require long MOH approval process.
- NTC needs to notify 2710 TB cases (average 903 TB cases per month from Oct to Dec 2024) to reach the PBC 7.1 target of 8725 TB cases
- PBC 7.2 has achieved only 213 (15%) of the annual target on TPT implementation

#### **Next steps**

- Provinces and districts level need to speed up implementation as per their costed action plans
- NTC has requested emergency approval for high impact interventions to reach the PBC7 1 and 2 targets including trainings, supervisions, outreach ACF
- NTC will speed up implementation of ACF at central and provincial levels as soon as after receiving the funding
- NTC conducts monitoring of the TB tracker TPT data and online coaching of TPT implementation with provinces and districts

#### **Key discussion points and comments from the meeting**

- TB is implemented according to the Timeline of HANSA2, but a problem has been found in the process of approving the budget for delayed activities. NTC has received the budget, but it is necessary to request a notice for work implementation from the Minister and relevant departments before it can start implementation. Until now, NTC has not implemented any activities.
- NTC has a new strategy to eliminate TB, such as multi-sector collaborative testing and ACF implementation
- The chairman of the meeting highlighted and gave advice on TB:
  - The concerned centers to follow up with relevant departments of the Ministry of Health to propose to approve the budget as soon as possible so that the activities can be implemented on time and completed according to the plan

- The concerned centers to communicate directly with the department that drafts the document to request budget approval
- The concerned centers be ready, for example, if there is money, technical team and the notice for work implementation, it must be ensured that they can start implementation.
- The coordination between the central, province and the district level are not good coordination
- NTC has provided GeneXpert to many provinces, but only 4 provinces are able to carry them out. In addition, the staff in charges are not sufficient
- The meeting advised the NTC to present this issue or discuss and exchange ideas with the GF country team that will visit Lao PDR soon.

#### MINUTES OF EACH AGENDA ITEM

**AGENDA ITEM #4** Progress update on the implementation of the Global Grants Fund for Malaria

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

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)*.

#### Budget by Partners' Allocation 2024-2026

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

#### Financial Performance (Jan-Jun 2024)

Implementing Entity	Current Reporting Period (Jan - Jun 2024)			
	Budget for 2024	Actual Expenditure	Budget Vs Actual Variances	Absorption Capacity
Center for Malaria Parasitology and Entomology	3,089,162	840,682	2,248,480	27.21%
Community Health and Inclusion Association	456,746	139,045	317,701	30.44%
Department of Communicable Diseases Control	44,140	23,036	21,104	52.19%
Department of Planning and Finance	60,372	9,995	50,377	16.56%
Health Poverty Action	556,473	201,823	354,650	36.27%
Medical Product Supply Center	92,522	28,797	63,724	31.13%
Population Education and Development Association	470,268	140,824	329,444	29.95%
World Health Organization	783,240	221,106	562,134	28.23%
<b>Grand total</b>	<b>5,552,923</b>	<b>1,605,309</b>	<b>3,947,614</b>	<b>28.91%</b>

#### IMP Visit's Preliminary findings

General impression is good

#### Key issues:

- **Weak Data Analysis:** Limited use of DHIS2 for analysis at provincial, district and HC levels.
- **VMWs Integration:** Lack of clarity; need a strategy for mapping VHVs and VMWs to optimize resource allocation.
- **Mini Surveys:** Conduct mini surveys to identify transmission sources during malaria case re-establishment.
- **LLIN Planning:** Align LLIN distribution with actual population needs at the subnational level.



- **G6PD Test Accessibility:** Improve access to G6PD tests in high case areas where PPM exists.

## Sustainability

### WORKPLAN LAOS TRANSITION AND SUSTAINABILITY PLANS FOR MALARIA ELIMINATION

Activity	Objectives	Timeline	Participants
Kick off meeting with CCM and MoH	Introduce the letter of GF to CCM Laos, identify next steps with CCM and MoH, partners for the following technical meeting/workshop and etc.	20/8/24 (completed)	CCM Chair and OC, secretariat, DCDC, CMPE, UNOPs, PSI.
Technical Meeting #1	Set up taskforce members, define the timelines for meeting/workshop.	23/8/24 (completed)	CCM OC, DCDC, CMPE, UNOPs, PSI.
Technical Meeting #2	Review and complete the exercise of Annex 1 – Scenario Checklist to use as guide for Malaria Transition Planning	28/8/24 (completed)	CMPE
Technical Meeting #3	1. CMPE presents the outcome of Checklist exercise to the Taskforce. 2. PSI presents the results of SUSTAIN assessment	11/9/2024	Taskforce (DCDC, CMPE, CCM, UNOPs, WHO, PSI, PEDDA, CHIAs, HPA, Dr. Rattaxay)
Technical Meeting #4	1. CMPE present the Check list output to MoH and other relevant ministries. 2. PSI presents the results of SUSTAIN assessment	15/10/2024 (Half Day)	Taskforce (DCDC, CMPE, CCM, Dr. Rattanaxay, UNOPs, WHO, PSI, PEDDA, CHIA, HPA), Cabinet office, DPF, NHI, FDD, DHR, DHHP, NCLE, CHAS, NTC, CSHI, MPSC, Ministry of Finance, Ministry of Defence, Ministry of Planning and Investment, Ministry of Labor and Social Wealthfare, SSO and CDC at Provincial (provincial will join online meeting), CHAI.
Engagement workshop	Organise a workshop with the group to develop the transition plan	TBD	All stakeholders
Draft a transition and sustainability report	Draft a 5–10-page report explaining the transition plan for the components of the RAI4E after 2026		Jeffery (Consultant) with support and advices from Taskforce, and APLMA.
Finalize the transition and sustainability report	Review and finalize before submitting to CCM	TBD	Taskforce ( DCDC, CMPE, CCM, Dr. Rattanaxay, UNOPs, WHO, PSI, PEDDA, CHIA, HPA).
Share the report with the CCM	Share the report with the full CCM for inputs and endorsement and present the transition plan at a full CCM Meeting	Early Nov (TBD)	Taskforce
Present to MoH	Endorsement from MoH Minister	Early Nov (TBD)	
Share the transition plan report with the Global Fund		November (TBD)	MoH/CCM

Present the transition plan at the 24th RSC Meeting	RSC Meeting	Nov 27&28	MoH/CCM
Revise based on inputs from GF after RSC meeting		Dec (TBD)	

#### Key discussion points and comments from the meeting

- Regarding the development of a preparedness plan for the transition and sustainability of malaria in the Lao PDR, DCDC has organized 3 meetings with relevant parties and will hold another meeting on October 15, 2024, and will invite all relevant parties to participate.

#### MINUTES OF EACH AGENDA ITEM

<b>AGENDA ITEM #5</b>	Report on the Results of Oversight Field Visit (OFV) in Oudomxay Province on 26-30 August 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			
<p>The representative from the oversight field visit team (CCM &amp; OC Member Alternate) presented on the Results of Oversight Field Visit (OFV) in Oudomxay Province during 26-30 August 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. <i>(For more information, please see the attached PPT).</i></p> <p><b>HIV Program</b>  <b>Key Issues</b></p> <ul style="list-style-type: none"> <li>The budget is limited and HIV/AIDS activity has not implemented at health center level</li> <li>Difficulty in accessing to target groups, testing numbers has decreased compared to its indicators</li> <li>HIV health prevention activities are not yet fully accessed and Supervision visit for FSW and shop are not well cooperative</li> <li>Delayed in receiving budget from National levels (received budget in May 2024) and must be completed the activity implementation within 2024.</li> <li>Infected patients are increasing in each year, mostly are migrant workers groups (Vietnamese)</li> <li>Some infected patients are not good in cooperation for blood test, not come to the receive the drugs and fail to have blood test as the appointment</li> <li>There is a discrimination with infected patients in the communities</li> <li>There's delay in activity implementation, budget planning, reporting, and data entry on The DHIS2 system.</li> </ul> <p><b>Challenge</b></p> <ul style="list-style-type: none"> <li>The HIV service point is not sufficient for the patients</li> <li>HIV RDT is not sufficient.</li> <li>Lack of Supervision visit for infected patients who lack of ARV drug and vulnerable patients.</li> <li>Lack of budget for taking care of infected patients in the communities in order to reduce the discrimination-stigma for HIV infected patients (PLHIV)</li> <li>Lack of budget for Awareness campaign to provide HIV/AIDS information, and mobile testing service</li> <li>Limited staff with limitation of handling multiple tasks</li> <li>Forecasting plan, HIV RDT and ARV commodities reporting are not well organized.</li> <li>VL, EID, and CD4 testing are not implemented fully.</li> <li>VLAO system is not yet frequently used.</li> </ul> <p><b>TB Program</b>  <b>Key Issues</b></p> <ul style="list-style-type: none"> <li>Difficulty in accessing to target groups, testing numbers has decreased compared to its indicators</li> </ul>			

- Conducted ACF activity with NTC and found high TB infection compared to other districts
- TB prevention drug are not available for Children
- Delayed in receiving budget and health Advocating is insufficient
- Sending samples (Sputum) for testing with GeneXpert at provincial TB Unit has decreased compared to 1% of population
- Some People in community are unaware of TB testing and treatment
- Patients take medication after being diagnosed with tuberculosis, in some cases there are allergies or side effects that make the patient not take the medicine regularly
- Villages in remote areas are hard to access to get the medicine

## **TB Program**

### **Key Issues**

- Delayed in receiving budget and activity implementation caused delayed in consolidate the budget report in time for provincial request
- There's no treatment poster, treatment guideline, and diagnostic test result for OPD at health centers
- Blood test for Malaria has not been hit the target
- Staff turned over and new staff are not trained
- People in communities are not aware of Malaria control
- Blood test for Malaria has not been hit the indicators (Some districts)
- Sending glass plates for Malaria test has not completed compared to indicators (Some districts)

### **Challenge**

- Majority, Doctors are still complicated in writing prescription (especially creating prescription for Malaria testing)
- Staff turned over are the main factors for disrupting the Malaria work progress as new staff are mostly volunteers.
- Some doctors in some health facilities don't have deep insight of Malaria and Dengue

### **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 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**

- Request for 1 volunteer to be responsible for HIV work in particular
- Providing services for children under age 5 years. Some places provide services and some places do not provide services
- TB patient families are mostly poor and in remote areas
- Regarding the staff are insufficient, the representative from the World Bank (WB) recommended to coordinate with the Institute of Education of Gender Personnel to discuss possible good options.
- The chairman of the meeting advised all parties involved to consider solving the problems found, such as TB and HIV patient buildings, insufficient staff, insufficient equipment, staff training, contract staff and how to reach infected people.

<b>MINUTES OF EACH AGENDA ITEM</b>	
<b>AGENDA ITEM #6</b>	<b>Progress update on the implementation of the Global Grants Fund for Matching Fund</b>
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	
Due to the commitment parallel meetings, there is no representative from NCLE to present the progress update on the catalytic Matching Funds for this agenda.	

<b>MINUTES OF EACH AGENDA ITEM</b>	
<b>AGENDA ITEM #7</b>	<b>Update information and activities from the CSO-KPs-PLWDs Coordinating Committee</b>
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 CHIAs presented Progress Update information and activities from the CSO-KPs-PLWDs Coordinating Committee as below <i>(For more information, please see the attached PPT)</i> .	
<b>Key discussion points and comments from the meeting</b>	
<ul style="list-style-type: none"> <li>For the CSO who did a health education campaign on HIV/AIDS through social media, it is required to report the results to the next CCM meeting.</li> </ul>	


<b>MINUTES OF EACH AGENDA ITEM</b>	
<b>AGENDA ITEM #8</b>	<b>AOB and closed the meeting</b>
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	

<b>SUMMARY OF DECISIONS &amp; ACTION POINTS</b>			
AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #	<p><b>The meeting chair summary:</b></p> <ol style="list-style-type: none"> <li>DPF has received Co-Financing approval from the Minister of MOH and MPI</li> <li>Progress in achieving TB, for stakeholders to review the delayed transfer of budget and the budget approval mechanism and to train local staff</li> <li>NPCO-DPF to send the report on the implementation of the three diseases to the Department of International Cooperation DIC-MPI and coordinate with the relevant parties on adjusting the DSA rate of staff to work in the provinces</li> <li>Regarding the oversight field visit of the three diseases, the relevant centers and DCDC to consider solving the findings issues</li> <li>The CSO implement the work under the guidance of the relevant centers</li> <li>CCM secretariat to coordinate with the relevant centers to discuss the plan to conduct the next oversight field visit of the three diseases.</li> </ol>		

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 >	17 October 2024
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

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