

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

1. INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS					(Place "x" in the Relevant Box)	
LOCATION/VENUE	1st Floor Meeting Room, CCM Secretariat, MOH					
MEETING NUMBER	04	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	EXCOM MEMBERS	1		
DATE (dd.mm.yy)	04/12/2024		OC MEMBERS	5		
MEETING SCHEDULE START	13:30		OTHERS INCLUDING CCM SECRETARIAT STAFF	19		
MEETING ACTUAL STARTED	16:30		TOTAL (Including online)	25		
MEETING ACTUAL ENDED	16:30					
DETAILS OF PERSON WHO CHAIRED THE MEETING						
HIS / HER NAME & ORGANIZATION	First Name	Prof. Dr. Phouthone		MEETING TYPE		
	Family Name	Muongpak		Regular Meeting	x	
	Position/Title	CCM Chair		Extra-ordinary Meeting		
	Organization			Other Meeting		
HIS / HER ROLE ON THE MEETING	Chair	x	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING	LFA	x	
	Vice-Chair			FPM / PO	x	
	CCM Member			OTHERS	x	
	Alternate			NONE		

2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM N°.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	RESPONSIBLE PERSON
Agenda Item #1	Report on the Results of Oversight Field Visit (OFV) in Sekong Province on 03-09 November 2024	Representative of the OFV team
Agenda Item #2	Progress Update on the Implementation of the Global Fund Grants for HANSA Project.	PR-DPF Representatives/
Agenda Item #3	Progress Update on the Implementation of the Global Fund Grants including HIV/TB	CHAS and NTC Representative
Agenda Item #4	Progress Update on the Implementation of the Global Fund Grants for Malaria (RAI4E)	PR-UNOP /CMPE Representative
Agenda Item	AOB and close the meeting. • Next CCM Plenary Meeting	Chair

3. MINUTES OF EACH AGENDA ITEM

OPENING PROGRAM	<ul style="list-style-type: none"> • Introduction and endorsement of agenda • Quorum verification and conflict of interest identification
<p>The chair warmly welcomed and thanked all participants that attended the Joint Meeting of Executive Committee and Oversight Committee at the venue and online.</p> <p>The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient and informed the objective of the meeting and gave the floor to the chair.</p>	

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative from the oversight field visit team (CCM member) presented on the Results of Oversight Field Visit (OFV) in Sekong Province during 03-09 November 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).*

Participants:

Representative of CCM Members, OC, CHAS, NTC, CMPE and CCM Secretariat:

- Department of Health and Rehabilitation, CCM
- Center for HIV/AIDS and STIs (CHAS), MOH
- Center for Malaria Parasitology and Entomology (CMPE), MOH
- National Tuberculosis Control Center, MOH
- Lao Tropical and Public Health Institute, OC & CCM
- Lao National Chamber of Commerce and Industry, CCM
- Chair of APL+, OC and CCM
- Champasak provincial Community Health and Inclusion Association (CHIAs)
- CCM Secretariat.

Visiting Sites

- Provincial Health Department;
- Provincial Hospital, TB, and ARV center;
- Thateng District Health Office/Hospital
- Kapeu Health Center
- Yeubmai Health Center
- Dak Cheung District Health Office/Hospital;
- Dak Duem Health Center
- Xiengluang Health Center

HIV/AIDS

Key Issues

- The budget is insufficient for HIV/AIDS activity component such as workplan, and strategic activity plans for 2020-2025.
- Received the budget only from Government and Global Fund, but not receive from another donors.
- Not have enough necessary equipment for HIV/AIDS activity e.g.: STI drug for the treatment, condom, brochures, flyers, media advertising AIDS and STDs, artificial genitals, gloves, 70% alcohol, cotton, etc.
- Infected patients are risky to get out of drug as they live remote area and it takes time to come to get the drug as inconvenient road for their travels.
- Dak Cheung district is undertaken on many economic development examples: having a company to invest on big fan for wind energy-wind turbines generate energy which has resulted in the expansion of the city and the increase in the number of migrant workers, including the number of female service worker shops.
- Some shop owners are not good in cooperation while implementing the HIV/AIDS activity, especially Vietnamese, mostly of the shops will have FSW inside 3-5 FSWs, including the students/teenagers, and they lack of the HIV/ STI prevention.
- No budget for implementing HIV activity at company's worker sites.

Challenge

- Not having enough staff for HIV/AIDs and STI work.
- Equipment for HIV work are insufficient as needed such as reagent, brochures, flyers and condom and lubricant.
- Not having IT equipment (computer) for supporting the work at each district.
- Blood test networks are not yet extended to health centers that are ready for the activity.
- The activities are supported by projects are not fully covered the target groups.
- Conducting the principle of 95 95 95:
- Patients understand their infected condition 53 %
- Patients access to drug treatment 35 %
- Patients already recover 91 %
- Sometimes receive the delay of report from distant district and internet signal is not stable

TUBERCULOSIS

Key Issues

- People in communities still use the same bamboo tube for smoking cigarette and not send the sputum to health centers.
- Delayed in receiving budget and health Advocating and IEC equipment are insufficient.
- TB screening and sending the sputum sample from health centers to district and district to provincial level for GeneXpert test is not fully implemented.
- Difficulty in accessing to target groups for new notified TB cases of all forms and the existing TB patients has not hit the targets.
- TB screening for house hold contacted people with TB infected patients, especially children under 5-year-old for drug preventive treatment was not fully reached.
- Always have Staff turned over and new staff are not yet trained for TB work
- Some community people in remote areas are unaware of TB testing and treatment as TB awareness raising are not fully reached.
- Limited participation from local authorities for TB work.
- Villages in remote areas are hard to access to health centers to get the medicine

MALARIA

Key Issues

- The communication system between the village, the health center and the district is still not working well.
- Transportation is still difficulty and inconvenient in some health centers, especially during the rainy season
- Staff turned over at health centers.
- Health center staff are still lack of experience for the treatment.

Recommendation from OFV Team

- Provincial level, to add more staff to some units in the operation work of 3 diseases
- Central level, capacity building on technical aspect including DHIS2 for staff at provincial, district and health centers
- Strengthening integration and collaboration between units and partners concerned at provincial, district and health centers.
- Ensure the health information system is integrated between health centers, districts, and provincial levels that enable to access to the health information and can be updated accordingly.
- Conduct orientation workshop to build common understanding on the program's implementation
- Prepare detail work plan and share responsibility with units and partners concerned

- Provincial level, regularly monitoring and supervision districts and health centers
- Provincial and district level, to review, verification and approve data in DHIS2 system regularly.
- Should be provided with adequate tools especially computers to ensure timely reporting
- To ensure that there's no expired medicine, stock out and out of RDT.
- Focus on TB suspected case finding among the risk groups and all their relatives in districts and health centers, especially children under 5-year-old.
- District and health center level as well as volunteer workers, to use the government's promotional budget portion to implement the activities
- Integrate TB activities with other activities to provide TB information to the community.

Key discussion points and comments from the meeting

- HIV positives are increasing
- Integrated activities of HIV, TB and Malaria should be implemented in the health center level
- Support capacity building for the health volunteers
- Insufficient staffs
- IEC tools are insufficient for HIV/AIDS activity such as: condom, brochures, media advertising AIDS and STDs, artificial genitals, gloves, speaker and etc.
- Large numbers of 267 for HIV blood tests, but 3 cases were identified for HIV positive
- The meeting has recommended the national programs (CHAS, NTC and CMPE) to action plan to integrate persons in charge, technical and budget to ensure the implementation meeting the target. In this regard, each center should have their ownership responsibility for the finding's solution.

Decisions

No Decision

Agenda Item #2 | Progress Update on the Implementation of the Global Fund Grants for HANSA

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative from DPF has provided the progress update on implementation of the Global Fund grants for HANSA Project (*For more information, please see the attached PPT*).

Overview of HANSA2 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

- a). Disbursed to MOH: USD 3,918,445.00
- b). Direct payment to 3rd party: USD 3,673,126.34
- Global Drug Facilities (GDF): USD 2,767,944.34
 - TA service providers: USD 905,182.00
- c). Health products: USD 2,182,347.23

Procurement Progress (Health Product)

HIV HP 2024:

- completed placing order for all HP line
- 1 non-pharma (condom & lubricant): completed modified and confirmed quote
- ARV & HIV determine: HP delivered

TB HP 2024:

- completed placing order for all HP line
- 1 non-pharma (x-ray): reallocated for cartridges 2025

HIV & TB HP 2025:

- Quantification exercise: done
- Procurement plan: prepared
- Under reviewing by GF

HPMT Disbursement & Forecasted	2024	2025	2026	Total
HIV	1,360,267.30	1,157,497.41	1,115,937.78	- 3,633,702.49
TB	1,087,504.60	1,013,473.12	988,199.24	- 3,089,176.96
RSSH	580,950.00	89,238.00	44,000.00	- 714,188.00
Total	3,028,721.90	2,260,208.53	2,148,137.01	- 7,437,067.45

HIV HP	2024	2025	2026	Total
GF Total	1,360,267.30	1,157,497.41	1,115,937.78	3,633,702.49
GF HIV PHARMA	639,271.10	539,412.75	624,590.56	1,803,274.42
GF HIV NON-PHARMA	720,996.20	618,084.66	491,347.21	1,830,428.08
TB HP	2024	2025	2026	Total
GF Total	1,087,504.60	1,013,473.12	988,199.24	3,089,176.96
GF TB PHARMA	458,961.57	487,130.37	509,152.42	1,527,937.18
GF TB NON-PHARMA	628,543.03	526,334.75	479,046.82	1,697,230.02

HPMT Budget	2024	2025	2026	Total
HIV	1,236,195.64	1,178,085.25	1,150,845.65	- 3,565,126.53
TB	1,872,362.34	895,580.94	666,883.20	- 3,434,826.48
RSSH	621,077.41	89,238.00	44,000.00	- 754,315.41
Total	3,729,635.39	2,162,904.19	1,861,728.85	- 7,754,268.43

HPMT Balance	2024	2025	2026	Total
HIV	(124,071.66)	20,587.84	34,907.87	- (68,575.95)
TB	784,857.74	(117,892.18)	(321,316.04)	- 345,649.52
RSSH	40,127.41	-	-	40,127.41
Total	700,913.49	(97,304.34)	(286,408.16)	- 317,200.98

Key discussion points and comments from the meeting

- DPF is requested to follow up on the signed-company to repair Gen-Expert urgently
- The national programs (CHAS, NTC and CMPE) should be in unity for using the laboratory
- DPF is requested to consider to add DCDC in to the list of the Task Force Committee for HANSA2.

Decisions

No Decision

Agenda Item #3

Progress Update on the Implementation of the Global Fund Grants including HIV/TB

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from CHAS and NTC have provided progress update on implementation of HIV/AIDS and TB (For more information, please see the attached PPT).

HIV/AIDS

Actual Expenditure from Jul to Oct 2024

Actual Expenditures Summarize for CHAS, Hospitals in Vientiane Capital & CSOs (Jul-Oct 2024)									
Item No.	Implementing Site	Amounts			Exchange Rate	Amounts			Percentage
		Receipts	Payments	Balance		Receipts	Payments	Balance	
		(Kip)	(Kip)	(Kip)	22,119	(USD)	(USD)	(USD)	(%)
1	CHAS & Hospitals in Vientiane Capital	10,297,789,987.71	3,801,656,143.00	6,496,133,844.71		465,563.09	171,872.88	293,690.21	36.92%
2	PEDA	1,523,114,340.00	1,032,028,372.00	491,085,968.00		68,860.00	46,658.00	22,202.00	67.76%
3	CHIAs	2,639,165,423.73	1,524,274,636.00	1,114,890,787.73		119,316.67	68,912.46	50,404.21	57.76%
4	APL plus	1,026,763,980.00	449,640,500.00	577,123,480.00		46,420.00	20,328.25	26,091.75	43.79%
	Grand Total:	15,486,833,731.44	6,807,599,651.00	8,679,234,080.44		700,159.76	307,771.58	392,388.18	43.96%

Budget Management of CHAS:

- Responsible for monitoring expenditure of the central hospital and its partners
- Provincial budget is reported directly to DPF (NPCO)

Challenge

- The indicators HIV-PBC 6 year 1 has not been fully achieved and challenge to reach the target groups of the FSW, MSM/TG who are mobile and hidden groups (mobile girls). The implementation has short time (5 months) due to the delay in receiving the budget.
- The integrated-activities implementation remains challenging, especially the procurement of HIV/Syphilis test kits under HANSA Project has limited budget, which may not be able to expand the area as planned.
- The procurement of condoms and lubricants by the Global Fund budget is still delayed, causing the supply also delayed.
- The procurement of blood test kits, drugs for treating complications and consumables with the Co-Financing is still delayed.
- The expansion of the HIV testing network to the health center level remains challenging, including HIV/Syphilis screening in community-based linkage activities, especially the providing of HIV/Syphilis test kits with limited budget, which may not be able to expand the area as planned.
- The Co-Financing for 2025-2026 and Sustainability Road map approach for HIV program remains a challenge

Next Plan

- Continue to implement indicators HIV PBC 6 by the end of the year
- Continue to update Agreed Actions as scheduled
- Continue to expand the blood testing network at the target health centers level in coordination with the implementation plan of the nutrition center and SBCC
- Continue to expand the network of POC at the district level (15 POC by 2025)
- Strengthen the capacity building of field teams and service providers
- Monitor procurement activities with co-financing to ensure supply
- Monitor the approval of the 2025 budget plan and prepare for agreement for implementation

TB

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

Investment and activities by source of funding

Co-financing	2024			2025	
	Budget in USD	Budget in LAK	Received budget	Budget in USD	Budget in LAK
	\$ 1,005,200.81	20,759,264,000	LAK1,306,830,000	1,201,777.42	28,842,658,164.47
HANSA	\$1,024,288.99	22,656,247,976	\$1,024,288.99	1,000,597.80	

*HANSA budget for 2024		Received budget in USD	Budget in LAK
I	Central level	623,704.53	13,795,634,824
1	NTC	523,704.73	11,583,824,824
2	CHIAs	50,000	1,105,905,000
3	PEDA	50,000	1,105,905,000
II	Provincial level	400,584.46	8,860,527,595

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)

TB program activities conducted from January to November 2024

- Development of the three years master plan for 2024-2026, and annual operational plan for 2024
- Signed contracts with CSOs: PEDDA 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
- Onsite 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
- Procurement of 2024 was received all TB drugs, Cartridges test and Health Products.
- Procurement plan of TB Health Products for 2025 and 2026 was submitted to DPF/NPCO at the end of November.

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 952 TB cases to reach the PBC 7.1 target of 8725 TB cases
- PBC 7.2 has achieved only 459 (32%) 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

- After listening to the presentation from the representative from CHAS and NTC, the participants of the meeting mostly agreed and has no more comments.

Decisions

No decision

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from PR-UNOP and National Programs (CMPE) provided progress update on implementation of RAI4E (For more information, please see the attached PPT).

Achievements by Sector (Jan-Oct 2024)

Parasitological testing

- Public: 356,041=56%
- Community: 236,146 = 41.4%
- Private: 16,573 = 2.6%

Malaria Cases

- Public: 103
- Community: 152
- Private: 20
- Mix: 4.0%
- Pv: 81.5%
- Pf: 14.5%

Testing by Community (Jan - Oct 2024) 263,146

- **Test contribution by SR**
 - PEDAs: 21.1%
 - HPAs: 23.1%
 - CHIAs: 22.1%
 - CMPE: 33.7%
- **Number of Malaria Volunteers: 2,445**
 - PEDAs: 506
 - HPAs: 510
 - CHIAs: 457
 - CMPE: 972

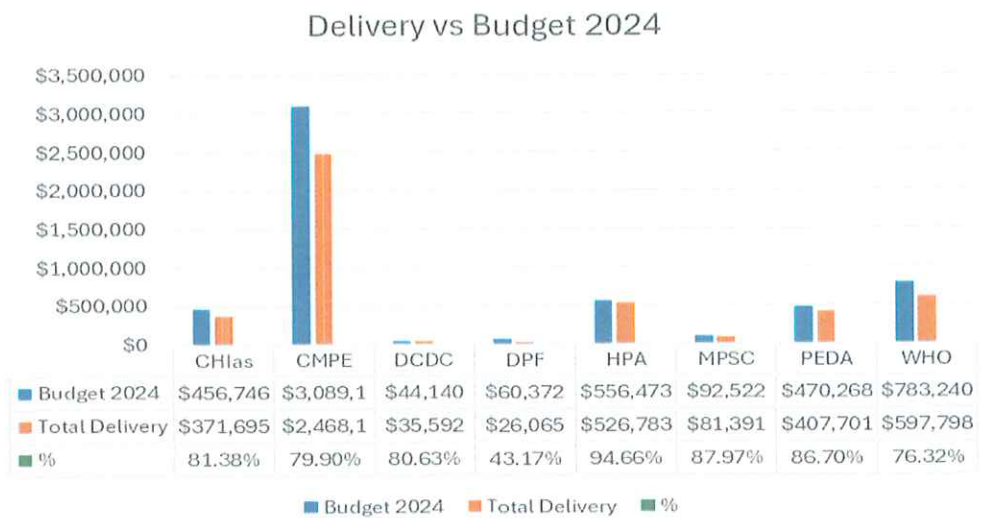
CIFIR (2024)

- Case Notification within 24 hours 97%
- Case classification within 3 days 94%
- Foci responses within 7 days 90%

Key Challenges

- Rapidly changing epidemiology requires program flexibility to adapt strategies and use new tools
- Need to strengthen malaria microscopy testing in facilities (district+province) with QA assured and investment in basic and refresher training.
- Additional funds needed to support reagents and trainings for CMPE's newly established PCR lab.
- POR risk assessment maps indicate that many areas in Lao are receptive and therefore maintaining strong surveillance in areas which no longer see malaria cases is essential and challenging.

Financial Updates
Disbursement vs Budget for 2024



Province expenditure verification by PR

- 1,135 expenditure vouchers in 9 targeted provinces were verified by PR finance team
- Key findings
 - Incompleted supporting documents;
 - Distance could not be verified for some activities,
 - No detailed work plan for field supervision visits;
 - Long outstanding advance for some activities;
 - Over petty cash payment
 - No logbook for project cars;
 - Missing stamp "PAID" on receipts;
 - Missing cash count for petty cash replenishment
 - Activity expenditures were charged in wrong budget lines.
- Corrective actions were taken on collections of more supporting documentations/justifications, as a result there were zero non-compliances; and findings were closed.

Key discussion points and comments from the meeting

- CSO is requested to build the capacity building for village volunteers
- Prepare the detailed action plans under the leadership and discussion with the national programs
- Improve the coordination and facilitation of distribution the drugs for the patients who living in the remote areas.

Before closing the meeting, the chair has summarized the decision as below:

- Report on the Results of Oversight Field Visit (OFV) in Sekong Province on 03-09 November 2024
- Request NPCO to review the activity plans, especially procurement work to meet the demand and achieve as planned
- Request each National Centers: CMPE, CHAS, NTC, DCDC, PR, SR, CSO, and other sectors that received donation from Global Fund to utilize the OFV at Sekong province report and comments from DCDC director to improve on village health workers expenditures and coordination
- In Quarter 4 meeting, summarize the activity implementations for year 2 and define date for document expense before/within December, 2024
- Request each sector to update the presentation based on the comments/extra information from all participants in the meeting, especially the FY 2025 plan in detail
- Request CCM Secretariat to continue the discussion on financial expense (DSA), based on the exchange rate-inflation, to be on the page as other INGOs such as WHO, and if we still use the Government rate, we will be underpaid and inappropriate to the current living cost.

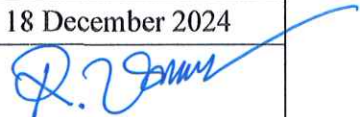
Decisions

No decision

4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM N°.	WRITE IN DETAIL THE DECISIONS	KEY PERSON RESPONSIBLE	DUE DATE
Agenda 1			
Agenda 2			
Agenda 3			

5. MINUTES PREPARED BY:

TYPE/PRINT NAME	Mr. Budhsalee Rattana	DATE:	18 December 2024
FUNTION/POSITION	Coordinator and finance officer	SIGNATURE	

6. MINUTES APPROVED BY:

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