

**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	02	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	EXCOM MEMBERS	3		
DATE (dd.mm.yy)	10/06/2025		OC MEMBERS	7		
MEETING SCHEDULE START	13:30		OTHERS INCLUDING CCM SECRETARIAT STAFF	40		
MEETING ACTUAL STARTED	16:30					
MEETING ACTUAL ENDED	17:00					
		TOTAL (Including online)	50			
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	CCM Lao PDR			Other Meeting	
HIS / HER ROLE ON THE MEETING	Chair	x	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING	LFA		
	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	<b>Report the Results of Oversight Field Visit (OFV) in Salavan Province on 11-17 May 2025.</b> <ul style="list-style-type: none"> <li>Representative of the OFV team will present the report</li> </ul>	Representative of the OFV team
Agenda Item #2	<b>Global Fund GC7 Grant Reprioritization and Revision</b> <ul style="list-style-type: none"> <li>CCM Secretariat will provide update information and following up actions by the Global Fund</li> <li>PD-DPF (HIV/TB) will update on the:                             <ul style="list-style-type: none"> <li>Adjustments to HIV/AIDS &amp; TB Grant Implementation Period 01 Jan 2024 to 31 Dec 2026 PR-MOH,</li> <li>GC7 mid-cycle grant adaptations</li> <li>Refund of unspent C19RM Grant to the Global Fund</li> </ul> </li> </ul>	CCM Secretariat/ PR-DPF Representatives
Agenda Item #3	<b>Progress Update on the Implementation of the GF Grants</b> <ul style="list-style-type: none"> <li>Representative from DPF (PR for HIV/TB Grants) will provide progress update on implementation of HANSA 2</li> </ul>	PR-DPF Representatives
Agenda Item #4	<b>Progress Update on the Implementation of the GF Grants</b> <ul style="list-style-type: none"> <li>Representative from CHAS will provide progress update on implementation of HIV (10 minutes);</li> </ul>	National Programs Representatives

	<ul style="list-style-type: none"> <li>Representative from NTC will provide progress update on implementation of TB and the REACT Project (10 minutes);</li> </ul>	
<b>Agenda Item #5</b>	<b>Progress Update on the Implementation of the GF Grants</b> <ul style="list-style-type: none"> <li>Representative from PR-UNOP and CMPE will provide progress update on implementation of RAI4E</li> </ul>	PRs/National Programs Representatives
<b>Agenda Item #6</b>	<b>Progress Update on the Implementation of the GF Grants</b> <ul style="list-style-type: none"> <li>Representative from NCLE will provide progress update on the Catalytic Matching Funds.</li> </ul>	NCLE Representative
<b>Agenda Item #7</b>	<b>Progress update on the result of CCM Member Election Process</b> <ul style="list-style-type: none"> <li>TA Supporting Election Process will update on the result of CCM Member Election representative from CSO-KPs-PLWDs</li> </ul>	TA Team Representative/ Electoral Committee
<b>Agenda Item #8</b>	<b>AOB and close the meeting.</b> <ul style="list-style-type: none"> <li>Next CCM Plenary Meeting</li> </ul>	Chair

### 3. MINUTES OF EACH AGENDA ITEM

<b>OPENING PROGRAM</b>	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>	

<b>Agenda Item #1</b>	<b>Report Results of Oversight Field Visit in Salavan Province on 11-17 May 2025</b>
<b>SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED</b>	
Representative of the oversight field visit team presented the report of Oversight Field Visit (OFV) in Salavan Province on 11-17 May 2025 as below <i>(For more information, please see the attached PPT)</i> .	
<b>Visiting Sites</b> <ol style="list-style-type: none"> <li>Provincial Health Department;</li> <li>Provincial Hospital (TB Unit and POC Center)</li> <li>Ta-Oy District Health Office/Hospital</li> <li>Pachoudone Health Center</li> <li>Houay Ngoua Health Center</li> <li>Samouay District Health Office/Hospital</li> <li>Avao Health Center</li> <li>Axing Health Center (couldn't access as hard rain and road block)</li> <li>Lakhonepheng District Health Office/Hospital</li> <li>Phouthumphuang Health Center</li> <li>Taphan Health Center</li> </ol>	
<b>Participants</b> <ol style="list-style-type: none"> <li>Director General of Department of Communicable Disease Control, MOH &amp; CCM</li> <li>Deputy Director of Department of Planning and Finance, MOH</li> <li>Center for Malaria Parasitology and Entomology (CMPE), MOH</li> </ol>	

4. Center for HIV/AIDS and STIs (CHAS), MOH
5. National Tuberculosis Control Center, MOH
6. Director of UN Division Department of International Cooperation (MPI), CCM
7. Lao Tropical and Public Health Institute, OC & CCM
8. NPCO (HANSA), Department of Planning and Finance, MOH
9. President of APL+, OC and CCM
10. CCM Secretariat.

### **Main Purpose**

- To oversee the overall implementation progress of HIV, TB and Malaria funded by the Global Fund as CCM Workplan to evaluate the result activities by focusing on: Finance, Procurement, Implementation and Reporting at the provincial, district and health center levels.

### **Key Issues for HIV/AIDS**

1. Budget for conducting HIV activities is limited especially, advocating campaign, prevention and patient supervision visits.
2. No bank and ATM for cash withdraw in districts and health centers
3. The coordination between provincial level and district level are not good enough
4. There's no standard activity implementation approach for HIV prevention at provincial, districts, and Health center levels and lack of posters/flipcharts
5. HIV prevention networks are still not reached Health Center level
6. Community people are still lack of knowledge for HIV/AIDS prevention
7. Staff at each level are still not well-trained for HIV prevention work
8. Not having enough staff and always facing staff turned over for HIV work.
9. HIV Patients discriminated themselves and not come to get ARV drug for treatment
10. Hardly access to population with higher risk for HIV especially in the border areas and migrants and hidden FSWs

### **Key Issues for TB**

1. Delayed in receiving budget. The budget received from provincial level to districts were transferred through Banking system in a quarter. However, no bank and ATM service for cash withdraw in Ta-Oy and Samouay districts; each activity implementation, district and health centers need to withdraw cash in provincial level for a month in advance.
2. The coordination between provincial level and district level are not good enough
3. District staff are still not well-trained for the payment of sample and delivery from health centers
4. There's international and domestic investment within province, impacts the increasing of migrants, which are not yet in good cooperation for TB diagnostic test and preventive treatment
5. Community people in remote areas still don't understand well about taking TB drug prevention
6. (District level); TB staff are always turned over, which impacts the activity implementation such as: new case finding, low DOTS management, patient lost and high-rate dead
7. District is located in mountainous area, inconvenient road for conducting activities and some could not access.
8. The Majority of population are minor tribes, so it's hard to communicate and understand them when providing the health activities
9. TB Staff were unaware of TB prevention, which caused them infected TB.
10. The lack of coordination from provincial level about commodities distribution, which impacts districts are facing stock out for N95.
11. TB is still the discrimination/stigma in community.
12. Not have enough staff for TB work
13. Population with TB symptom are unaware for TB diagnosis
14. Budget monitoring from provincial and district on budget receiving and expenditure are not fully monitored especially the Quality Practice Service (QPS)
15. The TB infection rates are increasing.
16. Staff who are on duty, are not yet trained for TB work, but staff were trained are turned over.

### **Key Issues for Malaria**

1. Budget from provincial level to district level are quarterly transferred through banking system, but Ta-Oy and Samouay districts don't have any Bank and ATM services, each prior to activity implementations, district and health centre staff must travel to provincial level to withdraw the cash for a month in advance.
2. Could not collect the data for migrants
3. The cooperation for malaria prevention is not fully conducted at district, provincial-cross borders, and neighboring countries.
4. Population in remote areas don't fully understand the PV infected treatment.

### **Key comments and recommendations from OFV team**

1. Regarding to the human resources: propose the provincial and district levels to integrate the workplan, staff, and the budget, especially one staff should be responsible for several works and train staff who still lack of technical approaches of work he/she is responsible for.
2. Provincial staff should provide the training budget and conduct supervision visit program activities, especially the budget from the government as the budget from Global Fund is limited.
3. Propose provincial and district levels conduct the data collection for migrants along with relevant sector in order to have data for case finding activities.
4. Propose provincial level to work closely with district levels to review the existing plan in order to influence the responsible person to conduct the activities in the workplans and complete as timelines as some districts still haven't implemented any activities and has not much progress.
5. The integration work should have standard and specific form for HIV/AIDS, TB, and malaria.
6. Optimize the coordination/collaboration between provincial and district levels down to health centers for 3 disease work integration especially Lakhonepheng district as currently health centers haven't involved the village activities implemented by district levels.

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

After listening to the presentation, most of the participants of the meeting have agreed and has some more comments.

1. The representative of CHAS noted that CHAS has provided a budget for health education activities and following up on the HIV treatment.
2. The representative of DPF noted that in staff in the district level who have not yet been assigned their responsibilities to each other, suggesting that the relevant centers provide guidance and follow-up on a basic basis to work integration effectively.
3. The representative of the Lao Tropical and Public Health Institute noted on the transfer of money to Ta-Oy and Samouy districts and the health centers, which do not yet have banks service and have to withdraw cash in the provincial that causes the implementation of activities difficult and slow. Is it recommended that the provincial level disburse cash to the health centers in the area? In response to this issue, the representative of the DPF clarified that the project has provided guidelines for the use of funds to the two districts and the provincial level has also provided additional instructions so that multiple units can plan to withdraw funds at the same time, but it seems that the implementation is quite good. At the same time, the representative of UNOP informed the meeting that UNOP has transferred funds to the provincial level for epidemic prevention work and also recommended that several projects work together to plan and withdraw funds at once to reduce travel expenses.
4. A representative from DCDC also informed to the meeting that the coordination between provinces and districts is not as good enough. For the monitoring of other parts, in addition to CCM, the monitoring results should be reported to the provincial health department (PHD) to be awareness. The provincial CDC meeting should also invite the PHD to participate. In addition, the HIV/AIDS program does not have a budget for activities at the district level and health centers, but for TB program, there is enough budget, but there are still many problems:
  - Sputum Sample delivery is still a very challenging problem
  - Transfer HANSA1 grant to the district level has not been used yet and the grant of HANSA2 has not been used yet
  - Staff do not yet understand the use of funds for sputum sampling delivery activities
  - Staff have not yet been assigned detailed responsibilities

5. The meeting chair made some suggestions on some of the frequently encountered problems:
  - Insufficient staff
  - Insufficient budget
  - Delayed Disbursement mechanism
  - The relevant centers must find the best solution for these pending issues
  - HIV/AIDS work, there are no activities at the health centers and could not access to the risk groups
  - The health network provides services at the health center level but has not yet reached the village community. Find a way to provide services in community health
  - The health development plan must be integrated
  - The advertisement devices for the community is not enough, it must be explained clearly for the community to understand the situation
  - The budget is not enough to reach the target group. The relevant centers must find the best solution
  - The disbursement system, find a best way to solve it quickly so that activities can be organized quickly and disbursement report can be completed on time

#### Decisions

No Decision

<b>Agenda Item #2</b>	<b>Global Fund GC7 Grant Reprioritization and Revision</b>
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#### SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The CCM Secretariat provided the update information and following up actions by the Global Fund on the Global Fund GC7 Grant Reprioritization and Revision as below:

1. The CCMs should work closely with the PR-DPF, MOH and partners to plan for the re-prioritization of investments starting in the first two weeks of June, based on the criteria provided by the Global Fund in its letter to the PR-DPF (Adjustments to HIV\ AIDS and Tuberculosis Grant Implementation Period 2024-01-01 to 2026-12-31) dated April 24, 2025.
2. The Global Fund also sent a letter dated 16 May 2025 (GC7 mid-cycle grant adaptations), the Global Fund Guidance on revising grants will be shared by mid-June as well. All grant revisions will need to be fully completed and signed by PRs and the Global Fund, with CCMs in agreement, by end-September at the latest.
3. The Global Fund's grant re-prioritization and revision must prioritize ensuring the protection of the lifesaving of those key affected people, be transparent and consistent and engaged all CCMs, including representatives from CSO and affected communities.
4. The Global Fund team will work closely in late August or early September.
5. Regarding these recommendations, the CCM Secretariat also held an online meeting with Mr. Allan, FPM the Global Fund, and the CCM Secretariat to discuss and agree on the following:
  - Start coordinating and working closely with PRs from the 1st and 2nd weeks of June to understand and agree on the timeline of the grant re-prioritization and revision, which the Ministry of Health also received the same information reported by CCM Secretariat.
  - Share the information and rationale for the Global Fund grant re-prioritization of interventions to all CCM members, including CSO, HIV/AIDS representatives, and affected communities, so that they are aware, understood and engaged. This matter, CCM Secretariat has already sent it to all parties.
  - The CCM Secretariat has submitted a report to the PRs of the Ministry of Health to stress on the information received from the Global Fund and the results of the online meeting with the Global Fund to encourage the PRs and all stakeholders to start implementing the re-prioritization of interventions in a timely manner. To ensure awareness of the information, the CCM Chair and the CCM Secretariat also sent a proposal and minutes of the online meeting with the Global Fund to MOH, the cabinet of MOH, DCDC and DPF on June 2.

- The results of the online meeting with the Global Fund will be presented to the joint meeting ExCom and OC on 10 June 2025 to acknowledge and properly understand the Global Fund's recommendations on the need for re-prioritization of interventions according to priority levels to ensure the lifesaving services of affected people in a transparent and equitable manner. After review by the ExCom and OC, it will also be presented to the CCM Plenary Meeting. The CCM Secretariat has already included this agenda in today's meeting.
  - For the HANSA project, there was also a discussion on the budget that contributed to the HANSA regarding the incentive for health center staff after implementing the indicators. Is this activity for ensuring the lifesaving of the affected people? This issue should be discussed with the World Bank. If necessary, allocate internal funds.
6. The Global Fund also sent an email to PR-DPF and CC to the CCM Secretariat dated 30 May 2025 regarding the follow-up to the Global Fund's letter to PR-DPF No. GMD/SEA/LAO/2025-1476/AN/VC/RS, dated 20 January 2025, cash refund request the final closing cash balance from C19RM grant amount of US\$229,510 to refund in full the Refund Amount to the Global Fund bank account by no later than date of 30 days after the date of request from the Global Fund.
  7. Following the letter dated 16 May Operational Update, and due to the ongoing challenging funding landscape, the Global Fund will be working with Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) to reprioritize activities in Grant Cycle 7 (GC7) grants to safeguard lifesaving interventions. GC7 allocations will be reduced to adjust to this new reality, which will require PRs to go through grant revisions. Some countries may need to reprioritize beyond Global Fund grants, planning health programs holistically. Reprioritization decisions should be made considering all sources of funding: domestic and external.
    - By the end of June, CCMs, PRs and Ministers of Health will receive letters indicating the GC7 reduced allocation and revised indicative budgets per grant.
    - Countries with one grant will be able to proceed to grant revisions as soon as the letter is received. Countries with more than one grant will have two weeks to review the indicative grant budget amounts and revert to the Global Fund in case of proposed changes. Further instructions will be included in the letter.
    - To ensure meaningful stakeholder engagement in this process, we suggest CCMs plan for at least one meeting with all CCM members to take place during the first half of July. These meetings are intended to discuss reprioritization of interventions and align on and confirm the final grant budgets amounts to the Global Fund where relevant.
  8. Update on timelines: GC8 Application materials and Allocation letters
    - Due to ongoing uncertainty on the global health financial landscape and considering the Eighth Global Fund Replenishment is taking place later than it normally would in the grant cycle, GC8 timelines are tentatively scheduled as follows:
      - Applicant materials are scheduled to be published in November 2025.
      - Allocation letters will be shared at the end of February or in early March 2026.

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

After listening to the information update from CCM Secretariat, the participants in the meeting have more comments as below:

1. The meeting chair also emphasized the need for relevant departments and disease centers to implement following the recommendations in the Global Fund's letter on the reprioritization of the Global Fund's Mid-Term Grant Cycle 7 (GC7) in accordance with the Global Fund's standards as follows:
  - Capital investments;
  - Purchase of new vehicles and IT, lab and other equipment;
  - Certain trainings, conferences and publications;
  - Surveys, studies, assessments and reviews;
  - Certain program management elements; and
  - Where appropriate, certain less time-critical or essential elements of disease-specific activities.

- In addition, the relevant departments and disease centers were advised to carefully implement the recommendations in the Global Fund letter and to refund the final cash balance C19RM grant amount of US\$229,510 within the GF deadline.
2. The representative of DPF confirmed that they had received all the documents and information sent by the Global Fund, which were the same as those reported by the CCM Secretariat, and had taken the following actions:
    - The relevant disease centers had been informed and would cooperate in implementing the recommendations of the Global Fund.
    - For the final cash balance C19RM grant of US\$229,510, the documents were being reviewed to ensure that the funds will be refunded to the Global Fund within the specified timeline. If not, the DPF will request an extension from the Global Fund.
    - For procurement work, in the past, there have been proposals from various centers for procurement, which may be subject to additional review and compliance with the regulations, which have already been resolved.
  3. CHAI representatives agreed with the Global Fund's recommendations for the GC7 reprioritization of intervention:
    - There should be a joint reprioritization of activities from all concerned parts and ensure that there is no shortage of treatment drugs for patients
    - The Global Fund's letter may state in general and not clearly defined and asks partners to collect detailed information before pausing any activities. If an activity is to be paused that is not clear as specified by GF, the Global Fund should clearly define it for SRs to understand and follow. However, if an activity is to be stopped that is still deemed necessary to continue, it should be more discussed with the Global Fund for further information.
    - How will the reprioritization of intervention start? Ask the Global Fund to provide more clear and detailed guidance.
    - The reprioritization of intervention in HANSA2 project must remain lifesaving activities to ensure fairness, transparency and equitable access to treatment.
    - It is important to work with HANSA2 to reprioritize the interventions, but to ensure that lifesaving activities are supported.
    - What activities in the component 2 and 3 need to be adapted and the Matching Fund that has increased laboratory capacity may be allocated to other activities to ensure that lifesaving activities are supported equally.
  4. The Global Fund representative highlighted some issues that need to be addressed due to the uncertainty of the Global Fund's funding from donor countries, and some activities need to be reprioritized due to allocation in the funding plan. Therefore, it is recommended that all relevant parts start reprioritization of intervention grant based on the actual budget available at the moment.
  5. CMPE representative informed the meeting that CMPE had received the same information as the Secretariat reports, along with a complete list of activities attached, and the RAI4E team had acknowledged and understood it. The reprioritization of intervention grant may include additional Co-Financing budgets for activities that will be paused, which has been discussed with WHO, CHAI and other organizations. While awaiting advice from the Global Fund, the team will prepare other activities that will continue to be implemented as planned.
  6. WHO representative emphasized that due to the change in the funding from the Global Fund, all relevant parts must work together to readjust the current grant to align the domestic situation. The CCM is a coordinating unit with all relevant sectors to pay more attention and focus on working together. According to the timeline, WHO is also the center for providing technical assistance to the entire health sector, especially HIV, TB and Malaria and will try to support the integration of the three diseases.
  7. The chair of the meeting also emphasized that the plan for reprioritization of intervention grant is detailed in the Global Fund's letters and that all relevant parts should prepare to cooperate for reprioritization of intervention grant according to the Global Fund's recommendations and standards. The relevant disease centers should prioritize their activities based on the WHO strategic plan. If there is anything that is not clear, please contact the FPM of GF directly, and a Global Fund team will visit the Lao PDR in late August or early September.

<b>Decisions</b>
<b>No Decision</b>

<b>Agenda Item #3</b>	<b>Progress Update on the Implementation of the GF Grants for HANSA2</b>
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

Representative from DPF (PR for HIV/TB Grants) provide progress update on implementation of the Global Fund grants for HANSA2 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 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
  - c). Health products procured through the GF’s Pooled Procurement Mechanism (PPM): USD 2,182,347.23
- Coordinated with the HIV and TB Programs (CHAS and NTC), the Centers had already been transferred to the CSOs as following:
  - CHAS was transferred/reimbursed to CSO (PEDA) bank account on April 29, 2025
  - NTC was transferred/reimbursed to CSOs (PEDA and CHIAs) bank accounts on May 5, 2025
- As coordinated, NCLE has already finalized the recruitments of QMU staff. In this regard, some of the OMU staff had already started working with the NCLE since March 21, 2025, and some has already start working on June 1, 2025
- Following NPCO request for an extension to response to each of the recommendations of the report have already responded to the GF June 9, 2025.
- The Global Fund requested the MOH to refund USD 229,935.23, related to the C19RM cash balance and the non-complaint expenditure. Currently, in the process reviewing related documents, and will get back to the GF as per the timelines accordingly.
- DPF/NPCO had already placed the requisition/order for the ARVs procurement in the GF system (Wambo) on May 5, 2025. The placing order was under the requisition no. 28871. Currently in the process of approval via Wambo

<b>Decisions</b>
<b>No Decision</b>

<b>Agenda Item #4</b>	<b>Progress Update on the Implementation of the GF Grants for HIV and TB</b>
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

Representative from CHAS provided progress update on implementation of the Global Fund grants for HIV/AIDS *(For more information, please see the attached PPT).*

- PBC 6.1: % of FSW in 5 target provinces tested for HIV and results achieved 34% from the target 94%
- PBC 6.2: % of MSM/TG in 5 target provinces tested for HIV and results achieved 28.02% from the target 70%
- PBC 6.3: % of PLHIV average over country have accessed to ART 70.01% from the target 66%

**TB Program**

- During the meeting, the representative from NTC did not provide progress update on the quarterly implementing TB work due to the meeting spent a long time discussing on agenda item#2 and the agenda item #3 has included some updated information about the TB work. NTC has just transferred the budget to CSOs (PEDA and CHIAs) on 5 May 2025, so the TB activities have not been implemented accordingly.
- However, TB (PBC 7) will be updated during the CCM Plenary Meeting on 2 July.
- REACT Project funding request also had not been presented to this meeting. In this regards, the chair recommended to submit the REACT Project funding request to DCDC and DPF for acknowledgement and comment.

**Decisions****No Decision****Agenda Item #5****Progress Update on the Implementation of the GF Grants for RAI4E****SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

Representative from PR-UNOP and CMPE provided progress update on implementation of the Global Fund grants for RAI4E (*For more information, please see the attached PPT*).

GF Letter: "Adjustments to RAI4E"

- 24th April 2025, regarding the implementation of certain investments that will be deferred due to changes of external financing landscape for global health programs.
- 28 May 2025, Further guidance from GF received on the detail activities of deferred lists for each SRs. And PR has already informed to each SRs for the deferred lists which have to deferred/scale down till end of September.
- End of June 2025, The GF will inform to PR/CCM for the revised country funding envelopes and illustrative grant amounts
- July, PR and SRs will work detail budget calculation based on the prioritized activities in alignment with the revised budget envelopes
- GF Grant Rating for RAI grant- 2024 (**Grade: A-102%**) for Lao PDR

**Decisions****No Decision****Agenda Item #6****Progress Update on the Implementation of the Global Fund Grants for NCLE****SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

Representative from NCLE will provide progress update on implementation of the Global Fund grants for the catalytic Matching Fund (*For more information, please see the attached PPT*).

1. Completed the establishment of QM unit and the recruitment of staff to support the implementation of activities related to the MF QMS
2. Completed the strengthening of the existing EQA integration and supported the EQA meeting
3. Completed the consultation workshop on the LIMS analytical diagnostic information management system on 25-26 February 2025
4. Completed the service and maintenance of the GXP (GeneXpert Warranty Extension Plus Agreement 2 years entered into force 1 Jan 2025) contract with Cepheid via GDF
5. Regarding the recruitment of staff, NCLE has completed the recruitment of QMU staff. Some staff started working with NCLE from 21 March 2025 and some started working from 1 June 2025.

**Decisions****No Decision**

**Decisions****No Decision****Agenda Item #7 Progress update on the result of CCM Member Election Process****SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

Representative from CSO-TA Supporting Election Process provided progress update on the result of CCM Member Election representative from CSO-KPs-PLWDs (*For more information, please see the attached PPT*).

1. Two rounds of recruitment for CSO-KPs-PLWDs were announced in social medias including 108 Job, CSOs network and CCM Website, Receive Expressions of Interest (EOI) from 23 candidates
2. Review/screen all EOIs for completeness and validity by Electoral Committee
3. Invite all eligible candidates to Election Workshop
4. Review-finalize Workshop Agenda (Include Training, Elections, Group Work, capacity assessment by Electoral Committee and CCM Secretariat)
5. Conduct workshop in on 4-5 June (Day 1: Orientation on GF-CCM and Day 2: Elections + capacity assessment by Electoral Committee and CCM Secretariat)
6. Final Election Results

No	KP Sub-Constituency	Name in English	Member/ Alternate	Province
1	MSM/TG	a. Mr. Amphone Phomviban b. Mr. Anousorn Phitvixay	Member Alternate	Vientiane Vientiane
2	PLHIV	a. Mr. AeNoyXayavongsa b. Ms. Lotchana Chanthavong	Member Alternate	Savannakhet OudomXay
3	FSW/Youth	a. Ms. Bouakham Sythavong b. Ms. Kunthalee Viennasai	Member Alternate	Vientiane Vientiane
4	PLW – Malaria	a. Mr. Thonsavanh Phimmanivong b. Ms. Khamphao Muangchan	Member Alternate	Salavan Salavan
5	PLW – TB	a. Mr. Khammani Thengchanthavilay b. Mr. Kaviphone	Member Alternate	Savannakhet Vientiane

Final results: 4 Females/6 Males; 5 Vientiane/5 provinces


7. Next Steps for new members
  - To be Validated by CCM. CCM Secretariat to contact new elected members (establish a WhatsApp Group);
    - CCM Secretariat will share official CCM TORs with members;
    - Request official documents from members;
    - CCM Secretariat to upload new names into GF website;
  - CCM to vote/confirm new members for next CCM Meeting on 2 July 2025
8. Capacity Building for New CCM Members
  - The TA Team will hold 3 Webinars;
    - Thursdays (12, 19, 26 June 2-4pm);
9. Proposed Topics for new CCM members webinars:
  - CCM governance documents, CCM Secretariat share TOR, Oversight guidelines);
    - CCM Conflict of Interest policy;
    - Community engagement (update/finalize plans);
    - Additional topics: TBD (based on Capacity Assessment)

**Decisions****No Decision**

#### 4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM N°.	WRITE IN DETAIL THE DECISIONS	KEY PERSON RESPONSIBLE	DUE DATE
	<p>Before closing the meeting, the chair summarized as below:</p> <ol style="list-style-type: none"> <li><b>Agenda 1:</b> regarding the oversight field visit of three diseases including HIV/AIDS, TB and Malaria prevention and control in Saravan province, the findings issues should be summarized and reported to all relevant departments and centers for timely addressing and resolution.</li> <li><b>Agenda 2:</b> regarding the reprioritization and revision grant of intervention for the Global Fund (GC7) grant, all relevant departments and disease centers should read the Global Fund's letter and guideline to understand it well and implement together on time.</li> <li><b>Agenda 7:</b> regarding the election results of CCM members representing CSO-KPs-PLWDs, the CCM Secretariat should continue to communicate with the new 10 elected members to send their residential certificates, criminal record certificates and working certificates.</li> </ol>		

#### 5. MINUTES PREPARED BY:

<b>TYPE/PRINT NAME</b>	Mr. Budhsalee Rattana	<b>DATE:</b>	26 June 2025
<b>FUNTION/POSITION</b>	Coordinator and finance officer	<b>SIGNATURE</b>	

#### 6. MINUTES APPROVED BY:

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