MINUTES OF
EXECUTIVE, OVERSIGHT, AND REGIONAL MOBILIZATION COMMITTEES

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	2
DATE (dd.mm.yy)	29 June 2026			OC MEMBERS/ALTERNATES	8
MEETING SCHEDULE START	13:00			RMC MEMBERS/ALTERNATES	3
MEETING ACTUAL STARTED	13:30			OTHERS INCLUDING CCM SECRETATIAT STAFF	22
MEETING ACTUAL ENDED	17:00			TOTAL (Including online)	35

DETAILS OF PERSON WHO CHAIRED THE MEETING				MEETING TYPE	
HIS / HER NAME & ORGANIZATION	First Name	Dr. Khampheng			
	Family Name	Phongluxa		Regular Meeting	x
	Position/Title	Director General		Extra-ordinary Meeting	
	Organization	Lao Tropical and Public Health Institute		Other Meeting	
HIS / HER ROLE ON THE MEETING	Chair	x	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING	LFA	x
	OC Chair	x		FPM / PO	x
	OC Member	x		OTHERS	x
	Alternate			NONE	

2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM No.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	RESPONSIBLE PERSON
Agenda Item #1	Report the Results of Oversight Field Visit (OFV) in Oudomxay Province on 6-12 June 2026.	Rep. of OFV team
Agenda Item #2	Update on PR Status and Co-Financing	Rep. of DPF & DCDC
Agenda Item #3	Progress update on the GF Grant Implementation for HIV	Rep. of CHAS & TA
Agenda Item #4	Progress update on the GF Grant Implementation for TB	Rep. of NTC & TA
Agenda Item #5	Progress update on the GF Grant Implementation for Malaria (RAI4E and RAI5E)	PR-UNOPS, CMPE and TA
Agenda Item #6	Progress update on the GF Grant Implementation for Catalytic Matching Fund	Rep. of NCLE
Agenda Item #7	AOB and close the meeting	Chairperson

3. MINUTES OF EACH AGENDA ITEM

OPENING PROGRAM	Introduction and endorsement of agenda Quorum verification and conflict of interest identification

The Chair warmly welcomed all participants to the Joint Meeting of the Executive, Oversight, and Resource Mobilization Committees and expressed appreciation for their attendance, both in-person and online.

The meeting agenda was presented to the participants for review and endorsement. Following this, the CCM Secretariat confirmed that a quorum was present, outlined the meeting's objectives, and invited the Chair to proceed with the proceedings.

Agenda Item #1	Report the Results of Oversight Field Visit in Oudomxay Province on 6-12 June 2026

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative of Oversight Field Visit (OFV) Team presented the Report of OFV Result in Oudomxay province during 6–12 June 2026 as below (For more information, please see the attached PPT).

1. **Overview**
   The Oversight Field Visit, led by the Vice Minister of Health and CCM Chair, was conducted from 6–12 June 2026 to evaluate the implementation of Global Fund-supported HIV/AIDS, TB, and Malaria activities. The assessment encompassed provincial, district, and health center levels, focusing on financial management, procurement, operational implementation, and reporting.

2. **Programmatic Achievements**
   - **HIV/AIDS:**
     - Successful implementation was noted, with staff adhering to the "5 Goods, 1 Satisfactory" principle.
     - From 2021–2026, 18,097 HIV blood tests were conducted, identifying 347 cumulative cases.
     - Additionally, 26,796 STI tests were completed from 2025–2026.
     - POC ART services and GeneXpert diagnostic capabilities are fully operational at both the provincial and Houn district levels.
   - **Tuberculosis (TB):**
     - The program exceeded its screening target by 107%, performing 828 screenings and detecting 115 cases within the first five months of 2026.
     - Data is effectively managed via the DHIS2 (TB Tracker) system, and Tuberculosis Preventive Treatment (TPT) is being provided to children under five in affected households.
   - **Malaria:**
     - The provincial program successfully implemented the "1-3-7" surveillance model.
     - No infections were detected in tested samples in the Houn and Pakbaeng districts during 2026.

3. **Operational and Critical Challenges**
   - **Infrastructure & Equipment:** Service areas remain constrained; the TB building lacks internet access, and outdated IT equipment (computers, printers) severely hinders operational efficiency.
   - **Budgetary Constraints:** Funding gaps persist for critical activities, including laboratory diagnostics, community-based patient follow-ups, and mobile outreach initiatives.
   - **Human Resources:** The program experiences staff shortages, high turnover, and a need for specialized technical training in key operational areas.
   - **Systemic & Social Barriers:** Ongoing challenges include social stigma surrounding HIV and TB, limited cooperation from migrant/high-risk populations, and the need for improved integration of the three disease programs.

4. **Strategic Recommendations and Proposals**
   - **Infrastructure and Mobility:** Priority requests include the construction of a dedicated ART building, an extension of the TB building (to include an ICU), and the procurement of a vehicle and additional motorbikes to support mobile outreach and district-level field operations.
   - **Resources, Equipment, and IT:** Proposed upgrades include new IT infrastructure, stable internet connectivity for service points, and the provision of health education materials (loudspeakers, microphones, brochures).
   - **Budgetary and Financial Management:** It is proposed that activity funds be transferred directly to the provincial hospital's financial system to improve efficiency. Furthermore, the team requests increased allocations for laboratory tests and community advocacy, alongside the development of detailed budget plans for potential donors.

- **Human Resources and Capacity Building:** The proposal includes requests for additional government staff quotas and volunteers, implementation of refresher/technical training (ART, VL/CD4, VLAO, DHIS2), and study tours to facilitate knowledge exchange with other ARV centers.
- **Supervision and Strategic Expansion:** The team recommends central and provincial-level onsite supervision at least 2–3 times per year, the expansion of HIV testing to the health center level, and the integration of joint health interventions across all three disease programs.

Key discussions and comments from the meeting

1. Budget Management and Integration

- **Activity Integration:** Provinces are strongly encouraged to implement integrated activities to optimize budget usage. DCDC at the provincial level must clearly delegate responsibilities and share resources/equipment, as there is no budget allocated for new equipment procurement in the GC7 and GC8 cycles.
- **Malaria Budget:** While there is a significant remaining budget for Malaria, any budget reallocation must be decided and approved by UNOPS.
- **Monitoring and Evaluation:** OVF teams are urged to improve performance. The current reports were found to be insufficiently detailed, unclear, and contained inaccurate data.

2. Technical Matters and Reporting

- **Report Improvement:** All reports must be revised to be accurate and comprehensive. It is recommended to summarize findings using "Key Points" for better clarity. Specifically, data regarding TB, HIV, and Malaria testing must be reported (if no testing occurred, the reason must be explicitly stated).
- **HIV Program:**
  - Central level to monitor the reception of Test Kits (including specifications).
  - Foreigners living with HIV: The program has a policy to provide treatment for some cases, though not for all.
  - Law dissemination: Provincial level is encouraged to take the initiative in organizing these activities themselves.
- **Malaria Program:**
  - OFV Reports must be revised immediately. Budget plans need adjustment as Malaria funding has not been supported by HANSAII.
  - Verification of bed net distribution in target areas is has not been reported.
- **Capacity Building:** Provinces should prioritize training and knowledge sharing for staff who have already received foundational training to enhance prevention and treatment quality.

3. Specific Recommendations

- **OSG:** It was agreed that OSG should continue their services, as their past performance in medical logistics was highly satisfactory. The system is currently being updated to resume operations.
- **Oudomxay Province:**
  - Transgender individuals (TG) and Female Sex Workers (FSW) are high-burden groups; despite low testing numbers, infection rates remain high.
  - Note: There are currently no CSO activity areas in Oudomxay.
- **OFV Team:** OFV team is urged to enhance oversight of local-level activities and ensure that oversight field visit reports are detailed and clear.
- **Suggestions to the meeting (by Fondation Merieux: CCM member)**
  - As in the previous country dialog the meeting agreed to include Anti-Mircobial Resistance (or AMR) into the coming GC#8, as microorganism which has been becoming resistant to several antibiotics could jeopardize the success in the treatment of both TB and HIV, especially where opportunistic co-infections used to be downplayed in these two vertical programs, AMR project which received funding from the Fleming Fund Project from UK has been implemented in 13 provincial laboratories and 3 central laboratories, these investments have synergized both to the 2 programs since provincial laboratories are considered the last point of service in the diagnosis and detection of all diseases. TB and HIV+ patients if co-infected with other bacteriae would use to have a bad prognosis unless these bacteriae could be

identified earlier and treated adequately, therefore the equip all provincial laboratories with the best tools and ensure the long term sustainability of the laboratory diagnosis and testing for all diseases of public health concern, it is wise to invest on AMR through the integrated way since this investment is not starting from scratch but to strengthen the existing laboratory network in the future where donors assistance will be reduced gradually.

Recommendations for Implementation:

- **Integration Planning:** Hold a dedicated meeting to finalize the "Integration Plan" among relevant stakeholders in each province to ensure effective shared budget utilization.
- **Standardization:** Develop and distribute a "Standard Reporting Template" to address current issues with incomplete or inaccurate reporting.

Decisions

No Decision

Agenda Item #2	**Update on PR Status and Co-Financing**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from National Program Coordination Office (NPCO) presented the result of the consultation regarding the Principal Recipient (PR) roles for the Global Fund Grant Cycle 8 (GC8) (2027–2029) as below *(For more information, please see the attached PPT).*

Principal Recipient (PR) Roles for Global Fund Grant Cycle 8 (2027–2029)

1. Context and Objectives

- Following the conclusion of Grant Cycle 7 (GC7), the Country Coordinating Mechanism (CCM) conducted a vote for the new PR.
- During an Ad-hoc CCM Plenary Meeting, the proposal was reviewed, and a secret ballot was conducted, resulting in a unanimous decision to:
  - Endorse the **Department of Communicable Diseases Control (DCDC)** as the **Main PR** for GC8.
  - Endorse the **Department of Planning and Finance (DPF)** as **Co-PRs**.
  - Mandate the CCM Secretariat to coordinate with DCDC and DPF to organize a meeting to update the new roles and functions, and define detailed responsibilities for each party."
- To ensure feasibility and effective implementation, the DCDC and DPF held a consultation meeting on June 11, 2026, to define the roles and responsibilities between the PR and Co-PR for the upcoming 2027–2029 grant cycle.

2. Key Outcomes and Consensus

The meeting reached a consensus on the PR/Co-PR structure, which will be submitted to the CCM for formal approval:

- **Malaria Program:** The DCDC will serve as the PR.
- **TB & HIV Programs:** The DPF will continue as the PR, while the DCDC will serve as the Co-PR.
- **Operational Coordination:** All planning and decision-making for GC8 must involve consultation between both departments. Any missions or meetings related to GC8 shall invite representatives from both the DPF and DCDC to serve as chairs or co-chairs.

3. Co-financing Commitment Update

- The DPF/NPCO, in coordination with the National Tuberculosis Center (NTC) and the Center for HIV/AIDS and STIs (CHAS), is currently preparing the required Co-financing Commitment Letter. Once the proposal is finalized and reviewed by the Minister of Health, the draft will be submitted to the Global Fund.

Key discussions and comments from the meeting

- The meeting acknowledged that the consultation between DCDC and DPF on June 11, 2026, served only as preliminary technical preparation. It does not constitute an official resolution by the CCM, as the CCM Secretariat

and relevant technical centers were not present. This agenda item is of critical importance, as it involves the formal endorsement of the Principal Recipient (PR) structure for the GC8 funding cycle. This process must align with the Global Fund's Eligibility Requirements (ER2) to ensure maximum transparency and operational efficiency.

- **Resolutions and Directives:** The meeting reviewed and agreed upon the following actions:
  - **TOR Revision:** Representatives from DPF and DCDC are tasked with revising the PR Terms of Reference (TOR) for both DPF and DCDC. The draft must be submitted to the CCM Secretariat for distribution to the CCM Members for review prior to formal endorsement at the mid-August CCM Plenary Meeting.
  - **Justification Note:** The Resource Mobilization Committee (RMC) is tasked with drafting a "Justification Note," clearly delineating the division of roles and responsibilities to be submitted to the Global Fund.
  - **Commitment Letter:** The DPF and DCDC teams are to prioritize securing the Commitment Letter from the Ministry of Finance, as this is a vital document for the grant application process.
  - **Consolidation of Documentation:** The CCM Secretariat is tasked with compiling all relevant meeting minutes (May 20, June 11, and the current June 29 meeting) into a single document package. This package will be included in the agenda for the upcoming CCM Plenary Meeting to ensure formal endorsement. This step is essential to demonstrate the CCM's commitment to a rigorous, transparent, and accountable selection process.

Decisions
No Decision

Agenda Item #3	**Progress update on the GF Grant Implementation for HIV**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from CHAS and TA presented on the Progress of HIV PBC 6 Activities under the HANSA 2 as below (For more information, please see the attached PPT).

HIV PBC 6 Progress Update (Jan–June 2026)

1. **Performance Overview (Q1–Q2 2026)** The HIV program has demonstrated strong performance, consistently exceeding targets, although some indicators face implementation risks. Key performance metrics include:
   - **PLHIV on ART (PBC 6.3):** The program achieved 15,394 cases against a denominator of 20,297, representing a performance of 110% of the target.
   - **Viral Load Testing (PBC 6.5):** Coverage reached 91% (12,739 cases) by June 2026. While performance in previous years was above 100%, the current rate reflects partial-year reporting.
   - **Prevention (PBC 6.1, 6.2, 6.4):** Coverage for FSWs (38%) and MSM/TG (43%) in Q2, as well as PrEP provision for MSM/TG (49%), are currently at risk of not meeting annual targets.

2. **Operational Challenges & Risks**
   - **Implementation Barriers:** Key activities are experiencing delays due to prolonged budget disbursement to implementers.
   - **External Factors:** Rising gasoline prices are significantly impacting the implementation of outreach and monitoring activities.
   - **Data Reporting:** Although 55 ART/POC sites are established, consistent data reporting was only achieved for 49 sites. Additionally, iSRS implementation remains in the pilot phase in only two provinces.

3. **Financial Status & Utilization**
   - **2026 HIV Component Budget:** The total budget is $2,303,582, comprising the AOP budget ($1,843,582), procurement savings ($160,000), and additional funds ($239,713).
   - **Allocation:** The total budget is distributed among CHAS (25.34%), PHO (18.61%), CSOs (10.16%), and procurement/TA (45.89%).
   - **Budget Disbursement:** The 2026 budget is split into two 50% tranches (Jan–Jun and Jul–Dec), totaling $962,968 for central and provincial/district implementation.

4. **GC8 Strategic Planning & Preparation**
   - **Strategic Priorities:** Following the Country Dialogue on 22 May 2026, the program is prioritizing high-burden populations, the expansion of PrEP and STI services, integrated one-stop service models, and the expansion of differentiated HIV testing into primary healthcare.
   - **GC8 Submission Timeline:**
     - **Completed Milestones:** The proposal for the extension of the Program split deadline was completed in May 2026, and the TB and HIV country dialogue was finalized on 22 May 2026.
     - **Document Preparation (Due 24 July 2026):** National programs are currently preparing the following key documents for completion by 24 July 2026:
       - Programmatic Gaps table.
       - Performance Framework.
       - Focused Funding Landscape Table.
       - Two-page CCM Investment Priorities Summary.
       - GC8 Co-financing commitment letter and evidence of GC7 co-financing realization (GoL actual expenditures for 2025 and 2026 budget approval).
   - **Finalization & Submission:** A compilation meeting for all key documents is scheduled for 24 July 2026, with the official submission to the Global Fund (GF FPM) set for 27 July 2026.
   - **Post-Submission (August 2026):** Mandatory CCM documents, including the PR nomination, CCM endorsement, and statement of compliance, are to be uploaded by August 2026, incorporating the 2nd CCM plenary meeting scheduled for 14 August 2026.

Key discussions and comments from the meeting

1. Performance Assessment:
- **Achievements:** The meeting commended the Center for HIV/AIDS and STI (CHAS) for its successful efforts in maintaining stable and effective treatment and testing systems for target populations.

2. GC8 Grant Preparation:
- CHAS is requested to coordinate closely with the new Principal Recipients (PRs) DPF and DCDC in accordance with the structure agreed upon during the meeting. This is to ensure that the program remains aligned with the National Strategy and includes accurate budgetary figures.
- CHAS is urged to promptly update the GC8 grant proposal to reflect the new PR management structure to foster trust and confidence from the Global Fund.

3. Directives and Problem Solving:
- **Expansion of Services:** CHAS is tasked with strengthening coordination with Sub-Recipients (SRs) to address equipment shortages and to expand service delivery networks down to the health center level.
- **Reduction of Stigma and Discrimination:** Efforts to reduce stigma and discrimination must continue. CHAS is encouraged to promote awareness among youth and high-risk groups using modern, accessible, and engaging communication channels.
- **Financial Management:** The challenges regarding previous funding disbursements were acknowledged. DPF is currently refining its financial mechanisms to ensure that implementation for the period of July to December 2026 is faster, more efficient, and more streamlined.

Decisions
No Decision

Agenda Item #4	**Progress update on the GF Grant Implementation for TB**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from NTC presented the progress of the TB PBC 7 activities under the HANSA 2, as below (For more information, please see the attached PPT).

1. **Performance Update (Q1 & Q2 2026)**
   - **PBC 7.1 (TB Case Notification):** As of 29 June 2026, the cumulative number of notified TB cases (new and relapse) across all provinces is 676, reaching approximately 44.6% of the annual target.
   - **PBC 7.2 (TB Preventive Treatment - TPT):** The program has reached 369 individuals who have begun TPT, achieving approximately 31.5% of the annual target.
   - **Implementation Status:** Activities are currently being conducted using remaining funds from 2025 while the program awaits formal agreement from the Ministry of Health (MoH) regarding the 2026 Annual Operational Plan (AOP) budget.

2. **Operational Challenges**
   - **Budgetary & Administrative:** The central-level work plan has been submitted to the Department of Communicable Disease Control (DCDC) and the Department of Planning and Finance (DPF) but is still pending final agreement from the MoH. At the district level, there is a limited budget for home visits, and reporting from districts to provincial authorities remains inconsistent.
   - **Technical & Capacity:** Home visits for household contact screening remain limited in certain provinces. Additionally, some newly appointed District TB Managers have not yet received training on TB tracker data entry and management, affecting data quality.

3. **Proposed Solutions & Way Forward**
   - **Coordination:** The NTC aims to improve HANSA coordination at provincial and district levels to enhance planning and activity implementation.
   - **Budgetary Gap Filling:** To mitigate budget delays, the NTC plans to utilize saved funds to cover identified gaps in activities for Quarter 3 and Quarter 4. Provinces are being urged to improve coordination to ensure timely reporting from the district level.
   - **Capacity Building:** The NTC will prioritize building capacity for new District TB Managers through structured training sessions and online coaching to ensure real-time data entry and high-quality data management.

Key Priorities for Global Fund Grant Cycle 8 (GC8) for the TB program

1. **TB Situation Analysis**
   - Lao PDR has made significant progress in its TB response, achieving a 30% reduction in TB incidence and an 81% reduction in TB deaths between 2015 and 2024. By 2025, the program achieved a 95% treatment coverage rate, successfully meeting the 2025 milestone of the End TB Strategy. Despite these gains, several challenges persist, including limited integration of diagnostic networks, low coverage of contact tracing and TB Preventive Treatment (TPT), and significant catastrophic costs for households affected by TB (63%).

2. **Strategic Priorities for GC8 (2027–2029)**

   To accelerate the reduction of TB incidence and mortality towards the 2030 Sustainable Development Goal (SDG) targets, the GC8 investment is focused on four core areas:
   - **TB Diagnosis, Treatment, and Care (Indicative Budget: $2.98M):** Focuses on targeted Active Case Finding (ACF) in high-burden populations, prisons, and remote areas using chest X-rays (with or without CAD/AI) and rapid molecular diagnostics.
   - **TB Prevention (Indicative Budget: $1.89M):** Prioritizes the scale-up of TPT for household contacts (especially children <5 years old) and People Living with HIV (PLHIV). This includes expanding latent TB infection testing (TBST, CY-TB).
   - **Drug-Resistant (DR)-TB Diagnosis and Treatment (Indicative Budget: $272K):** Ensures continued access to molecular DST (Xpert XDR tests) and 100% procurement of second-line drugs to support appropriate treatment regimens and AMR surveillance.
   - **Collaboration with CSOs (Indicative Budget: $300K):** Invests in community-based TB/DR-TB care through partnerships with CSOs (such as CHIAS and PEDA) to facilitate outreach, sputum collection, contact tracing, and patient-centered support.

3. **Cross-Cutting Systems Strengthening**

The GC8 focus emphasizes sustainability and integration, including:

- **Health Systems Integration:** Integrating TB and HIV services at Primary Healthcare (PHC) and community levels under the HANSA 2 project, and enhancing laboratory diagnostics.
- **Digital Health:** Improving HMIS interoperability with Laboratory Information Systems (LIS) and building analytical capacity for data-driven decision-making.
- **Community, Rights, and Gender:** Strengthening community engagement and peer-support networks to improve treatment adherence and reduce TB-related stigma.

4. **Status of Preparation**
   - The National TB Center (NTC) is currently finalizing key GC8 submission documents, including the Investment Priorities Request (IPR) summary, Performance Framework, and detailed GC8 budget templates, which are being aligned with the HIV component to form a consolidated funding request.

Key discussion points and comments from the meeting

1. Performance Assessment:

- **Achievements:** The meeting commended the National Tuberculosis Center (NTC) for surpassing its targets in TB case finding and for maintaining an effective treatment system.

2. GC8 Grant Preparation:

- NTC is requested to coordinate closely with the new Principal Recipients (PRs) DPF and DCDC in accordance with the agreed-upon structure. This is to ensure alignment with the National Strategy and to provide precise budgetary figures, particularly to support Active Case Finding (ACF) at the health center level.
- NTC is urged to promptly update the GC8 grant proposal to reflect the new PR management structure to foster trust and confidence from the Global Fund.

3. Directives and Problem Solving:

- **Coordination and Monitoring:** NTC is tasked with increasing monitoring and supportive supervision visits to health centers to at least twice per year. Additionally, delays in sample transportation must be addressed to prevent community transmission.
- **Stigma Reduction and Reporting:** Efforts to eradicate the stigma and discrimination against TB patients within communities must be prioritized through health education.
- **Laboratory Management and Equipment:**
  - **Resource Optimization:** Provincial and local levels should prioritize the use of PCR, while the central level should utilize GeneXpert.
  - **Laboratory Support:** Out of 13 provinces identified for support, 4 have yet to receive assistance. NTC is advised to continue discussions with the Global Fund to secure this support and to ensure that training for provincial and local staff is continued.
  - **Cost Management:** Concerns were raised regarding the high maintenance costs of GeneXpert machines; careful management and strategic oversight are required.
- **Financial Management:** The issue of funding disbursement delays (lasting up to 7 months) was identified as a critical bottleneck. DPF is directed to urgently find effective solutions to ensure timely funding, which is essential for the successful implementation of activities and punctual reporting.

Decisions
No Decision

Agenda Item #4	**Progress update on the GF Grant Implementation for Malaria (RAI4E and RAI5E)**
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
Representative from CMPE and PR-UNOPs presented a progress report on the Malaria (RAI4E and RAI5E) as below (For more information, please see the attached PPT).	

1. **Malaria Situation Update (Jan–May 2026)**
   - **Performance:** The malaria program reported 90 cases (3 Pf/Mix, 87 Pv), representing a 74% reduction in Pf and 67% in Mixed cases compared to the same period in 2025.
   - **Stratification:** As of 2026, 144 districts are classified as elimination districts (API < 1), while 4 districts (Nakay, Samouay, Kaleum, and Phouvong) are classified as burden reduction.
   - **Case Management:** 94% of suspected malaria cases received parasitological testing, and 100% of reported cases received first-line antimalarial treatment. Radical cure treatment completion for Pv cases reached 87%.

2. **Financial & Audit Performance (2024–2026)**
   - **Disbursement:** Total expenditure for the 2024–2026 period reached 72.47% ($9,218,855) of the $12,720,460 total budget.
   - **Audit Results:** The 2025 external audits were finalized in May 2026 with no issues identified for HPA and PEDA (clean audits), while 11 total findings (mostly low-risk) were noted across other sub-recipients.

3. **RAI5 Grant Preparation & Co-financing**
   - **RAI5 Overview:** The RAI5 grant for 2027–2029 includes an allocation of $5.36 million for Lao PDR. The Department of Communicable Disease Control (DCDC) has been endorsed as the Principal Recipient (PR) for this grant, with UNOPS serving as the regional PR.
   - **Grant Making Timeline:** Preparation is ongoing, with grant document finalization scheduled for July 2026 and grant negotiations with the Global Fund expected in mid-September 2026.
   - **Co-financing:** The co-financing commitment for GC8 is set at a minimum of $5,552,433. Approximately 20% of the GC8 allocation ($1,072,104.40) is conditioned on the fulfillment of this co-financing commitment.

4. **Key Strategic Initiatives for Q3–Q4 2026**
   - **Operations:** Focus will be placed on entomological monitoring, ECAMM training (competency assessment), and subnational planning across 18 provinces.
   - **Technical Improvements:** The CMPE is prioritizing the enhancement of microscopic testing diagnostic capabilities at the hospital level and is collaborating with partners for commodity forecasting and quantification.
   - **Transition Planning:** DCDC and UNOPS will begin formal discussions regarding the PR transition plan during Q3 and Q4 2026.

Key discussion points and comments from the meeting

- After the presentation, most participants had no additional comments on the NCLE Progress Report.

Decisions
No Decision

Agenda Item #4	**Progress update on the GF Grant Implementation for Catalytic Matching Fund**
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
Representative from The National Centre for Laboratory and Epidemiology (NCLE) presented a progress report on the Global Fund's Matching Funds (MF) for the Lab Systems Strengthening (IBF1) initiative as below (For more information, please see the attached PPT).	

1. **Lab Systems Strengthening (IBF1) Status**
   - **Quality Management & Policy:** The establishment of the Quality Management (QM) unit is complete. Development of national standards, integrated diagnostic policies, and biosafety guidelines is in progress, with several key documents currently awaiting final approval or Ministry of Health (MoH) signatures.
   - **Biosafety:** National biosafety guidelines from 2016 are being updated to reflect current needs, requiring multi-stakeholder expert review. Additionally, safety verification of biosafety cabinets is underway, with 6 southern provinces completed and work continuing in the central and northern regions.
   - **Capacity Building:** Training for basic biosafety cabinet certification was successfully completed in May 2026. However, high-level biosafety training was canceled due to procurement/budget approval delays. Recruitment of experts to assess laboratory personnel capacity and LIMS needs is ongoing, though it faces complexity due to the scarcity of local specialists and limited budgets for international consultants.

2. **Integrated Sample Referral System (iSRS) Pilot**
   - **Implementation:** The pilot project for iSRS in Champasak, Khammouane, and Oudomxai is in progress.
   - **Operational Challenges:** Significant bottlenecks have been identified, including:
     - **Financial:** Lack of formal transport contracts requires medical staff to pay out-of-pocket, creating reimbursement delays.
     - **Logistical:** Inconsistent packaging, long transit times (average 3–7 days), and reliance on informal transport (private motorbikes/buses) cause results to be delayed beyond 10 days.
     - **Infrastructure:** Shortages of spill kits, standardized sample boxes, and unreliable IT infrastructure (power/internet) affect data reporting.
   - **Progress:** ToT for provincial-level staff was successfully completed in June 2026, and provincial trainers will now cascade this training to districts and health centers.

3. **Critical Issues & Proposed Solutions**
   - **Procurement Delays:** The procurement of transport consumables is currently behind schedule; close monitoring is being implemented to address this.
   - **GenXpert Maintenance:** Warranty agreements for 60 GenXpert machines will expire in November 2026, and there is currently no budget secured for contract renewal. The total estimated requirement to cover the maintenance of these units and an additional 31 machines is $1,132,814.
   - **Recommendations:** The National Centre for Laboratory and Epidemiology (NCLE) requests the committee to:
     - Accelerate the approval processes for activity work plans and transportation reimbursements.
     - Expedite internal and GDF procurement processes for iSRS equipment.
     - Identify and secure budget for the continued warranty of GenXpert instruments.

Key discussion points and comments from the meeting

- After the presentation, most participants had no additional comments on the NCLE Progress Report.

Decisions
No Decision

Agenda Item #7	**1. Closing Session** • Summary of action points and Next Steps • Formal adjournment.
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
Decisions	
No Decision	

4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM N°.	WRITE IN DETAIL THE DECISIONS	KEY PERSON RESPONSIBLE	DUE DATE
	The meeting chair has summarized the action points before closing the meeting as below: **Action Points and Directives** 1. **Report Revision (OFV):** The OFV team is tasked with revising the report based on the meeting's recommendations and presenting it to the CCM in mid-August for formal endorsement. 2. **Documentation Consolidation:** The CCM Secretariat is tasked with compiling all relevant meeting minutes (May 20, June 11, and June 29) into a single document package for inclusion in the upcoming CCM Plenary Meeting agenda for formal endorsement. 3. **Technical Resolution:** The three relevant technical centers are directed to address and resolve all identified issues and shortcomings highlighted during the meeting. 4. **Implementation:** All relevant stakeholders are instructed to translate the outcomes and directives of this meeting into concrete actions. 5. **Grant Proposal Preparation:** The three technical centers are tasked with finalizing and submitting their Funding Request to the Global Fund in a timely manner, in accordance with the established deadlines. 6. **Meeting Minutes:** The CCM Secretariat is tasked with drafting the meeting minutes and circulating them to participants for review and feedback before finalizing the document.		

5. MINUTES PREPARED BY:

TYPE/PRINT NAME	Mr. Budhsalee Rattana	**DATE:**	13 July 2026
FUNTION/POSITION	Coordinator and finance officer	**SIGNATURE**	

6. MINUTES APPROVED BY:

TYPE/PRINT NAME	Dr. Khampheng Phongluxa	**DATE:**	
FUNTION/POSITION	OC Chair	**SIGNATURE**	