The 2nd CCM Plenary Meeting Minute

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)		Lao PDR				TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			30	
						TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			23	
MEETING NUMBER (if applicable)		02				TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC AND CCM SEC. STAFF)			41	
DATE (dd.mm.yy)		21 Aug 2026								
DETAILS OF PERSON WHO CHAIRED THE MEETING						TOTAL PARTICIPANTS (INCLUDING ONLINE)			71	
HIS / HER NAME & ORGANISATION	First name	Dr. Phayvanh				QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
	Family name	Keopaseuth				DURATION OF THE MEETING (in hours)			8	
	Organization	CCM Lao PDR				VENUE / LOCATION	Souphattra Hotel			
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair		x			MEETING TYPE (Place 'X' in the relevant box)	Regular CCM meeting		x	
	Vice-Chair						Extraordinary meeting			
	CCM member						Committee meeting			
	Alternate					GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)	LFA		x	
HIS / HER SECTOR[A] (Place 'X' in the relevant box)							FPM / PO		x	
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS		OTHER		x	
									NONE	

LEGEND FOR SECTOR[A]			
GOV	Government	PLWD	People Living with and/or Affected by the Three Diseases
MLBL	Multilateral and Bilateral Development Partners in Country	KAP	People Representing 'Key Affected Populations'
NGO	Non-Governmental & Community-Based Organizations	FBO	Religious / Faith-based Organizations
EDU	Academic / Educational Sector	PS	Private Sector / Professional Associations / Business Coalitions

AGENDA SUMMARY		SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)															
		GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS															
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decision points of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals /appointments	Constituencies engagement	CCM Communications / consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
OPENING PROGRAM	• Introduction and endorsement of agenda • Quorum verification and conflict of interest identification	x														
AGENDA ITEM #1	Update follow up action from the last meeting.		x													
AGENDA ITEM #2	Progress update on the GF Grant implementation for CCM activities															x

AGENDA ITEM #3	Report the Results of Oversight Field Visit (OFV) in Oudomxay Province on 6-12 June 2026											x				
AGENDA ITEM #4	Progress update on the GF Grant Implementation for Catalytic Matching Fund											x				
AGENDA ITEM #5	TB and HIV Funding Request for Grant Cycle 8 (2027-2029)							x								
AGENDA ITEM #06	Progress update on the GF Grant Implementation for HANSA2 for HIV/TB • Co-Financing for TB and HIV; • TOR of PR-DPF and DCDC											x				
AGENDA ITEM #7	Progress update on the GF Grant Implementation for HIV											x				
AGENDA ITEM #8	Progress update on the GF Grant Implementation for TB											x				
AGENDA ITEM #9	Progress update on the GF Grant Implementation for Malaria (RAI5E)											x				
AGENDA ITEM #10	Premeeting for Update Activities of CSO- KAP/PLWD					x										
AGENDA ITEM #11	**Closing Session** • Summary of action points and Next Steps • Formal adjournment.											.				

MINUTES OF EACH AGENDA ITEM	
OPENING PROGRAM	• Introduction and endorsement of agenda • Quorum verification and conflict of interest identification
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
COI was identified in this item. Yes. (Specifically, representatives from WHO and UNAIDS noted potential conflicts regarding voting on Agenda Item 5: TB and HIV Funding Request for Grant Cycle 8 [2027-2029]).	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

The meeting was chaired by Dr. Phayvanh Keopaseuth, Vice Minister of Health and CCM Chair, and co-chaired by Dr. Timothy Armstrong, Country Representative of the World Health Organization (WHO), and Dr. Rattanaxay Phetsouvanh, Senior Advisor and Interim Country Representative of Foundation Mérieux Laos.

The CCM Chair warmly welcomed and thanked all participants attending in person and online.

Following the opening remarks, the proposed meeting agenda was presented for comments and formal endorsement. The CCM Secretariat confirmed that a quorum was successfully met, with **19 out of 24 members present.** Furthermore, the Secretariat noted that CCM members representing the World Health Organization (WHO) and USAID are Sub-Recipients (SRs) and would recuse themselves from voting on Agenda Item 5 specifically regarding the TB and HIV Funding Request for Grant Cycle 8 (2027–2029) due to declared conflicts of interest.

The meeting's core discussions primarily focused on comprehensive progress updates regarding Global Fund grant implementation, with particular emphasis on the **HANSA project** for HIV and TB, and the **RAI5E project** for Malaria, alongside strategic preparations for the upcoming TB and HIV Funding Request submission for Grant Cycle 8 (2027–2029).

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #1	Update follow up action from the last meeting.
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

The Meeting Chair has given the floor to the CCM Secretariat to report on following-up the implementation of agreed actions from the last CCM Plenary Meeting on 3 April 2026 and Ad-hoc CCM Plenary Meeting on 20 May 2026 as below ***(For more information, please see the attached PPT)*:**

1. CCM Plenary Meeting (3 April 2026)

- **GC8 Leadership & Strategy:** Formally assigned leadership to oversee the Grant Cycle 8 (GC8) submission process, led by Dr. Rattanaxay (CCM Vice Chair). **Status:** Completed / Ongoing.
- **Phased Submission Strategy:** Coordinated a phased approach, separating Window 1 (Malaria RAI5E) and Window 2 (TB & HIV). **Status:** Window 1 Done / Window 2 In Progress and will submit at the end of September.
- **RMC Endorsement:** Unanimously endorsed vetted Resource Mobilization Committee (RMC) members and officially appointed the RMC Chair, overseen by CCM Members and Dr. Phonepadith. **Status:** Completed.
- **PR Selection Roadmap:** Established a formal timeline and roadmap for Principal Recipient (PR) selection in compliance with Global Fund guidelines, managed by the Ministry of Health and CCM Secretariat. **Status:** In Progress.
- **Fund Flow & Transparency:** Developed a detailed timeline and monitoring tool to identify bottlenecks and adhere to the "Single Window" mechanism, led by the Department of Planning & Finance (DPF). **Status:** In Progress.
- **Co-Financing Commitments:** Prepared official Co-Financing Commitment Letters to meet Global Fund requirements, handled by the CCM Secretariat and Ministry of Health. **Status:** In Progress.
- **Oversight Field Visits (OFV):** Strategically prioritized provinces for oversight, successfully designating Oudomxay for the May schedule by the CCM Secretariat. **Status:** Completed in June.

2. From Ad-hoc CCM Plenary Meeting (20 May 2026)

- **Resource Mobilization Committee (RMC) Endorsement:** Unanimously endorsed the updated membership list of the RMC following preliminary vetting by the CCM Plenary and Election Committee. **Status:** Completed.
- **Principal Recipient (PR) Structure for GC8:** Approved the Co-PR structure via a secret ballot vote, appointing DCDC as the Main PR, alongside DPF as Co-PRs. **Status:** Completed and In Progress. Following an internal consultation meeting on June 11, 2026, co-chaired by Dr. Phonepadith Xangsayarath (Director General of DCDC) and Dr. Viengmany Bounkham (Director General of DPF), it was agreed that the DPF will remain the PR for TB and HIV, while the DCDC will serve as the Co-PR for TB and HIV. The results of this internal consultation and agreement were subsequently reported to the joint meeting of the Executive Committee (ExCom), Oversight Committee (OC), and Resource Mobilization Committee (RMC) on June 29, 2026. Status: Completed and In Progress.
- **RAI5E Funding Request Approval in Principle:** Granted an "Approval in Principle" to Lao PDR's RAI5E Malaria funding request proposal for the 2027–2029 period amounting to $5.4 Million. **Status:** Approved / In Progress.
- **Co-Financing Verification:** Refined figures and finalized verification documentation for Government Co-Financing prior to final proposal submission, coordinated by CMPE, UNOPS, and the TA Team. **Status:** In Progress.

Key discussion points and comments from the meeting

In response to inquiries raised by CCM members regarding the protocols on Governance, Membership Changes, and PR Nominations, the meeting addressed and reaffirmed the established procedures governing structural updates:

- **Governance and Oversight Mandate:** In accordance with the CCM Terms of Reference (TOR), any structural modifications, changes or replacements of CCM members, constituency representatives, and Principal Recipient (PR) nominations must strictly adhere to transparency and accountability standards.
- **Committee Review Pathway:** Any proposed changes or PR implementation arrangements (such as the agreed DPF and DCDC co-PR structure) must first be systematically vetted and reviewed through the designated

governance channels specifically the Executive Committee (ExCom) and the Resource Mobilization Committee (RMC).

- **Plenary Endorsement:** Following committee review, all formal updates, structural changes, and PR nominations must be presented to the full CCM Plenary for discussion, consensus, and official endorsement to ensure full compliance with Global Fund requirements.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #2	Progress update on the GF Grant implementation for CCM activities
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The CCM Secretariat presented the Quarter 2 progress report focusing on four main pillars: Oversight, Engagement, Positioning, and Operations update as below ***(For more information, please see the attached PPT).***

1. Outstanding Achievements

- **Strategic Work and Funding Requests (GC8 / RAI5E):** Completed the strategic planning process for Grant Cycle 8 (GC8) and the RAI5E malaria grant, establishing clear timelines and objectives. Technical assistance was secured through Mr. Matthew Shortus to draft the RAI5 funding application, alongside a comprehensive stakeholder list comprising government and civil society representatives. Lao PDR received and responded to the new Allocation Letter for HIV and TB Grants (2027–2029) totaling USD 11,594,718, and submitted a Letter of Support requesting technical assistance from Expertise France (L'Initiative) for HIV/TB programs. Furthermore, the Country Dialogue for Malaria on May 13, 2026; the Ad-hoc CCM Plenary Meeting on May 20, 2026, officially granted an "Endorsement in Principle" to the RAI5E Malaria funding request proposal for 2027–2029.
- **Positioning, Sustainability, and Transition:** Advanced core Positioning activities to bolster long-term sustainability and transition planning. This included engaging key stakeholders to align domestic health financing strategies, mapping out programmatic transition milestones, and leveraging the Resource Mobilization Committee (RMC) to champion domestic resource mobilization and co-financing commitments for HIV, TB, and Malaria programs.
- **Coordination and High-Level Meetings:** Facilitated the Lao PDR CCM delegation's participation in the Global Fund GC8 Community Engagement Workshop in Bangkok. Successfully convened major sessions, including the 1st CCM Plenary Meeting on April 3, 2026, the Ad-hoc Plenary on May 20, 2026, and the Country Dialogue for TB/HIV on May 22, 2026. Officially endorsed the updated Resource Mobilization Committee (RMC) membership and appointed Dr. Phonepadith Xangsayarath as the RMC Chair. Through a secret ballot vote during the May Ad-hoc Plenary, the new Principal Recipient (PR) structure for GC8 was established appointing DCDC as the Main PR, alongside DPF as Co-PRs.
- **Administration, Staffing, and Infrastructure:** Completed the relocation of the CCM Secretariat office to the Ministry of Health, which is now fully operational with restored internet and telephone systems.

2. Pending Activities and Challenges

- **Audit Finalization:** The 2025 audit remains pending because initial quotes exceeded the approved budget; alternative quotes from 2 to 3 audit firms are currently being pursued.
- **Co-financing Securing:** Continued planning, high-level advocacy, and formalization are required and supported by targeted Positioning initiatives to secure government co-financing of at least USD 8,527,867 to unlock full grant allocations.
- **Organizational Structure:** The implementation of the new CCM positioning structure is still awaiting formal consideration and approval from the Ministry of Health.

3. Plan for Quarter 3 (Overview)

- **July:** Collaborated with CHAS and NTC to finalize supporting documents for the joint TB/HIV funding request, coordinated with DCDC and DPF to formalize operational roles for the new Co-PR structure, and advanced Positioning activities focusing on sustainability frameworks and transition dialogues.
- **August:** Focused on submitting the first draft of the TB/HIV GC8 funding request package, convening the 2nd CCM Plenary Meeting for official endorsement, finalizing government co-financing commitment letters, integrating sustainability roadmaps into the grant package, and addressing TRP review queries.
- **September:** Initiating grant-making preparations, engaging with CSOs and Key Affected Populations (KAPs)

on TRP feedback, solidifying long-term transition planning through active Positioning strategies, and preparing for the final submission of the TB/HIV GC8 funding request package to the Global Fund.

Key discussion points and comments from the meeting

- **Inclusion of CSO Activities & Commendation:** The CCM Vice Chair commended the CCM Secretariat for its active reporting on second-quarter activities. Noting that CSOs and international organizations frequently conduct meetings and engagements with the Secretariat's consistent participation, the Vice Chair emphasized that all CSO activities, meetings, and engagements must be comprehensively included in future quarterly reports. CSOs are requested to submit their activity reports to the Secretariat to ensure comprehensive documentation for the full CCM Plenary, highlighting to the Global Fund that the government, international organizations, and CSOs are jointly preparing funding proposals and grant-making.
- **Report Improvement and Directives:** The meeting recommended that the CCM Secretariat review, improve, and update the quarterly report format to fully incorporate these recommendations, ensuring completeness. The Secretariat was further instructed to execute planned activities toward established targets particularly ensuring the timely submission of the Grant Cycle 8 (GC8) Funding Request for TB and HIV (2027–2029) while carefully and accurately reviewing and integrating meeting feedback.
- **Grant Cycle 8 (GC8) Review Process & Timeline:** The Global Fund clarified that there will be no TRP review of CCM investment priority documents, as the Country Team has already received guidance from the TRP. The final submission package will enter grant-making in September, proceed to the Grant Approval Committee in November, and move toward grant signing before the end of the year.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #3	**Report the Results of Oversight Field Visit in Oudomxay Province on 6-12 June 2026**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

The CCM Secretariat presented the comprehensive report on the Oversight Field Visit (OFV) conducted in Oudomxay Province from June 6 to June 12, 2026 as below ***(For more information, please see the attached PPT)*:**

1. Delegation and Visited Sites

- **Delegation Representatives:** Led by the Vice Minister of Health and CCM Chair, the mission included representatives from the Department of Planning and Finance (MoH), CMPE, CHAS, National Tuberculosis Control Center (NTC), Department of International Cooperation (MOF), Department of Finance (MOH), NPCO (HANSA), Department of Youth Affairs, the Director of the Association for the Development and Promotion of Women's Leadership (ADPWL) representing the Oversight Committee and CCM, and the CCM Secretariat.
- **Sites Visited:** Provincial Health Department, Provincial Hospital (TB Unit and POC Center), Houn District Health Office/Hospital, Sibounheuang Health Center, Navarng Health Center, Pakbeng District Health Office/Hospital, Xayxana Health Center, and Singxay Health Center (report received due to road conditions).

2. Main Purpose

- To oversee the overall implementation progress of HIV/AIDS, TB, and Malaria programs funded by the Global Fund under the CCM Workplan, focusing specifically on finance, procurement, implementation, and reporting at provincial, district, and health center levels.

3. Key Findings and Implementation Results by Program

- **HIV/AIDS and STIs:** Received strong leadership and guidance from central to local levels. Outreach education and mobile testing successfully targeted high-risk groups (such as mining workers, factory employees, female sex workers, married men, and migrants). Provincial and district levels demonstrated effective utilization of GeneXpert machines and POC ART dispensing rooms, alongside routine data recording via DHIS2.
- **Tuberculosis (TB):** Active case finding exceeded targets (107%), and treatment completion rates remained high alongside Preventive Therapy (TPT) provision for close contacts. GeneXpert diagnostic integration and DHIS2 (TB Tracker) data entry are functioning regularly.
- **Malaria:** Implemented the 1-3-7 strategy for case investigation and response, alongside vector control networks among high-risk groups and active monitoring to prevent re-introduction, resulting in zero positive screenings in visited districts during the reporting period.

4. Identified Challenges

- **Financial & Logistical Constraints:** Insufficient budgets for community care, stigma-reduction activities, and contact tracing for HIV and TB.
- **Human Resources:** High staff replacement, personnel shortages, multi-tasking burdens, and limited IT literacy leading to reporting delays.
- **Community & Service Gaps:** Low cooperation from certain mobile/migrant groups in testing, persistent social stigma, and inadequate internet signals at remote health centers.

5. Key Recommendations and Local Proposals

- **Budget & Infrastructure:** Increase field activity budgets, procure replacement IT equipment (computers and printers), establish internet connections for TB wards, and acquire health education media and field transport.
- **Capacity & Operations:** Strengthen integrated joint monitoring schedules, conduct supportive supervision visits 2–3 times per year, and ensure timely disbursement of transportation allowances for specimen transport.
- **HIV Program and Testing Linkages:** inquired about strategies to improve linkage to treatment to address the gap between the first and second 95s, the utilization of HIV self-testing, and the proportion of newly diagnosed patients presenting with a CD4 count below 200. In response, it was noted that positive cases identified via Test VTE successfully accessed treatment through out-of-pocket payments.
- **HANSA Investment Impact & Performance:** The Global Fund emphasized that documentation must clearly articulate how GF investments contribute to the overall HANSA initiative, with impact measured as the sum of all investments rather than GF funding alone. Attention was also drawn to recent performance results (January–June 2026) versus targets, which will be reviewed separately with DPF and the World Bank.
- **Domestic Financing & Commodity Reliance:** Concerns were raised regarding an over-reliance on Global Fund support for key health commodities such as First-Line Drugs (FLDs) for TB urging more ambitious domestic absorption and national ownership given relatively small patient cohorts and estimates. Furthermore, the proportion of GF-financed TB and HIV Health Products (HPs) should be progressively adjusted downward (e.g., 50% in Y1, 40% in Y2, 30% in Y3) to reduce reliance on the Global Fund.
- **TB Case Finding & Active Case Finding (ACF):** Increasing TB case finding with GF funds is a top priority for GC8, stressed heavily by the TRP. Investments in X-ray machines, Xpert equipment, cartridges, and laboratory support must be backed by aggressive community and health facility engagement to follow up on undiagnosed cases, rendering Active Case Finding (ACF) bolder, more frequent, and more efficient.
- **Drug Buffers & Disbursement Mechanism:** The Global Fund noted it cannot front-load buffer stocks exceeding 3 to 6 months of FLDs and SLDs for 2027, highlighting that disbursement operate under a performance-based design (QPS and PBC reviews) where implementation proceeds with domestic funds and subsequent reimbursement by the Global Fund.
- **PR Structure & HANSA2 Mid-Term Review:** The Global Fund reiterated its institutional stance regarding PR structures, noting that from their perspective, the Ministry of Health is recognized as the sole Principal Recipient. Additionally, recommendations from the HANSA2 mid-term review concerning target achievements and the effectiveness of the DPF unit must be fully addressed in the GC8 design.

Key discussion points and comments from the meeting

1. World Health Organization (WHO) Representative

- **Correlation Between Challenges and Budget Recommendations:** Noted a weak correlation between the specific field challenges presented particularly barriers to service access for vulnerable populations and the proposed recommendations and budgeting process.
- **Alignment on Access Barriers:** Recommended that if service access remains a persistent issue for key and vulnerable populations (such as through unmet training needs), future budget proposals must be further strengthened and directly aligned to resolve these barriers and drive higher service coverage.

2. World Bank Representative

- **Alignment Between Targets and Field Challenges:** Emphasized the necessity of structuring budget recommendations around specific operational challenges, specifically aiming to reduce the gap between national targets and actual field achievements across disease programs like Tuberculosis (TB).
- **Tracking Indicators and Targeting Gaps:** Stressed the importance of closely monitoring key operational indicators (e.g., drug provision timelines, contact tracing efforts) to analyze the root causes of missed targets in underperforming provinces. This data will enable the Ministry of Health (MOH) to direct interventions effectively toward high-risk areas.

3. UNAIDS and French Embassy Representatives

- **Data Sharing and Review:** Welcomed the positive progress in data transparency, including the systematic review of numbers, registers, and received budget allocations.
- **Refocusing Oversight Field Visits:** Recommended that oversight visits place greater emphasis on prevention, contact tracing, and active case finding specifically tracking PrEP (pre-exposure prophylaxis) implementation, which is a top priority for national HIV prevention.
- **Addressing Prevention Data Gaps:** Highlighted that while current reports cover testing and infection rates well, PrEP data remains underrepresented in oversight reports and must be tracked closely to ensure national prevention targets are achieved.

4. UNAIDS Representative (Policy & Human Rights Considerations)

- **Clarifying Health Policies for Foreigners:** Requested clear policy guidelines from national health programs regarding access to essential medicines and healthcare services for foreign nationals residing in Lao PDR.
- **Addressing Stigma and Discrimination:** Reaffirmed that stigma and discrimination remain primary barriers preventing both nationals and foreign residents from seeking testing and treatment.
- **Prudent and Human Rights-Centered Approach:** Urged health authorities to approach enforcement and healthcare policies carefully to avoid instilling fear among foreign populations, which risks driving them away from testing and treatment. Recommended continuing a people-centered, human rights-based strategy.

5. CCM Chair and Vice Chair (Representative from Foundation Mérieux Laos)

- **Oversight Visit Standardization:** Suggested that prior to future Oversight Committee (OC) field visits, a standardized observation template should be developed and shared among the oversight field visit team to ensure that all necessary technical, programmatic, and multi-sectoral perspectives are systematically captured during the future visits.

A. HIV/AIDS Program & Opportunistic Infections (OIs)

- **Case Detection Trends:** Noted that while a cumulative total of 18,000 cases were identified over the 2021–2026 cycle, 26,000 cases were detected in 2025, demonstrating enhanced case-finding efficiency that requires close tracking.
- **Rapid Diagnostic Test (RDT) Constraints:** Raised concern over RDT stockouts and recommended that the Center for HIV/AIDS and STI (CHAS) establish a structured supply chain down to health centers (e.g., in Oudomxay Province).
- **Budget Integration:** Highlighted that domestic HIV funding remains constrained ($1,400) compared to TB interventions, urging the MOH to integrate HIV/TB service models to reduce co-infection mortality and treat opportunistic infections.
- **Migrant Worker Management:** Called for heightened border surveillance due to rising regional HIV trends. Reaffirmed that foreign workers testing positive who willfully refuse treatment or engage in intentional transmission must be managed strictly under national legal frameworks through relevant ministry mechanisms.

B. Financial Management & Process Flow

- **Disbursement Compliance:** Questioned reporting delays and procedural bypasses during provincial fund releases, emphasizing that disbursements from provincial and district levels down to frontline implementers must strictly adhere to schedules to prevent budget cuts and operational disruptions.

C. Malaria Program Strategy

- **1-3-7 Surveillance Strategy:** Recognized the value of the 1-3-7 framework while stressing the need to bridge policy design with field execution to improve case detection among hard-to-reach groups.
- **Focal Village Follow-up:** Directed teams to prioritize active monitoring in high-risk focus villages to prevent outbreak resurgences.

D. Antimicrobial Resistance (AMR)

- **AMR Concerns:** Expressed serious concern over rising AMR rates driven by unregulated antibiotic use in agriculture and livestock.

E. Transition Preparation & Financial Sustainability

- **Global Fund Aid Reduction:** Highlighted the upcoming reduction in Global Fund assistance as Lao PDR

enters its Grant Cycle Transition over the next three years.

- **Strategic Mitigations:** Mandated that the Government and MOH prepare co-financing commitments (30%–50%) for ARVs and diagnostic supplies, while developing a national cost-saving strategy and securing international partnerships.

F. Response to UNAIDS (Lessons from Malaria)

- **Multilingual Communication & Project Engagement:** Shared that the National Malaria Center successfully reached foreign workers by producing materials in 3–4 languages (Lao, Cambodian, Thai, Chinese) and offering free treatment. Encouraged other programs (e.g., HIV/AIDS) to adopt similar strategies by assuring project owners that services are free, thereby gaining access to private project sites.

6. Department of Planning and Finance (DPF) Representative

- **Financial Management & Budget Disbursement:** Explained that recent structural updates and staff reassignments at central and local levels caused role ambiguity and execution delays. Additionally, remote districts lacking bank branches face delays due to travel requirements for cash withdrawals.
- **Monitoring & Supervision:** Acknowledged limited central-level technical guidance to local implementers, noting that work mechanisms are currently being refined to resolve disbursement bottlenecks.
- **HIV Interventions in SEZs & Migrant Workers:** Reported high case rates in Special Economic Zones (e.g., Oudomxay) among foreign workers. Due to non-compliance and a lack of local cross-border legal frameworks, issues have been escalated to the Ministry of Foreign Affairs (MOFA) to establish appropriate control mechanisms.

7. Center for HIV/AIDS and STI (CHAS) Representative

- **PrEP & Testing in Oudomxay:** Clarified that because Oudomxay is not a primary Global Fund focus area, prevention activities rely on limited domestic funds. Lacking community-based organizations (MSM/CBOs) locally, services utilize index testing (screening partners of confirmed cases) and supply PrEP at ARV sites to negative partners.
- **Dual Test Rollout & Syphilis Restrictions:** Announced the deployment of the HIV/Syphilis Dual Rapid Test for high-risk groups. Noted that Benzathine Penicillin procurement is managed by the government, but distribution is restricted to provincial/district hospitals (excluding health centers) due to necessary medical safety protocols for anaphylactic shock.
- **TB/HIV Screening & Foreign Worker Services:** Confirmed 100% HIV screening among TB patients at ARV/POC sites. Noted that treatment has historically been provided to foreign workers via international partnerships (e.g., OST), but the associated MOU is currently under formal renewal review.

8. National Tuberculosis Center (NTC) Representative

- **Revised TB Estimates:** Stated that WHO Geneva adjusted Lao PDR's estimated TB incidence upward to >130 cases per 100,000 population (reverting to estimates from 5 years ago), necessitating urgent funding and active case finding.
- **Co-Financing Schedule:** Noted that development partners proposed shifting co-financing targets to 50%, 40%, 30%, which presents a major fiscal challenge for long-term drug security.
- **Migrant Barriers & Adherence:** Highlighted out-of-pocket costs (e.g., X-rays, travel) as major barriers for uninsured internal migrants. Furthermore, cross-border migrants often default on treatment after 2–3 months due to relocation, requiring new tracking mechanisms.

9. Meeting Chair Summary & Key Recommendations

- **Co-Financing & Sustainability:** Reaffirmed that while Global Fund co-financing proportions were adjusted (50%, 40%, 30%) to ease immediate pressure, long-term fiscal capacity for ARV procurement and disease elimination remains a critical priority.
- **Immediate "Test and Treat":** Highlighted operational loss-to-follow-up (e.g., patients changing phone numbers) and urged adopting immediate "Test and Treat" protocols at testing sites alongside dedicated partner-tracing teams.
- **Quality of Care & STI Outbreaks:** Stressed moving beyond raw detection numbers to focus on treatment coverage (aiming for 95-95-95 targets). Addressing the >30% surge in Syphilis cases requires expanding condom and PrEP distribution to key populations and migrant workers.
- **Oversight Field Visit Framing & 2030 Targets:** Mandated that future CCM oversight visits focus on specific, data-driven themes (treatment coverage gaps, loss-to-follow-up causes, migrant barriers) to generate actionable evidence for budget requests and joint planning toward the 2030 elimination targets.

10. Decisions & Action Points

- **Official Endorsement:** The CCM Plenary officially noted and unanimously endorsed the *Report on the Results of the Oversight Field Visit in Oudomxay Province (6–12 June 2026).*
- **Next Steps for Secretariat:** The CCM Secretariat is requested to integrate all key comments, feedback, and recommendations raised during this meeting into the final version of the report for official record-keeping and follow-up action.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #4	**Progress update on the GF Grant Implementation for Catalytic Matching Fund**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

The meeting received a comprehensive progress update on the Global Fund Matching Funds (IBF1) for Laboratory Systems Strengthening, presented by the National Centre for Laboratory and Epidemiology (NCLE), detailing current statuses, challenges, and proposed actions across key activities as below ***(For more information, please see the attached PPT)*:**

1. Laboratory Quality Assurance (QA) and Capacity Building

- **Quality Management Unit & Experts:** Milestone MF3 (establishing a QM unit and hiring support personnel) has been completed, with staff currently performing duties according to their TORs. Procurement for a specialist to conduct a workforce capacity survey and training cost assessment (MF36) is finalized and underway. Additionally, a new activity to assess existing laboratory information systems is awaiting feedback and approval from the Global Fund team.
- **National Standards and Policies:** The technical review and harmonization meeting for the National Medical Laboratory Standards Manual (MF26) and the policy framework for integrated diagnostic services (MF28) received ministerial approval, with implementation workshops and final printing (MF27, MF29) anticipated in September.

2. Biosafety Strengthening and Equipment Certification

- **Biosafety Manual & Training:** Revision of the National Laboratory Biosafety Manual (MF10) is complete and currently undergoing drafting based on committee feedback, with printing (MF11) pending. Round 1 of the basic Biosafety Cabinet (BSC) certification training in Thailand (MF13) was successfully completed by 12 health personnel on May 18–23, 2026; a second round for 3 candidates was canceled due to delayed budget approval, though funds will be reallocated to other underfunded activities. Nomination for advanced BSC training (MF14) and the certification of 40 biosafety cabinets across 17 provincial and 6 central hospitals (MF15) which has already completed southern provinces are progressing through administrative approvals.
- **Challenges & Actions:** The existing 2016 biosafety manual requires extensive multi-stakeholder review to align with current standards. Budget delays necessitated the cancellation of small training components, with funds redirected to critical needs.

3. Integrated Specimen Referral System (iSRS) Pilot Implementation

- **Pilot Operations & Progress:** Implementation for the iSRS pilot across 3 target provinces (Champasack, Khammouan, and Oudomxay; spanning 9 districts and 18 health centers) is underway. A Training of Trainers (ToT) for provincial staff (MF31) was successfully conducted on June 22–26, 2026, and cascading district-level training (MF32) has been completed in Champasack. External procurement of iSRS consumables via GDF (Round 1) and local procurement (LCHMP61HP0923) were successfully delivered in July 2026, while unspent funds from canceled rounds have been reallocated.

- **Key Challenges Identified during Pilot:**
  - **Financial & Logistical Hurdles:** Staff frequently had to advance personal funds for transport due to the lack of formal transport contracts and delayed quarterly reimbursements, causing some health workers to halt specimen transport. Furthermore, rugged terrain during the rainy season and high fuel costs poses significant logistical barriers.
  - **Biosafety & Infrastructure Gaps:** Health centers lack dedicated deep freezers for ice packs (requiring storage alongside vaccines, which violates biosafety protocols) and face shortages of personal protective equipment (PPE) and spill kits.

- **IT & Data Constraints:** Unstable electricity, frequent power surges, lack of UPS units, and poor internet connectivity cause reporting delays.
- **Key Recommendations:** Expedite the approval and advance disbursement of iSRS transport costs (calculating by distance/trips rather than complex reimbursements), establish fixed transport schedules, and extend training to transport couriers.

4. GeneXpert Instrument Maintenance

- **Warranty Status:** Most GeneXpert maintenance agreements (covering 56 instruments) are set to expire in November 2026.
- **Key Action:** The meeting highlighted an urgent funding gap for extending the GeneXpert Warranty Extension Plus agreements and requested immediate exploration of budget allocation.

Key discussion points and comments from the meeting

Meeting Chair Summary & Key Recommendations

1. Achievements and Key Progress

- **Management & Standards:** Updated biosafety manuals and guidelines.
- **Personnel Development:** Conducted capacity building and training, streamlined procurement processes, and upgraded laboratory facilities directly linked to developing technical staff skills.

2. Recommendations and Challenges

- **Logistics & Equipment:** Facing challenges regarding sample transport, personal protective equipment (PPE), and cold storage/freezers for specimens and supplies.
- **Quality Control:** Temperatures in certain cold storage units run too high, potentially compromising samples or supplies; dedicated temperature monitoring and control protocols are required, particularly for vaccine administration.

3. Urgent Issues Requiring Action

- **GeneXpert Maintenance Service Contracts:** Maintenance service agreements for approximately 15–16 GeneXpert machines are set to expire within 2026.
- **Associated Risks:** As it is already July–August, only a few months remain before year-end. If maintenance agreements are not renewed urgently, potential machine breakdowns or technical glitches will directly disrupt diagnostic testing services.
- **Proposed Action Plan:** Urged the operational team and CCM Secretariat to immediately submit an official proposal to the concerned department/board to formulate timely corrective measures.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #5	**TB and HIV Funding Request for Grant Cycle 8 (2027-2029)**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

The representative of CHAS presented the GC8 HIV investment priorities for Funding Request (GC8), which is part of the HANSA. ***(For more information, please see the attached PPT).***

- **GC8 Allocation Overview:**
  - Lao PDR has been allocated up to **US$11,594,718** in total by the Global Fund for HIV, Tuberculosis, and RSSH for the 2027–2029 period, determined by disease burden and lower-middle-income classification.
  - Specifically for **HIV**, the allocation is **US$5,262,419** spanning from January 1, 2027, to December 31, 2029.
- **GC8 Investment Priorities & Key Interventions for HIV:**
  - **HIV Prevention:** Reducing new infections among key and vulnerable populations via peer-led, community-based, and digital outreach across 11 priority provinces, alongside expanding PrEP and condom promotion.
  - **Differentiated HIV Testing:** Improving early diagnosis through community outreach, self-testing, index testing, social network testing, and HIV/syphilis dual testing.
  - **HIV Treatment, Care & Support:** Expanding decentralized and differentiated ART service delivery through point-of-care (POC) sites, peer navigation, pediatric/adolescent care, and EMTCT.
  - **TB/HIV Integration:** Conducting routine TB screening among PLHIV, expanding TB preventive treatment (TPT), and strengthening collaboration between programs.

- **Program Management:** Sustaining human resource costs for peer-led interventions with performance-based incentives and strengthening digital health information systems (M&E).

- **Budget Allocation and Domestic Co-Financing:**
  - The total 3-year HIV budget of **US$5,262,419** is distributed among key implementers and categories, with health product procurement comprising 40.73% (US$2,143,175) and CHAS receiving 24.29% (US$1,278,342).
  - For health product co-financing (such as PrEP, ARVs, and RDTs), Global Fund financing adjusts from 50% in Year 1 to 40% in Year 2 and 30% in Year 3 to progressively enhance national ownership.
  - Government co-financing commitments for the HIV component total US$1,468,420 for 2027, US$1,143,338 for 2028, and US$1,543,162 for 2029.
- **Submission Timeline & Next Steps:**
  - Technical consultations, stakeholder meetings with CSOs, performance frameworks, and draft compilation were successfully completed between March and August 2026.
  - Mandatory CCM documents including the PR nomination, Statement of Compliance, and official CCM Plenary endorsement were formally reviewed and adopted during this 2nd CCM Plenary Meeting on August 21, 2026, ahead of the final submission process.

The representative of NTC presented the Investment Priority Request for TB in Global Fund Grant Cycle 8 for 2027-2029GC8, which is part of the HANSA. ***(For more information, please see the attached PPT).***

- **TB Epidemiological Context & Targets:**
  - Lao PDR's TB incidence rate declined from 182 per 100,000 population in 2015 to 136 per 100,000 in 2025, reflecting a 25% reduction which remains distant from the 50% End TB milestone.
  - In 2025, 9,091 new episodes of TB were notified (reaching 86% of the WHO TB incidence estimate), while estimated deaths dropped to 1,004, coming close to the 75% mortality reduction milestone.
  - GC8 targets aim to accelerate incidence reduction by increasing TB notification targets (9,336 in 2027; 9,391 in 2028; 9,345 in 2029) and scaling up TB Preventive Treatment (TPT) for household contacts (HHC) from 5,474 in 2027 to 8,276 in 2029.
- **GC8 TB Allocation & Budget Overview:**
  - Total combined HIV/TB funding for Grant Cycle 8 is **US$20,122,585**, comprising **US$11,594,718** from the Global Fund and **US$8,527,867** in Government Co-Financing.
  - Specifically allocated for **TB**, the total budget is **US$10,711,732**, which includes **US$6,332,299** from the Global Fund and **US$4,379,433** in domestic co-financing.
- **Core TB Investment Priorities (GC8):**
  - **Investment Priority 6 (TB Diagnosis, Treatment, and Care):** Focuses on addressing slow incidence reduction via targeted case finding (chest X-ray, CAD/AI screening, 100% molecular diagnostics), establishing 80 TB NPOC-NAAT units, deploying short all-oral regimens for drug-resistant TB (BPaL/M), and utilizing pooled HANSA2 funding for specimen transport and active case finding.
  - **Investment Priority 7 (TB/DR-TB Prevention):** Scales up TPT among household contacts and people living with HIV of all ages, introducing MTB-specific skin tests (TBST, CY-TB) and short-course TPT regimens (3-RH for children, 3-HP for adults).
  - **Investment Priority 8 (Collaboration with Other Providers and Sectors):** Leverages community-based TB/DR-TB care via CSOs (such as CHIAS in 5 districts of Salavan and PEDA in 10 districts of Vientiane Province) to execute mobile education, presumptive ID, specimen collection, and patient support.
- **Co-Financing and Procurement Arrangements:**
  - Domestic co-funding for TB health products increases progressively, covering 50% of procurement costs in Year 1, 60% in Year 2, and 70% in Year 3, while the Global Fund covers the remainder.
  - HANSA2 project components and domestic co-financing will additionally support primary health care strengthening, GeneXpert maintenance, and vital community-led monitoring and outreach activities.

Key Discussions, Comments, and Decisions from the Meeting

1. Meeting Chair's key Recommendations

- **Presentation of GC8 Progress:** Presented the progress and lessons learned regarding the Global Fund Grant Cycle 8 (GC8) application, covering prevention and treatment activities.
- **Key Consultation Requests:** Sought meeting feedback on three specific areas:
  - Alignment of the presentation with current national health strategies.
  - Identification of coordination gaps or activity overlaps across sectors to establish collaborative solutions.

- Recommendations from CCM members regarding the proposed budget and implementation plan to ensure operational feasibility.

2. WB Representative

- **GC8 Strategic Alignment:** Expressed appreciation for the comprehensive GC8 presentation, noting strong alignment with national health priorities.
- **Feasibility of TPT Targets:** Expressed concern regarding Tuberculosis Preventive Treatment (TPT) targets. Achievements currently fall short of the 3,000 targets for 2026, making upcoming annual targets of 5,000–6,000 highly challenging.
- **Operational Verification:** Emphasized the necessity of confirming whether adequate financial resources, operational capacity, and actionable field plans are in place to support scaled-up TPT targets.
- **Goal-Setting Principles:** Cautioned against establishing unrealistic expectations without securing concrete operational details and multi-stakeholder consensus.

3. DPF Representative

- **Population Estimates & Budget Planning:**
  - *Overestimated Figures:* Noted that estimated target population figures used in budget requests are set excessively high (e.g., projecting 7–8 million residents by 2027).
  - *Approval Challenges:* Unrealistic population figures create difficulties for Ministry of Finance approval. Recommended recalculating baseline estimates to align with official demographic data.
- **DHIS2 System Operations (HIV/AIDS Program):**
  - *Implementation Delays:* The technical team has operated the DHIS2 database since March 2026 but faces contract signing and disbursement delays.
  - *Expedited Approval Request:* Requested leadership assistance in expediting formal contract execution.
  - *System Infrastructure:* Confirmed coordination with the National Information Technology Center, verifying that data integration is fully supported on existing health sector servers.

4. UNAIDS Representative

- **Coverage Expansion & Prevention Methodologies:**
  - *Pediatric & Adolescent Care:* Welcomed expanded treatment coverage targets for pediatric and adolescent populations to address historical service gaps.
  - *PrEP Service Delivery:* Encouraged cost-effective PrEP delivery methodologies that lower operational expenses while maintaining coverage.
- **Co-Financing, Transition Planning, and CSO Support:**
  - *Transition Mandate:* Highlighted that the GC8 allocation letter requires prioritized transition planning amid long-term donor funding uncertainties.
  - *Civil Society Funding:* Urged domestic co-financing mechanisms (including the ADB/HANSA loan) to support Civil Society Organizations (CSOs) and NGOs to sustain community-led interventions.
  - *Sustainability Roadmap:* Recommended fully integrating the UNAIDS/French-supported Sustainability Roadmap into GC8 implementation plans.
- **Synergy with HANSA Loan Support:**
  - *Complementary Investments:* Called for increased reporting on how the HANSA loan is used to support the activities related to the Global Fund grants to increase visibility on the needed synergy between them.

5. WHO Representative

- **Recognition of Progress:** Congratulated the national centers and technical teams on expanding geographic coverage and differentiated services for key populations.
- **Priority Technical Areas:**
  - *EMTCT:* Highlighted the need for explicit sourcing of test kits for Early Infant Diagnosis (EID) and dual HIV/Syphilis screening among pregnant women.
  - *Pediatric & Adolescent Care:* Urged targeted interventions to improve testing, retention, and treatment adherence among young cohorts.
  - *PrEP & Advanced HIV Disease (AHD):* Called for a structured PrEP cascade and detailed strategies to manage late-stage HIV diagnoses.
- **Health Information Systems:** Recommended allocating dedicated technical and financial resources to upgrade DHIS2 dashboards and resolve data quality issues across operational levels.

- **Procurement Timelines:** Noted that government co-financing covers a major portion of health product procurement, emphasizing early financial planning to account for long procurement lead times and prevent stockouts.

6. CHAI Representative

- **GeneXpert Contract Expiration:** Noted that national maintenance contracts for GeneXpert equipment expire in November 2026.
- **Maintenance Budget Gap:** Highlighted that while ~50 of the country's 60 GeneXpert devices are active, the Global Fund grant budgets maintenance for only 10 units.
- **Strategy Query:** Requested clarification on national funding mechanisms (e.g., Pandemic Fund or domestic budgets) to maintain the remaining equipment fleet.

7. NTC Representative

- **Epidemiological Estimation:** Confirmed that estimated TB incidence figures follow WHO guidelines and database models. Target numbers will be reviewed in collaboration with stakeholders to ensure realistic baselines.
- **TB Case Detection Trends:** Case notifications recorded in DHIS2 show an upward trend from 2021 through 2023, driven by active field screening, expanded testing points, optimized sample transport networks, and CSO partnerships.
- **GeneXpert Equipment Allocation:** Clarified that the national fleet of ~60 GeneXpert devices is supported through a combination of Global Fund allocations and approved Pandemic Fund grants, with device placement optimized based on regional diagnostic demand.

8. CHAS Representative

- **HIV/AIDS Program Sustainability:**
  - *AIDS Fund Decree:* The Prime Minister officially approved the AIDS Fund Decree, enabling resource mobilization from public, private, and industrial sectors.
  - *CSO Financing Mechanisms:* Standard Operating Procedures (SOPs) and licensing/certification criteria are being finalized to enable CSOs to access direct grant funding.
- **HIV Test Kit Procurement & Allocation:**
  - *Dual Test Deployment:* Procurement plans prioritize Dual Rapid Diagnostic Test Kits (simultaneously screening HIV and Syphilis).
  - *Supply Gap Management:* Addressing decentralized procurement across programs (such as Maternal and Child Health) through structured reviews to eliminate supply gaps at primary health centers.
- **DHIS2 System Upgrades:**
  - *Dashboard Enhancement:* DHIS2 dashboards are being updated to improve monitoring efficiency and data verification.
  - *Technical Support:* Proposals have been submitted to financial coordination committees to secure co-financing for technical software support.

9. DPF Representative

- **Financial Commitments:** Confirmed Ministry of Finance budget inclusion for 2027–2028, ensuring program continuity alongside Global Fund grants.
- **DHIS2 System Optimization:** Recommended maximizing the use of existing DHIS2 infrastructure rather than developing redundant standalone platforms, urging all health sectors to enforce complete data entry.

10. Meeting Chair's Guidance

- **Demographic Baseline Alignment:** Clarified that while the 2015 census reflected a 1.7% population growth rate, the 2025 census indicates a 0.8% growth rate (resident population ~6M; total including overseas workers ~7M). Provincial and district targets must use validated population data to avoid budget distortion.
- **DHIS2 Operational Support:** Instructed health departments to address hardware shortages (tablets/computers) and internet connectivity issues at local health centers to ensure real-time data quality.
- **Co-Financing Approval:** Formally agreed with the proposed government co-financing proportions and instructed the CCM Secretariat to finalize the GC8 proposal for submission by the end of September.

11. TA of NTC

- **Disease Estimates vs. Operational Realities:** Clarified that adjusting population baselines alters percentage incidence rates but does not reduce the absolute number of physical cases requiring diagnosis and treatment.

- **Co-Financing Schedule:** The Global Fund co-financing policy mandates that the government assume a 50% procurement share for essential health products starting in 2027, with proportional increases in subsequent years.
- **Risk of Under-Investment:** Cautioned that delaying co-financing commitments risks severe long-term financial, clinical, and epidemiological consequences.

12. TA (GC8 Funding Request)

- **Strategic Synergies:** Highlighted that Global Fund grants target health commodities, diagnostic test kits, and treatment interventions, while the WB/DFAT HANSA 2 program focuses on Health System Strengthening (HSS), primary care, and information systems.
- **Allocation and Co-Financing Figures:** Confirmed the GC8 allocation at $39.5M USD, matched by a binding government co-financing commitment of $28.5M USD (72.1% of the grant allocation).
- **Public Financial Management:** Noted that the Ministry of Health and Ministry of Finance agreed to pool health sector funds under a "Single Account/Pool" structure to streamline disbursements and oversight.

13. CHAS Representative (Clarifications on Treatment Costs)

- **ARV Medication:** Confirmed that Antiretroviral (ARV) drugs are provided to patients free of charge.
- **Laboratory Expenses:** Out-of-pocket patient costs are restricted to specific blood chemistry and laboratory tests associated with ongoing monitoring.

14. UNAIDS Representative (Governance & Endorsement)

- **Clarification on Endorsement:** Noted that because the draft proposal is still undergoing revision, a final document for formal endorsement does not yet exist.
- **Conditional Endorsement Proposal:** Recommended an "In-Principal Endorsement," allowing the proposal to proceed while technical teams integrate meeting feedback.
- **Conflict of Interest Declaration:** Formally declared a conflict of interest as a grant recipient, abstaining from voting on behalf of UNAIDS/WHO.

15. CCM Secretariat Representative (Voting & Submission Procedure)

- **Endorsement Protocol:** Proposed an "In-Principal Approval" by the CCM Plenary, allowing technical teams to finalize the text before submission.
- **Alternate Voting Eligibility:** Reaffirmed that alternate members are fully authorized to vote in the absence of primary members.

16. CHAS Representative (Policy & Cost-Effectiveness)

- **Treatment Policy for Foreign Nationals:** Reaffirmed that Lao citizens receive ARV treatment free of charge. Foreign nationals testing positive under Test & Treat protocols are referred to alternative payment mechanisms, as free coverage is restricted to citizens.
- **Dual Test Kit Deployment:** Reiteration of the operational efficiency of Dual Test Kits for key populations (MSM, FSW, PWID).
- **CSO Cost-Effectiveness:** Urged evaluating CSO allocations on a cost-per-reach basis, noting that historical benchmarks averaged $20–$22 per person annually, whereas higher unit costs require programmatic justification.

17. WHO Representative (Strategy & Capacity)

- **Targeting Strategy & Incentives:** Clarified that key population targets rely on incentivized outreach models designed to capture cases outside ART centers (where currently only 20% of diagnoses occur).
- **Consolidated Planning:** Encouraged provinces to consolidate resource requests to maximize cost-effectiveness.
- **CSO Institutional Capacity:** Emphasized that building technical capacity within CSOs is essential for long-term grant sustainability.

18. Department of Communicable Disease Control (DCDC) Representative

- **Procurement Transition:** Confirmed that government budget allocations for health product procurement will take effect in Year 2 and Year 3, with Global Fund grants covering initial transition costs.
- **GeneXpert Maintenance Strategy:** To manage high equipment overhead, NTC and CHAS agreed to a hybrid maintenance strategy contracting commercial suppliers for high-volume units while transitioning routine servicing of remaining devices to trained internal technical teams.

19. Ministry of Finance (MOF) Representative

- **Budget Disaggregation:** Supported in-principal endorsement while requesting clear budget disaggregation between Global Fund grant funds and domestic co-financing contributions.
- **Long-Term Procurement Planning:** Noted the upward trend in state health allocations leading into 2029, calling for joint MOF-MOH reviews.
- **HANSA Disbursement Bottlenecks:** Acknowledged field reports (e.g., Salavan Province) regarding HANSA fund disbursement delays, urging MOH to resolve digital financial management bottlenecks.

20. Decisions & Action Points

- **In-Principal Endorsement:** The CCM Plenary formally granted **In-Principal Approval** for the Grant Cycle 8 (GC8) Funding Request for HIV and TB (2027–2029).
- **Revision Mandate:** The CCM Secretariat and Technical Advisory teams are instructed to integrate all participant feedback, disaggregate co-financing data, adjust population baselines, and finalize the proposal text.
- **Voting Breakdown:**
  - **Attendance:** 30 CCM members and alternates (24 in-person, 6 online including 2 members declared conflict of interest).
  - **Result:** 19 members held eligible voting rights voted in favor (16 in-person, 3 online;).
  - **Verdict:** Achieved a simple majority (18/19 >50%), formally passing the In-Principal Endorsement.
- **Submission Deadline:** The final revised draft of the GC8 Funding Request will be submitted to the Global Fund prior to the September 30, 2026 deadline.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #6	**Progress update on the GF Grant Implementation for HANSA2 for HIV/TB** • **Co-Financing for TB and HIV** • **TOR of PR-DPF and DCDC**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

Representative from the PR-DPF presented the comprehensive progress report on the implementation of the HANSA 2 project; Co-Financing for TB and HIV; TOR of PR-DPF and DCDC as below ***(For more information, please see the attached PPT).***

- **Progress Update on HANSA 2 Implementation:**
  - The meeting received an implementation update for the HANSA 2 project under LAO-C-MOH.
- **Government Co-Financing Commitment for Grant Cycle 8 (GC8):**
  - The official Government Co-Financing Commitment Letter addressed to the Global Fund (dated July 21, 2026) was presented, acknowledging Lao PDR's GC8 allocation of up to US$ 11,594,718 and setting the minimum co-financing requirement at US$ 8,527,867 for 2027–2029.
  - Total GC8 co-financing commitments amount to US$ 4,148,433 for HIV and US$ 3,917,433 for TB (plus US$ 462,000 for RSSH), which are integrated into overall health spending commitments aiming to grow government health spending to 9% of total government spending by the end of the implementation period.
  - The commitment details comprehensive monitoring and annual reporting schedules (spanning from 2027 to 2030) to submit official approved budgets and co-financing monitoring reports to the Global Fund.
- **Update on Principal Recipient (PR) and Co-PR Roles and TORs:**
  - Following guidance from the Deputy Minister of Health and CCM Chair during the May 20, 2026 Ad-hoc meeting, the Department of Planning and Finance (DPF) and the Department of Communicable Disease Control (DCDC) held a joint internal consultation on June 11, 2026, co-chaired by Dr. Phonepadith Xangsayarath and Dr. Viengmany Bounkham.
  - The meeting reached a consensus that DPF will remain the PR for TB and HIV, while DCDC will serve as the Co-PR for TB and HIV for Grant Cycle 8 (2027–2029).
  - Key implementation arrangements agreed upon include channeling planning and decision-making processes through DCDC prior to DPF procedures, and ensuring both departments are invited to co-chair missions and meetings related to Grant Cycle 8.

Key discussions and comments from the meeting:

1. **DOF Representative**
   - Document Review and Operational Roles: Overall, the draft content is complete; however, it is recommended that the DDC review potential phrasing redundancies to refine technical clarity and precision.
     - Clarity on Roles and Governance (PR, PCO, CSOs/NGOs):
     - Direct Management Role: The relevant department (such as the Department of Finance) already serves as the Program Coordination Office (PCO) and thereby holds the direct authority and responsibility to manage CSOs/NGOs acting as Sub-Recipients/Implementation Entities.
     - Reporting Channels: Reporting follows established procedures and is routinely submitted up to the Committee per regulatory protocols.
     - Governance Text Adjustments: Stating in the text that "the Committee must directly manage CSOs/NGOs" is unnecessary and misaligned with organizational structure; this clause should be adjusted accordingly.
   - Next Steps: Tasked the Director General of DDC (or technical team) to review and coordinate with relevant parties to finalize the wording. No issues are anticipated as all stakeholders have already agreed in principle.

2. **DDC Representative**
   - **Consensus on Roles and Mechanisms**
     - **Agreement on Implementation Governance:** All parties have agreed that project execution will proceed in strict accordance with established technical mechanisms and procedures.
     - **Principal Recipient Role:** The Department of Finance (DOF) serves as the Principal Recipient (PR).
     - **Technical Lead Authority:** The Department of Disease Control (DDC) is directly responsible for and holds decision-making authority over technical matters.
   - **Updating Center/Department Nomenclature**
     - **Institutional Name Changes:** Raised the issue regarding updated official titles for technical centers (e.g., the Center for HIV/AIDS and STI, the National Tuberculosis Center, and the Center for Malariology, Parasitology and Entomology) following recent organizational decrees and structural realignments.
     - **Proposal Standardization:** Requested that the meeting delegates and technical team thoroughly review and adopt the newly updated official center titles across all formal documentation.

3. **CCM Secretariat Representative**
   - **Clarification on the PR Structure (PR MOH Structure):** Consultations have been held with the Global Fund to align understanding and prevent confusion. Currently, the designated Principal Recipient is officially **PR MOH** (Ministry of Health).
   - **Division of Responsibilities Between the Two Departments:**
     - **Department of Finance (DOF):** Responsible for financial management.
     - **Department of Disease Control (DDC):** Responsible for technical implementation and oversight.
   - **Official Nomenclature and Signatures:** For document execution and official usage, standalone designations such as PR DOF or PR DDC will no longer be used; all official documents will uniformly adopt **"PR MOH"** (Ministry of Health).

4. **DOF Representative**
   - **Increasing Budget Disbursement Targets:** Recommended that all implementing entities accelerate budget disbursements to achieve the 100% target.
   - **Importance of HANSA Project Conditions:** For the HANSA project, meeting disbursement conditions and Disbursement-Linked Indicators (DLIs) is critical; failing to disburse 100% of the target or missing established timelines creates significant operational challenges and follow-up issues.
   - **Recommendation for Technical and Finance Teams:** Urged technical and finance teams to collaborate strictly, adhere firmly to regulations, and comply with established mechanisms to ensure smooth and efficient budget disbursement.

5. **Decisions & Action Points**
   - **Document Submission Under the New Prime Ministerial Decree:** Document processing and operational execution must strictly align with the new decree reported by the Director General of DCDC, which has been formally approved and signed by the Prime Minister.
   - **Revision of TORs for PR DPF and DCDC:**
     - **Terms of Reference Alignment:** The Terms of Reference (TOR) for PR DOF and DDC must be reviewed and updated to ensure full alignment with the new decree and mandate.

- **Operational Efficiency:** Provisions and clauses should be adjusted to enhance operational effectiveness, efficiency, and the achievement of set targets.

- **Voting Results on the Revised TORs:**
  - **Call for Endorsement:** The Meeting Chair requested the CCM members to vote on the revised TORs for PR DOF and DDC.
  - **Voting Breakdown & Resolution:** A total of 17/19 participants (both in-person and online) voted in favor, officially marking the unanimous endorsement of the updated TORs. The concerned departments, specifically DOF and DDC, are instructed to finalize the TORs completely and submit them to the CCM Secretariat for official reference.

Key Discussions, Comments, and Decisions from the Meeting

1. Department of Finance (DOF) Representative

- **Document Review and Operational Roles:** Concluded that the draft content is complete; however, recommended that DDC review potential phrasing redundancies to refine technical clarity.
- **Clarity on Roles and Governance (PR, PCO, CSOs/NGOs):**
  - *Direct Management Role:* Clarified that DOF serves as the Program Coordination Office (PCO) and holds direct responsibility to manage CSOs/NGOs operating as Sub-Recipients/Implementation Entities.
  - *Reporting Channels:* Reaffirmed that reporting follows established procedures and is submitted up to the CCM per regulatory protocols.
  - *Governance Text Adjustments:* Noted that stating "the Committee must directly manage CSOs/NGOs" in the proposal text is inaccurate and should be adjusted to reflect actual organizational structure.
- **Next Steps:** Tasked the Director General of DDC and the technical team to review and finalize the wording in coordination with relevant parties.

2. Department of Disease Control (DDC) Representative

- **Consensus on Roles and Mechanisms:**
  - *Implementation Governance:* Confirmed agreement that project execution will proceed in strict accordance with established technical mechanisms.
  - *Principal Recipient Role:* DOF acts as the Principal Recipient (PR) lead for finance.
  - *Technical Lead Authority:* DDC serves as the technical lead with decision-making authority over disease-specific interventions.
- **Updating Institutional Nomenclature:**
  - *Institutional Name Changes:* Raised the requirement to update official titles for technical centers (e.g., Center for HIV/AIDS and STI, National Tuberculosis Center, and Center for Malariology, Parasitology and Entomology) following recent organizational restructuring decrees.
  - *Proposal Standardization:* Requested that meeting delegates and technical teams adopt the newly updated official center titles across all formal documentation.

3. CCM Secretariat Representative

- **Clarification on the PR Structure (PR MOH Structure):** Confirmed following Global Fund consultations that the designated Principal Recipient is officially **PR MOH** (Ministry of Health) to align understanding and prevent confusion.
- **Division of Responsibilities:**
  - *Department of Finance (DOF):* Responsible for financial management and administrative execution.
  - *Department of Disease Control (DDC):* Responsible for technical implementation and oversight.
- **Official Nomenclature and Signatures:** Standalone designations such as PR DOF or PR DDC will no longer be used; all official documents will uniformly adopt **"PR MOH"**.

4. Department of Finance (DOF) Representative

- **Accelerating Budget Disbursements:** Recommended that all implementing entities accelerate budget disbursements to reach the 100% target.
- **HANSA Project Disbursement Conditions:** Highlighted that meeting disbursement conditions and Disbursement-Linked Indicators (DLIs) under the HANSA project is critical, as missing timelines creates significant operational challenges.
- **Technical and Financial Collaboration:** Urged technical and finance teams to strictly adhere to regulations and coordinate closely to ensure smooth budget flow.

5. Decisions & Action Points

- **Alignment with New Prime Ministerial Decree:** Confirmed that document processing and project execution must strictly comply with the newly approved Prime Ministerial Decree reported by the Director General of DDC.
- **Revision of TORs for PR DOF and DDC:**
  - *Terms of Reference Alignment:* Instructed that the Terms of Reference (TORs) for PR DOF and DDC be thoroughly reviewed and updated to reflect the new decree and mandate.
  - *Operational Efficiency:* Required clauses to be adjusted to enhance operational efficiency, accountability, and target achievement.

- **Voting Results on Revised TORs:**
  - *Call for Endorsement:* The Meeting Chair called for a vote from CCM members on the revised TORs for PR DOF and DDC.
  - *Voting Breakdown & Resolution:* A total of 17 out of 19 eligible voters (both in-person and online) voted in favor, officially marking the unanimous endorsement of the updated TORs. DOF and DDC are instructed to finalize the TOR text and submit the final version to the CCM Secretariat for official record-keeping.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #7	**Global Fund Grant Implementation Progress Update (HIV)**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative of CHAS provided an update on the implementation status of the HIV Performance-Based Condition 6 (PBC 6) for 2026, which is part of the HANSA. ***(For more information, please see the attached PPT).***

- **Overview of HIV PBC 6 Implementation Progress (Year 3 / 2026):**
  - **PBC 6.1 (FSW Testing across 5 target provinces):** Reached 5,457 actual tests out of a target of 9,939 (55% progress), indicating a risk of not achieving the target due to delayed budget disbursements (50% transferred in April 2026) and ongoing challenges in reaching hidden/concealed populations.
  - **PBC 6.2 (MSM/TG Testing across 5 target provinces):** Reached 3,994 actual tests out of a target of 6,708 (60% progress), facing similar risks of missing targets driven by budget disbursement delays and challenges in accessing high-risk groups.
  - **PBC 6.3 (PLHIV on ART Nationwide):** Achieved strong performance with 15,635 patients on ART against a denominator of 20,297 (77% performance against the annual target, or 112% against the project target). Service points expanded to 55 units (50 active), with 83% receiving services at ART sites and 17% at POC sites. Key challenges include delayed ART initiation for 24% of newly diagnosed patients, limited access to Opportunistic Infection (OI) management outside ART sites, and low TPT uptake (41%).
  - **PBC 6.4 (MSM/TG on PrEP Nationwide):** Reached 981 cases out of a target of 1,500 (65% progress), reflecting a risk of unachieved targets due to budget delays, low awareness/acceptance rates, and difficulties for target groups visiting hospital-based services despite the expansion of 14 reporting service points.
  - **PBC 6.5 (Viral Load Coverage among PLHIV):** Demonstrated strong performance, achieving 13,191 actual results (97% progress against the 13,627 target).
- **Financial Allocation & Budget Execution for 2026 (HANSA2 / PBC 6):**
  - The total 2026 budget amounts to **USD 1,183,468** (combining the annual AOP 2026 of USD 962,968 with carried-over funds from 2024–2025 and procurement savings of USD 220,500).
  - Budget distribution across implementers includes CHAS (43.43%), PHOs (21.11%), CHIAs (16.50%), PEDA (5.82%), Central Hospitals (5.77%), APL+ (3.69%), and DHOs (3.67%).
  - The 2026 AOP budget of USD 962,968 is disbursed in two 50% tranches (January–June and July–December) across central, provincial (18 PHOs), and district (23 DHOs) levels.
- **Strategic Framework to Close the 95-95-95 Gaps:**
  - **Closing the 1st 95:** Expanding diversified testing networks (digital promotion, PITC, HIV self-testing in facilities and communities, index testing, and primary health care integration) and strengthening CSO government coordination and referral systems.
  - **Closing the 2nd 95:** Optimizing ART access and decentralization (scaling up POC-ART, same-day ART initiation, standard service packages, DSD, MMD, enhanced adherence counseling, and expanding geographic coverage from 39% to 50% reaching 70 hospitals by 2030).

- **Closing the 3rd 95:** Scaling up national use of VLAO for real-time VL tracking, generating automated due lists via HaoCare, expanding lab testing capacity, strengthening sample transport systems, and enforcing continuous quality improvement (CQI).
- **System & Lab Strengthening:** Enhancing the Laos HIV dashboard for automated analytics, building digital data monitoring capacity, and standardizing site expansion criteria for confirmatory testing and specimen referral systems.

Key discussions and comments from the meeting:

- **Presentation:** The team presented the latest progress update on the HIV component under the Global Fund grant.
- **Discussion & Outcomes:** After the presentation, the floor was opened for questions, but no further comments or concerns were raised. Everyone was satisfied with the update, and it was noted without any objections.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #8	**Global Fund Grant Implementation Progress Update (TB)**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

The representative from NTC provided a progress update on the implementation of the TB Grants under the HANSA 2 project (PBC 7) as below ***(For more information, please see the attached PPT).***

- **PBC 7.1: Notified TB Cases (All Forms):**
  - In 2025, the program notified 9,101 TB cases of all forms (new episodes), achieving 86% treatment coverage of the WHO TB incidence estimate and successfully meeting the HANSA2 Year 2 target for PBC 7.1.
  - For 2026, 5,773 TB cases have been notified, keeping the program on track to reach the HANSA2 Year 3 TB target.
- **PBC 7.2: TB Preventive Treatment (TPT) for Household Contacts:**
  - In 2025, 1,177 child household contacts of TB patients started TPT, representing 69% of the PBC 7.2 target.
  - As of mid-August 2026, 2,223 TB household contact persons of all ages began TPT, reaching 74% of the annual target and remaining on track to meet the Year 3 TPT goal.
- **Key Programmatic Activities & Progress:**
  - Achieved 100% molecular (GeneXpert) testing for presumptive TB cases, showing a country average test positivity of 11.4% (and 15% positivity in Active Case Finding [ACF] conditions).
  - Active case finding continued in remote districts and prisons, contributing over 30% of all TB notifications in 2026.
  - Conducted training of trainers (ToT) for TB infection screening using the skin test (CY-TB) alongside pilot testing in 3 central hospitals in Vientiane, supported by online evidence-based monitoring via the TB tracker (DHIS2).
  - Under TB/HIV collaborative activities, 4,732 out of 5,453 (87%) TB patients received an HIV test, resulting in 224 HIV-reactive cases (180 among known PLHIV and 44 tested post-diagnosis), of whom 197 (88%) started ART.
  - Diagnosed 24 MDR/RR-TB cases in 2026, with 22 initiated on short all-oral treatment (6-month BPaL/M) and 2 deaths recorded prior to treatment.
- **Challenges and Next Steps:**
  - **Budget & Implementation:** Central workplans have been submitted to DCDC and DPF and are awaiting final MoH approval; district levels face limited funding for household contact home visits, and some district activities lack timely reporting to provinces. NTC plans to utilize internal savings to cover Q3 and Q4 gaps while strengthening provincial coordination.
  - **Procurement:** The pending payment for the 2026 domestic order of 40% of essential first-line TB drugs poses a risk of essential drug shortages in 2027. Immediate acceleration of the payment to GDF is required to prevent quotation expiry and extended lead times.
  - **Capacity Building:** New District TB Managers (DTMs) require targeted capacity building through onsite training and online coaching to manage real-time data entry and quality control within the DHIS2 TB tracker.

Key discussions and comments from the meeting:

- **Presentation:** The team presented the latest progress update on the TB component under the Global Fund grant.

- **Discussion & Outcomes:** After the presentation, the floor was opened for questions, but no further comments or concerns were raised. Everyone was satisfied with the update, and it was noted without any objections.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #9	**Progress update on the GF Grant Implementation for Malaria (RAI5E) including** • **Key Implementation Results,** • **Update on Funding Request for GC8 status RAI5E and** • **Co-Financing status**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

The representative from PR-UNOP and CMPE provided a progress update on the implementation of RAI4E & RAI5 Grants as below ***(For more information, please see the attached PPT).***

- **Malaria Situation & Epidemiological Update (2025 vs. Jan–Jun 2026):**
  - Total malaria tests conducted reached 273,576, while malaria cases dropped by 50% to 131 cases (comprising 1 Pf & Mix, and 130 Pv cases) compared to the same period in 2025.
  - Lao PDR remains firmly on-track regarding Plasmodium falciparum (Pf) elimination, recording only 1 imported Pf case and 1 mixed case.
  - Localized outbreaks involved 34 Pv cases across 8 villages (7 in Samouy District and 1 in Kaleum District), prompting successful outbreak responses (8 actual responses conducted against 20 expected).
- **Key Performance Indicators & Activities (RAI4E):**
  - Indicator achievements included 111% for parasitological testing (273,576 tested), 100% for first-line treatment, 102% for 24-hour reporting, 88% for case investigation/classification, 50% for active foci investigation, and 8% (2,166 distributed) for continuous LLIN distribution.
  - Integrated surveillance trainings extended nationwide across 17 provinces, 144 districts, and 773 health centers.
  - For Pv radical cure treatment, all 34 Pv cases received treatment (24 received Primaquine [PQ] with 100% completion, and 10 received Tafenoquine [TQ] for research with 67% completion on the 8-week course and the rest ongoing).
- **RAI4 Financial Performance & Audit Results:**
  - Cumulative financial absorption from January 2024 to June 2026 reached **70.46%** (USD 8,962,705 expended against a total budget of USD 12,720,460).
  - The 2025 external audits finalized by BDO UK in May 2026 across all seven Sub-Recipients resulted in 10 total findings (1 medium, 9 low), with clean audits for HPA and PEDA, 4 finance-related findings across DCDC, DPF, and CMPE, and 5 program/asset management findings.
- **RAI5 Grant Preparation & Co-Financing Commitments:**
  - The grant-making process for the RAI5 grant (2027–2029 allocation of USD 5.36M) took place from June to July 2026, covering strategic priorities, target settings, quantification updates, and CSO budget allocations.
  - **DCDC** was officially designated and endorsed as the Principal Recipient (PR) for the RAI5 grant in Lao PDR for the 2027–2029 period, with a structured handover plan from UNOPS scheduled for completion by mid-November to late November 2026.
  - Total RAI5 co-financing commitments for 2027–2029 amount to **USD 5,552,433** (comprising USD 1,072,104 for malaria-specific activities and USD 4,480,329 for in-kind HR and operations), with the drafted co-financing letter currently pending final Global Fund comments prior to formal ministerial signing.

Key discussions and comments from the meeting:

- **Presentation:** The team presented the latest progress update on the Malaria (RAI4E and RAI5E) under the Global Fund grant.
- **Discussion & Outcomes:** After the presentation, the floor was opened for questions, but no further comments or concerns were raised. Everyone was satisfied with the update, and it was noted without any objections.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #10	**Progress Update on CSO-KAP/PLWD Activities**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative from ADPWL presented the results from the Consultation Workshop of CSOs-KPs-PLWDs on 20 August 2026 as below ***(For more information, please see the attached PPT).***

- **Overview of CSO & Community Engagement:**
  - Presented by Mr. Thonsavanh Phimmanivong representing community networks (including PEDA, APL+, CHIAs, and ADPWL), highlighting activities, achievements, challenges, and recommendations across the three diseases (HIV, Malaria, and TB).
  - CSOs operate across multiple provinces nationwide under the HANSA project framework to deliver targeted community-based interventions, outreach, and patient tracking.
- **HIV Program Achievements & Community Impact:**
  - **Community Testing & Linkage:** Mobile screening and testing were conducted for key populations (FSW, MSM, TG) in communities and hotspots, successfully linking individuals testing negative to PrEP and referring reactive cases for confirmatory testing and Same-Day ART initiation.
  - **APL+ Support for PLHIV:** Reached 264 PLHIV for tracking and support (including 120 women, 37 children, and 107 men), supported 185 vulnerable PLHIV with nutrition, followed up with 60 bedridden patients at home, provided psychological counseling for 18 children affected by vertical transmission, and successfully returned 27 lost-to-follow-up (LTFU) patients back to ART.
  - **Awareness & Stigma Reduction:** Disseminated a 3-video awareness series via online channels (TikTok, Facebook, YouTube) accumulating over 114,077 views, alongside 4 community outreach campaigns reaching 485 participants (298 female) to promote U=U and reduce stigma.
- **Malaria & TB Community-Led Activities:**
  - **Malaria (PEDA & CHIAs):** Village Health Volunteers (VHV/VHA) participated in monthly meetings with health centers, received monthly incentives and travel subsidies, and conducted community awareness, Rapid Diagnostic Tests (RDTs), patient follow-ups, and 100% referral of positive cases for treatment. During April–June 2026, PEDA reached and tested 13,159 individuals via VHVs, while CHIAs reached and treated 14,273 cases.
  - **TB Program (CHIAs & PEDA):** Facilitated community-wide screening, active case finding, and direct contact support. During April–June 2026, CHIAs screened and referred 1,620 presumptive cases, while PEDA screened and referred 1,540 cases, ensuring close treatment adherence monitoring, HIV testing for all TB cases, and TPT for eligible children under 5.
- **Key Challenges and Bottlenecks:**
  - **Stigma & Behavior:** Persistent stigma and discrimination in communities and healthcare settings, coupled with patient denial of health status and high rates of lost-to-follow-up (LTFU).
  - **Operational & Financial Hurdles:** Delayed budget disbursements causing implementation bottlenecks, limited diagnostic/screening budgets forcing out-of-pocket expenses for target groups, and logistical barriers in remote or mountainous areas during the rainy season.
  - **Emerging Risks:** Increased mobility of key populations across borders and rising drug use trends (such as Chemsex among young MSM/TG populations) amplifying infection risks.
- **Key Recommendations from CSOs:**
  - Ensure timely disbursement of budgets to CSOs and field implementers to maintain uninterrupted activities.
  - Streamline financial mechanisms to route volunteer allowances (such as for ART center volunteers) directly via bank transfers.
  - Expand mobile screening coverage, increase funding for STI testing and treatment, supply sufficient condoms and lubricants, and procure IT equipment (laptops) and demo media for field teams.
  - Provide continuous refresher training for volunteers, CHAs, and VHVs on DHIS2, basic disease management, and ethnic language communication.

Key discussions and comments from the meeting:

- **Presentation:** The team presented the latest progress update on the CSO-KAP/PLWD Activities.
- **Discussion & Outcomes:** After the presentation, the floor was opened for questions, but no further comments or concerns were raised. Everyone was satisfied with the update, and it was noted without any objections.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #11	AOB and closed the meeting
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

SUMMARY OF DECISIONS & ACTION POINTS			
AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM	**1. Commendation and Summary of Meeting Successes** • **Progress Reports & Discussions:** The Meeting Chair opened the floor to receive progress updates, achievements, challenges, and recommendations from four components (TB, HIV, Malaria, NCLE and Oversight Field Visit. Participants were also invited to submit additional written feedback to the CCM Secretariat. • **Expression of Thanks:** The Chair expressed appreciation and praised all CCM members, committee representatives, and participants for dedicating their time and providing constructive input to ensure the meeting achieved its objectives. • **Key Achievements:** o **Oversight Report Endorsement:** The CCM Plenary officially noted and unanimously endorsed the *Report on the Results of the Oversight Field Visit in Oudomxay Province (6–12 June 2026).* o **In-Principal Approval of GC8 Request:** The Plenary formally voted to grant in-principal endorsement for the Grant Cycle 8 (GC8) HIV/TB Funding Request. o **Endorsement of Revised TORs:** The meeting unanimously voted to endorse the newly revised Terms of Reference (TORs) for PR DOF and DDC. **2. Strategic Directions & Priority Focus Areas (Chair Guidance)** • **Addressing Challenges:** Despite notable progress, ongoing efforts are needed to overcome challenges such as resource limitations, service access in remote areas, and the reduction of stigma and discrimination. • **Leveraging Technology and Innovation:** o **AI X-Ray Deployment:** Supported the integration of AI-assisted technology for reading X-rays in active TB case finding, enabling healthcare personnel to make rapid and precise diagnostic decisions. o **Integrated Services:** Promoted the comprehensive integration of TB and HIV service delivery models. • **Information Management (DHIS2):** Stressed improving data quality within the DHIS2 platform to ensure accuracy and real-time updates, noting that unreliable data creates risks for strategic planning. • **CSO/NGO Capacity Building:** Supported strengthening Civil Society Organizations (CSOs) to ensure effective engagement and broad service delivery for key and vulnerable populations. **3. Readiness for Government Co-Financing** • **Increasing State Allocations:** As external Global Fund financing systematically scales down; the government must prepare to increase its co-financing share from 50% toward 60%–70% in subsequent cycles.		

	• **Procurement Mechanisms:** Urged prompt preparation and optimization of national health commodity procurement mechanisms to prevent medicine stockouts and supply disruptions. **4. Tasks Assigned to the CCM Secretariat and Technical Teams** • **Consolidating Meeting Outcomes:** Tasked the CCM Secretariat with recording and consolidating all participant feedback and recommendations to notify relevant sectors and develop a detailed Action Plan. • **Document Finalization and Submission:** Instructed technical teams to expedite revisions to produce the Final Draft of the GC8 funding request for submission to the Global Fund by the end of September 2026. • **Ongoing Coordination:** Mandated the CCM Secretariat to maintain continuous coordination with CCM members, DOF, DDC, and the Global Fund team until the GC8 submission process is fully complete. • **Next Oversight Field Visit:** Instructed the CCM Secretariat to begin administrative and logistical preparations for the next scheduled oversight field visit, including coordinating site selection, itinerary details, and team member mobilization.		

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
ANNEXES ATTACHED TO THE MEETING MINUTES	Yes	No
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		

HECKLIST (Place'X' in the relevant box)	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	X		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members 2 weeks before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	X		Meeting minutes should be circulated to all CCM members, Alternates and non-members within 1 week of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	X		Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	X		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within 15 days of endorsement.

CCM MINUTES PREPARED BY:			
TYPE / PRINT NAME >	Budhsalee Rattana	DATE >	07 September 2026
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	
CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	Dr. Phayvanh Keopaseuth	DATE >	08 September 2026
FUNCTION >	Vice Minister of Health, CCM Chair	SIGNATURE >	