

The 4th CCM Plenary Meeting Minute

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			13		
MEETING NUMBER (if applicable)		04			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			13		
DATE (dd.mm.yy)		17 December 2024			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC, RMC AND CCM SEC. STAFF)			21		
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL PARTICIPANTS (INCLUDING ONLINE)			34		
HIS / HER NAME & ORGANISATION		First name	Prof. Dr. Phouthone			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
		Family name	Muongpak			DURATION OF THE MEETING (in hours)			8	
		Organization	CCM			VENUE / LOCATION		Don Chanh Palace 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								
HIS / HER SECTOR* (Place 'X' in the relevant box)					GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)			LFA		X
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	FPM / PO		X
								OTHER		X
								NONE		

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

AGENDA SUMMARY		SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)														
		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	<ul style="list-style-type: none"> Introduction and endorsement of agenda Quorum verification and conflict of interest identification Update follow up action from the last meeting 	X														
AGENDA ITEM #1	Report on the Results of Oversight Field Visit (OFV) in Sekong Province												X			

AGENDA ITEM #2	Annual Overall CCM Secretariat Performance Evaluation																		
AGENDA ITEM #3	Update on Continuation of TB services among Migrants in the TEAM2 Grant																		X
AGENDA ITEM #4	Progress Update on the Implementation of the Global Fund Grants for NCLE																		X
AGENDA ITEM #5	Progress update on the implementation of the Global Grant on HIV Program																		X
AGENDA ITEM #6	Progress update on the Malaria Program Transition and Sustainability Planning in Lao PDR																		X
AGENDA ITEM #7	Progress update on the implementation of the Global Grant on Malaria Program (RAI4E)																		X
AGENDA ITEM #8	Progress update on the implementation of the Global Grant on TB Program																		X
AGENDA ITEM #9	Progress update on the implementation of HANSA Project including HIV&TB Program and Co-Financing																		X
AGENDA ITEM #10	Update information and activities from the CSO-KPs-PLWDs Coordinating Committee														X				
AGENDA ITEM #11	AOB Close the meeting																		X

MINUTES OF EACH AGENDA ITEM

OPENING PROGRAM	<ul style="list-style-type: none"> ● Introduction and endorsement of agenda ● Quorum verification and conflict of interest identification ● Update follow up action from the last meeting
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI was identified in this item.

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CCM Chair warmly welcomed and thanked all participants that attended the 4th CCM Plenary Meeting – Calendar Year 2024 at the venue and online.

The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient. The meeting today will have an agenda item No.1 and No.2 for endorsement and CCM members will not have a conflict of interest.

At the same time, CCM Secretariat also updated the follow-up actions of the 3rd CCM Plenary Meeting on 4th October 2024, the meeting agreed as below:

1. DPF has received Co-Financing approval from the Minister of MOH and MPI
2. The stakeholders have discussed on the delayed transfer of budget and the budget approval mechanism and to train local staff

3. NPCO-DPF has circulated the report on the implementation of the three diseases to the Department of International Cooperation DIC-MPI and discussed on the DSA rate. The GF recommended to follow the regulation of HANSA especially the degree of MOF.
4. Regarding the oversight field visit of the three diseases, DCDC has discussed and find the way for solving the findings issues.
5. The meeting suggested CSO to implement their works under the guidance of the national programs
6. CCM secretariat has coordinated with the national programs to discuss the next site visit plan for three diseases. The Secretariat has conducted the site visit in Sekong province during 03-09 November 2024. The report of site visit has presented to the joint meeting of Ecom & OC Meeting on 4th December by the representative of site visit team.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1 Report on the Results of Oversight Field Visit (OFV) in Sekong Province

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 the oversight field visit team (CCM member) presented on the Results of Oversight Field Visit (OFV) in Sekong Province during 03-09 November 2024. The visit focused on the implementation of the project's activities supported by the GFATM and HANSA at provincial, district and health center levels. *(For more information, please see the attached PPT).*

Participants:

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

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

Visiting Sites

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

HIV/AIDS

Key Issues

- The budget is insufficient for HIV/AIDS activity component such as workplan, and strategic activity plans for 2020-2025.
- Received the budget only from Government and Global Fund, but not receive from another donors.
- Not have enough necessary equipment for HIV/AIDS activity e.g.: STI drug for the treatment, condom, brochures, flyers, media advertising AIDS and STDs, artificial genitals, gloves, 70% alcohol, cotton, etc.
- Infected patients are risky to get out of drug as they live remote area and it takes time to come to get the drug as inconvenient road for their travels.

- Dak Cheung district is undertaken on many economic development examples: having a company to invest on big fan for wind energy-wind turbines generate energy which has resulted in the expansion of the city and the increase in the number of migrant workers, including the number of female service worker shops.
- Some shop owners are not good in cooperation while implementing the HIV/AIDS activity, especially Vietnamese, mostly of the shops will have FSW inside 3-5 FSWs, including the students/teenagers, and they lack of the HIV/ STI prevention.
- No budget for implementing HIV activity at company's worker sites.

Challenge

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

Proposals

Provincial level:

- Increase the budget for diagnostic Testing for HIV infected patients
- Increase the activities for targeted group especially at construction sites, industries, or infrastructures.
- Request for the training of treatment for HIV-Related causes, providing recommendation for HIV blood testing and providing ARV drug for district and provincial level twice a year.
- Request for mobile blood test constantly and regularly twice a year.
- Request for necessary equipment for HIV/AIDS activity e.g.: STI drug treatment, condom and lubricant, brochures, flyers, media advertising AIDS and STDs, artificial genitals, gloves, 70% alcohol, corn, etc.
- Request budget to conduct the activity of taking care of patients in communities, decreasing the discrimination-Stigma on HIV infected patients (PLHIV)

District and health center levels:

- Request for IT equipment (computer) for HIV/AIDS work
- Extra equipment such as blood test reagent, Brochures, flyers, artificial genitals condoms and lubricant.
- Extend the HIV blood test networks down to health centers.
- Refresh training of VCT pre and post testing for districts and health centers.
- extend the HIV/AIDS workplan to health centers.
- Request budget to conduct the activity at communities in order for them to increase self-awareness for health care.

TUBERCULOSIS

Key Issues

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

Proposals

- Computer Notebook for provincial staff responsible.
- Advocating media for tuberculosis and other diseases.
- Budget for conducting TB work in communities.
- Conducting supervision visit at communities (ACF) twice a year.
- New TB Building to isolate infected patients.
- Refresh training for provincial, district, and health center staff for data entry and technical work.
- Budget for supervision visit for provincial, district, and health centers.

MALARIA

Key Issues

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

Proposals

- District requests for Laptop Notebook.
- HCs request 1 motorbike and computer notebook.
- Advocating media for malaria, gloves, alcohol 70%, cotton, etc.
- Request budget for malaria activities at communities.

Recommendation from OFV Team

- Provincial level, to add more staff to some units in the operation work of 3 diseases
- Central level, capacity building on technical aspect including DHIS2 for staff at provincial, district and health centers
- Strengthening integration and collaboration between units and partners concerned at provincial, district and health centers.
- Ensure the health information system is integrated between health centers, districts, and provincial levels that enable to access to the health information and can be updated accordingly.
- Conduct orientation workshop to build common understanding on the program's implementation
- Prepare detail work plan and share responsibility with units and partners concerned
- Provincial level, regularly monitoring and supervision districts and health centers
- Provincial and district level, to review, verification and approve data in DHIS2 system regularly.
- Should be provided with adequate tools especially computers to ensure timely reporting
- To ensure that there's no expired medicine, stock out and out of RDT.
- Focus on TB suspected case finding among the risk groups and all their relatives in districts and health centers, especially children under 5 year-old.
- District and health center level as well as volunteer workers, to use the government's promotional budget portion to implement the activities
- Integrate TB activities with other activities to provide TB information to the community

Key discussion points and comments from the meeting

- The meeting has raised a question on the reason of only 35% of positive HIV/AIDS cases have accessed to the treatment by ARV drug; Is this because they are in remote area, not come back for the treatment?
- Sekong province have only POC, and there is no ARV site for HVI/AIDS treatment. Health centers in remote area are lack of equipment, reagents, training for the referral service. Moreover, insufficient staff to perform HVI/AIDS work, and volunteers have not been trained for VCT.
- The meeting suggested to integrated activities of HIV, TB and Malaria should be implemented in health center level and support capacity building for the health volunteers
- Insufficient staffs
- IEC tools are insufficient for HIV/AIDS activity such as: condom, brochures, media advertising AIDS and artificial genitals, gloves, speaker and etc.
- The meeting has recommended the national programs (CHAS, NTC and CMPE) to action plan to integrate persons in charge, technical and budget to ensure the implementation meeting the target. In this regard, each center should have their ownership responsibility for the finding's solution.

- The meeting also suggested NTC and DCDC to consider in addressing the findings.
- CCM has unanimously endorsed for the Results of Oversight Field Visit Report (OFV) in Sekong Province

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #2 Annual Overall CCM Secretariat Performance Evaluation

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

After listening to the presentation of Annual Overall CCM Secretariat Performance Evaluation from the CCM Secretariat, CCM members have filled in the form and the representatives from OC and CCM members summarized and presented the results to the meeting as below:

CCM Secretariat Performance Evaluation Form, Year 2024

Key Task/Activity	Key indicator	CCM Members Rating			Comment/ Total
		Exceeds expectations	Fully meets expectations	Partially meets expectations	
1. Operations Support the operational functions of the CCM	i. All CCM members oriented in person or online/email, including on Code of Ethical Conduct, within 3 months of becoming a member.	25% (3p)	66.67% (8p)		
	ii. CCM governance documents updated regularly.	8.33% (3p)	66.67% (8p)	16.67% (2p)	
	iii. Programmatic data is available on time for oversight and funding request processes.		100% (12p)	10.00% (1p)	
Overall Rating for Operations		11.11%	77.78%	8.89%	97.78%
2. Oversight Support the CCM in enhancing efficiency of oversight procedures	i. Annual CCM Oversight Plan is available and implemented as schedules.	16.67% (2p)	75.00% (9p)	0	
	ii. High quality, on time oversight reports shared with key stakeholders.	8.33% (3p)	100% (12p)		
Overall Rating for Oversight		12.50%	87.50%	0%	100.00%
3. Positioning Facilitate discussions among key stakeholders on transition and sustainability efforts	i. Facilitate stakeholder consultations on coordinating and aligning CCM with existing national coordination platforms.	16.67% (2p)	66.67% (8p)	8.33% (3p)	
	ii. Ensure inclusion of sustainability and transition preparedness topics on CCM Meeting Agenda; including co-financing commitments briefing every 6 months to the CCM.	16.67% (2p)	50.00% (6p)	16.67% (2p)	
Overall Rating for Positioning		16.67%	58.33%	12.50%	87.50%
4. Engagement Foster meaningful,	i. CCM members engage actively in the CCM functions and meetings.	25% (3p)	75.00% (9p)		

inclusive and active participation of key stakeholders	ii. CCM members (particularly CSO and KP representatives) carried out activities to solicit inputs from and provide feedback within their constituencies to contribute to sound decisions of the CCM.	16.67% (2p)	83.33% (10p)		
Overall Rating for Engagement		20.83%	79.17%	0.00%	100.00%

- CCM has unanimously endorsed for the Results of Annual Overall CCM Secretariat Performance Evaluation by overall rating for:
 - Operation: 97.78%
 - Oversight: 100.00%
 - Positioning: 87.50%
 - Engagement: 100.00%

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3	Update on Continuation of TB services among Migrants in the TEAM2 Grant
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
CCM Secretariat has been informed that RCM TEAM was not available for this meeting and there is no presentation on the progress update on the TEAM2 Grant. This agenda will be added to the next Plenary CCM Meeting in 2025.	

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4	Progress Update on the Implementation of the Global Fund Grants for NCLE
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 NCLE has provided the progress update on the Catalytic Matching Funds as below (<i>For more information, please see the attached PPT</i>).	
<p>Progress Report HANSA 2 IBF1: Lab Systems Strengthening</p> <p>Capacity enhancement on Laboratory System and QM unit Current Status:</p> <ul style="list-style-type: none"> ● MF 3: Establishment of QM unit and recruitment of staff to support implementation of MF QMS related activities (Progress) <ul style="list-style-type: none"> ○ Discontinuation of hiring 4 contracted staff due to poor performance started from December 2024 onward. ○ Currently 3 contracted staff remained, and their TORs are revised and shared with NCPO. <p>Challenges: Seek higher qualified personnel with an increasing payment rate according to TOR. Key Actions:</p> <ul style="list-style-type: none"> ● NPCO suggest sourcing candidates with Job Post website advertising or NCLE can suggest qualified candidates to NPCO for direct negotiation. ● NCLE is currently working on developing a TOR for recruiting new staff <p>Development of Policy foundation for integrated laboratory Current Status:</p>	

- **MF 4:** Technical Working Group meeting to review national standard for infrastructure, tests, techniques and equipment for all laboratory levels (**Completed**)
- **MF 6:** Technical meeting and consultation on SOPs for integrated laboratory - operations, specimen management (**Completed**)
- **MF 9:** Contracting waste disposal contractor to collect and dispose of expired reagents and supplies including broken equipment (**Completed**)
 - Strengthening inventory systems at NCLE (**Completed**) and NCLE government lab staff have been responsible for lab inventory control and management since November 2024

Challenges:

- Limited laboratory space and equipment in most hospitals to accommodate integrated lab operation
- Existing SOPs are not covered all major diagnostics e.g., TB, HIV-1, Malaria due to separating operation

Key Actions:

- Suggest to participate/involve in lab space design and planning
- Suggest to communicate/involve in developing guideline of physical lab design with DHR
- Final list of SOPs for integrated laboratory will be shared with PH labs to guide additional SOPs needed

Strengthening the Biosafety/biosecurity capacity

Current Status:

- **MF 15:** Certify 40 biosafety cabinets in 17 provincial hospital labs and in 6 central level labs (Progress)
 - Budget proposal and plan approved
 - NCLE received fund last Friday (6 Dec 2024)
- **MF 28:** Procurement of biosafety HEPA filters and UV lamps and replacement service for HEPA filter in BSC (Removing and replacing the exhaust HEPA filter) (Not started)
 - Relevant information of HEPA filters and UV lamps including external certifiers are collected
 - The process will be started after certifying biosafety cabinets complete. This is important since there are multiple manufacturers of BSC used in the country

Laboratory Information Management System (LIMS) Strengthening

Current Status:

- Detailed LIMS scale-up workplan and TOR (Progress)
 - NCLE are working on both.
- **MF 21,22, 23:** (Pending and delay) await stakeholder consensus
- **MF 24:** Network enhancement at NCLE (Progress)
 - Detailed list of hardware and software required to set up a secure network at NCLE are prepared
 - Proposal and relevant documents are in preparation and after completing those documents NCLE will submit them to DPF
- **MF 26:** GXP Service & maintenance (Progress)
 - 69 GXP pre-owned modules for replacement (Order placed)
 - 69 Xpert Check for calibration (Order placed)
 - GXP warranty extension plus
 - Wambo requisition for GXP spare parts and labor costs is progressing
 - GF suggest to adjust starting date of SLA to November 10, 2024 (instead of January 1, 2025), to ensure the costs for replacing any additional failed or broken modules are covered under the SLA, making it the most cost-effective solution

Challenges: Awaiting stakeholders to reach consensus on the LIMS workstream

Key Actions: Consultation meetings will be held and hosted by DPF/NPCO

Establishment of Sample Transportation (ST) Network

Current Status:

- Work with FIND and HPA

Key discussion points and comments from the meeting

- The meeting suggested that the laboratory should be international standard designed
- All provincial hospital should have a laboratory
- The meeting assigned all concerned parts to stress on the maintenance of GeneXpert urgently
- CHAS, NTC and NCLE to discuss on the integration usage laboratory

MINUTES OF EACH AGENDA ITEM**AGENDA ITEM #5** Progress update on the implementation of the Global Grant on HIV Program

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI identified in this item

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

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

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

HIV services coverage and expansion

HIV services available at different level:

- Central/Province: HIV test and ARV available (ART/POC and VCT)
- District: HIV test available (VCT), ARV available in some district with POC/ART
- Health center/community: HIV test available in some pilot sites (e.g EMTCT pilot)

HIV services approaches:

- Facility based, mobile testing/outreach, self-testing, Index testing

Expansion HIV service

- PrEP services: scaling up nationwide
- HIV VL test (GeneXpert): 18 Provinces => scaling up
- HIV EID (GeneXpert): starting at ART and POC sites
- Established POC at Youth center

FSW, MSM/TG specific program

- FSW (PCCA-HANSAIL)
 - Savannakhet: 9 districts
- FSW (PEDA-HANSAIL)
 - Vientiane Province: 7 districts
 - Champasak: 6 districts
 - Khammuan: 4 districts
- MSM/TG (PCCA-HANSAIL)
 - Vientiane Capital: 9 districts
 - Borlikhamxay: 5 districts
- MSM/TG (CHIAS-HANSAIL)
 - Vientiane Province: 5 districts
 - Sayabouly: 5 districts
 - Louangprabang: 3 districts
 - Khammuan: 5 districts
- MSM/TG (FHI 360-USAID)
 - AHF/FSW Louangprabang: 1 district
 - EpiC/MSM/TG Savannakhet: 2 districts
 - EpiC/MSM/TG Vientiane Capital: 6 districts
 - EpiC/MSM/TG Champasak: 2 districts

Actual Expenditures Summarize for CHAS, Hospitals in Vientiane Capital & CSOs (Jul-Oct 2024)

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

Challenge

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

Next Plan

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

Key discussion points and comments from the meeting

- Refer to the question from representative from Peer Support Group Leader Key Population Executive noted that there is no condoms support in communities, and how will we solve this issue? The representative from NPCO will manages the condom procurement process, and it would be good if they can push the process faster.
- Regard to the question from APL+ on the approaches for HIV/AIDS patients to take care of themselves and reduce self-stigma and using U=U approach? The representative from NPCO have built the tool for self-stigma reduction, which is cooperated with ARV sites, and request APL+ to disseminate the tool to patients and the patients are maintained in our system and come for VL testing as the 3rd 95 indicator is the national level indicator.
- At the same time, the GD of DCDC also emphasized that:
 - The HIV/AIDS patients who are not the treatment plan will cause the number of HIV positive increasing.
 - It would be great if there is providing the VCT via online and establish condom cabinets in the appropriate place for one's self- service.
 - Request national program to train the provincial level staff on PCR equipment utilization and also provide the reagent, necessary equipment for the testing so that the capacity building on their work implementation.

- Some reason for patients taking drug treatment has decreased are because there's side effect after taking ARV drug, and they could not work in the coming day. In this regard, the donor/health facilities are requested to provide the meals for those patients resulting that they continually taking the drug.
- DSA expenditure won't be changed and give on to follow the HANSA mechanism and be more flexible for budget allocation so that we have enough DSA for activity implementation.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #6 Progress update on Malaria Program Transition and Sustainability Planning in Lao PDR

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 PSI & APLMA has updated the Malaria Program Transition and Sustainability Planning in Lao PDR as below (*For more information, please see the attached PPT*).

Background

Malaria Sustainability & Transition Planning in Lao PDR

Prioritizing planning for sustainability and transition

- Global Fund request for sustainability plan complements planning already implemented
- Identify and prioritize activities to be funded in RAI5E
- Identify financing gaps for remaining activities and mechanisms for funding
- Ensure resources available to support and sustain malaria efforts beyond 2029

Address current challenges to transitional financing for malaria

- GAVI financing for vaccines will end in 2025 adding to health financing gap
- Depressed national economy limits GoL's capacity to mobilize additional resources

Strengthening sustainability while transitioning health financing?

- Strengthen systems and increase cost-efficiency through integration of malaria into UHC
- Strengthen GoL's and partners' capacities to apply innovative approaches for securing new investors and financing mechanisms for health

Recent sustainability initiatives

- Building on the approaches of the NSP, DCDC and CMPE, with the support of partners, have undertaken several sustainability initiatives, including through strategic planning and by operationalizing integration

Objectives of Planning Process

- Identify key challenges to and opportunities for sustaining and transitioning malaria elimination and prevention of re-establishment efforts in Lao PDR.
- Develop a sustainability and transition roadmap to identify actions and maintain accountability for progressing, attaining, and sustaining malaria-free status, including the required technical, operational, financing, and leadership components.

CMPE with support from UNOPS developed financing checklists for 2027-2029, including the following scenarios:

- 50% reduction in funding from RAI4E with support to maintain VMWs
- 50% reduction in funding from RAI4E
- 70% reduction in funding from RAI4E

In this process CMPE has only estimated how GF financing would be used and has not identified any financing gaps.

Roadmap Activities: Financing & Leadership

Activity	Target	Lead Agencies	Supporting Agencies
1. Identify malaria funding gaps to inform development of strategy to fill such gaps	Q4 2024	CMPE	
2. December Roundtable to include updated costing		CMPE	
3. December Roundtable to add donor transition as standing agenda item		MOH	MOPI
4. PMO/National Assembly publicly recommit to 2030 goal	Q2 2025	MOH	PMO
5. Establishment of National Malaria Elimination Task Force, chaired by a PMO official		MOH	PMO
6. Establishment of a multi-agency health financing taskforce		MOH	MOPI, MOLSW, NAPA
7. Develop cost analysis for budget advocacy		CMPE	
8. Conduct cost benefit analysis using 2023 Nakai outbreak as case study		CMPE, UNOPS	
9. Transition the Malaria Technical Working Group (TWG) into an expanded multisectoral task force	Q4 2025	MOH, DCDC, CMPE	
10. Develop and advocate for a malaria progress indicator to be added to the National Assembly Dashboard	Q4 2026	MOH, CMPE, APLMA	

Conclusions

- Lao PDR faces significant malaria financing challenges, especially as projected beyond 2029 without Global Fund support
- MoH will take major steps to mitigate financing risks to malaria elimination by strengthening approaches to secure necessary funding
- Establish multi-agency health financing task force to identify and drive new approaches to health financing, including private sector investment, debt swaps for health (debt2health), integrated resources from One Health and climate change movements among many.
- Advocate to Government of Lao PDR to recognize donor transition as a key challenge to health financing and call for increased domestic resource mobilization
- Garner highest level political commitments to drive resource mobilization
- Health products procurement and distribution pose significant challenges with reduced development financing and no international commodities procurement available
- MoH to advocate for legislation to support international procurement mechanisms
- MoH to establish a unified commodities procurement, storage, and distribution mechanism
- MoH to advocate for financing to support MPSC to ensure quality products are available and ready for use
- Future malaria elimination and POR efforts will benefit from integration of malaria services into broader public health systems as guided by the Roadmap to Malaria Integration in Lao PDR, 2024-2030
- CMPE, DCDC, and DHHP to accelerate integration of malaria case management services including the transition of VMWs to VHV's
- CMPE with support from WHO to develop robust POR guidelines at national and subnational levels and support integrated provincial and district staff with training and implementation of POR

Key discussion points and comments from the meeting

- Regard to the question was raised in the meeting on the selection of the options for Sustainability & Transition Planning and the endorsement of the activity roadmap. The representative from PSI explained that the Malaria Sustainability & Transition Planning has been discussed with DCDC, CMPE and UNOP for the scenario, but there are no comments from MOH and the Global Fund. PSI will follow up with the DCDC and CMPE for the progress. In this regard, the initiative process should be decided by the MOH.
- Representative from UNOP noted that the Scenario is just the example and the amount of fund has not been reported in the next round or maybe the fund will not be available to support and the Global Fund has not yet informed the amount of fund, but 5 countries are requested to prepare the scenarios for 60%-40% just for the example, and the percentage maybe be different based on the allocation decision of the Global Fund.
- The meeting chair has emphasized that:
 - Depend on the MOH to review the transition plan on budget allocation, and organize more meetings to discuss and present the plan to Global Fund.

- Procurement process completed in December 2024, but has not yet receive the health product, which impacts the delay activity and unreached the targets.
- To discuss on the technical assistant for 2025 and request each national centers to send the standard equipment lists to NPCO to verify in order to proceed the procurement activity.
- Documentation preparation of national programs in 2025 needs to be accurate.
- Sustainability and Transition plan need to be initiatively endorsed by MOH, and coordinate clearly before presenting in abroad.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4	Progress update on the implementation of Global Grant on Malaria Program (RAI4E)
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI was identified in this item.

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

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from PR-UNOP and National Programs (CMPE) have provided the achievement of RAI4E as below
(For more information, please see the attached PPT).

2024 Malaria Situation

P.f hotspot 2024

- 3 districts: Lamarm in Sekong, Toumlan & Ta oi in Salavan

P.v hotspots 2024

- 2 districts: Samouy in Salavan, Kalum in Sekong

Achievements by Sector (2024)

- Mix: 3.4%
- Pf: 13.5%
- Pv: 83.2%

CIFIR (2024)

- Case Notification within 24 hours 98%
- Case classification within 3 days 93%
- Foci responses within 7 days 94%

2025 Activities

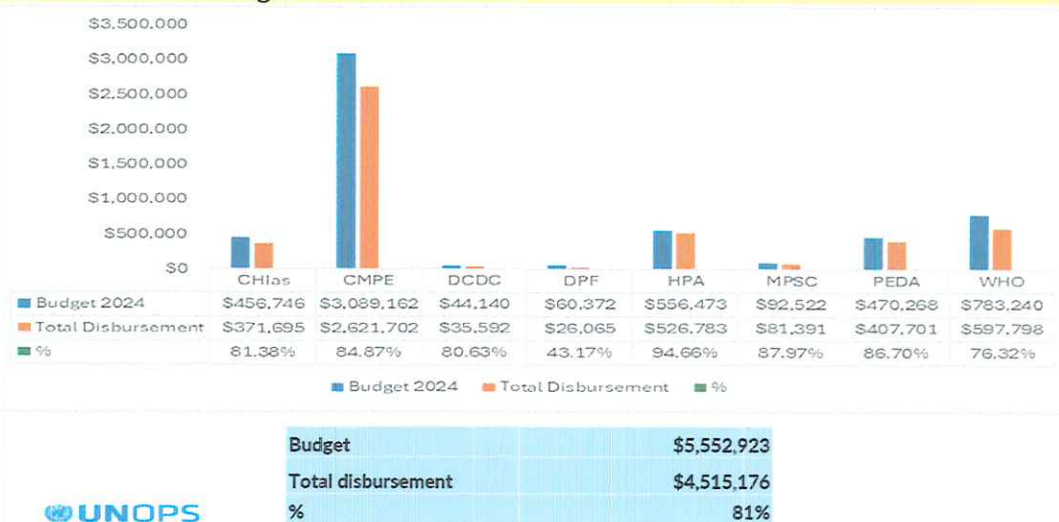
Finance

- Finance and progress update report for 2024 in Jan-Feb;
- External audit for 2024 in Apr-May;
- Provincial expenditure verification for at least 9 provinces;
- Compliance review at least once a year for each sub-recipient;
- Quarterly cash report and forecast in Mar, Jun, Sept and Dec;
- Refresher training on finance guideline for all provinces and central SRs in May and June.

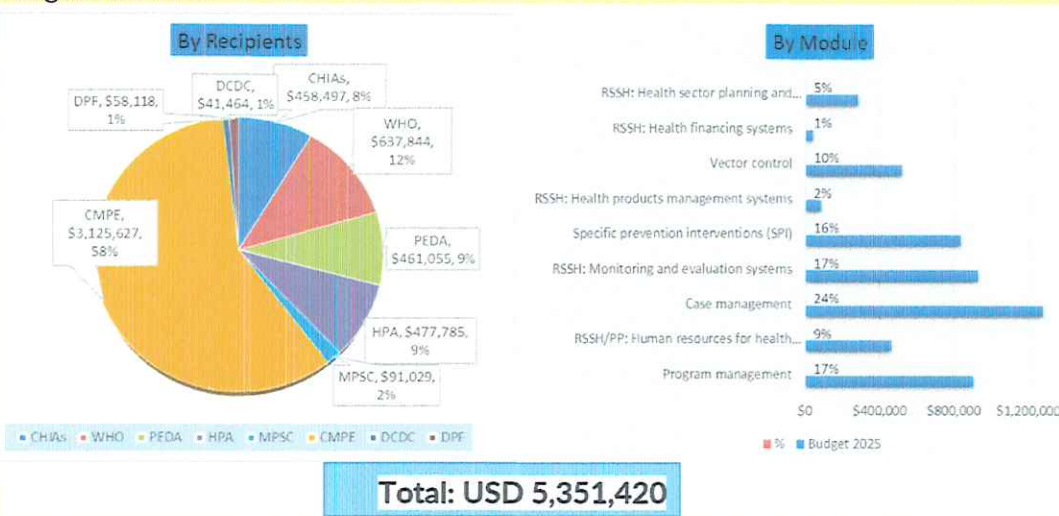
Budget Absorption Jan-Oct, 2024

- CHIAS: 53%
- CMPE: 58%
- DCDC: 71%
- DPF: 30%
- HPA: 63%
- MPSC: 43%
- PEDDA: 56%
- WHO: 61%

Disbursement vs Budget 2024



Budget Plan 2025



Key discussion points and comments from the meeting

- To Discuss the issue of delay procurement within the DPF and will approve the 2-year procurement plan. However, the procurement process is still waiting for the confirmation from UNFPA.
- National programs are requested to review the workplan and integration of HIV, TB and Malaria for activity implementation
- Request national programs to present the budget plan to National Assembly (5-years plan), and the budget plan needs to be accurate/clear and endorsed by National Assembly.
- PSI to be the representative for conducting M&E of the sustainability and transition plan.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #8

Progress update on the implementation of the Global Grants Fund for 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) >

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Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative from NTC have provided the progress update on implementation of the Global Fund grants for TB as below (For more information, please see the attached PPT).

HANSA 2 PBC 7: Reach the unreached to End TB

PBC 7: Increase TB prevention and care coverage and reaching the unreached to End TB

PBC Condition 1: Number of notified TB cases of all forms (New and Relapse)

PBC Condition 2: Number of household contact children under 5-year-old received Tuberculosis Preventive Treatment

HANSA 2 GF Input based activities

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

Planned Co-financing investment and activities

- Communication material and printing for TB program
- Additional training and supervision
- Additional ACF operational costs for provinces and prisons
- Procurement of TB Medicines (first line TB drugs) and diagnostics (0% in Y1, 20% in Y2 and 40% in Y3)
- Procurement of health equipment (laboratory reagents and consumables and additional digital X-ray machines for ACF teams and high TB burden district hospitals)

Program activities conducted from January to September 2024

- Development of the three years master plan for 2024-2026, and annual operational plan for 2024
- Signed contracts with CSOs: PEDA and CHIAs
- Completing orders of TB drugs and diagnostic tests procurement with GF direct payment (TB drugs to arrive in country October-December 2024)
- Completed the TB nutrition study "Effect of Nutritional Intervention on TB treatment Outcome and financial burden due to TB: Before and after trial in Lao PDR (TB nuts)"
- Updating National guidelines and testing during training sessions in 8 provinces
- Conducting outreach ACF in remote districts and in prisons
- Updating the TB information system (TB tracker module 2) to monitor and report on TPT
- Improving laboratory data management with NRL and NCLE
- Continued MDR management and culture follow-up
- On-site training and online coaching on updated TB guidelines and TPT implementation with provinces and districts staffs
- NTC and PTC coaching visits in selected remote districts on DQA for TB tracker
- Procurement of 2024 was received all TB drugs, Cartridges test and Health Products.
- Procurement plan of TB Health Products for 2025 and 2026 was submitted to DPF/NPCO at the end of November

Gaps/Challenges

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

Next steps

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

Key discussion points and comments from the meeting

- After listening to the presentation from NTC, the participants have agreed with the presentation and there is no more comment from the meeting.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #9

Progress update on the implementation of HANSA Project including HIV&TB Program and Co-Financing

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI was identified in this item.

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

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

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

Overview of HANSA2 under GF grant

- Program Title: Improving health service access to strengthen the sustainability and quality of the national TB and HIV response
- Grant Name: Lao-C-MOH
- Grant Fund: USD 17,537,388
- Implementation Period: 2024-2026 (3 Years period)
- 1st AFD 18 months (Jan 2024-June 2025) – USD 9,773,918.57

a). Disbursed to MOH: USD 3,918,445.00

b). Direct payment to 3rd party: USD 3,673,126.34

- Global Drug Facilities (GDF): USD 2,767,944.34
- TA service providers: USD 905,182.00

c). Health products: USD 2,182,347.23

Disbursement Progress

Disbursed to MOH of USD 3,918,445.00

Direct payment to 3rd party, TA

Direct payment to GDF

Indicative cash transfer date	Forecast amount (USD)	Detail and implementation for disbursement
19/02/2024	566,740	US\$ 487,382 relates to laboratory system strengthening activities under component 2 of HANSA 2 and US\$ 79,257.75 component 3 under HANSA 2
08/07/2024	530,640	Relates to Service and Maintenance of GeneXpert machines under component 2 of HANSA 2
06/01/2025	1,452,243	Relates to Component 1 under HANSA 2. Subject to the submission and GF approval of a third-party verification (TPV) report for round 2 of 2024
13/01/2025	1,131,507	Relates to Component 2 under HANSA 2. Subject to the submission and GF approval of the Independent Academic Institution (IAI) report on Year 1 results.
20/01/2025	237,315	US\$ 158,057 relates to laboratory system strengthening activities under component 2 of HANSA 2 and US\$ 79,257.75 component 3 under HANSA 2 for Jan to June 2025
Total	3,918,445	

Indicative cash transfer date	Payee	Forecast amount (USD)
29/02/2024	WHO	172,576
29/02/2024	CHAI	53,500
29/02/2024	NLCE, TA	79,400
04/03/2024	UNAIDS	53,500
05/01/2025	UNAIDS	53,500
06/01/2025	CHAI	74,900
06/01/2025	NLCE, TA	79,400
20/01/2025	WHO	180,081
27/01/2025	World Bank	136,932
	Total of TA	905,182

Indicative cash transfer date	Forecast amount
30/06/2024	1,804,864.09
10/12/2024	141,451.25
12/05/2025	821,628
Total for GDF	2,767,944.34

	Progress of disbursement	Value
Budget (2024)		5,585,013
Disbursement (2024)		3,470,946
%		62%
Budget (2025)		3,470,946
Disbursement (2025)		-
%		0%

Procurement Progress (Health Product)

HIV HP 2024:

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

TB HP 2024:

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

HIV & TB HP 2025:

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

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

HIV HP	2024	2025	2026	Total
GF Total	1,360,267.30	1,157,497.41	1,115,937.78	3,633,702.49
GF HIV PHARMA	539,271.10	539,412.75	624,950.56	1,803,634.42
GF HIV NON-PHARMA	720,996.20	618,084.66	491,347.21	1,830,428.08
TB HP	2024	2025	2026	Total
GF Total	1,087,504.60	1,013,473.12	988,199.24	3,089,176.96
GF TB PHARMA	458,961.57	487,138.37	509,162.42	1,527,962.36
GF TB NON-PHARMA	628,543.03	526,334.75	479,046.82	1,633,924.60

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

HPMT Balance	2024	2025	2026	Total
HIV	(124,071.66)	20,587.84	34,907.87	(68,575.95)
TB	784,857.74	(117,892.18)	(921,316.04)	345,649.52
RSSH	40,127.41	-	-	40,127.41
Total	700,913.49	(97,304.34)	(286,408.16)	317,200.98

Procurement Progress (TA)

No	TA	Provider	Progress
1	National program officer (TA) for HIV prevention	UNAIDS	Contract signed July 18, 2024; recruitment process of UNAIDS
2	TA Medical for TB and HIV	WHO	On board
3	WHO Lao country office NPO for TB and HIV	WHO	On board
4	HIV & TB TA	CHAI	On board
5	LSS TA for NCLE	CHAI	On board
6	6 staff supporting QA unit of NCLE	NCLE	On board
7	1 staff mentoring QA unit	NCLE	On board Aug 2024
8	National HIV TA	CHAS	On going (to be confirmed)

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

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

Key discussion points and comments from the meeting

- Regard to CHAI raised a question to NPCO, concept of PBC payment is supposed to be based on performance, and discussed on the challenges on TPT and Prep leading to under performance indicators, so is there any guidance from GF on the fund support for upcoming years? the representative from the NPCO explained that they have discussed with GF and WB on the delay budget approval and delay activity. For the activities in 2024 will be moved to implement in 2025, in case of the activities were implemented successfully based on the indicators of 2024 and 2025, then the budget will be able to proceed the reimbursement for 2026.
- UNOP will enhance seriously on the coordination with DCDC, CMPE, and within MOH, but we already discussed with DCDC for the next steps.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #7	Update information and activities from the CSO-KPs-PLWDs Coordinating Committee
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI was identified in this item.	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
Yes	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
The representative from CHIAs has not presented Progress Update information and activities from the CSO-KPs-PLWDs Coordinating Committee to this meeting due the pre-meeting has not been organized by the CHIAs. This agenda will be added into the agenda of the next Plenary CCM Meeting in 2025.	

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #8	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 #	<p>The meeting chair summary:</p> <p>1. The concerned parts to improve the finding and address the pending issues from the Oversight Field Visit report in 2025 to be achieved.</p>		

	<ol style="list-style-type: none"> 2. The concerned parts to summarize the remaining activities of HIV, TB and Malaria in 2024 to be improved in 2025. This is the end by the national programs. 3. CCM Secretariat to prepare the annual financial report to submit CCM Hub on time. 4. For the lost-documents need to be addressed accordingly. 5. The key progress, issues and challenge should be reported to the leader of MOH in order to add in the 5-years national action plan. 6. UNOP and CMPE should work closely and Malaria work should be endorsed by MOH, previously Malaria work has not reported to the Minister of Health. 7. The delayed procurement process in 2024 due to the delayed fund transfer, this should be more improved. 8. The financial documentation process should be in detail and submit on time in order to receive fund on time to ensure the activities will be implemented successfully. 		
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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 <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	X		Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	X		Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	X		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.

CCM MINUTES PREPARED BY:			
TYPE / PRINT NAME >	Budhsalee Rattana	DATE >	31 December 2024
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	

CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	Prof. Dr. Phouthone Muongpak	DATE >	31 December 2024
FUNCTION >	CCM Chair	SIGNATURE >	