

The 2nd Plenary CCM Meeting Minute

INPUT FIELDS INDICATED BY YELLOW BOXES



MEETING DETAILS										
COUNTRY (CCM)		Lao PDR			TOTAL NUMBER OF CCM MEMBERS PRESENT (INCLUDING ALTERNATE)			28		
MEETING NUMBER (if applicable)		02			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			21		
DATE (dd.mm.yy)		2 July 2025			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING OC AND CCM SEC. STAFF)			39		
DETAILS OF PERSON WHO CHAIRED THE MEETING					TOTAL PARTICIPANTS (INCLUDING ONLINE)			67		
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 Lao PDR			VENUE / LOCATION			Don Chan 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)		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	LFA	X	
								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		Review progress last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals / appointments	Constituencies engagement	CCM Communications 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
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW															
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 the Results of Oversight Field Visit (OFV) in Salavan Province on 11-17 May 2025.												X			

- 2.2 All centers should review and assess the impact of implementing their activities related to USAID grant and continue to improve and solve the implement priority activities. *Propose the related centers to provide their progress update.*
- 2.3 DPF should review whether the budget for 2025 has been transferred to the provincial level as planned or not and should focus on the implementation of the first 6 months of the year and the oversight field visit team of CCM will conduction the site visits according to the CCM work plan for 2025.
- DPF joined the meeting with CHAS & NTC to discuss on the transfer of funds to CSOs:
 - CHAS completed the transfer of grant to PEDDA on 29 April 2025
 - NTC completed the transfer of grant to PEDDA and CHIAs on 5 May 2025
 - CCM Secretariat and the CCM Oversight Team conducted the oversight field visit (OFV) to Saravan province from 11-17 May 2025. The CCM Secretariat has prepared a report on the results of OFV, which was reported to the joint meeting of the ExCom and OC on 10 June 2025 and will report to the CCM Plenary Meeting today for comments and endorsement. The CCM Secretariat will then finalize the final report and submit it to the Ministry of Health for information and guidance and to relevant parts for implementation.
- 2.4 NCLE should have a lesson learned with relevant departments and centers such as DCDC MOH on how to monitor their SRs' implementation. *Propose NCLE to provide their progress update.*
- 2.5 The meeting assigned Dr. Souphon Sayavong, Executive Director of PFHA to coordinate and consult with the president of LCCC on the nomination of CSO representatives to be part of the Electoral Committee for CSO constituency selection to be the CCM member representing from the CSO-KPs-PLWDs. *Through consultation, the President of LCCC appointed Dr. Souphon Sayavong, Director of PFHA, as the electoral committee.*
- 2.6 CSO TA to continue to implement the selection process for CSO constituency selection to be the CCM member representing from the CSO-KPs-PLWDs. *The TA team and the electoral committee consist of 3 members:*
- Dr. Phonepradit Sangsayalath, Director of the Department of Communicable Disease Control,
 - Dr. Rita Reyburn, representative the World Health Organization, and
 - Dr. Souphon Sayavong, Director of the PFHA

The election process for 10 CCM members representing CSO-KPs-PLWDs has been completed according to transparent procedures, rules, and criteria, the details of which will be presented in Agenda 2 for the CCM members to have commented and endorsed.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1 Report on the results of Oversight Field Visit in Salavan Province on 11-17 May 2025

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 of the oversight field visit team presented the report on the result of Oversight Field Visit (OFV) in Salavan Province on 11-17 May 2025 as below *(For more information, please see the attached PPT).*

The oversight field visit team officials visited provincial, district, and health center levels to review the implementation of HIV, TB, and Malaria activities.

Key Achievements:

- **HIV:** Successful project implementation was noted, with free HIV testing and treatment available. A Point of Care (POC) center is operational at the provincial hospital, and payments to health centers are made through the banking system.
- **Tuberculosis (TB):** TB control networks are established down to the health center level, and GeneXpert machines are in place for faster diagnosis. All TB patients are tested for HIV, and children under five in contact with patients receive preventive treatment.
- **Malaria:** The program has strong partner support, and the malaria positive rate has decreased across the province. Bed net distribution has covered over 95% of the target population.

Cross-Cutting Issues and Challenges:

- **Financial Access:** A major obstacle across all three programs is the lack of banks and ATMs in remote districts like Ta-Oy and Samouay. This forces staff to travel to the provincial capital to withdraw cash for activities, causing delays.
- **Human Resources:** All programs are impacted by staff shortages and high turnover rates, particularly for trained TB and HIV staffs.
- **Coordination and Planning:** Coordination between provincial and district levels was found to be insufficient. The team also noted a need to improve data collection for mobile populations and migrants.

Key Recommendations:

- The **oversight** team proposed several recommendations, including that the provincial level must find a solution for the cash withdrawal challenges in remote districts. They also recommended integrating work plans to better utilize limited staff, improving coordination between all levels, and providing refresher training and needed equipment for staff.

Key discussions and comments from the meeting:

Following the report from the oversight field visit team, meeting participants largely agreed with the findings and provided additional comments and recommendations, highlighting persistent challenges in program implementation.

Key Issues Identified

- **Poor Coordination:** Coordination mechanisms at the provincial, district, and health center levels are inadequate. This is evident in unspent budgets for TB activities (HANSA1 still unused, HANSA2 not yet utilized).
- **Lack of Financial Planning:** Provincial and district levels lack proper plans for budget utilization.
- **Staff Capacity Gaps (HANSA2):** District and health center staff involved in HANSA2 activities still don't fully understand their roles, how to use funds for sample transportation, or their specific responsibilities.
- **High Staff Turnover:** Frequent staff replaces continue to disrupt work, particularly affecting trained staffs.
- **Lack of Integration:** The integration of the three disease programs (HIV, TB, Malaria) remains a significant challenge at the district and health center levels.
- **Limited HIV Activities:** HIV prevention activities are not reaching health centers, at-risk groups, or migrant workers effectively, leading to difficulties in data collection, especially for factory workers and undocumented migrants.
- **Insufficient Community Outreach:** While the health network reaches health centers, it doesn't adequately extend to villages, indicating a need for community health services.
- **Inadequate Promotional Materials:** There's a shortage of clear promotional materials to effectively educate communities.
- **Insufficient Funds for Target Groups:** Budgets for reaching target populations are inadequate.
- **Delayed Disbursement Mechanisms:** The slow process for fund disbursement significantly delays activity implementation and timely expenditure reporting.
- **Weak Community-Led Activities:** Community-led activities are not yet strong.
- **Overall Health System Strengthening:** Efforts to strengthen the health workforce are not progressing as well as they should.

Meeting Chairman's Recommendations

- **Address Insufficient Resources:** Solutions must be found for inadequate staff and budget, and slow disbursement mechanisms. Relevant centers should take action to resolve these issues.
- **Enhance HIV Outreach & Data Collection:** Activities for HIV prevention need to reach health centers, at-risk groups, and migrant workers more effectively, including those in factories and undocumented workers, to enable better data collection.
- **Strengthen Community Health Services:** The health network, which currently reaches only health centers, should be extended to provide services at the community/village level.
- **Integrate Health Development Plans:** Health development plans should be integrated.
- **Improve Community Communication:** More and clearer promotional materials are needed to ensure communities fully understand the programs.
- **Expedite Fund Disbursement:** Centers must find ways to accelerate fund disbursement to ensure timely activity implementation and reporting.
- **Strengthen Community-Led Initiatives:** Community-led activities need to be strengthened.
- **Optimize Resource Utilization:** Facilities like computers and vehicles should be shared among all three disease programs to maximize their use.

- **Improve Coordination:** Enhance coordination across provincial, district, and health center levels.

Upcoming Oversight Visit

- The meeting **unanimously agreed** that the CCM Secretariat will conduct an oversight field visit for HIV, TB, and Malaria activities in **Attapeu Province from 4-10 August 2025**.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #2 Report the result of CCM Member Election Process

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

The process involved several steps leading up to an election workshop held in Vientiane on June 4-5, 2025. The workshop included training on the Global Fund and CCM TOR, followed by an election for new members and alternates.

Key Progressives:

- **Elected Members:** Out of 23 candidates, 10 candidates were selected to serve as CCM members representing CSO-KPs-PLWDs (from MSM/TG, PLHIV, FSW/Youth, PLW-Malaria, and PLW-TB groups).
- **Oversight Committee (OC) Selection:** Two members were elected from the new 10 CCM members to be the OC – one member and one alternate.
- **Capacity Assessment & Training:** A capacity assessment was conducted for the 10 new CCM members. The CCM Secretariat has already provided and completed training on the **Terms of Reference (TORs)**.
- **Pending Documentation:** The CCM Secretariat is still collecting essential documents from the 10 new CCM members, including **criminal record certificates, residency certificates, and employment verification letters**. Once these documents are received, the Secretariat will issue the COI and COC forms for signature, as required by the Global Fund.
- **Delays in Submission:** The submission of these documents has been delayed because the new CCM members only recently completed their roles and responsibilities training last week. Additionally, some members in southern provinces are currently affected by flooding, making it difficult for them to prepare and submit the required documents.
- **Criminal Background Checks:** Previously, the Ministry of Home Affairs only vetted the history of association directors, with individual members being checked by their respective association directors.

Key discussions and comments from the meeting:

- The meeting **endorsed in principle** the 10 new CCM members representing CSO-KPs-PLWDs and the 2 OC members (1 member and 1 alternate). This is because the 10 CCM members have not yet provided their criminal record certificates, residency certificates, and employment verification letters to the CCM Secretariat completely.
- The meeting proposed that these documents **must be fully submitted** to the CCM Secretariat in accordance with CCM's requirements.

CCM Member and Alternate representing CSO-KP-PLWDs

No	Names & surnames	CCM Roles	Core position	Organizations	Province
1	Mr. Amphone Phomphibanh	Member	Project Coordinator	HIV-CHIAs	VTE
2	Mr. Anousone Phetvixay	Alternate	Project Coordinator	HIV-CHIAs	VTE
3	Mr. Khammany Thiengchathavilay	Member	Field Work Officer	TB-CHIAs	SVK
4	Dr. Kaviphone Southy	Alternate	Consultant	HuamChai Phattana Lao Foundation	VTE

5	Mr. Airnoy Sayavongsa	Member	Peer to Peer consultant	APL+	SVK
6	Ms. Lodchana Phanthavong	Alternate	Peer to Peer consultant	APL+	ODX
7	Mr. Thonsavanh Phimmaneevong	Member	District Facilitator	Malaria-CHIAs	SLV
8	Ms. Khamphao Mueangchanh	Alternate	District Coordinator	Malaria-CHIAs	SLV
9	Ms. Buakham Sithavong	Member	Director of Association for the Development and Promotion of Women's Leadership (ADPWL)	FSW-Youth	VTE
10	Ms. Khunthalee Viennasai	Alternate	Youth Network Manager	Promotion of Family Health Associate (PFHA)	VTE

OC Member and Alternate representing CSO-KP-PLWDs					
No	Names & surnames	CCM Roles	Core position	Organizations	Province
1	Ms. Buakham Sithavong	Member	Director of Association for the Development and Promotion of Women's Leadership (ADPWL)	FSW-Youth	VTE
2	Dr. Kaviphone Southy	Alternate	Consultant	HuamChai Phattana Lao Foundation	VTE

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #3 Progress Update on the Implementation of the Global Fund Grants (RAI4E)

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).

Epidemiological Situation

Laos has seen a dramatic decrease in malaria cases, from 50,235 in 2014 to 343 in 2024. However, comparing the first five months of 2025 to the same period in 2024, while overall malaria cases dropped slightly from 84 to 82, cases of *P. vivax* (Pv) malaria increased by 34%.

- **Pf/Mixed Cases Hotspots (Jan-May 2025):** Two districts were identified as hotspots.
- **Pv Cases Hotspots (Jan-May 2025):** Three districts were identified as hotspots. An increase in Pv cases in June was linked to forest-going activities at Nalan Mountain.

Key Activities & Outbreak Response

- **Outbreak Response:** Reactive Drug Administration (RDA) was implemented in several districts to address the Pv outbreak. At the end of June, RDA was initiated for forest-goers in seven villages across five districts.
- **Elimination Efforts:** Five northern provinces are in the process of subnational verification and self-assessment in preparation for elimination certification.
- **Prevention:** A Standard Operating Procedure for Prevention of Re-Establishment (POR) was developed and is being piloted in Oudamxai and Vientiane Province.

Grant Adjustments and Financials

- **Budget Cuts:** The Global Fund (GF) has notified of "Adjustments to RAI4E" due to changes in the external

financing landscape. This will require certain investments to be deferred or scaled down until the end of September. Activities to be paused or stopped include hotel-based workshops, some surveys, IT equipment purchases, and data audits.

- **Timeline:** A revised budget will be developed in July, with stakeholder discussions and submission to the GF, aiming for approval in September 2025.
- **Disbursement:** As of June 2025, 79% of the total budget has been disbursed to Sub-Recipients (SRs), amounting to \$7,117,408 out of a budgeted \$9,054,864.

Performance and Key Highlights

- **Audit:** The 2024 external audit of four SRs resulted in a few findings in finance, program management, and asset management for three of them, while one SR had no issues.
- **Grant Rating:** The grant's performance rating from the Global Fund improved from a 'B' (99%) in 2023 to an 'A' (102%) in 2024.
- **Future Focus:** Key priorities include reprioritization essential activities due to the reduced budget, focusing on the sustainability and integration of malaria services into the national system, implementing cost-effective strategies to reduce Pv malaria, and strengthening cross-border surveillance.

Global Fund Grants Facing Adjustments:

- **RAI4E Funding:** Some investment implementations are being postponed due to international financial changes, with specific activities delayed/adjusted until the end of September. The Global Fund was due to provide a revised country allocation by the end of June, with detailed budget recalculations by PR and SRs in July.
- **HIAS RAI Multi-Country Grant (GC7) Cut:** The Global Fund has significantly reduced the GC7 grant allocation for the 2023-2025 period for the multi-country HIAS RAI program (from \$186.3 million to \$171.7 million USD). This "unavoidable" cut is due to donor uncertainties. Countries are urged to re-prioritize remaining funds, alongside domestic resources, to sustain life-saving services. The Global Fund has a re-prioritization methodology in place, emphasizing community and civil society involvement. Implementation letters for the revised funding must be signed by September 30, 2025, and previously deferred activities remain suspended unless re-approved by the Global Fund.

Key discussions and comments from the meeting:

- **Malaria Strategy and Integration Challenges:** While progress is noted in the malaria strategic mechanism, a clearer malaria elimination strategic plan is needed in future reports.
- **Integrating malaria programs with HIV and TB efforts faces significant challenges** due to the lack of dedicated, responsible staff for such integrated work, which could hinder effective implementation and elimination goals.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #4 Progress Update on the Implementation of the Global Fund Grant for HIV/AIDS

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 CHAS has provided progress update on implementation of HIV/AIDS Grants *(For more information, please see the attached PPT)*.

CHAS Progress Update: HIV/AIDS Grants (June 2025)

The overall objective of the HIV/AIDS grants is to enhance access to quality, people-centered HIV services for PLHIV (People Living with HIV) and Key Populations (KPs) through innovative and differentiated service delivery models, strong community involvement, and expansion of HIV testing, PrEP (Pre-Exposure Prophylaxis), and ART (Antiretroviral Therapy).

Progress Towards 2025 Targets (as of June 2025)

- **HIV Testing - (FSW):** 39.18% (4,046 pers) of the 94% target (9,711 pers) tested. 0.3% positive, 82% referred.
- **HIV Testing - (MSM/TG):** 33.70% (2,658 pers) of the 70% target (5,521 pers) tested. 1.4% positive, 95% referred.

- **PLHIV on ART Treatment:** Exceeded target with 70.26% (13,679 pers) on ART against 66% goal (12,934 pers).
- **MSM receiving PrEP:** 28% (371 pers) of the 1,300 targets achieved.
- **PLHIV on ART receiving (VL) Testing:** Near target with 92.80% (12,003 pers) tested against 95% goal (12,232 pers).

Key Challenges & Pending Issues

- **Access to Key Populations:** Difficulty reaching young/mobile FSWs (fear of authorities, drug use) and non-disclosed/remote MSM/TG.
- **Service Expansion:** Delays in expanding treatment and PrEP sites due to slow budget processes. PrEP limited to only 8 ARV sites, which potential clients are hesitant to visit.
- **Patient Follow-up:** High rates of patients lost to follow-up, and some miss VL testing due to travel costs. ART coverage for children is low (45%).
- **Supply & Logistics:** Shortages of VL testing reagents and lack of GeneXpert machines at the district level.
- **Budgetary Delays:** Complex and slow budget withdrawal procedures hinder activity implementation and volunteer payments.

Budget and Activity Implementation

- **2025 Budget (PBC 6):** Total \$949,843, allocated among CHAS (38.96%), Provinces/Central Hospitals (36.52%), and civil society partners (CHIAs 12.67%, PEDAs 7.25%, APL+ 4.60%).
- **Activity Status:** 15 of 32 planned 2025 activities are in progress. All 13 carried-over activities from 2024 are being implemented. Progress varies, with some partners awaiting budget disbursement.

Procurement and Supply Chain

- **2024 Procurements:** All Global Fund/HANSA-funded procurements for 2024 have arrived.
- **2025 Procurements:** Some Global Fund-procured items (ARVs, VL/EID tests, condoms) for 2025 have arrived early.
- Non-grant ARV orders are expected in Q3 2025.
- The 2025 co-financing plan is under MOH review.

Progress on Agreed Actions

- Most agreed actions with late 2024/Q1 2025 deadlines are completed. Expansion of community-led monitoring (CLM) is in progress, due by June 30, 2025.

Key discussions and comments from the meeting:

- MSM/TG less access to the testing for HIV and less receiving PrEP
- Encourage the community engagement
- USAID stop providing the grant for HIV in Laos
- DPF completed transfer fund to CHAS 50% plus the saving budget from 2024 in CHAS and provincial level that can be used for implementing activities in 2025.
- A qualitative review of Lao PDR Grant's unique context, the GF confirmed that an allocation reduction will not be applied to this Grant as part of the overall reprioritization and reinvestment exercise the Global Fund is currently undertaking.

Meeting Chairman's Recommendations

- It is excellent implementation and detailed reporting, noting that it had well-executed its activities and procurements with the allocated budget. Other partners were encouraged to use CHAS's approach as a model for their own project operations.
- Furthermore, the meeting acknowledged that CHAS has been effectively implementing activities in line with CCM's recommendations
- Appreciation was also extended to the DPF (Department of Planning and Finance) for providing detailed information and guidance on financial utilization
- Finally, thanks were given to UNAIDS Cambodia representative for her guidance on implementing grant projects, with specific advice to follow the Global Fund's recommendations regarding reprioritization and revision processes.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #5	Progress Update on the Implementation of the Global Fund Grant 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) >	Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p>Representative from NTC has provided progress update on implementation of TB Grants <i>(For more information, please see the attached PPT)</i>.</p> <p>Key Aspects:</p> <ul style="list-style-type: none"> Purpose: The project aims to control tuberculosis through various activities including sample submission, training for medical staff and local staff, X-ray reading training, providing incentives for technical analysts, procuring lab equipment, and managing drug-resistant TB patients. It also covers administrative and logistical aspects like staff salaries, vehicle maintenance, and office supplies. Budget: The total budget for 2025 is \$944,734.22 USD, with 50% (\$472,367.11 USD) received. All activities are currently in progress. <p>Challenges:</p> <ul style="list-style-type: none"> Low indicators for PBC7.1 (notified TB cases) and PBC7.2 (household contact children receiving TPT), with risks of not meeting targets. Low sample submission from health centers. Home visit activities not implemented as planned, and suboptimal data entry for close contacts. Human resource issues (staff replacement and retirements). Insufficient and poorly maintained data entry equipment. Incorrect, incomplete, or delayed data. Complex financial utilization mechanisms, especially at the district level, and insufficient budget for some activities. Ineffective coordination between provincial, district, and health center levels. <p>Solutions and Future Plans:</p> <ul style="list-style-type: none"> Accelerate activities to meet PBC7.1 and PBC7.2 targets. Ensure sufficient TB focal points at all levels. Intensify activities related to PBC7.2 (preventive treatment, follow-up, and support). Provide necessary equipment (computers). Focus on complete, accurate, and timely data entry. Increase sample submission and ensure timely payments to implementers. Strengthen TB focal points through training <p>Key discussions and comments from the meeting:</p> <ul style="list-style-type: none"> DPF completed transfer fund to NTC 50% plus the saving budget from 2024 in NTC and provincial and district level that can be used for implementing activities in 2025. Improve more effective coordination between provincial, district, and health center levels. Improve financial utilization mechanisms, especially at the district level and budgeting plan for some activities. Increase more sample submission from health centers to district and province. The Global Fund confirmed that an allocation reduction will not be applied to this Grant as part of the overall reprioritization and reinvestment exercise the Global Fund is currently undertaking. 	

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #6 Global Fund GC7 Grant Reprioritization and Revision

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 CCM Secretariat has provided progress update on information and following up actions by the Global Fund for Global Fund GC7 Grant Reprioritization and Revision (*For more information, please see the attached PPT*).

Global Fund Grant Reprioritization and Revision in Laos

Key Directives & Timeline

- **Reprioritization Required:** CCMs must collaborate closely with PR-DPF and partners to plan a reprioritization of investments. This process started in early June, guided by the Global Fund's April 24, 2025 letter on HIV/AIDS and TB grant adjustments (2024-2026).
- **Adjustment Deadline:** All grant adjustments must be finalized, signed by PR-DPF, and approved by CCMs before being submitted to the Global Fund by **late September 2025**.
- **Core Principles:** The adjustments must prioritize **life-saving**, ensure **transparency and unity**, and facilitate **full participation** from all CCM members, including civil society and affected communities.

CCM Secretariat's Actions

The Secretariat has taken several steps to implement these directives:

- **Coordination:** Held online meetings with the Global Fund representative and CCM Chair to coordinate closely with PRs.
- **Communication:** Sent official proposals and meeting minutes to key Ministry of Health including the Minister of Health, the Cabinet of MOH, DPF, DCDC) on June 2, who confirmed readiness.
- **Information Sharing:** Disseminated information about the grant adjustments to all CCM stakeholders, including CSOs and affected communities, to ensure awareness and participation.
- **Reporting:** Presented consultation results to the Joint Meeting of ExCom and OC on 10 June 2025, recommending thorough review and timely implementation.
- **Capacity Building:** Participated in regional learning hub sessions to help communities and civil society understand and engage in the reprioritization process.

Financial Updates & Future Outlook

- **C19RM Fund Return:** The Global Fund requested the refund of **\$229,510 USD** in unused COVID-19RM funds by late June 2025.
- **Operational Progress:** The Global Fund is working with CCMs and PRs to reprioritize GC7 activities to protect life-saving interventions. While general GC7 allocation reductions are anticipated for most countries by late June, the Global Fund confirmed on June 30, 2025, that **Lao PDR's LAO-C-MOH GC7 grant (2023-2025)** will **NOT** face a **reduced allocation** due to its quality review and specific circumstances.
- **Upcoming Visit:** 8-member Global Fund team will visit Laos from **1-5 September 2025**, to assist with the assessment and reprioritization of **HIV & TB (HANSA 2)** funding.
- **Next Steps for CCMs:** CCMs should hold a full member meeting in mid-July to discuss activity reprioritization and confirm the final grant budget.
- **GC8 Timeline:** Due to financial uncertainties, the provisional timeline for the next grant cycle (GC8) indicates applicant documents will be published in **November 2025**, with allocation letters in **late February or early March 2026**.

Key discussions and comments from the meeting:

- Key aspects include a required reprioritization process with PR-DPF and partners, beginning in early June. All grant adjustments must be finalized and approved by CCMs by **late September**.
- The process emphasizes **life-saving, transparency, and full participation** of all CCM members, including civil society and affected communities.
- The CCM Secretariat has already taken action by holding online consultations with the Global Fund, communicating with key Ministry of Health departments, disseminating information to stakeholders, and presenting to the Joint Meeting of ExCom and OC on 10 June.

- DPF noted that:
 - A request was made by the Global Fund for the refund of **\$229,510 USD** in unused C19RM funds, DPF submitted to GF to review on the face value of refund and the transfer fee could be considered by the GF. In this regard, GF will response this sooner.
 - GF to send to the specific guideline to PRs and CCM for reprioritization and revision of the current grant
 - An 8-member Global Fund team will visit Laos from **September 1-5, 2025**, to assist with HIV & TB (HANSA 2) funding assessment and reprioritization. How is the Visa facilitation to Laos of those GF Country Team?
- UNOP: While the Global Fund is generally reducing GC7 allocations, it confirmed on June 30, 2025, that **Lao PDR's LAO-C-MOH GC7 grant (2023-2025) will NOT be reduced for TH/HIV grant**. But for the Malaria grant allocation for multi-countries will be deducted 8%, and allocation component for Laos is not notified clearly in the letter.
- GF noted that:
 - However, the reduced allocation of funds for Grant Cycle 7 (2023-2025) will not apply to the LAO-C-MOH grant for Lao PDR, However, there is a recommendation to use the existing funds with maximum efficiency.
 - Both the CCM and the Ministry of Health (MOH) are advised to ensure that reprioritization and revision interventions primarily focus on life-saving activities.
 - Adjusting Budget Allocation: While the total funding remains the same allocation, the budget should be adjusted across activities, with a strong emphasis on life-saving interventions.
 - After completed all grant adjustments must be signed by PR-DPF, and approved by CCMs before being submitted to the Global Fund by **late September 2025**.
 - Lao PDR was commended for retaining its original funding allocation without cuts.
- NCLE has raised a question about who will lead and guide the reprioritization process, specifically the LIM (Laboratory Information Management) activities have not yet been implemented.
- UNAIDS Cambodia: noted that while other countries faced a 16% cut in Global Fund allocations, Lao PDR's funding was not reduced. Despite this, she recommended:
 - Working in an integrated manner.
 - Working online, cost-saving approaches.
 - Following the guidelines of the Global Fund.
 - Focusing on life-saving activities.
 - Supplementing with domestic funds.
- WHO emphasized the necessity of an integrated approach for HIV, TB, and Malaria programs, despite their differing implementation methods, it is recommended to held the Technical Working Group meeting to precisely assign responsibilities to each stakeholder. CCM Secretariat is required to coordinate with all relevant parties to join this Technical Working Group meeting.
- DPF agreed with the Global Fund's recommendation to reallocate funds. However, HANSA has already changed its implementation system to a new mechanism, which might have some challenges for funding in various activities.
- GF noted that:
 - There must be efficient and effective work planning for fund utilization when opportunities arise.
 - Re-examination of work plans is needed.
 - Monitoring plans need to be reviewed.
 - Evaluation of how activities have been implemented is necessary.
- The meeting chair noted:
 - integrated work is crucial for budget efficiency and must also ensure effectiveness and quality.
 - Key questions remain regarding who will lead implementation, with the suggestion that relevant national centers should initiate these efforts.
 - While HIV, TB, and Malaria are priorities, decisions are needed on which activities to pause and which to continue.
 - The Chair stressed that integrated work is highly challenging and requires direct responsibility, specifically for centers like NCLE, CHAS, NTC, CMPE, and Mother and Child (for mother-to-child transmission).
 - Questions were also raised about HANSA's mechanism, how integration will occur, and who will lead it.
 - Finally, the CCM Chair emphasized strengthening the Ministry of Health, urged each center to begin immediate implementation, and called for efforts to mobilize more domestic funding.

MINUTES OF EACH AGENDA ITEM	
AGENDA ITEM #7	Progress Update on the Implementation of the Expertise France Grants
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	
<p>Representative from DCDC provided the progress update on implementation of the Integration of HIV/AIDS, TB and Malaria in Bokeo Province which is supported by the Expertise France Grants <i>(For more information, please see the attached PPT)</i>.</p> <p>This 36-month project (July 2024 - June 2027) aims to expand access to integrated health services for HIV, TB, malaria, and maternal and child health, targeting 60% of the population across 2 District Hospitals, 1 Provincial Referral Center (POC), and 15 Health Centers.</p> <p>Implementation Progress (Quarter 1-2): Key activities completed or initiated include:</p> <ul style="list-style-type: none"> • A kick-off meeting (December 6, 2024). • A committee meeting on disease integration (January 21, 2025). • Recruitment of a Technical Assistant (TA) for baseline data collection on gender equality, HIV, and TB knowledge, attitudes, and practices (KAP). • Submission of a TA proposal for mental health and gender equality. • A KAP survey on gender equality and social engagement for HIV, TB, and malaria in Bokeo Province (March 10-17, 2025). • Recruitment of another TA to support disease integration. • Review of guideline manuals for integrating HIV/AIDS, TB, malaria, and maternal and child health services. • Training on curriculum development for integrating these services. • Guidance provided to clinics and private pharmacies in Bokeo Province on integrated HIV/AIDS, STIs, and TB services. • Establishment of a Drop-in Center in Tonpheung District. <p>Challenges:</p> <ul style="list-style-type: none"> • Coordination and collaboration in organizing and implementing work have been suboptimal, evident in meeting participation. • Activities are significantly delayed due to a lack of effective progress in local work. <p>Next Steps (Future Plan): Ongoing and upcoming activities include:</p> <ul style="list-style-type: none"> • Continuing curriculum development for integrated HIV, TB, and malaria services (July 7-8, 2025). • Consultation on integrated guidelines (July 11, 2025). • Consultation meeting on advertising media development (July 15, 2025). • Meeting on dissemination of integrated guidelines (July 25, 2025). • Quarterly Meeting (July 28, 2025). <p>Key discussions and comments from the meeting:</p> <ul style="list-style-type: none"> • JICA representative noted on the maternal and child health services: <ul style="list-style-type: none"> - New integration manual: Will it replace the old manual entirely? Or will it consolidate all existing guidelines into a single, comprehensive document? - How will guideline integration save costs? This is a key point that needs to be clarified. - Do individual centers currently have specific guidelines? Understanding the current state will help assess the impact of integration. - Regarding training: Will training be conducted jointly for all centers? Or will it still require separate, specialized training for each center? - Specifically, how will this integration reduce costs? This is crucial for demonstrating to the Global Fund that resources are being used both efficiently and effectively. You'll need concrete examples or projections of how this will lead to savings. • UNAIDS representative noted that: 	

- How will the complexities of integrating the three diseases be addressed?
 - The implementation of integrated three-disease work in Bokeo province will be the best lesson learned for prioritizing aid funds for various activities.
 - What is the percentage of coordination between HIV, TB, and Malaria work?
 - The HANSA model is already good. We should base it on existing guidelines and integrate new elements without needing to start from scratch, in order to save costs.
- WHO representative noted that:
 - Integrating work might reduce costs because many preparations have been made, but there may not be experience yet as it's a pilot project.
 - Prepare a suitable budget plan.
 - Ensure human resource are ready.
 - Prepare a detailed work plan, roadmap, and timeline.
 - LXB representative noted that there's no overlap because the existing guidelines are being used as a model, and they pertain to different tasks. The integration manuals might be separated specifically for the provincial, district, and health center levels.
 - OC Chair noted that this is a good initiative, particularly at the health center and community levels. At these levels, it might be more effective to use key messages directly, avoiding lengthy and complicated explanations. In this regard, DCDC responded by clarifying that they are not creating a new manual, but rather reviewing specific aspects of existing ones.
 - The meeting chair made several recommendations:
 - There needs to be a Technical Working Group.
 - It's important to determine which activities should be integrated.
 - They emphasized at which level implementation should be focused, primarily at the health center level.
 - Finally, there needs to be joint effort in implementation and increased more effectively coordination.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #8 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 provide progress update on implementation of the Catalytic Matching Funds (*For more information, please see the attached PPT*).

Key Progress and Activities:

Capacity Enhancement on Laboratory System and QM Unit:

- A Quality Management (QM) unit is being established, and staff are being hired to support MF Quality Management System (QMS) activities.
- Implementation of a QMS is ongoing in four provincial laboratories.
- An External Quality Assurance (EQA) program for TB and HIV laboratories is being established.

Development of Policy, Manual Foundation for Integrated Laboratory:

- Guidelines for printing the National Manual for infrastructure, test, technique, and equipment for all laboratories are not yet implemented.
- Development of the National Lab Strategic Plan 2026-2030 and SOPs for the NCLE are ongoing.

Maintenance of Lab Equipment and Cold Chain Management:

- Maintenance of GeneXpert machines and other lab equipment is ongoing.
- Annual maintenance of GeneXpert machines and other lab equipment is also ongoing.

GeneXpert (GXP) System Status:

- A WHO audit on GXP systems identified issues, including unauthorized software installations and a lack of

regular performance reports.

- NCLE received notifications from Cepheid on June 11, 2025, regarding Microsoft support for GXP Devices.

Contract Revisions:

- NCLE requested Cepheid to update the contract to reflect issues with three machines (missing module, broken GWB, lost machine).
- NCLE received a contract amendment for review and signing on June 12, 2025.

Recommendations/Discussions:

- Unauthorized software installations can compromise the GXP system.
- Monthly performance service and updates should be regularly shared among stakeholders.
- The NPCO team should support NCLE in returning defective modules as per the contract.
- NCLE's responsibility remains solely on the 60 WE+ machines included in their contract.

Key discussions and comments from the meeting:

- Laboratory Management system should be updated the implementation progress in all provinces
- The basic understanding of staff should have knowledge on computer, programs and sustainable internet support

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #9 Progress Update on the Implementation of the Global Fund Grants for HANSA2

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 DPF (PR for HIV/TB Grants) will provide progress update on implementation of the Global Fund grants for HANSA Project (*For more information, please see the attached PPT*).

LAO-C-MOH Grant for HANSA2 Project:

Overview & Progress:

- Grant Name: LAO-C-MOH
- Grant Fund: USD 17,537,388
- Implementation Period: 2024-2026 (3 years)
- Budget for first 18 months (Jan 2024-June 2025): USD 9,773,918.57
 - USD 3,918,445.00 disbursed to MOH
 - USD 3,673,126.34 directly paid to third parties (Global Drug Facilities (GDF) and TA service providers)
 - USD 2,182,347.23 used for health products procured through the Global Fund's Pooled Procurement Mechanism (PPM)

Disbursement Schedules:

- An indicative cash transfer of USD 566,740 was made on January 19, 2024. This included USD 487,382 for laboratory system strengthening (Component 2) and USD 79,257.75 for Component 3 of HANSA 2.

Management Actions Update: Several management actions have been completed or are ongoing:

- Grant Agreement Finalization: The signed grant agreement for the GC7 period for LAO-C-MOH was received on April 15, 2024.
- Annual Audit: The annual audit for fiscal year 2023 was completed, and the audit report was shared with the Global Fund on June 30, 2024.
- Financial Reconciliation: Reconciliation of financial data was done for the period ending December 31, 2024.
- TA Recruitment for TB-Tracker: A Technical Assistant (TA) for the TB-Tracker DHIS2 system was recruited in April 2025.

Equipment Procurement:

- Two vehicles were procured and transferred to Champasak and Savannakhet provinces.
- Procurement of vehicles for X-ray machines for active case finding is ongoing.
- Procurement of BACTEC MGIT 960 system equipment for NCLE is ongoing.
- ARV Procurement: Requisition/order for ARV procurement was placed in the Global Fund system (Wambo) on May 5, 2025.

- **Reimbursement of HANSA I Funding:** CHAS transferred/reimbursed funds to CSO (PEDA) on April 29, 2025, and NTC transferred/reimbursed funds to CSOs (PEDA and CHIAs) on May 5, 2025.
- **Health Product Procurement Review:** Responses to the Global Fund's Health Product Procurement Review Report were shared on June 9, 2025.
- **PSM Quarterly Meeting:** DPF/NPCO organized the PSM Quarterly Meeting on May 28, 2025.
- **HANSA Fund Access:** DPF/NPCO updated and shared the status of HANSA fund access by Implementation Agencies with the Global Fund on June 30, 2025.

Key discussions and comments from the meeting:

- After listening to the presentation, all participants of the meeting have agreed and has no more comments.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #10	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> <ol style="list-style-type: none"> 1. The meeting unanimously agreed with the report on the result of OFV in Salavan province, which included 3 recommendations. <ol style="list-style-type: none"> 1.1 It is proposed that the Principal Recipient (PR) guide the Sub-Recipients (SRs) down to the district level to clearly delineate the funding sources, how the funds are utilized, and the remaining balances. 1.2 It is proposed that the PR coordinate with the district administration and banks regarding the issue of no banks or ATMs service in the district to facilitate timely disbursement of activity budgets, specifically addressing where funds can be obtained. 1.3 It is proposed that the Ministry of Health to support the health system strengthening at provincial and district levels, including health facility in communities on the Primary Health Care (PHC), especially the coordination, human resources, health facility access, equipment, and budget management at district levels. 2. 10 new CCM member election from KAP-CSO/PLWDs was endorsed in principle and 02 members as OC member and alternate, but they are required to provide their documents based on the CCM's requirements. 3. CMPE is required to follow up the grant adaption of Global Fund for Lao PDR and continue in reprioritizing the essential workplan based on roadmap presented and prepare the integration work with HIV and STI and TB in order to discuss workplan with Global Fund during their visit on Sep 1-5, 2025 4. CHAS is required to reprioritize necessary work and prepare works that enable to integrate with NTC, CMPE and NCLE, based on the reprioritization interventions from Global Fund and National strategic workplan 5. NTC is also required to reprioritize interventions and prepare the work integration with CHAS, CMPE and NCLE 6. For adaption and reprioritization Grant GC7 is remain the same, but need to reprioritize the grant based on the guideline from Global Fund to be effective and efficient for lifesaving of key affected population 		

	<p>7. Congratulations to the steering committee for their hard work on 3 diseases integration work pilot in Bokeo province which conducted at health center levels and propose to share lesson learnt of each step to MOH, provincial and district levels.</p> <p>8. the utilization of Catalytic Matching Fund is required to reprioritize the activities that unable to cut off from the workplan and prepare specific activities that enable to integrate with relevant stakeholders. For the equipment management is required to continue the coordination with related providers in order to use equipment effectively</p> <p>9. For HANSA Presentation is required to prepare the activity group classification and short report format</p> <p>10. CCM Secretariat is required to compile a summary of the recommendations from this meeting to update the follow-up actions progress of each agreed item in the next meeting. The follow-up action report should be prepared as the presentation format for participants to easily follow up on the screen.</p> <p>11. CCM Secretariat is required to add the Malaria Integration Update in the agenda of CCM Quarterly Meeting.</p>		
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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 >	17 July 2025
FUNCTION >	Coordinator and Finance Officer	SIGNATURE >	
CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	Prof. Dr. Phouthone Muongpak	DATE >	17 July 2025
FUNCTION >	CCM Chair	SIGNATURE >	