MEETING MINUTES OF
EXECUTIVE COMMITTEE AND OVERSIGHT COMMITTEE MEETING

1. INPUT FIELDS INDICATED BY YELLOW BOXES ☐

MEETING DETAILS				(Place "x" in the Relevant Box)	
LOCATION/VENUE	1st Floor Meeting Room, CCM Secretariat, MOH				
MEETING NUMBER	03	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)		EXCOM MEMBERS	1
DATE (dd.mm.yy)	16/09/2025			OC MEMBERS	8
MEETING SCHEDULE START	13:30			OTHERS INCLUDING CCM SECRETATIAT STAFF	18
MEETING ACTUAL STARTED	16:30				
MEETING ACTUAL ENDED	17:00				
				TOTAL (Including online)	27

DETAILS OF PERSON WHO CHAIRED THE MEETING					MEETING TYPE	
HIS / HER NAME & ORGANIZATION	First Name	Prof. Dr. Phouthone			Regular Meeting	x
	Family Name	Muongpak			Extra-ordinary Meeting	
	Position/Title	CCM Chair			Other Meeting	
	Organization	CCM Lao PDR				
HIS / HER ROLE ON THE MEETING	Chair	x	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING		LFA	x
	Vice-Chair				FPM / PO	x
	CCM Member				OTHERS	x
	Alternate				NONE	

2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM N°.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	RESPONSIBLE PERSON
Agenda Item #1	Report the Results of Oversight Field Visit (OFV) in Attapue Province on 02-08 August 2025	OFV team Representative of the
Agenda Item #2	Progress update on the Global Fund GC7 Grant Reprioritization and Revision for HIV and TB	PR-DPF Representatives
Agenda Item #3	Progress update on the Global Fund GC7 Grant Reprioritization and Revision for NCLE	NCLE Representatives
Agenda Item #4	Progress update on the Global Fund GC7 Grant Reprioritization and Revision for HIV	CHAS Representatives
Agenda Item #5	Progress update on the Global Fund GC7 Grant Reprioritization and Revision for TB	NTC Representatives
Agenda Item #6	Progress update on the Global Fund GC7 Grant Reprioritization and Revision for Malaria	UNOP/CMPE Representative
Agenda Item #7	Election Process • Ministry Election to start the election process of CCM Member • Constituency Election to start the election process of CCM Chair and Vice Chairs.	CCM Secretariat /ExCom & OC Members
Agenda Item #8	Nomination Representative from CCM Lao PDR to the RSC	CCM Secretariat /ExCom & OC Members
Agenda Item #9	AOB and close the meeting.	Chair

3. MINUTES OF EACH AGENDA ITEM

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

The chair warmly welcomed and thanked all participants that attended the Joint Meeting of Executive Committee and Oversight Committee at the venue and online.

The meeting agenda was presented for comments and endorsement. The CCM Secretariat confirmed the meeting quorum is sufficient and informed the objective of the meeting and gave the floor to the chair.

Agenda Item #1	**Report the Results of Oversight Field Visit in Attapue Province on 02-08 August 2025**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative of Oversight Field Visit (OFV) Team reported the OFV Report in Attapue Province on 02-08 August 2025 as below *(For more information, please see the attached PPT).*

This report details an oversight field visit to Attapeu province, conducted from August 2–8, 2025, to assess the progress of activities funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). The visit was organized by the CCM Secretariat, and participants included officials from the Ministry of Health and other relevant organizations. The main purpose was to evaluate the implementation and financial aspects of the programs at various levels, including provincial, district, and health center sites.

Visiting Sites

- Provincial Health Department;
- Provincial Hospital (TB Unit and POC Center)
- Xaysettha District Health Office/Hospital
- Vat Neua Health Center
- Xa-Khae Health Center
- Sanamxay District Health Office/Hospital
- Ban Khung Health Center

Participants

- Vice Minister of Health, CCM.
- Deputy Director of Department of Communicable Disease Control, MOH
- Center for Malaria Parasitology and Entomology (CMPE), MOH
- Center for HIV/AIDS and STIs (CHAS), MOH
- National Tuberculosis Control Center (NTC), MOH
- Director of UN Division Department of International Cooperation, CCM
- Lao Tropical and Public Health Institute, OC & CCM
- NPCO (HANSA), Department of Planning and Finance, MOH
- Director of Association for the Development and Promotion of Women's Leadership (ADPWL), OC and CCM
- CCM Secretariat.

HIV/AIDS

- **Progress:** HIV projects, under the leadership of central, provincial, and district levels, have been successfully implemented. The Provincial Hospital provides HIV blood tests, free ARV treatment, and a Point of Care (POC) center for people living with HIV (PLHIV). All HIV patients also receive TB testing. The DHIS2 system is used for recording and reporting at the provincial and district levels.

- **Achievements and Statistics:** In the first six months of 2025, there were 1,036 blood tests for HIV, a decrease from the 1,305 tests conducted in the last six months of 2024. As of June 2025, there were 127 total HIV patients, with 7 cumulative deaths.
- **Budget:** In the first half of 2025, 49.2% of the planned budget was used, totaling 84,893,009 LAK out of 172,542,059.04 LAK.
- **Challenges:** Key challenges include the difficulty of reaching high-risk groups, such as MSM and FSW, and stigma and discrimination against PLHIV. There is also a limited budget for accessing high-risk groups and a lack of funds for activities at the district level.

Tuberculosis (TB)

- **Progress:** TB screen testing increased from 2021 to 2023 but has since decreased. From January to June 2025, there were 54 notified TB cases and 2 deaths. TB treatment has achieved a 90% success rate, and all TB patients received HIV testing.
- **Budget:** Only 13% of the planned budget (16,700,000 LAK out of 128,261,603 LAK) was used in the first six months of 2025. Some activities, like supervision visits and Active Case Finding (ACF), were not implemented because the 50% of the budget received was insufficient.
- **Challenges:** Challenges include difficulty reaching high-burden groups and a lack of awareness among the general population about taking care of their health. The budget for some activities is insufficient, and there are delays in receiving sample test results.

Malaria

- **Progress:** The number of blood tests for malaria increased from 2021 to 2023 but decreased in 2024. The number of people infected with malaria has been steadily decreasing, with four cases of P. vivax and no P. falciparum cases found in the first half of 2025.
- **Budget:** In the first six months of 2025, 84% of the planned budget was used (519,842,000 LAK). Some activities, such as workshops and supervision visits, were temporarily suspended due to a notification from the Global Fund.
- **Challenges:** It is difficult to reach target groups who live in forests and fields. Budget utilization issues related to the suspension of activities have affected supervision visits and trainings. Attapeu province is a malaria-reduction area but is not yet considered malaria-free.

Recommendations and Proposals

- **General:** Re-evaluate budget usage, increase stakeholder engagement, and integrate the three diseases' work.
- **HIV:** Implement the 95-95-95 principle, continuously access high-risk groups for blood tests, and find solutions to reduce stigma and discrimination.
- **TB:** Investigate why active case finding has decreased despite an available budget.
- **Malaria:** Conduct refresher training on diagnosis, treatment, and reporting for staff. Propose selecting high-burden areas for activities.

Key discussion points and comments from the meeting

- Representative from CHAS noted that the project activities have not been fully implemented, and only 50% of the allocated funds have been used. CHAS has been following up and encouraging provincial staff to utilize the remaining funds to successfully implement activities by the end of 2025. CHAS agreed with the Vice Minister of Health's guidance to follow up on People Living with HIV (PLHIV) who are migrants or have not accessed treatment. Some PLHIV in Attapeu province have not disclosed their status or accessed treatment, although they have received treatment in Champasak province. Key challenges include the difficulty of reaching high-risk groups, such as MSM and FSW, as well as the stigma and discrimination faced by PLHIV. There is also a limited budget for reaching these high-risk groups and a lack of funds for activities at the district level.
- A representative from the CMPE has identified Attapue province as a key challenge. While five of its districts have been designated as malaria-reduction areas, they have not yet been declared malaria-free. Consequently, the province has not been categorized as a pre-elimination malaria area.

- The program has, however, met several indicators as scheduled by the GF and CMPE, and funding has been utilized as planned. Unfortunately, the Global Fund has reduced the malaria grant, which will impact some activities slated for the second half of 2026.
- Additional challenges in Attapue include a large KATO group and a high migrant population, making it difficult to reach target groups who reside in forests and fields. Furthermore, budget utilization issues, stemming from the suspension of certain activities, have adversely affected supervision visits and training. While the CMPE plans to reorganize activities for late 2026, it is anticipated that not all can be implemented. A final summary of the percentage of nets distributed will be available at the end of 2025.
- In response to the seven fatalities among individuals with HIV, the Center for HIV/AIDS/STI (CHAS) has clarified that this figure represents the cumulative number of deaths. Due to the limited capacity for HIV treatment in Attapeu Province, patients must be referred to Champasack Province for care, which has unfortunately resulted in some deaths. Therefore, over the past two years, CHAS has planned the establishment of a Point of Care (POC) center for treatment and counseling in Attapeu Province. This initiative aims to provide people living with HIV with convenient access to treatment and medication at the provincial level.

Decisions

No Decision

Agenda Item #2	**Progress update on the Global Fund GC7 Grant Reprioritization and Revision for HIV and TB**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from PR-DPF (HIV/TB) updated on the process of the Global Fund GC7 reprioritization and revision for HIV/TB Grant for HANSA2 Project *(For more information, please see the attached PPT).*

Management Actions

- **Request for Refund**: This action was completed on July 30, 2025.
- **External Audit**: The finalization of the HANSA 2 external audit was completed, and the report was submitted to the World Bank on September 15, 2025.
- **Grant Entity Data Updates**: A letter regarding signatory authority was signed by the Minister of Health and is expected to be uploaded to the Global Fund (GF) system this week.
- **Privileges and Immunities**: The project is waiting for the Minister of Foreign Affairs to sign the necessary document.
- **GC7 Reprioritization**: Reprioritization was completed and submitted to the GF on August 20, 2025, with feedback received on August 27, 2025.
- **GF Mission**: A mission to support grant revision and implementation was conducted from September 1–5, 2025. Feedback from this mission was received on September 12, 2025.

Budget Reprioritization

The reprioritization plan for the GC7 grant shows the following total budgets for 2025 (Y2) and 2026 (Y3):

- **CHAS (HIV/AIDS)**: The total budget for both years is **$1,912,810.84**.
- **NTC (TB)**: The total budget is **$1,945,326.00**.
- **NCLE (Malaria)**: The total budget is **$1,142,310.72**.
- **Grand Total**: The combined budget for all three entities is **$5,000,447.56**.

Procurement and Financial Updates

Overall

- The total budget for HIV/AIDS and TB is **$2,289,439.05**.
- The total actual expenditure for HIV/AIDS and TB is **$2,629,907.21**.

Financial Status by Implementer (Budget Year 2)

- **Ministry of Health**: Budget of **$4,668,884.08** with an expenditure of **$2,971,674.00**, leaving a balance of **$1,697,210.08**.
- **NCLE**: Budget of **$395,513.49** with an expenditure of **$128,371.48**, leaving a balance of **$267,142.01**.
- **Clinton Health Access Initiatives (CHAI)**: Budget of **$74,900.00** with an expenditure of **$104,500.00**, resulting in a negative balance of **$29,600.00**.
- **World Health Organization (WHO)** and **UNAIDS**: Both have a zero balance, having spent all of their allocated budgets.

Financial Status by Cost Grouping (Budget Year 2)

- **Health Products - Pharmaceutical Products (HPPP)**: Budgeted **$794,938.05**, but expenditures reached **$939,384.15**, resulting in a negative balance of **$144,446.10**.
- **Health Products - Equipment (HPE)**: Budgeted **$81,800.00**, but expenditures were **$388,457.29**, resulting in a negative balance of **$306,657.29**.
- **Total**: The total budget is **$5,372,878.57** and the total expenditure is **$3,438,126.48**, leaving a balance of **$1,934,752.09**.

Key discussion points and comments from the meeting

- DPF has followed up the implementation of HIV/TB grants, advised implementers to improve their work and submit the final documents to the Global Fund on time. DPF has also changed the person in charge of the HANSA2 project at the provincial level and has advised the provinces to expedite the use of funds for various project activities to complete them as planned.
- The meeting chairman emphasized that some of the agreed management actions from the Global Fund must be implemented urgently, with some items having only one week left. Therefore, it was proposed that DPF provide close guidance to ensure that implementation is completed on schedule.
- DPF confirms that it will closely follow up the relevant centers to ensure they prepare revisions in accordance with the Global Fund's recommendations and to guarantee the timely submission of the finalized draft documents to the Global Fund. Progress on this work will be updated during the upcoming plenary CCM meeting.

Decisions

No Decision

Agenda Item #3	**Progress update on the Global Fund GC7 Grant Reprioritization and Revision for NCLE**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Representative from NCLE will provide progress update briefly on implementation of the Global Fund grants for the NCLE *(There is no attached PPT)*.

- Following the joint meeting with the Global Fund Mission, NCLE is currently drafting the first draft of the NCLE Framework, which is expected to be completed this week. The draft will then be submitted to the relevant centers and departments for review and incorporation into the Reprioritization and Revision for NCLE document. Subsequently, a final revision meeting will be scheduled for finalizing documents to submit to the Global Fund by September 30th.

Key discussion points and comments from the meeting

- After the presentation, most of the meeting's participants had no additional comments.

Decisions

No Decision

Agenda Item #4	Progress update on the Global Fund GC7 Grant Reprioritization and Revision for HIV

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

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

Progress and Achievements (as of August 2025)

- **HIV Testing:**
  - **FSW:** 57.39% (5,927 people) of the target 9,711 FSWs in five provinces were tested for HIV. Of those tested, 0.29% (17 people) were positive, and 82.35% (14 people) of those who tested positive were referred for treatment.
  - **MSM/TG:** 47.67% (3,760 people) of the target 5,521 MSM/TG in five provinces were tested. Of those tested, 1.25% (47 people) were positive, and 95.75% (45 people) were referred for treatment.
- **Treatment and Care:**
  - **PLHIV:** 70.26% (14,196 people) of the national target of 12,934 PLHIV received ART.
  - **Viral Load (VL) Testing:** 95.23% (12,317 people) of PLHIV on ART received a viral load test, exceeding the target of 95% (12,232 people).
  - **PrEP:** 34% (443 people) of the target 1,300 MSM received PrEP.

Proposed Priorities for 2026

The meeting outlined several key priorities for 2026, including:

- Increased diagnosis for FSW in 5 intervention provinces (KM, VTP, VTC, SVK, CPS).
- Increased diagnosis for MSM in existing intervention provinces (KM, VTP, XYL, LPB and BLX).
- Expending increased diagnosis for MSM in three high burden provinces (VTC, SVK and CPS).
- Scale up POC sites in 4 districts in VTC, SVK and CPS.
- Scale-up PrEP in new POC sites, community mobile outreach and community-based clinic in SVK.
- Activities to prevent from mother to child transmission and increase pediatric ART coverage in central and provincial level in 18 provinces.
- Activities of data quality assurance
- Activities to reduce stigma and discrimination in healthcare, workplace, education and community.
- Community-led monitoring for PLHIV and key populations.
- Size estimation
- Mid-Term Review of National Strategic Action Plan 2026-2030.

Budget and Procurement

- **2026 Budget (AOP 2026):** The total budget for PBC 6 is $962,968.17 USD. The largest shares are allocated to PHO (38.77%) and CHAS (36.94%).
- **Savings:** There are $220,000 USD in savings from 2024, which will be used for specific priorities in 2026. These priorities include a comprehensive model for HIV diagnosis and PrEP uptake for MSM, a size estimation survey, and capacity-building workshops.
- **Funding Gap:** The estimated funding gap for AOP 2026 is $4,759,000 USD, with significant needs for expanding ARV treatment to 120 districts and procuring HIV test kits.
- **Procurement Plan Adjustments (2026):**
  - **PrEP:** 18,000 bottles of PrEP originally planned for 2026 were removed from the Global Fund procurement plan because the current stock is sufficient to meet needs through 2026.
  - **TLD:** The number of Tenofovir/Lamivudine/Dolutegravir (TLD) packs was revised down to align with the Global Fund budget, but the combined supply from the Global Fund and the Government of Laos (GoL) will be sufficient through November 2027.
  - **Other ARVs:** All 2026 quantities for Tenofovir/Lamivudine (TDF/3TC) treatment were shifted to 100% GoL funding.

Key discussion points and comments from the meeting

- After the presentation, most of the meeting's participants had no additional comments.

Decisions
No Decision

Agenda Item #5	Progress update on the Global Fund GC7 Grant Reprioritization and Revision for TB
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
There was no representative from the National Tuberculosis Control Center (NTC) at the meeting, so no progress update on TB implementation was presented. *(There was no attached PPT).*	
Decisions	
No Decision	

Agenda Item #6	Progress update on the Global Fund GC7 Grant Reprioritization and Revision for Malaria
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

The key points from the provided presentation, which covers the revised budget, prioritized activities, and progress update for the RAI4 malaria program in Lao PDR from January to June 2025.

Budget and Financials

- **Overall Budget Reduction:** The total budget for RAI4E for 2024-2026 has been revised down to $15,080,640, which is an 8% reduction from the original allocation of $16,392,000. The reduction of $1,311,360 will come from non-essential, deferred activities.
- **Sub-Recipient Reductions:** All sub-recipients except for the WHO have had their budgets reduced. The largest percentage reduction was for the DPF at 29%.
- **Budget Absorption (Jan 2024-Jun 2025):** Overall budget absorption for the cumulative period from January 2024 to June 2025 was 57.12%. The highest absorption by module was for Vector Control at 76.57%, while the lowest was for RSSH: Health products management systems at 35.48%.

Prioritized Activities

The revised budget will cover the program's needs for key activities and commodities, with a focus on core interventions guided by the Global Fund.

- **Case Management:** This is a key priority. Activities include effective diagnosis and treatment at public and community levels, strengthening microscopic testing, and supporting Village Malaria Workers (VMWs) in five southern provinces.
- **Vector Control and Surveillance:** The plan includes distributing 57,553 LLINs and 1,100 hammock nets to targeted populations in 2026. Surveillance activities include nationwide case investigations and monitoring of biological threats.
- **Specific Prevention Interventions:** These include reactive drug administration with Pyramax for people ages 7-60 and preventive treatment for forest-goers. These strategies are applied when one or more cases are found in a village.
- **Elimination and Certification:** Efforts will focus on preparing for malaria certification and preventing re-establishment of the disease.

Progress Update (Jan-Jun 2025)

The program achieved or exceeded several key targets during the first half of 2025.

- **LLIN Distribution:** The mass campaign for long-lasting insecticide-treated nets (LLINs) exceeded its target, with 269,850 nets distributed against a target of 269,847. Continuous distribution of nets achieved 86% of its target.

- **Testing and Treatment:** Parasitological testing across all sectors surpassed its target by 8%, with 315,741 tests performed. All 130 reported positive cases were treated with first-line antimalarial drugs, achieving a 100% treatment rate.
- **Surveillance:** The program successfully met its targets for reporting, investigating, and classifying cases and foci. All cases were reported within 24 hours (104% achievement) and investigated within 3 days (100% achievement). All foci were investigated and classified within 7 days (100% achievement).

Key discussion points and comments from the meeting

- After the presentation, most of the meeting's participants had no additional comments.

Decisions

No Decision

Agenda Item #7	**Election Process** • **Ministry Election to start the election process of CCM Member** • **Constituency Election to start the election process of CCM Chair and Vice Chairs**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative from the CCM Secretariat presented the election process for both the ministry line to become CCM Members and the representatives of constituencies to be elected as the CCM Chair and Vice Chairs. *(For more information, please refer to the attached presentation)*

1. Revision of the CCM Membership

- The CCM consists of 48 members in total, including 24 full members and 24 alternate members.
- The CCM includes three sub-committees: the Executive Committee (ExCom), the Oversight Committee (OC), and the Resource Mobilization Committee (RMC).
    - ExCom has 6 members: The CCM Chair, two Vice Chairs, the OC Chair, the RMC Chair, and the Executive Director of the CCM Secretariat. Executive Director of the Secretariat does not have voting rights.
    - OC has 10 members: 6 members from the CCM and 4 non-CCM members.
    - RMC has 10 members: 6 members from the CCM and 4 non-CCM members.
- The CCM's organizational structure is composed of three main sectors: the Government (33.3%), Non-Governmental Organizations (45.9%), and Development Partners (20.8%).

2. Proposals for Consideration

- Selection of New Members: It is proposed that the ExCom and OC consider selecting two ministries or organizations related to AIDS, Tuberculosis, and Malaria to become CCM members.
- Election of Chair and Vice Chairs: It is proposed that representatives be selected from the three main sectors (Government, Non-Governmental Organizations, and Development Partners) to elect one CCM Chair and two Vice Chairs.

Key Decisions and Proposals from the Meeting

- DPF representative proposed replacing the MOHA with the Prime Minister's Office for new CCM membership nomination.
- CHAS representative proposed selecting the specific department that currently manages CSOs working on HIV, TB, and Malaria for the CCM membership.
- The MOF representative made the following suggestions and agreements:
    - CCM Membership: CCM Secretariat is required to submit a proposal to the MOF for new CCM membership nominations.
    - CCM Chair & Vice-Chair Candidates: A representative from the MOH (Government Sector) was selected as a candidate for the CCM Chair and Vice-Chair election. A representative from the WHO (Development Partners) was also selected as a candidate for the CCM Chair and Vice-Chair election.

Decisions

The meeting agreed to the following points regarding the CCM membership renewal process and CCM Chair & Vice-Chair Candidates:

Electoral Committee

- The meeting agreed to nominate the Executive Committee to be the Electoral Committee. It is an Ad-hoc Committee for responsibilities during the membership renewal process and makes sure that the membership renewal process follows the guidelines, norms and procedures incorporated in the Electoral Manual of the CCM, as well as the Global Fund guidelines.

CCM Membership

- The current CCM structure and some constituencies will be maintained, however the meeting agreed to implement as the membership renewal process.
- The Ministry of Education and Sports was selected to replace the Ministry of Investment and Planning.
- The Lao People's Revolutionary Youth Union was selected to replace the Ministry of Home Affairs.
- The INGO Network is required to elect a new representative to replace the current German Red Cross.
- The CCM Secretariat is required to be responsible for following up with constituencies that have expired memberships and alternates for new nominations.

CCM Chair & Vice-Chair Candidates. The following candidates were selected for the CCM Chair and Vice-Chair positions:

- MOH representative was selected as the candidate from the Government Sector.
- WHO representative was selected as the candidate from the Development Partners.
- The meeting did not select a candidate from the Non-Governmental Sector. It was suggested that the CCM Secretariat should organize the Ad-hoc ExCom & OC meeting to further discuss and select a suitable candidate.

Agenda Item #8	**Nomination Representative from CCM Lao PDR to the RSC**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The representative from the CCM Secretariat presented a brief summary of the letter from the RAI Regional Steering Committee (RSC) *(For more information, please refer to the attached presentation)*

RAI Regional Steering Committee (RSC) Membership

- A letter from the RAI RSC Secretariat, dated August 11, 2025, requests that the Lao PDR Country Coordinating Mechanism (CCM) nominate a new representative and an alternate to the RSC. This is to replace the current representative, Dr. Khampheng Phongluxa, whose second term ends in November 2025.
- The new representative's term will run for three years, from November 2025 to October 2028.

Nominee Eligibility and Requirements:

- The nominee must be from the government sector, such as a senior official from the Ministry of Health.
- The nominee cannot be from the national malaria program.
- The nominee must be an active CCM member to facilitate coordination.
- The RSC encourages the nomination of qualified female candidates to promote gender balance.
- The CCM is asked to provide the new nomination by October 10, 2025.

Key Decisions and Proposals from the Meeting

- The meeting did not nominate the new representative member and an alternate from CCM Lao PDR to the RSC. It was suggested that the CCM Secretariat should organize the Ad-hoc ExCom & OC meeting to further discuss and nominate the suitable representatives from CCM Lao PDR to the RSC.

Decisions
No Decision

4. SUMMARY OF DECISIONS AND ACTION POINTS

AGENDA ITEM N°.	WRITE IN DETAIL THE DECISIONS	KEY PERSON RESPONSIBLE	DUE DATE
	Before closing the meeting, the chair summarized as below: 1. Endorsed the result of oversight field visit report of three diseases including HIV/AIDS, TB and Malaria in Attapeu province, the relevant centers should take the findings issues for addressing and resolution. 2. DPF is required to follow up the relevant centers to finalize the reprioritization and revision grant base on the agreed management actions provided by the global fund team during the mission in Lao PDR 1-5 September to submit to GF on time. 3. Endorsed candidates for CCM Chair & Vice-Chair election • MOH representative from the Government Sector was selected as the candidate • WHO representative from the Development Partners was selected as the candidate 4. Election of a candidate from the Non-Governmental Sector to be elected CCM Chair & Vice-Chair election, and the nominate the new representative member and alternate from CCM Lao PDR to the RSC. It was assigned to the CCM Secretariat organize the Ad-hoc ExCom & OC meeting for further discussion, election and nomination.		

5. MINUTES PREPARED BY:

TYPE/PRINT NAME	Mr. Budhsalee Rattana	DATE:	30 September 2025
FUNTION/POSITION	Coordinator and finance officer	SIGNATURE	

6. MINUTES APPROVED BY:

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