

**[Final Draft]**

# **Meeting Report**

**The Global Fund South-East Asia Constituency  
Meeting**

**November 7-8, 2016,**

**Lankan Finolhu-Paradise island, Maldives**

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## Executive Summary

SEA Region TGF Pre-Board Constituency meeting was held in the Paradise Island Resort, Maldives from 7 – 8 November 2016. It was preceded by field visit and preparatory meeting on 6<sup>th</sup> November. The meeting was inaugurated by His Excellency, the Hon'ble Health Minister of Maldives Mr. Abdulla Nazim Ibrahim. He thanked Global Fund and other organizations for enabling Maldives to achieve Malaria Elimination goal and urged Global Fund to consider opening more windows for multi-country regional Proposals. He highlighted the reason for retention of CCM in Maldives was due to its usefulness in multi- sectoral co-ordination and expressed his keen interest to know how the meeting will recommend the role of CCM after the country's graduation from TGF. CCM Chair of Maldives and WHO Representative also addressed the inaugural session.

This TGF Pre-Board Constituency Meeting was taking place at a time when the upcoming 36<sup>th</sup> Board Meeting, 16 – 17 November 2016 in Montreux, was going to make important decision- regarding review of the employee grievance and dispute resolution system, Constituency Funding Policy, board leadership selection process and approve – Amended and Restated Comprehensive Funding Policy, Sources and use of fund for the 2017-2019 allocation period, Catalytic investment for the 2017-2019 allocation period, KPI for Performance Target for the 2017-2022, 2017 Corporate work plan and operating expenses and process for the appointment of Executive Director. Two days Pre-Board Meeting had a very important agenda items to deliberate and prepare the delegates besides Office bearers (BM, ABM and CFP) other nominees to participate in the TGF 36 Board Meeting representing the SEA Region Constituency perspective.

Briefing on Allocation Methodology for 2017 – 2019, highlighted that compared to past model, shifts proportionately more funding to countries with higher burden of disease and lower economic capacity. Using the formula and criteria HIV receives more than 1/3 relative increase in funds to countries with extreme burden 30% increase (mainly to Sub-Saharan countries with highest infection in women & girls), TB receives more than 20% relative increase in funds with severe or extreme burden i.e. 25% increase (Top 28 MDR-TB Countries) and Malaria more than 10% increase in funds to countries with extreme or severe burden (Sub-Saharan countries for Malaria).

While highlighting the aims of qualitative adjustment to maximize progress towards achievement of impact set in the Strategy, accounts for the populations disproportionately by the three diseases, factors not addressed elsewhere but critical to ensure greatest impact for GF investments, simple and robust process and commitment to transparency & accountability the meeting was also briefed about the two-stage qualitative adjustment process.

The Catalytic Investments which was mainly for incentivizing the use of country allocations for strategic priorities, Multi-country approaches and strategic initiatives the meeting noted that there was no allocation for SEA Region out of \$ 800M total allocations for Board's approval. Board Member and other delegations were directed by the meeting to submit a strong justification in the Board and to secure some funding under the catalytic investments for the 2017 – 2019.

Deliberations on the CCM mainly dwelled in how to make it functioning more effectively. The meeting noted that in some countries CCM has been upgraded to Health Sector Co-ordination level while in some countries it has been merged with the GAVI. It was also clarified that CCMs in any form is still eligible for funding from the GF so long it is function.

The country presentations were mainly focussed on the achievements and challenges. Sri Lanka highlighted the country's declaration of Malaria Elimination target. During the briefing of the status of Malaria Elimination in South East Asia Region it was highlighted that three more countries - Bhutan is already in the Pre-Elimination Stage followed by Nepal and Timor Leste. During the cross-border malaria presentation and discussion it was highlighted that unless there is strong cross

border collaboration in the region malaria elimination will be a real challenge. India presented the country's plan for the cross border collaboration for malaria elimination in South Asia.

During the updates on the three committees – SC, AFC and EGC it was noted that that SEA Region Constituency was represented only in AFC. While discussing on issues how to make SEAR Constituency functioning more effective it was noted that more frequent communication particularly on the change of Focal person in the countries needs to be communicated.

The meeting finalized the delegation to the 36<sup>th</sup> Board Meeting with distributions of the intervention agenda items.

## **Recommendations**

The Pre-Board Constituency Meeting after two-day extensive deliberation came up with the following recommendations –

1. The meeting noted that out of three committees (SC, EGC and AFC) SEAR was represented only in audit and finance committee (AFC). The observation was made in various agenda item discussion particularly under the agenda item for the Regional Allocation when it was observed that there was no allocation of funds for SEA Region Constituency. The meeting recommended that alternative communication channel be established by the Board Member after consulting with the Chair of the Board and Committee Chairs and try to secure funds for Regional proposal.
2. The meeting noted that in the past Regional proposal could not be submitted timely because of lack of Regional Coordination Mechanism (RCM). Since the Regional strategy implementations have become priority for Regional Malaria Elimination and End TB, it is recommended that RCM should be established on priority. In this connection, five countries (Bangladesh, Indonesia, Maldives, Thailand and Timor-Leste) have been assigned to draft the ToR and structure of RCM and also review the advantages of having Regional Secretariat RCM. The meeting recommended the Board Member to coordinate and to lead the review and circulate the report for electronic endorsement by end of December 2016.
3. According to the revised ToR for the SEAR Constituency regarding the delegate to attend the Board Meeting, the meeting recommended the Board Member to draft the ToR and criteria for selection of 2 permanent delegates out of 7 who will attend TGF Board Meeting.
4. The meeting recommended to have the retreat meeting in December 2016 for drafting the 3 years' work plan and budget of SEAR Constituency. It is decided to be held in Thailand.
5. To facilitate the better communication among the Constituency members, it is recommended to have quarterly updating of contact person information in the countries. The CFP is assigned to facilitate this activity. In addition, the video conference is suggested where applicable and when necessary.
6. The request for attending the Constituency Meeting by other organization, donors or other regions should be considered on the case by cases basis.
7. The Constituency position paper pertaining to any technical areas such as diseases epidemiology has been requested to WHO SEARO to develop as an input to the position paper while the nontechnical issues will be deliberated in the Pre-Board Meeting.
8. Meeting of CCM Members on Multi-Country Proposals; There was a consensus among the CCM members present (Bangladesh, Bhutan, Nepal, India, Myanmar as well as Indonesia, DPRK, Maldives, Sri Lanka, Thailand, Timor-Leste) that cross-border collaboration for malaria elimination is required in South-East Asia (where malaria epidemiology and programs are very diverse and many countries have far advanced towards elimination). It is recommended that;
  - 8.1. Specific objectives for cross-border collaboration as well as country-specific and inter-country activities/work plans must be clearly defined.

8.2. Additional funding for cross-border collaboration for malaria elimination is required. There was a consensus to mobilize the following resources:

- Global Fund country grants: savings from existing grants should be allowed to be used for strengthening malaria measures in border areas, and cross border collaboration should be included and budgeted in new grants.
- Funding through the Catalytic Funding mechanism should be advocated for a multi-country grant for South Asia as well as RSSH funds for a regional data sharing platform.

8.3. Develop a position statement on the need for cross-border collaboration for malaria in South-East Asia, to be presented at the Board,

- Board Member to advocate with the Strategy Committee:
  - For a multi-country malaria South Asia grant
  - For a multi-country initiative for TB and HIV, focusing on migrants, in South-East Asia

8.4. Explore the establishment of a Regional Coordinating Mechanism and/or Regional Secretariat.

9. The venue of next SEAR constituency meeting will be at DPR-K in the period of April 20 - 30th 2017, and Indonesia in October 2017 respectively.

## *Proceedings of Day I*

### **Introduction and Background**

The South East Asia (SEA) Constituency meeting was held in Lankan finolhu-Paradise island, Maldives from November, 7 – 8<sup>th</sup> 2016 to prepare for the upcoming Global Fund 36<sup>th</sup> board meeting to be held in Montreux, Geneva from November 16-17, 2016. The meeting was attended by CCM representative from all 11 members states of the TGF SEA Region constituencies. The meeting was also attended Dr. Carole Presern, Head of the Office of the Board Affairs, Global Fund Secretariat and from technical partner Organization, Dr. Eva Christophel, RA – MAL, CDC Dept., WHO SEARO and Dr Sushil Pant, MO - WHO Country office, Maldives. The Agenda with the Objectives and the list of participants are attached as annexure A and B. The meeting was preceded by field visit to health centre and rehabilitation centre in Himafu Island and Preparatory Meeting on Nov 6<sup>th</sup> 2016.

The chairperson of the CCM Maldives welcomed the Chief Guest His Excellency, Mr. Abdulla Nazim Ibrahim, all the officials and representatives from the government, UN and in particular the delegates from the Member States of the TGF SEA Region Constituency including representative from the Global Fund secretariat and participants from the WHO SEARO and Country office. While thanking the Member States for giving another opportunity to host the TGF Pre-board constituency meeting highlighted on the grants received from the Global Fund and how it enhanced the respond to HIV/AIDS, TB and Malaria problems in Maldives and progressed to the current low burden situation of HIV/AIDS & TB and facilitated elimination of Malaria from Maldives in a sustainable manner. He further highlighted the importance and need of Global Fund being more flexible in its allocations and open more submission windows for multi country regional proposals which will facilitate the member states in achieving the 2030 UN Sustainable Development goals.

The SEA constituency board member Mr. Filipe da Costa, thanked the Minister of Health and the government of Maldives for hosting the meeting in this beautiful Paradise Island Resort. He expressed his deep appreciation for the generous hospitality and warm welcome. He further thanked all the delegates from Member States for attending the meeting despite late notices, WHO SEARO for continued support in sponsoring the Pre-Board Meeting, Global Fund secretariat for continued guidance and all the distinguished guest for attending the inaugural session particularly HE the Health Minister for grazing the inaugural occasion. He highlighted that the TGF SEA constituency is the only Region which has regularly been organizing this Pre-board constituency meeting bi-annually in order to actively participate in the board meeting taking the regional perspective which has made good impact to the Region.

The WHO representative, Dr. Arvind Mathur conveyed greetings and best wishes of Regional Director Dr. Poonam Khetrpal Singh, WHO SEARO to the participants and inaugural session gathering who could not be present due to her prior commitment. While welcoming the participants he reminded that this important meeting is taking place at a time when there is transition of leadership – looking for new Executive Director for Global Fund, new Director General for World Health Organization, election in USA and France who are amongst the major donors of the Global Fund. It is obvious therefore this transition will have direct influence in bringing new changes in the

Global Fund. The leadership transition should be taken into account when deliberating issues such as catalytic investment, multi-country proposal, or cross border are raised. He assured WHO's co-operations and supports as the technical agency both at regional and country level. He also shared that in the recent WHO SEAR Regional Committee meeting held in Colombo, Sri Lanka during Sept 2016, the Maldives shared an ambitious goal to attain zero TB by the end of 2020.

HE Minister of Health, Mr. Abdulla Nazim Ibrahim extended his warm welcome to all participants to the malaria free Maldives and sunny side of life. He thanked the Global Fund for enabling Maldives to achieve Malaria Elimination and to maintain HIV/AIDS and TB at a low level of burden, and thanked WHO for the continuation of technical supports. He also mentioned that the Global Fund partnership and support is one of the kindest things that human have done for each other. He also highlighted that in spite of Maldives having been graduated from the GF support, country still maintains the CCM functions as it is effective for the coordination and oversight of the health programs/projects with other health related sectors. He expressed his interest to know the outcome of the meeting deliberation on CCM functions as Maldives has learned many lessons in good governance and transparency in fund management. He called for the review in allocation methodology and eligibility criteria for accessing the funds for low burden countries with increasing of gross national income.

He wished all the delegates a pleasant stay in Maldives and all the success in deliberation of the meeting. The inaugural session concluded with group photo followed by refreshment.

## Objectives

The Objectives of the meeting which were;

1. Review and deliberate on the agenda item of the upcoming 36<sup>th</sup> TGF Board Meeting and to form regional position for the interventions in the meeting
2. Discuss the cross border collaborations
3. Discuss and distribute agenda items for interventions to the participants attending the 36<sup>th</sup> TGF Board Meeting

The Board Member called for the nomination from the meeting of Chairperson, Vice Chair and Rapporteur. The following were elected as office bearers for the meeting:

- Chairperson, Mr. Ahmed Afaal, CCM chair, Maldives
- Vice Chair, Dr. K.S. Sachdeva, Deputy Director General, Ministry of Health and Social Welfare (CCM Focal Point), India
- Rapporteur, Dr. Nakorn Preamsri, Director of Principal Recipient Administrative Office, DDC-MOPH, Thailand

Mr. Filipe da Costa, Global Fund Board Member presents the status of recommendation and decision from last GF Pre-board meeting in April 10-11<sup>th</sup> 2016 in Dili, Timor Leste.

The update of progress on Global Fund supported three diseases - Malaria, TB and HIV/AIDS, was presented by eleven countries highlighting mainly the current status of progress and challenges faced by the programmes in their respective countries.

### ***Session I: Country presentation on three diseases (TB, Malaria and HIV/AIDS)***

#### **Bangladesh:**

TB: Bangladesh made more than 200,000 case notifications on TB in 2015, an increase from the 80,000 in 2002. 1.3 million TB cases are identified and treated since 2016.

**Malaria:** Malaria programme has also achieved tangible success in Bangladesh. In Bangladesh, malaria cases have decreased from 60,000 to below 30,000 cases since 2007 in the 13 malaria endemic districts.

**HIV/AIDS:** Maintaining its low prevalence and incidence (below 0.1%) through the HIV/AIDS control programme.

**Bhutan:**

**TB:** The TB incidence rate from 220/100,000 populations in 2005 has declined to 169 per 100,000 population in 2014.

**Malaria:** Malaria indigenous cases have gone down from 84 cases in 2012 to 34 in 2015.

**HIV:** 492 cases detected as of June 2016.

**DPR-K:**

**TB:** Improved diagnostic capacity for drug-sensitive TB and gradual increase of TB case notification and uninterrupted supply of TB medicines to all notified cases.

**Malaria:** On-going reduction of malaria cases, by 48.7% of the level of 2015 mid-year

**HIV/AIDS:**

**India:** has achieved MDG for halting and reversing HIV epidemic as well as new TB cases. There is reduction in adults' HIV prevalence rate to 0.26 %, reduction in AIDS death to 54%. Significant reduction in TB and Malaria mortality has also been achieved.

**Indonesia:** is second highest-burden-country on TB, TB-HIV and MDR-TB. MALARIA focuses on elimination in the last 46 of 516 districts. HIV infection continues to rise. Country prevalence rate is 0.4%.

**Maldives:** is Malaria free, Maldives is considered a low prevalence country for all forms of TB and HIV prevalence of less than 0.1 percent.

**Myanmar:** Global Fund concept notes (joint HIV-TB, Malaria) were finalised and endorsed by MHSCC and National Malaria Elimination plan 2016-2030 Myanmar has been developed.

**Nepal:** Nepal made some progress in all three above-mentioned areas. Some 12,000 HIV/AIDS cases are currently on antiretroviral therapy. Similarly, about 131,000 new smear-positive TB cases has been detected and treated. In case of Malaria, approximate 4,620,000 Insecticide-treated nets (LLINs) have been distributed. Since 2010 there is a decreasing trend in Malaria cases in Nepal.

**Sri Lanka:**

**TB:** Maintained Moderate disease burden and low prevalence of TB in the country and treatment success is maintained above 85%.

**Malaria:** No Cases of Indigenous Malaria since 2012 and Malaria Deaths since 2008 and moved from Elimination of Indigenous Malaria to Prevention of Re- Introduction.

**HIV/AIDS:** Maintained low prevalence of HIV (<1%) in the country during last 10 years.

**Timor-Leste:** Tuberculosis remains the major cause of death and illness with the highest prevalence rate of TB in Asia. Malaria is well controlled and the 'pre-elimination' activities had commenced beginning of 2016. Up to December 2015, we have detected about 552 cumulative cases, however we have currently 201 people living with HIV/AIDS on Antiretroviral therapy.

**Thailand:** CCM Thailand has set the transition plan developing for the financial mechanism to facilitated the ending targets of 3 diseases (ATM), including the requesting more budget from the government and resource mobilization from private sectors. Country presentation see annex A

***Session II: Briefing on Allocation Methodology 2017 – 2019 and Catalytic Funding and CCM***

Dr. Carole Presern gave a presentation on allocation and catalytic funding (attached) giving an overview of how the allocation amounts will be determined, based on potential for impact, burden, and economic status. She explained the process that was used to get to the recommendations on catalytic funding, which is for priorities that cannot be met through regular allocations. This was

presented at the October 2016 Strategy Committee meeting. Catalytic funding (US\$ 800m) has been discussed since June, through a consultation process involving all key technical partners, WHO, UNAIDS, Stop TB, Roll Back Malaria, civil society groups, with inputs also from the Technical Review Panel, and based on thematic information coming from the Technical Evaluation Reference Group (TERG).

She explained the three main routes to access catalytic funding (outlined in the Board paper GF/B36/04): matching funds (43%); multicounty (34%) and strategic initiatives (23%). She also outlined the decision making timeline, with most key decisions to be taken at the 16/17 Nov Board meeting, and allocations to be notified to countries mid Dec 2016. Dr. Presern reminded the participants that constituencies have been invited to now submit statements on their positions on key agenda items in advance of the Board meeting, so that the discussion is informed, in advance, of any key concerns.

Ms. Hannah Grant, Manager (Allocations) from the Global Fund Secretariat joined by phone to field questions. There were specific questions on: how allocations are calculated if there is more recent prevalence data; if burden is lower in one disease rather than another, are allocations averaged or is it specific: why the SEA cross-border malaria proposal did not get into the catalytic funding list and why Mesoamerica, Africa and others did; how allocations are made if new technologies might affect diagnosis (and also costs); how increasing economic status might affect allocations; whether improved absorption and implementation rates would affect new allocations. Replies clarified that even when burden is different between diseases, the calculations are done on the disease, it is not aggregated across disease; it was assessed that the SEA proposal could be covered by country allocations in India, Bhutan and Nepal, replies will be provided later on Africa; in high burden countries, economic status will not have a major impact in the immediate term; historical absorption rates will not be taken into account when calculating allocations, Annex B.

Dr. Carole Presern gave a presentation on CCMs, based on what was presented to the joint Strategy Committee and Ethics and Governance Committee joint session in October. She also mentioned the paper (not a committee paper, but a contribution to the debate) tabled at the committee meetings by France, Switzerland and Germany. The presentation covered the evolving context in which CCMs operate, the findings of the Inspector General's review, and progress on Agreed Management Action (see attached presentation). The meeting was joined by Rene-Frederic Plain by phone from the Global Fund Secretariat who fielded various questions. These included: clarification between the role of OBA, Grant Management Department and the CCM Hub, with the governance structures of the GF; how to ensure good CCM functioning when positions for some are voluntary; whether the Eligibility Performance Assessments had given any pointers to possible restructuring for CCMs and whether CCMs that are essentially merging other mechanisms (i.e Gavi HSCC and GF CCM) are still eligible for CCM funding. Mr Plain's replies covered the following: On lessons learned, mainly it is that CCMs should be polymorphic bodies, with decisions driven (within the parameters of the guidelines) by the countries, therefore if a country decides to merge with another body, for good reasons, then the GF CCM funding should be available if the characteristics of a CCM remain, whatever the body is called; strong recognition by the CCM Hub that there is no 'one size fits all' model, but experience has shown that sometimes CCMs themselves can be a block to change, possibly because of an over-interpretation of GF guidelines; on funding for CCM members it was clarified that for the majority of participants (government, donors, multilaterals) the CCM is part of their day job, issues can arise for key populations, CSOs and affected communities, who might not

have support for participation and attendance; on structural links, it was clarified that CCMs are not part of the governance structure of the Global Fund, they are a requirement for accessing funding, but the ownership, and governance remain local, as CCMs come in many shapes and sizes, and one of the core GF principles is national ownership. Annex B

### ***Updates on 3 committees of the GF - AFC, EGC and SC***

The 3 committees' updates were presented by Dr. Carole Presern, Head of the Office of the Board Affairs, TGF Secretariat. It was noted that out of 3 committees, SEAR was represented only in AFC (Audit and Finance Committee). The concern was expressed from the meeting for not being represented in other 2 committees, especially in SC (Strategy Committee). It was explained that there are the other ways of communicating channel to the Board by the Board Member particularly for representing important view and concerns from the constituency. To establish that kind of communication, the Board Member should meet the chair of committees and Board Chair. There was also the presentation on calculation of country allocation formula and diseases-split allocation. The meeting was also informed the successful 5<sup>th</sup> round of replenishment (12.9 B\$ against 13 B\$). The detail of presentations is in the Annex B

### ***Status of Malaria Elimination in SEAR***

Dr. Eva Christophel, RA-Mal WHO SEARO, presented the status of Malaria Elimination in SEAR, after Maldives achieved malaria elimination in 2014, Sri Lanka has declared of malaria elimination in 2016. There is the target of achieving elimination globally for another 21 countries by 2020, of which 3 are in SEAR, i.e. Bhutan, Nepal and Timor-Leste. The report is in the Annex C

Dr. Avdesh Kumar, Additional Director of India National Vector-Borne Diseases Control Program (NVBDP), presented Cross-border Collaboration for Malaria Elimination in South Asia. Indian shares borders with 70 district of its 12 states with Bhutan, Nepal, Bangladesh & Myanmar with around 115 million population inhabiting these districts. Most of these border areas across the countries with high malaria endemicity face common challenges in controlling malaria in the form of difficult to reach terrains, poor health infra-structure, Highly migratory tribal population; issues of political insurgency and drug resistance. This calls for collaborative interventions for Cross-border malaria control/elimination efforts amongst these countries. The presentation suggested the following consideration:

- Situation analysis, adequate provision of diagnosis and treatment facilities, data collection and integration into national MIS, collective planning and implementation of malaria control activities and routine review meetings supported by substantial funding.
- Cross border coordination mechanism should focus on escalating down the effort from regional/ national level to states and down to district for effecting actual implementation of strategies at the ground level.
- This cross border will require intensive advocacy efforts, technical support from development partners (WHO) and funding support from Global fund.
- Joint Action Plan for Strong surveillance system, Vector control strategies and Joint Annual Evaluation/Review by bordering nations will need to be planned. Besides Involvement of MOH, MEA, MHA for broader agreement on day-to-day collaboration will be an important step for this collaboration. These countries may also consider using Savings from GF grants for this activity.

### *Recommendations from the 1st day proceedings:*

1. The meeting noted that out of three committees (SC, EGC and AFC) SEAR was represented only in audit and finance committee (AFC). The observation was made in various agenda item discussion particularly under the agenda item for the Regional Allocation when it was observed that there was no allocation of funds for SEA Region Constituency. The meeting recommended that alternative communication channel be established by the Board Member after consulting with the Chair of the Board and Committee Chairs and try to secure funds for Regional proposal.
2. The meeting noted that in the past Regional proposal could not be submitted timely because of lack of Regional Coordination Mechanism (RCM). Since the Regional strategy implementations have become priority for Regional Malaria Elimination and End TB, it is recommended that RCM should be established on priority. In this connection, five countries (Bangladesh, Indonesia, Maldives, Thailand and Timor-Leste) have been assigned to draft the ToR and structure of RCM and also review the advantages of having Regional Secretariat RCM. The meeting recommended the Board Member to coordinate and to lead the review and circulate the report for electronic endorsement by end of December 2016.

The Day – 1 sessions ended by announcement from the secretariat of the dinner hosted by His Excellency Hon'able Health Minister of Maldives in the honour of participants.

### *Proceedings of Day 2*

The day 2 started with the discussion on 4 main points of SEAR Constituency as follows:

#### 1. Improve constituency Functioning

- So far we have Constituency Meetings, no other meetings
- Creation of Regional secretariat or RCM – task team to prepare ToR
- Delegation to GF Board Meeting 2 Person permanent and 5 person rotate.

#### 2. Meeting Participation

- Other region participation if self-funded
- Other organizations and developments partners if self-funded
- Global Fund Secretariat including country team

#### 3. Better communication,

- Changes of Country Focal Point.
- Update email list
- Communicate Issues and concerns at country level or regional should be shared – Country team and also BM, ABM, CFP

#### 4. Funding for constituency meeting

- Constituency meeting funding from SEARO
- Used of balance fund for constituency retreat to prepare work plan for the next 3 years.

Mr. Filipe da Costa, Board Member, Vice Chair for CCM Timor-Leste, informed regarding the agenda of the 36<sup>th</sup> Board Meeting, and the SEA Delegates who will attend the meeting. Important Decision to be made at 36<sup>th</sup> Board Meeting were presented as followed;

- Amended and Restated Comprehensive Funding Policy
- Approval of Sources and Uses of Funds for the 2017-2019 Allocation Period
- Catalytic Investments for the 2017-2019 Allocation Period
- Approval of the 2017-2022 Strategic KPI Framework Targets
- 2017 Corporate Work Plan and Operating Expenses Budget
- Process for the appointment of the new ED
- Location of the 37<sup>th</sup> Board Meeting in May 2017

The agenda has been assigned to the following delegates who will attend the 36<sup>th</sup> Board Meeting as per the table below:

Topic	Country
Amended and Restated Comprehensive Funding Policy	ABM, Thailand, Bhutan
Approval of Sources and Uses of Funds for the 2017-2019 Allocation Period	Indonesia, Timor-Leste, Thailand
Catalytic Investments for the 2017-2019 Allocation Period	BM, CFP, Indonesia
Approval of the 2017-2022 Strategic KPI Framework Targets	Bhutan, Srilanka
2017 Corporate Work Plan and Operating Expenses Budget	Srilanka, Maldives
Process for the appointment of the new ED	Bangladesh, Maldives
Location of the 37 <sup>th</sup> Board Meeting in May 2017	N/A

### ***Recommendations from the 2<sup>nd</sup> day proceedings:***

1. According to the revised ToR for the SEAR Constituency regarding the delegate to attend the Board Meeting, the meeting recommended the Board Member to draft the ToR and criteria for selection of 2 permanent delegates out of 7 who will attend TGF Board Meeting.
2. The meeting recommended to have the retreat meeting in December 2016 for drafting the 3 years work plan and budget of SEAR Constituency. It is decided to be held in Thailand.
3. To facilitate the better communication among the Constituency members, it is recommended to have quarterly updating of contact person information in the countries. The CFP is assigned to facilitate this activity. In addition, the video conference is suggested where applicable and when necessary.
4. The request for attending the Constituency Meeting by other organization, donors or other regions should be considered on the case by cases basis.
5. The Constituency position paper pertaining to any technical areas such as diseases epidemiology has been requested to WHO SEARO to develop as an input to the position paper while the nontechnical issues will be deliberated in the Pre-Board Meeting.
6. Meeting of CCM Members on Multi-country Proposals; There was a consensus among the CCM members present (Bangladesh, Bhutan, Nepal, India, Myanmar as well as Indonesia, DPRK, Maldives, Sri Lanka, Thailand, Timor Leste) that cross-border collaboration for malaria elimination is required in South-East Asia (where malaria epidemiology and programmes are very diverse and many countries have far advanced towards elimination). It is recommended that;

6.1. Specific objectives for cross-border collaboration as well as country-specific and inter-country activities/work plans must be clearly defined.

6.2. Additional funding for cross-border collaboration for malaria elimination is required. There was a consensus to mobilize the following resources:

- Global Fund country grants: savings from existing grants should be allowed to be used for strengthening malaria measures in border areas, and cross border collaboration should be included and budgeted in new grants.
- Funding through the Catalytic Funding mechanism should be advocated for a multi-country grant for South Asia as well as RSSH funds for a regional data sharing platform.

6.3. Develop a position statement on the need for cross-border collaboration for malaria in South-East Asia, to be presented at the Board,

- Board Member to advocate with the Strategy Committee:
  - For a multi-country malaria South Asia grant
  - For a multi-country initiative for TB and HIV, focusing on migrants, in South-East Asia

6.4. Explore the establishment of a Regional Coordinating Mechanism and/or Regional Secretariat.

7. The venue of next SEAR constituency meeting will be at DPR-K in the period of April 20 - 30th 2017, and Indonesia in October 2017 respectively.

### ***Report Presentation and adoption of Report***

The report was presented to the Meeting by the Rapporteur.

All the comments and amendments proposed were recorded by the Secretariat.

The report was adopted by consensus

### **Concluding Session:**

The Chair invited Board Member to briefly summarize the 2 days meeting.

Board Member thanked the host country and HE the Health Minister, organizing committee for the generous hospitality and excellent arrangement for the meeting. He also thanked the participants for their active participation and wished them safe journey back home. Lastly he thanked the secretariat for good support provided to the meeting.

The Chair adjourned the meeting at 4.15pm which was followed by group photo.