

Meeting Report



The Global Fund South-East Asia Constituency Meeting April 10-11, 2016, Dili, Timor-Leste

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Executive Summary:

The South East Asia (SEA) Constituency met in Dili, Timor-Leste from April, 10 – 12, 2016 to prepare for the upcoming Global Fund board meeting to be held in Abidjan, Côte d'Ivoire from April 26-27, 2016. The meeting was attended by CCM representative from 10 countries with no representative from India. The detailed list of participants is presented in annexure A.

Day 1:

In the inaugural session, Sra. Dinorah Granadeiro, Chair CCM Timor-Leste, formally welcomed all the delegates of SEA which was followed by an address by Dr. Rajesh Pandav, WHO Representative for Timor-Leste.

Dr. Suriya Wongkongkathap, board member from SEA Constituency, addressed the meeting and stressed on the issue of 'leadership' of this constituency.

H.E. DR Ana Isabel de F.S. Soares, vice Minister of Health, Timor-Leste then opened the meeting and laid the foundations for the meeting deliberations for the next two days. She stressed on the changing policies of the Global Fund and requested the representatives from this region to be prepared to further the agenda of our region in the upcoming GF board meeting.

Dr. Taweesap Siraprapasiri, communication focal point then provided meeting objectives and introduction, which was followed by appointment of Sra. Dinorah Granadeiro as chairperson, Mr. Syed Monjurul Islam as co-chairperson and Dr. Sulochana Yoganathan as official rapporteur for this meeting.

In the first session, Ms. Carole Presern, from The Global Fund, provided the insights and context to new issues in governance and committee of the Global Fund board and engagement of SEA constituency. In the ensuing discussions, some of the points that emerged were, SEA Constituency playing a more decisive role in committees and governance, implementation challenges of Global Fund supported programs especially during transition, need for supporting the new board member and communication focal point from Timor-Leste and challenges of implementing the 50-50 governmental and non-governmental participation from the region which may require additional GF support on administrative issues.

In the later part of this session, on update on country and constituency, ten countries presented the progress on Global Fund supported activities for their respective countries. The meeting noted the significant progress in malaria in the region with majority of 11 countries showing major declines in incidence and mortality. However, it was also noted that compared to other WHO regions (EURO, AMR, WPR, EMR), the rate of decline was lower and needed to accelerate. This region has six high burden countries for TB and MDR TB (India, Indonesia, Bangladesh, Myanmar, DPR Korea and Thailand). And even though the control programs were good, many challenges still remain in most of the countries of this region. In HIV the region has five high burden countries (India, Indonesia, Myanmar, Nepal and Thailand). Good progress had been made in 4/5 of these countries with reversal of epidemic (India, Myanmar, Nepal and Thailand)

This was followed by a tele presentation by Dr. Harley Feldbaum from Global Fund Geneva on "New GF Strategy 2017-2022, allocation methodology, sustainability transition and co-

financing policy” and “Challenging Operating Environments policy”. He explained the major policy shift in the Global Fund from ‘Fragile States’ to ‘Challenging Operating Environments’, the classification includes ‘Countries with the highest External Risk Index (ERI) in the GF portfolio’ and ‘Countries or regions experiencing emergencies’. The allocation methodology to be recommended to the Board has been simplified and has two funding approaches: country allocations and catalytic investments.

Dr Jigmi Singay provided a regional update on HIV/AIDS, TB and Malaria. He stressed upon cross-border malaria elimination. Several points were discussed revolving around setting up of a ‘regional coordinating cell’, overheads, adding the other two diseases (TB and HIV).

The final presentation for the day came from Dr. Sonam Phuntsho, who shared the experience of setting up of “Bhutan Health Trust Fund” (BHTF) and how it could potentially play a role in GF transition. The meeting noted the current role of BHTF in sustaining the essential medicine and vaccines supplies in the country and supported the suggestions of using BHTF for sustaining the Global Fund assisted programs.

Day 2:

The day started with a presentation by Dr. Merita Monteiro from Ministry of Health, Timor-Leste. She provided an overview of Timor-Leste’s progress on HIV/AIDS, TB and Malaria control programs. The constituency members commended the progress made by Timor-Leste on Malaria.

The members then deliberated on the agenda of the 35th Board Meeting and reflected on the next steps. The members were also informed on the agenda of the 35th Board Meeting at Abidjan, Côte d’Ivoire.

The members deliberated on the ToRs for SEA constituency and suggestions were incorporated in the ToR and endorsed by all.

The new BM, ABM and CFP were formally endorsed by the SEA Constituency.

Sr. Filipe da Costa, Board member then presented the capacity building plan and stressed on the resource mobilization for the constituency.

Recommendations and Decisions:

- Regional Coordination Cell (RCC) and regional coordination mechanism (RCM) is a good proposal and WHO SEARO is requested to take it forward.
- On cross border collaboration for malaria elimination the meeting noted the progress of Expression of Interest (EOI) development and suggested the project proposal development be taken forward for five countries of South Asia namely, India, Bangladesh, Bhutan, Myanmar and Nepal. Further, SEA Constituency meeting suggested the formation Regional Coordination Mechanism (RCM) for the same five countries.
- The constituency suggested that situation assessment in the cross border areas between Indonesia and Timor-Leste.
- SEA constituency should have more deliberations on transitioning of the Global Fund and share the experience from member countries as applicable.
- The SEA Constituency meeting suggested enhancing capacity building to the new leadership, CFP and across the whole constituency.

- The following countries have been assigned the responsibilities for intervention in the upcoming 35th Global Fund Board meeting:

Topic	Assignment
1. 2015 Annual Financial Report	1. BM, ABM, CFP
2. 2015 Statutory Financial Statements	2. BM, ABM, CFP
3. The Global Fund Strategy 2017-2022	3. Maldives, CFP
4. Challenging Operating Environments Policy	4. Nepal, DPRK, ABM
5. Sustainability, Transition and Co-Financing Policy	5. Sri Lanka, BM
6. Allocation Methodology 2017-2019	6. Bangladesh, BM
7. Revised Eligibility Policy	7. Timor Leste, ABM
8. 2017-2022 Strategic Key Performance Indicator Framework	8. BM, ABM, CFP
9. Recommendations from the Transitional Governance Committee	9. BM, ABM, CFP

- The revised ToR for SEA Constituency is as follows:

Constituency representatives and responsibilities amended as below:

SEA constituency leadership is composed of Board Member (BM) and Alternate Board Member (ABM) and supported by Communication Focal Point (CFP). BM and ABM positions are nominated from the CCM of member countries in SEA constituency in alphabetical order. The nominations shall be based on required qualification, and commitment to represent the constituency with the endorsement by member countries in SEA Constituency. The CFP will be nominated by the Board Member or if needed s/he can be nominated from any member country of the SEA constituency by Board Member.

Criteria and guidance of selection of delegates to attend the Board Meeting

Revised: The other 7 delegates will be selected by BM, ABM, and CFP to be following

BM, ABM, and CFP may assign not more than two persons who are knowledgeable and commit to take responsibility on the priority issues based on areas of the three standing committee of the Global Fund to be the delegates attending selected the Board meeting

- The remaining 5 seats will be distributed to the members of the constituency
- Delete “DPRK would be offered special consideration”

Selection of SEA members in Global Fund Standing Committees –

- v. If there is only one qualified nominee, the BM, ABM and CFP shall decide *whether to send* the nomination as the representative of SEA Constituency to TGF and also inform the Constituency.
- vi. If more than one qualified nominees, the BM, ABM and CFP *shall select the candidate* based on qualification and capacity to serve on behalf of SEA constituency, and nominate the selected candidate to TGF and inform the Constituency of the Decision.

- vii. Delete “*In case schedule for submission of nominations to TGF is tight, the BM shall inform TGF that SEA Constituency has to go through the agreed process of nominations and may not be able to meet the deadline and request for extension of deadline as necessary*”.
- SEA Constituency endorsed the following:
 - *Board Member*: Mr. Filipe da Costa is the Political Advisor to the President of Timor Leste and Vice Chair of CCM TL and ABM of SEA Constituency.
 - *Alternate Board Member*: Mr. Syed Monjurul Islam is the Secretary of Ministry of Health and Family Welfare and Vice Chair of BCCM
 - *Communication Focal Point*: Mr. Ivo Ireneu da Conceição Freitas has been nominated from CCM TL
 - Revive EOI proposal on migration focussing on TB and HIV

The constituency meeting acknowledged and commended the effective leadership of outgoing Board Member Dr Suriya Wonkongkathep, ABM, Filipe Da Costa and Dr Taweasap Siraprapasiri, CFP. The meeting also welcomed the new constituency leadership – Filipe Da Costa, BM, ABM, Mr Syed Monjurul Islam, CFP Mr. Ivo Ireneu da Conceição Freitas.

Concluding Session

- The draft report was adopted by consensus.
- All the individual Member Countries expressed their gratitude and appreciation to the host country for their excellent organization of the meeting, commendable hospitality and excellent conduct of the meeting. They also acknowledged the support of WHO, SEARO and Timor-Leste. And thanked the Secretariat for the timely submission of the draft report.
- The next pre-board constituency meeting would be held in Maldives in Oct/Nov 2016.
- The Chair, Sra. Dinora Granadeiro, formally closed the meeting at 17:15 hrs.

Introduction and Background

The Global Fund is undergoing a major shift in their policies and allocation methodology. The South East Asia Constituency usually meets twice before the actual board meetings to discuss and deliberate the issues, points and challenges that would need to be presented at the Global Fund board meetings.

The pre-board meeting for SEA constituency was held in Dili, Timor-Leste from April 10-12, 2016 with the primary objectives to prepare South East Asia Constituency for the upcoming 35th Global Fund Board meeting to be held in Abidjan, Côte d'Ivoire, during 26-27 April 2016.

Day 1 and 2 i.e. April 10 -11 was the actual meeting days with a site visit for half a day on April 12.

As in the past, these meetings would serve to prepare the constituency to play an active role in the upcoming board meetings.

Objectives

The objectives of the Global Fund South East Asia constituency meeting were:

1. To discuss all inputs to be proposed during the 35th Global Fund Board Meeting in Abidjan, Côte d'Ivoire from April 26-27, 2016.
2. To discuss and select new leadership for the Global Fund South East Asia constituency.
3. To discuss successes, challenges and lessons learnt from HIV, TB and Malaria programs in Member Countries of the Global Fund South East Asia Constituency.

Proceedings on Day 1

Inaugural session

In the inaugural session, Sra. Dinorah Granadeiro, Chair CCM Timor-Leste, formally welcomed all the delegates of SEA which was followed by an address by Dr Rajesh Pandav, WHO Representative for Timor-Leste.

Dr. Suriya Wongkongkathap, board member from SEA Constituency, addressed the meeting and stressed on many issues. He stressed on the transition of leadership for SEA constituency should be supported in a cohesive and supportive manner. He touched on the topics of the new policy and funding model of the Global Fund especially revision of policy for combating the three diseases while continuing to develop the capacity of members to play a more active role and stressed that these meetings have served to contribute to our mutual benefit and sharing of experience across the region.

The meeting was formally opened by H.E DR Ana Isabel de F.S. Soares, the honourable vice minister for health, Timor-Leste. She welcomed the delegates and set the tone of this meeting for the next three days. She stressed on the SEA constituency members to be fully prepared to advance the agenda for the region in the upcoming GF board meeting. She reflected on the excellent work that the constituency has done in the past and hoped that this would continue in the years to come. She appreciated the contributions of the Global Fund in controlling the

three diseases in the region and thanked the Thailand CCM for the excellent work that they have done for the region.

Dr Taweessap Siraprapasiri, communication focal point then provided meeting objectives and introduction. He presented the updated agenda which was adopted unanimously by all participants. He reflected that this meeting has been conducted for many years with two main objectives and intents:

- Understand the governance and committee structure of The Global Fund so that this constituency can meaningfully contribute to them
- Enhance collaboration between the constituency countries

Following this the participants from the countries introduced themselves.

This was followed by appointment of Sra. Dinorah Granadeiro as chairperson, Mr. Syed Monjurul Islam as co-chairperson and Dr Sulochana Yoganathan as official rapporteur for this meeting by the constituency members.

Session I: Update of TGF Policy, Strategy and Governance

Dr. Carole Presern, from The Global Fund, provided the insights and context to new issues in governance and committee of the Global Fund board and engagement of SEA constituency. She provided a comprehensive overview of the GF governance reform, Governance structure, Constituency's role in governance and different committees. She also stressed that GF's business is to mobilize and manage resource at a global level to fund high impact health intervention in recipient countries and in order to do so, success stories with 'value for money' helps in such endeavour. In the ensuing discussions, some of the points that emerged were:

- SEA Constituency playing a more decisive role in committees and governance,
- Implementation challenges of Global Fund supported programs especially during transition,
- Need for supporting the new board member and communication focal point from Timor-Leste
- Challenges of implementing the 50-50 governmental and non-governmental participation from the region which may require additional GF support on administrative issues.

Session II: Update on Country and Constituency Programmes

The later part of the session was dedicated to country presentation from all the ten participating countries. The presentation started with Bangladesh and ended with host country Timor-Leste.

Some key point from presentation per country are detailed below:

Bangladesh:

- TB Prevalence 404/10000 pop (NTP 2014) – declined since 1999. End TB strategy adopted
- Malaria API 3.0/1000 pop (NMCP 2015) – showed a decline since 2007. Planned for Malaria free Bangladesh by 2020.
- HIV prevalence less than 0.1 % (NASP 2015) – low concentrated epidemic with program focus on key population groups

Bhutan:

- HIV: Detected – 460 out of which 210 are on ART. Major issues reaching the high risk group or most at risk population, porous borders with India and Nepal and low level of literacy and 35% of population below poverty line.
- TB: Decline in TB prevalence rate from 326/100,000 population (2008) to 196/100,000 population (2014). Significant decrease in prevalence, incidence as well as mortality, but still continues to remain a major cause of death in Bhutan.
- Malaria: API sustained below 1/1000. Plan for pre-elimination and elimination is underway

DPR Korea:

- Malaria: Continuous decline from 23,537 cases in 2012 to 7409 in 2015. Effort on to further control the disease
- TB: Continues to remain a major problem. Cases have been increasing from 99,071 (2011) to 120,722 (2015)
- HIV: No HIV cases have been detected in the country

Indonesia:

- HIV: one of the few countries in Asia where the HIV infection continues to rise. Estimated HIV prevalence is 0.41% [0.1 – 3.0%].
- TB: second highest TB burden country in the world after India with Prevalence rate of 660/100,000 population per year. MDR-TB is also high
- Malaria: remains high with estimated 5.5 million cases per year (2012)

Maldives:

- Only grant is for HIV education primarily to maintain awareness for the key population.
- Government ready to provide diagnosis, care, support and treatment for HIV patient
- The challenge with TB and malaria remain but need to think about a method to raise resources for these two disease

Myanmar:

- Malaria: Preparations are on for elimination
- TB: continues to be a major problem
- HIV/AIDS: Increasing rates
- PRs are Save the Children and UNOPS. There is a plan for transitioning the grant to Ministry of Health over the next five years.

Nepal:

- HIV/AIDS: Remains a problem. Many new initiatives have been introduced.
- TB: Marginal decline in Incidence with high decline in mortality and prevalence.
- Malaria: Decline in cases from 12,750 (2002) to 1,386 (2015)
- Civil society PR in country

Sri Lanka:

- Malaria: Malaria free for three consecutive years – eligible for malaria elimination certification.
- HIV/AIDS: total cases up from 137 (2009) to 236 (2015)
- TB: Flat line of detection since 2003

Thailand:

- Malaria: Elimination target 2024
- HIV/AIDS: End AIDS by 2030
- TB: End TB by 2035
- Additional resources are required to meet these targets

Timor-Leste:

- HIV/AIDS; Low prevalence country with estimated rates of 0.09% among adults
- TB: highest TB prevalence rate in Asia with 820/ 100,000 population per year
- Malaria: well controlled with API <0.1/1000 population per year. Pre-elimination in 2016

[Teleconference on “New GF Strategy 2017-2022, Allocation Methodology, Sustainability Transition and Co-financing policy” and Challenging Operating Environments policy](#)

After the country presentations, a tele presentation by Dr. Harley Feldbaum from Global Fund Geneva on “New GF Strategy 2017-2022, allocation methodology, sustainability transition and co-financing policy” and “Challenging Operating Environments policy”. He explained the major policy shift in the Global Fund from ‘Fragile States’ to ‘Challenging Operating Environments’. The classification includes ‘Countries with the highest External Risk Index (ERI) in the GF portfolio’ and ‘Countries or regions experiencing emergencies’. The allocation methodology to be recommended to the Board has been simplified and has two funding approaches: country allocations and catalytic investments. There were many questions and discussions on this topic such as:

- Linking the burden with transition plan as many countries in the region have become or will be ineligible for funding from the Global Fund
- Governance and issues related to challenging operating environments
- Support for transition assessments for member countries.

[Updated situation on AIDS, TB and Malaria in SEARO and Regional Collaboration](#)

This was followed by two presentations by Dr. Jigmi Singay, from WHO SEARO. The first of the presentations was on regional update on HIV/AIDS, TB and Malaria. The salient points that was discussed were:

Progress towards elimination of Malaria

- Sri Lanka in 2015, Malaria-free since 3 years. In prevention of re-introduction phase. Formal request for certification of malaria elimination made in 2015.
- Bhutan in 2018, 19 indigenous cases in 2014 only. Interruption of transmission expected soon.
- Nepal and Timor-Leste in 2020: Substantial reduction in malaria incidence, cases <1500/year.

- DPR Korea in 2025 or earlier: Large-scale *P. vivax* epidemic contained, number of cases around 10 000.
- Bangladesh & Thailand in 2025: Transmission largely in border areas and with mobile/migrant population groups. Recent outbreaks.
- India, Indonesia and Myanmar in 2030: Despite highest burden, encouraging trend in significantly reducing malaria incidence and deaths in recent years.

Five HIV high burden countries

- India, Indonesia, Myanmar, Nepal and Thailand
- Epidemic reversed in four Member States (India, Myanmar, Nepal and Thailand)
- DPR Korea has not reported any HIV/AIDS cases so far
- Global Health Sector Strategy for HIV/AIDS being put up to the World Health Assembly (WHA) in May 2016 for endorsement and approval.
- Regional Action Plan under preparation based on Global Health Sector Strategy
- Regional intelligence e-Platform being under development for real time monitoring

Six TB and MDR high burden countries are in SEA-Region:

- Bangladesh, DPRK, India, Indonesia, Myanmar and Thailand
- Four TB/HIV high burden countries are in SEA-Region: India, Indonesia, Myanmar and Thailand

Proposal on Cross-Border Malaria Elimination in South Asia

This was followed by a presentation on ‘Proposal on Cross- Border Malaria Elimination in SEAR’. The salient features were:

- Series of deliberations took place that led to this proposal development. Currently five countries of SEA region (India, Bhutan, Bangladesh, Nepal and Myanmar) have participated
- Outcomes are:
 - Conduct situation analysis on malaria in cross border settings particularly in the adjoining districts-of India, Bangladesh, Bhutan, Myanmar and Nepal
 - General objective is to make assessment of present malaria situation, existing strategies and remaining/new challenges to establish/strengthen a joint inter country anti-malaria efforts in cross border settings of South Asia
 - Draft protocol and distribute to the Member Countries’ focal points through WCOs
 - An amount of USD 200,000 secured through TGF/WHO TA project for this activity
- The draft protocol for situation analysis developed and distributed to Member States through WCOs and the first draft of EOI has been prepared and is under discussion with preliminary Budget estimates during the EOI preparation is coming to less than USD 10 Million for the regional proposal.

There were lots of discussions and deliberations with many SEA members wanting to expand the scope of this EOI for their respective countries (Indonesia and Timor-Leste). Some points that came up were:

- Expand the scope to include HIV and TB (Bhutan)
- Concern on creating a regional coordination cell / regional coordination cell on the way it would work as the overhead cost could be really high (UNOPS with RAI)

The meeting noted after deliberations that the scope could be expanded but currently the EOI could go forward.

Bhutan Health Trust Fund

The final presentation for the day came from Dr. Sonam Phuntsho, who shared the experience of setting up of “Bhutan Health Trust Fund” (BHTF) and how it could potentially play a role in GF transition. The meeting noted the current role of BHTF in sustaining the essential medicine and vaccines supplies in the country and supported the suggestions of using BHTF for sustaining the Global Fund assisted programs.

Proceedings on Day 2

National programmes on AIDS, TB and Malaria in Timor Leste

The day started with a presentation by Dr. Merita Monteiro from Ministry of Health, Timor-Leste. She provided an overview of Timor-Leste’s progress on HIV/AIDS, TB and Malaria.

Some of the highlights were:

- HIV/ AIDS prevalence in Timor – Leste is low. The prevalence rates among 15 – 45 years’ age group is 0.09%, Pregnant women is 0.04%, FSW is 1.5% and MSM is 1.3%. The program has succeeded in addressing the needs of the key populations. TB/ HIV collaborative activities have done especially well in the country.
- It is estimated that Timor – Leste is one of the highest burden countries for TB in the South East Asia Region. Estimated incidence rates (498/ 100 000), Prevalence Rates (820/ 100 000) and Mortality Rates (94/ 100 000) remain high in the country.
- Malaria program has done well to bring down the API from 45/1000 in 2010 to 0.1/1000 in 2015. Country is currently preparing for ‘pre-elimination’ phase with a planned elimination from 2020.
- The success of the malaria program is due to many interventions and innovations such as involving communities in the program, timely distribution of bed nets, special emphasis on monitoring and supervision for early diagnosis, treatment with RDT and ACT and timely disbursement of funds with effective technical guidance.

The presentation was followed by series of discussions and deliberations on all three diseases. Some of the notable ones are:

- Introducing Pre-exposure prophylaxis (PrEP) for HIV among key population and those who need it.
- Estimations of HIV and their authenticity. How accurate are those estimations especially in countries with low HIV burden? The same applies for TB and Malaria estimates (Thailand and Bhutan)

- Rationalization of human resources among diseases e.g. using the same laboratory technician for TB and Malaria.
- On the issue of MDR-TB in Timor-Leste (Bhutan), the meeting noted that treatment of TB in public sector only and use of non rifampicin based regimen in continuation phase has led to MDR-TB being very low.
- Treatment of asymptomatics in malaria and its role in preventing malaria especially in low burden settings like Timor-Leste

Preparation of the 35th Board Meeting (26-27th April 2016)

Dr. Taweasap Siraprapasiri, CFP then presented on the agenda and preparations required for the upcoming 35th Board meeting. The members then deliberated on the agenda of the 35th Board Meeting and reflected on the next steps. The members were also informed on the agenda of the 35th Board Meeting at Abidjan, Côte d'Ivoire. The following countries/ office bearers were assigned the responsibilities for intervention in the upcoming 35th Global Fund Board meeting:

Topic	Assignment
2015 Annual Financial Report	BM, ABM, CFP
2015 Statutory Financial Statements	BM, ABM, CFP
The Global Fund Strategy 2017-2022	Maldives, CFP
Challenging Operating Environments Policy	Nepal, DPRK, ABM
Sustainability, Transition and Co-Financing Policy	Sri Lanka, BM
Allocation Methodology 2017-2019	Timor Leste, ABM
Revised Eligibility Policy	Bangladesh, BM
2017-2022 Strategic Key Performance Indicator Framework	BM, ABM, CFP
Recommendations from the Transitional Governance Committee	BM, ABM, CFP

The key responsibilities for this process would be to read materials pertaining to the issues, analyze the key issues and concerns, propose statements and points for discussion and finalize the Pre – Board Meeting in Abidjan.

Updates and look for the futures of SEA Constituency in 2016 and beyond

Dr. Suriya Wongkongkathap, BM, Sr. Filipe da Costa, ABM and Dr. Taweasap Siraprapasiri, CFP then presented the updates and how the future should look like for the constituency.

The following were some of the key achievements for 2014-16:

- Five Constituency meetings have been held and one side meeting. These include meetings in Bangkok, Dhaka, Yogyakarta, Paro and Dili
- Participation in three Board Meetings
- Implementer Bloc, Board Retreat, Partnership Forum
- SEA Constituency is going to be represented in the SIIC of the Global Fund.

- Enhanced Constituency delegates' capacity to Board Meetings through Pre-board briefing and agenda assignment to delegates
- Participated in all meetings, retreats, teleconferences and pre-board meetings including expression of Constituency view and voting all decisions including: (1) Enhanced Governance policy; (2) Privilege & Immunity Policy; (3) Transition Policy;
- Next TGF Strategy through Partnership Forum

Participation in these meetings and forums have increased the knowledge and capacity of the SEA constituency. Some of the important lessons learned were:

- Deep knowledge and understanding on TGF policies, strategy, mechanism, modality and its governance is critical for active discussion and favorable decision making;
- Close follow-up and intensive deliberation on critical issues requires dedicated persons;
- Balance within the Constituency between providing equal opportunity to participate in Board Meetings vs. sustaining continuity of knowledge and engagement should be considered;
- Strong effort and financial support to keep high-level delegates of the Constituency to fully engage in the TGF affairs;
- Investment on capacity building and support to the Constituency and the Secretariat brings excellent results;
- Providing opportunity for stakeholders and prominent PRs to participate the Constituency Meetings has good potential for lobbying purposes.
- Revising TOR of the Constituency to provide flexibility

[Revision of SEA Constituency TOR 2014](#)

The members then deliberated on the ToRs for SEA constituency and suggestions were incorporated in the ToR and endorsed by all. The changes are presented as below:

Constituency representatives and responsibilities amended as below:

SEA constituency leadership is composed of Board Member (BM) and Alternate Board Member (ABM) and supported by Communication Focal Point (CFP). BM and ABM positions are nominated from the CCM of member countries in SEA constituency in alphabetical order. The nominations shall be based on required qualification, and commitment to represent the constituency with the endorsement by member countries in SEA Constituency. The CFP will be nominated by the Board Member or if needed s/he can be nominated from any member country of the SEA constituency by Board Member.

Criteria and guidance of selection of delegates to attend the Board Meeting

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- The remaining 5 seats will be distributed to the members of the constituency
- Delete “DPRK would be offered special consideration”

Selection of SEA members in Global Fund Standing Committees –

- v. If there is only one qualified nominee, the BM, ABM and CFP shall decide *whether to send* the nomination as the representative of SEA Constituency to TGF and also inform the Constituency.
- vi. If more than one qualified nominees, the BM, ABM and CFP *shall select the candidate* based on qualification and capacity to serve on behalf of SEA constituency, and nominate the selected candidate to TGF and inform the Constituency of the Decision.
- vii. Delete “*In case schedule for submission of nominations to TGF is tight, the BM shall inform TGF that SEA Constituency has to go through the agreed process of nominations and may not be able to meet the deadline and request for extension of deadline as necessary*”.

Endorsement of New BM, ABM, CFP for 2016-18

SEA Constituency endorsed the following:

- *Board Member*: Mr. Filipe da Costa is the Political Advisor to the President of Timor Leste and Vice Chair of CCM TL and ABM of SEA Constituency.
- *Alternate Board Member*: Mr. Syed Monjurul Islam is the Secretary of Ministry of Health and Family Welfare and Vice Chair of BCCM
- *Communication Focal Point*: Mr. Ivo Ireneu da Conceição Freitas has been nominated from CCM TL

The constituency meeting acknowledged and commended the effective leadership of outgoing Board Member Dr Suriya Wonkongkathap, ABM, Filipe Da Costa and Dr Taweasap Siraprapasiri, CFP. The meeting also welcomed the new constituency leadership – Filipe Da Costa, BM, ABM, Mr Syed Monjurul Islam, CFP Mr. Ivo Ireneu da Conceição Freitas.

Recommendations and Decisions:

- Regional Coordination Cell (RCC) and regional coordination mechanism (RCM) is a good proposal and WHO SEARO is requested to take it forward.
- On cross border collaboration for malaria elimination the meeting noted the progress of Expression of Interest (EOI) development and suggested the project proposal development be taken forward for five countries of South Asia namely, India, Bangladesh, Bhutan, Myanmar and Nepal. Further, SEA Constituency meeting suggested the formation Regional Coordination Mechanism (RCM) for the same five countries.
- The constituency suggested that situation assessment in the cross border areas between Indonesia and Timor-Leste.
- SEA constituency should have more deliberations on transitioning of the Global Fund and share the experience from member countries as applicable.

- The SEA Constituency meeting suggested enhancing capacity building to the new leadership, CFP and across the whole constituency.
- The following countries have been assigned the responsibilities for intervention in the upcoming 35th Global Fund Board meeting:

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8. 2017-2022 Strategic Key Performance Indicator Framework	8. BM, ABM, CFP
9. Recommendations from the Transitional Governance Committee	9. BM, ABM, CFP

The revised ToR for SEA Constituency is as follows:

Constituency representatives and responsibilities amended as below:

- *SEA constituency leadership is composed of Board Member (BM) and Alternate Board Member (ABM) and supported by Communication Focal Point (CFP). BM and ABM positions are nominated from the CCM of member countries in SEA constituency in alphabetical order. The nominations shall be based on required qualification, and commitment to represent the constituency with the endorsement by member countries in SEA Constituency. The CFP will be nominated by the Board Member or if needed s/he can be nominated from any member country of the SEA constituency by Board Member.*

Criteria and guidance of selection of delegates to attend the Board Meeting

Revised: The other 7 delegates will be selected by BM, ABM, and CFP to be following

BM, ABM, and CFP may assign not more than two persons who are knowledgeable and commit to take responsibility on the priority issues based on areas of the three standing committee of the Global Fund to be the delegates attending selected the Board meeting

- The remaining 5 seats will be distributed to the members of the constituency

- Delete “DPRK would be offered special consideration”

Selection of SEA members in Global Fund Standing Committees –

- viii. If there is only one qualified nominee, the BM, ABM and CFP shall decide *whether to send* the nomination as the representative of SEA Constituency to TGF and also inform the Constituency.
 - ix. If more than one qualified nominees, the BM, ABM and CFP *shall select the candidate* based on qualification and capacity to serve on behalf of SEA constituency, and nominate the selected candidate to TGF and inform the Constituency of the Decision.
 - x. Delete “*In case schedule for submission of nominations to TGF is tight, the BM shall inform TGF that SEA Constituency has to go through the agreed process of nominations and may not be able to meet the deadline and request for extension of deadline as necessary*”.
- SEA Constituency endorsed the following:
 - *Board Member*: Mr. Filipe da Costa is the Political Advisor to the President of Timor Leste and Vice Chair of CCM TL and ABM of SEA Constituency.
 - *Alternate Board Member*: Mr. Syed Monjurul Islam is the Secretary of Ministry of Health and Family Welfare and Vice Chair of BCCM
 - *Communication Focal Point*: Mr. Ivo Ireneu da Conceição Freitas has been nominated from CCM TL
 - Revive EOI proposal on migration focussing on TB and HIV

The constituency meeting acknowledged and commended the effective leadership of outgoing Board Member Dr Suriya Wonkongkathap, ABM, Filipe Da Costa and Dr Taweesap Siraprapasiri, CFP. The meeting also welcomed the new constituency leadership – Filipe Da Costa, BM, ABM, Mr Syed Monjurul Islam, CFP Mr. Ivo Ireneu da Conceição Freitas.

Concluding Session

- The draft report was adopted by consensus.
- All the individual Member Countries expressed their gratitude and appreciation to the host country for their excellent organization of the meeting, commendable hospitality and excellent conduct of the meeting. They also acknowledged the support of WHO, SEARO and Timor-Leste. And thanked the Secretariat for the timely submission of the draft report.
- The next pre-board constituency meeting would be held in Maldives in Oct/Nov 2016.
- The Chair, Sra. Dinora Granadeiro, formally closed the meeting at 17:15 hrs.