

Meeting Report



The Global Fund South-East Asia Pre-Board Constituency Meeting

26-27 October 2015

Paro, Bhutan

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EXECUTIVE SUMMARY

The Global Fund South-East Asia Pre-Board Constituency meeting was held at Paro, Bhutan, from 26-27 October 2015, in preparation for the upcoming 34th Board Meeting will be held in Geneva from 16 – 17 November 2015. The meeting was attended by the Representatives of the 11 Member countries of the Global Fund (TGF) SEA Region Constituency consisting of the CCM Chairs/Vice Chairs and CCM Co-coordinators/Global Fund Focal Points, the Board Member (BM), Alternate Board Member (ABM), Communication Focal Point (CFP) representing SEA constituency to the Global Fund Board. The detailed list of participants is at [Annex B](#)

The pre-board meeting was graced by the Honourable Health Minister of Bhutan, H.E. Lyonpo Tandin Wangchuk, showcasing the continued political commitment for the cause of the SEA Constituency board.

The pre-board meeting discussed several issues pertaining to the implementation of the TGF grant at the country and regional level and also deliberated extensively on the issues concerning the Sustainability and Transition of the Global Fund supported programmes. In setting tone to the two days meeting, the delegates from TGF Secretariat presented the strategic framework for the 2017-2021 Strategy titled “Investing to end the epidemics”. It incorporates four pillars: 1. Maximize impact; 2. Build resilient and sustainable systems for health; 3. Promote and protect human rights and gender equality; and 4. Mobilize increased resources. The meeting also discussed extensively on the transitioning to government funding, looking for smooth exit corridor and capacity building of the member states in devising realistic and sustainable exit strategy. The country experience of transition from donor to domestic funding was presented by Thailand, Indonesia and Sri Lanka.

The SEA Constituency Meeting was updated on the status of the Concept Note (CN) submitted by 9 countries out of 11 Member States (Maldives has graduated and Myanmar through early applicant has secured funding up to 2016) – except for Nepal whose CN got deferred to 2016 submission most of the CNs are in the Grant Making Stage and quite a few has been approved by the Board and about three countries has signed the grant. Due to delay in grant signing, the funds are yet to be disbursed to the countries. So there is over all delay in NFM Grant implementation in the region.

WHO has been requested to continue providing the Technical Assistance (TA) support to Member States for developing the Transition and the Sustainable Plan development for the TGF supported programmes and during the Grant implementation. During the Transition and Sustainable Plan development, WHO has been requested to coordinate with the other development partners – UNICEF, UNAIDS, WB and others who are in the country. Sustainable development Plan should give equal emphasis to both the programme and financial sustainability. It is important to recognize and realize that sustainability does not mean only financial sustainability but more important is programme sustainability. Considering the resource constraint faced by WHO to provide the continued TA support the Constituency Meeting supported the extension/continuation of the TGF/WHO Collaboration TA Agreement Project

between WHO and TGF for providing fund for TA support by TGF for WHO to respond to country request for TA provision.

The meeting felt that the constituency needs to engage more actively in the governance and policy issues and suggested that it plays more prominent role in the regional activities and encourages to collaborate with WPRO and with some selected and successful AFRO regional constituencies.

Recognizing that the P&I and Tax exemption is the main hindrance for signing the Grant Agreement it is recommended that besides continuing the dialogue at the country level this issue be taken-up to the upcoming Board.

The country specific experience on transition plan and implementation of the TGF grant were also presented to the forum by all member states, this includes the best practices on the elimination of indigenous malaria transmission in Bhutan. Health Trust Fund presented by Bhutan for sustaining the donor funded programmes has a great potential for the TGF supported programmes for smaller countries in the region and encouraged and urged the Global Fund to support Bhutan under the innovative approaches for sustainability.

As the highlight of the TGF Pre-Board Paro Meeting has been the engaging the graduated countries through CCM meeting in the governance and policy issues and Constituency meeting taking up more regional activities so that the graduated countries continue to have financial benefit and to explore Health Trust Fund as an innovative approach for smaller countries for sustaining the donor funded programme from this event, the forum discussed extensively on the governance and transitional process of the board members in SEA constituency.

The Pre-Board TGF SEA Region Constituency Meeting endorsed and approved the following recommendations:

1. WHO and the Global Fund to look in to avenues to organize regional forums for sharing lessons learnt among the member states on the harmonized approach of managing CCM functioning with programmes supported by other donors.
2. The meeting felt the importance and the need for the graduated Member States to continue to remain fully engaged in the CCM and participates in the regional programmes and projects so that they continue to benefit from it.
3. SEA constituency to devise mechanisms to be more visible and resounding on the Global Fund radar of continued financing.
4. WHO to encourage the regional Constituencies forum to share experiences and lessons for the improvement of constituencies functioning in fulfilling its mandates.
5. The forum felt the need to formulate the regional constituency policy to ensure the sustenance of the public health interventions, especially for the three disease programmes (HIV, TB and Malaria).
6. The forum also directed the constituency to come-up with holistic regional exit strategy, making entry to another door of opportunity to bridge the funding gap in the absence of Global Fund support.

7. The SEA constituency to recommend the Board on the alignment of the Global Fund governing policy with the SDG goals.
8. WHO is requested to :
 - a. continue to provide TA support to Member States on request and to ensure equal or more emphasis on programmatic sustainability besides financial sustainability of the programmes, while transitioning from donor to domestic funding.
 - b. coordinate and collaborate with other developmental partners such as UNAIDS, WB, ADB, UNICEF etc in development of the Transition and Sustainability Plan.
 - c. provide TA support to Member States for the transition & sustainability plan development.
 - d. continue providing TA support in the Global Fund Grant implementation phase.
9. The SEA Constituency to present the issues concerning Country Banding, prioritization and allocation methodology to the Board with imperative case findings from the region.
10. SEA constituency support continuation and extension of TA agreement between WHO and TGF for providing funding for TA support by WHO to Member States.
11. Retain the country rotation system as previously agreed.
12. TORs to reflect competitive and competency based process to meet TGF expectations and add in endorsement of country's nomination to the role of BM based on ABM experience. This ensures quality but respects the authority of the country.
13. SEA Constituency to consider the self-assessment of performance of the constituency, including adapting existing surveys for this purpose; and to consider capacity needs and changes to the TORs and provide recommendations on these matters at its next meeting.
14. Bhutan Malaria Control Programme:
 - a. to look into the holistic approach of integrating the border surveillance system with other communicable disease and emerging infectious diseases.
 - b. Insecticide Resistance Monitoring mechanism needs to be strengthened to achieve the goal of eliminating indigenous malaria by 2018.
 - c. The Malaria Control Programme needs to strengthen the capacity of the programme in carrying out routine entomological surveillance.

The meeting concluded with vote of thanks from the participants of the Member States and following the confirmation of invitation by the Timor Leste Delegation decided to hold the next Pre-Board TGF Constituency Meeting in March 2016 in Dili, Timor Leste.

Background:

In the light of major changes, both in management and strategies of the Global Fund, it was desired to hold regular SEA TGF Constituency Meetings to discuss the issues and challenges so that the member countries are well informed and prepared to deal with the proposed changes and avail the Global Fund support. The meeting in 2015 was conducted during 26-27 October in Paro, Bhutan, with the objective to review the agenda of the 34th TGF Board Meeting and prepare the Constituency's position to make a meaningful contribution to the Board Meeting, discuss grant implementation issues and implementation strategies for 2016.

Preparatory Meeting was convened on 24 October by the organizing committee headed by Chair of Bhutan CCM to review and finalize the agenda for the next two days meeting, confirm the list of speakers, propose the office bearers and finalize the field visits and social events.

Opening Session:

The meeting was inaugurated by Honourable Health Minister of the Royal Government of Bhutan, H.E. Lyonpo Tandin Wangchuk. The Honorable Health Secretary, DR DORJI wangchuk in the capacity of host country CCM Chairperson formally welcomed the delegates for the Global Fund SEA Pre-Board Constituency Meeting, followed by the address from the WHO Country Representative in Bhutan, Dr Ornella Lincetto. In setting tone to this meeting, Dr Suriya Wongkongkathap, TGF Board Member representing SEA Constituency and HE Lyonpo Tandin Wangchuk addressed the forum urging the sitting to deliberate extensively on the issues and challenges concerning the Global Fund grant in SEA region. Both the addresses highlighted prominently the importance of taking realistic and relevant agenda to the upcoming 34th Board Meeting in Geneva.

Following the brief inaugural session, Dr Taweessap Siraprapasiri, Communication Focal Point of the SEA Constituency, presented the objectives of the meeting and the round of introduction of the participants. The appointment of the Chair, Co-chair and Rapporteurs, was extensively discussed among the constituency members and with majority consensus, DR DORJI wangchuk, CCM Chair from Bhutan, was appointed as the Chair while Mr Filipe da Costa, alternate Board Member was appointed as the Co-Chair. The forum also recommended appointing Mr Abdul Hameed as the chief rapporteur for the meeting. The agenda for the two days meeting was also unanimously endorsed. The endorsed agenda of the meeting is attached at [Annex A](#)

I. Business Session:

1.1 Strategy 2017- 2021 and Key challenges of SEAR Countries

Presenters: Dr. Emanuele Capobianco, Sr. Policy Advisor & Ms. Cristina Riboni, FPM for Bhutan, The Global Fund Secretariat.

The Global Fund Secretariat Representative presented an overview of global progress in the fight against the three diseases since the GF creation (17million lives saved; 8.1m people under ARV; 13.2m TB patients tested and treated; 548m bed nets distributed). It showed the decline in incidence and mortality for the three diseases highlighting the numerous challenges still ahead globally and in the South East Asia region: most at risk populations (female sex workers, MSMs, IDUs) face HIV prevalence rate multiple times above the national average; MDR-TB is a growing global threat and malaria can resurge if control measures are not continued.

TGF Secretariat shared a snapshot of the SEA region, highlighting the main areas covered by the current investments, providing information on allocation, concept note (CN) status and CCM challenges to support the discussions within the constituency in the context of the changing the Global Fund financing landscape.

The Secretariat presented the strategic framework for the 2017-2021 Strategy titled “Investing to end the epidemics”. It incorporates four pillars: 1. Maximize impact; 2. Build resilient and sustainable systems for health; 3. Promote and protect human rights and gender equality; and 4. Mobilize increased resources. The strategic framework was endorsed by the Strategy Investment and Impact Committee (SIIC) in October and will be recommended to the Board for approval at its 34th November meeting. Finally, the Secretariat shared the process leading to the next allocation, highlighting key aspects having been discussed by SIIC members. The 34th Board in November will be expected to (i) review the SIIC’s feedback and recommendations on allocation and (ii) provide direction to the Secretariat and SIIC on aspects of the methodology to be maintained or further developed for decision-making in spring 2016.

Discussion:

- Allocation of budget for Band 3 & 4, the cost related to HR development in relation to the engagement of NGOs requires further deliberation and analysis.
- Eligibility of CCMs for funding for the effective functioning of the CCMs as per the governance manual.
- The CCM eligibility criteria at the country level couldn’t be adopted in lieu of harmonized approach between the CCM and the GAVI.
- While harmonization of the Global Fund CCM with other donor agencies is felt crucial, the meeting resolved that it still needs further exploration and discussion to generate enough evidence through country specific experience and learnings. In SEA region Myanmar has upgraded the Global Fund CCM to MHSCC (Myanmar Health Sector Coordination Committee) which is very effectively coordinating all the Health Sector donor supported programmes and projects. DPR Korea is currently studying how the

Global Fund CCM could be harmonized with GAVI thus making the CCM more effective and efficient.

- Since the issue of harmonization is still an ongoing dialogue, the countries are encouraged to keep the communication open for further discussion and better learning through sharing of country experience and best practices.
- The word 'exit' shouldn't be regarded as the end of relationship with the Global Fund , rather the graduated Member States must be encouraged to fully engage through participation in the Board and Committee Meetings in the programme and governance policy issues and also participate more in the regional and inter-regional programmes and issues.

Recommendations:

- WHO and the Global Fund to look in to avenues to organize regional forums for sharing lessons learnt among the member states on the harmonized approach of managing CCM functioning with programmes supported by other donors.
- The meeting felt the importance and the need for the graduated Member States to continue to remain fully engaged in the CCM and participates in the regional programmes and projects so that they continue to benefit from it.

1.2 Global Fund Secretariat Issues on governance and engagement of constituency

Presenter: Dr. Robert Thomson, Governance Specialist, Office of the Board Affairs.

Introduction

An overview of Global Fund governance was given from the Office of Board Affairs. This office guides and advises the Board of the Global Fund, the Board's committees, other units of the Secretariat and the Office of the Inspector General to achieve strategic decision-making and the development of sound policies, to better enable the Global Fund to fulfill its mission. A summary was made of services available from the Secretariat that gives assistance in managing a constituency.

The presentation emphasized that constituency representatives attending governance events in the calendar have a duty of care towards the Global Fund as a whole, as well as representational responsibility when protecting the interests of their constituency across the six core Board functions.

The issues related to the engagement of the constituency were discussed with a view to develop constituency positions on current agenda items. Underlying the discussion was the question of what a Global Fund Board implementing constituency is and who are its members, in the context where Asian and other countries are phasing out as implementers. The presentation made reference to the efforts in the two African constituencies to strengthen their ability to carry out jointly the communications, policy analysis and logistics attributions of the focal points. The potential for developing a Governance Framework to augment the current terms of reference was recognized by the meeting.

Discussion

- In promoting the voice of the SEA constituency at the larger forum, there is possibility that SEA constituency can engage in dialogue with the Western Pacific constituency with closer reference to the African model of forming a coordination bureau through the development of a smaller task force that may be possibly supported by TGF.

Recommendations

- SEA constituencies to devise mechanisms to be more visible and resounding on the Global Fund radar of continued financing.
- WHO to encourage the regional Constituencies forum to share experiences and lessons for the improvement of constituencies functioning in fulfilling its mandates.

1.3 Experience and lessons on transitional process from external to domestic funding;

Presenter: Dr. Palitha Abeykoon, WHO Resource Person, Sri-Lanka; Dr. Chairul Radjab Nasution, CCM Chair, Indonesia; Dr. Petchsri Sirinirund, Executive Secretary, CCM Thailand

Introduction

Sri Lanka;

As countries transition from one income classifications to the next they become less and less eligible for Global Fund support or may even lose eligibility altogether. This introduces the risk that these countries which may be making tangible progress will not be able to sustain the gains they have achieved through the Global Fund supported interventions. Sustainability is the capacity of a country to independently manage their disease specific programmes in the long term without interruption or compromising quality. Dr Abeykoon presented the six building blocks of a health system and highlighted the significance and imperative of a well performing health workforce for all the other elements to be delivered.

In addition, he shared the common HR concerns which included the policy planning issues such as numbers, skill, recruitment and distribution, the production issues such as education and training, and the management issues such as retention and enhancing the productivity and performance. A sustainable HR system requires that all of these are addressed in adequate measure for a sustainable and well-functioning HR system to be established. On a review of the Global Funded projects in Sri Lanka and a few other Regional countries the following HR issues can be highlighted.

- Often issues of sustainability in general and sustainability of HR in particular are not addressed in most projects.
- There are weaknesses such as the lack of a comprehensive situation, no analysis of the health workforce and an absence of overall health workforce development plans.
- Interventions for the development of the health workforce mainly address single issues without any wider strategy for long term success.

- Issues of sustainability of the temporary staff recruited through the projects are not reflected in the plans, except for rather indefinite statements such as, "governments should be able to absorb the additional staff recruited" but these are reflected in the national budgets.
- Considerable short term training is undertaken but these do not form a part of a coordinated national training plan, even for these 3 diseases.
- In conclusion, Dr. Abeykoon submitted that there appears to be a dilemma between the Global Fund's goal to fight the three targeted disease on one hand and to strengthen the health system as a prerequisite for success on the other. The disease related objectives seem to get priority over the cross cutting system strengthening objectives.
- Finally it was proposed that the countries engage the human resource stakeholders and experts in both the CCM and in proposal development. Countries should go beyond short term HR objectives and link their activities to a long term development of their HR.

Indonesia;

Indonesia is seeing increasing challenge with growing demand for the services related to prevention, treatment and care for all three disease programmes, namely TB, HIV and Malaria. With the growing per capita income of the country, Indonesia will soon be gaining the status of upper middle income country, where current donor supports are expected to graduate. Expansion of service coverage continues to be a major challenge in terms of sustaining the current services for all the three disease components. Even though the donor funding support to the Government of Indonesia is relatively small, donors do provide significant share of resources for key priority areas such as immunization, HIV, TB and Malaria.

The roles of the external funding are not only to provide financial support, but major part of the technical supports are also acquired through external funding support, moreover filling in the donor financing gaps through domestic financing has lesser flexibility. With regard to the sustainability and transition, the GF transition includes transition from combined support to a decreased level of support due to change in the income classification of the country. Hence, the Government of Indonesia has envisioned the advantages of the growing involvement of the private sectors in the delivery of health care services.

Thailand;

Thailand has showcased the unique opportunity of transitioning from external to domestic funding of the three disease programme in particular. Some of the time tested strategies to regain self-sustenance of the public health programmes especially HIV, TB and Malaria are;

- Decision of the government to include ART under Universal Health Coverage
- Putting an end to HIV, TB and Malaria epidemic in the country
- Strong and robust health system
- Policy framework to boost domestic funding, increase community participation and improve the implementation capacity at all levels.

Recommendations

- The forum felt the need to formulate the regional constituency policy to ensure the sustenance of the public health interventions, especially for the three disease programmes (HIV, TB and Malaria).
- The forum also directed the constituency to come-up with holistic regional exit strategy, making entry to another door of opportunity to bridge the funding gap in the absence of the Global Fund support.

1.4 Transitioning to Government funding/Exit Corridor & Capacity building for Exit Strategy

Presenters: Dr. Palitha Abeykoon, WHO Resource person and Dr. Jigmi Singay, RA/CDS, SEARO

Introduction

Continuing country dialogue process through CCM that includes community systems strengthening, equity for people left behind and roles of south countries in global governance, dialogue with other south and north countries are the mechanisms to address the so called missed opportunities of non-financial benefits of GF processes. Fast changing transitions are triggered by the following factors;

- Overall ODA less than country's own investment
- ODA recipient to partnership
- Major global health funds still remaining with north
- Implementing to engaging in governance & policy
- Rapid repetitive need of policy, strategy & governance meetings in GF and global health
- Income is still the criteria for participation in GF & WB grants
- Country negotiations (including Privileges & immunity) still individual and not as groups or blocks
- Increasing private sector & bi-lateral influence on policy
- Weakening multi-lateral organizations like UN
- Overwhelming African need crowding development scene
- Volatility in ODA capabilities in Europe

However, there are strategies to face the transitional effect, i.e. upcoming Board meeting is expected to deliberate extensively on the governance strategy of the constituency and moreover increasing number of the countries will not be eligible for GF support. China and many African countries are looking for increasing governance roles.

Discussion

- In preparation for the exit of the GF support from some of member states under SEA region, the WHO as a lead technical agency should possibly look in to opening horizon with other funding agencies like the World Bank (IDA) in sustaining the gains achieved under the GF support. However, TA support for member states shall focus on to building appropriate and realistic case to garner the support.
- With the growing dialogue on the exit of the GF support from some of the countries, moreover considering the importance of sustaining SEA Constituency in living upto its mandates; the issues regarding the continuity of funding support to the SEA constituency needs to be brought to limelight of the Board's decision.
- Considering diverse challenges concerning the exit or phasing out of the GF support in SEA region, there is also the possibility for the region to come-up with holistic strategy for smooth transition of funding mechanism as well to put an end to the epidemic.

Recommendations

- The SEA constituency to recommend the Board on the alignment of the Global Fund governing policy with the SDG goals.
- WHO is requested to continue to provide TA support to Member States on request and to ensure equal or more emphasis on programmatic sustainability besides financial sustainability of the programmes, while transitioning from donor to domestic funding.
- The SEA constituency to present the issues concerning Country Banding, prioritization and allocation methodology to the Board with imperative case findings from the region.

1.5 Updates on strategies to Malaria Elimination and WHO Technical Support (Appraisal)

Presenter: Dr. Deyer Gopinath, Medical Officer, Malaria and Border Health, WCO Thailand

Malaria Elimination in South East Asia Region: Progress, Challenges and the Way Forward Globally, estimated malaria cases amount to more than 200 million and approximately half a million deaths, 90% of all malaria deaths occurring in WHO African Region, mainly in children aged under 5 years. However, globally between 2000 and 2013: 4.3 million deaths have been averted (*Reference: World Malaria Report 2014*). Ten of 11 Member States in WHO South East Asia Region are endemic to malaria where around 1.1 billion populations are at risk of malaria, where 6 member states are on track to meet RBM and WHA targets of reducing incidence rates by 75% by 2015. High risk groups are mainly the mobile and migrant populations engaged in various economic activities in rural areas in the region, in hard to reach areas, tribal communities and along the borders where access to health services is a challenge.

Given the impressive declines globally, the WHA in May 2015 has endorsed a Global Technical Strategy 2015-2030 aiming to:

- Reduce malaria mortality rates globally by at least 90% compared with 2015
- Reduce malaria case incidence globally by at least 90% compared with 2015
- Eliminate malaria from at least 35 countries in which malaria was transmitted in 2015
- Prevent re-establishment of malaria in all countries that are malaria-free.

Along with a 'Strategy for Malaria Elimination in the GMS 2015-2030. WHO Regional offices, including SEARO are in the process of adopting the GTS as part of their regional strategies for the respective member states while countries in the GMS region are re-orientating national strategic plans for malaria elimination (given the threat of multidrug resistance). Key challenges in achieving the elimination goals and targets include multi drug resistant malaria, insecticide resistance, outdoor transmission, unregulated private sector and sustainable financing mechanisms. The malaria elimination agenda has galvanized political leadership (through commitment of country leaders, East Asia Summit declaration and the APLMA) and development partners to support malaria endemic countries and to invest in malaria research and development. This needs to translate into demonstrating impact to sustain/augment this political support and financial commitments.

Discussion

- Notable achievements has been witnessed in this region in terms of fighting Malaria, however with the growing emergence of artemisinin resistance in the Greater Sub-Mekong region with ongoing seasonal transmission of malaria cases, the region must continue to strengthen the entomological surveillance and continue to implement vector control measures.
- Since, some of the member states have almost achieved the elimination status, for example Sri-Lanka, Thailand and Bhutan; the member states urged for heightened border surveillance and cross-border malaria control measures through institution of cross border collaboration.

1.6 Progress and challenges on the WHO TA support to countries in CN development and programme implementations;

Presenter: Dr. Jigmi Singay, RA-CDC cum TGF Focal Point for SEA Region, SEARO

Introduction

The Global Fund coordinating unit under the Department of Communicable diseases (CDS) in the WHO SEARO has coordinated the TA support in fulfilling the recent NFM Grant Proposal development (Concept Notes) and support during the TRP and GAC Meetings through the funding support from the WHO/TGF Collaboration TA Agreement Project signed between the Global Fund and the WHO. Nine out of eleven Member States (as Maldives have already graduated and Myanmar being an Early Applicant has already secured funding upto 2016))

have submitted the CNs for the Grants under the NFM. Except for Nepal Concept Notes which has been deferred to 2016 almost all others are in Grant making stage and many have already been approved by Board. But very few Grants have been signed. This has resulted in very little disbursement of funds to the region and in many countries the ongoing Grants have expired. Few countries have been granted no cost extension. The current ongoing TGF/WHO Collaboration TA Agreement Project has been extended to June 2016. One of the major issues WHO raised was in the event this TA Agreement Project is not agreed by the TGF. It would be very difficult for the WHO to continue providing TA during the Grant Implementation period. Besides TA funding issues, retaining of staff due to delay in grant signing have been major issue in the country offices. P&I and Tax exemption issue still seems to be the main hindrance to the Grant signing.

The Constituency Meeting was requested for a clear indication regarding the WHO's role during the Grant Implementation phase as the ongoing TA Agreement Project between TGF and WHO is unclear about its extension/continuation to the Grant implementation phase.

Discussion

- The role of WHO for providing TA support during grant implementation under NFM
- The issues concerning P&I and tax exemption
- The impact of P&I and tax exemption needs to be communicated to the Board
- Channeling of the SEA decisions on P&I issues to be channeled through P&I advisory group.

Recommendations

- WHO is requested to provide TA support to Member States for the transition & sustainability plan development.
- WHO to coordinate and collaborate with other developmental partners such as UNAIDS, WB, ADB, UNICEF etc in development of the Transition and Sustainability Plan.
- WHO to continue providing TA support in the Global Fund Grant implementation phase. .
- SEA constituency support continuation and extension of TA agreement between WHO and TGF for providing funding for TA support by WHO to Member States.

1.7 Updated status and key challenges of the GF programming in countries of SEA constituency

Presenters: All 11 member states making 5 minutes presentation

Introduction;

The countries presented the overview of the disease epidemiology (HIV, TB & Malaria), achievements, challenges and the way forwards. The presentations also highlighted on the status of grant implementation, funding allocation for each component, funding gaps and the interventions planned for each disease programme. The countries also presented their country specific issues and challenges concerning the Global Fund

support and implementation at the country level. Almost all the issues were similar in nature except for Maldives being not an implementing country. The forum shared the concerns regarding the sustenance of the gains achieved in Maldives.

The issues regarding P&I and tax exemption were repeatedly surfaced from the larger implementing countries like India and Bangladesh.

1.8 Updated issues from the previous GF, Board Meeting and other Committee Meetings

Presenters: BM/ABM/CFP

Following are the Board's decisions;

- Ethics and Integrity: Reporting and location arrangement for the Ethic Officers
- Approval of the code of conduct of Ethical Conduct for Governance Official
- TOR of Privilege and Immunity Advisory Group
- TOR of Ethic Officer
- Alignment of Strategy (Not approved)
- Approval of the Governance Performance Assessment Framework of the Boards, Committees, and advisory bodies

Updates implementation activities within SEA Constituencies

- Disseminate selected information to CCM in member countries
- Selection of nominated person from SEA Constituency for the vacant seat (FOPC, P&I, SIIC)
- Selection of delegates to attend the Board of the Global Fund
- Development and submission of EOI on regional proposal
- Organize constituency meetings prior to the Board meeting

Key observation

- Significant growth among member countries and constituency demonstrated by increased participation, engagement, and number of intervention made in the Board and other meeting
- Increased relationship and collaboration among member countries demonstrated by successful submission of regional proposal
- Strengthen governance of SEA constituency with clearer process and transparent
- Improved communication among CCM of member countries and the representative of SEA Constituency (BM/ABM/CFP)

1.9 Preparation for the 34th Board Meeting;

- Pre-Board Meeting and 34th Board meeting program
- Allocation of agenda to SEA delegates who will be attending 34th BM

Presenters: BM/ABM/CFP/SEA Delegates

Preparation of 34th Board Meeting scheduled from 16-17 November 2015, will comprise of following pre-board meetings;

- 14th afternoon Implementer bloc meeting
- Pre-Board meeting on Nov 15, 2015
- The meeting will start during 16-17 Nov, 2015, the agenda of 34th Board meeting has been assigned to member state of SEA constituency representative as following;

Sl.#	Agenda	Country
1	Report of the Executive Director, Update from the AEC, FOPC and SIIC Leadership	THA
2	Report from the Chief Risk Officer, Report of the Inspector General	
3	Corporate Key Performance (KPI) Indicators	Nepal
4	TRP and TERG leadership reflections	BAN
5	Strategic Review 2015, Update on Strategy Development	Maldives
6	Allocation Methodology Framework	
7	Financial Oversight	Myanmar
8	Partnership Engagement, Resource Mobilization and Advocacy	DPRK
9	Market Shaping Strategy	Sri Lanka
10	Update from the Transitional Governance Committee	Timor Leste

1.10 Discussion on governance and transitional process of Board Member of SEA Constituency

Presenter: BM/ABM/CFP

Introduction

The CFP provided an overview regarding the SEA Constituency TOR, which were developed in 2010 and approved by SEA Member Countries. The formal rotation of countries in alphabetical order to identify an individual to the roles of BM and ABM commenced in 2006. The individuals serve 2 year terms as ABM then as BM.

The next Board member (BM) on rotation will be Timor-Leste after Thailand's tenure and Bangladesh will be next Alternate Board Member (ABM). The Board Member then will propose the Communication Focal Point (CFP), which will be deliberated in the constituency meeting for joint endorsement. The portfolio of the Board Member, Alternate Board Member and the Communication Focal Point (CFP) will be rotated in accordance with the rotation agreement of the SEA constituency endorsed on 21 June 2012 in Sri Lanka.

Discussion

- There was strong member state support for continuing the country rotation. Members emphasised that the system has worked well so far and that it was fair and ensured equal opportunities to develop capacity and country inclusiveness, particularly given the

diversity of countries in the constituency. However, India's reiteration of earlier opposition to the rotation system was noted.

- It was clarified that the Table on Rotation Agreement for BM, ABM and CFP posts only identifies the countries of origin, with all countries having a turn as BM by 2024.
- The TORs do not clarify that the country's selection of a BM, ABM or CFP must meet the Global Fund expectation of a competitive, competency based process. It was noted that each country has its own processes to identify appropriate representatives. It was further noted that the countries must ensure a good process.
- Success of the constituency also relies on cooperation and support from country focal points. All roles have clear TORs and expectations to ensure the system works.
- In relation to the question regarding Board Meeting locations, one meeting per year is in Geneva, and another can be held in another country, but an invitation from a country is required.
- To use the budget further, SEA may consider sending a smaller delegation to Board Meetings, and better utilising pre-board meetings to ensure appropriate discussion and briefing.
- Advice from the Governance Advisor was that the CFP does not need to be from the same institution as the BM and the CFP term could be longer to help ensure continuity during transition of BM and ABM roles. The Constituency noted that some constituencies appoint regional body to carry out the CFP role.
- Additional support for capacity building could be sought from WHO during transition periods. It was noted that smaller countries/CCM may struggle to find appropriate CFP in terms of the burden of the role and expectations. It is also possible for a country to not take on BM role.
- As current BM, Dr Suriya noted that it is a challenging role and qualifications and dedication are important. For sustainability purposes, SEA needs to consider reducing the gap in transition/handover and capacity building of SEA constituency as a whole.

Recommendations

- Retain the country rotation system as previously agreed.
- TORs to reflect competitive and competency based process to meet TGF expectations and add in endorsement of country's nomination to the role of BM based on ABM experience. This ensures quality but respects the authority of the country.
- SEA Constituency to consider the self-assessment of performance of the constituency, including adapting existing surveys for this purpose; and to consider capacity needs and changes to the TORs and provide recommendations on these matters at its next meeting.

1.11 Elimination of Indigenous Malaria Transmission in Bhutan

Presenter: Mr Tobgyel, Dy.Chief Program Officer, Vector-Borne Disease Control Programme, Department of Public Health, Ministry of Health

Introduction

Vector-Borne Disease Control Program (VDCP), established in 1964, has come a long way in terms of malaria prevention and control in Bhutan. The malaria programme has received a high government priority with an objective to reduce malaria disease burden to a level where population residing in malarious areas can lead a productive life thereby, contributing to the socio-economic development of the country.

Bhutan has achieved major reduction in malaria incidence amid multiple challenges. The malaria cases have shown drastic reduction from 5935 in 2000 to 45 in 2013 (99% reduction), deaths from 15 in 2000 to 0 in 2013 and sustained thereafter (100% reduction), and Annual Parasite Incidence (API) from 3.5 per 1000 population in 2000 to 0.1 per 1000 population in 2014.

Access to malaria diagnosis and treatment has greatly expanded throughout the country and evidence-based case management, including the introduction of artemisinin combination therapy (ACT) for *P. falciparum*, has contributed to the decline. Increasing coverage by Indoor Residual Spray, and long-lasting insecticidal nets, with the Global Fund support, have contributed to the prevention of malaria and its decline in the country alongside with national enabling factors. The success of malaria program was also mainly due to the support from the National and international collaborating partners. The main international collaborating partners are GFATM, WHO and Government of India which provided both funding support and technical support. Traditionally, GOI and WHO were the main partners.

With support both from National and international donors, Bhutan is now already in the elimination phase as per the way forward indicators set by the WHO, this drives the program to move towards malaria elimination and the national strategic plan 2015 – 2020 was developed through technical and financial support from WHO and GFATM.

Discussion

- India – can provide assistance on satellite imagery on vector breeding sites.
- Strengthen consider strengthening core IHR capacities and integrating surveillance and response within general health system (surveillance and response teams).
- Universal health coverage is an important factor for the success so far and essential of elimination.
- Community engagement through support groups is also a plus point for the success.
- EWDS systems are planned especially in areas of development projects.
- *P. vivax* cases need to be analyzed and ensure all cases are fully treated.

Recommendation

- Bhutan Malaria Control Programme to look into the holistic approach of integrating the border surveillance system with other communicable disease and emerging infectious diseases.
- Insecticide Resistance Monitoring mechanism needs to be strengthened to achieve the goal of eliminating indigenous malaria by 2018.
- The Malaria Control Programme needs to strengthen the capacity of the programme in carrying out routine entomological surveillance.

1.12 Update and discussion on Regional Proposal of HIV/TB co-infection and Migration;

Presenter: Mr Abdul Hameed, GF Focal Point, Ministry of Health, Maldives

Introduction

The regional proposal on TB/HIV co infection and migration was first conceptualized by three countries namely Maldives, Sri Lanka and Bangladesh. The conceptual ideas were then discussed during the pre-board meeting held in Dhaka, Bangladesh in December, 2014. The SEA constituency board then recommended to include other member states within the region in the joint proposal, and the same has been communicated to the member states through the CCM secretariats. The outcome of the regional proposal initiative was presented to the CCMs of the South-East Asia Region during the SEA constituency meeting in Indonesia in March 2015. The SEA board then agreed to submit the expression of interest to TGF through CARAM Asia. However, the EoI was not prioritized by TGF considering the TGF policy of impactful investment.

Discussion

- While appreciating the initiative made by the region, the time limitation was the main factors constraining the quality of the proposal submitted to the TGF. However, the region must continue to pursue the support for regional initiatives, but not only limiting to the Global Fund support. The SEA constituency will also look for other potential donors.
- Considering the importance of collaborative initiatives among the countries, the SEA constituency board members and the delegation to the Board Meeting shall continue to engage in dialogue with the Board to ensure that upcoming strategy includes the opportunities for such initiatives.
- The SEA constituency must also serve as the platform to identify potential player/country to lead coordination of such initiatives in future.

II. Closing Session

- Draft recommendations which are reflected under the Executive Summary and under various sections of the report were discussed, amended where required and approved.
- Each Member States took turn to express their views, appreciation and gratitude for the excellent organization of the Pre-Board Meeting, generous hospitality of the host country and opportunity to visit Bhutan.
- The office bearers – BM, ABM, CFP and representative from The Global Fund Secretariat and WHO express their full satisfaction with the outcome of the Pre-Board Meeting.
- The Chair of the Meeting DR DORJI wangchuk, Bhutan CCM Chair and Secretary of the Ministry of Health offered his vote of thanks to all the participants for giving Bhutan an opportunity to host this Pre-Board Meeting and looked forward to meet in the next Pre-Board Meeting in Dili, Timor-Leste.
- The Chair wishing all the participants safe journey and Bon Voyage formally closed the meeting.

PROGRAM AGENDA

THE 2015/2 SEA CONSTITUENCY OF THE GLOBAL FUND MEETING

KICHU RESORT, PARO, BHUTAN

26-27 OCTOBER 2015

Day 1: 26 October 2015		
0800 – 0830	Registration	CCM Bhutan
	INAUGURAL SESSION (0830-0915)	
0830-0835	• Welcome Address	Dr. DORJI wangchuk, Chair CCM / Secretary, Ministry of Health, Bhutan
0835-0845	• Address by WHO Representative, Bhutan	Dr. Ornella Lincetto, WR Bhutan
0845-0855	• Address by BM SEA Constituency	Dr. Suriya Wongkongkathep, Board Member SEA Constituency
0855-0910	• Address by Chief Guest	H.E. Lyonpo Tandin Wangchuk Minister of Health
0910-0915	• Vote of Thanks	Dr. Pandup Tshering, Director, Public Health, MoH, Bhutan
0915 – 0945	BREAK for Photo session and High-Tea	CCM Bhutan
0945 – 1015	• Introduction of the programme and objectives	Dr. Taweessap Siraprapasiri, CFP, South East Asia Constituency to the Board of the Global Fund
	• Introduction of the Meeting participants	Dr. Taweessap Siraprapasiri, CFP South East Asia Constituency to the Board of the Global Fund

	<ul style="list-style-type: none"> • Appointment of the Chairperson, Co-Chairperson and the Rapporteur 	Dr. Suriya Wongkongkathep, Board Member, SEA Constituency of the Global Fund
	<ul style="list-style-type: none"> • Adoption of Meeting Agenda 	Chairperson
1015 – 1050	Strategy 2017-2021 and key challenges of SEARO countries	Dr. Emanuele Capobianco Senior Policy Advisor TGF Ms. Cristina Riboni, FPM for Bhutan
1050 – 1120	GF Secretariat Issues on governance, and engagement of constituency	Mr. Robert Thomson, Office of Board Affairs
1120 – 1200	Experiences and lessons on transitional process from external to domestic funding	Lead presentation by 1. Dr. Palitha Abeykoon, WHO Resource Person (Sri Lanka), 2. Dr. Chairul Radjab Nasution, CCM Chair, Indonesia 3. Dr. Petchsri Sirinirund, Executive Secretary, CCM Thailand
1200 – 1230	<ul style="list-style-type: none"> • Transitioning to government funding/Exit Corridor • Capacity Building for Exit Strategy 	Dr. Jigmi Singay on behalf of Dr. Swarup Kumar Sarkar Director, Communicable Diseases SEARO/WHO
1230 – 1330	Lunch BREAK	
1330 – 1400	Updates on strategies to Malaria Elimination and WHO Technical Supports	Dr. Deyer Gopinath, Medical Officer, Malaria and Border Health, WCO Thailand
1400 – 1430	Progress and challenges on the WHO TA support to countries in CN development and programme implementation	Dr. Jigmi Singay, RA-CDC cum Focal Point for TGF, SEARO/WHO.
1430 – 1600	Updated status and key challenges of the GF programming in countries of SEA Constituency	Each of 11 Member States will make a 5-minute presentation on its programme followed by

		Discussion
1600 – 1620	Coffee/Tea BREAK	
1620 – 1640	<ul style="list-style-type: none"> Updated issues from the previous Board Meeting, Implementer Bloc Meeting and Committees' meetings 	BM/ABM/CFP
1640 – 1700	Preparation for the 34th Board Meeting, <ul style="list-style-type: none"> Pre-Board meeting and 34th Board meeting programme Important agenda of the Board Allocation of agenda to SEA delegates who will attend 33rd Board meeting (assigned important issues in advance) 	BM/ABM/CFP/SEA Delegates
1900 – 2130	Dinner hosted by Bhutan CCM Chair person	Kichu Resort

Day 2: 27 October 2015		
0830 – 0900	Elimination of Indigenous Malaria Transmission in Bhutan	Mr Tobgay, Deputy Chief Program Officer, Malaria/ VDCCP, Ministry of Health, Bhutan
0900 – 0930	Update on Regional Proposal of HIV/TB co-infection and Migration and discussion on the future approach of regional proposal	Mr. Abdul Hameed Focal point of CCM Maldives
0930 – 1030	Development of New Strategies of the Global Fund/Report from the partnership forum <ul style="list-style-type: none"> General position of SEA Constituency Role of constituency for the new strategies 	BM/ABM/CFP/SEA Delegates ABM
1030 – 1100	Tea/Coffee BREAK	
1100 - 1145	Discussion on Governance issues from Constituency perspective <ul style="list-style-type: none"> Structure of Governance Role of countries in SEA constituency 	BM

	when neither became donor nor implementer	
1145 – 1230	<p>Discussion on Issues to be brought to Board Meeting</p> <ul style="list-style-type: none"> • Allocation Formula/ Regional Allocation • Grant Development and Grant Implementation 	<p>BM/ABM/CFP/SEA Delegates</p> <p>CFP</p> <p>Indonesia</p>
1230 – 1330	Lunch BREAK	
1330 – 1430	Discussion on governance and transitional process of Board Member of SEA Constituency including the Review the current TOR of SEA Constituency	BM/ABM/CFP/SEA Delegates
1430 – 1500	Tea/Coffee BREAK	
1500 – 1600	Draft report presentation and discussions	Rapporteur
1600 – 1630	<p>Concluding session</p> <ol style="list-style-type: none"> 1. Adoption of the draft report 2. Remarks by the Participants 3. Vote of Thanks 4. Closing remarks by the Chair 	<p>Chair person</p> <p>Member countries</p> <p>Chairperson</p>

Annex B

**The 2015/2 Global Fund South-East Asia Constituency Meeting,
Paro, Bhutan, 26-27 October 2015**

List of Participants (as of 24 October 2015)

Member Countries:

No.	Country	Name	Position	Contact details		
				Email	Tel.	Fax.
1.	Bangladesh	Mr Manaj Kumar Biswas,	BCCM Coordinator BCCM Secretariat, Ministry of Health and Family Welfare	bccmcoordinator@gmail.com	+8801718171958	
2	Bhutan	Dr DORJI Wangchuk	CCM Chairman & Secretary, Health, Ministry of Health	dwangchuk@health.gov.bt	+ 975 2 331 751	
3.	Bhutan	Mr Wangda Dorji	CCM member (PLWD constituency)/ Director, Lhaksam	wangdadorji1@gmail.com	+975 17854195	+ 975 2 331 751
4.	DPRK	Dr Kim Hyong Hun	Vice Minister, MoPH (CCM Chair)	Bogon.moph@star-co.net.kp mandalp@who.int		
5.	DPRK	Dr Kim Hyon	Interpreter, MoPH	Bogon.moph@star-		

			(GF PMU staff)	co.net.kp mandalp@who.int		
6.	India	Dr Jagdish Kaur	Focal Point for GFATM	Jagdish.kaur2010@gmail.com	91 11 2306 2523, 91 98 1023 8399	
7.	Indonesia	Dr. Chairul Radjab Nasution	Chair CCM Indonesia	chairulnasution@gmail.com	+62 811 155 665	
8.	Indonesia	Ms Ria Ningsih	Executive Secretary CCM Indonesia	Ria.ningsih@ccmindonesia.org	+62 816 904 350	
9.	Maldives	Mr Ahmed Afaal	CCM Chair, Maldives	afaal@adkenterprises.com	+96 0777 6399	-
10.	Maldives	Mr Abdul Hameed	Global Fund focal point	hameed@health.gov.mv	+96 0799 5838	-
11.	Myanmar	Prof. Dr Samuel Kyaw Hla (Mr.)	Vice Chair, Myanmar Health Sector Coordination Committee	skhla@mptmail.net.mm	+951 378 863, +951 380 899 +95 97 320 745	
12.	Myanmar	Dr Thandar Lwin (Ms.)	Director (Disease Control), Department of Public Health, Ministry of Health	tdarlwinn@gmail.com	+95 67 420 268 +95 95 145 080	+95 67 420 268

13.	Nepal	Mr Mahendra Prasad Shrestha,	Chief Public Health Administrator, MoHP and Global Fund Focal Point	mahendrashrestha76@gmail.com		
14.	Sri Lanka	Dr R.M.S.K. Amunugama	Deputy Director General (Ministry of Health and Indigenous Medicine Public Health Services)-I,	amunugama@sltnet.lk		
15.	Thailand	Dr Suriya Wongkongkathep	Board Member of the GF SEA Constituency	suriya@health.moph.go.th	+66-2-590 1012 +66-2-590 1137	+66-2-591 8506
16.	Thailand	Dr Taweessap Siraprapasiri	Communication Focal Point of SEA Constituency to the Board of the GF	taweessap@rocketmail.com	+662 590 3884 +6686 880 0701	+662 591 8413
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18.	Thailand	Dr Nakorn Premsri	Director, Principal Recipient Administrative Office, Department of Disease Control, MoPH	nakorn.premsri@gmail.com	+66-2-590-3817 +66-81-949-0239	+66-2-965-9160
19.	Thailand	Ms Phatradasorn Chuangcham	CCM Coordinator	ccmthailand@gmail.com	+66-2-590-1500 +66 92 326 2288	+662 590 1500

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21.	Timor Leste	Mr Filipe da Costa	Alternate Board Member of the GF SEA Constituency	dcfilipe@yahoo.com		
22.	Timor Leste	Ms Dinorah Granadeira	CCM-TL Chair	redefeto@yahoo.com		
23.	Timor Leste	Dr Telma Cortereal de Oliveira	Global Fund Administrator	ninatelma@mohcdc.gov. tl		
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WHO:

1. Dr Swarup Sarkar, Director, CDS
2. Dr Jigmi Singay, RA-CDC, Global Fund Focal Point
3. Dr Deyer Gopinath, Medical Officer, Malaria and Border Health, WCO Thailand
4. Dr Palitha Abeykoon, WHO Resource Person (Sri Lanka)
5. Mr E. Rangarajan, Executive Associate
6. Dr Ornella Lincetto, Representative, WCO, Bhutan
7. Mr Namgay Tshering, NPO, WCO, Bhutan
8. Mr Kinga Namgyel, WCO, Bhutan

Participants from Ministry of Health, Bhutan

1. Dr Pandup Tshering, Director, DoPH, Ministry of Health
2. Mr Tobgyel, DyCPO, VDCP, MOH
3. Mr Chador Wangdi, Program Officer, NACP, DoPH, MOH
4. Mr Chewang Rinzin, DyCPO, NTCP, MOH
5. Mr Phurba Tenzin, Asst. Program Officer, NTCP, DoPH, MOH
6. Mr Dorji Khandu, Program Officer, NLCP, MOH

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