**Meeting Minutes**

8th Country Coordinating Mechanisms Steering Committee Meeting

Multi-Country South Asia Global Fund HIV Programme (MSA-910-G02-H)

Bangkok, Thailand

31March to 1 April 2016

Contents

[Opening and introduction 3](#_Toc452112637)

[Session 1: CCM Steering Committee governance issues 3](#_Toc452112638)

[Session 2: Regional MSA programme snapshot 4](#_Toc452112639)

[Session 3: Strategic information 6](#_Toc452112640)

[Session 4: Policy, advocacy, human rights, legal framework, stigma and discrimination 8](#_Toc452112641)

[GF evaluators structured interviews with individual CCM members 10](#_Toc452112642)

[Session 5: Community mobilization, capacity building and organizational development 10](#_Toc452112643)

[Session 6: Discussing the transition and planning for 2016 12](#_Toc452112644)

[Closing remarks 13](#_Toc452112645)

[Annex 1: Participants list 15](#_Toc452112646)

[Annex 2: Agenda 21](#_Toc452112647)

On 31 March to 1 April 2016, the Multi-Country South Asia Global Fund HIV (MSA) Programme held its 8th Country Coordinating Mechanisms (CCM) Regional Steering Committee Meeting in Bangkok, Thailand. This was the third CCM Steering Committee meeting of Phase 2 of the programme, which launched in July of 2013 and is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Phase 2 of the programme was scheduled to come to a completion at the end of 2016.

Nearly 60 participants attended the two-day meeting, consisting of representatives from national Country Coordinating Mechanisms as well as participants from each programme sub-recipient, the Global Fund, UNDP and UNAIDS.

The Meeting Agenda and Participants List are provided in the Annex.

**Day 1, 31 March 2016**

# Opening and introduction

To open the 8th CCM Regional Steering Committee Meeting, **Nadia Rasheed, HIV, Health and Development Team Leader, UNDP, Steve Kraus, UNAIDS Regional Director, Philippe Creac’H, Fund Portfolio Manager, the Global Fund, and Shale Ahmed, Executive Director, Bandhu Social Welfare Society**, together gave welcoming remarks to the group. They welcomed all participants to the two-day meeting, reviewed the agenda and meeting objectives, and reiterated the important oversight role that the meeting plays for the programme in terms of programme activities, finance, management and coordination with national Country Coordinating Mechanisms in each of the seven programme countries as well as with regional programme partners.

The speakers stressed the importance of the grant to the HIV response in the region over the past several years. The work being done to provide HIV services to key populations of men who have sex with men and transgender people is crucial, and contributes to achieving the newly adopted Sustainable Development Goals (SDGs) – especially the principle of ‘leaving no one behind’. The speakers also emphasized that the programme has produced important results and positive change thus far, including much needed enhancement of capacity of community groups. Going forward, the challenge is how to make the programme sustainable.

# Session 1: CCM Steering Committee governance issues

**Manaj Kumar Biswas, CCM Coordinator, Bangladesh**, moderated this session. He led off with a review of the meeting minutes of the 7th CCM Regional Steering Committee Meeting, held in Pattaya, Thailand in March 2015. The group went through all of the identified action points and recommendations that came out of the previous meeting. The minutes were endorsed with minor revisions – to add an election process for the CCM Regional Steering Committee Coordinator (offered by Dr. Sajid Ahmad, Pakistan) and to change a word stigma with prejudice (offered by Dr. Ruben F. del Prado, UNAIDS).

The meeting proceeded with the election of a new CCM Regional Steering Committee Coordinator. The group first reviewed the terms of reference for the Coordinator the position before calling on nominations. Four candidates were nominated with one withdrawal (Sri Lanka), leaving: Dr. Sandhya Gupta, India, Dr. Sajid Ahmad, Pakistan, and Manaj Kumar Biswas, Bangladesh. After the first round of voting, two candidates, Manaj Kumar Biswa and Dr. Sandhya Gupta had equal votes. A second round of voting resulted in the election of Dr. Sandhya Gupta as the new CCM Regional Steering Committee Coordinator.

# Session 2: Regional MSA programme snapshot

The objective of this session was to update the CCM Regional Steering Committee on the regional context of human rights, the legal environment and HIV among men who have sex with men and transgender people. A snapshot of the 2015 programme results was also presented.

**Edmund Settle, Policy Advisor, UNDP,** led off the session with a presentation on ‘HIV, Law and Rights of Sexual Minorities in South Asia’.He provided an overview of the legal environment currently in place in the region, including on punitive laws, discriminatory laws, enforcement practices and the prevalent practices of discrimination and violence in general community.

In South Asia, seven out of the eight countries criminalize private, consensual same-sex sexual relationships. This exposes millions of individuals to the risk of arrest, prosecution and imprisonment. In addition to punitive laws, there are also a lack of protective laws and policies to guard against discrimination on the basis of sexual orientation and gender identity. Stigma and discrimination at health care settings is prevalent and hinders access to medical care, testing and treatment.

In most areas, transgender individuals have limited access to HIV services, however, he highlighted India as a country that has developed a targeted strategy that greatly expanded transgender people’s access to HIV testing and services. He also highlighted the countries in the region which have achieved some level of progress on legal recognition and/or protection for transgender people, including Bangladesh, India, Nepal and Pakistan.

 Sexual and gender minorities have been an integral part of Asia-Pacific histories and cultures from time immemorial. Taking a one-size fits all approach to addressing their needs and concerns is also a challenge. Sexual minorities are part of many communities. They belong to different ethnic, racial, religious or economic groups; they have different class backgrounds and social standing. Not recognizing this plurality impedes understanding of how discriminatory practices affect different communities, including in accessing health and social services.

**Anna Chernyshova, Programme Manager, UNDP,** presented an overview of the programme for 2015. She addressed why the MSA grant is important to help create enabling legal environment for MSM and TG people around three areas: a) policy change, advocacy, human rights, b) improving strategic information and c) community mobilization and capacity building. She emphasized that the MSA grant is the only programme in the region to address these issues.

She then summarized overall achievements in 2015. Despite the challenging environment in South Asian countries, the programme exceeded the targets in all except for one indicator, which was related to CBO capacity building. This was accomplished while using only 57 percent of the budget.

Major achievements towards impact as well as risks and challenges in 2015 were highlighted. Achievements included:

* New Constitutional provisions in Nepal protecting sexual minorities.
* Community creation in Bhutan.
* Policy changes in several states in India (Transgender Boards, separate cell blocks for transgender prison inmates, Police SOPs, introduction of new transgender and men who have sex with men guidelines, institutionalizing 15 April and Transgender Day in many states, etc.).
* UNDP/WHO Stigma Training Package for health care professionals submitted for endorsement in all countries, and endorsed in Bhutan and India.
* Scan of laws completed for Pakistan and Sri Lanka.
* Revisions in reporting forms in Bhutan as a follow-up to MESS process findings.

Key risks and challenges that were highlighted included the Nepal earthquake and trade blockade with India, which resulted in significant slowdown of programme in Nepal. In most countries in the region, Section 377 continues to present obstacles for progress. Delays in working in several states in India were also reported. In Sri Lanka, the community is weak and fractured. And poor security situations in Afghanistan, Pakistan, Nepal and Bangladesh also poses risks.

Lastly, Anna described plans for 2016 for the programme. Plans are in place to secure endorsement in all countries of the UNDP/WHO Stigma Training package at health care settings. Follow-up will be undertaken on the MESS report findings in all countries. Capacity building efforts of community organizations will continue, including with regards to providing technical support for a soon-to-be selected Principal Recipient. Several regional activities will take place this year. These include a border police meeting, a human rights meeting, a leadership training, as well as a training on the HIV treatment cascade.

**Discussion**

A key concern of most participants was around what would happen after the end of the grant in 2016 because of the rejection of the expression of interest to extend the programme till 2017. Laxmi Narayan Tripathi strongly advocated for the continuation of the grant, noting it currently is the only regional programme supporting the transgender communities. On the issue of the expression of interest, Philippe Creac’H clarified that it was the decision of the Technical Review Panel (TRP), not the Global Fund. He stated that a letter to advocate for the grant could be sent to the Board of Directors and Executive Director of the Global Fund. There was collective agreement for Laxmi Narayan Tripathi to draft the letter in support of the grant extension beyond 2016.

**ACTION:**

* Laxmi Narayan Tripathi to lead the drafting of a letter in support of extension of the grant beyond 2016 which would be submitted to the Board of Directors and Executive Director of the Global Fund.

# Session 3: Strategic information

The objective of this session was to review country progress towards reliable data on HIV, men who have sex with men and transgender people. The session featured presentations from participants from Bhutan, Afghanistan, Pakistan and India. Dr. Dorji Wangchuk, Health Secretary/CCM Chair, Bhutan, served as moderator.

**Namgay Tshering, Programme Manager, National STI and HIV/AIDS Prevention and Control Programme (NACP), Bhutan**

**‘Progress in improving strategic information for MSM and TG population in Bhutan’**

Namgay shared an update on achievements in Bhutan under the programme. He also described the complimentary and supplementary approach between the national and regional Global Fund grants. Under the programme, the key areas of work are capacity building of health care workers and sensitization of the religious leaders, and improving strategic information for men who have sex with men and transgender people, particularly with regards to data collection and monitoring and evaluation.

In terms of strategic information, there have been five key knowledge products developed with support from the grant: *Formative assessment on stigma and discrimination impacting universal access to HIV and health services for men who have sex with men and transgender people in Bhutan*; *Breaking new ground: A municipal review of HIV and rights programmes and services for men who have sex with men and transgender people in Thimphu, Bhutan*; *Vulnerability baseline assessment for Bhutan*; *Bhutan advocacy framework on HIV, human rights and sexual orientation and gender identity*; and *Mapping and size estimation of men who have sex with men and transgender people in Bhutan*.

Namgay highlighted several key meetings that were held in support of work on policy and legal procedures as well as programmatic efforts towards creating an enabling environment. Key achievements in creating enabling environment included: Revision of the National HIV Counseling and Testing (HTC) guideline, which involves the revision of the VCT recording and reporting form; active engagement of men who have sex with men and transgender people in the nationwide IBBS survey, scheduled in the month of April and May 2016; development of an online client tracking mechanism aimed at protecting confidentiality; the mainstreaming of the UNDP/WHO stigma training package and the roll-out of trainings for health workers and religious figures; and recruitment of men who have sex with men and transgender people as peer educators under the national grant (NFM grant) in four major cities/towns.

**Dr. M Yonus Bargami, National Programme Coordinator, Ministry of Public Health, Afghanistan**

**‘Inclusive HIV Strategic Programme. Follow up to MESS report in Afghanistan’**

Dr. Yonus shared an overview of the national HIV response in Afghanistan, starting with the first case detected in 1989, the current HIV situation and trends in Afghanistan, the National Strategic Plan III, and priority areas and expected results. Currently in Afghanistan, there is a low prevalence epidemic which is moving towards being a concentrated epidemic. Dr. Yonus updated to the group on the progress on each action point identified during the MESS Workshop in 2014.

With regards to key populations, he addressed the concerns expressed by Dr. Ruben del Prado on how to address key populations, namely men who have sex with men and transgender people, without actually mentioning them by name. In Afghanistan, the term men with high risk behaviours (MHRB) is used instead of men who have sex with men (MSM). Service delivery for MHRB has already been integrated to the New Funding Model (NFM) and efforts will be scaled up to 4 sites from 3 sites in 2017. An upcoming IBBS survey will also include two sites for MHRB. In response to a question from Dr. Dayanath Ranatunga, he noted that advocacy work was too sensitive to implement in the current climate, however, every Afghan continues to have a right to equal access to health care services.

**Dr. Mohammad Faisal Majeed, Deputy Project Director, Punjab AIDS Control Programme, Pakistan**

**‘HIV and sexual minorities based on the recent results of IBBS and size estimation study in PACP’**

Dr. Mohammad discussed the results of a size estimation study and the IBBS study conducted in Punjab province in 2014 in comparison with 2011 data, including HIV prevalence with a breakdown by key populations (people who inject drugs, hijra sex workers, male sex workers and female sex workers). Overall there is a downward trend of HIV prevalence in key populations. He also shared information on the harm reduction and service delivery programmes, including testing and treatment, being implemented in Punjab. He ended his presentation with summary of achievements and ways forward.

**Dr. Animesh Purohit, Programme Officer, National AIDS Control Programme (NACP), India**

**‘MSM and TGs remain the key affected population for HIV based on the recent studies among the MSM and TG people in India’**

Dr. Animesh provided an overview of the HIV epidemic in India. Although India is a low prevalence (0.26%) country, it has the third largest number of PLHIV in the world with men who have sex with men, transgender people and people who inject drugs being key populations. He described targeted inventions (TIs) and their coverage of high risk groups. He also discussed in detail the results of the IBBS survey conducted in 2014-2015, which included men who have sex with men in 24 states. Under the National AIDS Control Programme there has been an increasing focus on programming for the specific needs of key populations in India, particularly with regards to raising awareness of HIV through behavior change communication, provision of sexual health services including condom distribution, treatment of STIs and voluntary HIV counselling and testing. He also noted that key populations continue to face considerable marginalization and discrimination based on their sexual orientation and gender identity and expression. Such discrimination prevents them from adequately accessing health care services.

# Session 4: Policy, advocacy, human rights, legal framework, stigma and discrimination

The objective of this session was to update the CCM Regional Steering Committee on country progress in the areas of policy, advocacy, human rights and legal framework. The session featured a panel discussion with representatives India, Nepal, Bangladesh, Bhutan and Sri Lanka. Dr. Ruben del Prado, UNAIDS Coordinator for Nepal and Bhutan served as moderator.

**Arumugam Vijayaraman, Deputy Director, Voluntary Health Services (VHS), India**

**‘From sensitization workshops to policy changes at the state level for transgender people in India’**

Dr. Vijay described the National HIV strategic framework before detailing the work under the MSA programme, which focused on building capacity of community-based organizations (CBOs). He highlighted an innovative approach of VHS that has proven effective involving building partnerships with all of the stakeholders and through collective effort bringing positive results and impact for transgender communities. Dr. Vijay described sensitization programmes aimed at sub-national and state level media through VHS and sub-sub-recipients on issues affecting transgender people. These and other advocacy activities led to positive policy changes at the state level for transgender people, including dedicated prison cell blocks for transgender inmates. He ended the presentation with key challenges going forward. During discussion, Dr. Vijay elaborated on an educational grants programme for transgender people at the national and state levels, in response to a question from Aurang Zeib.

**Sanjay Sharma, Assisting Director, Blue Diamond Society (BDS), Nepal**

**‘Advocacy resulting in breakthrough constitutional provisions’**

Sanjay provided background on BDS, which was registered in 2001 and has rapidly expanded to 750 staff at 1 central office and 5 regional offices. He shared details on the key advocacy activities that BDS has been conducting at the national and local levels in the country. These include regular, coordinated sensitization efforts with government, parliamentarians, the judiciary, media and the National Human Rights Commission. He also described technical support that BDS provides to strengthen capacity of local CBOs and empower community members to claim their rights. Furthermore, BDS supports community groups in HIV prevention and care efforts. He highlighted the major achievement of the inclusion of sexual and gender minority rights in the new Constitution (Articles 12, 18 and 42), which involved extensive advocacy and sensitization efforts with Constitution Assembly members. Other achievements that he highlighted included the introduction of the “other” gender category in government issued citizenship IDs; the inclusion of sexual orientation and gender identity issues in school curricula; the placement of an LGBTI focal person at the National Human Rights Commission; and inclusion of men who have sex with men and transgender people among key populations within national strategies and plans.

**Shale Ahmed, Executive Director, Bandhu Social Welfare Society (BSWS), Bangladesh**

**‘Working with broad spectrum of stakeholders in bringing positive change’**

Shale presented a background of BSWS, which began operations in 1996 and now has coverage in 22 districts through 36 field offices. They have been a sub-recipient of the MSA programme since 2011. BSWS is also a sub-recipient under the national Global Fund grant. Under the MSA programme, BSWS supports 25 CBOs in six territorial divisions. Shale also shared key areas of work on advocacy and human rights, which includes a successful media fellowship programme and media advocacy forum. Through their work with the media, some 46 media personnel have been issued media fellowship awards, over 140 positive reports have been published, and there have been job opportunities created for Hijras. Shale also highlighted the importance of involving policy makers and the National Human Rights Commission (NHRC) in key activities, which has contributed to results, such as the recognition of Hijras as a third gender in 2013, recruitment of Hijras as traffic police, increased budget of the Ministry of Social Welfare to support the Hijra community, and developing of an anti-discriminatory law (currently being reviewed by the Ministry of Law). BSWS established the first dedicated legal hotline, called ‘Ain Alap’, in Bangladesh for the sexual and gender minority community. Through the legal support programme, 10 complaints have been referred to the NHRC, with four resulting in direct intervention. He ended the presentation with a review of key challenges and future direction for BSWS.

In response to questions about the legal support programme, Shale provided more details on their approach. Due to the sensitivity of the issues they have taken the approach of building key partnerships with stakeholders (members of parliament, police, faith leaders and media).

**Namgay Tshering, Programme Manager, NACP, Bhutan**

**‘Towards creating an Enabling environment for sexual minorities in Bhutan’**

Namgay described the how culture in Bhutan affects efforts to create an enabling environment for an HIV response for sexual minorities. He provided an overview of the work being conducted under the grant, including capacity building of health care personnel and sensitization of religious leaders, as well as developing strategic information on men who have sex with men and transgender populations and HIV. Policy work also focused on advocacy through a high level advocacy meeting in 2013, with a follow up meeting planned for 2016, a legislative committee meeting, and efforts towards addressing legal barriers (under the NFM grant).

**Madu Dissanayake, Programme Director, Family Planning Association (FPA), Sri Lanka**

**‘From Advocacy to Action in Sri Lanka’**

Madu shared the journey over the past 15 months as a sub-recipient with the MSA programme to create a positive and safe (physical and legal) environment for all. She described the FPA strategy for change, goals of the organization under the programme, and discussed key activities such as the national media conference on human rights, activities on gender equality, the role of the media in advocating for change, and sensitization of law enforcement agencies on issues affecting men who have sex with men and transgender populations. She ended her presentation by highlighting key achievements under the programme, including establishment of a community role model hub (10 members) and technical hub (10 persons) with a built-in sustainability approach. She also noted the studies and knowledge products that have been completed/published. To achieve success, FPA has developed key partnerships and utilized various strategic advocacy platforms.

# GF evaluators structured interviews with individual CCM members

The first day of the meeting wrapped up with a closed door session of structured interviews for a visiting Global Fund evaluator with CCM members. The aim of the review, which was commissioned by the independent Technical Evaluation Reference Group of the Global Fund, was to gain systematic and critical evidence and lessons learned from regional/multi country grants.

**Day 2, 1 April 2016**

# Session 5: Community mobilization, capacity building and organizational development

The objective of this session was to update participants on the progress of developing community-based organizations within the programme. Laxmi Narayan Tripathi, Director, Astitva Foundation, India, served as moderator.

**Richa Salvi, Programme Manager, Humsafar Trust, India**

**‘Community Systems Strengthening and Advocacy Seed Grant – Advocacy on the ground’**

Richa provided a background of community system strengthening (CSS) and the advocacy seed grant programme in India. She detailed the concept, the process for obtaining proposals and selection, the orientation of selected sub-sub-recipients (SSRs), and the activities and results. Many more CBOs expressed their interest than were selected and allocated funds. There were 127 proposals submitted, but funding could cover only 13 CBOs under HST and 14 CBOs under VHS. Information was provided on the SSR capacity building activities aimed at improving knowledge and skills of community members related to HIV, activities to sensitize government stakeholders, advocacy events, and a short film that was developed. Innovative methods were used, such as street plays and flash mobs, to advocate and promote awareness. She ended her presentation with key achievements, including visibility of the communities, in CSS during a short period of just 6 months.

**Wandga Dorji, Executive Director, Lhak-Sam, Bhutan**

**‘Emerging sexual minorities community in Bhutan’**

Wangda shared his personal story of becoming HIV positive in 2006 and the stigma and discrimination faced by his fellow people living with HIV community members in Bhutan. He thanked the Bhutan government, donors and partners to help with breaking down the barriers in place in society. He highlighted some of the ways in which the community has benefited from the MSA grant, which has supported their advocacy activities and strengthened their capacity significantly. Wangda also shared the vision and mission of Lhak-Sam and continued legal issues present in Bhutan. He ended his presentation on a positive note related to successes in achieving happiness for the community.

**Umme Farhana Zarif Kanta, Programme Manager, BSWS, Bangladesh**

**‘Raising capacity of grass roots organizations in Bangladesh’**

Kanta started her presentation with an overview of the MSA grant in Bangladesh which covers CSS of 25 CBOs in 6 geographical divisions. She shared progress that CBOs have made since 2011 on components such as development of strategic plans, good governance guidelines, organization registration, resource mobilization strategies, and financial and M&E guidelines. Some 48 trainings have been conducted, reaching 959 participants. She highlighted key achievements, including increased job opportunities for transgender people and Hijra, advocacy and sensitization with government and municipal representatives, as well as knowledge exchange at international conferences. Results included a small grant being awarded for advocacy at the local level and an educational stipend for men who have sex with men from the Ministry of Social Welfare. She ended her presentation with a description of challenges confronting the CBOs – sustainability will be a major issue.

**Dr. Abdul Rasheed, Executive Director, Youth Health and Development Organization (YHDO), Afghanistan**

**‘Supporting communities in Afghanistan’**

Dr. Abdul provided an overview of HIV prevalence in key populations in Afghanistan. He shared the vision of YHDO and the four main thematic areas of intervention they are engaged in: HIV prevention services, access to justice and human rights, community development, and research and knowledge management. He highlighted key programme achievements in 2014-2015, which included establishment of two male health centres (a third has also been added in March 2016) providing HIV counseling and testing and linked 43 men with high risk behaviours with HIV to care. Additionally, training to strengthen capacity of community members was successfully undertaken, and 200 cases of human rights violations were documented and referred. Key challenges included persistent stigma and discrimination, inadequate strategic information on men with high risk behaviours and coverage of HIV prevention services, and the unstable security situation in the country. Dr. Abdul identified areas for focusing efforts going forward: increasing HIV prevention service delivery, stronger documentation of human rights violation, and networking and partnership building.

**Moon Ali, Project Manager, Khawaja Sira Society (KSS), Pakistan**

**‘Community work in Pakistan’**

Moon introduced KSS which was established in Pakistan in 2012. She highlighted key achievements in Phase 2 of the programme, such as becoming officially registered as a CBO and a sub-recipient of the grant to provide service delivery for transgender people. She provided data on service delivery and capacity building activities, and shared a success story of one community member who gave up sex work after learning how to use a computer and opening an online store which has generated a livable income. The key challenge for continuing the work of KSS is the sustainability of the organization after the MSA grant ends.

**Shankar Silmula, Programme Manager, Asia Pacific Coalition on Male Sexual Health (APCOM)**

**‘Building Effective Communities: Leadership and Organization Development’**

Shankar provided an overview of APCOM, its goals and strategies, and work under the MSA grant which is to provide support to sub-recipients through capacity building initiatives and technical assistance. He emphasized the importance of leadership and organizational development in order to create effective communities. He shared results of knowledge and skills enhancement in areas of resource mobilization, finance, PrEP awareness and advocacy, M&E and programme management, as well as development of the APCOM online knowledge data hub. He ended on APCOM’s added value to share resources and provide technical support so as to avoid “reinventing the wheel”.

**Nunlada Punyarut, Programme Analyst, UNDP Bangkok Regional Hub**

**‘From B rating to A1. SRs Capacity building in action!’**

Nunlada presented on the capacity development of sub-recipients, which has been accomplished through a risk management approach. She illustrated the significant progress that has been achieved since the beginning of phase 2 on a range of issues, such as governance, programme management standard operating procedures (SOP), financial management SOP, etc. Of note, all sub-recipients have been registered and in 2016 an additional six CBOs have been newly registered in Pakistan. There are now well functioning finance systems in place with skilled finance staff able to provide technical support to their peers. Twenty-six resource mobilization strategies are also now in place, as are programme management SOPs at six sub-recipients. She ended her presentation with reviewing the ways forward in 2016, including improving cost sharing practices, and coaching for new sub-recipients in Pakistan and all the sub-sub-recipients on advocacy seed funding.

**Dr. Ruben del Prado, UNAIDS Country Coordinator in Nepal and Bhutan**

**‘Formalizing the role of participants within the MSA grant towards ending the AIDS epidemic’**

Dr. Ruben motivated participants to formalize their role within the MSA grant towards ending the AIDS epidemic by 2030. He shared the 90-90-90 goal which is to have 90 percent of all people living with HIV know their HIV status, 90 percent of all people with diagnosed HIV infection receive sustained antiretroviral therapy, and 90 percent of all people receiving antiretroviral therapy have viral suppression. Dr. Ruben highlighted gaps in the treatment cascade and emphasized that most grants focus more on case management (testing and treatment) than on case finding (outreach and prevention services) which should be equally reflected and budgeted for in the work plan.

# Session 6: Discussing the transition and planning for 2016

This session discussed the future funding for the regional activities upon completion of the current MSA grant in 2016, as well as the Global Fund proposal to transition the role of principal recipient from UNDP to a community organization. The timeline and required processes were discussed. The session was moderated by Laxmi Narayan Tripathi, Director, Astitva Foundation, India, and Ernest Noronha, Programme Officer, UNDP.

The session led off with a review of the letter that was drafted earlier in the day that would be sent to the Global Fund Board of Directors and the Executive Director. The key messages, format and tone of the letter were collectively discussed and agreed upon by the participants. Participants actively discussed how best to strategically word the letter to have the greatest impact. The letter will be evidence-based and make a strong case for the need for the regional grant to continue to the end of 2017 via a non-costed extension, and to request that the Global Fund looks into the possibility of adding funding so that the grant can continue beyond 2017.

**ACTION:**

* Final version of letter to be sent to the Global Fund Board of Directors and the Executive Director by the CCM Steering Committee Coordinator.

**Philippe Creac’h, Fund Portfolio Manager, Global Fund,** provided an update on the current funding situation for the grant. He stressed that the Global Fund seeks to ensure that there is no stoppage of the grant, noting that it is considered an important grant. It is possible that savings can be reprogrammed for 2017. On funding of the grant for 2017, the Global Fund is looking into options and expects to have an answer within the next 2-3 months. The funding situation for this and all other regional programmes under the Global Fund beyond 2017 is less clear.

Philippe noted that at the beginning of the programme the principal recipient role was envisioned to be a community role. However following serious problems with the previous principal recipient of phase 1, UNDP was brought in to take over the role in an interim manner for phase 2 because of its reliable reputation of managing Global Fund grants globally. He discussed with the group the letter that he had issued to the sub-recipients and the CCM Steering Committee shortly prior to the meeting, which noted that there is the possibility for a change in the role of principal recipient, if the committee so chooses. Any potential change in the principal recipient would require some discussion and agreement amongst the CCM Steering Committee members and UNDP. There are a number of possible modalities in addition to the current arrangements, such as co-principal recipient-ship, having a civil society organization solely take on the role, set up of a management board, etc. The method of selection would also need to be discussed. He encouraged the group to explore options and come up with a plan.

Participants expressed concern over a transition away from UNDP as the principal recipient, at this point in time, to a civil society organization or another modality. They noted that the grant has performed strongly under UNDP and it would be a challenge for a civil society organization to take over in a short period of time.

Philippe emphasized that the important point is for a decision by the group to be made and for a plan to be in place. A transition back to a civil society organization in the role of principal recipient could be part of a longer term plan. He noted that in the event of a decision to transition to a new principal recipient, UNDP could be a reliable partner through a technical advisory role.

**Ernest Noronha, Programme Officer, UNDP,** then led a session on priorities in the months remaining in the current programme (to the end of 2016). The participants broke up into country groups to discuss gaps and priorities focusing on achieving maximum impact and reported back to the larger group.

Key priorities highlighted by participants included:

* Empower community to strategically and effectively advocate with policy makers.
* Development of targeted and innovative information, education and communication materials to aid advocacy efforts with policy makers.
* Consider development of public private partnerships on service delivery to contribute to results achievement.
* Continued follow-up on MESS workshop recommendations to align and enhance reporting tools.
* Further build capacities of health care workers to continue to improve quality of service delivery and reduce stigma and discrimination at health care settings.
* Implement the resource mobilization plans that have been developed, to work towards sustainability of CBOs.
* Development of a monitoring tool to keep track of progress of advocacy efforts towards policy change - short term and long term.
* Strengthen linkages between country grants and regional grants.
* Sensitization of legal, medical, media, law enforcement sectors on stigma and discrimination. Adapt the ‘Time Has Come’ training package to focus on other subject areas and country specific.
* Follow up to recommendations of legal scans and the report of the Global Commission on HIV and the Law, especially regarding advocacy towards repealing anti-sodomy laws in South Asia.
* Increase south-south knowledge exchange to improve programme effectiveness.
* Develop a plan focusing on how to continue the regional priorities of the MSA programme beyond the life of the grant.

# Closing remarks

**Nadia Rasheed, HIV, Health and Development Team Leader, UNDP**, gave closing remarks to the group. She emphasized how the programme is a partnership and that UNDP, in its role of principal recipient, is doing all that it can to extend the programme. At the very least, the goal is to have a non-costed extension through 2017. UNDP is trying to avoid having any sort of gap in programming. It is important to continue to effectively communicate our results. Each country then had a representative also contribute closing comments on the meeting. Participants thanked all who was involved and in facilitating the meeting and making constructive contributions. They also expressed thanks to the support of the Global Fund and voiced optimism on the future of the programme.

# Annex 1: Participants list

**8th CCM Regional Steering Committee Meeting of the Multi-Country South Asia Global Fund HIV Programme**

**Bangkok, Thailand**

**31 March to 1 April 2016**

|  | **Government** | **Civil Society** | **CCM Coordinator/Secretariat** |
| --- | --- | --- | --- |
| **Afghanistan** |
|  | **Dr. M Yonus Bargami** National Program CoordinatorNACP/MoPHE: Mail: bargami@gmail.com Phone: 0093700395402 **Dr. Najibullah Safi, MD, MSc. HPM**A/Director General of Preventive MedicinesMoPH – Afghanistan Mobile: 0093 777 890 855Email: najibullah.safi@gmail.com  | **Dr. Ghulam Farooq Mansoor**Technical Director and Senior Research Manager, HPROEmail: farooqmansoor@gmail.comPhone: 0093788269074 | **Abdul Wahid Wafajow**CCM Secretariate CoordinatorEmail: Afghanccm@yahoo.com, wahid\_w786@yahoo.com Phone: 0093708183376 |
| **Bangladesh** |
|  | **Azam-E-Sadat**Deputy Secretary (WHO) Alternate member BCCM Email: Masadat64@gmail.com  | **Prof. Dr. Md Sharfuddin Ahmed**Vice Chair –Bangladesh CCM (Civil Society),Dean-Faculty of Public Health, BSMMUDhaka, BangladeshEmail: sharfuddin.bsmmu@gmail.com Cell Phone: +8801711542462 | **Manaj Kumar Biswas**BCCM Coordinator /GFATMBCCM SecretariatMinistry of Health and Family WelfareAnsari Bhaban (4th Floor)14/2 Topkhana Road, Dhaka.Cell:+8801718171958Email: bccmcoordinator@gmail.com |
| **Bhutan** |
|  | **Dr. Dorji Wangchuk**Health Secretary/CCM ChairDepartment of Public HealthEmail: drdorjiw@health.gov.bt | **Kencho Tshering**Community CCM MemberEmail: kenchocring14@gmail.com  | **Suneeta Chhetri** CCM CoordinatorCCM BhutanEmail: chhetri.suneeta@gmail.com  |
| **India** |
|  | **Animesh Purohit**Programme Officer (TI)National AIDS Control OrganizationTel:+91-9891252594Email: truckersnaco@gmail.com  | **Laxmi Narayan Tripathi**India CCM Member representing KAP (MSM/TG) constituencyAstitva Trust-NGOTel: +91-9594985000Email: laxmirakasha@yahoo.co.in | **Dr. Sandhya Gupta**India CCM CoordinatorIndia CCM Secretariat Tel: +91-9868171322Email: Dr.sandhyagupta@live.com  |
| **Nepal** |
|  | **Shambhu Kafle**Senior Public Health Officer and focal person for Targeted InterventionNational Centre for AIDS STD ControlEmail: shambhu.kafle@ncasc.gov.np mobile: 9849590715 | **Sanjib Gurung (Pinky)**Chairperson, Blue Diamond Societyemail: bdsboard@gmail.com , Cruiseaids@gmail.com mobile: 9841313377 | **N/A**  |
| **Pakistan** |
|  | **Mohammad Faisal Majeed**Deputy Project Director Punjab AIDS Control Programme Health Department, Government of the Punjab 7-B, LDA Flats, Huma Blcok, Allama Iqbal Town, Lahore Ph(off.) +92 42 3780 2425, Cell No. +92 300 486 2060Email: faisalmajeedch@yahoo.com  | **Dr. Kulsoom Akhtar** Chairperson of Active Help Organization (AHO)Vice Chair of CCM PakistanH # 1, St.# 13,Near Sanaver Center More Samanabad, Lahore. Pakistan AHO Office Sher-e-Rabbani Town OkaraLahore , Punjab 54000Email: activehelp@gmail.com  | **Dr. Sajid Ahmad**CCM Coordinator CCM PakistanE-mail: sajid@ccmpakistan.org.pk Tel:+92-51-9255602  |
| **Sri Lanka** |
|  | **Dr. A.P. Sriyakanthi Beneragama** Consultant VenereologistNSACP, CCM Sri LankaEmail: sbeneragama@hotmail.com  | **T.W. Princy Silva**PLWD MemberCCM Sri LankaEmail: pwnprincy@gmail.com | **Dr. Sulochana Yoganathan**CoordinatorCCM Sri Lanka1st Floor, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05,Sri Lanka.Tel : +94112369066Mobile: +94773435454Email: ccmsrilanka@gmail.com  |

|  |
| --- |
| **Regional Partners** |
| **Abdul Rasheed MD MPH**Executive DirectorYouth Health and Development Organization (YHDO)Email: rasheedajmal@yahoo.com  | **Wangda Dorji**Executive DirectorLhak-Sam Bhutan Network of Positive People (BNP+) Changjalu, Olakha, ThimphuEmail: wangdadorji1@gmail.com | **Namgay Tshering**Program ManagerNational STI and HIV/AIDS Prevention and Control Programme (NACP)Thimphu, BhutanEmail: tsheringjn@gmail.com  |
| **Dr. Shale Ahmed**Executive DirectorBandhu Social Welfare Society (BSWS)99 kakrail, Dhaka- 1000, BangladeshEmail: shale@bandhu-bd.org  | **Dr. Joseph Williams**Director – Projects Voluntary Health ServicesRajiv Gandhi Salai, TTTI Post, Chennai-600113Email: jdw.hfa@gmail.com   |  **Sanjay Sharma**Assisting DirectorBlue Diamond Society (BDS), NepalEmail: sanjaysharmabds@gmail.com  |
| **Umme Farhana Zarif Kanta** Programme ManagerBandhu Social Welfare Society (BSWS)99 kakrail, Dhaka- 1000, BangladeshEmail: Kanta@bandhu-bd.org | **Dr. Arumugam Vijayaraman** Deputy Director ProgrammesVoluntary Health ServicesRajiv Gandhi Salai, TTTI Post, Chennai-600113Email: avraman50@gmail.com | **Madu Dissanayake**Programme ManagerThe Family Planning Association 37/27, Bullers Lane, Colombo-07, Sri LankaEmail: madu@fpasrilanka.org |
| **Hemangi Mhaprolkar**Project DirectorHumsafar Trust (HST)Manthan Plaza, 3rd Floor, Nehru Road , VakolaSantacruz East, Mumbai: 400055Email: hemangi@humsafar.org | **Richa Salvi** Programme ManagerHumsafar Trust (HST)Manthan Plaza, 3rd Floor, Nehru Road , VakolaSantacruz East, Mumbai: 400055Email: richasalvi@humsafar.org | **Medhani Jayawardena** Programme ManagerThe Family Planning Association 37/27, Bullers Lane, Colombo-07, Sri LankaEmail: medhani@fpasrilanka.org |
| **Midnight Poonkasetwattana** Executive DirectorAPCOM Secretariat, 23/6 Soi Napasab 2, Sukhumvit 36, Klongton, Klongtoei, Bangkok 10110, Thailand Tel: +66 8 5360 5200Email: midnightp@apcom.org | **Shankar Silmula** Programme ManagerAPCOM Secretariat23/6 Soi Napasab 2, Sukhumvit 36, Klongton, Klongtoei, Bangkok 10110, Thailand Email: shankars@apcom.org  | **Ali Asghar** Parwaz Male Health Society,Madina Appartments, C12/1 Mezzanine Floor, New Preedy Street, Saddar, Karachi, 74400, PakistanEmail: ali.asghar@parwaz.org.pk |
| **Wajid Ali** Pireh Male Health society17338/88 Ghalib Nagar near Bright Model School, Larkana Email: wajid.ali@pireh.org.pk | **Hassan Amjad** Khawaja Sira Society (KSS)Address: 1379/179 Main peco road kot lakhpat Station, Lahore , PakistanEmail: mianhassanamjad@yahoo.com , moon.ali@kss.org.pk  | **Muhammad Siddique Wali**Humraz Male Health SocietyHouse No. 69, Mughal Manzil, CBH, Main Qazi Qayoom Road, Hyderabad, PakistanEmail: siddique.wali@hmhs.org.pk  |
| **Ali Ikram**Dostana Male Health society House #8, Balwant street #72, Shamnagar,Chuburji, Lahore, Pakistan /Ph: 042-35967884Email: ali.ikram@dmhs.org.pk  | **Umais Bin Tahir**Dareecha Male Health SocietyHouse 648 A, Block F, Satellite Town, Rawalpindi, PakistanEmail: tahirumais@gmail.com  |  |
| **The Global Fund** |
| **Philippe Creac'H**Senior Fund Portfolio ManagerThe Global Fund to Fight AIDS, TB and MalariaGeneva Secretariat, Chemin de Blandonnet 8, 1214 Vernier, Geneva, SwitzerlandEmail: Philippe.Creach@theglobalfund.org | **Ryuichi Komatsu** Senior AdviserTechnical Evaluation Reference Group (TERG)Strategy, Investment, and Impact Divisionemail : ryuichi.komatsu@theglobalfund.org  | **Shahid Khan**Senior Program OfficerSouth East AsiaGrant Management Division The Global Fund to Fight AIDS, Tuberculosis and MalariaChemin de Blandonnet 8, 1214 Vernier - Geneva, SwitzerlandEmail : Shahid.Khan@theglobalfund.org  |
| **Jitendra Mishra**PartnerCSC & Co. | Chartered Accountants Mahamati Bhawan, 175 Gairidhara Marg, Kathmandu-1, NepalT: +977-1-4004580E: jitendra.mishra@cscnepal.com  | **David Wilkinson**Assessment Team LeaderEuro Health GroupLocal mobile: 012 805239International mobile: +855 12 805239Email: davidwilkinson@online.com.kh mekongdavid@gmail.com  |  |
|  |
|  |
|  |
| **UNAIDS** |
| **Dr. Ruben F. del Prado, MD, M.P.H.**UNAIDS Representative to the Federal Republic of Nepal and the Kingdom of BhutanUN House Pulchwok, Lalitpur, Kathmandu, Nepal P.O. Box 107Phone: (+ 977) 1 552 3200, ext. 1710Fax: (+ 977) 1 552 8989Mobile: (+977) 9801 000Email: delprador@unaids.org  | **Dr. Dayanath Ranatunga**Country ManagerUNAIDS Sri Lanka202-204 Baudhaloka Mawatha,Colombo 07, Sri LankaDirect: +94 115 764 667Tel: +94 112 580 691 Ext: 385Email: ranatungad@unaids.org  |  |
| **UNDP Country Offices** |
| **Dr. Mohammad Zubair Harooni**National Programme OfficerUNDP AfghanistanEmail: mohammad.zubair.harooni@undp.org | **Dr. Aurang Zeib,** National Programme Officer, UNDP Pakistan Serena Business Complex, 4th FloorKhayaban-e-Suhrawardy, Islamabad,PakistanEmail: aurang.zeib@undp.org | **Sangay Wangmo** National Programme OfficerUNDP BhutanEmail: dogarzam@yahoo.com  |
| **Pubudu Pathirana** Project Support Officer,UNAIDS Sri LankaM + 94 71 666 35 33 Office Tel. +9411 258 0691 Ext: 3112 Email: pathiranap@unaids.org  |  |  |
| **UNDP Bangkok Regional Hub** |
| **Nadia Rasheed****Team Leader, HIV, Health and Development**UNDP Bangkok Regional Hub3rd Floor, UN Service BuildingRajdamnern Nok Avenue, Bangkok, ThailandEmail: nadia.rasheed@undp.org  | **Edmund Settle** Policy AdvisorUNDP Bangkok Regional Hub3rd Floor, UN Service BuildingRajdamnern Nok Avenue, Bangkok, ThailandEmail: edmund.settle@undp.org  | **Anna Chernyshova**Programme ManagerUNDP Bangkok Regional Hub3rd Floor, UN Service BuildingRajdamnern Nok Avenue, Bangkok, ThailandEmail: anna.chernyshova@undp.org  |
| **Nunlada Punyarut**Programme AnalystUNDP Bangkok Regional Hub3rd Floor, UN Service BuildingRajdamnern Nok Avenue, Bangkok, ThailandEmail: nunlada.punyarat@undp.org  | **Ian Mungall**Programme AnalystUNDP Bangkok Regional Hub3rd Floor, UN Service BuildingRajdamnern Nok Avenue, Bangkok, ThailandEmail: ian.mungall@undp.org  | **Vipat Kuruchittham** Monitoring and Evaluation AnalystUNDP Bangkok Regional Hub3rd Floor, UN Service BuildingRajdamnern Nok Avenue, Bangkok, ThailandEmail: vipat.kuruchittham@undp.org  |
| **Nutnita Limpanonda**Programme AssistantUNDP Bangkok Regional Hub3rd Floor, UN Service BuildingRajdamnern Nok Avenue, Bangkok, ThailandEmail: nutnita.limpanonda@undp.org | **Ernest Noronha**Programme OfficerUNDP Bangkok Regional Hub3rd Floor, UN Service BuildingRajdamnern Nok Avenue, Bangkok, ThailandEmail: ernest.noronha@undp.org |  |
|  |  |  |

# Annex 2: Agenda

**DAY 1, Thursday 31 March**

|  |  |
| --- | --- |
| **TIME** | **TOPIC** |
| **8:30 – 9:00** | **Registration**  |
| **9:00 – 10:00** | **OPENING & INTRODUCTION****Contextualizing the meeting**: Objectives, expected outcomes and introductionThe moderator will explain the goal and objectives of the meeting and will request participants to introduce themselves. **Opening Remarks*** **Nadia Rasheed**, Team Leader, HIV, Health and Development, UNDP Bangkok Regional Hub
* **Philippe Creac’H**, Fund Portfolio Manager, Global Fund to Fight AIDS, TB and Malaria
* **Steve Kraus**, UNAIDS Regional Director, Bangkok
* **Shale Ahmed**, Executive Director, Bandhu Social Welfare Society, Bangladesh

**Moderator: Edmund Settle, Policy Advisor, UNDP** |
| **10:00 – 10:30** | **Session 1: CCM Steering Committee governance issues**  |
| **Objective** | * To review and endorse the 7th CCM Regional Steering Committee Meeting minutes
* To follow up on recommendations of the last meeting in March 2015.
* To elect a new CCM Regional Steering Committee Coordinator.

**Moderator: Manaj Kumar Biswas, CCM Coordinator Bangladesh** |
| **10:30-10:45** | **TEA BREAK** |  |
| **10:45-11:30** | **Session 2: Regional, MSA programme snapshot**  |
| **Objective** | The objective of this session is to update the CCM Regional Steering Committee on the regional context of human rights, law and HIV epidemic among men having sex with men and transgender people. A snapshot of the 2015 MSA grant results will also be presented. **Edmund Settle, Policy Advisor, UNDP – “HIV, law and human rights of sexual minorities in Asia Pacific”****Anna Chernyshova, Programme Manager, UNDP – “MSA grant 2015 snapshot – from good to great!”** |
| **11:30 – 13:00** | **Session 3: Strategic information** |
| **Objective** | The objective of this session is to review countries progress towards reliable data on HIV, MSM and transgender people.**Panelists:** **Namgay Tshering, Programme Manager, NACP, Bhutan –** “Progress in improving strategic information for MSM and TG people population in Bhutan”**Dr. M Yonus Bargami**, National Programme Coordinator, Afghanistan. “Inclusive HIV Strategic Programme. Follow up to MESS report in Afghanistan” **Dr. Mohammad Faisal Majeed**, Deputy Project Director, Punjab AIDS Control programme, Pakistan. “HIV and sexual minorities based on the recent results of IBBS and size estimation study in PACP”**Dr. Animesh Purohit**, Programme Officer, NACP, India – “MSM and TG people remain the key affected population for HIV based on the recent studies among the MSM and TG people in India” **Moderator: Dr.Dorji Wangchuk, Health Secretary/CCM Chair, Bhutan** |
| **13:00 – 14:30** | **Lunch Break and Group Photo** |
| **14:30 – 16:30** | **Session 4: Policy, advocacy, human rights, legal framework, stigma and discrimination**  |
| **Objective****Presentations (20 minutes each)** | The objective of this session is to update the CCM Regional Steering Committee on countries progress in the areas of policy, advocacy, human rights and legal framework.**Panelists:** 1. **Arumugam Vijayaraman, Deputy Director**, Voluntary Health Services, India – “From sensitization workshops to Policy Changes at the State level for transgender people in India”
2. **Sanjay Sharma, Assistant Director,** Blue Diamond Society, Nepal – “Advocacy resulting in breakthrough Constitutional provisions”
3. **Shale Ahmed, Executive Director, Bandhu Social Welfare Society, Bangladesh –** “Working with broad spectrum of stakeholders in bringing positive change”
4. **Namgay Tshering, Programme Manager, NACP, Bhutan** – “Towards creating an Enabling environment for sexual minorities in Bhutan”
5. **Madu Dissanayake, Programme Director,** Family Planning Association, Sri Lanka **–** “From Advocacy to Action in Sri Lanka”

**Contributions from other countries on their developments in these areas in 2016** **Moderator: Ruben del Prado, UNAIDS Country Coordinator in Nepal and Bhutan** |
| **16:30 – 16:45** | **Tea Break** |
| **16:45 – 17:30** | **GF evaluators structured interviews with individual CCM members** Selected CCM members will participate in the structured interviews with the GF evaluation team. The aim of the review, which was commissioned by the independent Technical Evaluation Reference Group (TERG) of the Global Fund, is to gain systematic and critical evidence and lessons learned from regional/multi-country grants and further inform discussions within the Global Fund Secretariat and Board on allocations for future regional and multi-country grants. The emphasis of the review is on helping Global Fund look forward, rather than conducting a retrospective evaluation of specific grants. The review objectives are:* To assess strengths and weaknesses of a selection of regional/multi-country (R/MC) grants throughout the GF grant cycle
* To identify and understand bottlenecks encountered at different stages of the cycle
* To identify in which circumstances R/MC grants can add value / make larger impact over national grants
* To propose parameters to consider for better governance arrangements and alignment with national governance mechanisms
 |

**DAY 2, Friday, 1 April**

|  |  |
| --- | --- |
| **TIME** | **TOPIC** |
| **9:15 – 09:30** | **Recap of Day 1**Aurang Zeib, Programme Officer, UNDP Pakistan |
| **09:30 – 11:00** | **Session 5: Community mobilization, capacity building and organizational development**  |
| **Objective****Presentations (20 minutes each)** | The objective of the session is to update the meeting on the progress with developing community based organisations within the Programme.**Panelists:****Hemangi Mhaprolkar/Richa Salvi**, Programme Director, Humsafar Trust, India – “Stronger Community for improved advocacy on the ground. Seed Funding experience and raising CBOs capacities in India”**Wandga Dorji**, Executive Director, Lhak Sam, Bhutan – “Emerging sexual minorities community in Bhutan”**Umme Farhana Zarih Kanta**, Programme Manager, Bangladesh – “Raising capacity of grass roots organisations in Bangladesh” **Dr. Abdul Rasheed**, Executive Director, Youth Health and Development Organisation, Afghanistan – “Supporting communities in Afghanistan”**Moon Ali**, Programme Manager, Dareecha Male Health Society, Pakistan – “Community work in Pakistan, testing and treatment cascade in action” **Shankar Silmula**, Programme Manager, APCOM - Building Effective Communities: Leadership and Organisation Development**Nunlada Punyarut**, Programme Analyst, UNDP Bangkok Regional Hub, “From B rating to A1. SRs Capacity building in action!”**Moderator: Laxmi Narayan Tripathi, Director, Astitva Foundation, India, CCM member** |
| **11:00 – 11:15** | **Tea Break** |
| **11:15 – 13:00** | **Session 6: Planning for 2016** |
| **Objective****Group work****Presentations** | Group work by countries discussing gaps and priorities by countries focusing on achieving maximum impact by the end of the current Programme**Moderator: Ernest Noronha, UNDP Programme Officer, Bangkok regional Hub** |
| **13:00 – 14:30** | **Lunch break** |
| **14:30 – 16:30** | **Session 7: Discussing transition**  |
| **Objective** | This session will discuss the future funding for the regional activities upon completion of the current MSA grant in 2016 as well as the GF proposal to transition the role of Principal Recipient from UNDP to another Principal Recipient. Timeline and required processes will be discussed. **Philippe Creac’h, Fund Portfolio Manager**, Global Fund, Geneva General discussion |
| **16:30 – 17:00** | **Closing remarks**  |