

Report of the Global Fund Pre-Board Meeting of South-East Asia (SEA) Constituency Meeting

(Virtual)

Date: 4 - 6 May 2020



Contents

1. Appointment of Chair, Co-chair and Rapporteur.....	4
2. SEA Constituency Updates from December 2019- May 2020 & SEA Leaderships update from November.	4
3. SEA Countries' status - GF Grant Allocation for 2021-2024.	5
4. Technical Update on TB, Malaria and HIV in the SEA Region.....	6
5. Discussion issues relevant to present the agendas of the 43rd GF Board Meeting.	10
6. Present draft position paper of the SEA constituency on the 43rd GF Board Meeting agenda.	10
7. Assign Agenda Items to delegates taking the floor of the board among the SEA Delegates at 43rd GF Board Meeting.	11
8. Update/Experiences about COVID-19 Response in the SEA Regional Countries	12
9. RCM Updates and Endorsement.....	14
9.1. Highlights of the issues of RCM for the year 2018-2020.....	14
9.2. 1st RCM Meeting Recommendations and Follow up	15
9.3. RCM Secretariat:.....	17
10. Update about the COVID-19 Support and Response to the SEA Regional Countries from the Global Fund Secretariat/GF Governance.	17
11. Update on the Board Committee Decisions and Governance by the GF Governance Team.	18
12. Nomination for BM and ABM by Election/Selection Committee	18
13. Conduction of Election of Board Member and Alternate Board Member	19
14. Documentation of Election of New Board Member and Alternate Board Member	19
15. SEA Leadership Transition Plan by June 2020 and handover process to new SEA Leadership and Documentation required for handover process.....	19
16. Annexure A: List of participants of the Global Fund Pre-Board Meeting of South-East Asia (SEA) Constituency Meeting (Virtual).....	23
17. Annexure B: Agenda of the Global Fund Pre-Board Meeting of South-East Asia (SEA) Constituency Meeting (Virtual).	22

Inaugural Session

Professor Mohammad Abul Faiz, Board Member, SEA Constituency, welcomed all participants during the inaugural session of the SEA Constituency held virtually. He apprised that this meeting is being held before the 43rd Global Fund Board Meeting scheduled on 14-15 May 2020, which will again be a virtual meeting.

He shared concerns that this Global Pandemic of COVID-19, which is a health crisis, a social crisis, and an economic crisis, is causing unique challenges for SEA countries in the three diseases - HIV, TB and Malaria. Many countries may be facing challenges due to extensive closure ('Lock Down') - in conducting activities like net distribution, follow up TB patients, or supply of commodities to the clients.

Professor A. Faiz added that SEA countries have examples of best practice in some areas and ongoing massive impending problems related to community transmission of COVID-19 in others. But also at this juncture core mandate of the GF, in the grant implementation, and the grant making process for the next cycle, etc cannot be ignored.

Possibly in disguise COVID-19 is an opportunity for improving the Health System, public health system where 'no one will be left behind'.

Dasho Kunzang Wangdi, Alternate Board Member, SEA Constituency joined the Board Member in welcoming the participants, and thanked all for finding time to attend the SEA Pre-Board Meeting.

Business Session

Day 1: 4 May 2020

The meeting began with a round of introduction. Dr. Suriya Wongkongkathep was congratulated for being selected as the GF Strategic Committee Member representing SEA from May 2020 to June 2022 by the BM. In addition, the CFP updated that Ms. Bharati Das has been selected as the Member of the Audit and Finance Committee of the Global Fund. SEA Leadership, CCM Members of SEA region countries, and officials from WHO and UNAIDS were present during the meeting. List of participants is attached at Annexure A.

1. Appointment of Chair, Co-chair and Rapporteur

Prof. M A Faiz, Board member, SEA Constituency as Chair and *Dasho* Kunzang Wangdi, Alternate Board Member as Co-Chair was proposed for the business session by CFP, Bangladesh and seconded by all CCM SEA members present. Mr. Sonam Dorji, CCM Chairman, Bhutan and Ms. Suneeta Chhetri, Bhutan CCM Coordinator was proposed as Rapporteur by CFP, Bangladesh and seconded by CCM SEA members present.

2. SEA Constituency Updates from December 2019- May 2020 & SEA Leaderships update from November.

Prof. M. A. Faiz, Board Member, SEA Constituency shared that BMs attended a number of online meetings in preparation for the SEA Constituency meeting and then attended SEA Constituency Meeting. BMs attended the Constituency Leadership Transition Planning meeting. BMs met with WHO SEARO Officials and Secretary MOHFW in Delhi, India, and prepared for and attended the RCM Meetings.

BMs prepared for and attended the Board Meetings, and many other GF Committee Meetings, Retreat, GF Replenishment Meeting, etc and many online meetings and importantly the BMs also attended weekly updates calls from the Executive Director on COVID-19 Response. The GF formed a COVID-19 Response Team and came up with mechanisms to support countries in COVID-19 Response. The COVID-19 Response document highlights the importance to protect people now and continue efforts to fight the three diseases. The COVID-19 pandemic is having a catastrophic impact on the most vulnerable communities worldwide and threatens progress against HIV, TB and Malaria. The report therefore emphasizes the greater need for countries to work in unity.

The BMs voted on a number of electronic decisions, funding recommendations, approved the report of the Global Fund 42nd Board meeting, appointment of the Chairs and Vice Chairs of the Standing Committee of the board, appointment of the Replacement Member on the Strategy Committee, Annual Financial Report & Statutory Financial Statement of 2019, COVID 19 Response for Business Continuity, Support to Country CCMs, Board Related Information and decisions to the Constituency Members CCMs, Communication department news release of the GF Secretariat and Board.

The Constituency Members CCMs of SEA were shared with the Board Related Information and decisions by email.

BM also updated that the community groups and civil society have asked of the Global Fund as a partner in the COVID-19 Response to:

- Guarantee that human rights, gender equality and dignity are respected and integrate human rights based approaches in any responses developed in the fight against COVID-19.
- Involve community and key and affected populations in all discussions including for pandemic preparedness, responses and monitoring of COVID-19.
- Ensure continuity of HIV, TB and malaria service delivery - on committed targets; viability of supply chains at the national and global levels – including with the aim to ensure that key programs to find and treat people with HIV, TB and malaria remain fully funded and ambitious as a key strategy to protect their health and reduce their vulnerability to COVID-19 while protecting community and other health care workers and addressing lab constraints and diversion of resources.
- Safeguard the Universal Health Coverage principle of “Leave No-one Behind”.
- Protect community health workers against COVID-19.
- Actively support efforts to innovate and find point-of-care diagnostics, treatments and eventually, a vaccine that are all affordable and accessible.

3. SEA Countries’ status - GF Grant Allocation for 2021-2024.

Bangladesh submitted their GF proposal in the 1st window (23 March 2020). They had requested for two consultants but were not able to physically support them due to COVID-19. Bangladesh is currently working their proposals to be submitted in the second window (25 May 2020).

The CCM Coordinator, Bangladesh informed that GF kept changing the proposal strategy, and this brings challenges to the CCM. In this context the BMs were requested to take it to the Strategy Committee with support of Dr Surya Wongkongkathep, who will be its member soon.

Bhutan received the GF allocation amount of USD 3,534,817.00 for the three diseases and RSSH for 1 July 2021 to 30 June 2024. Call for PR is completed which was advertised in print and broadcast media. Only the Ministry of Health applied as an applicant. Bhutan will be submitting a TB/HIV joint proposal for the first time. Usually Bhutan receives TAs from WHO and UNAIDS to support in the proposal development physically, but since the last grant, Bhutan has been receiving virtual support from the technical partners, so Bhutan will continue with such assistance. PR’s public call for SRs completed with public announcement through print and broadcast media. Malaria has received one applicant and HIV has received two, all are from CSOs. Bhutan has always met the 15% co financing requirement, and Bhutan has achieved its previous grant’s 15 % co financing requirement. Proposal development progress is on going now as per the timeline. Bhutan will submit their proposal in the third window (31st August 2020).

There are challenges in terms of consultation with KAP, CCM, and other stakeholders, due to COVID-19 risks as well as their full engagement in the COVID-19 response.

India has Government and CSO PRs to fight against the three diseases. Stakeholders meetings conducted, and disease specific technical committees are formed and they are with PR on the proposal development, due to COVID-19 certain setbacks are there but India is still on track to submit the proposal by the 2nd window (25 May 2020). However, CCM will meet in a couple of days and will accordingly finalise the draft proposal and also on the proposal submission window.

Indonesia submitted a TB and Malaria proposal using Tailored to the NSP by the 1st window. TB and Malaria proposed for full amount allocated, and PAAR, the proposal is now under review by TRP. A funding request for HIV, due to lack of data, etc, could not be submitted by the 1st window, and now the HIV proposal will be submitted by the 2nd window (25th May 2020).

Maldives is not in the eligible list of the GF grant allocation 2020-2022. The COVID-19 has greatly impacted efforts in the three diseases, especially the migrant populations. The Coordinator added that he hopes that the Global Fund understands this new difficult circumstance and supports Maldives at least through any regional grants, and urged the SEA Leadership to note this.

Myanmar has Myanmar Health Coordination Committee and a smaller group of MHCC is the Executive Working Group which has a new chair (from Government) and a vice chair (from CSO). MHCC has applied for the GF grant for HIV, TB and Malaria for a 3 year period. TA from SEARO/ WHO but could not use their service due to COVID-19. Proposal is planned to be submitted within the 1st window. Awaiting response from GF. Myanmar Dr .. TB, HIV, Malaria amount. Myanmar included in the RAI 3 E grant for Malaria. WHO SEARO provided a mock review on the proposal. Myanmar is working on the proposal development. MHCC has submitted the funding request for COVID-19 Response GF.

Sri Lanka received GF allocation 2020 - 2022 for HIV and TB and amount USD 99.4m, and USD 875,000 on reimbursement basis for Malaria, post elimination. Sri Lanka availed the 5% for COVID-19 Response from current grant.

Thailand has three Global Fund grants, first is the Joint TB/HIV grant for which the Global Fund has allocated USD 13 million. Thailand has postponed this proposal by the 2nd window due to rigorous consultations required with consultants and constituencies/ communities, also due to COVID-19. Second is the Regional Malaria grant which was successfully submitted in the 1st window, and is awaiting response after review by TRP. Regional TB grant - Greater Mekong with 5 countries is the ongoing grant until next year.

Timor Leste CCM based on thorough assessment made the decision to change the program split allocated by the Global Fund, as Malaria in Timor Leste is in the elimination phase and for prevention of reintroduction of Malaria the fund was required more for TB. RSSH component was maintained with at-least 10% in all three diseases. Timor Leste has started working on proposals development, consultations are going on despite the current COVID-19 situation. Timor Leste will be submitting by the 2nd window (25 May 2020).

4. Technical Update on TB, Malaria and HIV in the SEA Region

Dr. Partha Pratim Mandal, WHO, SEARO presented on the South East Asia Regional Perspectives on TB, Malaria and COVID-19.

TB status is based on Global TB Report 2019. The SEA region constitutes 26% of the global population, 44 % global TB cases in the region. So 7% of notified TB cases are within the age range of 0 to 14 and there are around 35% of global burden of latent TB infection. More than 50 % of global deaths related to TB occur in the SEA region and more than 34 % of global burden of RR/MDR - TB take place in the SEA region. Treatment success was as high as 83.7 % for Drug sensitive TB in 2017, and MDR TB treatment was as low as 52%, lowest in the world. TB preventive treatment coverage is extremely low that is 15% among the PLHIV and 26% in children less than 5 years of age. Slow decline in TB incidence is a cause of concern for the region as of now. Some improvement in case notification in countries such as Myanmar, India, and Indonesia, but the decline in incidence is still slow. There has been much discussion on how to address this concern.

Concerning the milestones to End TB by 2025, the three important indicators include reducing the number of TB deaths, which should be 70% decline compared to the 2015 baseline and 90 % by 2030 and 95 % by 2035. Second indicator is percentage reduction in the TB incidence rate by 50% compared to 2015 baseline, and 90% by 2035. Third indicator is the percentage of TB patients and household experience in catastrophic cost due to TB this should be 0 all throughout 2020, 2025. However many countries do not have the baseline information and surveys have not been carried out, except for Myanmar and Timor Leste. Thailand, Bangladesh and India are working on it, and India has some small figures.

Focusing on Latent tuberculosis infection (LTBI) treatment, 587 m people out of an estimated 1.7billion infected by TB globally live in SEA region countries of which 43.4 m out of 587m are children below 15 years of age.

UN High-Level Meeting (UNHLM) made a commitment for TB; there are 10 recommendations and declarations. WHO adopted a multi-sectoral accountability framework to end TB as requested by the World Health Assembly and the UN General Assembly, with this there are targets set for each country. He highlighted that countries working on their NSP should ensure including those targets or may even set higher targets.

Malaria: It was pointed out that malaria endemic in 9 of 11 SEA Region accounts for 50 % of burden outside WHO African Region. 98 % of malaria cases are from three SEAR countries that are India (58%), Indonesia (30%), and Myanmar (10%). Despite being the highest burden country in Malaria, India has shown a steady reduction of cases. Bhutan has few indigenous cases and mostly imported cases and Bhutan and Timor Leste are at the pre elimination stage. Maldives and Sri Lanka are declared malaria free. SEA region countries have strategic plans to eliminate malaria by 2030 and there is a continuing decline in malaria cases.

On COVID-19 in SEA region countries, all programs including HIV, TB and Malaria have multiple guidelines since early February 2020 from WHO, there have been more guidelines with revision from April 2020 on how to maintain continuity of services during COVID-19.

On the Global Fund's first mechanism to COVID-19 Response to use savings and re-programme activities for those affected due to COVID-19 from the current grant of the three diseases. The total amount for COVID-19 Response in the SEA region accounts to USD 18,576,351 with details of each country as given below:

Bangladesh:	USD 1,072,431
Bhutan:	USD 177,203
India:	USD 1,037,650
Indonesia:	USD 8,596,103
Myanmar:	USD 5,362,753
Nepal:	USD 990,804
Sri Lanka:	USD 492,023
Thailand:	USD 450,800
Timor-Leste:	USD 396,584

In addition GF has come up with a second mechanism in COVID-19 Response to support countries with a total of USD 1 billion. He informed that SEA member countries have not taken advantage of this second mechanism yet. The format for the proposal is straightforward, so he urged the SEA to consider applying for it, and the deadline for submission is 31 May 2020.

Dr Mandal also informed that GeneXpert cartridges are low in stock globally and new brand cartridges are currently at WHO prequalification stage. So to avoid any shortages, countries should approach the Global Fund and place orders through the wambo mechanism or the Global Drug Facility (GDF).

On COVID-19 Challenges, Dr Mandal highlighted that the three programs performance has declined since the first quarter of 2020. There has been a decrease in case finding, mainly affected due to "lock down". With most country's movement restrictions because of COVID-19 from April 2020, her decline, case finding ranged from significant to severe. WHO SEARO is also supporting countries in regard to drug stocks.

On the Proposal development for GF grant for allocation 2020-2022, WHO has supported some countries and submitted in 1st window and is continuing the support to those countries who are submitting in 2nd and 3rd window.

HIV

Dr. Shona Wynd, Senior Policy Adviser, Regional Support Team, Asia and the Pacific, UNAIDS made a regional update on HIV. She began her presentation highlighting that with the current pace of decline in new HIV infections, South-East Asia is falling short of the 2020 Fast-Track Target to eliminate HIV by 98,000. HIV therefore remains a major public health problem in the region. The 2020 estimate based on current trend shows 153,000 new HIV infections. The Fast track target 2020 is 55,000 new HIV infections. HIV remains a major health issue in SEA, four countries account for 99 % of the burden, with India (63%), Indonesia (17%), Thailand (13%) and Myanmar (6%) and others (1 %). The HIV prevalence continues to be higher among the key populations in the SEA region, the high burden of HIV is in the key populations (KPs). Indonesia, Thailand and Myanmar have high HIV prevalence in the population with injecting drug users (PWID). There is overall decline in the new HIV infections. The young people among the age group of 15- 25 show an increase with HIV prevalence. The mother to

child transmission of HIV has stagnated. The data shows that the HIV prevalence among the key populations and condom use has direct correlation; high condom use has resulted with lower HIV prevalence, the data is taken in case of key population particularly female sex workers (FSW) and transgender (TG) population. PWID's condom use data is fragmented and HIV prevalence is high, this is concern both to them and their sexual partners, because without condom use there is higher risk of onwards HIV transmission, this needs focus of prevention methods.

Progress towards 90-90-90 Fast-Track treatment targets in South-East Asia Region, 2018 data indicated that there is still not enough HIV testing, there is a 30% gap between people living with HIV estimates and those who have been tested. It also shows that only 50% of PLHIV are being treated and 52% of PLHIV are not virally suppressed, this means PLHIV are missing out on their life saving treatments, and it also means that there is a problem with the onwards HIV transmission, be people without viral suppression can pass the disease to others.

The SEA region is missing the 2020 treatment target by more than half a million on treatment scale-up with the current pace. The Fast Track target 2020 to treat people on antiretroviral therapy (ART) is 3.5 m people but only 2.5 m people will be on ART by 2020. There is a stronger effort needed to scale up treatment by building linkages cascade, by achieving beyond the 90-90-90 target, i.e., increasing the testing around those populations, and then put all those people living with HIV on treatment with ART quickly and ensure that they stay on treatment, to achieve viral suppression.

The HIV treatment 90-90-90 target 2020 is ambitious, but an achievable that is 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression, The South-East Asia countries' progress towards 90-90-90 targets in 2018 has variations with Thailand doing very well 94% (aware of their status), 80% (population on ART), 95 (Virally suppressed), and many countries still need to step up, and some countries lack data.

Status of roll out of pre-exposure prophylaxis (PrEP) in SEA region

On the query from Myanmar on the status of roll out of pre-exposure prophylaxis (PrEP) for HIV prevention among key higher-risk groups in the region. Dr. Shona Wynd updated on the proportion of MSM among estimated adult new HIV infections and availability of PrEP in select countries as of June 2019. The update on PrEP was based on Global AIDS Monitoring Report 2019, and UNAIDS 2019 HIV Estimates. Countries are put under the three categories - 'Rolling out PrEP,' 'Trialing' PrEP and 'Planning PrEP.' Thailand and Vietnam have initiated PrEP projects at national scale. Myanmar, Cambodia, Indonesia, Pakistan and Sri Lanka are under planned PrEP Pilot Demonstration stage. Malaysia, the Philippines and Nepal are under Pilot PrEP demonstration stage. Bhutan does not have a PrEP programme currently. India has completed a PrEP demonstration project and China has a current demonstration project on going.

5. Discussion issues relevant to present the agendas of the 43rd GF Board Meeting.

CFP informed the floor that GF allows only 10 participants to the 43rd Board Meeting scheduled to take place on 14 - 15th of May 2020. Based on the agreed alphabetical chronology of representation, CCMs from Bangladesh, Bhutan, Nepal, India, Sri Lanka, Maldives and DPRK have been invited. He has 8 participants as of now (given below), and two slots remain vacant. In this regard, CFP shared that two new members of SEA Leadership (to be elected) will be considered for participation.

1. Dr. M.A. Faiz, Board Member;
2. Dasho Kunzang Wangdi, Alternate Board Member;
3. Mr. Manaj Kumar Biswas, CFP, Bangladesh;
4. Mr. Achut Sitaula, CCM Vice Chair, Nepal;
5. Dr. Lakshmi Sunmatunga, CCM Vice Chair, Sri Lanka;
6. Mr. Ahmed Afaal, CCM Chair, Maldives;
7. Mr. Sonam Dorji, CCM Chair, Bhutan; and
8. Dr. Jigmi Singay, RCM Coordinator.

6. Present draft position paper of the SEA constituency on the 43rd GF Board Meeting agenda.

Consultations for Development of the next Global Fund Strategy

BM informed as they are attending the GF Committee meeting this afternoon regarding new strategy development. The Global Fund currently has Strategy 2017-2022 investing to end epidemics has activities operationalised. It has four areas to maximize impact against HIV, TB and malaria, build resilient and sustainable systems for health, promote and protect human rights and gender equality, mobilize increased resources. In addition to this strategy there are two strategic enablers - innovation around the development continuum and mutually accountable partnership. Due to COVID-19, no concept paper could be developed, as part of consultation, feedback from the SEA to develop the new strategy.

BM asked for feedback on the components of the present Strategy document, he informed in reality the building resilient and sustainable systems for health did not reflect in the program. In addition, COVID-19 teaches us to have a strategy for 3 diseases in such situations.

Dr Surya informed that the GF is currently only placing the timeline and there is a long way to go on the matters for the new Strategy. CFP added that the decisions on the new strategy will be only towards the end of 2021.

Nevertheless Mr Filipe, Timor Leste, who was part of the development Strategy 2017-2022 process, as a committee member, suggested that SEA can already discuss in the lines of higher allocation for TB, and on COVID-19 and similar situation of disasters, and in case of Maldives

too, to deal with such crisis and challenges it brings to the program interventions in three diseases.

7. Assign Agenda Items to delegates taking the floor of the board among the SEA Delegates at 43rd GF Board Meeting.

The SEA Country delegates were assigned the agenda items as follows:

1. GF/B43/01: 43rd Board Meeting Agenda to Alternate Board Member Dasho Kunzang Wangdi, Bhutan;
2. GF/B43/02: OIG 2019 Annual Report and Opinion on Governance, Risk Management and Internal Controls to Dr. M. A. Faiz, Board Member, Bangladesh;
3. GF/B43/03: OIG Joint Agreed Management Actions Progress Report to Alternate Board Member Dasho Kunzang Wangdi, Bhutan;
4. GF/B43/04: Annual Report on Community, Rights and Gender to Dr. Ahmed Afaal, CCM Vice Chair, Maldives;
5. GF/B43/05: Update on Strategy Development to Dr. M. A. Faiz, Board Member, Bangladesh;
6. GF/B43/06: 2019 Annual Report and Opinion of Ethics Officer to Mr. Sonam Dorji, CCM Chair, Bhutan;
7. GF/B43/07: Recommendation of the Governance Culture Initiative Phase II to Dr. Lakshmi Sunmatunga, CCM Vice Chair, Sri Lanka;
8. GF/B43/08: Report of the Coordinating Group to Mr. Sonam Dorji, CCM Chair, Bhutan;
9. GF/B43/09: Recoveries Report to Dr. Jigmi Singay, RCM Coordinator;
10. GF/B43/10: Strategic Performance Reporting (end-2019) to Mr. Achut Sitaula, CCM Vice-Chair, Nepal; and
11. GF/B43/11: Risk Management Report and 2019 Annual Opinion of the Chief Risk Officer to Dr. Lakshmi Sunmatunga, CCM Vice Chair, Sri Lanka.

ABM suggested the CFP (Bangladesh) to share the documents to the respective Country CCMs. In addition he suggested feedback on the position paper.

8. Update/Experiences about COVID-19 Response in the SEA Regional Countries

Bangladesh: Dr. M.A. Faiz, Board Member, SEA Constituency on behalf of CCM, Bangladesh updated the COVID-19 situation in Bangladesh. There are 10140 positive COVID-19 cases as of 4th May 2020 of which 1209 have been recovered. On 4 May 2020, the government issued a lockdown extension till 14 May 2020. Public are advised to strictly follow health advisories. Educational institutions are closed. All three programs are impacted due to COVID-19.

Bhutan has prevented the local transmission and is also prepared for the worst case scenario today. On 5th March 1st COVID-19 positive case detected - a 76 year old American man (tourist). Contract tracing was conducted (within 7 hours) of first case known, and accordingly all put in quarantine facilities. Mandatory quarantine for returnees at Government provided facilities, extended to 21 days from March 28 onwards.

In early March 2020, Flu Clinics were set up around the country together with Health Ministry's hotline. Flu Clinics also screen for HIV, TB and Malaria. Essential medicines supply maintained for 9 months. National COVID-19 Media team was formed to tackle fake news with support of Private Media houses. His Holiness the Je Khenpo (Religious head) delivered an address and prayers on national television, and advised the people to listen to health advisories. Regular press conferences were conducted by the Honourable Prime Minister, Minister for Health, and also the Foreign Minister on TV and Facebook.

Under the command of His Majesty the King, Bhutanese residing in the border areas were evacuated and shelter provided before lockdown was declared in India. His Majesty announced the closure of the Border National television, following which public gatherings, travel, entertainment and sports were also restricted.

On April 14, 2020, Druk Gyalpo's Relief Kidu was launched for those affected by COVID-19. Loan interest waived off for 3 months and loan payment differed by 3 months. In addition, Nu. 30 billion injected as economic stimulus plan. With Solidarity donations for COVID-19 comes from all walks of life, teachers, farmers, private individuals, civil servants, business community, hoteliers, shopkeepers, pharmacy shops, students and those working abroad, a National COVID-19 Response Fund set up.

Druk Trace App, a contact tracing mobile app initiated, data from it recorded with Health Ministry in real time, helpful if incase Bhutan has local transmission.

As of today, Bhutan has 7 positive covid-19 cases (all imported) of which 5 recovered, and no deaths.

India: Due to COVID-19, patients of three programmes suffered, though steps are being taken to enable the people access to continued health services, with the provisions for drug supplies at the door steps. The lockdown is helping in flattening of the curve. Lockdown is a successful initiative to prevent new cases. Health services via call centers and grievances mechanisms are put in place and for those who are facing difficulties. The services however are limited to mitigating the severe challenges. LLIN distributions are delivered to houses, however there are concerns. The HIV community is more prone to facing more severe challenges. Thus, care and support centers are established and PLHIV patients are issued with drugs for 2 months. Such affected people are being advised to interact through call centers with the relevant agencies. TB - GenXpert Covid-19 cartridges are due to arrive soon and efforts are put in place to ensure enough stock. In all attempts patients are safe and services are continued and looking forward to bringing the other health services together in this manner.

Maldives: has 531 COVID-19 confirmed cases which started as local transmission, and targeted interventions are not there in the three diseases. Maldives is under lockdown, and migrant populations are the most severely affected the most are not under the country's services. Minimum services not to be disturbed, TB for 5 months and HIV for 3 months. Not received any grant or aid, but it is important to get access to fund for those out for migrant populations. Concerns have been raised to the BMs to raise the issue in the position paper.

Myanmar: Starting from January 5, 2020 the Minister directed the workforce at entry points to direct and develop necessary guidelines to improve the situation. They have also enhanced laboratory and clinical services to conduct testing. Minister having previously worked in WHO, under his guidance and supervision, the country was able to adhere to WHO guidelines and initiate timely preparedness to mitigate covid-19 situation in the country. The State Counsellor led the National Level Committee to initiate COVID-19 responses and the Government developed Contingency Plans both at Government as well as Ministerial Level. International travels are stopped first starting from China and gradually closing all international entry points. Currently, Myanmar has its own laboratory capable of testing the COVID-19 infection. In the current weeks, there is a local transmission and the whole country is under lockdown. Once the lockdown is lifted, plans to bring back Indonesians from abroad shall take place and quarantine facilities are planned for them.

Nepal is under lockdown since March 24, 2020 with possibility of further extension of lockdown. Nepal's border with China and India both remains sealed. Nepal's Covid-19 situation is in Level-II currently. Routine services are affected however needy services to HIV and TB are being arranged as special services from the Government and relevant stakeholders. Virtual consultation between and among Central, Local and Provincial level governments are pursued vigorously. As the Nepal CCM meeting scheduled to take place shortly, Member expressed his inability to attend the pre-board meeting for the rest of day.

Sri Lanka has 755 confirmed positive cases of COVID-19, of which 197 people recovered. till date 8 people have died of COVID-19. Sri Lanka is at Phase 3 stage and the country is seriously undertaking 'Active Surveillance' and in the last 24 hours, through the active surveillance scheme, 32 cases found through active surveillance and 5 from the hospital. Sri Lanka is working hard to prevent local transmission.

Indonesia has a total of 11,587 confirmed COVID-19 positive cases of which 1954 have recovered while 864 people have lost their lives as of date. TB and HIV resources are being taken over by COVID-19 in Indonesia. Most of the TB resources including the staff, lab and drugs and HIV resources are also appropriated for Covid-19 response. 10 percent of the current GF Grant of USD 26 million is also reprogrammed as part of COVID-19 Response fund. Indonesia is encouraging physical and social distancing, work from home and limited face to face meetings. The member thanked the SEA Leadership for giving the opportunity to share Indonesian experience and their COVID-19 situation.

Thailand has 2963 confirmed cases which first started in January 2020. There are 54 reported with more than 2700 having recovered. Thailand is under semi-lockdown. The government is promoting social distancing and mass crowding.

Timor Leste: The first COVID-19 confirmed case in Timor-Leste started in the month of January 20, 2020. It was an imported case. The first case was detected when the country was undergoing a difficult time. The Integrated Case Management Committee was formed to enforce standard protocols of the WHO. As of date, Timor-Leste has 4 confirmed cases all that came from quarantine facilities. Thus, their covid-19 case is imported one. No new case was detected after lockdown. For Timor-Leste, due to budget constraints, Global Fund's allocation was very useful for procurement of laboratory test equipment worth USD 0.5 million to control pandemic.

9. RCM Updates and Endorsement

9.1.Highlights of the issues of RCM for the year 2018-2020

Dr Jigmi Singay, RCM Coordinator informed that besides coordinating, one of the main functions of RCM is to enable SEA member states to explore multiple sources of funding. RCM was launched during the SEA Constituency Meeting held in Yangon from 30- 31 October 2020, at a time when the region was facing acute shortage of regional funding to address the higher disease burden.

As to the funding for RCM, Dr. Jigmi informed that minimal interim funding in 2019 - 2020 was sought from RBM and UNOPS. And informed that funding to staff remains very difficult. However, some indications have come forward to fund the RCM staffing and it will be fully dependent upon how the COVID-19 situation evolves. Dr Jigmi stated that the matters of staffing and endorsement

of the RCM Executive Committee may be necessary to be discussed in the RCM Meeting which could not happen due to Covid-19 Pandemic.

The Pre-Board meeting noted the presentations on highlights of the issues of RCM for the year 2018-2020. No specific comments or directives were received from the meeting.

9.2.1st RCM Meeting Recommendations and Follow up

- 9.2.1. On the following recommendations of the First RCM Meeting: Priority to be accorded for Malaria elimination and RCM to develop concept note / EOI and project proposals for submission to GF and other donors. The RCM Coordinator updated that RCM is working with RBM, APLMA and APMEN with TA components to be provided by them. RCM is not eligible to apply for GF funding. RCM has approached SDF and informed the regional proposal should fulfill the conditions for 50% co-financing requirement and supported by a minimum of three SAARC Member States. However, the SDF issued an announcement of USD 5 million for COVID-19 Pandemic containment in the SAARC member countries which has no co-financing requirement.

Therefore, the RCM sought the directives and approval from the SEA Leadership on whether to apply only for Malaria Elimination with on cross-border and mobile migrant population or a combined Malaria and COVID-19 with cross-border and mobile migrant population proposal.

- 9.2.2. Regional proposal for malaria elimination to focus on seven countries:

The RCM Coordinator shared that regional proposals for malaria elimination focus will be in seven countries viz., India, Bangladesh, Bhutan, Nepal, Myanmar, Maldives and Sri Lanka. This approach to seeking funds is planned as the 'Himalayan Malaria Elimination' which shall focus on cross-border and mobile migrant population. In this context, again the views and directives from the SEA GF constituency were sought.

- 9.2.3. The meeting expressed concern that due to lack of concrete evidence it is unable to demonstrate the actual disease burden situation in the cross border areas. Directed RCM to work closely with country CCMs to generate and collate concrete evidence on the extent and determinants of population movement across borders, vulnerability of such populations to communicable disease risk, and the disease burden.

As follow-up, RCM Coordinator informed that RCM will be working closely with the country CCMs and generate the information by including in the situation analysis design and from the NHIS of the programs and incorporating in the TOR of the TA/Consultant.

- 9.2.4. RCM to work with National programs for developing a multi-country TB-Elimination. Demonstration projects at district level may be considered in light of the commitment to end TB in the region by 2030 (2025 in India) as part of SDGs:

As the follow up, RCM coordinator informed that discussions are on-going with the potential partners and donors especially with Stop TB. Further deliberation shall be made with the Technical Committee and RCM Meeting. In this, funding is projected to be sought from TB Partners and Donors.

- 9.2.5. RCM to work with CCMs and National Programs on prioritizing strengthening of health system capacity especially health workforce in districts on both sides of the international border.

As to the follow up, RCM Coordinator informed that discussion with National Planning and National Programs, potential donors and partners and is accorded high priority for the effective transitioning and sustainability of programs.

- 9.2.6. RCM to work with CCMs in planning and mobilizing domestic funding for three diseases in order to sustain the elimination of three diseases.

As to the follow up, RCM Coordinator informed that RCM will work with CCMs, Ministry of Health, Planning Commissions, and Ministry of Finance and further reinforce it through the Parliamentarians for securing adequate domestic allocations.

- 9.2.7. RCM priority activity for follow-up will be on acceleration of Malaria elimination in the region focusing on cross-border and population movement.

As to the follow up, RCM ensured follow up through coordination during implementation of activities at the inter-country and intra-country as well as at the regional level at the time of acceleration of Malaria Elimination will focus priority on cross border and population movement.

The CCM SEA members present endorsed that RCM will apply for the SDF for COVID-19 and Malaria separately, but in case SDF prefers a joint project of COVID-19 and malaria then the joint project should be developed and application submitted accordingly.

The CCM SEA members recommended that Country CCMs should secure individual country's support for the project after receiving the letter from the Constituency Leadership.

It was recommended that the proposal may include more than three numbers of SAARC Member Countries.

The meeting approved the proposed title for seven countries- India, Bangladesh, Bhutan, Nepal, Myanmar, Maldives and Sri Lanka as "Malaria Elimination in the Himalayan Countries"

The meeting supported and endorsed the involvement of Parliamentarians as their role was going to be very useful in the Health Sector.

All other 5 responses to the recommendations of the 1st RCM meeting were noted by the Pre-Board meeting.

9.3.RCM Secretariat:

Due to non finalization of funding support staff recruitment for the secretariat has been delayed. Bare minimum staff is expected to be in place in the last quarter of the year 2020, which is also subject to normalization of COVID-19 pandemic and funding availability.

MoU has been signed between the trustee secretary of IIHMR University and the Executive Secretary of RCM in presence of SEA GF constituency leadership (BM and ABM) on 23rd December 2019 at 11AM for hosting the RCM Secretariat in IIHMR New Delhi. IIHMR New Delhi has already provided space for the RCM secretariat following the signing of the MoU. This MoU will be reviewed after One year and extended for a mutually agreed duration in line with MoU.

The report on the RCM Secretariat particularly on MoU regarding the hosting of Secretariat in IIHMR New Delhi and becoming fully functional from the last quarter of 2020 subject to normalization of COVID-19 Pandemic and availability of funds was noted by the Pre-Board meeting.

10. Update about the COVID-19 Support and Response to the SEA Regional Countries from the Global Fund Secretariat/GF Governance.

Mr. Urban Weber, Head, High Impact Asia Department, Global Fund Secretariat informed that the Global Fund Secretariat has established two mechanisms for COVID-19 Response. The first initiative was to allow the Country CCMs to reprogramme GF grant of up to 5 % (savings) and 5% (reprogramming) for COVID-19 Response and Planning.

Through the second mechanism, COVID-19 Response Mechanism approved an additional USD 500 million which is 3.25 percent of the value of the next grant. He informed the meeting that the application form was published a week earlier. Mr. Weber encouraged the country's CCMs to submit the proposal latest by 31st of May, 2020 for this funding.

On the enquiry of support of GenXpert machines cartridges at the time of shortages, by BM, Mr Weber responded informing that WHO is facilitating the procurement of GenXpert machines cartridges and should the need arise, the GF will try to help the countries, but also informed that the cartridges are in scarcity globally and may not be able to help procure in large quantities.

On the query if RCM would be eligible for funding from the Global Fund's approved USD 500 million from Dr. Jigmi, Mr. Weber replied that this funding mechanism is only for existing recipients who are in the eligible list, and so RCM is not eligible.

On the first COVID-19 Response mechanism, if an additional 5% fund can be requested by the countries if only 5% savings were requested, Mr. Nicolas responded that countries can apply for additional 5% funding from the current grant under exceptional circumstances.

11. Update on the Board Committee Decisions and Governance by the GF Governance Team.

Eva Trujillo Herrera, Governance Officer - Legal and Governance Department made an exhaustive presentation on the Board Committees - Audit and Finance Committee (AFC), Strategy Committee (SC) and Ethics and Governance Committee (EGC) and its governance structure, composition, roles and responsibilities and board committee decisions. She highlighted the Board Decisions and Milestones for 2019-2021, for more info, members were suggested to read the board related documents which will be shared on to CFPs. Participants can contact the Governance team if they are interested to participate in the virtual meeting. She emphasised the importance of participating actively in the 43rd Board Meeting and be well versed with agenda topics, electronic decisions points, etc, before and after the Board Meeting.

Dr. Faiz informed that no members from SEA regions are in the Ethics and Governance Committee, so he expressed interest to be part of the Governance and Ethics Committee as an observer. He also requested for a brief update on the CCM Evolution.

Eva responded as she is not the right person for CCM Evolution; however she can be contacted with specific questions so she can forward it to the right person.

Day 3: 6 May 2020

12. Nomination for BM and ABM by Election/Selection Committee

CFP presented the timeline/deadline and processes involved in the election/selection of Board Member and Alternate Board Member received from Bhutan and India respectively. He informed the meeting that nomination requests to Bhutan CCM and India CCM began from 15th of February to 15th of March 2020 followed by Candidature sharing with three

BM informed that an invitation to DPRK was sent, but received no response. Implementers Group Strategy shared their views on the DPRK and requested views of SEA members on it. Given the current situation, we will see how best we can engage ourselves in this development situation.

13. Conduction of Election of Board Member and Alternate Board Member

On account of all the voting Member countries of the SEA Constituency not having voted as of 11am on May 6, 2020, the SEA Board Election Committee decided to defer the voting time up to 1pm. The SEA Pre-Board virtual meeting took a 15 minutes break to enable the Election Committee to consolidate and prepare the election results.

14. Documentation of Election of New Board Member and Alternate Board Member

Details of Election Result for Board Member / Alternate Board Member of the Global Fund starting from 1 June 2020 - 31 May 2022:

Of the total 11 Voting Member Countries of the SEA Constituency of the Global Fund Board, DPRK did not participate in the SEA Pre-Board Meeting as well as in the Election.

a. SEA New Board Member (Bhutan):

Out of 10 voting Country CCM's, all the 10 votes were cast in favor of Dasho Kunzang Wangdi as the new Board Member.

b. SEA New Alternate Board Member (India):

Out of 10 voting Country CCMs, India CCM refrained from voting on account of conflict of interest. However, 8 voting members cast their votes in favor of Dr. Kuldip Singh Sachdeva, making him the new Alternate Board Member.

Ms. Suneeta Chhetri, Bhutan CCM Coordinator was appointed as new SEA CFP.

15. SEA Leadership Transition Plan by June 2020 and handover process to new SEA Leadership and Documentation required for handover process.

Mr. Manaj, CFP, Bangladesh detailed the SEA Leadership Transition Plan and handing-over process to the meeting. He informed that election results of new BM and ABM along with the Electronic Voting Records shall be communicated to the Office of Board Affairs, Global Fund for endorsement in the 43rd Board Meeting scheduled to take place from May 14 - 15, 2020. CFP, Bangladesh shared the plans for handing-over of the leadership to Bhutan by the month of June 2020 along with institutional memories and governance documents such as:

1. SEA Meeting Report since 2015;
2. SEA Retreat report 2018-2019;
3. SEA Management guidelines Updated and adopted;
4. GF documents related;
5. RCM endorsement documents in Myanmar meeting;
6. Financial Expenditure Report and Next Cycle Funding Request and approved budget by OBA and SEA Constituency Fund Transfer to Bhutan CCM FC Account for SEA Constituency after completion of present BM tenure Fund Related documents;
7. Expenditure Report June 2018-May 2020;
8. SEA Constituency Costed Work Plan 2020-2022; and
9. Balance Transfer to Bhutan CCM FC Account for SEA Constituency

CFP informed that all the documents will be shared on a Google drive to all CCM SEA Members. The fund balance will be shared to Bhutan's FC account. CFP also informed the meeting that due to COVID-19, the GF did not release the funding for 2020-2021. However, it was informed that GF has recently communicated to him about GF Secretariat's decision to directly transfer the new budget to Bhutan's FC Account in view of leadership transfer from Bangladesh to Bhutan.

Closing Session

The SEA Pre-Board Meeting concluded with Prof. M. A. Faiz, Board Member all for their active participation, congratulating the incoming SEA Leaderships, and thanking the Election Committee Members for conducting the SEA Constituency Board Leadership Elections smoothly and for declaring the election results. The BM also thanked the support and cooperation he received from the SEA Constituency, and he extended his gratitude to Bangladesh CCM and Secretariat particularly Mr. Manaj, CFP.

Board Member Elect Dasho Kunzang Wangdi also seized the opportunity to thank all the Country CCMs for electing him and entrusting him to lead for next two years terms. Dasho conveyed that although he is a non-technical person, he now has learnt a great deal on the Global Fund, Board Affairs and the three diseases, and hence assured to work with full dedication and sincerity for the SEA region. With this assurance, he also urged every individual SEA Member country to provide continued and unwavering support.

The SEA Meeting adjourned on a note: 'Stay Home, Stay Safe'!

16. Annexure A: Agenda of the Global Fund Pre-Board Meeting of South-East Asia (SEA) Constituency Meeting (Virtual).

The Global Fund SEA Constituency Pre- Board Meeting, May 2020
Agenda & Meeting Schedule

- To discuss issues relevant to the agenda of the 43rd GF Board Meeting in Geneva
- To prepare position paper from SEA constituency based on 43rd GF Board Meeting Indicative agenda items
- To share information and lesson learned among the member countries related to GF Grant Allocation for next grant cycle (2021-2023)
- To follow up and finalized recommendation or decision points of the previous constituency meeting.
- To conduct online election of SEA Leadership (Board Member from Bhutan and Alternate Board Member from India) and documentation of election process to submit to the Office Board Affairs (OBA)
- Update about the RCM funding request/Concept note for Cross Boarder Malaria Elimination
- SEA Leadership Transition Plan by June 2020

Agenda and Schedule of SEA Constituency Pre Board Meeting

Date	Time Bangladesh Standard Time	Agenda Item	Facilitators/ Responsible Persons	Remarks
Day -1 04 May 2020	11.00 am - 11.10 am	Inaugural Remarks by	BM	
	11.10 am- 11.20 am	Introduction to the delegates	CCM Delegates and DPs delegates	
	11.20 am- 11.25 am	Appointment of Chair, Co-Chair and Rapporteur	ABM	
	11.25 am - 11.35 am	SEA Constituency Update from December 2019- May 2020	BM	
	11.35 am - 12.05 pm	SEA Leadership Updates from November	BM	
	12.05 pm – 12.35 pm	Share information and lesson learnt among the member countries related to GF Grant Allocation for next grant cycle (2021-2023);	Country CCM	
	12.35 pm – 01.00 pm	Technical Update on TB, malaria and HIV in the SEA Region	By WHO SEARO and UNAIDS	
	01.00 pm- 01.30 pm	Discuss issues relevant to present the agenda of the 43 rd GF Board Meeting in Geneva;	ABM	
	01.30pm- 02.00pm	Present draft position paper of the SEA constituency on the 43 rd GF Board Meeting agenda Assign Agenda Items to delegates taking the floor of the board among the SEA Delegates at 43 rd GF Board Meeting	BM and ABM	

Date	Time Bangladesh Standard Time	Agenda Item	Facilitators/ Responsible Persons	Remarks
	11.00 am -11.315 am	Update on PrEP	Dr. Shona UNAIDS Regional Office	
Day 2 05 may 2020	11.15 am -11.45 am	Update/ Experiences about the COVID19 Support and response in the SEA Regional Countries by the Country CCM delegates	Country CCM delegates	
	11.45 am - 12.45 pm	Summarize the areas of RCM FR for Malaria Elimination and Cross Border issues	RCM Coordinator	
		Recommendation RCM funding request/Concept note for Cross Border Malaria Elimination and discussions	RCM Coordinator	
		RCM Executive Committee Endorsement	RCM Coordinator	
	01.00 pm-01.30 pm	Update about the COVID19 Support and response to the SEA Regional Countries from the GF Secretariat/ GF Governance	Nicolas Cantau, SEA Regional Managers and Mr. Urban Weber, Head, High Impact Asia Department GFSecretariat	
	01.30 pm-02.00pm	Update on the Board Committee Decisions and Governance Update by the GF Governance Team	Eva Trujillo Herrera GF Secretariat	
Day -3 06 May 2020	11.00 am - 11.10am	Nomination for BM and ABM by election/Selection Committee	SEA leadership Election/Selection Committee	
	11.10 am - 11.40 am	Conduction of Election of Board Member and Alternate Board Member;	SEA leadership Election/Selection Committee	
	11.40 am - 12.10 pm	Documentation of election of new Board Member and Alternate Board Member;	SEA leadership Election/Selection Committee	
	12.10 pm-12.30 pm	SEA Leadership Transition Plan by June 2020 and handover process to new SEA leadership and Documentation required for handover process	BM, ABM, CFP	
	12.30pm-01.00 pm			
	01.00 pm-01.30 pm	- Rapporteur Report	Chair & Co Chair	
	01.30pm-02.00 pm	- Closing Session	Chair & Co Chair	

17. Annexure B: List of participants of the Global Fund Pre-Board Meeting of South-East Asia (SEA) Constituency Meeting (Virtual).

Virtual SEA Constituency Pre- Board Meeting Participants list
--

Sl	Name of Delegates	Designation	Country	Skype ID	Email	Cell phone
SEA CCM's Nominated delegates						
1	Mr. Filipe da Costa	CCM Chair	Timor-Leste	Filipe da Costa	<dcfilipe@yahoo.com>	
2	Mr. Noe Gaspar	CCM Coordinator		Noe Gaspar	ccmsecretariat1@gmail.com or noe_gaspar77@yahoo.com	+670 777 50 111 or 782 41 962
3	Dr Suriya Wongkongkathep	CCM Vice Chair	Thailand		suriya.wongkongkathep@gmail.com , <suriya@health.moph.go.th>	
4	Dr Phusit Prakongsai	CCM Executive Secretary			phusit@ihpp.thaigov.net	
5	Mr. Achut Sitaula	CCM Vice Chair	Nepal		<achut.napn@gmail.com>	
6	Mr. Sandesh Neupane	CCM Coordinator		sandesh neupane 11	sandesh.neupane2013@gmail.com	+977 – 9851198091
7	Dr. Lakshmi Sunmatunga	CCM Vice Chair	Sri Lanka		Sri Lanka CCM <ccmsrilanka@gmail.com>, "Dr. Lakshmi Somatunga" <lsomatunga@hotmail.com>	
8						
9	Mr Ahmed Afaal	CCM Chair	Maldives		ahmed.afaal@gmail.com	
10	Mr Abdul Hameed	CCM Coordinator			Abdul HAMEED <hameed@health.gov.mv>, Abdul Hameed <hameed.nap@gmail.com>, Abdul Hameed <a.hameed.h@icloud.com>	

					Abdul Hameed <hameednap@gmail.com>,	
11	Dr. Kyaw Khaing	CCM Chair	Myanmar		kyaw khaing <kyawkhaing68@gmail.com>	
12	Dr. Thandar Iwin	CCM Member			than darlwin <tdarlwin@gmail.com>	
13	Dr. Slamet Basir,	CCM Chair	Indonesia		Slamet Basir <slamet_basir@yahoo.com>,	
14	Dr Rita Kusriastuti	CCM Vice Chair				
15	Mr Stuart Watson,	CCM Vice Chair			Stuart Watson <watsons@unaid.org>	
16	Samhari Baswedan	CCM Executive Secretary			Samhari Baswedan <samharib@yahoo.com	
17	Ms. Rina Parveen	CCM OC Chair	Bangladesh		rinaparveen@gmail.com	+88015524 72434
18	Prof. mahmudur Rahman	CCM OC Vice Chair			—	
19	Dr. Saima Khan	Country Manager UNAIDS, and OC Member			—	
19	Ms. Suneeta Chhetri	CCM Coordinator	Bhutan	chhetri.s uneeta	chhetri.suneeta@gmail.com	+975331751
20	Mr. Sonam Dorji	CCM Chair		sonamb hutan	ed@abto.org.bt	+975- 17111130
21	Dr. K.S. Sachdeva	CCM Focal Point	India		K S Sachdeva <drsachdevak1@gmail.com>, "Dr.Kuldeep Singh Sachdeva" <drsachdevak@gmail.com>, sachdevaks <sachdevaks@gmail.com>, India CCM Secretariat <iccmsect- mohfw@gov.in>,	

22	Mr. Alok Saxena	Joint Secretary and CCM Member			js@naco.gov.in.org, Alok Saxena <js@naco.gov.in>,	"99680728 90
Prtners						
23	Dr Partha Pratim Mandal		WHO		mandalp@who.int	
24	Dr Shona Wynd		UNAIDS		murphy@unaid.org	
3	Dr. Jigmi Singay	RCM Coordinator	RCM Secretariat		<a href="mailto:_Jigmi_Singay<jigmi2118@gmail.com">_Jigmi_Singay<jigmi2118@gmail.com >	
4	Eva Trujillo Herrera	Governance Official	GF Secretariat		Eva.TrujilloHerrera@theglobalfund.org	
Contact List of South East Asia Constituency SEA Leadership : BM, AMB & CFP						
26	Mr. Dr. M. A. Faiz (BM)	BM	Bangladesh		drmafaiz@gmail.com	+880171300 8858
27	Mr. Dasho Kunzang Wangdi (ABM)	ABM	Bhutan		dashokunzang@gmail.com	1760-2000
28	Mr. Manaj Kumar Biswas (CFP)	CFP	Bangladesh		bccmcoordinator@gmail.com	+880171817 1958
29						
SEA Leadership Election Committee Member						
	Dr. Lakshmi Sunmatunga	CCM Vice Chair			Sri Lanka CCM <ccmsrilanka@gmail.com>, "Dr. Lakshmi Somatunga" <lsomatunga@hotmail.com>,	

	Prof. Dr. M. A. Faiz (BM)	BM	Bangladesh		drmafaiz@gmail.com	+8801713008858
30	Dr Carmelia Bashri	CCM Member Indonesia	Indonesia		carmeliabasri@yahoo.com	
SEA Pre- Board Meeting Secretariat						
32	Mohammad Harun-Or-Rasid	Deputy Coordinator	Bangladesh CCM Secretariat		dc.bccm@yahoo.com	+8801817524001
33	Mr Kezang Wangdi	Asst. To ABM	Bhutan			
34	Mr Nittyananda Sardar Apu	Asst. To BM	Bangladesh CCM Secretariat			