[Final Draft]

Meeting Report

SEA Global Fund constituency meeting
30-31 Oct 2017
The Landmark Hotel Bangkok, Sukhumvit, Thailand

Table of Contents

Executive Summary

Two days SEA GF Pre-Board Constituency Meeting was held in the Landmark Hotel, Bangkok, 30 – 31 October 2017. 10 out of 11 Member States participated in this Pre-Board Meeting.

Pre-Board meeting was preceded by Organizing Committee Meeting on 29 October, 2017 wherein the draft agenda was finalized, Speakers and moderators of the sessions were confirmed and Office bearers of the meeting to be proposed were decided.

Inaugural session commenced with welcome address by Prof.. Dr Praphan Phanuphak, Chairperson of the Oversight committee of Thai CCM. He reminded of the Royal cremation which had taken place a week ago. A brief highlight of the contribution made by His Majesty the Late king Bhumibol Adulyadej in TB and HIV/AIDS control programme was given. WHO Tribute to King Bhumibol Adulyadej was screened for the participants.

Ms Aida Kurtovic, Chairperson of the Global Fund Board in her inaugural address thanked the SEA GF Constituency Member States and the Board Member Mr Filipe Da Costa for inviting her to the Pre-Board Meeting and looked forward for a very interactive sessions while she presented the updates from the GF Board on the committees work.

The Chief Guest Dr Opas Kankawinpong, Deputy Permanent Secretary of the Ministry of Public Health while welcoming the participants thanked SEA Constituency Members States for choosing Bangkok as site for the meeting. He emphasized the importance of partnership, need for inclusion of migrant and mobile populations, countries being able to sustain the programmes after transition and ultimately achieving the Universal Health Coverage.

Dr Janaka Sugathadasa, Secretary MoH&N and CCM chairperson of Sri Lankawas elected as, Chairperson and Co-Chair Dr Petchsri Sirinirund – CCM Executive Secretary, Thailand and Rapporteur, Dr Rai Mra – Vice Chair of the Myanmar Health Sector Committee (MHSCC)..

Board Member Mr Filipe Da Costa updated on the activities of the SEA GF Constituency which was then followed by the country updates on the current status of the three diseases supported by GF - HIV,TB and malaria, highlighting the challenges and lessons learnt. Countries have made impressive progress particularly in Malaria but much more needs to be done in many countries in TB and HIV in order to meet the set global and national targets.

On the Board Committee updates, - for the Audit and Finance Committee Chair of GF Board Ms Aida Kurtovic updated on Financial Performance, Risk management report and risk appetite, OIG reports, progress on resource mobilization, sustainability, transition and co-financing policy and KPI performance results. Ethics and Governance Committee – she briefed mainly on the Executive Director selection process and encouraged the participants for active participation by asking questions during the constituency engagement phase which will be a two-way dialogue between the constituencies and candidates. On the Strategy Committee - update was on the strategy implementation, KPI performance results and on performance reporting plans.

On the strengthening of the SEA Constituency Dr Carole Presern, Director, OBA presented that having the right leadership of the Constituency is critical and of utmost importance. In almost all the Member States of the Board Constituencies the selection of BM, ABM and CFP are on merit basis and the process followed was first short listing the most appropriate candidates and then finally voting. Earlier on African Constituencies also followed alphabetical order rotation but later they adopted for the merit based selection. It was informed that it may be only SEA GF Constituency that is following the alphabetical rotation all other Constituencies were following the voting system based on merit.

The Constituency Meeting approved the TOR of the SEA Constituency of the Global Fund. Further Constituency decided that the countries on alphabetical order rotation due for the

Board Membership (BM) and Alternate Board Membership (ABM) will submit the CVs of three candidates and Constituency Meeting will select the BM and ABM through a committee formed for nominating the most appropriate candidate to the meeting on merit basis using the established criteria.
The Constituency Meeting approved the Multi Country Mechanism (MCM) proposal document and authorised Board Member to take it forward to the Board/GF Secretariat and request for funding support. The Member States of the GF SEA Constituency were requested by the Board Member to nominate the members of the MCM by Jan 2018. The Office bearers and venue of the Secretariat will be decided in the first meeting of the MCM.

There was skype Call briefing from the GF Secretariat by Mr Mathew Macgregor, Senior Project Lead on the Sustainability, Transition and Co-Financing. He emphasized that blended financing is an additional tool to be considered for transitioning period, reducing the funding gaps where there is large unmet funding needs and decreased allocation. It could also be considered in service integration of three diseases into primary health care. Buy down loans are in its very early stage and explored in 5 cases. It provides leverage to get larger funds with minimum interest through collaboration and partnerships with the interested stakeholders for a period of longer duration (25 – 30 years).

Briefing on AIDSPAN was given by Ms Ida Hakizinka, Executive director of the AIDSPAN. AIDSPAN 's coverage is global and at country level it covers CCMs, LFAs, Implementers, PRs, SRs, SSRs and other in-country assurance actors. It functions as watch dog/independent observer of the Global Fund since 2002. It offers information, targeted critical analysis, sharing best practices/lesson learned and is an independent commentary. It offers various products – Newsletters global Fund Observers (GFO) bi monthly and in French Observateur du Fonds Mondial (OFM) monthly. Research reports and guides, Social media updates Data Platforms: Aidspan Portal Workbench (APW), Grant performance analysis tool and reporting on countries experiences and challenges. AIDSPAN will now include SEA GF Member States.

Timor Leste updated the Cross-border collaboration for Malaria Elimination with Indonesia and Thailand with Myanmar. Timor Leste highlighted the action plans that two countries have agreed such as Diagnosis of malaria, Treatment and follow up, Outbreak definition and synchronization of the vector control activities on malaria programmes and on TB and HIV collaboration synchronization of data, harmonized strategic plans, regulation risk factor identification regular meeting at the municipalities level among the programme officers level. Joint funding proposal have been developed and MOU signed between the two countries.

Thailand presented on the border health encompassing migrant health and migrant and non-migrant population in the border region. Thailand and Myanmar enhance collaboration through cross border partnerships and applies health -in – all policies. Communities are empowered in taking care of themselves from malaria.

The recommendation and action points presented by the Rapporteur and duly approved by the Constituency are given on the last page 19 of the main body of the report.

The Constituency Meeting decided to hold the next meeting in Nepal. The date and venue will be communicated in due course of time.

The meeting adjourned at1500HRS

Proceedings of Day I

Inaugural session

The inaugural session started with welcome address by Prof. Dr Praphan Phanuphak chairperson of Oversight Committee, Thai CCM. He highlighted the contribution of His Majesty the late King Bhumibol Adulyadej's contribution in TB control programme particularly in the production of domestic manufacturing of BCG vaccine in Thailand which was also made accessible to other Asian countries through UNICEF procurement and distribution.

After the welcome address, WHO Tribute video to late King Bhumibol Adulyadej of Thailand was screened for the participants of the meeting which highlighted His Majesty's contribution to Health services to Thai people in general and public health in particular specially in TB and Polio control programme.

Ms Aida Kurtovic, Chairperson of GF Board thanked the SEA Constituency Members for inviting her to the Pre-Board Meeting which was her first meeting in the region. She acknowledged the active participation by the SEA Constituency representatives and leadership's active participation in the Board. As she has been allotted quite a few agenda items in this Pre-Board meeting, she preferred to talk more during the relevant sessions and looked forward for a very interactive session. She wished the meeting every success in its deliberations.

The chief Guest Dr Opas Kankawinpong, Deputy Permanent Secretary of Public Health Ministry in his inaugural address highlighted that Global Fund is a twenty first century partnership organization designed to accelerate the end of AIDS, Tuberculosis and Malaria. He further stressed that it is only through partnership and constant evolution that Global Fund can achieve the collective vision of a world free of the burden of HIV, TB and Malaria. He also mentioned that although Thailand has set goals to eliminate malaria by 2024, end HIV by 2030 and tuberculosis by 2035, he was convinced that in order to achieve these goals a strong collaboration amongst the countries are needed particularly for services provided to migrants, and mobile populations. Regarding the sustainability, transition and co-financing policy of the Global Fund, it is essential that countries are able to scale up and sustain the programmes to achieve lasting impact in the fight against three diseases and move towards eventual achievement of Universal Health coverage. He wished the meeting a grand success.

The inaugural session ended with offer of vote of thanks from the Board Member, Mr Filipe Da Costa, which was then followed by photo session and refreshments.

Business session: Day I

Board Member presented the Objectives of the Pre-Board Meeting:

Objectives

1. To update from the Global Fund Board and Global Fund Secretariat representatives on issues relevant to Audit and Finance, Ethics & Governance and Strategy committees.
2. To update on GF activities implemented, progress, challenges and lessons learned.
3. To review SEA constituency TOR and discuss changes before transition to new leadership in 2018.
4. To review and finalize regional/multi-country coordination mechanism(R/MCM) for submission of regional/multi-country proposals

The Board Member invited nomination for the Chairperson, Vice Chair and Rapporteur for the Pre-Board Meeting. The following were elected as office bearers for the meeting:

- Chairperson, Mr. Janaka Sugathadasa- Secretary MoH and CCM Chairman of, Sri Lanka Co-Chair, Dr. Petchsri Sirinirund- CCM Executive Secretary, Thailand
- Rapporteur, Dr. Rai Mra- Vice chair of Myanmar Health Sector Coordination Committee (MHSCC), Myanmar

Session I:

A.SEA Constituency update

Mr. Filipe da Costa, Global Fund Board Member presented number of meetings held with the Action Point and Decisions made by the GF Pre-board meeting during 2016- 2017 and the last of SEA Pre-Board Meeting was held in Kigali-Rwanda, April 2017 with the following decisions:

- To finalize the MCM concept paper and to mobilize resources and budget to implement the MCM in SEA region;
- To initiate cross-border collaboration on Malaria with neighbouring countries, (eg Timor Leste and Indonesia, India with Bhutan, Nepal, Bangladesh, Myanmar and Thailand with Myanmar);
- TB/HIV interventions to be initiated targeting the migrant and mobile population to start at the cross-border areas.

B. Country presentation on three diseases (TB, Malaria and HIV/AIDS)

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

Bangladesh:

Bangladesh made more than 2, 22,250 case notifications on TB in 2016, an increase from the 80,000 in 2002. Now TB case notification rate is 122 cases per 1,00,000 population and treatment success rate is more than 94% in all TB cases and more than 75% in Multi Drug Resistance (MDR) TB cases.

Malaria programme has also achieved tangible success in Bangladesh. Malaria death cases were only 17 in 2016 and total malaria cases in 2016 were only 39,719 in 13 districts. We are going to enter the malaria elimination phase in the current HPNSP for 2017-2022.

HIV is maintaining a low prevalence and incidence (below 0.1%) through the national response to HIV. In most of the key populations the prevalence is still less than 1% and it is less than 0.1% in the total population.

The BCCM was established in July 2002 and is reconstructed every three years as per the . Governance manual and the GF's CCM guidelines, 2017. BCCM has 33 members. BCCM submitted funding request earlier this year and this is now in grant making process.

Bhutan:

Bhutan CCM has 20 CCM members, 75% of the members are from non-government agencies and it includes the representation from LGBT community. With transition effect from the Global Fund funding, the total allocation for Bhutan is reduced significantly in the new funding (2018-2021). Of the 548 cumulative cases of HIV, 416 are PLHIV of which 314 (75%) are currently on ART. Total number of 1145 notified TB cases reported in 2016 in a population of approximately 760,000 and MDR-TB. Bhutan Malaria program has made tremendous progress and the disease is at the verge of elimination. The cases were reduced

from 39,852 with 48 deaths in 1994 to just 74 cases in 2016, of which 56 were imported cases.

India:

India CCM has 26 voting members (3 years term Nov 2015- Oct 2018); 40% Civil Society Organization (CSO) representation.

India has contributed US $ 26.5 million so far to the Global Fund, and pledged towards replenishments US $ 20 million to thefor the period 2017-19.

The Global Fund has been in partnership since 2002, with US $1.9 billion grant committed so far. Under the NFM the funding in TB is $ 625 million (2015- 2017), US $ 26.5 million. 900,000 PLHIV are on ART, and the detection and treatment of 2,520,000 new smear-positive TB cases and distributing 10,900,000 LLIN so far.

The challenges for India has been with engaging private sector, addressing migration in the neighbouring countries. There has been growing threat of drug resistance, and there is shortage of resources to diagnose and treat patients who fail for first line of treatment. Geographically tough terrains pose challenges to reach patients and there is shortage of skilled manpower. There is need of innovation in health care delivery system and sustaining achievements.

Indonesia:

2017 has been a very busy year for CCM Indonesia because of two things, the preparation of Funding Request for 2018-2020 Global Fund Grant and the starting of a new cycle for CCM Indonesia. These two critical activities has made CCM Indonesia unable attend the SEA Constituency meeting last April

The task of preparing Funding Request for 2018-2020 Grant started since January 2017 and was just finished two weeks ago, although the process still continues at Global Fund Secretariat until the signing of the new Grant, estimated in January 2018. This new Grant is very special as it has two critical new strategies; programmatic and funding transition. The programmatic strategy involves total adjustment of ATM programs thrust with Malaria proposal is just a “continuation” and focused fully on district level to achieve elimination, while TB and HIV Funding Request is combined into one TB-HIV proposal in which HIV-AIDS program focuses on “90-90-90” strategy and TB program focuses on ending the TB epidemic, especially since Indonesia still has the world second largest TB cases. The funding transition strategy focuses on preparing domestic financing to take over the financial burden as this 2018-2020 cycle may become the last Global Fund support because Indonesian Government plans to achieve “mid-level income country” by 2020, which will make Indonesia ineligible for any Global Fund Grants after 2020. The Funding Request has passed the TRP Review and total country ceiling also has been set at $ 248,9 million consists of Allocated funds $ 230 million (TB $102 Mio; HIV $75 Mio; Malaria $53 Mio) and $ 18,9 Catalytic funds (TB $15 Mio, HIV $2 Mio; RSSH $1,9 Mio). Currently this Funding Request is waiting for Grant Approval Committee review on 22-23 Nov 2017.

This year also marks a new cycle of CCM membership and CCM financial support. In 2017, about 30% of CCM and 50% TWG members must be renewed in accordance with CCM Indonesia Governance Manual and Global Fund “new” 3-year budget cycle through CCM Hub in Geneva. The new members require orientations and adjustments process which doubles the task of CCM Leadership and CCM Secretariat this year. In terms of funding, Indonesia now has a 3-year fixed budget of $ 390,000 instead of the usual annual budget review which

has yielded an annual average of $ 220,000. These new developments have strengthened CCM with more involvement of Ministry of Finance and Ministry of Village Development, both key players in policy-making for Government financial support to public health programs at grass-root level, such as ATM. The lesser support from Global Fund CCM Hub is also accompanied by much more practical and rational policies, hence increases the flexibility of CCM Indonesia to manage our own finances, including expanding our support-base from only Government of Indonesia and Global Fund to also include our Development partners; financially from USAID, DFAT and UNICEF, and in terms of technical assistance from WHO, UNFPA, UNAIDS UNDP, and World Bank.

Maldives:

Maldives is a Global Fund eligible country for both TB and HIV; however, there are no country allocations. Given the unique situation the country is faced with; it aims to be part of regional/multi-country initiatives.

Previously in 2006 Maldives received around based grant, which ended in 2012. However, the CCM at the time of the grant closure decided to continue and has been active ever since. This transition model used in Maldives could be useful for other member states in SEAR who are preparing for transition post global fund.

Maldives is Malaria free and a low prevalence country for both HIV and TB. The first case of HIV in the Maldives was reported in 1991, and as end of 2016, cumulative number of HIV cases in Maldives is 23, and 9 out of this 23 cases are living with HIV and are on ARV. Although the incidence rate is very low among locals, there have been more than 354 reported cases of HIV among expatriate/migrant population primarily during their medical screening process, and once found positive they do not stay in the country.

Prevalence and incidence rate of all forms of TB respectively of 88 and 64 per 100000 populations respectively in 2015. Between 2007 and 2011, the number of notified TB cases (new cases and relapses) had steadily decreased from reported 121 to 86, while the notified TB cases in 2015 has risen to 157. Death rate percent was highest ever reported in 2010 and default of 13 percent in 2009.

The challenge for the country is managing TB among migrants coming from neighbouring TB high prevalent countries; Maldives is planning to engage with regional countries to find regional solutions. Maldives has a plan to end TB by 2030, or sooner.

A Multi country approach is key and supports set up of a multi country coordination mechanism (MCCM) to allow timely application for multi country proposals, therefore, MCCM ToR needs to be finalized for possible multi country initiatives to progress (TB, HIV with a migration focus.

Myanmar:

Global Fund next cycle (2017-2020) of Myanmar and Challenges

- National programmes for HIV/AIDS, TB and Malaria developed the National Strategic Plans (NSP) for the period of (2016-2020) with broader consultation. The NSPs have ambitious targets and aiming to link with Universal Health coverage.
- Concept notes were developed and M-HSCC submitted in June 2016 for the next cycle of grant (2017-2020).
- In December 2016, the Grant Assessment Committee of GF (GAC) approved the budget for (2017-2020) is 439 million USD.
- After grant approval, GF decided that 2017 is to be taken as an extended year of NFM grant and (2018-2020) period will start a new cycle of the grant. The unspent fund from 2016 was allowed to be carried over to 2017.
- Programme implementation started in January 2017, PRs and SRs remain as before.
- Global Fund Sustainability Transition and Co-financing Policy was developed and said 20% of GF grant amount must be co-financed by the government. 50% of the

government co-financing amount could be directly allocated to the national programmes and 50% could be for Resilient and sustainable System for Health (RSSH).

Challenges:

1. Gap for ART
2. High targets
3. HRH phase out, RSSH
4. To start to develop the transitional plan
5. Coordination with regional development
6. MHSCC

Nepal:

CCM Nepal established in 2003 to access and oversee the Global Fund grant. Currently it has 27 members representing key populations, government, civil society, private sector, multilateral and bilateral with adhering gender and social inclusion according to its Rule of Business. CCM Nepal failed to maintain its eligibility standard in 2015, after the effort made from CCM Nepal regains the eligibility status in September 2017. The Performance Improvement Plan (PIP) developed in order to improve its performance and maintain the status of eligibility. In August 2017 CCM Nepal also submitted all three applications to access 42+ Million USD for three diseases. The rigorous and inclusive country dialogue process were adopted to develop the funding application with the involvement and lead by key populations, people living with disease, government and key stakeholders.

Sri Lanka:

Country situation – Sri Lanka

Sri Lanka has eliminated Malaria and has very low prevalence for TB and HIV

Current situation of TB

1. Estimated number of TB cases all forms - 13,500 in 2015 (WHO, 2015)
2. Notified # of total TB cases - 9575 (2015)
3. Notified # of total TB cases – 8886 (2016) and the Gap is more than 3500
4. All New cases – 8332, Pulmonary new cases – 5807, sputum +ve - 4093, -ve 1714, Extra pulmonary 2525, re–treatment – 550.
5. Treatment Success rate: 84.1%.
6. Loss to follow up rate: 5.1%
7. Death rate: 7.3%
8. Paediatric Case detection: less than 3%
9. OPD Referral: less than 2%
10. MDR Patients: 20 (2017), 17 (2016), 13(2015), 13(2014) (MDR on treatment 26)

• TB and HIV Screening in 2016 – 89.5%
• TB HIV Co-Infection in 2016 – 12 patients

Challenges facing

1. 13,500 expected cases per year, but only about 9,000 notified: 4-5,000 missing
2. TB cases getting older: 39% of cases notified in 2014 were 45+, 43% in 2016
3. Only Few children are diagnosed
4. High burden in prisoners (1.68%)
5. 90% of TB patients are testing for HIV, but only few PLHIV are tested for TB
6. Uncertain burden in diabetics, smokers, malnourished
7. Treatment success <85%.

Challenges faced by Sri Lanka

1. No acceleration in TB control
2. M&E inconsistent, so results are uncertain
3. Screening of out-patients is not done as expected
4. Microscopy facilities lacking in big hospitals
5. Contact screening is not happening as expected
6. Haphazard active case finding
7. Low paediatric patients detection
8. NSP not on target, to be revised
9. Multiple plans
10. Strengthening of NPTCCD (central level) required
11. Replace Category II treatment with DST and appropriate regimen
12. Infection control in the clinics required

Activities to Prevent the Reintroduction of Malaria:

Elimination of Malaria of achieved in 2016.

Current Situation Malaria

Zero local transmission since 2013,
Imported Cases- in 2012 – 70, 2013 – 95, 2014 – 49, 2015 – 36, 2016 – 41
And in 2017 – 47 (to date)

Objectives of the Anti- Malaria Campaign

1. To sustain malaria free status by prevention of re-introduction of malaria to Sri Lanka
2. To maintain zero mortality due to malaria in Sri Lanka

Current Activities

1. Increasing surveillance at ports of entries
2. Screening high-risk personnel entering to Sri Lanka from malaria endemic countries at the BIA.
3. Screening high-risk populations in the country
4. Workers, returnees and refugees from malaria endemic countries.
5. Prophylaxis treatment for malaria, Travelers and Members of the UNPKM to malaria endemic countries
6. Early detection and prompt treatment of malaria cases
7. Providing the required diagnostic and treatment facilities
8. National Treatment Guidelines
9. Training of health staff
10. Parasitological surveillance by Mobile clinics, blood bank screening and screening anti natal mothers.
11. Entomological surveillance

High Risk Groups - Malaria

Among Sri Lankans

- Business travellers to and from –India and Africa
- UN Peace Keeping Forces
- Leisure travellers
- Pilgrims
- Returning refugees

Among Foreigners

- Migrant workers – Legal and Illegal
- Asylum seekers
- Tourists

Current situation of HIV

- PEOPLE LIVING WITH HIV/AIDS – Estimated # (ADULTS and CHILDREN) - 3900 and total detected - 2557
- Cumulative AIDS cases at the end of 2016 - 656
- Cumulative AIDS deaths reported – AIDS related - 436 and nonAIDS related – 08
- DEATHS in 2016 – 110
- Adult Prevalence (>15 years) - <0.1%
- Male to female ratio of reported HIV cases - 1.9 :1
- Cumulative vertically transmitted HIV cases reported - 82
- Cumulative foreign HIV cases reported - 119
- Number of HIV tests carried out during 2016 - 1,129,246
- HIV Sero-positivity rate for 2016 - 0.02 %

REPORTED HIV/AIDS CASES NATIONAL STD/AIDS CONTROL PROGRAMME- 2016

- Cumulative HIV cases at the beginning of January 2016 - 2308
- HIV/ cases reported during 2016 – 249
- Cumulative HIV cases by gender, Males – 1640 and Female - 917
- Cumulative AIDS cases at the end of 2016 - 656
- Cumulative AIDS cases by gender –Males – 456 and Female - 200
- Reported AIDS deaths – 47

REPORTED HIV/AIDS CASES NATIONAL STD/AIDS CONTROL PROGRAMME- 2017

- Cumulative HIV cases at the beginning of January 2017 - 2557
- HIV/ cases reported during 2017 - 209
- Cumulative HIV cases by gender – Males – 1807 and Females - 959
- Cumulative AIDS cases at the end of last year - 609
- Cumulative AIDS cases by gender – Males - 484 and Females -206
- Reported AIDS deaths – 26

Current Grants 2016 to 2018

2 PRs for HIV Grant – MoH and it is mainly for curative services and FPA (NGO) and for other Grants only one PR- MoH

Total Allocation is 26.7 mil; Allocation - for HIV – 10,907,292; for MoH – 5,464,551 and for FPA – 5,442,741, for Malaria – 7,406,075 and for TB – 8,431,195.

Allocation from 2019 to 2021

Total Allocation is 12,472,120;

HIV - 6,948,047 – Tailored approach with material change

TB - 3,024,073 – Programme Continuation request

Malaria* - 2,500,000 – Transition Funding

We are in the process of preparing the funding request and to submit the request on 7th February 2018.

Timor-Leste:

Approval of new appointment of the CCM members and alternate, we have Election of New CCM Governance Body and the total members of CCM are 23 peoples.

Program Cycle on 2018-2020, the Global Fund grant allocation to three programs with total amount of US$ 15.776,820 Millions, we able allocated to the TB program total amount of US$ 4,800,000 million; For the Malaria Program total amount 7, 951,919 million and for the HIV/AIDS Program we allocated total amount of US$ 3,024,901 million.

After we allocated the global fund grant to the three programs, CCM established PR selection ad-hoc committee to select PR for AIDS, TB and Malaria Program, the result of selection process the Ad-Hoc Committee selected the Ministry of Health as Principal Recipient for all three programs.

Based on Cross Border issue among Timor-Leste and Indonesia, we have MoU between Indonesia and Timor-Leste Ministry of Health was signed in January 2017.

TL facing some of challenges in Procurements process due to long PR bureaucracy it's take time to approval on activities requested and Political decision that issue the implication for the country absorption capacity are low. And the second Challenge is CCM TL have limited resources: (Knowledge and Human Resources).

Thailand:
There are 1 new funding cycle request of TB/HIV component and 1 continuation of regional Malaria program (RIA2E)expected to start implementation in 3 years onward from 2018-2020. In the meantime, Thailand is prepare to transition fully to sustained domestic funding and efficient implementation system through a partnership between communities, private and public sectors.

C. Update of the Board Committees and ED selection process

Ms. Aida Kurtovic, Chair of the Global Fund Board presented Committee Outcomes October 2017 as follows;

Audit and Finance Committee

Information or Input:
Update on Financial Performance;

- Risk Management Report & Risk Appetite
- OIG Progress Update
  - Discussion on recent OIG Reports
- Resource Mobilization Strategy: progress update
  - Sustainability, Transition and Co-financing Policy: Innovative Financing - follow-up on loan buy-
- KPI Performance Results
  - Global Fund Insurance
  - Operations: IT Strategy, HR Update

Ethics and Governance Committee

Information or Input:

- Executive Director Selection Process – Update
  - Governance Action Plan
- Strengthening the Board Leadership Selection Process
- CCM Evolution and CCM Code of Conduct
  - Management of cross cutting issues
- Annual Report on Privileges and Immunities

Strategy Committee

Information or Input;

- Strategy Implementation Update
  - Deep dives: COEs; Human Rights & Gender

- Country Funding
- Report of the TRP on Windows 1 & 2
- Eligibility Policy
- KPI Performance Results and Update on Performance Reporting Plans

TERG matters: Thematic Review on M&E; Update on PCEs, Thematic Reviews.

- CCM Evolution

Executive Director Selection Process Update

- Board Retreat held Oct 24-25 in Glion-sur-Montreux with four candidates presented to and interviewed by the Board
- Retreat marked formal handover from the 2017 EDNC to Board Leadership.
- Board Leadership take process forward for an appointment decision at November Board Meeting
- Constituency engagement phase: two-way dialogue between constituencies and candidates
- Two scheduled calls per candidate, weeks of 30 Oct and 6 Nov
- Queries may be addressed to RRA EDConsultation@russellreynolds.com

CCM Evolution - next steps: Work will continue into 2018 with development of implementation plan

D. Constituency strengthening and management guidelines

Dr Carole Presern presented how the Global Fund Constituencies in started particularly focussing on the leadership. In the beginning most of the Constituencies followed rotation on alphabetical order in selecting the Board Members and alternate Board Members. Now except for the SEA Constituency almost all other Constituencies have adopted merit based selection through short listing and voting.

Ms Aida Kurtovic emphasised the importance of preparing and grooming the Board Member and Alternate Members through the orientation process. Unless the person is familiar with the core functions of the Global Fund Board it will not be possible for the selected BM to contribute meaningfully in the Board. The other critical and important criteria to be considered is the person's commitment and accountability to the Constituency.

There was lots of discussions and questions raised in the session. Chairperson of the Board cited the example of EECA Constituency how it developed and processed orientation to the future Board Members and ABMs. By the time they take the responsibilities of a Board Member they are able to participate actively, contribute meaningfully and represent their Constituency well.

The Constituency Meeting after extensive deliberation and as a move towards merit based selection through voting decided that the countries on alphabetical order rotation due for the Board Membership (BM) and Alternate Board Membership (ABM) will submit the CVs of three candidates out of which Constituency Meeting will select the BM and ABM through a committee formed for nominating the most appropriate candidate to the meeting on merit basis using the established criteria.

E. CCM evolution, Policy on combating fraud and corruption, Innovative Financing, Loan Buy Downs, Blended Finance and grant making process update.

Dr Carole Presern, Head of Office of Board Affairs, presented the update in Policy to Combat Fraud Corruption CCM Evolution and Country Funding.
The following 4 enablers to evolve into strategic engagement:

- Having the right leaders chairing the CCM and engaged in the CCM from the government, partners and civil society / key populations
- Having an effective CCM Secretariat, whose function and mandate evolves to better support strategic CCM functioning
- Having strong support and active engagement from the GF Secretariat, in particular regarding the oversight function
- Having sufficient financial resources for the CCM to function

4 Strategic contradictions:

- How can GF bring CCMs to a strategic level while having members as unpaid volunteers with temporary terms?
- What incentives can we bring to encourage national linkages when integrating CCM into national bodies has had limited success so far?
- At HQ level, partners requesting more from CCMs - how will they support CCM better through their staff in countries?
- How do we balance the need for country-specific and prescriptive guidance while also keeping principle of country ownership?

Multi- country catalytic funding Priority areas with indicative funding, operational modality, number of grants and timing:

Malaria priority for multi country approach (Allocation: US$ 145 M (US$ 20 M Southern Africa, US$ 6 M Mesoamerica, US$ 119 M for Greater Mekong)

Priority 1: Malaria elimination in low burden countries.

Aim: Support Global Technical Strategy goal of eliminating malaria in at least 35 countries by 2030

Epidemiological context:

Four front-line countries (South Africa, Botswana, Swaziland, Namibia) and four second –line countries (Angola, Mozambique, Zambia, Zimbabwe) in Southern Africa;

Nine countries in Mesoamerica and Hispaniola (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Dominican Republic, and Haiti).

Priority 2: Greater Mekong: Elimination to address multi-drug resistance.
Aim: Support to eliminate malaria drug resistance.
Epidemiological context: Five countries in GM affected by multi-drug resistance and eligible for GF support (Myanmar, Thailand, Laos, Cambodia and Vietnam).

TB priority for multi-country approach (Allocation: US$ 65 M)

Priority: Finding the missed people with TB

Aim: Strategic support for TB in mining settings, migrant and mobile populations, regional laboratory initiatives and MDR-TB policies and scale-up.

Anticipated impact within 3-year timeframe: Reduction in the burden of TB by scaling-up comprehensive strategies to prevent, diagnose and treat people with TB and MDR-TB

Epidemiological context:

High burden and high impact settings;

Challenging Operating Environments;

Countries in process of transitioning from GF financing

HIV priority for multi-country approach (Funding available: US$ 50 Million)

Priority: Sustainability of services for key populations

Geographical focus: UMIC+HDB and LMIC+L/M DB (Excluding Small islands);

Criteria:

Key population prevalence data (% by population group – country level);

Decrease in allocation (HIV only);

Proximity to transition.

This led to identification of 4 regions: EECA, LAC, SE Asia and MENA

(Skype call)
Mr. Matthew Macgregor, Senior Project Lead, presented Sustainability Transition and Co Financing, and updated on blended financing and buy down loan. The blended financing is to ensure sustainability and to provide additional tool which could be applied in limited context and the secretariat has developed the framework containing criteria designed to achieve the proposed blended financing.
The context that is suitable for the blended fund are 1) transition 2) funding gaps and 3) service integration. The frame work is developed for joint investment for blended financing with guideline when the blended transaction is to be pursued and collaboration of partnership is the common outcome with development of operational and programmatic oversight and report.

F. Briefing on AIDSPAN

Ms. Ida Hakizinka Aidspan, Executive Director briefed on Aidspan:
What we are?

- A watchdog/independent observer of the Global Fund since 2002
- Offering information, targeted critical analyses, sharing best practices/lessons learned and independent commentary

On the Global Fund at global level

- and country levels
  - Country coordinating mechanisms (CCMs)
  - Local Fund Agents (LFAs)
  - Implementers: Principal recipients (PRs), sub-recipients (SRs), sub-sub-recipients SSRs and other in-country assurance actors

Our target audience is

- The Global Fund (Board and its committees, Secretariat, OIG etc)
- GF donors
- CCMs
- Implementers: PRs, SRs and SSRs
- LFAs, fiscal agents
- National policy makers

- Technical partners – WHO, UNAIDS, RBM, STOP TB
- Civil society and media
- Researchers and academicians

We offer diverse products/services

- Newsletters Global Fund Observer (GFO) bi-monthly and in French Observateur du Fonds Mondial (OFM) monthly;
  - more than 12,000 GFO+OFM subscribers
- Research reports and guides: Example Asia Pacific report of 2015
- Social media updates: about 9500 followers on Facebook and Twitter
- Data platforms: Aidspan Portal Workbench (APW), Grant performance analysis tool

Reporting on Countries experiences and challenges

- Countries experience two main types of challenges
  In-country actors experience two main types of challenges in:
  1. Grant implementation
  2. Interaction with the Global Fund Secretariat and in some cases the Local Funds Agent (LFA) or fiscal agent
- Implementation Challenges
  CCM and Implementers PRs, SRs and SSRs
  - Lack of understanding of Global Fund policies, processes and guidelines
    - For example, End of March; countries were yet to understand the transition process between the two allocation periods(2014 – 2017) and (2017-2019) and its financial implications :

http://www.aidspan.org/gfo_article/global-fund-releases-guidelines-transitioning-between-allocation-utilization-periods

Diverse issues in grant implementation

- For example, sustainability, transition and co-financing policy By 2025,
  - 24 countries are projected to transition in at least one disease component
  - 13 countries projected to transition fully
  - countries in South East Asia (SEA) Eastern Europe and Central Asia (EECA), Latin America (LAC)

Challenges of sustainability, transition and co-financing policy

- Lack of appropriate preparedness, misinterpretation of STC requirements
- In practice,
  - Lack of sustainable financing for key population prevention services
  - Lack of social contracting mechanisms
- Weak NGO advocacy
- Undefined role of the CCMs

Poor grant absorption

- Poor grant absorption related to causes at country and secretarial levels.
- It estimated about 1.1 billion will be unused by December 2017

Some of the Causes:

- Poor planning and budgeting, leading to unrealistic targets; Gaps in data collection, analysis and use
- Weak health systems yet HSS grants we are still seeing poor absorption in the HSS grants
- Delays in SR selection
- Inadequate human resource capacity
- Procurement difficulties
- Delays in submission of supporting documents to LFAs and Country Teams

Procurement issues are widespread

- Examples:
  - Larger countries with reduced capacity and long procurement processes
  - Countries under Pool Procurement are facing delay in delivery and challenges in distribution.
  - Small Island nations, EECA: small size of the countries and of the epidemic

CCMs face some important issues in grant oversight

- Some can be solved partly by the Global Fund
- CCM helps develop the funding request, but not involved in grant making
- CCM limited oversight of grants implementation because
  - Budgetary constraints,
  - Exclusion from agreements of the PR with the GF and also for the head headquarters of UN organizations and INGOs as implementers

Some secretarial-level reasons hamper grant implementation

Global Fund country team are too process oriented

Examples including but not limited to:

- Delays in grant signing and disbursements
- Bureaucracy in approval of disbursements and reprogramming
- Unattainable or partially attainable conditions precedents and management actions
- Operationalization of Challenging Operating Environments (COEs)/additional safeguard mechanisms

Some secretarial-level reasons hamper grant implementation (Cont'd)

- Lack of standard way of operations - rules seem to be different for different countries
- Lack of clear communication channels
- No clear guidelines/plans of transitioning from International or UN PR to local and also no existence of capacity building of local potential PR

- LFAs
  - LFAs do not report directly to PRs and CCMs leading to delays
  - Delays in relaying feedback to PRs and CCMs

Conclusion

- Over the years, Aidspan has provided information and analysis on these challenges and provided recommendations
- However, on-going in-depth analysis is still required to update previous knowledge and provide recommendations and best practice in all regions including the SEA

31st October 2017

Business Session – Day 2

Review on Constituency Manual

Constituency Meeting unanimously approved the revised constituency manual and ToR.

G. Update on Cross Border Collaboration for Malaria Elimination;

Timor-Leste

Dr. Merita Monteiro updated the Cross border to the meeting;

Timor-Leste and Indonesia has agreed on action plans for 3 programs Malaria, TB, and HIV/AIDS, the action plan as follows:

1. Malaria programs, the team has identified 4 key essentials category to implement together at border area of Indonesia and Timor-Leste, such as:

a. Diagnose of Malaria

b. Treatment and follow up

c. Outbreak definition

d. Vector control

Short term action plan of Malaria programs such as:

- Identified malaria focal point at border area of Indonesia and Timor-Leste
- First border collaboration meeting at municipalities level implemented on May 2017
- Exchange and/or sharing information among municipalities and national level
- Technical assistance for border areas to ensure the quality of program implementation

Meeting on the implementation of cross-border program between Indonesia and Timor-Leste will be delivery at the district level area of the border such as: Atambua, Maliana, Covalima and Oecusse
Within this meeting will be involved district focal point to develop districts key action plan (Not yet done)

Action plan on Tuberculosis & HIV collaboration program:

1. Synchronization of data in Timor island (all NTT and Timor-Leste) area on TB and HIV
2. Harmonized of strategic plan, regulation and risk factors identification at border area
3. Organizational collaboration
4. Regular meeting at municipalities level among program officers and supported by national and province level
5. Joint development of funding proposal, capacity building through training and/or workshop, research, screening, awareness campaign and advocacy for all level of population specially key affected population

In conclusion for cross border collaboration program for Malaria elimination between Timor Leste and Indonesia as well as TB and HIV/AIDS that:

1. MoU among Indonesia and Timor-Leste Ministry of Health signed

2. The Malaria, AIDS, and Tuberculosis Program has include cross-border collaboration program on 2018-2020 (Program continuation for TB and Tailored Review for Malaria and AIDS) grants from both country

Technical people from both country has agreed to have an MoU for all three diseases (Malaria, HIV and TB) to guide and facilitate the implementation in the field

Thailand:

Dr.Nakorn Premsri updated the Cross border to the meeting;

Border Health in Thailand

- Encompasses migrant health in a broader concept
- Focuses on all populations living in the border region, including migrants as well as non-migrant populations
- Generally not included migrants who move beyond border region
- Moves toward broader region orientation
- Enhances collaboration through cross-border and regional partnerships
- Applies Health-in-All-Policies

Distribution of active malaria foci

Activities covering cross border/migrant population under national Malaria elimination strategy

- To scale-up malaria elimination in Thailand
- To develop technology, innovation, measures and models that are appropriate for malaria elimination
- To develop partnership among stakeholders at national and international levels in order to enable malaria elimination
- To promote/empower community in taking care of themselves from malaria

H. Update on Multi Country Coordination Mechanism (MCM)

The MCM was presented by Mr Abdul Hameed for final comments before the SEA constituency approve and endorse the document. The discussion on MCM, Myanmar suggested to extend the SEA constituency ToR to form a MCM within the SEA constituency, and Thailand clarified that the SEA constituency and MCM are two different mechanisms and should keep it separate. The meeting unanimously approved and endorsed the MCM ToR. The Member states were requested by the Board Member to send the nomination for the MCM Members at the earliest possible time.

Presentation of Report of the Meeting by the Rapporteur:

The following Recommendations and Action points from the meeting were adopted -

1. The Multi-Country Coordinating Mechanism (MCM) proposal documentation was adopted and SEA leadership will take it forward to the Global Fund. Member countries are requested to send the nomination for the MCM membership through their respective CCM
2. The SEA constituency Governance manual has been adopted with the new revision
3. Selected candidates' BM, ABM and CFP will undergo self-assessment and present to the constituency meeting of the performance during their tenure
4. CV for 3 candidates for BM, ABM will be sent by the country CCM in January 2018 according to the alphabetical order. Constituency meeting through a selection committee with the set criteria will select most suitable candidates and put up to the constituency meeting for approval. This
5. The constituency will have Skype call with the ED selection candidates by 6 November 2017.
6. Five country delegates (DPR-K, India, Indonesia, Myanmar and Timor-Leste) have been assigned with 38th GF-Board meeting agenda items and the decision points.
7. SEA constituency next meeting will be in Nepal by March 2018 depending on the Global Fund communication to SEA leadership
8. The SEA constituency will develop ToR for the selection committee of the SEA leadership

Closing Session

The draft recommendation and action points were adopted. The Secretariat will circulate the draft report in due course of time for the comments and final report will be circulated to all the participants of the meeting.

The comments from the participants was noted and recorded for incorporation in the report.

On the request of the proposal for hosting the next meeting put up by the delegation of Nepal, the venue for next meeting was decided to be held in Nepal. The CCM Nepal will

confirm the site of the meeting to the Board Member. The date and venue will be communicated to CCM of the member States by the BM/CFP once it is confirmed.
The Chairperson thanked all the participants for their excellent contribution and active participation in the meeting. He also thanked the host government and in particular the CCM Thailand for their excellent organization and arrangements for the meeting in-spite of the short notice. He wished all the participants Bon Voyage and safe journey back home.

The meeting was formally adjourned at 1500HRS.

List of Participants
SEA Global Fund constituency meeting, 30-31 Oct 2017, The Landmark Hotel, Bangkok, Thailand
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A. Country representatives

No	Name	Country	Position	Contact Detail
1.	Mr. Debasish Nag,	Bangladesh	CCM member from FBO	debanag@yahoo.com
2.	Mr. Manaj Kumar Biswas	Bangladesh	BCCM Coordinator	bccmcoordinator@gmail.com
3.	Dr. Karma Lhazeen	Bhutan	Director of Department of Public Health	klhazeen@health.gov.bt
4.	Ms. Suneeta Chettri	Bhutan	CCM Coordinator	chhetri.suneeta@gmail.com
5.	Dr.K.S. Sachdeva	India	India CCM Focal Point	drsachdevak@gmail.com, iccmsect-mohfw@gov.in
6.	Dr. Avdesh Kumar	India	Director of NVBDCP, India	kavdheshnvbdcp@gmail.com
7.	Dr. Carmelia Basri	Indonesia	CCM Vice Chair	Secretariat.ccm@gmail.com
8.	Dr. Samhari Baswedan	Indonesia	Executive Secretary	samharib@yahoo.com
9.	Ms. Aishath Samiya	Maldives	CCM member	samiya@health.gov.mv
10.	Mr. Abdul Hameed	Maldives	CCM Coordinator	hameed.nap@gmail.com
11.	Dr.Rai Mra	Myanmar	Vice chair of Myanmar Health Sector Coordination Mechanism (MHSCC)	drraimra@gmail.com
12.	Dr.Thandar Lwin	Myanmar	DDG of Disease Control	tdarlwinn@gmail.com

No	Name	Country	Position	Contact Detail
13.	Mr. Bhakta Raj Joshi	Nepal	Undersecretary MoH	yourbhakta@gmail.com
14.	Mr. Mahesh Dhungel	Nepal	Nepal CCM Coordinator	mdhungel@fhi360.org
15.	Mr. Janaka Sugathadasa	Sri Lanka	Secretary MoH and CCM Chairman	secretary@health.gov.lk
16.	Dr.S. Yoganathan	Sri Lanka	CCM Focal Point	ccmsrilanka@gmail.com
17.	Dr.Petchsri Sirinirund	Thailand	CCM Executive Secretary	spetchsri@gmail.com
18.	Dr.Nakorn Premsri	Thailand	Director of PR-DDC	nakorn.premsri@gmail.com
19.	Mr. Armindo Dos Santos	Timor-Leste	CCM Vice Chair	minbel077888@gmail.com
20.	Dr. Merita Monteiro	Timor-Leste	CDC - MoH	methamonteiro@yahoo.com
21.	Mr. Filipe da Costa	Timor-Leste	GF Board Member form SEA constituency	dcfilipe@yahoo.com
22.	Ms. Elizabeth Falolo Belo	Timor- Leste	Communication Focal Point	elizabeth.belo2014@gmail.com

B. Guests

No	Name	Country	Position	Contact Detail
23.	Prof.Dr.Praphan Phanuphak	Thailand	Chairperson of Oversight Committee, Thai CCM	ppraphan@chula.ac.th
24.	Dr. Opas Kankawinpong	Thailand	Deputy Permanent Secretary of the Ministry of Public Health, Thailand	opart7@yahoo.com
25.	Ms. Aida Kurtovic	Sarajevo, Bosnia and Herzegovina	Chair of the Global Fund Board	kurtovic@theglobalfund.org
26.	Dr. Carole Presern	Geneva, Switzerland	Head of the Board Affaire	carole.presern@theglobalfund.org
27.	Ms. Ida Hakizinka	Nairobi, Kenya	Aidspan Executive Director	Ida.hakizinka@aidspan.org
28.	Dr. Maria Elena G. Filio-Borromeo	Thailand	Regional Programme Adviser, UNAIDS Regional Support Team, Asia and the Pacific	Borromeom@unaids.org
29.	Ms.Reeta Bhatia	Thailand	UNAIDS Regional Support Team, Asia and the	bhatiar@unaids.org

No	Name	Country	Position	Contact Detail
			Pacific	
30.	Dr. Jigmi Singay	Bhutan	SEA Meeting Consultant	Jigmi2118@gmail.com, jigmi@iihmr.org

C. Thai CCM Secretariat Office

No	Name	Country	Position	Contact Detail
31.	Ms.Phatradasorn Chuangcham	Thailand	Thai CCM coordinator	ccmthailand@gmail.com
32.	Ms.Piyapa Muangman	Thailand	Thai CCM secretariat office manager	ccmthailand@gmail.com
33.	Ms.Phatamon Yimyam	Thailand	Administrative assistant	ccmthailand@gmail.com

	30th October 2017

Agenda
SEA Global Fund constituency meeting, 30-31 Oct 2017
Landmark 1-3 meeting room, 7th floor
The Landmark Hotel Bangkok, Sukhumvit, Thailand

0800 - 0830	Registration	
	Inaugural session	
0830 - 0840	Welcome address by Chair of CCM Thailand	Prof. Dr Praphan Phanuphak Chairperson of Oversight Committee, Thai CCM
0840 - 0850	WHO Tribute Video to King Bhumibol Adulyadej of Thailand	
0850 - 0905	Inaugural address by Chair of the Global Fund Board	Ms. Aida Kurtovic, Chair of the Global Fund Board
0905 - 0920	Inaugural address by Permanent Secretary of the Ministry of Public Health, Thailand	Dr. Opas Kankawinpong, Deputy Permanent Secretary of the Ministry of Public Health, Thailand
0920 - 0940	-Vote of Thanks -Objective of the meeting, introduction of the participants, appointment of Chairperson, Vice-Chairperson and Rapporteur	Mr. Filipe da Costa Board Member, SEA constituency
0940 - 0950	Photo Session	
0950 - 1020	Tea/Coffee Break	
	Business session: Day I	
1020 - 1025	Adoption of Agenda	Chairperson of the Meeting
1025 - 1035	SEA Constituency update	Mr. Filipe da Costa Board Member, SEA constituency
1035 - 1200	Country Update (5 minutes each)	Country representatives
1200 -1230	- Update of the Board Committees and ED selection process - Q&A	Ms. Aida Kurtovic, Chair of the Global Fund Board
1230-1400	Lunch at Atrium (International Buffet) 1st Floor	Provided by Organizing committee
1400 – 1500	- Constituency strengthening and management guidelines - Sharing of Eastern Europe and Central Asia (EECA) Constituency - Q&A	Dr. Carole Presern, Head of Office of Board Affairs, Global Fund Secretariat Ms. Aida Kurtovic, Chair of the Global Fund Board
1500 - 1600	(Skype call) Secretariat update - CCM evolution, Policy on combating fraud and corruption, Innovative Financing, Loan Buy Downs, Blended Finance and grant making process update.	GF Secretariat (Dr. Carole Presern, Head of Office of Board Affairs, Global Fund Secretariat)
1600 - 1615	Tea/Coffee Break	
1615 – 1630	Briefing on AIDSPAN	Ms.Ida Hakizinka, ED of AIDSPAN

1630 – 1700	Update on Cross Border Collaboration for Malaria Elimination; 1. India and neighboring countries; 2. Indonesia and Timor-Leste ; and 3. Thailand and Myanmar	Mr. Avdhesh Kumar, Director of NVBDCP, India Ms. Merita, Director of Communicable Disease Department, Ministry of Health, Timor Leste Dr.Nakorn Premsri, Director of PR-DDC, Thailand
1700-1730	Update on Multi Country Coordination Mechanism (MCM)	Mr. Abdul Hameed, Maldives
1730	Closing of the day	
1800	Cocktail reception at Fayer level 3 (3rd Floor) by Organizing committee	
	31 October 2017	
	Business session: Day II	
0830-1000	- Review of the Constituency Manual - Discussion of SEA leadership transition	BM/ABM/CFP
1000 – 1015	Tea/Coffee Break	
1015-1115	- Discussion on important issues in the 38th Board meeting agenda. - Position formulation of the SEA constituency. - Distribution of agenda items to delegates attending 38th Board Meeting.	BM/ABM/CFP
1115 – 1130	Location of 39th Board Meeting Preparation of draft report	
1130-1230	Preparation of draft report	Dr.Jigmi Singay
1230-1400	Lunch at Atrium (International Buffet) 1st Floor	Provided by Organizing committee
1400-1415	Draft report presentation.	Rapporteur
1415-1430	Tea/Coffee break	
Closing Sessions		
1430-1445	Adoption of Draft report	
1445-1500	Views and comments of the participants	
1445-1500	Venue of the next Pre-Board Meeting	
1500	Closing remarks By Chair	