

Minutes
The Global Fund SEA Constituency Meeting
Mercure Phoenix Hotel, Yogyakarta, Indonesia
12-13 March 2015

Day 1: 12 March 2015

The Global Fund SEA Constituency Meeting 2015/1 was held on 12-13 March 2015 in Yogyakarta, Indonesia. The meeting was attended by delegates from CCM Bangladesh, Bhutan, DPRK, Indonesia, Maldives, Myanmar, Nepal, Srilanka, Thailand, Timor Leste except India. Representatives of Development Partners are: Global Fund secretariat, WHO SEARO, and WHO Indonesia¹.

08.30 – 09.00

AGENDA ITEM 1: OPENING REMARKS

- Prof Sudijanto Kamsu, Indonesia CCM made his welcome participants and reported the purpose of 2015/1 SEAR Constituency between in Yogyakarta, Indonesia.
- Dr Kanchit Limpakarnjanarat, WR Indonesia: mentioned that since the 1st round of GF was launched in early 2000's, GF funding process has become and increasingly complex task to be managed by CCMs. Many SEA member states submitted concept on 2014 and some are in development process. The SEA constituency meeting is an opportunity to share experiences, which would important to support the CN development process. This meeting is also important for WHO SEARO to share the update of WHO technical strategy.
- Dr.Suriya Wongkongkathep, Board Member of the Global Fund South East Asia Constituency: emphasized that HIV, TB and Malaria which are the three major diseases of world's pandemics because there are many people death. Most at risk and vulnerable group in Thailand still facing high disease burden, therefore Thailand needs the Global Fund support to strengthen the national program. He expressed appreciation to the supports of WHO HQ, SEARO and country office for the support to the meeting.
- Dr. Untung Suseno Sutarjo, Secretary General of Ministry of Health Indonesia deliver Opening Remarks of Minister of Health Republic Indonesia: the minister warmly welcome all delegates. He wishes the Meeting could prepare and discuss important issues in the Global Fund's policy and implementation and SEAR's governance for stronger collaboration among members.

09.00 – 09.15

AGENDA ITEMS...: Introduction of the programme, objectives, the meeting participants,

- Hisyam Said, Chair of Technical Working Group on TB, CCM Indonesia introduced the programme and objectives of the meeting. The meeting attended by delegates from CCM SEA Constituency countries. The representatives of development partners are: Global Fund Secretariat, WHO SEARO, WR Indonesia were invited to participating in this meeting.
 - The objectives of this SEAR Constituency Meeting are to prepare and discuss important issues in the Global Fund's policy and implementation and SEAR's governance for stronger collaboration among members.

¹ See annex 1, for the list of participants

- The expected results: as following;
 - Better understand on the GFATM governance and mechanism
 - Improved partnership among SEAR constituency members

Appointment of the Chairperson, Co-Chairperson and the Rapporteur and adoption of the Agenda

- Session started with introduction of delegates.
- Professor Sudijanto Kamsu, Chair CCM Indonesia appointed Dr. Suriya Wongkongkathep, Deputy Permanent Secretary, Ministry of Public Health, Thailand and the GF BM SEAR Constituency to be the **Chairperson**, and asked appointed Chairperson to select Co-chair
- Chairperson appointed Prof. Sudijanto Kamsu be the first Co-Chairperson and the second Co-Chairperson is Dr. D.M.R.B. Dissanayake, Chairman of CCM and Secretary, Ministry of Health and Indigenous Medicine, Sri Lanka. The Bangladesh representative Mr. Manaj Kumar Biswas was appointed to be rapporteur of this meeting.
- Participants agreed with the tentative agenda.

09.15 – 09.30

Agenda Item: Key Note Addresses by Dr. Nafsiah Mboi, Chair of the GFATM Board

Dr. Nafsiah welcome the delegates, wish to meet representatives of CCM in Geneva for the 33rd Board Meeting. She expressed her gratitude to the hard works of the CCM SEA Countries.

10.00 -10.30

Agenda Item: Update on WHO Regional strategies for HIV & TB : Presented by Dr. Khurshid A Hyder, RA-TB, Dr. Razia Pendse, RA-HIV and Dr. Jigmi Singay, TGF Focal Point

Update of WHO Regional Strategies on Tuberculosis:

- Tuberculosis remains one of the major public health concerns in the South-East Asia Region WHO.
- In terms of progress in TB control, all eleven Member states have sustained country-wide access to TB services.
- The new ***END TB STRATEGY*** focus on 95% reduction in TB deaths (compared with 2015), 90% reduction in TB incidence rate (less than 10 TB cases per 100,000 population) and No affected families facing catastrophic costs due to TB.

PILLARS AND COMPONENTS:

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

- Early diagnosis of TB including universal drug susceptibility testing; and systematic screening of contacts and high-risk groups
- Treatment of all people with TB including drug-resistant TB; and patient support
- Collaborative TB/HIV activities and management of comorbidities
- Preventive treatment of persons at high-risk; and vaccination against TB

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

- Political commitment with adequate resources for TB care and prevention
- Engagement of communities, civil society organizations, and public and private care providers

- Universal Health Coverage policy and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
- Social protection, poverty alleviation and actions on other determinants of TB

3. INTENSIFIED RESEARCH AND INNOVATION

- Discovery, development and rapid uptake of new tools, interventions and strategies
- Research to optimize implementation and impact, and promote innovations

TB and Migration:

- There are an estimated one billion migrants in the world today, which include 232 million international migrants and 740 million internal migrants. Migrant and mobile populations from and within high TB-burden countries face a range of risk factors.

WHY ARE MIGRANTS VULNERABLE TO TB?

- Legal status of migrant worker
- Undocumented migrant have limited access to diagnostic and treatment services.
- Migrant in detention centers/trafficked are vulnerable to TB
- Forced displacement after conflict/natural disaster often associated with increase TB risk

Key Actions to 2015 and Beyond

On 19 May 2014, the 67th World Health Assembly (WHA) adopted the new post-2015 global TB strategy and targets. The strategy aims to end the global TB epidemic with specific benchmarks and targets to 2035. The strategy builds on a “know-your epidemic” approach and focuses particularly on serving those not reached – the most vulnerable and marginalized populations.

MIGRANT-INCLUSIVE NATIONAL TB PLANS

- Address burden of migrants, epidemiological analysis;
- Inclusion in TB NSPs and resource mobilization;
- Monitoring and evaluation

MIGRANT-SENSITIVE CARE & PREVENTION

- Ensure appropriate diagnosis and treatment of TB and MDR-TB; address TB-HIV co-infection;
- Establish cross-border referral system;
- Empower communities and social mobilization.

BOLD INTERSECTORAL POLICIES & SYSTEMS

- Ensure policy coherence between health and non-health sectors
- Adopt policies and/or regulations which improve migrants’ access to services, financial and social protection;
- Eliminate discriminatory legal and administrative barriers;

- Promote inclusion of TB in bilateral or regional agreements on migration with appropriate accountability;
- pursue innovative public-private partnerships.

OPERATIONAL RESEARCH

- Pursue research, including on social determinants, new tools and intervention approaches, taking into account migrants' needs.

WHO and IOM Work

- IOM and WHO are working with Member States and partners to provide guidance and support in implementation of these key actions in taking forward the new global TB strategy;
- WHO is developing a framework towards TB elimination in low TB incidence countries, as an adaptation of the global strategy, where migration is one of the key focus areas;
- At regional level, WHO convenes Member State consultations on TB and migration;
- Working with migrant-sending and receiving countries, IOM provides active TB screening and treatment services, through migrant health assessment programmes, that contribute to global TB efforts;
- WHO, IOM and partners provide TB services as part of health promotion and emergency health response projects, including for refugees, labour migrants, internally displaced and mobile populations;
- WHO and IOM are engaged in the post-2015 sustainable development agenda-setting process, including specific dialogues on health and on migration.

HIV and Migration:

The presentation laid out the key issues on migration and HIV as pertinent to the regional proposal being **Status of Concept Notes (CN) submitted in 2014 and lesson learnt - presented by Dr. Jigmy Singey**. He described to the meeting that a total of 16 single diseases CNs and two joint CNs (HIV/TB) were submitted in 2014. And almost all the CNs submitted in 2014 is in the grant making stage. All the TA support to the Member States for CN development was funded from the WHO/GF TA Agreement which is expiring in December 2015. Without this agreement being extended it will be extremely difficult to provide TA support to the Member States for CN development, grant negotiation and grant implementation. WHO is trying to extend this Agreement to cover Grant making implementation stage where TA support will be crucial.

considered for submission to the Global Fund this year. Almost all countries in the region have migratory populations either as provider or recipient of migratory workforce.

WHO GF TA Agreement, 2014-2015, Dr. Jigmi Singay

On the status of the Concept note submission from South East Asia Region, it was informed that eight countries out of nine have submitted in 2014, with funding support from WHO/TGF TA agreement. The concept note of Nepal was deferred to 2015, due to management issues (Bangladesh, Bhutan, DPRK, India, Indonesia, Sri Lanka, Thailand, and Timor Leste) have successfully submitted the concept note and are in grant making and early project implementation phase. The WHO GF grant agreement supported the process.

The constituency meeting appreciated the technical support through this grant agreement and realizing the need to sustain quality technical support at the country level to include technical support in grant making and grant implementation under the current WHO-GF TA agreement to support member states will be expired in Dec 2015 and agrees to suggest extension and expansion of the current WHO-GF TA

Agreement to include broader and more flexible scope to render TA support to member states including grant negotiation and grant implementation.

10.30– 12.30

Agenda Item: SEA Constituency Issue#1: EOI Regional Proposal presentation and discussion

Presented by (1) Mr Abdul Hameed Senior Public Health Programme Coordinator, Maldives and (2) Mr Olavi Elo, UNAIDS, Geneva.

Presented Highlighted key steps to develop EOI: on the SEA Constituency Meeting in Dhaka, Bangladesh, from 6-7 November, decision: to develop and submit a regional Expression of Interest (EOI) focusing on migration related issues under TB/HIV in South-East Asia Region.

Discussion and Q&A:

- **Indonesia (Dr. Ferdinan) suggested that** EOI and CN should be endorsed by CCM so that the stakeholders know about the regional proposals as well as it covered areas
- **East Timore(Mr. Phillippe)** suggested that regional EOI should be developed very carefully and consciously, so that it does not hamper any country level activities and concept note. He also suggested the expected result should be included in the CN
- **Maldives (Mr. Hameed)** proposed that if EOI is agreeable then SEAR constituency should endorse this.
- **The GF Board Member Dr. Suriya** concluded that EOI will be on TB & HIV and its co-infection to the migration populations. SEAR will be decided the co-sponsor of the EOI and that will be included in the EOI. Finally he said that this regional EOI and CN will be more coordinated way. He also suggested that regional proposal budget should be in consideration as declared by the GF.

Concerning limited time, participant agreed to continue discussion in the afternoon.

13.30 – 14.30

Agenda Item SEA Constituency Issue #2: Tax Exemption, Privilege and Immunity:

Prof. Sudijanto Kamso, CCM Indonesia Chair presented updates on the Immunities & Privileges in Indonesia.

- P&I is part of Framework Agreement.
- TGF Secretariat having intensive discussion with MoFA and MoH Indonesia to fasten the process. Been a practice in Indonesia that Gov and NGO are allowed to request tax exemption for any goods procured for community. The Gov confirmed to be able to give Privilege to GF. But for immunities, still under discussion on the wording. Both parties agree to open the door for discussion.

Mr. Hsianmin Chen, Legal Manager, from the Global Fund Secretariat supplemented some additional information related to tax exemption and P&I issues.

- The Framework Agreement is designed with no termination date. The thinking is to use the Framework Agreement as the legal basis to govern all future grants from the Global Fund, and the parties will only need to negotiate this document once, and all future time and energy can be used to focus on discussing programmatic issues
- Pursuing P&I is a Board decision that the Secretariat needs to comply with. From operations perspective, P&I is needed for example (1) to implement new treasury operations (e.g., Global

Fund to open local bank account and hold local currencies to fund programs, and hence needs protection) and (2) to protect Global Fund staff and implementers from potential legal actions, especially in those countries that have, e.g., anti-homosexual laws. Pursuant to a decision adopted by the Board in its last meeting, the Board leadership will form a dedicated group of donor and implementer representatives to identify strategies and advocate for the acquisition of P&I for the Global Fund. We are looking forward to receiving more guidance from the Board leadership on this issue.

- Tax exemption -is mandatory and is a requirement imposed by our donors. The intention is to maximize limited resources that we have
- Different countries have different laws and processes governing the P&I issue. Therefore, discussions in each country is different. The approach that works for Indonesia may not be feasible in other countries.

Q and A

- Dr. Ferdinand from Indonesia raised the question “What need to change in the P&I agreement”?
- Mr. Manaj Kumar Biswas from Bangladesh updated the meeting about the Bangladesh status on the P&I issue as followings:
Bangladesh received a letter from the head of Grant management to granting P&I immediately to the GF for Bangladesh. Three years period is not applicable for Bangladesh. Currently Bangladesh constitution and Laws and legislation do not permits P&I for the organization like GF. The GF is not such an organization under Vienna convention, not UN affiliated and even they don't have any office in Bangladesh.
He is seeking possibility for BM and ABM to raise the issue on the P&I at the 33rd Board Meeting
- The delegates from Bhutan CCM expressed that they are also facing same challenges like Bangladesh and Indonesia for granting P&I. Furthermore, the floor was also updated that through the Gross National Happiness Commission, the Ministry of Health (Principal Recipient), have submitted the detail proposal to the Office of Attorney General to seek legal advice on the Framework Agreement, the Grant Regulation 2014, and Guideline on the Audit. The OAG was also requested to provide its advice on the appropriate modalities for conclusion of the Framework Agreement with the Global Fund.
- Prof: Sudijanto Khamso from Indonesia suggested to the GF for flexible timeline for granting P&I to the GF by these countries.
- Mr. Shanta Bahadur Shrestha, Health Secretary of Nepal raised the same issue like Bangladesh, Indonesia, Bhutan and Thailand. He updated the meeting that Nepal also working for granting P&I and tax exemption for the GF money in Nepal.
- The Bhutan delegates submitted a proposal that is there any possibility to re-phrase “sole discretion of Global Fund” by other phrase like “in close consultation with implementing country”, which was observed in the new grant regulations 2014, to ensure more meaningful engagement by both the parties (donor and implementing countries)
- Dr. Suriya referred to the last board meeting discussions: given importance the three years period for granting P&I and show the substantial efforts for granting P&I.

14.30 – 15.30

Agenda of SEA Business Issue # 3: CCM Eligibility Performance Assessment (EPA)

Thailand informed the Meeting on the overview of Generic Terms of Reference to facilitate the 'CCM Eligibility and Performance Assessment (EPA)'. The Eligibility Requirements (ER) and Minimum Standards (MS) reflect the Good governance of CCM.

- 1) Six Eligibility Requirements (ERs) eligible for funding include;
 1. Transparent and inclusive concept note development process
 2. Open and transparent PR selection process
 3. Oversight planning and implementation
 4. CCM membership of affected communities, including and representing people living with diseases and of people from and representing Key Affected Populations
 5. Processes for electing non-government CCM member
 6. Management of conflict of interest on CCMs

The EPA process has been noted: a self-assessment that will be facilitated by a Technical Assistance provider. CCMs must request TA to facilitate the assessment. The CCM must complete self-assessment via an online tool developed by the Global Fund Secretariat annually which will bring about the milestone-driven performance improvement plan (PIP).

- 2) The Minimum Standards (MS) measures core functions of a CCM, which comprised following;
 - Nomination and oversight of PR(s);
 - Engagement of all constituencies in program governance;
 - Strengthening the representativeness and quality of civil society participation, especially KAP and PLWD;
 - Alignment with national programs; and
 - Ensuring that the disease programs effectively address capacity building and gender issues.

The meeting has noted Thailand has shared on the EPA experiences.

- **ER 1: Transparent and inclusive concept note development process** will be helped facilitating good concept note development process and provide more understanding why CCM had to select these issues (ending AIDS strategy)
- **ER 2: Open and transparent PR selection process** criteria and process for PR selection must be clear transparency solicit openly and broad announcement.
- **ER 3: Oversight** Thai CCM is recognize the importance of Oversight Function and re-structure of the CCM structure
- **ER 4: CCM membership** PLWD for TB and Malaria and KAP for TB and malaria representative were requested to elect from their own constituency to be CCM member. CoI will be apply to all CCM member including PLWD and KAP
- **ER 5: Process of election of non-government members.** In the past time, election of NGO representative was undocumented but, chair of their networks will take response to be CCM member
- **ER 3: CoI** Explore more understanding of CoI policy and process management

Q&A

- The representative from Bhutan delegation pointed out that membership on the CCM Board must be transparently elected by constituency and on other hand CCM eligibility assessment desire to have equal

gender representation. Thus, the two requirements seem contradictory to each other and it would be difficult to meet the equal gender representation when member are elected than nominating. (there is ever chances that CCM may have more women representation or men in the future)

- To the response, the legal Manager, The Global Fund, has agreed to take the issue with CCM hub, the Global Fund and get back at the earliest opportunity.

15:50 -16:30

Agenda Item: GF Secretariat Issue: #Global Fund Governance and Constituency Meeting.

This issue presented by Robert (via skype called) on the following key point:

- The objective of the global funds is a world free of the burden from three diseases.
- Principal of the Global Fund : Partnership, country ownership and the performance based funding
- Global fund strategy to 2016: Invest more strategically, Involve the funding model , actively support grant implementation success , promote and protect human right, sustain the gains mobilize resources.
- Global fund governance structure: Governance independently organization
- Global fund board is a partnership: all stakeholders have decision make and involve all sectors include Governance, Civil society and private sector.
- Core functions of the board: Partnership engagement, organization self-assessment performance and Risk management, structure development, mobilization resources, advocacy, Governance Oversight and Commitment of Financial Resources.
- Board voting structure: all decision is made by consensus. Voting of the board structure it was by Group and Implementer Block.
- Committees of the board: The Global has three standing committees (permanent) are SIIC (Strategy, investment and Impact) Committee. Finance ad Operational Performance Committee (FOCP) audit and Ethic Committee (AEC) nr committee is transitional Governance Committee
- Committee purpose: The committee needed to know each other on the SEA issue and sharing information and promote constitutional and general duty. He mentioned to try specific to balance the interesting.
- Secretariat organizational chart: Governance Independent organization.
- Mission of the office board: The Global Fund secretariat was consisted 10 person in order to have decision making.

Q and A:

Chairperson asked about strategy to support or to engage more in the Global Fund in term of NFM and EPA and Management. How the constituency can is having strong commitment to the Global Fund.

Responding the question, Robert said that:

- Constituency needed to have strong commitment to the Global and then strength commitment the process which focus on the Region and country.
- Robert added that the Constituency needed to believe Global Fund in the whole.
- Keep supporting each other and sharing information and working with partners like WHO, UNAIDS and increase better advocacy.

- He was mentioned that Meeting uncomfortable as the Global Fund is not member of the US but it is Private sector organization therefore to make the governance understanding like WHO and UNAIDS.
- When the CCM constituency meeting in the Board Meeting table, there was not based on the Representing but who is interesting and mixes with the commitment with the example Finance and Privileges and Immunity.
- He added what is needed for the conduct the meeting is successful and decision from point of view and decision with the commitment (vote to have the right people and the right place rather than who representing the meeting)

Mr. Ferdinand from Indonesia asked on the country ownership, Objective and impact in the country level and Technical support from UN partner.

- The question was responded by Robert, The Technical support from natural dynamic and board have decided the Technical content as well country dynamic is related to country benefit, CCM structure dynamic and clear understating CCM practice.
- Type of experience around of the table and experienced of the CCM bring the technical question to the real impact.

Chairperson observed that technical team or people in secretariat some person ideas/ conflict needed to have balance with CCM ownership and delegate decision and have power for the decision. However the Answer will give while Dr Suriya will travel to Geneva.

Mr. Robert from the TGF is given final remarks that no conflict of interest but there was professional conflict in the secretariat.

Agenda Item: SEA Business Issue # 4: Preparation for the 33rd Board Meeting

- **Pre-Board meeting and 33rd Board meeting programme Important agenda of the Board**
 - **Allocation of agenda to SEA delegates who will attend 33rd Board meeting**
- Dr. Taweessap updated key issues which will be discuss on the 33rd Board Meeting in Geneva
- Dr Taweessap provided assignment to those participants who will be going to attend the board meeting.
- Distribution of Task in the 33rd Board Meeting Tentative Agenda as following:
 1. **Financial Oversight: Myanmar**
 2. **Assessment of organizational performance: Indonesia**
 3. **Risk Oversight: Nepal**
 4. **Strategy Oversight: Maldives**
 5. **Strategy and Policy Development: Thailand**
 6. **Governance: Timor Leste**
 7. **Partnership and Resource mobilization: DPRK Korea**
- Since there was no objection from the participants, Dr Suriya requested to the all country who has received the topic agenda to prepare the discussion and intervention for tomorrow.

Day 2: 13 March 2015

08.30 – 09.00

Agenda Item: Updates the previous GF Board Meeting and other Committee meetings

- On the second day of the meeting the session started with Updates on the previous 32nd Global Fund Board Meetings, 20-21 November 2015, Geneva, Switzerland. This was presented by Dr Taweessap Siraprasasiri.

- The decision points of the 32nd Board meeting were shared and discussed. It was informed that Board approved several changes in governance arrangements, including establishing a transitional governance committee and introducing measures to ensure transparency in the votes. Several recommendations and requests were made to the Secretariat to identify strategies and advocate for the acquisition of privileges and immunities for the Global Fund. The interim measure to fund HCV treatment will continue under the approved budget amount.
- The Strategy, Investment and Impact Committee is developing recommendations on the role of the Global Fund in financing treatment of co-infections and co-morbidities of the three diseases. The Board also called on partners for more money to finance HCV treatments. Board also affirmed its commitment to optimize the performance and impact of investments in health products and devices through reviewing and updating the Market Shaping Strategy. The Board abolished the Market Dynamics Advisory Group and the Secretariat will be responsible to matters related to market dynamics. The Board adopted the new ethics and integrity framework and approved of new KPI framework to be implemented in 2015.
- Dr Taweessap informed that a new risk management policy and risk differentiation framework was approved. The Board approved the amended policy on its restricted financial contributions to bring it in line with developments under the new funding model. Another major move by the Board was assigning the Secretariat responsible for preparing reports semi-annually on losses and recoveries. This was previously the job of OIG and it will continue to report on the Secretariats' progress on recoveries.

09.00 – 11.45

Agenda Item: Discussion on important issues of agenda and position of SEA Constituency

Day 2: 10.30-11.45 am

Continue discussion on important issue of agenda and position SEA Constituency

TIMOR LESTE : Governance Pre-meeting 30 March 2015

Dr. Filipe Presented Governance Pre-meeting 30 March 20151.

Report from Transitional Government Committee to the board (GF/B33/20), at the Thirty-Second Board Meeting, the Board adopted the Ethics and Integrity Framework and the proposal for creation of a dedicated and independent ethics function. Based on those foundational decisions, the Board requested the Audit and Ethics Committee to develop second-level policies and systems for Board adoption. These 'Second Stage' deliverables consist of (i) the Governance Official Code of Ethical Conduct for Governance Officials; and (ii) Terms of Reference of the Ethics Officer.

Based on the rationale described below, the following decision point is recommended to the Board:
Decision Point on Ethics and Integrity Initiative: Second Stage Policy Proposals

Decision Point

a. Code of Conduct for Government Official

Core Values

- Integrity (transparency, impartiality, fairness and truthfulness)
- Duty of Care (Governance Officials to operate in the best interests of the Global Fund)
- Accountability (accountability to all Global Fund constituencies, including those affected by the diseases)
- Dignity and Respect (upholds the dignity of those affected by the diseases and uses its best efforts to ensure its funding does not contribute to discriminatory treatment or violation of human rights

b. TOR

- Mandate (Ethics Officer is responsible for providing assurance on the extent to which the Global Fund has fully and effectively implemented its ethics and integrity-related policies, codes and requirements)
- Responsibility (Ensure risk management, advise and support GF Operations, Collaboration and Advocacy, support investigation of ethical misconduct, Admin and management function)
- Require Skill (Six requirement includes education, experience, and language)
- Competencies (Corporate competencies and functional competencies)
- Selection Term (three-year term that may be renewed no more than once)
- Reporting Arrangement (The Ethics Officer will report to the Board through the Committee)

Maldives community, rights and Gender matters (GF/B33/02-09),

Maldives has presented an update on community, rights and Gender matters (GF/B33/02-09), the purpose of this is update on the Community, Rights and Gender Department Ongoing Work. The contents of this on-going work has noted by the meeting which focus on;

- Provide support to Global Fund Secretariat country teams in order to improve the quality of Global Fund financed health programs.
- Provide technical leadership and guidance across the Secretariat on community, rights and gender issues.
- Maintain external partnerships with civil society, communities, UN, donor and other technical partners in order to advance improved programming at country level.
- Support communities affected by the three diseases to be informed and better engaged in Global Fund processes and procedures.
- Act as Civil Society Hub for the Global Fund Secretariat

The meeting has mentioned details on, support to Country Teams, Review of Key populations and human rights portfolio, CRG response to Findings from Concept Note Review, Partnerships, Engagement and Human Rights Complaints Procedure and CRG response to Findings from

Concept Note Review

The Update from TRP (GF/B33/02-10), the General observations are Technical and disease-specific observations and Policy-related observations and recommendations for Global Fund Secretariat and Board. The meeting has also noted the decision paper presents three options for taking forward Global Fund policies on COIM:

- Option 1: Maintain the current processes for financing COIMs;
- Option 2: Enhanced guidance on financing COIMs;
- Option 3: COIM are not covered

The advantages and disadvantages of each option and recommend Option 2. This option moves beyond existing processes by developing and providing guidance on financing COIMs to ensure impact and increase accountability, while maintaining the overarching principles of country ownership and a flexible approach to countries on differing parts of the development continuum.

13:30 – 14:30

Discussion on governance and future activities of SEA Constituency

The Global Fund Chair and Vice chair

- The term of current TGF board chair and vice chair will come up end after 33rd board meeting
- The new TGF chair will be from donor and vice chair from implementing country.

SEAR communication point

- Bangladesh: Minister, MoH, will be included as additional contact point
- Indonesia: will communicate the changes (contact point) once confirmed restructuring of CCM is complete
- Maldives: communicate the contact details of CCM chair and vice chair
- Myanmar: will communicate the contact changes
- Sri Lanka: email address of CCM chair need to be updated

Nomination for TGF standing committee- discussion/recommendation

- Raised concern how governments are kept apprised during the nomination of members to any of the Global fund committee
- The respective CCM submits the nomination from CCM or outside CCM. However, it is finally decided by constituency Board member in consultation with alternate board member and constituency focal point.

SEA Constituency expenditure- 2014

- Spent by Sri Lanka: USD 24338
- Spent by Thailand: USD 55637
- Total Expenditure: USD 79975
- Budget for 2015: USD 79964

Future Activities

- CFP agreed to share the 33rd TGF Board meeting documents prior to 33rd board meeting.
- The Bhutan CCM chair agreed to host next Pre- Board meeting in Bhutan, further, it was requested that additional support from SEARO was felt necessary.
- The WHO/SEARO representative highlighted that cost sharing mechanism by host countries would and may continue since it helps to strengthen and improve the collaboration.

Regional expression of interest to address cross border HIV/TB issue

- The resolution pertaining to regional EOI (circulated) will be part of discuss
- Due to less information of Care International, the EOI can be manage and submitted by Maldives on behalf of implementing partners
- The Maldives proposed to jointly submit the EOI by CCM Sri Lanka and CCM Bangladesh on behalf of member countries.
- Maldives agreed to approach CARE International for the submission of EOI to the Global Fund.
- With regard to Regional EOI, the Bhutan CCM will get back after consultation with CCM members and government.

SEA Constituency updated

- GF business SEA ToR

- Enhance communication
- Future activity
- Next sea constituency meeting

FOPC

- Previously India was member is not able to be committee and Global Fund raise the problem and announce the SEA to nominate
- CCM Thailand send the nomination to the Global Fund
- GF: selected Beatres from block implementer country to be as FOCP

P&I

- Secretariat lead the SR, Donor and Implementer a advice and advocacy for P& I
- GF request SEA Constituency to nominate within deadline 8 March
- SEA interested nominate to board member

Communication Process

- Communication Focal Point is key communication to Board, Alternate board member and focal point among the constituency country.
- CFP circulate the information among the SEA Constituency
- Some condition respond and equal
- Other issue- ensure update person and focal point from each country
- Taweessap requested, each country update the list of chair, vice chair and focal point.

New Chair and Vice Chair

- New chair and vice chair will be endorsed into 33 Board Member:
- Chair: Donor
- Vice chair: Block implemented (Maldova)
- TOR have developed in order to communicate with among member constituency
- It was a drafted on 2010, endorsed on 2012 and updated on 2014
- On the ToR has several items was described in the TOR
- Highlighted in the SEA responsibilities
- Dr. Suriya updated on the Coordinating Group was consisted of Leadership (Chair and Vice Chair) Standing Committee, Executive Director. He mentioned on the considering capacity in the finance rather the pragmatic management.

Question from CCM Indonesia how do you nominate the purpose board member?

- Dr. Suriya explained nomination as previously Constituency sent directly to the Global Fund however it was rejected by Global with two reasons: beyond the deadline and standing committee needed to consider one position.
- Dr. Sudjanto suggested to change the sentence related to the nomination “ Global Fund sent TOR and qualification to SEA Constiency trou Board Member, Alternate Board Member and Communication Focal Point.
- Dr. Suriya updated on the standing committee is selected by constituency not from Board Member/ Alternate Board Member.
- Dr. Jigmy asked how the comperensive on the nomination to the government on the appointment for the committee.
- Dr. Suriya explained that as CCM is compose of the Stakeholders if government would like to nominate it was depened on the constietuency and government.
- Dr. Jigmy added to makesure government is aware on the nomination.

- Dr. Suriya updated the nomination person needed to send official letter to BM, ABM and CFP.
- Filipe from Timor Leste suggested to have first option was suggested by Taweessap as mostly easy and faster rather than option two considering the time frame.
- Taweessap updated the budget expenditure report 2014 as previously CCM Sri Lanka as Board Member and Thailand is ABM with total amount ...
- Additionally he updated estimated budget for the SEA 2015 with total amount \$79,964 which managed by BM, ABM and CFP.

Future activities:

- Send the full report of the 2015/1 re-board meeting in Yogyakarta
- Send the documents relating to the 33 board meeting to delegates
- Keep communication and consultation through electronic or teleconference

Next SEA constituency meeting

- CCM Bhutan is hosted for 34th board meeting on 16-17 November 2015 and requested support from WHO to fund the activity.
- Communication and preparation.
- Dr. Jigmy requested CCM Bhutan to send formal request to WHO Country Team and SEARO.

Decisions and Recommendations of the meeting: The following decisions were made by the Pre-Board SEAR Constituency Meeting held in Phoenix Hotel, Yogyakarta, Indonesia 12 – 13 March 2015.

A) Agenda Item: Appointment of the Chairperson, Co-Chairperson and the Rapporteur and adoption of the Agenda

Decisions:

- Hon'ble BM from SEA Constituency Dr. Suriya Wongkongkathep Deputy Permanent Secretary, Ministry of Public Health, Thailand appointed as Chair of this meeting,
- Prof. Dr. Sudijanto Kamsobane be the first Co-Chairperson and the second Co-Chairperson was Dr. D.M.R.B. Dissanayake, Chairman of CCM and Secretary, Ministry of Health and Indigenous Medicine, Sri Lanka.
- The Bangladesh representative Mr. Manaj Kumar Biswas was appointed to be rapporteur of this meeting.
- The Meeting were informed the agenda and then adopted the agenda accordingly, which appears as attached in the Annexure A

B) Agenda Item: Key Note Addresses by Dr. Nafsiah Mboi, Chair of the GFATM Board: The meeting acknowledge and noted the speech as well as recommendation of The Global Fund Board Chair.

C) Agenda Item: Update on WHO Regional strategies for HIV & TB : The meeting acknowledge and noted the speech as well as recommendation of WHO regional Strategies on HIV and TB and **update on SEA constituency Concept note by Dr. Jigmy**

Extension and expansion of the current WHO-GF TA agreement to include broader and more flexible scope to render TA support to Member States including grant negotiation and grant implementation.

The members' countries were to propose inclusion of Dengue under the co-infection, comorbidity and co-mortality agenda for funding support from TGF with Malaria. WHO SEARO to provide the Technical documents.

D) **Agenda Item: SEA Constituency Issue#1: EOI Regional Proposal presentation and discussion:** The meeting agreed to explore the availability of International Organization for Migration focused TB & HIV programme implementation and submission of EOI on 1st April 2015. The Chair informed that before submission it has to be decided which countries will co-sponsor the EOI as the Global Fund allocation for year 2015 may not be enough to implement the programme.

SEAR Constituency meeting decided to submit the EOI of the Regional Proposal on the TB, HIV and TB/HIV co-infection on 01 April 2015. The draft EOI before submission was to be circulated to all the Member States of the Constituency who were to give their comments and concurrence at the earliest possible time due to time constraint. On behalf of the SEAR TGF Constituency Maldives, Bangladesh and Sri Lanka is to submit the EOI under the coordination of Maldives. The draft EOI Text is Annexed ...

E) **Agenda Item SEA Constituency Issue #2: Tax Exemption, Privilege and Immunity:** The countries of SEA Constituency acknowledged and noted these issues of P&I as well as tax exemption. SEA Constituency will show maximum effort for these issues.

F) **Agenda of SEA Business Issue # 3: CCM Eligibility Performance Assessment (EPA):** The meeting acknowledged and noted this issues as update on CCM Eligibility Performance Assessment (EPA) and Eligibility requirement

G) **Agenda Item: GF Secretariat Issue: #Global Fund Governance and Constituency Meeting:** The meeting acknowledged and noted these issues of the GF Governance and operations of Secretariat.

H) **Agenda Item: SEA Business Issue # 4: Preparation for the 33rd Board Meeting:** The meeting allocated different agenda item subject to individual delegates who will be attending the 33 Board Meeting in Geneva. the agenda to SEA delegates who will attend 33rd Board meeting:

1. Financial Oversight: Myanmar
2. Assessment of organizational performance: Indonesia
3. Risk Oversight: Nepal
4. Strategy Oversight: Maldives
5. Strategy and Policy Development: Thailand
6. Governance: Timor Leste
7. Partnership and Resource mobilization: DPRK Korea

I) **Agenda Item: Updates the previous GF Board Meeting and other Committee meetings:** The meeting acknowledged and noted these updates.

J) **Next SEAR Pre Board Meeting:** With the confirmation of invitation by the delegate on behalf of his country, next TGF Pre-Board SEAR Constituency Meeting will be held in Bhutan sometime in October/November. The dates for the meeting will be confirmed later.