

Report

Of

Virtual Meeting of the SEA Regional Coordination

Mechanism Forum (SRCMF)

of

the South East Asia Constituency

5th of June 2020

Contents

Executive Summary	1
Inaugural Session	2
Business Session:.....	4
Nomination and appointment of Office Bearers	4
Structure of Regional TB & RAI Secretariat by Dr. Suriya Wongkongkathep	4
Structure of E8 secretariat by Dr. Shiva Murugasampillay	5
Propose structure of SEA RCMF Dr. Jigmi Singay.....	6
Resource Mobilization	6
Resource mobilization for Malaria Elimination by Dr. Melanie Renshaw- RBM.....	6
SAARC Development Fund (SDF) By Dasho Kunzang Wangdi.....	7
For COVID 19 and other Diseases/programmes By Dr. Jigmi Singay.....	8
Country Updates on COVID-19 and Status of Global Fund supported Programs - TB, Malaria, HIV/AIDS and HSS and Update on Status of the GF application for allocation by the Member States	8
Bangladesh.....	8
Bhutan:	9
Indonesia:.....	9
India:	10
Nepal:.....	10
Sri Lanka:.....	10
Thailand	11
Maldives.....	12
Introduction of the New Partners	12
APLMA and APMEN by Jeffery Smith	13
RTI International by Dr. Rajiv Tandon.....	13
The next SEA RCMF Meeting (face to face).....	13
AOB	14
Presentation of the Draft Report of the Meeting by the Rapporteur	15
Closing Session.....	15

Adoption of the Meeting Report	15
Statements by the Participants	15
Executive Secretary of SRCMF.....	15
Closing remarks of Chairperson Dasho Kunzang Wangdi	16
ANNEXURE.....	16

Executive Summary

The first Virtual Coordination Mechanism (RCM) Meeting was held on the 5th June 2020 at 10 AM - 3 PM IST under the Chairmanship of Dasho Kunzang Wangdi, Board Member of the SEA GF Constituency and with the Rapporteur, Dr Dipanjan Roy. The meeting was attended by RCM Members from the eight Member States of the SEA GF Constituency – Bangladesh, Bhutan, India, Indonesia, Maldives, Sri Lanka and Thailand. Myanmar, Timor Leste and DPRK could not attend the Meeting. The meeting was also attended by the Resource Persons and two New Partners.

The meeting after adopting the draft agenda, reviewed the Objectives and expected outcome of the meeting and deliberated on the agenda items. The meeting endorsed the draft report presented by the Rapporteur and approved the following proposals and recommendations: –

1. approved the list of program areas for selection with focus on immediate response for control and mitigation of the COVID 19 Pandemic, prevention of the disruption of Essential Health Services and ongoing Health Programs and for the activities during Post COVID-19 Pandemic period.
2. approved the proposal for expansion of the SRCMF Secretariat with directive to keep the Secretariat small, compact, efficient and flexible with minimum required staffs for discharging its' function.
3. approved in line with the requirement of the Ministry of Corporate Affairs' Company Act 18 of 2013, India, the new name of the Regional Coordination Mechanism (RCM) as SEA Regional Coordination Mechanism Forum (SRCMF) with effect from the 5th of June 2020 onwards.
4. approved the next SRCMF meeting to be organized for face to face meeting subject to improvement of the COVID 19 pandemic and the situation in the proposed venue being conducive for such meetings including travel.
5. recommended Secretariat to start changing the working system more and more virtually to keep pace with the Changes that COVID 19 Pandemic is influencing and bringing and report the progress in the next meeting.

6. the meeting welcomed the two new partners – Mr. Jeffery Smith, APLMA/APMEN and Dr. Rajiv Tandon, RTI, and directed the Secretariat to work out clearly with the partners areas of co-operations and collaborations.

The meeting was formally closed by chairperson at 3.30 PM IST

Inaugural Session

The first Virtual Coordination Mechanism (RCM) Meeting was held on the 5th June 2020 at 10 AM IST under the Chairmanship of Dasho Kunzang Wangdi, Board Member of the SEA GF Constituency and with the Rapporteur, Dr. Dipanjan Roy. The meeting was attended by RCM Members from the eight Member States of the SEA GF Constituency – Bangladesh, Bhutan, India, Indonesia, Maldives, Sri Lanka and Thailand. Myanmar, Timor Leste and DPRK could not attend the Meeting. The meeting was also attended by the Resource Persons and two New Partners. The list of the Participants, Resource Persons and New Partners are attached as **Annexure 2**

The Meeting started with Executive Secretary of RCM Secretariat welcoming the incoming Board Member Dasho Kunzang Wangdi, ABM Dr. K.S. Sachdeva and CFP Ms. Suneeta Chhetri and the outgoing Board Member Prof. Mohammad Abul Faiz and CFP Mr. Manaj Kumar Biswas. He then welcomed all the participants from the eight member countries, resource person and new partners- APLMA/APMEN and RTI.

He briefly informed the meeting that RCM was formally launched in Yangon Myanmar on 30th of October- 2018 during the Pre-Board Meeting. He further highlighted that earlier coordination meetings during the GF round system was organized and funded by WHO SEARO to provide platform for the SEA GF Constituency member countries to be better organized and to share experiences for better implementation of the GF programs and also to prepare for the regional participation in the GF Board meeting.

The Outgoing Board Member Prof. Abul Faiz in his address congratulated Dasho Kunzang Wangdi and Dr. K. S. Sachdeva for being appointed as Board Member and Alternate Board Member respectively and Ms. Suneeta Chhetri as a CFP. He reminded the meeting of COVID-19 crises and its serious adverse impact on socio-economic condition and social disruption as well as the disruption of the essential health services and on the ongoing health programs. He further

reminded that countries of SEA region have high population density, social distance practice was a challenge. Amidst all these odds the RCM secretariats being able to organize this virtual meeting has been commendable and congratulated them. He then gave a brief account on how RCM Secretariat evolve to the current state and wish the secretariat for further development under the new constituency leadership.

Dasho Kunzang Wangdi, incoming Board Member in his address thanked all the Member Countries for electing him as the Board Member and congratulated Dr. Suriya Wongkongkathap for being appointed as the member of strategic committee and Dr. Bharati Das, as the member of AFC. He expressed his happiness in being able to attend this virtual meeting in spite of looming shadow of COVID-19 Pandemic crises. He highlighted that while globally the COVID-19 cases are showing decreasing in number but in most of the countries in our region showing increasing trend. After highlighting the quote of Mr. Peter Sand, Executive Director of GF, he expressed that we have to prevent disruption and safeguard the progress made by the Member Countries in the GF supported programs – Malaria, TB, HIV/AIDS. He further emphasized that due importance and priority needs to be accorded to the cross-border health activities in adequately responding to the health needs of the cross-border population. He urged all the member states to support the RCM and due consideration be given to the sustainability aspect of the health intervention investment in the cross-border areas. (Statement as **Annexure 3**)

Dr. Kuldeep Singh Sachdeva, incoming Alternate Board Member in his address reminded the meeting that main function of the RCM was to address the cross-border issues and this needs to be pursued further. He introduced to the meeting new Program Officer Dr. Geetanjali of India CCM Secretariat who will be participating full time in this meeting. He mentioned that it was heartening to note that after a very long time RCM Secretariat has now taken some shape and structure and which has become functional. He acknowledged the contribution of the all members particularly the RCM Executive Secretary for bringing it to this level. Having reached this far, he assured on behalf of his country and his own behalf full support to take it to next higher level.

The inaugural session ended with vote of thanks by Executive Secretary, RCMF.

Business Session:

Nomination and appointment of Office Bearers

Prof. Dr. Abul Faiz as an outgoing BM appointed the incoming Board member Dasho Kunzang Wangdi as the chairperson and Dr. Dipanjan Roy from the Secretariat as the rapporteur of this virtual Regional Coordination Mechanism (RCM) meeting.

The chair started the meeting first with the introduction of participants in alphabetical order of the member countries. After introduction, agenda was adopted **as Annexure 1**.

Executive Secretary then presented the objectives and expected outcomes of the meeting. The meeting reviewed the Objectives and expected outcome of the meeting and deliberated on the agenda items.

Structure of Regional TB & RAI Secretariat by Dr. Suriya Wongkongkathep

Dr. Suriya Wongkongkathep gave a presentation on Structure of Regional TB & RAI project.

The presentation was mainly on governance structure of RAI2E highlighting at regional and country level. At the regional level a focus is on the regional activities and at the country level country activities with oversight and also regional grant management. The regional project is funded by GF which is to eliminate Malaria from the Greater Mekong sub region and total grant for three year is USD 230 Million which includes country component budget. This structure is now being consolidated into one structure where the regional and country level projects are in the same level. At the regional level, regional steering committee makes the decision and also has the oversight function. Under RSC (Regional Steering Committee) is the independent monitoring panel at the regional level. The RSC members are from the government and non-government (CSOs) which are voting members and also has representative from multilateral and bilateral agencies which are non-voting members. At the regional level PR is UNOPS which does grant management and program implementation. At country level Country CCMs coordinates all the implementing agencies and grant management & implementation of programs is done by Co-PR or SRs who report to country CCM and also to regional PR UNOPS. He then presented implementation arrangement and fund flow.

TB governance structure is for elimination of TB in the migrant population.

During the discussion Dr. Surya presented many areas of challenges such as coordinations among the implementing agencies, RCM having oversight function but cannot overrule decision of CCM at the country level, unit cost of implementing the activities is very high in the cross border areas, there is a problem of procurements and supplies.

His presentation slides are annexed as **Annexure 4**

Structure of E8 secretariat by Dr. Shiva Murugasampillay

Dr. Shiva Murugasampillay gave a presentation on Structure of E8 secretariat focusing on governance and accountability. He highlighted that after establishment of regional CCM and regional executive committee the regional SEA constituency should develop concept note for malaria elimination in the Indian sub continents- Bangladesh, Bhutan, India, Nepal and Myanmar and later extend to seven Himalayan countries by extending to Sri Lanka and Maldives. RCM should explore investors other than GF such as SDF and BMGF etc. He then presented how COVID-19 pandemic has exposed weakness of public health system and disease control system in managing cases (Mild, Moderate, Severe/Critical) including social safety. He also touched on the economy recession. He then highlighted on lessons learnt from the other regions focusing on how high level leaders such as Prime Ministers, Presidents and Ministers leadership and commitment makes difference in achieving the targets and goals with effective advocacy and making available the resources needed. He stressed the importance of advocacy, partnership and collaboration with the donors, partners, CSOs and NGOs.

In the structure, Board should ensure principals of good governance and discharging of powers, responsibilities, and accountabilities as per the laws and regulations. Boards need to oversee the executive and should be accountable to member states, stakeholders, and partners.

The organizational structure and institution particularly of the secretariat should be small, headed by Executive Director with the bare minimum required divisions/units. Policy documents such as HR and Financial Manual should be developed and followed.

In conclusion responding to the questions he highlighted that the value of regional/sub regional setup focusing on cross border issues lies in being able to share transparent and regular information system, having effective coordination system, sharing of resources and having a good surveillance

system. He further reminded these activities can be sustained with regular periodic meetings of the leaders and adequate allocation of resources.

His presentation slides are annexed **Annexure 5**.

Propose structure of SEA RCMF Dr. Jigmi Singay

Executive Secretary of RCM started his presentation by mentioning that the current existing structure of the RCM secretariat is designed to respond to the GF requirements only. The secretariat is now submitting to this virtual RCM meeting to expand the existing structure so that it can effectively function in responding to other donors and partners and render coordination function effectively. He further informed the meeting that the presentation made by Dr. Suriya and Dr. Shiva will be very helpful in developing the final structure of the RCM secretariat. He urged the participants to give their comments and suggestions in developing the final structure. He then presented the existing structure and the proposed structure. In the proposed structure it was suggested to add evaluation and communication unit in appropriate section. The meeting approves the proposed structure to be developed and present the final structure in the next meeting. His presentation is annexed as **Annexure 6**

Resource Mobilization

Resource mobilization for Malaria Elimination by Dr. Melanie Renshaw- RBM

Dr Melanie Renshaw made a presentation on resource mobilization for Malaria Elimination. She highlighted that Malaria funding has been successful largely from GF and for Mekong sub region from USA. Now with the rise of cost of commodities- bed nets, rapid test and with drug resistance and insecticidal resistance malaria program is going to be expensive. The coverage of the program may be a big challenge. Malaria grant has also succeeded in increasing domestic resources but now with COVID-19 Pandemic raising domestic funding will also become the challenges which will further be aggravated by the global recession. In SEA Region domestic resource contribution has been very significant particularly with India contributing 53%. Very soon there is likely to be stagnation in the mobilization of resources for malaria.

She then highlighted how RBM partnership supports the countries particularly through assisting in GF application, providing consultant, resource mobilization, supporting meetings, analyzing resource gaps and supporting regional and sub regional coordination mechanism, generate domestic funding, advocacy and providing leadership platform, resource mobilization beyond GF and post COVID -19 recovery. She shared information how countries are availing loan for the malaria elimination programs and also accessing funding support from sub regional funding sources such as Malenesia- e.g. Timor Leste is a recipient in this region.

Lastly, she presented how RBM partnership has secured funding for SEA RCM under the catalytic funding about one million (300,000) annually for three years. She informed that board has already approved it and RBM partnership is in the last phase of negotiation with the GF. She also presented various modalities of how this fund can be used by the SRCMF and this fund will be available from January 2021. In responding to the question on surveillance and data quality collection and sharing and also the cross-border district and states, she confirmed RBM Partnerships' priority and support. She emphasized that there has been no better earlier need than the cross-border information requirement now for sharing cross border data, information and sharing of resources. This has been used extensively in the proposal development and priority setting. The importance of states and cross border district is also fully supported by RBM Partners. Slide Presentation Annexed as **Annexure 7**

SAARC Development Fund (SDF) By Dasho Kunzang Wangdi

Dasho Kunzang Wangdi informed the meeting that on request of Executive Secretary of the RCM he had called on to Hon'ble Health Minister of Bhutan to propose to the Ministry to consider being led country to submit the application for the SDF loan for COVID 19 response in the SAARC Region with India, Nepal and Bangladesh as others . The Minister stated that that She would need to consult with the Foreign Minister and Finance Minister to take their guidance while she personally would be happy to support the idea of applying for the SDF loan for COVIC 19 Response in the SAARC region. So Once the Hon'ble Minister will revert to Dasho on the outcome of the consultation in due course of time.

For COVID 19 and other Diseases/programmes By Dr. Jigmi Singay

Executive Secretary reported to the meeting that in the 1st RCM Meeting held in Thimphu Bhutan the directive received was to give priority on Malaria Elimination and to mobilize resources for it and to focus on Cross Border Issues. But now with COVID 19 Pandemic it has become imperative for responding to it first and then to tag other programs along within the context of COVID 19 Pandemic. Otherwise we do not get proper entry and become out of context and irrelevant. So, he submitted to the meeting that due consideration and priority be accorded to the COVID 19 Pandemic response and other relevant programmes be tagged along for the Resource Mobilization Proposals. He submitted the following list for approval for Resource Mobilization and accord Priority to the COVID 19 Response till situation improves.

The list to mobilize resources are- COVID-19 Pandemic response, PMNCH, UHC, HSS, CSS, Migration focusing Cross Border, disease elimination, Strengthen Information and Data System for COVID-19 and other emergency response.

The list was reviewed by the meeting and approved accordingly for the resource mobilization.

Country Updates on COVID-19 and Status of Global Fund supported Programs - TB, Malaria, HIV/AIDS and HSS and Update on Status of the GF application for allocation by the Member States

The updates were presented in the alphabetical order of the countries –

Bangladesh

The 1st positive case was detected on 8th of March 2020. 1st death was reported on 18th of March '20. Schools were closed on 16th of March '20. Bangladesh went for complete shutdown from 26th of March – 30th of May '20. It was reopened from 31st of May '20. The cases reported is 57,563 on this date and is on rise. Total death is 781 and case Fatality rate is 1.35%. The presentation slides are annexed as **Annexure 8**.

Bhutan:

The 1st case was reported on 5th of March'20. All people coming from outside and Bhutanese returnee are compulsorily put on Quarantine. Bhutan has not done Lockdown. All positive cases have been from the quarantine camps. As on the date of this reporting Bhutan has 47 cases. All from the Bhutanese returnee camps. There are no deaths.

Bhutan has received fund from Global Fund under 5% grant saving USD 170,000 which has been used for the hospital infection control, contact tracing and for quarantine. Another almost same amount is expected from the GF 5% country allocation.

The 3 diseases programmes – TB, Malaria and HIV/AIDS funded by Global Fund are not affected at the moment but because of the risk Bhutan has already put in the mitigation programs. Amongst the programs HIV prevention activities are most vulnerable. The presentation slides are as **Annexure 9**.

Indonesia:

In Jakarta very few COVID-19 cases are reported, and situation is more or less normal. But in the other parts of the country cases are very much on increase.

Challenges- Many TB and HIV resources are used for COVID – 19 responses, management and treatment – e.g. Staffs, Lab. Drugs.

CCM Indonesia has redirected about USD 26 M for combating COVID – 19 mostly for PPE and testing Kits. Global Fund has approved USD 9 M for the above activities.

COVID – 19 has impacted very negatively on ATM program implementation. There has been significant reduction in training activities, contact tracing, treatment monitoring and distribution of bed nets. Due to transport problem there has been reduction in using the health facilities.

CCM response – in order to mitigate the impact on ATM activities a funding proposal of USD 7 M has been made through adjustment of GF allocation. Further CCM has changed and made Oversight work fully Virtual - Meetings and Surveys are conducted online.

Presentations made in the meeting are annexed as **Annexure 10**

India:

COVID – 19 Pandemic started with few cases in January '20 and by end of March there were about 1000 cases. On 25th of March India went for 4 successive Lockdown and started relaxing on 31st of May'20. India's total cases were reported as 245,000 with total death as 6000 and case Fatality rate as <3%.

Prime Minister of India announced Rs 2 Billion package in March '20 for revitalizing the whole Health System response for combating the COVID – 19 Pandemic in the country. 2000 molecular diagnostics and COVID Chips were ordered for molecular diagnosis.

All three diseases are affected to some degree.

As of 1st of June '20 India has started Recovery Programme with 10 – 12 M USD additional allocation for strengthening the Health Systems and Community Systems for emergency response to COVID 19 and for recovery program to attain normal state as early as possible.

Nepal:

Till date consultation for TB, MAL and HIVAIDS are ongoing. Nepal will be applying another application to Global Fund by Aug. '20. There are about 2634 cases, 11 deaths about 100,000 tests done in PCR. There is no logistics problem. But people returning from neighboring countries including India comes back with Dengue, COVID – 19 and Malaria, so RCM should expand and strengthen border health services.

Sri Lanka:

In the budgetary allocation for the years 2019 –2021, HIV has USD 6 M, MAL 2.5M and TB has 3M. As of now there are regular no major issues except of course the major disruption caused by the Covid 19 pandemic. COVID 19 could have been much worse in Sri Lanka but for the country's good Health System and the excellent combined efforts of the health ministry and the defense services and other related sectors. Sri Lanka is today seems much better off in containing the virus. Just two weeks ago Sri Lanka had 400 cases and only 7 deaths. But because of the unexpected

emergence of one cluster from the Navy and later one group of the returnees from Kuwait and Qatar, Sri Lanka has 1797 cases and 11 now deaths. According to Ministry of Health there is local community transmission. Sri Lanka has 16 Hospitals well prepared for managing and taking care of the COVID cases. Some designated hospitals are not used yet because of the limited case numbers. The election which was due during June has been postponed because of the COVID 19 Pandemic. The international airports at the moment are not functioning there could be few more issues specific to when the airports are reopened and opening of the borders. Sri Lanka requested for revisiting these issues later.

Thailand

In Thailand COVID 19 Cases started in end of March '20 from the Tourist and from the Kick Boxing stadium. From 22nd of March onwards Govt. closed all Departmental Stores, Super Markets and restaurants . In early part of April Govt. declared emergency and announced curfew. Govt. passed resolution allowing Migrant Workers to continue working in Thailand. Govt. also allows 500 Thai citizens to reenter every day and all imported cases joins Thai Quarantine System. It was informed that just yesterday i.e. 4th of June'20 17 confirmed cases were deported from the Middle East Countries. So Thailand at the time of making this presentation had more than 3000 confirmed cases.

Thailand has postponed their New year celebration which normally falls in July to the end of the year.

The presentation highlighted on the comparison of the confirmed cases in the ASEAN countries which is followed by the Comparison between ASEAN and Asian countries. It was also shown how the situation was in the selected neighboring countries from where Thailand receives visitors.

The presentation showed the comparison on the variation of the Case Fatality rate of the confirmed cases where Thailand's CFR is 1.84% of the confirmed cases.

The funding situation for combating the COVID 19 pandemic was highlighted as follows –

Global Fund has approved USD 743,966 from the re appropriation from PRs of under the 5% grant Saving and the 10% allocation for the 2020 – 2022 cycle.

The presentations are as Annexed 11

Maldives

The 1st confirmed case was reported on 7th of March '20. Maldives declared National Public Health Emergency on 12th of March '20. 1st case in the Capital was confirmed on 4th of April '20 after which the; number of the cases really soared up in Maldives. The current total no of cases was reported as 531, more than 1000 cases are monitored in quarantine and Isolation facilities, low risk cases are placed in home isolation.

Response by the Govt:

1. Establishing COVID 19 facilities in the 5 regions and strengthening testing capacity in the Central Region.
2. Establishing ICU facilities of 20 beds in each region of the total 5 regions and 100 beds in central region; and
3. Establishing 30 beds of Isolation wards in each region and 100 beds in central region

Challenges:

4. Regular disease programs affected.
5. Preventive services are disrupted (HIV); and
6. Migrant workers are disproportionately affected.

Maldives is a Global Fund non-recipient country. Maldives have to participate in the Regional Grant application Proposals.

The slide presentation of Maldives is as **Annexure 12**.

Introduction of the New Partners

APLMA and APMEN by Jeffery Smith

Jeffery Smith after introducing himself presented Asia Pacific Leaders Malaria Alliance (APLMA) and Asia Pacific Malaria Elimination Network (APMEN) to the RCM Meeting. Two are sister organization housed in the same office and based in Singapore.

APLMA is a policy advocacy organization with the mandate to support heads of government in their commitment to eliminate malaria from Asia and the Pacific by 2030.

APMEN is the network of National Malaria Programs and academic and research institutions that support south to south collaboration to programs for acceleration of malaria elimination efforts.

The statement given by Mr Jeffery Smith is as **Annexure 13**

RTI International by Dr. Rajiv Tandon

Dr. Rajiv Tandon introduced himself as Health Director for RTI International, India, that works across the spectrum, from laboratory-based research - applied research - implementation - evaluation - governance - policy advocacy, RTI is able to adopt a holistic view of interventions and outcomes, helping clients maximize impact across the breadth and depth of programming. RTI follows a multidisciplinary approach to solving problems across the value chain, encompassing strategic areas for the client such as multi-stakeholder management, knowledge transfer, capacity building, developing technology architectures etc. that help build a strong foundation for clients to generate and sustain long-term impact. RTI has experts in India and globally across other Low-Middle Income Country settings with expertise in conducting large scale evaluations, taking into account contextual considerations. This allows RTI to draw on global learnings and best practices without compromising targeted localized applications.

He ended his introduction by highlighted his professional background/qualification, experience, and achievements.

The details of RTI International is as **Annexure 14**.

The next SEA RCMF Meeting (face to face)

It was decided that SRCMF Secretariat to circulate the date and time as soon as the COVID 19 situation improves. In case the Pandemic situation continues then a Virtual meeting should also be considered well in time

AOB

Under this Agenda, two items were submitted by the Secretariat for consideration.

1. Updating on the Change of name from RCM (Regional Coordination Mechanism) to SRCMF (SEA Regional Coordination Mechanism Forum)

Executive Secretary submitted to the meeting that it has become necessary to change the name as per the requirement of the Company Act 18 of 2013 (the Ministry of Corporate Affairs) that Names have to be changed from Forum or Foundation. The meeting accepted the proposed new name in place of RCM (Regional Coordination Mechanism) as the SRCMF (SEA Regional Coordination Mechanism Forum). The change of name was effective from the 5th of June 2020

2. Progress report on the Registration of the SRCMF Secretariat

The Executive Secretary submitted to the Meeting that there are two stages in the Registration of the NGO under the Company Act 18 of 2013. First is the approval of the NGO Name. Which we have already got the Approval as the SEA Regional Coordination Mechanism (SRCMF), second is the Registration of the approved Name. All the required documents have been submitted and we have received the information that in another 10 days' time we should get the registration done. In this connection Executive Secretary informed the meeting that the two persons have really facilitated the registration process for SRCMF. For the approval of the name Dr J.P. Narain, a WHO retiree who was a Director in SEARO WHO facilitated in completion of the documents for the name approval and our Rapporteur of this Virtual Meeting who is the Ex-Director of IIHMR Delhi and Team Lead, Designing CPHC in Urban Areas, PwC-ADB, Dr. Dipanjan Roy. We thank both of them profusely for facilitating the process of registration.

The meeting noted the progress of the Registration and also thanked the two facilitators for the Registration – Dr. J. P. Narain and Dr. Dipanjan Roy.

Presentation of the Draft Report of the Meeting by the Rapporteur

Dr. Dipanjan Roy presented the report of the meeting. The Rapporteur was commended for a very comprehensive report and the participants acknowledged that by and large all the discussion points were captured and thanked him for the job well done.

Closing Session

Adoption of the Meeting Report

In absence of any comments or questions the Meeting adopted the Report. The secretariat will put up the Meeting report in a proper format and circulate the same within a weeks' time.

Statements by the Participants

Two participants gave their views in the closing session. The first participant gave a brief rundown on how RCM evolved. And it is very heartening to see now it is functional. It has come a long way to reach this stage. He thanked the new leadership and the secretariat for organizing this virtual meeting in such a short time. He expressed appreciation for the voluntary work RCM coordinator has put in. He thanked each and every one who has contributed to bring the RCM to this level.

The second speaker thanked the rapporteur for producing very good and comprehensive Report. He looked forward to the draft report circulation. He thanked the secretariat and the chair for organizing this meeting during this difficult time. It was very nice to see everyone online and in future it is more likely to be the norm and less likely to have face to face meetings. He wished everyone to stay safe.

Executive Secretary of SRCMF

He thanked all the participants for their active participation in this first Virtual SRCMF Meeting. Lots of lessons have been learnt in organizing this Virtual meeting. He assured that Secretariat will be more organized in the next meeting. He thanked the outgoing leadership for their support and leadership in bringing up the RCM to this level of functioning. He then thanked the new leadership particularly Board Member for his excellent Chairmanship and looked forward for many more

such meetings in future. He also thanked the Rapporteur for the job well done. And thanked all other Members of the Secretariat from the countries specially Dr. Prakash Ghimre from Nepal, Dr Nishikant Bele from IIHMR New Delhi, Dr. Tashi Tobgay from Bhutan, Dr. Suriya from Thailand and Mr. Hameed from Maldives. And finally wished everyone well.

Closing remarks of Chairperson Dasho Kunzang Wangdi

He thanked the Rapporteur for producing a very good Meeting Report. Since this was his first meeting Chairing a Regional Meeting, he said it was a very good experience. He thanked every participant for the cooperation and very good participation. With everyone's support the meeting has been very successful and fruitful. He thanked the Secretariat for organizing the meeting well. He then requested the CCM Members to ensure that all the CCMs Members in their respective countries respond well to the COVID 19 Pandemic holistically and inclusively with the revival of the Essential Health Services and other essential health programs. He also called upon them to study the Wambo proposal and also to discuss with the other Members on how to tackle the issues of production and sale of alcohol and Tobacco in every member countries as it involves lives of younger populations and populations in the most productive age groups with adverse ramifications on our efforts to eliminate the three disease. More so with under the shadow of the COVID -19 pandemic.

He thanked everyone and requested to remain connected and remain safe. He then formally declared the meeting closed. (Statement as **Annexure 15**)

ANNEXURE

Annexure 1

SEA Regional Coordination Mechanism Forum Virtual Meeting June 5, 2020

DRAFT AGENDA

Time	Issues	Responsible person(s)
9.45-10.00	Virtual Registration	RCMF Secretariat
<u>Business Session</u>		
10.00-10.05	<ul style="list-style-type: none"> • Welcome Address and to highlight the background, Objective and expected outcome of the meeting by RCMF Executive Secretary 	Dr. Jigmi Singay
10.05-10.10	<ul style="list-style-type: none"> • Address by Outgoing BM 	Dr. Abul Faiz
10.10-10.15	<ul style="list-style-type: none"> • Address by Incoming BM 	Dasho K. Wangdi
10.15-10.20	<ul style="list-style-type: none"> • Address by Incoming ABM 	Dr K. S. Sachdeva
10.20 – 10.25	<ul style="list-style-type: none"> • Appointment of Office Bearers- Chair and Rapporteur 	Prof Abul Faiz
10.25 - 11.00	<ul style="list-style-type: none"> • Adoption of Agenda • Structure of Regional TB & RAI Secretariat By Dr Suriya • Structure of E8 secretariat by Dr Shiva • Propose structure of SEA RCMF by Dr Jigmi • Comments and Discussion 	Chair
12.30 – 12.45	<ul style="list-style-type: none"> • Resource Mobilization– <ul style="list-style-type: none"> ➤ SDF by Ms. Suneeta Chhetri ➤ RBM by Dr Melanie Renshaw ➤ PMNCH by Dr. Jigmi Singay • Comments and Discussion 	Chair Moderator Dr Jigmi Singay
12.45 -1.30	<ul style="list-style-type: none"> • Country Updates on COVID-19 and Status of Global Fund supported Programs - TB, Malaria, HIV/AIDS and HSS by RCM 	Chair Moderator- Dr. Jigmi Singay

	<p>Members (Member States) BAN, BHU, IND, INA, MAL, MMR, NEP, SRL, THA, TLS</p> <ul style="list-style-type: none"> • Update on Status of the GF application for allocation by the Member States • Comments and Discussion 	
1.30– 1.40	<ul style="list-style-type: none"> • Board Vs Executive Committee for RCMF Secretariat by RCMF Executive Secretary • Comments and Discussion 	Chair
1.40 – 1.45	<ul style="list-style-type: none"> • Technical Committee for RCMF Secretariat by RCMF Executive Secretary • Comments and Discussions 	Chair
1.45 – 1.55	<ul style="list-style-type: none"> • Introduction of the New Partners <ul style="list-style-type: none"> ➤ APLMA/APMEN by Jeff Smith ➤ RTI by Dr Rajiv Tandon 	Chair
1.55– 2.00	To decide on the next SEA RCMF Meeting (face to face) date and the agenda – Chair of the SEA RCMF, Members of the RCMF, Board/Executive Committee and other Committees & Working Groups.	Chair
2.00 – 2.05	<ul style="list-style-type: none"> • AOB 	Chair
2.05 – 2.20	<ul style="list-style-type: none"> • Preparation of Report by Rapporteur 	
2.20 – 13.35	<ul style="list-style-type: none"> • Presentation of Report by Rapporteur • Discussion of the Report 	Chair
2.35 – 2.45	<p><u>Closing Session</u></p> <ul style="list-style-type: none"> • Presentation of report on incorporation of changes as per the recommendations during discussion • Adoption of Report • Statements of the Participants 	Chair

	<ul style="list-style-type: none"> • Closing Remarks by Executive Secretary RCMF • Formal Closing of the Meeting by Chair 	
--	---	--

Annex-2- List of participants- Virtual Regional Coordinating Mechanism (RCM) Forum meeting

Date: 05 June 2020

SL	Name	Designation	Organization	Country	Email Address
1	Prof. Mohammad Abul Faiz	Outgoing Board Member (BM) of the Global Fund / SEA	Bangladesh CCM	Bangladesh	drmafaiz@gmail.com
2	Dasho Kunzang Wangdi	Incoming Board Member (ABM) of the Global Fund / SEA	Bhutan CCM	Bhutan	dashokunzang@gmail.com
3	Dr. Kuldeep Singh Sachdeva	Incoming Alternate Board Member (ABM) of the Global Fund / SEA	India CCM	India	drsachdevak@gmail.com
4	Dr. Jigmi Singay	RCMF Executive Secretary	RCM Secretariat	Bhutan	jigmi2118@gmail.com
5	Mr. Md. Saidur Rahman	RCM Member	Bangladesh CCM	Bangladesh	rahman.saidur66@gmail.com
6	Mr. Manaj Kumar Biswas	Outgoing SEA Constituency Focal Point (CFP)	Bangladesh CCM	Bangladesh	bccmcoordinator@gmail.com
7	Suneeta Chhetri	Incoming SEA Constituency Focal Point (CFP)	Bhutan CCM	Bhutan	bhutanccm@gmail.com
8	Mr. Abdul Hameed	Coordinator	Maldives CCM	Maldives	hameed.nap@gmail.com
9	Mr. Ahemd Afaal	RCM Member	Maldives CCM	Maldives	ahmed.afaal@gmail.com
10	Ms. Yasodha Aryal	RCM Member	Nepal CCM	Nepal	aryal.yeshoda@gmail.com
11	Mr. Sandesh Neupane	Coordinator	Nepal CCM	Nepal	sandesh.neupane2013@gmail.com

12	Dr. Avdhesh Kumar	Additional Director, NVBDCP	India CCM	India	kavdheshnvdcp@gmail.com
13	Dr Geetangali	Program Officer	India CCM	India	iccmsect-mohfw@gov.in
14	Dr. Rita Kusriastuti,		Indonesia CCM	Indonesia	ritakus@yahoo.com
15	Dr. Samhari Baswedan	Executive Secretary	Indonesia CCM	Indonesia	samharib@yahoo.com
16	Dr.Suriya Wongkhongkathep	Public Health Consultant / RCM Member	Thailand CCM	Thailand	suriya@health.moph.go.th
17	Dr. Phusit prakongsai	Acting Senior Advisor on Health Promotion, MoH / RCM Alt Member	Thailand CCM	Thailand	phusit@ihpp.thaigov.net
18	Dr.Palitha Abeykoon	Vice Chairman-CCM, Resource Person	Sri Lanka CCM, RCM	Sri Lanka	abeykoonpalitha@gmail.com
19	Dr. Kamini Mendis	Resource Person	RCM	Sri Lanka	kaminimendis@gmail.com
20	Dr. Mrugasampillay Sivakumaran	Resource Person	RCM	Sri Lanka	shivapublichealth@gmail.com
21	Dr. Shampa Nag	Resource Person	RCM	India	drshampa@gmail.com
22	Jeffery Smith	Chief Operating Officer, Special Invitee, New Partner	APLMA/APMEN	Singapore	jsmith@aplma.org
23	Dr. Rajiv Tondan	Director – Health, Special Invitee, New Partner	RTI International India	India	rtandon@rti.org
24	Dr. Dipanjan Roy	Team Lead, Designing CPHC in Urban Areas, PwC-ADB	RCM	India	doc.pune@gmail.com
25	Prof. Dr. Prakash Ghimire	Consultant	RCM	Nepal	prakashghimire@gmail.com
26	Dr. Nishikant Bele	Associate Professor	IIHMR	India	nr_bele@yahoo.com