Meeting Report

First Regional Coordination Mechanism (RCM) Meeting of the Global Fund - South East Asia Constituency

1 – 2 November 2019

Jambayang Resort, Thimphu

Bhutan

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Introduction

In 2000, AIDS TB and malaria appeared to be unstoppable. In many countries, AIDS devastated an entire generation, leaving countless orphans and shattered communities. Malaria killed young children and pregnant women unable to protect themselves from mosquitoes or access life-saving medicine. TB unfairly afflicted the poor, as it had for millennia.

To respond to the three of the deadliest infectious diseases the world has ever known, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created in 2002 to raise, manage and invest the world's money, with the mission to defeat these three diseases. Working together, smart effective health investments through the Global Fund have saved 32 million lives and provided prevention, treatment and care services to hundreds of millions of people. By 2019, The GFATM has invested 20% of its funding to Asia and the pacific, while major 72% investments were done in Sub-Saharan Africa.[i]

Intensified movement of people across porous borders render political borders irrelevant and create possibilities for disease transmission, as microbes need no passports. Moreover, health system along the border on both sides have the weakest infrastructures, and therefore favourable for cross-border transmission of the diseases like Malaria, TB and HIV. There is evidence to suggest that without addressing cross-border transmission of diseases, elimination may be difficult to achieve. Realizing the importance of cross-border and inter-country collaboration, WHO regional office for South East Asia with 11 member states have organized a number of inter-country/cross-border meetings in the past decade with active involvement of the countries.

In this context, regional cooperation is key for elimination of the three diseases (HIV, TB & Malaria) beside the global efforts, especially for the countries that share land borders. The South East Asia (SEA) Constituency was formed as a regional forum of Global Fund Country Coordination Mechanisms (CCMs) that meets periodically to discuss position papers, strategies, challenges and progress of the GF implementation in SEA countries. The SEA Board Member (BM) and Alternate Board Member (ABM) bring up the decision from the constituency meeting to the GF Board meeting, board committees, and relevant stakeholder for their considerations; while keeping the constituency members informed of the GFATM Board's relevant decisions for follow up action. The SEA constituency leadership promotes regional cooperation to accelerate elimination of Malaria from the region and control of HIV and TB.

SEA constituency leaders meeting, held in Yangon during 30-31 Oct. 2018 formally established the Regional Coordinating Mechanism (RCM), with RCM Secretariat to be based in New Delhi India for addressing regional issues including primarily for elimination of malaria, & to be followed by

control/elimination of TB and HIV, across the borders among countries in this region. RCM coordinator was appointed and mandated for resources mobilization to start up activities for regional collaboration.

Back-to-back with the Global Fund SEA Constituency meeting, the first Regional Coordination Mechanism (RCM) Meeting of the GFATM-SEA constituency was held from 1 – 2 Nov 2019, in Thimphu, Bhutan, with financial support from the RBM partnership. The main objectives of the RCM meeting were to:

1. share the report of the 41st Board Meeting, and draft agenda for the 42nd Board meeting
2. discuss on the priority start-up projects for the RCM and its implementation mechanism
3. deliberate proposed Governance of RCM and administrative structure of the RCM secretariat
4. agree on SEA leadership for the next cycle
5. prepare the position paper / constituency statement based on the 42nd Global Fund Board Meeting agenda and decision upholding the interest and voices of SEA Constituency;
6. discuss on how to increase country allocations during next funding cycle (2021-2023)

The meeting was attended by 20 participants from 7 member countries of SEA Region, the relevant partner agencies such as WHO, SDF, UNAIDS, malaria partnership, subject matter experts, Global secretariat from Geneva (by skype) and the Regional office (Annex 1). The agenda is in Annex 2.

Inaugural Session:

The historic first Regional Coordination Mechanism (RCM) Meeting of the Global Fund - South East Asia constituency was held in Thimphu, Bhutan during 1-2 November 2019.

The opening ceremony (Marchang) began with the traditional Buddhist prayer led by DG, DOMSHI.

Her Excellency, Lyonpo Dechen Wangmo, Hon'ble Minister for Health, Bhutan inaugurated the meeting, attended by RCM members from Member countries in the region, UN Agencies, and resource persons.

Dr Pandup Tshering, Director General DMS, MOH, Bhutan, welcomed the participants representing different countries and organizations. He mentioned about the urgent need for forging regional collaboration for all communicable diseases including HIV, TB and Malaria and wished successful deliberations and consensus on effective operational modality for the RCM.

Prof Mohammad Abdul Faiz, the SEA constituency Board Member, in his welcome address highlighted the need to agree on the RCM's operational modalities, and for bringing this information to upcoming GFATM Board meeting in Mid-November in order to receive support for the RCM secretariat and its functioning. He mentioned about the outcome of 41st Board meeting, SEA relevant decisions and activities completed following 41st board meeting, including Ethics and governance committee (EGC), Audit and finance Committee (AFC) India is member, Strategy Committee (SC). Prof Faiz also informed that SEA leadership would bring in decision points from the 42nd GFATM board meeting scheduled in November 2019 at Geneva.

Dr Rui Paulo De Jesus, WHO representative to Bhutan, in his address emphasized on the need to have a regional platform for coming/working together for elimination and control of diseases of concern. He stated that RCM is also important to push and supplement cross border collaboration and re-iterated WHO commitment in providing continuous technical support to Bhutan and the RCM.

SAARC Development Fund (SDF) representative in his remarks briefed on the establishment of SDF and its objectives of promoting and supporting quality of lives of the peoples in the SAARC region. SDF is open to support countries for poverty alleviation and development activities, which is currently working on 92 projects in 10 countries of the region, including projects on water and sanitation, maternal and child health etc. Urging the need for partnerships, the SDF representative welcomed GFATM SEA constituency and efforts to establish RCM with the objective to address common challenges of HIV TB & Malaria, including cross-border challenges. SDF will be happy to support cross-border projects for elimination and control of 3 priority diseases (HTM), he added.

Dr Jigmi Singay, RCM Coordinator while welcoming the participants to the meeting, introduced each participant to the chief guest and all the dignitaries present.

Chief Guest, Her Excellency Lyonpo Dechen Wangmo, welcomed participants, thanked RBM Partnership and GFATM for continued support. She outlined the importance of leadership in making change, with examples of Royal Bhutan government, including specific leadership by His Majesty and Queen Mothers in different areas of health, behavioural change messages and non-discrimination of the affected key populations. She expressed happiness at the establishment of the RCM, which could be a really effective regional platform to bring-up common voice of the countries in the region, and create a momentum for continued donor support for elimination of the three diseases.

Hon'ble Minister emphasized that development should go hand in hand with health system strengthening. She thanked RBM partnership and GFATM for their support to the RCM. She said "I hope it will help in building health systems across countries that would soon become resilient and sustainable". Referring to SEA countries that had transitioned from Global Fund recipients who have successfully eliminated malaria in recent years, however still have challenges of importation through cross-border population movements. In addition to the regional cooperation and resource mobilization, she hoped that RCM would help also to provide a platform for facilitating post-elimination activities, providing extended support to countries nearing disease elimination, and for health system strengthening activities across the borders.

The vote of thanks was proposed by Mr Sonam Dorjee, Chairperson of the Bhutan CCM, who also re-iterated the importance of RCM in the countries like Bhutan, which is almost at the verge of eliminating malaria over last 5 years but struggling due to cross-border transmission of malaria.

Business Session-I:

Nomination and appointment of Office Bearers

Nomination and appointment of the office bearers for the meeting were proposed and agreed upon as:

- Chair: Secretary Health Bhutan (DG Health on behalf of Secretary)
- Co-Chair: Dr Suriya Wongkhongkathep, Thailand CCM
- Rapporteur: Dr KDN Prasad Ranavera, SriLanka

Country updates on Cross-border situation

It is worthwhile to begin by stating that many initiatives have been undertaken at regional level starting with malaria control among four countries namely Bangladesh, Bhutan, India and Nepal (BBIN) during 1998-2003 supported by USAID/EHP) for coordination, sharing the information and harmonization of interventions. In 2012, an inter-country consultation on networking for malaria control/elimination in the SEA region, was held at Paro Bhutan, resulting in continued country commitments to work together in sharing the disease and vector surveillance information and harmonizing the diagnosis and treatment protocols.

Following the inter-country consultation, Nepal and India further developed and signed a MOU by the secretaries of Health of both the countries, making it administratively/bureaucratically acceptable mechanism for sharing the disease transmission, control intervention information for harmonizing the disease management across the borders.

A similar inter-country meeting held on Feb 2016, at WHO-SEARO, New Delhi, on cross-border collaboration to eliminate Malaria in South Asia; where the high level officials from WHO-HQ, Region and Country representatives re-iterated the importance of cross-border collaboration, following which an Operational Framework for Cross-Border Collaboration to Secure a Malaria-Free South-East Asia Region-2018, was developed by WHO-SEARO with active participation of the countries in the region.

However, in practice the sharing of disease specific information across the border is still limited and has not been a regular practice, given country specific security reasons.

Country Updates

Bangladesh requires support and collaboration from countries in the region, as the diseases across the borders get across the country, even sometime leading to outbreaks, with an example of malaria across the India-Bangladesh border in 2015.

Bhutan; It is very important for Bhutan to have extensive collaboration from India, across the border for elimination of malaria from Bhutan, as is in the final miles of elimination. To achieve the goals of elimination soon, Bhutan has formed National Committee for disease elimination commission, Malaria Elimination technical advisory group; enforced EQA at PHL for malaria diagnosis; operationalized surveillance and response system; enforced mandatory malaria testing for migrant workers; has started informal WhatsApp group with India cross border information sharing and action. It is going to have Malaria elimination review on 2nd week of November. It has also pointed out linguistics barrier and lack of mechanism and focal persons on both the sides of the border for exchange of information.

Indonesia There is one cross border/inter-country program ongoing between Indonesia and Timor-Leste, as the country shares borders with it.

India is both a recipient and a contributor to GFATM (received 2.1 billion USD since 2002, and contributed USD 68.5 million). There is only Govt. PR for malaria, while there are Govt PR and Non-Govt PR for HIV and TB grant implementation. India has been implementing Intensified Malaria Elimination Program (IMEP), where LLIN procurement & distribution for high API states (North eastern states, Madhya Pradesh and Odisha) through GFATM support, while rest of the country programs are on Govt. funding. India has targeted for elimination of TB by 2025, 5 yrs ahead of global targets. However, the challenges faced include Drug resistance threat, population migration, engagement of private sector, geographically tough terrains, Emergence of new infection pockets in Key populations (technology based communication), and Sustaining the achievements.

Maldives has eliminated malaria, the risk to Maldives still remains are importation from mobile migrant labor forces coming from Bangladesh, India and Nepal. Expressed the need for having RCM to improve regional collaboration in detection, exchange of information and ultimately controlling the diseases before further expanding as outbreaks.

Myanmar, the Steering committee member for RAI2E for malaria for GMS countries, have MOU with Thailand and China for disease control across the border. She also mentioned that Surveillance in conflict areas, sustainability of the interventions if the disease transmission still continues after end of GFATM grant, as the challenges.

Nepal is working hard in keeping up the disease control speed to achieve its projected targets for elimination of malaria by 2025, and control/elimination of TB by 2030 and HIV targets. She also mentioned that there are many regional cross-border meetings, even MOU between India and Nepal, which has happened in the past, the commitments were done and implementation was weak, due to lack of an operational mechanism like RCM, which could support health system strengthening across the borders, which are mostly weakest in the countries. She also mentioned that we as a region must work together, at the earliest and should go together in future for longer terms.

Sri Lanka highlighted the need for inter-country collaboration. Sri Lanka is free from malaria since last 5 years. However, it is continuously on threat of importation from people coming across from India and some African countries with malaria transmission; in-spite of compulsory screening of malaria for approval of visa to stay for more than 6 months and free of cost diagnosis and treatment available for anybody in the country. She also mentioned that GFATM should revise its re-imbursement mechanism with upfront investment to make it happen effectively. RCM is important and it should advocate with good political commitment.

Thailand is effectively working for elimination of malaria, along with the bordering countries, through RAI-2E GFATM grant and bilateral health cooperations, in-spite of threat of artemisinin resistant malaria in the bordering countries. He clearly mentioned the importance of regional cooperation/coordination mechanism to work across the borders and voiced the effective operation of RCM at the earliest.

Timor Leste has established a cross-border collaboration mechanism with its bordering country Indonesia, where it has established operational Online data sharing mechanisms with Indonesia and required interventions, as a first cross-border initiative funded through SEA- constituency GFATM grant.

Discussion:

1) Sri Lanka and Maldives, having already eliminated Malaria, expressed the challenges they faced in maintaining their status. Most countries of the Indian sub-continent which shared land or sea borders expressed concerns on cross border population movements.
2. Countries bordering India, including Bhutan, Nepal, Bangladesh, and Myanmar expressed their views on population movements across borders and need cooperation of the bordering countries to achieve 2030 targets for malaria elimination.
3. India recognizes that it is indeed a challenge keeping track of 'border' cases in view of the difficult geographical terrain, challenge of health work force in border areas.
4. As a "common denominator" for cross border transmission of the 3 diseases of concern to GFATM, cross-border policy and operational level mechanisms between India, Bhutan and Nepal started in 2001 but could not deliver on the expected lines for a variety of reasons.
5. Other border hotspots discussed include the one between Indonesia-Timor-Leste and another between Thailand-Myanmar. The latter had the GMS mechanism to help them sort out cross-border issues.
6. The meeting unanimously called for early strengthening the RCM secretariat to prioritize malaria elimination first, which facilitate preventing the reintroduction of malaria in countries that have eliminated the malaria and prevent cross-border transmission among those who are facing difficulties in controlling malaria cross the border. The meeting was of the view that cross-border issues on HIV and TB could be added once the malaria elimination regional activities through RCM could be functional.

Technical Session

Regional Strategy for Elimination of Malaria (Prof Dr Prakash Ghimire and Dr Prasad Ranavera)

In 2018, an estimated 228 million cases of malaria occurred worldwide, compared with 251 million cases in 2010 and 231 million cases in 2017. In 2018, there were an estimated 405 000 deaths from malaria globally, compared with 416 000 estimated deaths in 2017, and 585 000 in 2010. Most malaria cases in 2018 were in the World Health Organization (WHO) African Region (213 million or 93%), followed by the WHO South-East Asia Region with 3.4% of the cases and the WHO Eastern Mediterranean Region with 2.1%. Nineteen countries in sub-Saharan Africa and India carried almost 85% of the global malaria burden. The WHO South-East Asia Region continued to see its incidence rate fall from 17 cases of the disease per 1000 population at risk in 2010 to five cases in 2018 (a 70% decrease). Globally, 53% of the *P. vivax* burden is in the WHO South-East Asia Region, with the majority being in India (47%).[ii]

The WHO technical strategy for malaria (2016-30) has five principles which underline the regional approach to malaria elimination. These include that 1) all countries can accelerate efforts towards elimination through interventions tailored to local contexts, 2) with emphasis on country ownership and leadership, using a multi-sectoral approach, 3) Improve surveillance, monitoring and evaluation, 4) ensuring equity in access to services especially for the most vulnerable and hard-to-reach populations, and 5) Innovation in tools and implementation approaches will enable countries to maximize their progression along the path to elimination. In the regional context, controlling cross-border transmission, and addressing *P vivax* transmission control for achieving the country and regional elimination targets.

The cross-border collaboration to secure malaria–free South-East Asia region remains an operational challenge, given the long and porous borders between India and Nepal, India and Bhutan, India and Bangladesh.

The goal of the Regional malaria strategy is to eliminate malaria from the region by 2030 thereby contributing towards the sustainable development goals and maintain a malaria free status thereafter. Elimination would mean reducing annual parasite index (API) to less than 1 per 1000 population at risk and to eliminate P. falciparum in countries of the Region belonging to the Greater Mekong sub-Region (Myanmar and Thailand) by 2025 at the latest, and prevent re-establishment of malaria in countries where it has been eliminated. To achieve the goal, it is imperative that policy makers throughout the region recognise the need to accelerate malaria

elimination as a priority, ensure universal access to quality assured malaria diagnosis, treatment and prevention for all those at risk.

In the presentation that followed, Dr Ranavera informed that two countries in the Region have so far achieved malaria elimination: Maldives and Sri Lanka. In Sri Lanka, the concern now is to maintain the malaria free status, given the movement of populations to and from the country. Srilankan approach is to detect and provide effective treatment to imported cases early, investigate and classify cases, identify vulnerable populations, and raise awareness of medical practitioners regarding prevention of re-introduction of malaria. This requires sustained political commitment and adequate funding. Malaria is a notifiable disease and screening for malaria is compulsory for visa of those planning to stay for more than three months.

Regional Strategy for elimination of TB (Dr Jai P Narain)

TB remains the leading infectious killer of adults and one of the top 10 causes of death worldwide. Millions of people continue to fall sick from TB each year. An estimated 58 million lives were saved between 2000 and 2018 by global efforts to end TB.

The South-East Asia Region suffers disproportionately from global burden of tuberculosis. According to the Global TB Report 2019, of 10 million cases reported globally during 2017, 44% of the TB incidence and 36% of drug-resistant tuberculosis (MDR-TB) were from the South-East Asia region. The End TB targets set under SDGs, the 2020 milestones of 20% reduction in TB incidence and 35% reduction in absolute number of TB deaths is unlikely to be reached by the Region. Myanmar is the only country on track. The current rate (1.6%) of decline in TB incidence is a concern; moreover, the treatment success rate in the region as a whole is lower than in any other WHO region.

Three sets of strategic actions are proposed to achieve TB elimination by 2030 (India target is 2025): **Find. Treat. Prevent.**

Detecting pulmonary TB cases through intensified active case finding campaigns in the community looking for the ‘missing’ cases and through involvement of private sector;

Treating cases early and ensuring treatment completion so that they are rendered non-infectious and can no longer transmit infection to others; and

Preventing latent TB especially among those at high risk of developing active TB such as children below 5 years of age, household contacts of active cases, and people living with HIV. These strategic approaches needs to be supplemented by high-level political commitment, broad and multi-sectoral partnerships including with communities, robust monitoring and evaluation system, and adequate funding for scaling up TB diagnosis, treatment and prevention.

In conclusion, TB elimination can only be achieved if the TB diagnosis, treatment and prevention efforts are fast tracked spectacularly both in scale and speed, and it will help greatly if we have technological breakthroughs in the form of a vaccine or a new drug, a rapid point of care diagnostic test, and a shorter treatment regimen. Support for research and development is therefore critical.

Regional Strategy for HIV/AIDS (Dr Masauso Nzima)

At the end of 2018, an estimated 37,900,000 number of people are living with HIV. Almost 1,700,000 people were newly infected with HIV in 2018. An estimated 770,000 people died of HIV-related causes in 2018, and an estimated 500,000 new cases and deaths occur per year by 2020. Of the 37.9 million people living with HIV at the end of 2018, 79% received testing, 62% received treatment, and 53% had achieved suppression of the HIV virus with reduced risk of infecting others. Thousands of community health workers and members of the HIV and key population networks, many of whom are living with HIV or affected by the epidemic, contributed to this success.[iii]

The HIV epidemic in Asia and the Pacific region is mostly (85%) affecting key populations and their partners including clients of sex workers, men having sex with men, and people who inject drugs. HIV overall is showing a decline. At the current pace of decline in new HIV infections, the region is falling short by 170,000 cases of reaching the 2020 fast track target; there was 19% decline between 2010 and 2018.

There is however significant variation among countries and most countries except few including Bangladesh, Malaysia, Pakistan, and Philippines show decline in HIV rates. There is an urgent need for focused response including synchronized strategic information system, integrating health needs and community based HIV testing services. The key programmatic issues consist of sub-optimal commitments, conservative service delivery and structural and policy barriers. Opportunities however exist to re-prioritize health, re-politicize health, re-connect to the concept of ‘leaving no one behind’, and re-think how communicable diseases can be delivered.

To make ‘end of AIDS’ a reality, we need to harness advancements of technology and adopt innovative service delivery models, realign prevention efforts along changing epidemic and behavioral trends, use right-based multi-disease approach, and breakdown stigma and legal barriers.

Business Session-II

Strategic Priority areas of RCM in line with Regional/National Elimination Goals, target, plans and strategies (Dr Jigmi Singay)

Historically, regional initiatives to forge cross-border collaboration date back to 2000 when Bangladesh, Bhutan, India and Nepal (BBIN) embarked on control of malaria and other vector-borne diseases across borders. However, most planned activities were not implemented for want of resources; follow up, coordination support, and of institutional mechanisms. The cross-border focus of RCM is still relevant because of high burden of disease at international borders, as the porous borders facilitate population movement across borders complicating disease epidemiology and prevention. There is evidence to suggest that these goals cannot be achieved without addressing the cross-border issues.

Since 2000, many similar initiatives have been undertaken but those were not sustained, as no one took responsibility and there were no dedicated funds or staff available to coordinate or monitor activities, nor any institution to mobilize resources for the same.

In view of this, RCM as a regional body could act to: mobilize resources to address the key focus areas that affects the vulnerable population living on the international borders, broker the provisions of technical assistances, advocate to high level governments for diseases control and elimination, foster regional partnerships, and provide oversight for the fund implementation and population coverage. It will be accountable to countries in the region and donors and collaborate/coordinate with other regional bodies cross border initiatives. The possible outcomes of having the RCM would be: facilitating progress towards timely elimination of malaria from the region way before the set target of 2030; assisting in having a functional health systems across the border beyond disease elimination; ensuring collaboration, coordination, harmonization of the activities with focus on disease elimination, and contributing to achieving UHC and SDGs.

Regional Coordinating Mechanism (RCM) SEA GF Constituency - Objectives and purpose, the role and functions of the MCM, Guiding principles and approaches, Roles and responsibilities of MCM Members, Chair, Vice-Chair, Executive committees and other committees. (Mr. Abdul Hameed)

The SEA GF RCM was formally launched in Yangon, Myanmar during the Pre Board SEA GF Constituency Meeting, 30-31 Oct. 2018. The objectives were to have a formal body to submit multi-country funding requests to the Global Fund and to improve coordination at regional level

activities addressing gaps at country level which can only be solved through a regional approach. The main role of RCM therefore is to coordinate development and submission of regional proposals, nominate principal recipients, oversee implementation of the approved grants, monitor compliance of the PR with Global Fund policies and procedures, and review and endorse requests for reprogramming and changes in implementation arrangements as well as approved budgets and work plans prior to submission of such requests to Global Fund. Additional functions are to review and modify TOR and governance of RCM for SEA region and to play a leadership role in the strategic planning discussions at regional and country level.

The RCM members have the responsibility to represent the interests of the entire constituency, share information with their constituents in an open and timely manner, and consult their constituents in a regular basis so that they can reflect their views and concerns in RCM decisions and meetings. RCM would nominate a chair who convenes RCM meetings, informs CCM of the decisions of the Executive Committee, acts as the spokesperson for the RCM, leads oversight of the RCM secretariat and guides country focal points and executive secretary of RCM. In addition, a co-chair is nominated who performs tasks delegated by the Chair and stands in for the Chair when chair is unable to fulfill his/her duties.

Finally, an executive committee under RCM undertakes tasks specifically assigned to it by the full meeting of RCM and reports to RCM meeting through the Chair. After due deliberations, the participants agreed that Bhutan will take up as next Board Member and India as Alternate Board Member for the next round of SEA constituency leadership.

RCM Governance and Structure of other Regions, administrative and financial rules and regulation, employee salary structure, allowances and benefits (Dr Shiva Murugasampillay)

In Africa region, RCM was established to provide a functional and effective information sharing system between the participating countries, effective cross- border project coordination and management for sustained delivery of high quality integrated malaria control/ elimination services and to facilitate joint planning and delivery for adequate access to and universal coverage of key interventions to border areas and districts. It is expected that If these outcomes are achieved then malaria transmission on both sides of the border will be drastically reduced, greatly limiting the export and/or import of malaria infected mosquitoes and individuals.

It is important to stress that the regional coordination mechanisms should have highest level of country government's representation at advisory/decision making level, while technical

committees with representation by program managers in order to plan effectively and implement with quality. Involvement of WHO and other UN agencies to support in technical front would be equally important for effective evidence based operation of the programs.

RCM Governance Structure, Composition and Secretariat – Proposal (Dr Jigmi Singay)

Dr Jigmi Singay, Regional Coordinator, in brief presented the proposed RCM governance structure and composition for consideration of the members:

Location: RCM secretariat is located in New Delhi as per the decision of the pre-board meeting. Once the fund is available, RCM secretariat startup will be hosted in IIHMR, New Delhi. SEA GF constituency leadership (BM) has formally requested MOHFW India for hosting the SEA-RCM.

RCM Memberships: will consist of Country CCM nominated members, members from NGOs nominated by CCMs, WHO (SEARO) and relevant developmental partners, and the executive secretary.

Meetings: Meet at least once in every 6 months

Steering Committee: to review the plan, budget and functions before submission to Regional RCM, provide technical back up to the Regional CCM

Secretariat team: Very lean Secretariat comprising of 3-member team including the coordinator. Depending upon the funding and nature of the work, may be expanded as per need

Consultants: RCM will have pool of expert consultants for different assignments as required.

The proposal was endorsed unanimously by the RCM.

Partnerships (Dr. Melanie Renshaw, RBM Partnership through Skype call)

The only way AIDS, TB and malaria epidemics can be ended is by working together and by harnessing the best possible experiences in public and private sectors. The Global Fund has more than 500 technical and development partners including civil society, government donors, implementing partners, private and nongovernment partners, and friends of the Global Fund.

The Global Fund's partnership model is to promote innovative solutions to fight these global health challenges, while countries take a lead in delivery of effective interventions. By working together, Global Fund investments have saved 32 million lives, provided prevention, treatment and control services to hundreds of people, and contributed to strengthen local health systems.

While at country level, these partners are part of the Country Coordinating Mechanism (CCM) helping in decision-making process. They represent private sector, civil society, NGO sector, people living with HIV, TB or malaria, and Government ministries. In this context, the need to have regional mechanism and partnerships is vital. The Regional Coordinating Mechanism or RCM should have a clear purpose, common goal and an understanding of each partner's strengths and roles. Perspectives of all partners are incorporated and the programs are designed jointly ensuring country ownership and involvement. In the SE Asia, RBM have worked with the GF to advocate for and secure some resources to support the sub-regional co-ordination in the next funding round.

The following points need to be considered, as the lessons learned in establishing regional Partnerships for malaria:

- Better focus on streamlined governance rather than more governance;
- Ensure the efficient use of existing structures and platforms-
- Establish functional regional links between the political leadership at the ministerial level, and the technical leadership at the malaria program level, and
- Ensure there is a multi-stakeholder group with sufficient technical expertise and representation

Business Session-III:

Roadmap, timeline and responsibilities for Regional EOI and Concept Note development (Dr. Phusit Prakongsa, Thailand)

In his presentation informed the participants of the catalytic investments; how multi-country grants will be funded; How will RCM strategize and function with examples form RAI-2, and French technical support, so that similar could be approached by SEA-RCM in its future endeavors. He clearly mentioned the distinction between country CCM and regional CCM (RCM) roles and responsibilities making complementary to each other without duplication of the activities and responsibilities. He concluded his presentation recommending that RCM should take up low hanging fruits like elimination of malaria from the sub-region as the first priority, which could further expand including TB, HIV and other countries in the region subsequently.

Resource mobilization **(Dr. Melanie Renshaw RBM Secretariat through Skype call)**

Since 2002 when the Global Fund was established, major donor investments have enabled the scale up of effective interventions resulting in historic declines in malaria. Financing for Global Fund primarily come from Government donors, with nearly 93% while remaining funding comes from private sector, private foundations and innovative funding initiatives. In the Global Fund's Sixth Replenishment Conference held in Lyon, France, the partners pledged US$ 14 billion for three years to step up the fight against three diseases. However, although the domestic funding although increasing, has not grown significantly over the same period, limiting progress in elimination of the malaria.

The Global Fund contributes 57% of external funds and 44% of all resources for malaria – though less in SE Asia Region. We must continue to advocate for GF resources to be sustained, whilst working on transition plans for the future. Domestic resource commitments for malaria increased by 39% from the 2015–2017 to 2018–2020. Domestic resource commitments are expected to increase further in 2021-2023; the majority of these resources - 53% - are estimated to be in South-East Asia. Economic and health cost-benefit analysis can show the value of malaria investments so that a Ministers of Finance can understand its economic value compared to other investments.

It was recommended that SEA Region should:

Make a case for investment for elimination of the three diseases;
Continue to advocate for GF resources to be sustained in the region, whilst working on transition plans for the future;
Enhance country domestic resource commitments for malaria and ensure other donors continue to support at country and regional level;
Explore and support the use of innovative financing mechanisms.

Role of Private, Civil Society & Corporate Sector in elimination of Malaria, TB and HIV/AIDS

(Dr S.D. Gupta)

The Global Fund pools the world's resources and invests them strategically in programs to fight the three diseases. It is a partnership of governments, civil society, technical agencies, the private sector and people affected by the diseases, designed to pool the world's resources to invest strategically in programs to end AIDS, TB and malaria as epidemics. It mobilizes and invests more than US$4 billion a year to support programs run by local experts in more than 100 countries. Most investments have been made in Sub-Saharan Africa (72%), followed by Asia and Pacific (20%).

The Global Fund as a partnership is based on the core principle that everyone involved in the response to AIDS, tuberculosis and malaria needs to be involved in the decision-making process. The technical and development partners participate in offering technical expertise, supporting resource mobilization and advocacy effort, providing or supporting country coordination, assisting with stakeholder engagement, and monitoring and evaluating of Global Fund-supported programs. These partners are involved at every level of the Global Fund.

A partnership is an arrangement where partners agree to cooperate to advance their mutual interests. These partners may be individuals, businesses, interest-based organizations, schools, governments or combinations. Why partnerships are needed? Partnerships are needed when we have serious resource constraints, which make pooling of all available resources necessary, and can contribute to health equity by directing public resources to those who cannot pay, and can help improve health sector efficiency. Moreover, partnership offer opportunities for example for public sector to imbibe the private sector's way of doing business.

Successful partnerships often have political, economic and execution dimensions – to build stakeholder support, ensure structures that that optimize s cost and quality, and there is a plan

for ongoing monitoring and evaluation. Some of the challenges faced in building partnerships are reluctance to partner, lack of institutional mechanism for dialogue, and unequal partnership or one0sided approach. Therefore, key elements of effective partnerships include commonality of interest, mutual respect and trust, commitment to the common cause, clarity on the roles and responsibilities, complementary support and good communication. Some of these elements could be taken up by the RCM for making it effective and successful in near future.

Strengthening district health system on both sides of border in the context of UHC, SDGs, & Health informatics

(Dr Jai P Narain)

In September 2015, the United Nations General assembly agreed to Sustainable Development Goals or SDGs which are a set of 17 goals and 169 targets, with the underlying the theme of 'leaving no-one behind'. The Universal health coverage or UHC, which is one of the targets under SDG 3 and is defined as everyone, everywhere having access to quality health care without suffering economic hardship. Achieving UHC calls for strengthening local health system, i.e. district level including at the border areas.

In most countries, districts is an administrative unit for program planning and implementation, which can facilitate local programming and integrate programs and resources to respond to the needs of the community. However, the districts generally faced with administrative weaknesses, inadequate health system/infrastructure, including human resources and governance leading to poor health service delivery in terms of coverage and equity. Focusing on district level also provides opportunity to reorganize health infrastructure, with emphasis on primary health care for extending health care coverage and equitable access.

Strengthening district health system on both sides of the border requires a management framework and a step-by-step approach, starting with situation assessment to better understand the socio-economic situation, health profile and needs, existing health infrastructure and resources, and the actors that can be mobilized. Based on the assessment data, set objectives and targets, and identify ways to achieve these objectives by establishing a district level committee, developing a district plan based on consensus, identifying resources and partners, and finally monitoring activities and evaluating progress, and using data for further planning.

There is now great opportunity to harness the power of innovation and digital technology for enhancing cross-border collaboration and communication as well as for improving efficiency, access and quality of health service delivery in remote border districts. Finally, the district health

system, which is a backbone of the primary health care, without strengthening it, disease elimination may be very difficult to achieve.

Business Session-IV

View Points of Donors and Partner Agencies

WHO Country office for Bhutan **(Mr. Sonam Wangdi)**

Mr. Sonam Wangdi, representing WHO Country Office Bhutan presented border malaria and its elimination challenges as “Countries nearing elimination often find their last cases occur along international borders with countries that have not achieved substantial reductions in malaria transmission”. So, more resources should be directed to border areas to ensure that prevention, diagnosis, treatment, surveillance and response are of high quality along with Joint mapping and risk assessments, data sharing and coordination.

SAARC Development Fund **(Mr. Tarun Mittal)**

As a regional funding institution for programmes and projects in all the eight SAARC countries, with mandate to promote the welfare of the people of SAARC region, to improve their quality of life, to accelerate economic growth, social progress and poverty alleviation in the region and to contribute to “Regional Cooperation and Integration Through Project Collaboration”. The paid of capital is USD 1.5 billion.

Among the four different windows for support, **Social Window** funds projects on poverty alleviation, social development focusing on education; health; human resources development; support to vulnerable/ disadvantaged segments of the society; funding needs of communities, micro-enterprises, rural infrastructure development. The main requirements include 3 or more countries in the region to have a joint proposal impacting on a social sector including health.

SDF has expressed its interest to support multi-country projects under its priority areas, including social development and health. Soliciting Cross-Border Projects for Co-financing with THE GLOBAL FUND and other Development Partners, focusing the Healthcare Sector in the SAARC Member States and to participate in the on-going projects funded by THE GLOBAL FUND and the other Development Partners.

Save The Children **(Ms. Karma Dolma Tshering)**

Save the Children presented on its recent ongoing project "Sustainability of HIV Services for Key Populations in Asia Program". A USD 12.5 million Global Fund grant allocated for three years (2019 -2021) for concentrated epidemics in Asia (Bhutan; Lao; Malaysia; Mongolia; Papua New Guinea; Philippines; Sri Lanka; Timor-Leste). Australian Federation of AIDS Organization (AFAO) is the Principle recipient while Save the Children Bhutan is Sub-Recipient (SR) of the project. This is an example of multi-country collaborative project funded by the GFATM, which could be useful for RCM mechanism in future as well.

Closing Session:

The first meeting of the Regional Coordination Mechanism, chaired by the SEA constituency BM Prof MA Faiz closed the meeting with the following broad conclusions reached by consensus.

Broad Conclusions and Follow Up Actions:

- This being the first and historic meeting of the Regional Coordinating Mechanism or RCM of the South-East Asia Region, the meeting reiterated the importance and expressed full commitment to support a functional RCM – a unique and innovative mechanism- for bringing coherence in technical policies relating to diagnosis, treatment, control and surveillance programs in the region; facilitating inter-country collaboration for activities best performed regionally; joint planning and implementation across borders; and communication across international borders. The RCM secretariat mandates include overall coordination between the countries and donors, development of the proposals for funding from GFATM, SDF, and others.

- The RCM members reviewed the proposed governance structure, including **'Start-up RCM' and a small and efficient secretariat based in Delhi India**; and agreed to materialize it through resource mobilization from GFATM and other donor partners including SAARC Development Fund for three target diseases, which may further expand including other diseases of concern depending on availability of other sources of funding.

- RCM members advocated that the first priority for the SEA RCM should be to accelerate Malaria elimination across the borders of countries in the region, with smart and practical start up projects, funded through GFATM. Tackling of TB and HIV/AIDS in cross border areas will be followed based on collective success of the RCM on malaria elimination.

- Initiate development of regional proposal for Malaria elimination on cross-border mobile-migrant populations, with focus on resilient and sustainable health system strengthening approach. This include seven countries in the Indian sub-continent (India, Bangladesh, Bhutan, Myanmar, Nepal, Maldives and Sri Lanka) as **'Himalayan malaria elimination on cross border and mobile-migrant population'**, which shall be complimentary to national focus and to be implemented by the countries.

- In order to move forward, the Secretariat will seek appropriate technical assistance and organize a working group and consultative meeting to develop funding request, by the end of March 2020, for Catalytic Investment of the Global Fund (Regional Coordination and Targeted Technical Assistance for Implementation and Elimination of Malaria) and any other source of funds.

- CCMs and RCM secretariat should try as a matter of priority to generate and collate concrete evidence on the extent and determinants of population movement across borders, vulnerability of such populations to communicable disease risk, and the disease burden. Surveillance for priority communicable diseases including cross-notification system can assist greatly in program planning and ensuring effective case management across borders. Such data will be critical for a robust monitoring and evaluation systems.

- Countries should give priority to strengthening the health system capacity especially health workforce in districts on both sides of the border.

- A multi-country TB-elimination demonstration project at district level may be considered in light of the commitment to End TB in the Region by 2030 (2025 in India), as a part of SDGs.

- Countries to enhance mobilization of domestic funding for achieving UHC and sustainability of the programs for elimination of three diseases.

Annex-1- Statement of the SEA Constituency to the 42nd Board Meeting

SEA GF Constituency like to associate with other Constituencies in applauding and congratulating our Executive Director of the Global Fund Peter Sands and his very able team for the great successful achievement of the 6th Replenishment target of US $ 14 billion, in fact exceeding the target as the total pledges was US $ 14.20 Billion. This will enable the Fund to not only save 16 million lives in next three years but also expected to put the Fund back on track to achieve SDG goals by 2030 i.e. eliminating all three diseases. SEA Constituency commends the GF leadership and joins others in thanking all the donors for their generous pledges. Our special thanks are due to President of France H.E. Emmanuel Macron for not only hosting the Lyon meeting but also leading the call for pledges. And in equal measure SEA Constituency would like to thank the govt. of India and Ministry Health and Family Welfare for hosting the Preparatory Meeting for the 6th Replenishment of Global Fund in Delhi.

SEA Constituency Leadership has been active throughout the year after the last 41st Board Meeting by carrying the routine activities of the sharing and disseminating the Board related information with the CCMs in the Member States. Organizing Skype Meeting in the region and also participating in the Committee Meetings sometimes in person but mostly through virtual participation.

The trend of virtual participation is increasing particularly considering the time and cost saving. However, we would like to reiterate some of the problems that affects quality of participation such as, due to time difference it is not convenient in most of the cases. We feel it is a serious disadvantage when it is compounded with network problem and poor connectivity.

Second Pre-Board Meeting for the 2019 was successfully organized and held in Jamyang Resort, Thimphu on 31 October 2019 back to back with the 1st RCM Meeting which continued on 1 - 2 November 2019. Some of the important issues are highlighted below:

1) SEA constituency leadership for next cycle was discussed intensively, and agreed upon that Bhutan, current ABM will take as BM from Bangladesh, while India will be invited as next ABM in place of Bhutan.
2) SEA constituency leadership expressed the urgent need for functional regional coordination mechanism (RCM), established by decision of the constituency meeting held in Feb 2019 in Myanmar, for extending collaboration and cooperation between the

countries sharing borders, to accelerate elimination of the three diseases (Malaria, TB, and HIV/AIDS), without which malaria elimination in the region will be seriously compromised and delayed.

First Regional Coordination Mechanism of the SEA Constituency meeting was successfully organized in Jamyang Resort, Thimpu, Bhutan with financial support of the Roll Back Malaria Partnership, on 1-2 November 2019. Some of the important issues discussed and recommended are highlighted below:

1) SEA constituency launched Regional Coordination Mechanism (RCM), established by decision of the constituency meeting held in Feb 2019 in Myanmar.
2) The constituency members reiterated the importance of a functional Regional Coordination Mechanism (RCM), with vibrant secretariat, leadership and governance structure, without which some of the disease elimination/control initiatives will be seriously compromised, due to open cross border for people and vectors across the borders.
3) The constituency members reviewed the proposed governance and structure and agreed to materialize it through resource mobilization from GFATM for three diseases targeted for elimination, which may be further expanded to other diseases of concern depending on availability of other sources of funding.
4) RCM members advocated that the first priority for the SEA RCM should be to accelerate Malaria elimination across the borders of countries in the region, with smart and practical start up projects, funded through GFATM.
5) RCM agreed to initiate a regional proposal scoping for Malaria elimination on cross-border areas, mobile populations, with focus on resilient and sustainable health system strengthening approach, including seven countries in the Indian sub-continent (India, Bangladesh, Bhutan, Myanmar, Nepal, Maldives and Sri Lanka) as 'Himalayan malaria elimination on cross border and mobile population', which shall be complimentary to national focus and to be implemented by the countries.

Annex-2- List of participants- 1st Regional Coordinating Mechanism (RCM) meeting

Venue: Jambayang Resort, Thimphu

Date: 1-2 November 2019

SL	Name	Designation	Organization	Country	Email Address
1	Prof. Mohammad Abul Faiz	Board Member (BM) of the Global Fund / SEA	Bangladesh CCM	Bangladesh	drmafaiz@gmail.com
2	Dasho Kunzang Wangdi	Alternate Board Member (ABM) of the Global Fund / SEA	Bhutan CCM	Bhutan	dashokunzang@gmail.com
3	Mr. Manaj Kumar Biswas	SEA Constituency Constituency Focal Point (CFP)	Bangladesh CCM	Bangladesh	bccmcoordinator@gmail.com
4	Dr. Jigmi Singay	RCM Executive Secretary	RCM Secretariat	Bhutan	jigmi2118@gmail.com
5	Mr. Md. Saidur Rahman	RCM Member	Bangladesh CCM	Bangladesh	rahman.saidur66@gmail.com
6	Mr. Md. Habibur Rahman Khan	Alternate RCM Member	Bangladesh CCM	Bangladesh	hbr02@yahoo.com
7	Mr Mohammad Harun Or Rasid	Deputy CCM Coordinator	Bangladesh	Bangladesh	dc.bccm@gmail.com
8	Dr. Karma Lhazeen	Director, DoPH, MoH/RCM Member	Bhutan CCM	Bhutan	klhazeen@health.gov.bt
9	Mr Sonam Dorji	Chairperson	Bhutan CCM	Bhutan	ed@abto.org.bt
10	Mr. Abdul Hameed	Coordinator	Maldives CCM	Maldives	ahmed.afaal@gmail.com
11	Ms. Ivana Lohar	Oversight Vice Chair	Nepal CCM	Nepal	ilohar@usaid.gov
12	Mr. Sandesh Neupane	Coordinator	Nepal CCM	Nepal	sandesh.neupane2013@gmail.com
13	Dr Sandhya Gupta	Coordinator	India CCM	India	dr.sandhyagupta@live.com
14	Dr. Carmelia Basri	Chairperson	Indonesia CCM	Indonesia	carmeliabasri@yahoo.com
15	Dr. Samhari Baswedan	Executive Secretary	Indonesia CCM	Indonesia	samharib@yahoo.com
16	Dr. Than Dar Lwin	Deputy Director General, MoHS / RCM Member	Myanmar CCM	Myanmar	tdarlwinn@gmail.com
17	Professor Rai Mra	President, MMA / RCM Alt Member	Myanmar CCM	Myanmar	drraimra@gmail.com/ mmacorg@gmail.com
18	Dr.Suriya Wongkhongkathep	Public Health Consultant / RCM Member	Thailand CCM	Thailand	suriya@health.moph.go.th
19	Dr. Phusit prakongsai	Acting Senior Advisor on Health Promotion, MoH / RCM Alt Member	Thailand CCM	Thailand	phusit@ihpp.thaigov.net
20	Mr Noe Gaspar Pinto De Silva	Executive Secretary	Timor Leste CCM	Timor Leste	noe_gaspar77@yahoo.com
21	Mr. Fransisco Dos Santos Barreto	Oversight Committee Chairperson	Timor Leste CCM	Timor Leste	
22	Mr KDN Prasad Ranaweera	Acting Director, Anti Malaria Campaign / RCM Member	Sri Lanka CCM	Sri Langka	perera.wasantha@yahoo.com
23	Dr. Thalgahahena Lakshmi Chiramanie Somatunga	Additional Secretary,Public Health Services, MoH / RCM Alternate Member	Sri Lanka CCM	Sri Langka	lsomatunga@hotmail.com

24	Mr. Sonam Wangdi	National Professional Officer	WHO Country Office		wangdis@who.int
25	Mr. Nzima Masauso	Country Director	UNAIDS, Nepal	Zambia	nzimam@unaids.org
26	Mr Lekey Khandu	Program Manager	NACP, MOH	Bhutan	lkhandu@health.gov.bt
27	Ms. Rada Drukpa	Program Officer	NTCP, MOH	Bhutan	rdukpa@health.gov.bt
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29	Dr. S. D. Gupta	Chairman	IIHMR	India	sdgupta@iihmr.edu.in
30	Dr. Jai Prakash Narain	Senior Visiting Fellow	University of New South Wales, Sydney	India	narainjp88@gmail.com
31	Dr. Mrugasampillay Sivakumaran	Medical Specialist	RCM	Sri Lanka	shivapublichealth@gmail.com
32	Prof. Dr. Prakash Ghimire	Consultant	RCM	Nepal	prakashghimire@gmail.com
33	Dr. Ashim Choudhury	Consultant	RCM	India	ashimch@yahoo.com
34	Dr. Nishikant Bele	Associate Professor	IIHMR	India	nr_bele@yahoo.com
35	Mr. Pema Gyeltshen	ADM Officer	JDWNRH	Bhutan	pghealthrbe@gmail.com
36	Mr. Rinxin Jamtsho	Chief Program Officer	MoH	Bhutan	rjamtsho@health.gov.bt
37	Mr. Nima	Sr. Comn Technician	HPD, MoH	Bhutan	
38	Ms. Suneeta Chhetri	CCM Coordinator	Bhutan CCM	Bhutan	bhutanccm@gmail.com
39	Ms. Karma Dolma Tshering	Program Manager	Save the Children	Bhutan	karma.tshering@savethechildren.org
40	Ms. Phuntsho Choden		SDF	Bhutan	phuntshochoden@sdfsec.org
41	Mr. Tarun Mittal		SDF	Bhutan	tarun@sdfsec.org
42	Ms. Tshering Choden	M&E Officer	Bhutan CCM	Bhutan	tsheringc40@gmail.com

Annex-3- SEA Regional Coordination Mechanism Meeting Agenda

First Regional Coordination Mechanism (RCM) Meeting of the Global Fund - South East Asia Constituency Jambayang Resort, Thimphu, Bhutan 1-2 November 2019

Time	Issues	Responsible person(s)
	1 November 2019	
O8.30-09.00	Registration	CCM Bhutan Secretariat
09.00-09.45	**Inaugural Session** • Arrival of Chief Guest • Traditional Opening Ceremony (Marchang) • Welcome Address by Secretary, MoH, Bhutan • Address by Board Member on the background, objective and expected outcome of the first RCM Meeting • Address by WR, WHO Bhutan • Address by CEO, SDF, SAARC, Dr. Sunil Motiwal • Introduction of the RCM members and Participants • Address by the Hon'ble Chief Guest • Vote of Thanks by CCM Chair	Dr. Ugyen Dophu Dr. Abul Fiaz Dr Rui Paulo De Jesus Message read by Ms. Phuntsho Choden Dr. Jigmi Singay Her Excellency The Hon'ble Health Minister of Bhutan Mr. Sonam Dorji
09.45-10.00	**TEA/COFFEE BREAK**	

10.00-10.10	**Business Session - 1** • Nomination and appointment of Office Bearers	BM
10.10-11.50	• Country Updates on Cross Border Situation by RCM Members • Comments and Discussion	Chair
11.50 – 12.10	• Regional Strategy for Elimination of Malaria • Discussion	Prof Dr Prakash Ghimire
12.10 – 12.30	• Regional Strategy for elimination of TB	Dr. J P Narain
12.30 – 12.50	• Regional Strategy for HIV/AIDS	UNAIDS
12.50 – 1.00	• Strategic Priority areas of RCM in line with Regional/National Elimination Goals, target, plans and strategies • Discussions	Dr. Jigmi Singay
1.00 – 2.00	**LUNCH BREAK**	
2:00 – 2:30	• Regional Coordinating Mechanism (RCM) SEA GF Constituency- Objectives and purpose, the role and functions of the MCM, Guiding principles and approaches, Roles and responsibilities of MCM Members, Chair, Vice-Chair, Executive committees and other committees, Countries in transition • Discussion	Mr. Abdul Hameed and Mr Filipe Da Costa
2:30 – 2:50	• RCM Governance and Structure of other Regions, administrative and financial rules and regulation, employee salary structure, allowances and benefits • Discussions	Dr. Shiva Murugasampillay
2.50 - 3.00	• RCM Governance Structure and Composition- Proposal • Discussions	Dr. Jigmi Singay
3.00 – 3:15	• Partnership	Dr. Melanie Renshaw
3.15 – 3.30	• RCM Secretariat	Dr. Jigmi Singay
3.30 – 3.45	**TEA/COFFEE BREAK**	

3.45- 4.00	• Regional EOI Proposals for RCM (Malaria, TB, HIV/AIDS, HSS and RMNCH • Recruitment of Consultants for Concept note development and Proposals • Discussion	Dr. Jigmi Singay
2 November 2019		
	Business Session - II	
9.00 – 9.15	• Reflection on First Day Sessions	Dr. Dr.Suriya Wongkhongkathep
9.15 - 9.45	• Roadmap, timeline and responsibilities for Regional EOI and Concept Note development, potential budget • Discussion	Dr. Phusit prakongsai
9.45 – 10.15	• Resource mobilization	Dr. Melanie Renshaw Dr. Benjamin Rolfe
10.15 – 10.30	• Role of Private, Civil Society & Corporate Sector in elimination of Malaria, TB and HIV/AIDS	Dr. S. D. Gupta
10.30-11.00	• District Health System Strengthening on both side of the International Border- India bordering with Bhutan, Nepal, Bangladesh and Myanmar. Timor Liste bordering with Indonesia mainly focusing on three diseases – Malaria, TB and HIV/AIDS and HR	Dr. J P Narain
11.00 – 11-15	• District Health System Strengthening along the International Border on both sides for UHC, SDG, NTDs, Health Informatics	Dr. J P Narain
11.15 - 11.30	**TEA/COFFEE BREAK**	
11.30 – 12.30	• Presentation by Donor and Partner Agencies	SDF, RBM, APLMA, APMEN, AIDSPAN
12.30- 12.45	• Administrative and financial rules and regulation, employee salary structure, allowances and benefits- proposal • Discussion	Dr. Jigmi Singay
12.45 – 2.00	**LUNCH BREAK**	

2.00 – 4.00	• Preparation of Report	Rapporteur
4.00 – 4.30	**Closing Session** • Presentation of Report by Rapporteur • Discussion of the Report • Comments and Views of the Participants • Closing Remarks by Chair • Formal Closing of the Meeting	

i https://www.theglobalfund.org/en/overview/ accessed on 04/12/2019

ii https://www.who.int/news-room/feature-stories/detail/world-malaria-report-2019 accessed on 04/12/2019

iii https://www.who.int/campaigns/world-aids-day/2019 accessed on 04/12/2019