

Minutes of the 91<sup>st</sup> meeting of Country Coordinating Mechanism Sri Lanka held on 11<sup>th</sup> of December 2012 at 2pm at the Conference Hall of the Anti Malarial Campaign, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 5.

**Present:**

**Members.**

Mrs. Thushara Agus	- The Family Planning Association (Vice Chairman/CCMSL)
Dr. S. Deniyage	- Director/ AMC
Mr. Shirley Tissera	- Congress of Religions
Dr. F.R Mehta	- WHO Country Representative for Sri Lanka
Dr. Indira Hettiarachchi	- ILO
Ms. Renuka Peiris	- Ministry of Education
Dr K Buddha Korala	- Ministry of Health
Dr. Dayanath Ranathunga	- UNAIDS
Prof. Sanath Lamabadusuriya	- Sri Lanka Medical Association
Ms. Swarna Kodagoda	- Alliance Lanka
Mr. H.A. Laxman	- Community Strength Development Foundation
Mr. D.A.D.N.C. Wimalaratne	- Rural & Community Development Association
Mr. Pubudu Sumanasekara	- Alcohol & Drug Information Centre
Mrs. Muriel Nilaweera	- Women in Action
Ms. Priyanthi Kumari	- PLDW
Mr. Chamika Rasintha De Silva	- KAP

**Alternate Members.**

Dr. Nishamane Yashoda Karawita	- UNICEF
Dr. Risintha Premarathne	- Ministry of Health
Dr. N.C. Pallewatta	- Ministry of Health

**Observers.**

Dr. Pandu Wijerathna	- TEDHA
Dr. Buddika Hapuarachchi	- Sarvodaya
Mr. Channa Manoharan	- PWC-LFA
Mr. Asitha Mallikarachchi	- PWC-LFA

**CCMSL Secretariat.**

Dr. S. Yoganathan	- Focal Point CCMSL
Mr. Chanaka Walawwatte	- Programme Officer /CCMSL

**Excused:**

Dr. Y.D. Nihal Jayathilaka	- Ministry of Health (Chair /CCMSL)
Dr. P.G. Mahipala	- Addl. Secretary, Ministry of Health
Dr. Sudath Samaraweera	- Director / NPTCCD
Mr. Reza Hossaini	- UNICEF
Dr. Palitha Abeykoon	- AIDS Foundation of Lanka
Ms. Chandani Wijewardana	- Ministry of Finance & Planning

**Absent:**

Mr. Lal Ratnaweera	- Ministry of Social Services
Dr. N.C. Amarasinghe	- Ministry of Labour and Labour Relations
Dr. Ajith Mendis	- Ministry of Health

**Proceedings**

The meeting was chaired by Ms. Thushara Agus, Vice Chair of CCMSL. She welcomed all the participants on behalf of CCM Sri Lanka. She apologised for the confusion caused by circulating the unedited version of minutes and stated that the edited version sent subsequently is available in printed form.

**2. Confirmation of the Minutes – 90<sup>th</sup> CCM Sri Lanka meeting held at 2.30pm on 23<sup>rd</sup> November 2012.**

Ms. Swarna Kodagoda raised a query on a matter appearing in page 5 of the minutes, concerning the request for re-allocations of funds by Director STD/AIDS Campaign (PR 1) – and referred to her email on furnishing details of such requests in advance.

It was also mentioned that the decision to forward requests for **Reallocation of funds** with justification 7days in advance of the meeting in order to circulate them among members, prior to the CCM meeting has to be recorded in the minutes. Vice chair requested it to be included in the minutes.

Subject to these changes the minutes was proposed as being in order by Ms. Swarna Kodagoda and seconded by Dr. Indira Hettiarachchi.

**3. Matters arising from Minutes.**

**Page 2 – Technical Working Groups:** As Dr. S. Deniyage, Director AMC was not present at the meeting (at that time), it was decided to get the composition of Technical working group of Malaria by mail, requesting him to send the list of names within 2 weeks.

**Page 3 - Amendments to the Governance Manual** – It was proposed to amend the manual to permit the CCM to have the Finance Sub-Committee which has already been appointed. It was decided to submit the proposal for amendment at the next CCM meeting and get the approval.

Page 4.4. Main item – Endorsement of the Round 9 Phase II Proposal –done

Page 5.5. Re-submission of TFM application for TB - done

#### **Page 4**

#### **Page 7-8. CCMSL Secretariat Requirements:**

**Relocation of the CCM Secretariat:** Vice Chair mentioned that the committee was not in favour of moving out as the infra structure and other facilities being available free of charge presently. She also mentioned that she has made a request to Dr. S. Deniyage for an additional room in the same building and he had tentatively agreed to give the room next to the present office and the CCM has to write to him officially, and vice chair took the responsibility.

Lap top Computer for focal point – order is placed

Page 4. 4 Main Item: Selection of PR 2

Page 5. 5 Re - submission of TFM application for TB done

Page 7. 7 Reallocation of Funds

#### **Page 5 – 6: Reallocation of Funds**

**HIV/AIDS** – Since the request was not formally presented through a document, it was suggested to re-forward the request, having cleared budgetary allocations for same.

**Malaria** – The request was read out and sufficiently explained at the last (90<sup>th</sup>) CCM meeting, followed by circulation of details among CCM members. As only 10 e- endorsements were received, even after it was re-forwarded to the members for approval and all the members who were present at the meeting unanimously decided to recommend it for the approval by the global fund.

#### **Agenda Items**

#### **4. Selection of PR 2 for HIV/ STD disease activities**

When Agenda Item four was taken Vice Chair excused herself from the members and went out of the conference room and Dr. Metha was called to chair the meeting. This was done to avoid conflict of interest.

Dr. Metha chaired the meeting and It was brought to the notice of the members that the Oversight committee met on 28<sup>th</sup> December 2012 and in principle there was no objection among the members of the oversight committee and the Chairman of the Oversight Committee requested the Family Planning Association to submit their Company Profile, Financial Performance and Annual report. These documents will be circulated among the members by email and the originals will be kept at the CCM Secretariat and all the members unanimously agreed to recommend as PR 2 to GF.

After the decision of PR 2 the Vice chair returned back and asked whether she is permitted to chair the meeting and the members expressed the view that until the process is over and GF accepts them as PR she can continue in the Vice Chair post.

Then the question was raised about the expected date of start of the project by FPA and it was mentioned that it will take at least 3 months for FPA to take over and there will be an overlapping period during transition.

#### **5. Request for reallocation from Sarvodaya –**

1. Activity No: 5.22.4 School seminars on Malaria Island wide – permission to use the savings from the activities from Matara & Galle Districts to use in Hambantota District, and was asked to explain the request and Dr Buddika Hapuarachchi from Sarvodaya briefed about the reallocation and he explained that this is done on the request of Director AMC and they have programmed for 3 No. school seminars per district.

It was decided to write to Global Fund to give the approval explaining the fact that the same activity will be carried out in different location which is a priority area and also decided for Sarvodaya also to communicate with Mr. Manab.

2. The other request is for reprogramming,

According to the original work plan of GFATM Round – 8, Phase – 2, PR 3 activity of re-filling of abandoned gem pits No.4000 in selected 5 districts. They wanted to re-programme the savings of this activity to further extend school seminars. Details are as follows:

Originally planned No. – 75, and allocation for each District is 03, Unit cost US\$ 336  
Proposed additional number 125, proposed additional number 05 / District and  
proposed re-programming cost US\$ 42,000

It was requested to write to Director AMC calling for justifications and with his decision the request can be proposed to GF. To minimize any delay in this regard, Sarvodaya (PR3) asked to

channel the request through Focal Point, once the concurrence given by Director AMC. This will be then forwarded to GF for approval.

## **6. Presentations**

Then Vice Chair requested the Malaria PR 1 and PR 2 and 3 to do the presentation.

Dr. Risintha Premaratne Deputy Director of AMC started the joint presentation. He started the presentation giving the history of malaria and he mentioned that in 1934-35 # of deaths were 125,000 and the population was ¼ of the population of today and the reported cases were 5.5 million and out of this 80,000 people died in just 7 months. Later with the introduction of DDT and the control activities the number of cases came down.

In 1963 the number of cases reported was 17 and out of this only 6 cases were indigenous and the rest were imported. When the country prepared to go for elimination with the Global elimination proposed by WHO we had a huge outbreak of Malaria with in a period of 4 years, and in 1968 we had more than 400,000 cases were reported.

We are now for the second time trying for the elimination and it took nearly 50 years to bring down the number of cases. We had 200,000 cases in 2000 and this year we had 24 indigenous cases and 65 imported cases and no deaths since 2007.

We are now trying to eliminate malaria by 2014 with zero mortality.

Risks are there as the vector – Anophilus mosquito is present.

Challenges –

1. Preventing the diversion of resources mainly human resources diverted to manage dengue. To sustain the emphasis to malaria is difficult,
2. We are going to eliminate malaria by eliminating the parasite and the vector will be there so if we get imported parasite it will spread as in the past when the vector in high number. It is a real threat.
3. Multi drug resistant strains also can be introduced from South East Asian Countries like Mianmar, Cambodia and Thailand.
4. Loss of clinical experts, and the skills to diagnose and treat Malaria. There are incidences where Physicians have missed cases and delay in diagnosis of malaria which lead to mere death of patient.
5. Lack of interest of staff when there is low disease burden.

He mentioned some examples of other countries where there was less emphasis and lack of attention and IRS shortages, how the disease re-surged rapidly.

He also explained what happened in the past in our country and in other countries with the rapid decline in cases and rapid decline in the emphasis. Eg: South Korea how it came back when they were about to eliminate Malaria.

In the areas of the resettlement this is a priority, and it is a challenge because the vector is abandoned and people come back from malaria endemic countries to settle there. Due to the development projects and activities going on in these areas vector breeding sites are created every day. So risk is ever present.

There are three principal recipients working for elimination of Malaria in Sri Lanka. PR1 is AMC, PR2 is TEDHA and PR3 is Sarvodaya.

PR 2 involved with intensified surveillance in Eastern province, Mannar and Kilinochchi. They are helping in entomological surveillance activities and parasite surveillance activities.

PR 3 Sarvodaya they do some selected activities like mainly awareness creation and advocacy related activities.

Financial Issues: all three PR are facing the same issue of delays in getting funds from global Fund and because of the funding gaps, progress of activities is hampered with diminished ability to achieve targets. Currently, TEDHA has stopped doing the surveillance in these areas due to a similar delay of receiving funds.

The immediate problem is in the recently settled areas where people are coming from places where malaria is endemic and because Development activities carried out in these areas there are vector breeding sites and there are plenty of vectors.

Dr. Pandu mentioned that they are doing intensified surveillance in the Mannar, Kilinochchi, and complete Eastern province to help the Government in the process of elimination. He also said 650,000 people were screened during last 2 years since the GF programme activities was started and found 9 + cases.

They are facing with the problem of serious funding gaps to carry out the mobile clinics and other activities.

Dr. Buddhika Hapuarachchi from Sarvodaya mentioned that they mainly do awareness and advocacy work and also mentioned about the delay in getting the funds like others.

Elimination activities in Kilinochchi: vector is abandon and survilance activities by TEDHA in this areas

Dr. S. Deniyage D/AMC pointed out that this Round will be finished by 2014 and he also emphasised about sustaining the results of the programme beyond 2014 and requested for more funding. Then it was decided to write new proposals to GF.

Dr. Risintha Premaratne also mentioned how they control the spread of Malaria by doing entomological surveillance activities even proactive methods for example when people go to Kataragama from Northern and Eastern Provinces by walking they start the surveillance activities few weeks before and people are screened on the way while they are entering the border areas and where they stay the night and also keep an eye on larval density and adult vector density in these areas.

Dr. Pandu Wijeratne also mentioned about the differences in the behaviour of dengue vector and malaria vector and the differences in the control activities by controlling the vector breeding sites as the response to a question raised by a member.

Then Dr. Risintha Premaratne added by saying how the Mosquito changes its behaviour and even the breeding sites depend on the situation and environment and he mentioned that there are cities with Urban malaria in India and in certain areas in the world Anophelis Mosquito is breeding in polluted water. That is why the surveillance is important to monitor their behaviour. The Percentage of contribution of breeding sites to the control of breeding of vector and adult mosquito density is not clear.

Dr. Mehta –mentioned that the funding by Global Fund for the sustainability of the programme should be decided by cost analysis of fund given by Global fund. Also said the Global Fund will be funding to high burden, low income countries in future.

Vice Chair thanked all Doctors for the presentation and contribution.

Then the letter from TEDA was read out about the closure of the screening center at Nawamedagama Hospital because of the lack of co-operation of the MOs of the institution.

Dr. Pandu Wijeratne from TEDHA said from the Surveillance point of view that unit is situated at a very important location, and the impact of surveillance will be reduced if it is closed and now a mobile unit is functioning and because of short of fund for fuel it will be again an issue and unable to do the surveillance work to the expectation. D/AMC had agreed to write to Secretary Health about the closure of the surveillance point in the Health institution due to the obstruction by the Medical Officer In charge.

Also he said TEDHA is not in a position to pay the salaries of the staff due to the delay in getting the fund from Global Fund and the amount they have received is not enough even to pay the

salaries. Vice Chair asked to write again to GF about disbursement of fund through CCM and she also can write to Global Fund.

Mr. Shirley Tissera – mentioned about making arrangement for the site visit by the delegates of Global Fund who will be coming to participate at the Annual Global Fund Board Meeting which will be held next year June 2013.

Also he mentioned that the participation of CCM at International meetings is not adequate and the Focal Point explained how the chance for attending a meeting was missed by her because it was not communicated to her properly by Mr. Tissera. It was agreed if any personal invitation come then it should be channelled through CCM and CCM committee to select the nominee. If the invitation comes late then the Chairman has the authority to nominate a person. It was also mentioned that the participation at these meeting is important because we can discuss our concerns in this fora. Vice chair also said that they have to do a de-briefing after attending the conference at the CCM meeting.

Mr. Lakshman from CSDF also mentioned about the issues they are facing as SR due to the delay in getting funds and finishing the activities to the target specially in the year end. Vice Chair replied that all these issues are due to interrupted release of funds from GF. Director AMC mentioned that these issues were not there 2 years back. Mr. Manoharan from LFA mentioned that in future there will be a change in the way of releasing the funds from GF and it will be on annual basis (once / year).

Positive Alliance Lanka had sent a letter on non-receipt of the 3-wheeler assigned to them, requesting CCM to investigate the matter. As Sarvodaya Project Manager was present to reason out why the vehicle was not handed over, it was decided to call for an explanation from them.

## **7. Next CCMSL Meeting**

Date for Next meeting 19<sup>th</sup> February 2013

  
Dr. S. Yoganathan

Focal Point CCM Sri Lanka

19.02.2013