

Minutes of the 93rd Meeting of the Country Coordinating Mechanism, Sri Lanka held on 30th April 2013, at 2.30pm, at the Conference Room of the Anti Malaria Campaign, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05.

Present:

Members.

Dr. P.G. Mahipala	- Director General of Health, Ministry of Health
Mrs. Thushara Agus	- Family Planning Association (Vice Chairman/CCMSL)
Dr. Sisira Liyanage	- Director / NSACP
Dr. K.N.G. Seneviratna	- Director / NPTCCD
Mr. Shirley Tissera	- Congress of Religions
Mr. S.E. Majeed	- UNICEF
Dr. Dayanath Ranathunga	- UNAIDS
Prof. Sanath Lamabadusuriya	- Sri Lanka Medical Association
Dr. Palitha Abeykoon	- AIDS Foundation of Lanka
Mr. Pubudu Sumanasekara	- Alcohol & Drug Information Centre
Mrs. Swarna Kodagoda	- Alliance Lanka
Mr. D.A.D.N.C. Wimalaratne	- Rural & Community Development Association
Mrs. Priyanthi Kumari	- PLDW
Mr. Chamika Rasintha De Silva	- KAP

Alternate Members.

Ms. Waruni Costa	- Ministry of Education
Ms. A.M. Chandra Kanthi Abeykoon	- CSDF

Observers.

Mr. Luca Ochini	- Global Fund
Ms. Sylwia Murray	- Global Fund
Dr. Pandu Wijerathna	- TEDHA
Mr. Channa Manoharan	- PWC/LFA
Dr. W.M.T.B. Wijekoon	- Director/GFATM
Dr. Sudath Samaraweera	- NPTCCD/MOH
Dr. A.D. Ranaweera	- A.CCP-AMC
Ms. W.M.K. Gunasekara	- AMC
Ms. Tikiri Rambukwella	- TEDHA
Ms. Anjali Iwanthi	- Sarvodaya
Ms. Chamila Senevirathne	- Sarvodaya
Mr. Ravindra Ariyawickrama	- Sarvodaya
Dr. M.A. Iffthikar	- Project Manager/GFATM/HSS

CCMSL Secretariat.

Dr. S. Yoganathan	- Focal Point CCMSL
Mr. Chanaka Walawwatte	- Programme Officer /CCMSL
Ms. Hirusha Alwis	- DEO/CCMSL

Excused:

Dr. Y.D. NihalJayathilaka	- Secretary of Health, Ministry of Health (Chair /CCMSL)
Dr. S. Deniyage	- Director/ AMC
Dr. F.R Mehta	- WR WHO
Dr. Indira Hettiarachchi	- ILO

Absent:

Mrs. Muriel Nilaweera	- Women in Action
Dr. N.C. Amarasinghe	- Ministry of Labour and Labour Relations
Ms. Chandani Wijewardana	- Ministry of Finance & Planning

Proceedings

The meeting started at 2.30 pm, chaired by, Ms. Thushara Agus, Vice Chair/CCMSL. She welcomed all the participants specially the delegates from Global Fund, Mr. Luca Occhini, Regional Manager, Ms. Sylwia Murray, Mr. Adonis Sebolino, Programme Officer, and Mr. Soso Getsadze, Procurement Expert, on behalf of CCMSL. She also welcomed Dr. Sisira Liyanage who is the newly appointed Director, NSACP.

At the outset she made a request to give the names of alternates proposed by members for those who have not given, while emphasizing the importance of the presence and participation of the members in CCM meetings.

1. Excuses: Then she mentioned the names of those who got excused Dr. Nihal Jayathilaka, Secretary Health and Chairman of CCM, Dr. Indira Hettiarachchi, ILO, Dr. S. Deniyage, Director AMC, Dr. Mehta, WR, WHO, and Mr. H.A. Laxman from CSDF and Mrs. Renuka Peiris from Ministry of Education both sent their alternates.

2. Confirmation of the Minutes of 92nd CCMSL meeting held on 19th February 2013

Subsequently the Minutes of 92nd CCM Meeting held on 19th February 2013 were taken up for adoption and the following corrections were suggested,

1. In page 5 item 6.1. Discussion on renewal request of Round 9 HSS grant- paragraph 3, Ms.Sylwia made some comments about what she meant at the last meeting, and she wanted it to be corrected and mentioned as "If requests are with proper explanation and justification they can be accommodated. She also stated that Performance grading can be improved based on future performance of a particular grant.
2. In Page 1, Name of Dr. Deepika Attigalle has to corrected not as Dr. Deepika Hapugalle
3. The correction mentioned by Prof. Sanath Lamabadusuriya in page 2, last paragraph 2nd line should be corrected as "December 31st 2012 not as 2013".
4. In page 6 item # 7 "Positive Hopes Alliance" and not as "Positive Hope Lanka"

She also informed members that the Sinhala translation will be circulated for the benefit of the members from next meeting.

The minutes were proposed as being in order by Dr. Palitha Abeykoon and seconded by Mr. S.Tissera, subject to changes discussed above.

3. Matters arising from minutes.

Page 1, No matters were taken up.

Page 2, For a query raised by Mr. S.Tissera on no cost extension, Vice Chair explained that at the last meeting Dr. Vinya Ariyaratna from Sarvodaya briefed the CCM about no cost extension and grant closure plan, and members accepted what is stated in the minutes is in order.

She further explained with regard to the training activity which was discussed at length at the last meeting the funds are still with Sarvodaya as they are going through the grant closure and if they are able to release those funds, the training activity can be conducted. Otherwise as part of Phase II the new PR will not be able to handle it until the audit is concluded and funds are released. When Mr. Tissera inquired about the quantum of money allocated to the training programme, and the response was that Sarvodaya didn't mention the amount.

Page 3. HSS grant – it was mentioned that the team was working on a tight time schedule, as Ms. Sylwia gave one extra week time we were able to get the e-endorsement and sent the proposal in time.

Page 4. 5, Oversight Plan:

a. Site Visit of Oversight Committee:

Minutes of Oversight Committee Meeting held on 3rd April 2013 and the Minutes of the Site Visit to Mannar and Vavuniya Districts of Northern Province on 9th of March 2013, both were tabled and it was mentioned the visit was a successful one and the committee has given 2 recommendations,

1. **Capacity building of the staff involved with HSS Project**, because it looks like they were technically sound but the reporting skills and presentation skills need improvement.

2. Regular Monitoring and evaluation of the Project.

While the discussion was going on Dr. Palitha Mahipala arrived and took over the chair and he also made some comments, that the visit was good and they got some idea about what is happening in the Districts and even though there are different PRs working in Mannar District, there is no coordination between them, and he suggested the RDHS to coordinate it. He further said that RMO AMC is not aware about what TEDHA was doing in the district, there is no collaboration or linkages and there may be some duplication of the activities because both organizations are conducting mobile clinics in the same areas so there may be some overlapping but other than that the utilization of funds and implementation of the programme is exhalant.

b. Oversight plan – when the recommendations of the GF was taken up for discussion, one of the recommendation was to appoint a person living with diseases to the committee, and during the discussion it was pointed out that including a person living with disease will be difficult because of our culture and it was decided not to include and as it is depend on the country and it was only a desirable and not mandatory – country specific – but it was decided to include the other two in the plan namely Management of Conflict of Interest policy in every meeting where it is applicable and posting of Oversight Committee Meeting minutes in the web site and make it accessible to the public.

When Dr. Dayanath Ranathunga raised a question as to why a person living with disease can't be included in the Oversight Committee, Dr. P. Mahipala explained to the members that when the oversight committee was appointed by the CCM, at that time there were no nominations and there were no suggestions that there should be a person living with the disease should be included in the oversight Committee but now if the members feel that there should be a person living with the disease be included then it can be done. He further explained that according to the TRO of the Oversight Committee it doesn't have any decision making power and it is only supporting the CCM by oversee what is happening in the projects and reporting it to the CCM, and also the number of the members is limited to only few so that the committee can meet frequently and report to the CCM and the discussions are mainly at CCM level.

But it was pointed out that one of the members living with the disease people was taken in the visit.

After the discussion the recommendations were accepted and with necessary changes the plan was adopted.

4. Presentation by PR 2 was made by Dr. Pandu Wijeratna

a. Update about TEDHA and its achievements in Round 8 Malaria Programme

While Dr. Pandu Wijeratna made his presentation (see annexure) he made the following remarks,

- TEDHA is a private sector organization and the proposal was written in 2008, and was assigned and working in 4 Districts – one in North and three in East
- The Mandate is to intensify the surveillance of the Malaria Control Programme and it is complementary to the Government work in areas where they can't reach.
- They have established 69 surveillance sites and now the government has requested them to include Kilinochchi District also and they are trying to activate it.
- In addition to the surveillance work they also conduct extensive Mobile clinics.
- What they have achieved is only with the complete funding of GF. Total Grant Commitment is 9.8 mil US \$, and Phase I in 2009 is 5.2 mil.
- Total strength of the work force is 355 with Technical versus management ratio is 81:19 and 75 % of all the staff are in the field.
- They have one district office in each district and the Microscopic Centers are in the Government Hospitals assigned by Government. Out of 69 surveillance sites 52 are for fever and parasitology and 17 are for Vector - entomological sentinel sites.
- The distribution of Microscopic Centers are as follows; Mannar - 5 sites, Trincomalee - 16 sites, Batticaloa – 10 sites, Ampara – 16 sites and Kilinochchi – 5 sites, also in each district one of the sites is in the district office which is with a laboratory.
- They have 94 Microscopes bought from GF funds, and 4 Mini Vans for mobile clinics and 19 three wheels and 60 motor bicycles for field work, also 34 bicycles for short distance running for field work.
- He responded to a question raised by Prof. S. Lamabadusuriya, by saying that in Mannar District TEDHA has 4 hospitals and Government has 9 hospitals, and the blood filming the TEDHA has done is 1 ½ times the government has done, and he also mentioned that these reports are regularly sent to RMO AMC of each district and to Director AMC every month.

- Their last positive case was in August 2011 and from Government sector the total numbers of positive cases are 23 up to December last year and after that there is no new endogenous positive case.
- Vectors are identified only in Trincomale and Baticaloa districts and not in the other districts. Targets and achievements are shown in the Table.(see Annexure)
- In 2012 the Number of Mobile clinics done were reduced because of lack of fuel due to the short fall of funding. Some clinics in remote areas and difficult to reach areas were not done and the clinics in the closer areas were done. If the number of patients attended the clinic is less than the expected number, then it is not counted as a clinic, but when the number was more it was difficult to manage.
- When Dr. P. Mahipala raised a question about the quality and source of data, and the methodology it was collected, it was mentioned that the % figures are taken from the evaluation forms which are filled by the supervisor and some figures are collected from the supervisory visits reports which are reported by the person who did the visit.
- Dr. P. Mahipala commented by saying that according to the information provided, the Monitoring of staff, is very subjective because the data was taken from the supervisory staff. He further commented that in the government sector these figures are collected and verified by inquiring the field staff. He also mentioned that the wording should be, the % of staff who made a supervisory visit during the reporting period. He also said that these should be verified by the LFA.
- The remarks made by Ms. Sylwia said that they have already developed Standard Indicators and that they are in the web site now.

b. Comments about Mannar Visit-

When Dr. Pandu Wijeratna made his presentation about the Oversight Committee Visit to Mannar District, he mentioned that the Population of Mannar District is around 100,000, and in Phase I they were conducting 2 mobile clinics /week and now it is 3 clinics / week. He also said that there are 6 microscopic centers, and out of that one is in the District office and other 5 are in the hospitals.

When he was commenting about their performance, he mentioned,

- **The number of clinics conducted in 2011** –the target number is 96 and the actual number of clinics conducted are 81,
- **The number of blood filming done in 2011** – the target is 4800 and the # done is 6648. He also mentioned the difficulties they were facing in doing these clinics in Mannar District because of the Police Stations and the Military Establishments.
- P. Vivax- only one in 2011 and no cases in 2012. But from Government sector - 1 in 2012
- **The number of clinics conducted in 2012** – the target number is 144 and the actual number of clinics conducted by TEDHA are 125, **and by the Government is 109**
- **The number of blood filming done in 2012** – the target is 7200 and screening done by TEDHA – 10,000 and by Government is 6000.
- PDUR January to September 2013 figures are in the table
- There are 3 sentinel sites and 3 entomology teams per site in Mannar District and no vector identified, they don't have an entomological assistant but have an equivalent person with the

same qualification. But the training is of 8 weeks of entomological training but it was informed that in the Government sector it is for 1 ½ years and he is the person leading the team.

For a query raised by Dr. Mahipala, It was mentioned that the Cross checking of the slides is done by AMC. Team of AMC scientific service staff from Colombo periodically visits to cross check the slides and also supervise and give the feedback.

Dr. Mahipala informed the members that, necessary instructions are given to the RDHS to have monthly meetings with all the organizations involved with health activates in the district for more collaboration between the stakeholders and all have to work closely, because there are large number of Indian workers who are working on the railway line in Mannar and Vavuniya Districts and because of that we are also getting the other diseases like TB and Sexually Transmitted Diseases.

He also mentioned as we are in the elimination phase his concern was about the geographical area covered, whether the high risk areas are covered and positive rate are important. There are no endogenous cases since last October 2012 and no internal transmission. But because of migration we have to be concerned about the new cases. He also wanted to check the figures of AMC and TEDHA for 2009, 2010, 2011. He further said that when we get a positive case we are tracing each and every case and find out how he got the disease, and investigate the contacts by doing smears to see whether there is transmission is going on, and treat the patient promptly.

When they were reviewing the programme it was revealed that there is a time gap in making the diagnosis, and this time interval taken to diagnose the case is some time 8 - 10 days and some time it is 6 weeks. As we are now going towards elimination, there are Criteria in the management of imported cases.

Last time in 1963 there were about 17 cases, and now no cases but the difference is that there is a threat of migration which was not there last time. Last time the AMC was managed by Dr. Visvalingam. He thanked GF for supporting us.

5. Request for reallocation of Funds

5.1. Request from TB

There are 2 parts in the request and Dr. Sudath Samaraweera was asked to make the presentation.

1. While he was making the presentation he mentioned that, in October 2012, in the management letter issued to the Malaria Component they have advised when there is an expenditure which is common for all grants the expenditure should be shared by all grants, eg human resource, the salary of a person who is working for all grants, according to the letter, TB grant has some expenditure which is not budgeted in the TB Grant. When it was submitted with the PDUR as their commitment, this expenditure was not allowed by LFA saying that they don't have money in that budget line for this expenditure. The issue is that it is already committed from the savings and it is the salary of a person working for all grants and part will be paid from other grants and part is from TB grant. If they don't pay their part, it will affect not only the TB grant but also other grants. The same issue will continue even in the future for TFM grant which is a small budget and to avoid this issue the request is submitted for the recommendation of CCM for the approval of GF.

2. The second one is for TB / HIV co infection management which is addressing the high risk group in phase II. While he was making the presentation, he informed the members that, they had a budget

in 2010 for this activity but they have over spent for the year, and it was their practice in the past, if there is any over expenditure like this they find some saving from some other activity and reallocate it with CCM approval. But the LFA has disallowed this expenditure, which is already spent. The GF advised them it is not enough to get the CCM approval but they have to get the approval from GF. So now they have some financial crisis.

He further explained that in 2010 they had some allocation but they have over spent and the amount over spent was charged from some other activity. In 2011 they had some allocation and they didn't spend all the allocation and in 2012 no allocation. From the saving of this same activity of 2011, they have spent for the activity of printing of some reporting format, and it is already halfway spent. But when LFA was reviewing, they looked at the cumulative expenditure with the cumulative budget for that particular activity for that year and they disallowed their reprogramming in 2010. Now they have already started this activity and wanted to get the funds from the activity to produce some ICE material where they have some saving.

He also felt that this is a very unfortunate situation where they have thought that the CCM approval is adequate and now they know it is not adequate and need the approval of GF. He also said that in future they will take maximum precaution in spending TB grant, and this request is already submitted to GF and if CCM and GF give the approval they can carry out this activity otherwise they have to abandon this activity.

Ms. Sylwia made the following comments about the requests for reallocation and what they are expecting from CCM and PRs,

- The TB grant was ended in December last year and in the past GF and the PRs had lot of misunderstandings and now they are more clear. The GF will review this request in much more detail and GF have already started reviewing most of the unresolved issues from past as far from 2010, most will be resolved in the coming days. As the discussion is going on and soon a management letter will be sent and it will be circulated to everyone and the members will come to know what is happening.
- While the GF is discouraging the reprogramming requests submitted by PRs which are ad hoc requests, because GF have lot of negotiation and spent lot of time while finalizing budget line, but they understand that in the course of implementing the grant some changes may be necessary. The idea is that the reprogramming request should come twice a year or so. And this could be done when the PRs submit the progress report but always it can be submitted if any important, urgent request when PR really need some funds and they have identified some saving from different budget line, but not as a regular basis because again lot of time is spent in approving the reprogramming request.
- The threshold amount and how much money can be reprogrammed and for what amount the additional approval is needed will be informed to PRs. The PR should submit the request to CCM, and if the request is a significant one the GF wants the CCM to discuss the request. The GF don't want the CCM to be in between the GF and PR just passing it, and the GF want the entire CCM to be aware about this and entire CCM to endorse it.
- Ms. Sylwia also mentioned that she will be preparing a template with some details so the PR can understand, what the GF is expecting from PR, What is the budget line PR is going to use, what are they trying to do, what is the saving the PR has identified, with full rationale and explanation and what is the amount of funds they are discussing? The amount of threshold will be

mentioned in the management letter, and the GF and PR will agree for the amount of funds that can be reprogrammed and if the amount is more, then the entire CCM should be aware what is happening to the particular grant and discuss about it and endorse it before it is sent to GF.

- While answering to a question raised by Dr. Palitha Abeykoon she mentioned that the final decision will be made by the GF but she want the CCM to know that they are abandoning a particular activity which is no longer needed and trying to identify a particular need for some other activity and this decision will cause significance change to the programme, and the CCM to know the consequences of those changes, wanted the CCM to discuss about these changes among themselves, agree and endorse it then to be submitted to the GF and then the Global Fund can go through the budget line and other things and give the approval for the reprogramming request.
- She also confirms the query raised by Dr. Palitha Abeykoon and added that the endorsement by CCM will strengthen the request. But there is no guarantee that it will get the approval. Also she mentioned that if any PR submits a request directly to the GF and if she feels the request is significant, and then they will send it back saying that it should be discussed among different stake holders of the country at the CCM Meeting and to give full detail of what the PRs are planning to do, and why they are asking for it and with the CCM full endorsement if it is send to her, then the GF will consider the request. That means it will be approved with the full agreement and concurrence of CCM and if not approved then the explanation will be given.
- If the amount is small, this will be identified in the Management Letter as threshold that can be approved by CCM. This amount will vary depend on the country, and depend on different PR. It may be 10% of the budget will be identified as thresh hold but it can be as small as 5% or big as 20 % or 5000 US \$ or 20,000 US \$. This is dependent on the risk level of the country and this will be articulated in the management letter.

Mr. Luca Ochini, Regional Manager of GF, explained further by saying about the amount below the thresh hold and the procedure the CCM is going to follow to approve it, and it is up to the CCM to decide and the CCM can decide about the thresh hold for which the CCM endorsement is necessary. He also told the actions they are going take can be decided by CCM and the GF will not query the procedure how the decision was taken. Because when the amount is too small it is waste of time to send the request to the GF. E.g. If the amount is about 500 \$ it is waste to spend the CCM time to discuss about it and doing all these procedure so PR can decide and move the funds from one activity to other activity.

Following this discussion the TB request was endorsed by all the members while Mr. S.Tissera proposed it and seconded by Mrs. Swarna Kodagoda.

5. 2. Reprogramming request of Malaria: It was brought to the notice of the members, at the last meeting as they have not given the request with proper explanation and justification it was not taken up for discussion and this time too they have not submitted with the explanation. As the request was incomplete it was decided to take this up for e-voting if they submit with necessary details which are requested by some of the members.

5. 3. Reprogramming request of STD/HIV: As this request also without any details and as it was received only on the previous day, it was not possible to circulate to the members 2 weeks ahead as it was decided in the previous CCM meeting. Dr. S. Liyanage Director, NSACP was asked to submit it before the next CCM meeting with all necessary information.

6. Grant Closure Plan of Sarvodaya: The representative from Sarvodaya mentioned that they have submitted the Grant Closure Plan to GF and LFA has suggested to include some more information and now they have included what was suggested by LFA according to the guidelines of GF and they have requested the recommendation of CCM to the GF to review and for approval.

The Vice Chair requested for the views of the LFA and Ms. Sylwia also made her comments and with that the Vice Chair commented as the issues are mostly financial and asked for the views of the members about recommending it for the approval of GF and all felt that it can be forwarded to the GF. Then the decision was taken to forward it to the GF for further action.

At this juncture she informed the members about FPA signing the Grant agreement for Phase II with GF as PR 2 on the previous day and they will commence the Phase II ASAP from May 2013 with the ground work and training.

7. Filling the vacancy of one Member of CCM Oversight Committee: When the Vice Chair made the request to nominate a name to fill the vacancy created by the transfer of Dr. S. Gopalan, the name of Dr. E. Majeed was proposed by Mr. S. Tissera as a new member for the Oversight Committee and as there is no other nomination, with the agreement of all the members he was elected as the new member for CCM oversight Committee.

8. Election of Vice Chairman – when this item was taken up for discussion because of conflict of interest she asked whether she should leave the room, but the members felt that she can stay while they are discussing. She also wanted a democratic process in the election of Vice Chair even though the CCM and the GF has explained that if she wants she can continue as Vice Chair. But she mentioned that she doesn't want to allow any room for any conflict of interest situation and then Mr. S. Tissera nominated Dr. Palitha Abeykoon as Vice Chair and Mrs. Swarna Kodagoda seconded it. As there was no other nomination Dr. Palitha Abeykoon was unanimously elected as the Vice Chairman. After the election of the new Vice Chair she was asked by members to continue as Vice Chair until the meeting is over.

8.1 Filling the Vacancies of the Members of Disease Specific Technical Subcommittee

With the election of Vice Chair she also pointed out as there are some vacancies in the diseases specific technical subcommittees and asked to nominate few members for each disease.

For HIV/AIDS, the following names were nominated,

1. Dr. S. Liyanage as Chairman on behalf of Dr. N. Edirisinghe
2. Dr. Indira Hettiarachchi as Vice Chair on behalf of Dr. Yakandawala,
3. Dr. Dayanath Ranathunga as Member on behalf of Dr. David –
4. Mr. Chamika Rasintha De Silva as Member

For Malaria, the following names were nominated,

1. Dr. T.B. Wijekoon on behalf of Dr. Gowri Galapaththi

9.1. Funding of CCM Secretariat: the amount is 34,146 \$ for 2013 and 27,295 US \$ for 2014 Total of 61,941 US \$ is approved, and the documents are waiting for the signature of the Chairman, and Vice Chair. She answered for a question raised by Dr. Palitha Abeykoon the amount there is a small increase more than last year. 45790/- \$

9.2. Contract and Increment of CCM secretariat staff. As part of the conflict of interest policy the CCM secretariat staffs were asked to move out of the meeting room, and Ms. Thushara informed the members that the 2 office staff's contract has to be renewed and requested the permission for the payment of their increment, and she also mentioned that even Dr. Yoganathan's contract was renewed in January her increment was not included and during her period the office staff is working as a team and Dr. S. Yoganathan is giving a good leadership and the issues which were there are not there now.

Mr. Shirley Tissera mentioned because of their dedicated work their contract has to be renewed and the increment has to be paid as given in the budget.

She said the budgeted amount was 10% for all three personal and it was accepted by GF and they fully deserve it and they are managing the office very well and now the work load has gone up, and as there is no contrary remark it was taken as approved.

10. Any other business

- Announcement was made about the SR for Malaria Component of Sarvodaya as
 1. University of Colombo,
 2. Independent Medical Practitioners Association and
 3. Nucleus foundation
 4. FTEROH

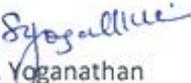
These four organizations have full filled the requirements and after shortlisting the applicants University of Colombo was selected as Sub Recipient for GFATM Round 8 Malaria Component.

- As an appreciation to the excellent work done by Ms. Thushara as Vice Chair Mr. S. Tissera, commented about the team work in the secretariat and the amount of effort she put in and thanked her for all her effort, and wished her for her future position as PR and requested her support to CCM even in future.
- Ms. Sylwia made some comments about Board Meeting and site visits and thanked the Focal Point and the Programme directors for their support to prepare the site visit,
- Mr. Tissera made a request to meet the CCM members with the Board Members in a room in the hotel

11. Date for next meeting

It was decided to have the next CCM Meeting on 11th Tuesday in the 2nd week of June before the Board meeting to sort out any issues

Thank you


Dr. S. Yoganathan
Focal Point/CCM Sri Lanka