

Minutes of the 101st Meeting of the Country Coordinating Mechanism, Sri Lanka held on 12th August 2014, at 2.00 pm, 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 Service, Ministry of Health
Dr. Risintha Premaratne	- Acting Director, AMC
Dr. K.N.G. Seneviratna	- Director / NPTCCD
Dr. Sisira Liyanage	- Director / NSACP
Dr. F.R Mehta	- WR WHO
Dr. Dayanath Ranatunga	- UNAIDS
Dr. Kumari Navaratne	- World Bank
Mr. Shirley Tissera	- Congress of Religions
Dr. Panduka Wijerathna	- TEDHA
Mr. Premabandu Jayathilake	- Tissajaya Children Welfare Foundation
Mrs. Thushara Agus	- Family Planning Association
Mrs. Kusum Jayalath	- KAP
Dr. Iyanthi Abeyewickrema	- SLMA
Mrs. Princy Silva	- PLWD
Ms. Chandrika Senanayake	- Ministry of Finance & Planning

Alternate Members:

Mr Anura Abewickrama	- Ministry of Education
Dr. Sudath Samaraweera	- Acting Director GFATM
Mrs Shakeela Jabbar	- UNICEF
Dr Sarojani Perera	- AIDS Foundation
Mrs. Tikiri Rambukwella	- TEDHA
Mr. Jayantha Gunasekara	- World Vision Lanka
Mr. S.B Niyangoda	- Nation Builders Association

Observers:

Ms. Sylwia Murray	- The Global Fund
Mr. Pubudu Rupasinghe	- LFA- PWC
Mr. Yudhishtan Kanagasabai	- LFA - PWC
Dr. Buddika Hapuarachchi	- Sarvodaya
Mr. Asitha Mallikarachchi	- LFA -PWC

Invitees:

Dr Paba Palihawadana	- MOH
Dr. Jayasundara Bandara	- MOH

CCMSL Secretariat:

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

Excused:

Mrs. Sudharma Karunaratne	- S/H, Ministry of Health
Dr. Palitha Abeykoon	- AIDS Foundation of Lanka
Ms. Swarna Kodagoda	- Alliance Lanka
Dr. Sarath Amunugama	- DDGPHS I, Ministry of Health
Dr. Renuka Jayatissa	- UNICEF
Mr. Dhanasena Hettiarachchi	- Nation Builders association
Mrs. Dilka Pieris	- World Vision Lanka
Mr. V. Abeyaratne	- Ministry of Education

Absent:

Dr. N.C. Amarasinghe	- Ministry of Labour and Labour Relations
Mrs. S.A.D.S. Subasinghe	- Ministry of Social Services

Proceedings:

The meeting started at 2.00pm chaired by Dr. Palitha Mahipala as Mrs. Sudharma Karunaratne, the Chair, Secretary, Ministry of Health and Vice Chair both had informed that they are unable to attend the meeting and he welcomed all the participants including the observers and the Global Fund delegates.

1. Excuses: Dr. Palitha Mahipala mentioned the names of excuses received.

2. Declaration of Conflict of Interest:

At the onset of the meeting Dr. Palitha Mahipala informed the members that if any member is having COI related any of the item in the agenda today, they should excuse themselves and leave the venue when the subject is taken up for discussion. CCM members agreed to that.

3. Confirmation of the Minutes of the 100th Meeting held on 10th June 2014:

The Minutes of the 100th meeting held on 10th June 2014 which was circulated to the members were taken up for adoption and the minutes were adopted as being in order- proposed by Mrs. Thushara Agus and seconded by Dr Dayanath Ranatunga

4. Matters arising from minutes.

5. 2. CCM Secretariat Office Space: It was informed that Dr. Sudath Samarawera had expressed his willingness to exchange the rooms saying that the Project Director's room is bigger than the present Secretariat room. The CCM agreed to this and if the room is bigger the Secretariat will exchange the rooms.

5. 6. Performance Appraisal of CCM Secretariat Staff: It was informed that this year the performance appraisal was already conducted by the Vice Chair and in future also the Vice Chair will conduct regular performance appraisal of the CCM Secretariat Staff on behalf of the CCM.

11. 4. Letter from the Ministry of Health:

The Focal Point explained the reason why the decision was taken to change the Members from the Ministry of Health, and Dr. Mahipala DGHS explained why the Programme Directors should continue as members. and He further explained that the Government is very strong in providing the health care services unlike many other countries, and if the Programme Directors are left out, the CCM will not be able to take effective decisions. Further as the Director General of Health Services he wanted to have the programme Directors as the Members of the CCM and not as Observers because he wanted them to actively participate in the process.

At this juncture it was pointed out that there are examples of Principal Recipients as Members of CCM in some other countries, and this decision was taken on the recommendation of the Consultants who have assessed the CCM Eligibility under NFM.

Ms. Sylwia agreed saying that if the Directors involved programme implementation are not allowed to be CCM members, there will be only few people involved with the programme and they can't take any meaningful decision in the CCM. She also said that she can get further clarification from the CCM Hub on this matter and inform the CCM. She continued saying that when other matters are discussed they would have to ensure that a proper COI policy is implemented.

Ms. Thushara expressed her willingness to voluntarily step down from the membership, but it was pointed out that she was elected as CCM Member by vote among the NGO Constituency and this issue arose only after she was elected as a CCM Member.

Dr. Mahipala finally said that all the CCM Members including him strongly feel that they need to have the Programme Directors as members, to run this committee efficiently and effectively, and their presence is necessary while discussing the issues and he further said there is no issue in having TB and Malaria Directors as members in the CCM as there is only one PR and it is only the HIV that has this issue because both PR are members.

Ms. Sylwia read out the guidelines and commented saying that the programme Directors should be available to give any information even when the reprogramming request is submitted but should not be taking part in the voting process and the Government Directors can endorse the documents. She also suggested that the Government can propose them as the representatives for the respective programmes.

The final decision was that the Ministry will withdraw the letter and all the CCM Members will endorse that the three Programme Directors should continue as CCM Members.

For a question raised by Ms. Sylwia about the membership representation in the CCM, Dr. Mahipala replied saying that there are four other Ministries other than the Health Ministry represented at the CCM, and today the representatives from the Ministry of Finance and Education are present.

Agenda Items

5. Feedback from the oversight committee.

Mr. Shirley Tissera, Vice Chair of the Oversight Committee read out the report of the last Oversight Committee Meeting held on 11th August 2014 at 4.45 pm, and he mentioned the names of the Oversight Committee Members who were present at the meeting.

- **Presentation by PRs - TEDHA:** Mr. Tissera gave a brief description of the presentation (copy is annexed i) made by Dr. Panduka Wijerathna from TEDHA .

- **Appointment of Finance Subcommittee:** Mr. Tissera further said that there were some areas of concerns regarding Finance and it was proposed to appoint a Finance Subcommittee of the Oversight Committee and with their recommendation to take action.

- **Settling the issues by having direct discussion with the Global Fund:** Mr. Tissera also said that it was decided to have a direct discussion with the Global Fund to sort out the issues related to reimbursement of “ineligible” expenditure and salary payments during grant closure period.

Dr. Mahipala further clarified by saying that there were key 2 decisions taken, and one is to appoint a Finance Subcommittee because the Oversight committee can only go through the Performance and Management issues, and give the recommendation to the CCM but the Financial issues are very important and to appoint a very strong Finance Subcommittee with few financial experts and legal experts and carefully audit the Financial Performance of the Grants, and report to the Oversight Committee. Then the Oversight Committee will bring it to the notice of the CCM and the GF for any decision making, and the Finance Committee will be a standing committee.

The second decision was Dr. Panduka Wijerathna to immediately settle whatever the issues they have with the Global Fund after having a one to one discussion so that it will not have any impact on the CCM getting the funds for the country. He appreciated Dr. Panduka Wijerathna’s kind agreement to this.

The Finance Subcommittee was appointed with Mr. Pathirathna DDG Finance I of the Ministry of Health, who is also a member of Oversight Committee, as Chairman and Ms. Chandrika Senanayake from the Finance Ministry and Ms. Princy PLWD as Members.

6. Concept Note Submission – Malaria Grant:

Dr. Risintha Acting Director AMC, started the presentation by saying that he made the same presentation to the Proposal Development Committee, which was chaired by Dr. Amunugama, with all the members present except Ms. Swarna Kodagoda.

Dr. Iyanthi Abeyawickrama, Member of the Proposal Development Committee, (as the Chairman of the Committee couldn’t attend the CCM meeting), informed the CCM Members that except for a few points which were edited later in the document the members felt that the Concept Note is in order and can be endorsed by the CCM.

He showed the list of documents and the Concept Note he presented and discussed at the Proposal Development Committee, which was already shared with the CCM members.

He said the main objective is to maintain the Malaria free status and prevent reintroduction of Malaria into the country, and maintain the zero mortality status, and by 2016 to get the WHO certification, as a Malaria free country,

Dr. Risintha further explained the 9 strategies they have formulated and also said that 4 are main strategies and 5 are cross cutting strategies,

1. Strengthening surveillance for Malaria case detection,
2. Maintaining the Clinical Skills for the diagnosis and treatment,
1. Strengthen outbreak preparedness and prevention and response,
2. Strengthen the entomological surveillance and response through integrated vector management,
3. Quality assurance
4. Strengthening IEC activities
5. Improve programme management and performance
6. Engage in operational implementation research
7. Monitoring and evaluation

Dr. Risintha further explained the process they have followed in the development of National Malaria Strategic Plan and the Concept Note development and he said that they had 3 PR meetings, inclusive of a multi stakeholder meeting, and these were shared with the Global Health Group of University of California, and received their inputs as well. Then these documents were shared with the Regional Director of Malaria, and also shared with 5 other experts and got their comments. Prof. Rajitha Wickramasinha incorporated the comments. The CN was reviewed by the GF Malaria expert Dr. Toby and also received inputs from the WHO. He also showed the documents that has to be endorsed,

1. The Concept Note
2. National Malaria Strategic Plan as supportive document
3. Gap analysis which is part of the concept note, Narrative part
4. Financial Gap analysis and counterpart financing
5. List of abbreviation and annexure
6. Willingness to pay

The CCM assessment of the PR selection section of the CN which was reviewed and improved by the proposal development committee was also shown and read out to the members.

Ms. Sylwia wanted to edit the wording from the legal perspective as “the Principal Recipient is Ministry of Health, and the implementing body is the AMC...” and it was edited accordingly.

She also said that the GF is in the process of re-designing how the grant agreement will be signed under the NFM, since it may be signed by the country, and it may not be the Health Minister may be a higher level person, may be the President, to be fully aware of the funding and the directions, and more details will be shared with the CCM once the decisions are made. But this will not change the way it is implemented.

At this stage Dr. Mahipala suggested to submit a cabinet paper by the Ministry of Health to ensure that HE the President and the Cabinet of Ministers are aware of these programmes and requested Dr. Risintha to prepare a cabinet paper.

Dr. Mahipala further explained that this is the main recommendation of the CCM to the GF and they have described the capacity of the AMC, and the AMC have worked and controlled Malaria for the last 100 years and now they have come to the elimination stage and all the CCM members have agreed to endorse the documents.

There was a query raised whether there is any section in the CN to mention about the CCM eligibility assessment EPA and it was informed that it was already uploaded to GMP soon and there no particular section in the CN and the next assessment will be done after January 2015.

Counterpart Financing: It was informed to the members that the counterpart financing is 60%, it is the commitment by the Ministry of Health and the requirement of the GF is 40% and because of that the issue of willingness to pay the 15% will not arise for Sri Lanka.

7.1 Close out plan of TEDHA

Dr. Panduka Wijerathna from TEDHA made the presentation and the copy is annexed (ii), and he said the programme started from 2009, they have worked in partnership with the government in 5 districts of the country, mainly North and the East, and achieved all their targets, and they are closing out by 31st of August, and now they are in a position to transfer all their assets and resources in the 5 districts. He said their current grant rating is A1 and the overall rating was A2.

He also mentioned about the Current financial constraints like Disbursement shortfall :

- PU/DR request to sent by August 2014 – USD. 978,387.88
- Disbursement Received – USD. 390,660
- Shortfall will be further discussed and included in PU/DR – 30 June 2014 which is ready for submission

7.2 Grant Closure:

Dr. Panduka Wijerathna informed that they have to handover everything they have, 17 Entomological sentinel sites, 47 laboratory stations in the hospitals, 6 district office labs, 5 District offices and 1 sub district office.

All surveillance activities will cease by 31st August. Fever and parasitological surveillance stations will be dismantled, unmanned and as per the direction of the GF all assets will be handed over to the AMC – and the central level will determine the distribution of the items: *awaiting for a plan from the AMC.*

Entomological Surveillance has ceased at the end of July 2014, earlier than planned because they have achieved the target and the AMC has been informed : *awaiting for a plan from the AMC .*

7.3 Close out Budget:

A final budget proposal has been sent to the GF and certain allocations are disputed by the PR and GF informed.

The storage costs and the transport costs were not budgeted and if TEDHA has to undertake the delivery of items from Lab stations to AMC designated locations , the transport costs will have be included in the close out budget. There are some calculations and formula issues with the close out budget worksheet and further clarification is also needed on certain items. He has also given the plan for no cost extension to the AMC.

7.4 Asset Handover Plan:

The revised asset handover plan as per the GF instructions was handed over to the AMC on 10 July 2014. There is no revision in the budget made for storage and transportation based on this plan and it is necessary that Asset and Inventory (reagents and consumables, glass ware etc.) take over occur in the hospital laboratories by 31 August 2014. If the takeover is delayed the option will be the AMC request the hospitals to allow staff and the items to remain at locations until September 2014.

7.5 Human Resources: The list of availability of staff with details submitted to AMC and it should be included in the “no cost extension” budget.

He also informed that they will terminate the contract as per submitted work plan for the close out and approved budgets. They have prepared the Close out plan for 5 ½ months up to January 2015 and achieving the entire documents that they are supposed to save it for 7 yrs.

7.6 Taking over Plan:

Dr. Mahipala asked for a plan to take over from Dr. Risintha, and he made the presentation. He told as per the requirement of the country to achieve the objectives of Malaria elimination, and prevention of reintroduction he had recalculated the number of staff members that are needed in the respective Districts that are manned by them which is a national requirement. Based on that for the entomological team they have developed a plan not only for the districts that are covered by TEDHA but the other districts of both Provinces the North and East which have vacancies, and have calculated the minimum entomological team that is required.

The requirement of the parasitological team is also prepared; as well as the plan for human resources.

Regarding the assets they have finalised the assets transfer plan as well, taking into account the districts that are covered by TEDHA and the adjoining the Districts in North and East that are not covered by them, and their requirements and shortage of resources to be allocated to the nearby districts as well.

He also informed that when TEDHA stop their activities the RMOs have been specifically instructed not to allow a gap, so that even on a visiting basis to cover these areas. They will be sharing necessary information about the places that will be falling vacant as a result of withdrawal of TEDHA, and the RMOs will come up with a plan to provide continuous cover until the recruitments are completed. He also requested for the advice from the DGHS and the suggestions of the CCM to complete the recruitment process. He also said that the TEDHA staffs have been trained and they are doing these operations for the last 5 years, but they have to recruit them according to the routine recruitment procedures, while allocating some marks

according to the number of years of experience. Also TEDHA can be invited to take part in preparing a marking scheme. When checking the microscopic capability which is critical, they are planning a practical exam for the selection. Also it was suggested to get an unofficial report from TEDHA about the staff.

Dr. Mahipala further said that the Ministry will support Dr. Risintha by getting some team from the Ministry with the support of Mr. Pathirathna DDG Finance I and Director Stock Verification because they have to prepare the stock inventory, and the handing over taking over statement, and it has to done by physically checking all the items and completed very quickly.

He also said about the contractual staff, if there is financial provision available, under the GF they can continue otherwise it will be a problem because it is coming under the Northern Provincial Council. Dr. Risintha informed the members that they have identified funds for these additional staff under no cost extension so it is not an issue.

8. Reprogramming and reallocation

Ms. Thushara presented her reprogramming request and told the members that this request has been discussed in the past few CCM meetings, and it was circulated earlier She also told that this request is based on the result of the National Size Estimation of the target groups which was concluded in 2013 by PR2, and this has given them a different geographical distribution of the MARP groups which is more accurate as opposed to what was designed 5 yrs back. The original selection of the Districts was based on the data available at that time. This project was expected to be scaled up to cover 14 districts from the previous 7 districts.

After discussing with PR 1 it was decided that the program activities should be aligned to the geographical distribution of MARP (Most at Risk Populations) groups for a greater effectiveness and impact. With that objective, PR 2 together with PR 1, proposed a Reprogramming request after careful consideration of available data on the Epidemiology, Concentration of MARP groups.

She also informed that this request was circulated at previous meetings on two occasions (As per minutes of the CCM meetings held on 22 April 2014 and 23 May 2014) and this attachment is a summary of the proposal which shows the areas where they are going to work since the formal approval from GF has been received, and she wanted the endorsement of the CCM, before implementation of the scale-up activities.

Dr. Liyanage informed the members that they have discussed this reprogramming request and this is a special service for the MARPs and they have MOU with PR2 and he also informed that they have monthly review meetings and taking decisions and he recommend the request.

Then Dr. Mahipala requested the CCM Members to endorse the request and the members agreed for endorsement.

9. Feedback from KAP Project Subcommittee:

The update was given by the Focal Point; Ms. Princy de Silva was nominated as the Chairman and Dr. Palitha Abeykoon as Vice Chair of the KAP Subcommittee and they had 2 meetings and the

budget was finalized, and circulated to the CCM members, no comments were received, and it was assumed as it is approved and they will be starting the activities, and the simultaneous interpretation of the CCM meeting proceeding is one of the activity under this budget, and also they have formed a Taskforce with the other organisations which are working with the KAP and PLWD but not the CCM members and the Taskforce will be meeting the FPM on 15th of August and their future plans will be made.

10. Any other matters:

a. Submission of Concept Note for HIV:

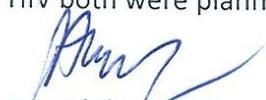
Dr. Liyanage, Director NSACP, informed the members that they are planning to submit the Concept Note in October 2014 and they have started the Country Dialog and they are planning for the Midterm Review in August/ September and the discussions are ongoing, Epidemiological analysis is planned for August / September and the WHO has identified the experts to cost the detailed activity plan of the NSP which will be completed by end of September. Dr. Mahipala requested to get the support of Dr. Iyanthi Abeywickrama.

Ms Sylwia also informed the members that she had sent a road map as an excel sheet. It has the whole activity list with planning, and required simply to tract those activities and enter every activity and that document can be shared with others. She also suggested getting the involvement of the disease specific Technical Subcommittee into this process and wanted to meet the subcommittee to explain the road map.

Ms. Sylwia also mentioned about the meeting she had with the French Ambassador, and also said that France is the 2nd largest donor to the Global Fund and they are interested to see how the money is being utilised and he wanted to notify him about the upcoming CCM meeting and to invite him to participate as an observer, in some 58 countries they are CCM members, and by inviting him he will get the information how the things are taking place. She also said that he asked her to meet the British High commissioner because Britain is the 3rd largest donor.

Dr. Mahipala requested her to share the discussion notes with the CCM and the Ministry of Health because have to get the clearance from the Ministry as well, and he also said that he liked to have them as observers, but it has to be decided from time to time, and there are some embassies who had individual discussions with the Ministry to get the feed back. He also expressed his view that if each and every embassy wanted to come to the CCM meeting we won't be able to accommodate all of them. He further clarified a comment made by Ms Sylwia that the US government is very strong and they are working everywhere in Sri Lanka especially in the North and East.

Date for Next Meeting: It was decided to have the meeting on 10th October because both TB and HIV both were planning to submit the concept note by 15th of October 2014.


Dr. Palitha Abeykoon
Vice Chair/CCMSL