

Minutes of the 102nd Meeting of the Country Coordinating Mechanism, Sri Lanka held on 10th October 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:

1. Dr. Palitha Abeykoon - AIDS Foundation of Lanka (V. Chair)
2. Dr. Risintha Premaratne - Acting Director, AMC
3. Dr. K.N.G. Seneviratna - Director / NPTCCD
4. Dr. Sisira Liyanage - Director / NSACP
5. Dr. Dayanath Ranatunga - UNAIDS
6. Ms. Swarna Kodagoda - Alliance Lanka
7. Dr. Sarath Amunugama - DDGPHS I, Ministry of Health
8. Mrs. Dilka Pieris - World Vision Lanka
9. Mr. Shirley Tissera - Congress of Religions
10. Dr. Panduka Wijerathna - TEDHA
11. Mr. Premabandu Jayathilake - Tissajaya Children Welfare Foundation
12. Mrs. Thushara Agus - Family Planning Association
13. Mrs. Kusum Jayalath - KAP
14. Mrs. Princy Silva - PLWD

Observers:

1. Dr. Buddika Hapuarachchi - Sarvodaya
2. Mr. Saman Algoda - Sarvodaya
3. Mr. Asitha Mallikarachchi - LFA – PWC
4. Mr. Madura de Silva - LFA – PWC
5. Mr. C. Shankarkumar - LFA – PWC
6. Dr. M.A. Iffthikar - Project Manager HSS -
7. Dr. Sudath Samaraweera - Acting Director GFATM
8. Mr. H.A. Lauxman - CSDF
9. Ms. Pradeepika - CSDF

Excused:

1. Mrs. Sudharma Karunaratne - S/H, Ministry of Health
2. Dr. P.G. Mahipala - Director General of Health Service, Ministry of Health
3. Dr. Kumari Navaratne - World Bank
4. Dr. Iyanthi Abeyewickrema - SLMA
5. Ms. Chandrika Senanayake - Ministry of Finance & Planning
6. Dr. Renuka Jayatissa - UNICEF
7. Mr. Dhanasena Hettiarachchi - Nation Builders association
8. Mr. V. Abeyratne - Ministry of Education
9. Dr. F.R Mehta - WR WHO
10. Mrs. S.A.D.S. Subasinghe - Ministry of Social Services

Absent:

1. Dr. N.C. Amarasinghe - Ministry of Labour and Labour Relations

CCM Secretariat:

1. Dr. S. Yoganathan - Focal Point/CCMSL
2. Mr. Chanaka Walawwate - Programme Officer /CCMSL
3. Ms. Hirusha Alwis - DEO/CCMSL

Proceedings:

The meeting started at 2.30 pm chaired by Dr. S. Amunugama as Ms. Sudharma Karunaratne, the Chair, had tendered her excuse and Dr. Palitha Abeykoon the Vice Chair was getting late he welcomed all the participants including the observers.

1. Excuses

Dr. S. Amunugama mentioned the names of excuses received. **(Please see the list above)**

- **Declaration of Conflict of Interest:**

At the onset of the meeting Dr. Amunugama informed the members that if any member is having COI related any of the items 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.

- **Confirmation of the Minutes of the 101st Meeting held on 12th August 2014:**

The Minutes of the 101st meeting held on 12th August 2014 which was circulated to the members were taken up for adoption and the minutes were adopted as being in order- proposed by Mr. S. Tissera and seconded by Mrs. Thushara Agus

2. Matters arising from minutes.

Page 2 - 4. 5. 2. CCM Secretariat Office Space: As both rooms are of equal size instead of changing the rooms it was informed that getting the room adjacent to the Secretariat is the most feasible option and Dr. Gamini Seneviratne was willing to give part of the room. Ms Thushara informed the Members that some inventory items (furniture) taken over from the regional project are in her custody for more than past 6 months and to expedite the matter as they also have storage problems. Dr. Amunugama promised to solve the issue soon and requested some more time.

Page 2 - 4. 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.

Page 3 - 4. 11. 4. Letter from the Ministry of Health:

It was informed to the members that the final decision was to allow the programme directors to continue as Members and to strictly implement the Col policy when the issues arise.

Page 4 – 5.3. Settling the issues of TEDHA by having direct discussion with the Global Fund:

It was about issues of TEDHA related to reimbursement of “ineligible” expenditure and salary payments during the grant closure period and Dr. Panduka informed that they had a discussion with Ms Sylwia, sorted out most issues, but there are still some more to be sort out and they got their disbursement two days back he had written to OIG directly and is waiting for the reply.

Page 4 – 5.4. The Finance Subcommittee: The Focal Point informed that the Subcommittee is formed and they will be meeting on 14th Tuesday October and the ToR which were prepared earlier was circulated to the members of Oversight Committee. Mr. Tissera made some comments about the payments because they are volunteers and so many responsibilities are given to them that take up time. This will be discussed at the next OC and a decision will be taken.

Page 4 - 6. Concept Note Submission – Malaria Grant:

Dr. Risintha, Acting Director AMC, thanked the members for the support they have given to submit the CN and informed the members that the CN was sent for TRP for review.

Page 6 – 7.1. Close out plan of TEDHA officially TEDHA closed out as of 31st August, all surveillance activities stopped, and made the final presentation to AMC few days back, the closeout plan was endorsed by CCM and submitted to the GF, and had been approved, and received the disbursement 2 days back,

Page 7- 7.4. Asset Handover Plan: Dr. Panduka informed the Members that they are handing over all the assets to AMC, and Dr. Risintha was very helpful in receiving the assets, and it can be finished by end of November and the whole process by end of the year.

Dr. Amunugama made a comment saying that TEDHA wanted to keep some of the items and GF has written to them, but the issue is even though they are 5 years old and have to throw them away but forced to take over them because if they have to buy something new on a later date without taking them over the GF may say you didn't want to take over earlier but now trying to buy new and they can't buy them, so that is why they are taking over.

Dr. Risintha commented that they should be allowed to purchase new items if the items they have taken over are not working and not to penalize because of this reason and because of that they will not be able to take over the items that are not serviceable and a decision has to be taken about what to do with those items. Also the items that have been taken over, there will be an additional cost to repair them etc and may require some reprogramming of funds. Also for electronic items it won't be possible to give an assessment in the field, and lot of time is wasted on that, or the item may be working but the software may be outdated and it is a burden to find storage place and condemning them is also an additional work for them.

Dr. Dayanath commented saying that because lot of grants are finishing and they will be getting more and more items to be disposed, and suggested to have a disposal committee with some impartial parties as members can invite LFA also to represent, and can categorize the items and clear the backlog like condemning board.

Dr. Risintha continued saying that they will not be taking over for the face value and if they think they can't use them they will not be taking over them. **Three categories, the serviceable ones** they will take over, **the ones which are already had problem** even during transfer time they will not be taking over, the **ones which are boarder line** which are left now they have not taken any decision on that, they might take over or not depend on the item.

Ms. Thushara commented saying that Dr. Ranathunga's comment is a valid one and because they are the assets of GF, and without waiting till the end of the Grant on periodical basis this has to be done and by the OC a policy has to be drafted, and a system to do this.

Dr. Liyanage proposed to do verification before handing over at the end of the grant by an independent committee.

Dr. Amunugama further commented on 2 issues -one is depreciation and the other one is verification board can't say to dispose if it is unserviceable after some time, and **he proposed to the oversight committee to decide a policy to do this.**

Dr. Risintha further commented that they have the work plan for this year and under NFM they have the work plan for the next 3 years and the implementation of it should not be on any of these assets and he explained with examples. But Dr. Amunugama said he can carry on with the plan because the PSM plan is approved by the GF but he said in principle it is not correct because they have taken over something saying that it is working and again if they buy a microscope to put to the same place expecting that it is going to break in 6 months time. He also said they can buy a new one only when it goes out of order. Also if they can repair then it has be decided whether to buy a new one or repair the old one depend on justification.

Page 7 - 7.5. Human Resources: Dr. Risintha explained that he has included the new recruits and the salary of the staff that were with TEDHA and will be taken over by AMC, into the NCE and the total budget has been approved. But he was informed during a discussion that they can't have any new thing and he need clarification on this whether new recruitment is possible. **It was decided to get the clarification from the GF.**

Page 7-7.6. Taking over Plan:

Dr Risintha wanted to give some preference for those who have been working with TEDHA and he wants the CCM to endorse it and the CCM agreed to it. Dr Amunugama further advised to prepare a marking scheme for recruitment and send it to the Ministry.

Page 9 -10. Any other matters:

Submission of Concept Note for HIV:

Dr. Liyanage, Director NSACP, informed the members that they are planning to submit the Concept Note in January 2015 and the NSP costing is already finished and they have planned for the Midterm review, and Epidemiological analysis, and after the review they may have to do changes in the NSP. Dr Amunugama advised him to send the reviewed NSP to the CCM so that the CCM Members will know what is there in NSP and the Focal point to circulate it and the proposal development committee also will review it.

- **Meeting with French Ambassador:** Mr. Tissera wanted to know whether the French Ambassador is invited to the CCM Meeting and the Focal Point informed the committee as the instructions were not clear she didn't invite. After discussing it was decided as mentioned by Dr. Mahipala at the last meeting to remind Ms Sylwia to send the Meeting minutes of Ms Sylwia with French Ambassador to the CCM and to get the clearance from the Health Minister and Ministry of External Affairs before inviting him to the CCM Meeting.

Agenda Items

3. Feedback from Oversight Committee:

3.1. Mr. Shirley Tissera, Vice Chair of the Oversight Committee before reading the report he mentioned that he wanted to propose a vote of appreciation on behalf of the CCM Members to Dr. Mehta who is retiring and he was serving at the CCM as well as in the Oversight Committee, and he has been a great source of strength for all of us and he gave support and guidance to others and he wanted it to be minuted and to write to him to say that CCM appreciated the guidance and support he has given to the CCM.

3.2. Increment of CCM Staff: He mentioned that the Oversight Committee is recommending to the CCM to write a request to FPM to reconsider the decision she has taken and to pay the increment as the performance assessment was done and there is a marked improvement in the performance of the Secretariat staff and Ms Thushara mentioned that the increment was approved by the CCM and then it was stopped by FPM. Mr. Tissera further said that the reason for stopping the increment is because the performance appraisal was not done and now the performance appraisal is done and the performance has improved and the increment can be paid.

Dr. Amunugama further said as the Oversight Committee has recommended, the CCM will endorse the decision and will write to Ms Sylwia. He also said that he can't approve the increment of some of the GFATM Project staff as their performances are poor. He further said that he had requested the Project Director to prepare necessary documents and he added saying that these documents has to be circulated beforehand at least about 2-3 days before the meeting so that the members can read it.

3.3. CCM Secretariat Office space: Mr. Tissera mentioned that the OC recommend that the issue of the office space has to be sorted out as Dr. Gamini also agreed to give part of the room next to the secretariat and Dr. Amunugama requested him to reconsider giving the full room to the CCM because it is not a big room and giving part of the room is not enough to the CCM and the Director agreed to give the full room after shifting the items that are in the room

3.4. Capacity Building Activity of the OC Members: He also said that it was decided to give some training about Dashboard as part of Capacity Building exercise of the OC Members, and Ms Hirusha of CCM Secretariat agreed to give the training at the next OC meeting.

3.5. Appointment of Permanent Project Director and Accountant for HIV project: He also said that it was informed that an accountant is already appointed and he asked to appoint a permanent Full time Project Director also to avoid the delay in getting the things done as Dr. Sudath is doing two work.

3.6. Mr. Tissera informed the members that it was decided to invite Dr. Amunugama, Communication Focal Point of MoH and Dr. Sudath Samaraweera Acting Director GFATM for the OC Meetings as invitees because there are so many matters for concerns and also to invite the respective PRs when their issues are taken up for discussion.

3.7. Presentation of PRs: He also said that it was decided to invite one PR to make the presentation at the next OC Meeting and also at the CCM Meeting. CCM Members raised the concern about time constrain when they make presentation at CCM and it was said after the Concept Note is submitted there will be time and one PR at a time. Focal Point informed the committee that the OC Chairman's concern was about the performance of the Government PR and he wanted it to be discussed even at the CCM Meeting.

3.8. Oversight Visit: He also informed the members that the Oversight Visit was planned to have on 20th of September and later it was postponed due to unavoidable reasons even though all the arrangements were made especially by the PRs and he thanked them for making the arrangements.

3.9. Finance Subcommittee: He said the OIG report was handed over to the Chairman of the Finance subcommittee to give necessary recommendations and also recommended appointing Ms. Pushpamala Legal Officer of MoH to appoint as Member of Finance Subcommittee to make the number of Members to 4 and the CCM agreed to appoint Ms. Pushpamala Legal officer of Ministry of Health.

4. Concept Note of TB Grant:

4.1. Observations of the Proposal Development Committee.

Dr. Amunugama Chair of the Proposal Development Committee commented saying that there are no major changes but one of the concerns of Ms. Sylwia was about the case finding target of 80% is not ambitious enough, the 2nd is to have outreach programmes and have more clinics. Dr. Sudath explained that with the epidemiological characteristics of TB, much higher case finding target is not realistic and he also informed that this issue was discussed at the SEARO meeting held in New Delhi and decided to keep it at the same level.

It was informed by the Focal Point the comments made by Dr. Renuka Jayatissa from UNICEF, Dr. Iyanthi Abeywickrama from SLMA and Dr. Kumari Navaratne from World Bank were circulated to the CCM Members and they were asked to consider and incorporate into the CN.

Dr. Sudath Samaraweera also mentioned that the defaulter rate is not 7 % and it has come down to 4 % from the previous figure of 14% 10years back. He also said that the defaulters can be traced but it

is difficult to sustain on treatment because of their behaviour and lifestyle like drug users he also said only very few people are untraceable.

Dr. Amunugama said that using mobile technology to trace the defaulters can be considered because it is an easy method, not a big technology change and it can be done through the Mobile Company and it won't cost lot of money. Since it is a communicable disease it can be done under the Quarantine and prevention act. He also said she has also suggested having an electronic TB register which gives all the details of the patients, and if unable find the patient inform the police to get down the patient. Also he said in the ward TB patients should be given suitable diet with high protein and asked Dr Sudath Samaraweera to give the details to the head of the internal audit department of Ministry of Health who prepares the circulars to include into the diet schedule for the TB patients.

He also informed the Members for a query raised by a member that under the Disease Prevention and Control Act if a patient is not taking treatment for an infectious disease they can be arrested and sent to the hospital for treatment under special circumstance. There is a human right issue but on the other side how to prevent the spread of the disease to others.

Dr. Sudath Samaraweera informed that only on rare occasions it has happened like this when the patient is infective.

Ms. Princy informed the members that there are some benefits to the TB patients but there are some HIV patients with TB infection are not getting those benefits, and she can give the details of those patients.

4.2. Endorsement of TB Concept Note: Dr Palitha Abeykoon, Vice Chair requested the members for the consent to endorse the Concept Note on condition that the corrections recommended by the CCM Members will be incorporated into the Concept Note (and this will be circulated) and all the CCM Members who were present unanimously agreed to endorse the Concept Note.

5. Grant Closure Plan of Sarvodaya PR3 for CCM Endorsement

Dr Budhika Happuarachchi, Project Manager of Malaria Grant - PR3 mentioned about the background of this plan, as this plan was already forwarded to the GF and it was then referred to LFA to verify it and after checked by LFA and Okayed the GF wants the endorsement of the CCM for approving it.

Summary of the Grant Closure Plan: He made a presentation of the summary of the Grant Closure Plan of Sarvodaya (Annexure I). He also said that they had finished Round 8 - Phase 2 of Malaria Grant by 30th September 2014 and he also explained about the budget and the main activities they have to do which are preparing the PU by 15th of November and Final financial cash statement with the Grant Closure by 31st December and the Audit Report by end of January 2015. There will be 10 staff members till end of December 2014 and there will be 3 main staff for another month (January 2015) on the request of the GF. Their salary and other administrative cost are included and it comes to US\$ 3814.

Assets Transfer: He also said about the asset transfer that the 1st option is to handover the asset to AMC and the 2nd option is they are willing purchase back all the asset at the depreciated value. He also mentioned about the Vehicle double cab Nissan purchased for 4.8mil and from the GF funds they have paid 2.2mil and the balance funds Sarvodaya had paid. They wanted to pay the depreciated value and get the vehicle to Sarvodaya.

Archiving the Documents: Sarvodaya have the documents of Round 1, 4, and 6 also and they wanted to do the archiving and keep them with them but the GF wanted it to be handed over to archiving company. After the CCM endorsement they are waiting for final decision from the GF.

On the request of Dr. Amunugama, Dr Risintha explained about the available funds and the amount of funds they will be getting under NFM for next 3 years which will be the balance funds left after the 3 PRs using this year. He also informed the members that the money used for today will be lost for tomorrow and he also suggested to reconsider cutting down on the things like the rental arrears of past 1 year they are claiming now and included in the closeout plan amounting to US\$ 9301 as the building is their own building and he also mentioned that they also have cut down certain things in the NCE and Dr Budhika agreed to that suggestion. Dr. Risintha also mentioned that it is unfair if he make comments about the budget without knowing their operational structure and he also said that the supervision part should not be reduced even though it is a close out plan.

Dr. Abeykoon also explained how this budget will affect the funds available for NFM for the next 3 years and that has to be moderated with the actual requirement. Also he commented about the decision the GF will be taking after the CCM endorse it. Then the members of CCM agreed to endorse the Grant Closure Plan of Sarvodaya subject to the suggestions made as it is a requirement for the approval of the GF.

6. Request submitted by Director AMC for CCM Endorsement

As it was already discussed under **Matters arising from the minutes 4.7.2. Human Resources** and the CCM Members decided to endorse it. Dr. Risintha explained it further by saying that they are not going to get the same staff members but qualified staff worked with TEDHA will be given preference. If they are not good enough they will not be taken over and the marking scheme will be worked out and marks will be given for experience and the performance in the interview.

7. Reprogramming request submitted by Director NPTCCD

When a query was raised why it is not submitted with PUDR, it was informed by the Director NPTCCD that it was submitted with the last PUDR and now the GF wants the CCM endorsement.

Dr. Amunugama explained that when a reprogramming request is submitted the members should know from where the funds are coming and whether it is from saving or whether it is from some activities which will not be done and what new activities will be done. We like to know whether you are changing from one programme into another programme or you are doing it from savings which are not mentioned in the document.

Dr. Sudath explained that reprogramming are savings from executed activities while some are from activities not carried out. It is proposed to spend these savings for identified useful activities.

Because of some reasons they may not be able to spend the money and because of that they have prepared this request and he also said some are from the savings. So Dr. Amunnugama explained that just going through a document like this no one will understand and he wanted those details to be written in any reprogramming request.

Dr Abeykoon further said that when the things are going through the CCM the process must be right and he suggested getting a note from the Director NPTCCD explaining all these background to be attached with the request and the Director and the members agreed to that and he further explained what Dr. Amunugama asked and what answer given are important to be recorded. Then it was decided when the note is received it will be attached and circulated to the members by the Focal Point and it will be taken as it was endorsed.

8. Topics suggested by Ms Sylwia to be included in the Agenda

8.1 Overdue Audit Reports: Dr Amunugama informed the Members that the draft report is available and they wrote their responses but the letter was not signed by the Secretary and the Secretary had left the office early as she is leaving abroad tomorrow and now they have to get the signature of

acting Secretary. With that the issue will be sorted out by next week. The auditor general now knows about the issue and urgency. He also said according to the GF it is over due by 4 months. Because of this delay disbursement was delayed and HSS project HIV programme both has issues. He also advised the programme directors to answer the audit queries without delaying and because of the delay it ultimately ending up with issues like this.

8.2. OIG Recoveries and other refundable of TEDHA and Sarvodaya:

MoH - Dr. Amunugama informed the members that the issue was discussed with the Secretary and she said the taxes and duties can be paid, recoveries from the Ministry expenses also can be paid, clarification of the approval limit also can be sorted out, but there is a set of ineligible expenses due to lack of evidences is a problem. Some places there is no attendance signature but then they have made the whole expenditure as ineligible. Some they have not followed the procumbent procedures. Mr. Satheesh read out the breakup of the recoveries, under unsupported expenditure – US\$ 123,000 and ineligible expenditure – payment over the budget without approval – US\$ 283,000 this also include taxes about US\$ 171, Taxes and duties US\$ 60,025. There are some expenditures under ineligible which can be requested to reconsider. The payment done over the budget without approval and they have made the full amount as ineligible. This can be discussed at CCM and can come to some agreement.

Mr. Satheesh was explaining when Ms Thushara raised a query by saying that the project commenced in 2003 and issues were started after 6 years, and the ineligible word came into use after the visit of OIG. He also said most of these issues are before 2009. Dr Amunugama also advised the Programme Directors to answer the management letters. He also said that now he is following up all the management letters by organizing them and trying to get the reimbursement from the treasury by changing from one vote to other, and he also wanted to get it checked by the internal audits and if they say they are according to the FR then this can be done and it they are working on them.

Sarvodaya: Dr. Budhika informed that they have already communicated to the GF and the total accumulated amount is around US\$ 800,000. Most of it is from earlier Rounds and the funds were not settled and now they are having discussion as to how to sort this out. From Round 8 the ineligible expenditure is US\$ 60,000, some they agree and some can't agree, and we are still providing justifications and communicated to the GF.

Dr. Amunugama explained that the CCM has to check whether it is happening or not, and Ms Thushara commented saying that the possibilities are written as the PR concerned will not get any disbursement and it will also affect the NFM disbursement and suggested for a negotiation with GF because it is not feasible to make the payment. The instructions from the GF also not clear in the beginning and all have taken the liberty and only the CCM can intervene and negotiate to do something about this payment otherwise it will be a never ending problem.

Dr. Amunugama further said what the CCM can do is go through the management letters, monitor the financial progress of the activities, and the accountability and to check whether they have deviated from the procedures In order to prevent it, and check what has been done to the management letters, make it more transparent.

TEDHA- Dr. Panduka Wijerathna mentioned that one issue is OIG recoveries which is amounting to US\$ 80,000 and disallowed amount is about US\$ 30,000 and he has written about both to OIG. He also mentioned that the CCM should be aware of these things and he fully endorses what Dr. Amunugama said. He also written to OIG and brought down the amount to the present value. He also mentioned certain expenditures were approved by LFA but disputed by the GF.

8.3. Global Fund Guidelines for Grant Budgeting and Annual Financing Reporting: It was informed by the Focal Point that Ms Sylwia had requested to circulate this document among the CCM members

and PRs and as it has about 75 pages it can be photocopied by the Secretariat on the request of the members and also if it is necessary it can be translated and may be given to SRs.

8.4. Absorption Capacity of TB and HIV Programmes: Dr Amunugama informed the members that he will discuss this issue separately with the programme Directors and submit the report to the Oversight Committee for further advice.

9. Feedback from KAP/ PLWD Subcommittee

Ms Princy Mangalika Chair of the KAP Task-force briefed about the activities they have done during past 2 months including 2 day residential capacity building workshop and the Field Meetings they to collect the information to prepare the HIV concept note.

10. Eligibility and Performance Assessment (EPA) of CCM and Follow-up actions of Operational Plan Focal point informed the Members that the operational plan which was planned following the EPA of CCM done in last May has to be implemented and it has to be updated in the GF web site by October 2014. She also read out the list of activities which has to be completed with the time line and stressed the importance of completing it before submitting the HIV concept note in January 2015 and by that time the CCM should have all six eligibility requirements.

Following items were discussed and decided accordingly,

10.1 Preparing the Communication Plan: This item was discussed and as there is no allocation from this year budget it was decided to look for the possibility of getting the funds from the sources other than the GF, if it is not possible to get the funds from the GF. When this item was discussed the representatives from the Multilateral partners were not present at the venue and it was decided to discuss it again at the next CCM Meeting

10.2. Residential Retreat for CCM Members: It was decided as there is no allocation from this year budget and if it is not possible to get the funds from the GF to look for the possibility of getting the funds from the sources other than the GF. It was also decided to have the retreat at the beginning of next year if the CCM don't get the necessary funds this year

10.3. To carry out an Organisational Developmental study to help systematize the CCM Secretariat functioning. This item was discussed and decided to identify a TAP to do the study and also to look for the possibility of getting the funds from the sources other than the GF If it is not possible to get the funds from the GF.

11. Date for Next Meeting

It was decided to have the next meeting on 9th December – 2014 and to have another meeting in January to endorse the HIV Concept Note.


Dr. Palitha Abeykoon
Vice Chair/CCMSL