

Minutes of the 106th Meeting of the Country Coordinating Mechanism, Sri Lanka held on 16th June 2015, at 2.00 pm, at the Conference Room of the Anti-Malaria Campaign, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05.

Participants:

Members:

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| 1. Dr. D.M.R.B. Dissanayake | - Secretary/ Ministry of Health, Chair/CCM Sri Lanka |
| 2. Dr. Sisira Liyanage | - Director / NSACP |
| 3. Dr. Rsintha Premaratne | - Acting Director, AMC |
| 4. Mr. Shirley Tissera | - Congress of Religions |
| 5. Dr. Jacob Kumaresan | - WR WHO |
| 6. Dr. Panduka Wijeyaratne | - Chairman TEDHA |
| 7. Ms. Swarna Kodagoda | - ED Alliance Lanka |
| 8. Mr. Premabandu Jayathilake | - Tissajaya Children Welfare Foundation |
| 9. Mrs. Dilka Pieris | - World Vision Lanka |
| 10. Mrs. Princy Silva | - PLWD |
| 11. Ms. Kusum Jayalath | - KAP |

Alternative members:

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| 12. Mr. M. Ramamoorthi | - Ministry of Social Services |
| 13. Mr. S.B Niyangoda | - Nation Builders Association |
| 14. Mrs. Madu Dissanayake | - Family Planning Association |

Observers:

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| 1. Dr. Sudath Samaraweera | - Acting Director GFATM MoH |
| 2. Mr. Channa Manoharan | - LFA |
| 3. Mr. Asitha Mallikarachchi | - LFA |
| 4. Ms. Anna Chernyshova | - UNDP Bangkok |
| 5. Mr. K.P.P. Pathirana | - UNDP |
| 6. Mr. T. Suveendran | - WHO |
| 7. Ms. Thanuja Wickramathilaka | - Acting Finance Manager (GFATM) |

Excused:

- | | |
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| 1. Dr. P.G. Mahipala | - Director General of Health Service, Ministry of Health |
| 2. Dr. Palitha Abeykoon | - Vice Chair CCM Sri Lanka, AIDS Foundation Lanka |
| 3. Dr. Kumari Navaratne | - World Bank |
| 4. Dr. K.N.G. Senevaratne | - Director / NPTCCD |
| 5. Mrs. ThusharaAgus | - ED Family Planning Association |
| 6. Dr. Renuka Jayatissa | - UNICEF |
| 7. Dr. IyanthiAbeywickrame | - SLMA |
| 8. Mr. Dhanasena Hettiarachchi | - Nation Builders association |
| 9. Mr. W. H. Karunarathna | - Add Sec. Ministry of Social Services |

CCMSL Secretariat:

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

Absent :

1. Dr. Sarath Amunugama - DDGPHS I, Ministry of Health
2. Mrs. Chandrika Senanayaka - Ministry of Finance
3. Mr. B.A. Abeyrathna - Ministry of Education
4. Dr. N.C. Amarasinghe - Ministry of Labour and Labour Relations
5. Dr. Dayanath Ranatunga - UNAIDS

Proceedings:

The meeting was started at 2.30 pm chaired by Dr. D.M.R.B. Dissanayake, the Chair of CCM Sri Lanka and he welcomed all the participants, observers and the invitees.

1. Excuses: The Focal Point read out the names of excuses received (**8 members - please see the list above**). The members expressed their views and explained the need to send their alternate and it is their responsibility to send the alternates if the members are getting excused, otherwise there will be no quorum for the meeting. It was pointed out that some organizations still have not given the name of alternate members and decided to inform them to nominate the alternate immediately.

2. Confirmation of the Minutes of the previous meeting – 105th Meeting held on 16th June 2015:

The Minutes of the 105th meeting which was circulated to the members were taken up for adoption and the Chair went through page by page and requested for any correction, and the following spelling corrections of “recuse” under 6.b. PR selection in the 1st paragraph of page 8 and in the 1st paragraph of page 9 and with the above corrections the minutes were adopted as being in order, proposed by Ms. Dilka Pieris and seconded by Dr. Panduka Wijeyaratne.

- **Declaration of Conflict of Interest:**

The Chair informed the members that if any member is having COI related to any of the items in the agenda they should excuse themselves and leave the venue when the subject is taken up for discussion. The CCM members agreed to that.

3. Matters arising from the minutes:

As most of the items of the Minutes were listed in the Agenda only the following items were discussed,

- **Representation of Finance Ministry:** The issue of getting a member from the Finance Ministry was discussed and it was informed that when the letter was written to the Finance Ministry they have selected the same person who was a member of the CCM during the previous regime when the planning department was part of the Finance Ministry but now the Finance Ministry is separated and she is working in the Ministry of Policy Planning and Foreign affairs which is coming under the Prime Minister. According to the Governance manual the CCM should have a representation from the Finance Ministry and it was decided to write again to the Finance Ministry to get their representation.

- **Feedback from last Oversight Committee meeting:**

It was informed by the Focal Point that during this period no Oversight meeting was held, and there was a debriefing meeting of the Oversight Committee with FPM and the Minutes of that meeting was circulated to the CCM Members by email.

Agenda items

4. KAP Pilot project updates:

Feedback from the KAP Taskforce committee meeting and field meetings:

- Ms. Swarna Kodagoda presented the update of KAP Taskforce activities and said that they had both Subcommittee and Taskforce meetings and planned for 27 provincial level and district level meetings, 13 organizations have identified themselves as CSO organizations who could conduct field level meetings and a schedule for the meetings was planned and started to conduct the meetings accordingly.
- Mr. Premapandu further explained about the experience he had in conducting these field meetings. In summary on 13th of June he had a meeting with 28 participants and 2 CCM Members participated at this meeting. The participants mentioned that in the past they never had a chance to speak or meet like this and to discuss their issues. They like to get solutions for their issues and said the time period allocated was not adequate to discuss their issues, because they have lot of issues, and solutions were identified by themselves by brain storming. One of the issues they mentioned is lot of males doesn't like to use condoms.
- Ms. Kusum also gave her views by telling that there are some FSW they don't know about the female condom, and some females they don't know what is HIV, and STD but they like to know about these things.
- She also said the Beach Boys and MSM group were saying that they get lot of problem from the media. They also said when they go to the clinics they are discriminated and they need rehabilitation and but when it was done it was not done properly,
- Ms. Swarna commented saying that these observations from these field meetings are valuable and useful, and can be used in our future programmes, also when the programmes are implemented by SR and SSR. We can identify the need and implement accordingly. She also mentioned that these programmes will be held in other parts of the country.
- Mr. Tissera suggested that these should be published as a report and circulated among the CCM members in all three languages because it will be very helpful and everyone will know what is happening in the field. The Chair was questioning about the selection of the target group and Ms. Swarna explained the CBOs have their network throughout the country and they were invited for these meetings and the CCM also have the list of organizations.

5. Presentation made about the regional project PR for the project which is UNDP: (copy is attached)

- It was mentioned that there are more new cases among MSM and they are more vulnerable to get HIV, they have 19 times higher risk than others.
- There is high stigma and discrimination in all the 7 countries. In 6 out of 7 countries the sexual activities are considered as crime.
- Anna also said that they are influenced by the culture or the religion in Afghanistan, and Bangladesh and the Public or the Community has to come forward and seek the Supreme courts to abolish these laws. So the main focus is to empower the people to come forward to do these. Ms. Madu Dissanayake commented saying,
- Public interest litigation is there, currently the Human Rights commission is trying to take this up,
- They are also trying to see whether they can empower the community at least for the transgender and whether their issues can be addressed and then they can do the other things

- If there is a constitutional amendment they are looking at social protection aspect. Dr. Panduka inquired about the reasons for the increase in the incidence of HIV in Sri Lanka and the biggest contributor, and Dr. Liyanage responded by saying the MSM is the biggest contributor, and now the prevalence among MSM is 1.3 % but earlier it was 0.9, and among FSW it was around 0.2% in 2010 and now it is 1%, it has increased by 5 times. Dr. Risintha commented saying that the total estimated number is 7500 for 20 mil population, and when it is compared to all the other countries statistics it seems to be low and Dr. Liyanage also accepted it and explained that the actual estimated number should have been more than the figure shown and because now the way the MSM population communicate among themselves is different, they do with the Mobile phones and other social media, so it is difficult to do the correct estimation. In 2010 it was around 15,000 so now it should be more than this.

6. Concept note updates:

6.1. Tuberculosis Concept Note:

Dr. Sudath Samaraweera briefed about the TB Concept Note,

- They are in the grant negotiation stage and they have submitted the documents but they need revision and it is time consuming.
- Delay in signing the Grant. They should have signed the grant agreement by 1st week of July but because of this delay in submitting the necessary documents now the Concept Note will go to the next GAC meeting which will be in late July and getting the approval also will be delayed.
- No funds for 3 months. The TFM TB grant is already over and the No cost extension also will be over by end of June and they will be without funds for a period of 3 months until the new Grant is approved.
- Unable to pay the salaries. The GF had officially informed not to spend any funds after the grant closure date and until the new Grant is implemented. Because of this they will not be able to pay the salaries of many skilled workers and will be losing them, especially the microscopists and the project management staff including the finance assistant and the project officers.
- Need for another no cost extension was explained. Due to lack of funds the work will collapse and requested the CCM to request the GF secretariat to use the savings during this period until the new grant is approved to retain these officers and to carry out some of the essential activities so that there will be a smooth transition of activities from the current grant to the new grant.
- It was pointed out that the request document was not circulated to the CCM members.

Dr. Risintha explained the situation further by saying

- There was a grant for more than the last 5 years
- There will be a new grant for the next 3 year with NFM
- There is a gap of 2-3 months without any funds because of the procedural delay
- There will be a breakdown of services during this period which will have negative implications on the entire programme and provided there is adequate savings to spend otherwise it will have a negative impact on the funds of the future activities.

Dr. Sudath assured that it is from the savings and will not have any negative impact on the future activities and then the CCM Members unanimously decided to endorse it and recommend to the GF without any further delay.

6.2. Malaria Concept Note:

Dr. Risintha informed the members

- Malaria Concept Note also in the process of grant making
- They have submitted necessary documents and waiting for their response,
- They have funds from the 2nd No cost extension until end of September 2015.
- They are waiting for the Grant approval which will be effective from 1st of October 2015.
- An expert from WHO Geneva visited Sri Lanka to work on the applicant response form with the help of WHO country office, and his contribution was so much valued in submitting these documents.

6.3. HIV Concept Note:

Dr. Liyanage informed the members

- They have submitted the Concept Note and waiting for the approval.

The CCM Secretariat informed

- The last set of documents of HIV Concept Note which were submitted to the GF with all the amendments and corrections will be circulated to the CCM Members and the KAP Taskforce Subcommittee members.
- They will have a sensitizing workshop about the planned activities of all GF Grants to the CCM members and the KAP Taskforce members.

The Chair also wanted to have a similar workshop for the Health Ministry Higher rank officials and the Provincial officials and a request was made to the WHO for necessary funds. The objective of this workshop is to prevent any duplication of activities among the foreign funded projects and to make the officers aware of the GFATM Project activities so that it will be easy for the follow up. He further explained that he wanted to have the project managers of all foreign funded projects and locally funded projects together and to exchange the information of the areas and activities covered by each projects separately.

7. HSS Project:

Dr. Sudath Samaraweera informed about the HSS grant,

- The resignation of Dr. Iffthikar and action taken to fill the vacancy.
- The phase 2 of the HSS project mainly construction works which was originally planned for 2 years, now they have to finish in 1 year period which will be by June 2016 and because of that they are working in a tight time schedule.
- The specifications are already given by the Consultant engineers of the Building department of Northern Province.
- In addition to the construction work they have some other activities like training and some reprogramming activities like purchasing of equipment and vehicle etc.

Dr. Risintha further explained about the HSS Project by saying,

- There are 2 bottle necks for the project, one is the construction work and the other one is procurement of all equipment.
- Equipment purchasing - it is difficult to find a specialist in these areas even if they have their own TEC.
- Have to identify a person from the Biomedical engineering section for consultation when they need some help for the TEC.
- The Chair agreed to the idea and informed to contact the DDG logistics and do accordingly.

Dr. Sudath gave further information for a query raised by the Chair about the present position of the HSS project by saying,

- The GF has approved to proceed with the plan except one activity
- They are in the stage of preparing the bidding documents and then they have to advertise in the papers and call for tenders.
- The construction work has to be finished by next June and they have to start now.
- Purchasing of equipment are for other Grants and not HSS.
- The project is carried out in the Northern Province,
- The TEC is appointed from the Ministry of Health, Colombo with a representative from Northern Province

Ms. Swarna Kodagoda commented saying that she is in the oversight committee and HSS project grant during the **Phase I** was delayed and couldn't utilize so much of fund and **the Phase II** will be ending by June 30th next year and unless there is a dynamic person to manage the project and some staff to oversee the construction work they will not be able to meet target and from now they have to work hard and to hire the correct person otherwise we will lose quite a lot of funds in **the Phase II** also.

Decision taken:

1. As most of the activities are construction work it was decided to request a building engineer of the Ministry of Health to cover up the work of Dr. Iffthikar until a permanent officer is employed.
2. For Construction to call the officers from Northern Province and finish the work without further delay.
3. For procurement to get the support from Health Ministry officials.
4. The Chair to call for a meeting with Dr. Sudath, DDG logistics and the civil engineer to discuss the issues related to HSS project.

8. Restructuring of the PMU:

Dr. Sudath informed about the restructuring of PMU

- The GF is not happy with the way the PMU is functioning now and wanted to restructure it and it is done as advised by the FPM.
- The PMU will have some high ranking staff as Consultants for the Project management, Procurement, Finance, Human resource management and M&E to oversee all Government grants.
- It was informed until it is done the GF will not give the approval to fill the vacant positions.
- There are two vacant positions at present one is HR manager and the other is Procurement specialist

Dr Risintha informed about Malaria Grant,

- The Malaria procurement has to be finished by 30th of September this year,
- They are highly expensive teaching microscopes one might cost around Rs. 700,000 to 1000,000 and if it is not bought before this date they will lose the fund.
- The DDG Biomedical Engineering has the PSM plan and the specifications are already done.

Decision Taken: The Chair informed that he will have a meeting with Dr. Risintha and DDG Biomedical Engineering and take a decision to solve the issue.

9. OIG report: and PUDR ineligible expenditure:

The Chair informed the members that when he went to the World health assembly in Geneva, this issue was discussed and Dr. Sudath explained saying that the OIG report - there are several components,

- One is GF grant money was used to pay the taxes and it is written to the Treasury operations to transfer that money to GF account of WB and waiting for the response from them.
- There are some Ministry expenses paid from the Grant funds and Chief Account Treasury has to take action,
- There are some ineligible expenditures which have been handed over to the internal auditor to audit them and to take action accordingly.
- In the meantime they are taking action to refund them to the GF and it is under the process.
- Other PRs also has to pay some money back.

The FP informed the members that the Sarvodaya has written to exchange control to take necessary actions to refund the money and they have copied to CCM Secretariat. Then Dr. Panduka TEDHA explained his stand by saying

- 1st It is very clear in the last minute page 11, # 9.4 and it still stands and it is in the final stage and by next week it will be done.
- 2nd there are areas where they don't agree with the GF and their stand still the same and not agreeing to pay back.
- 3rd they are unable to pay back because they ran out of money and they have informed the GF formally about it.

Next item reprogramming of malaria not taken up as it was not necessary. Dr. Risintha made further comments by saying,

There are some ineligible expenditures, the activities have been really done but the reason for disallowing them is it has not been there in the training plan but it is there in the 5 year plan. eg. When he assumed the duty as Deputy Director which was vacant for a long time, there was no room and not even a table and chair, and when they were bought they were disallowed because it was not there in the 5 year plan. I am using them still and any one can check it. There are some other expenses which were spent for Malaria and still being used. Now last week we have explained all these and requested the GF to reconsider them. The Chair commented by saying that these can be considered but there are some other cases they mentioned that they have bought some very expensive vehicle by paying big amount of money and the CCM is responsible for that and I am also as the Chair answerable to the GF. But if they can solve it with understanding it is good. They have to justify why they have done it and internationally they are criticizing us and they said they will stop paying us until these are sorted out and they said for every \$ we have to pay they will deduct 2\$. He further said he did agree that their regulations are very strict but if we need their money we have to work accordingly.

10. CCM staff service extension:

- CCM Secretariat staffs recuse themselves from the meeting hall because of Col.
- It was informed that their salaries were approved the CCM and sent to the GF, Performance appraisal was also done.
- The period of extension for Focal Point is from January 2015, for Chanaka is from April 2015, and for Hirusha from June 2015.

- The service extension of all three staff was approved by the CCM unanimously. And they were called in and the meeting continued.

11. Visit of a team of CCM members from North Korea DPRK

It was informed by the Focal Point a team of CCM members from North Korea DPRK were planning to come to Sri Lanka in August to see how the CCM Sri Lanka is functioning and they wanted to participate in a CCM meeting to see how it is being conducted and the reason behind is the opinion that the CCM Sri Lanka is functioning well and WHO is funding for this visit and Dr. Janakan is coordinating with Dr. Jigmi from SEARO-WHO. It is also planned have meetings with the Programme Directors and some field visits and Dr. Janakan will coordinate with the Programme Directors. The date of next meeting (formal meeting date) was informed to them.

12. Any other business:

It was informed by the Focal Point that the report of Country Team visit was circulated to the CCM members and updated the information of what is happening about the Privileges and Immunities and also about the Grant agreement

Mr. Premabandu was commenting about the TB meeting he attended in Hambanthota, he was invited by the District Development Committee and it is a new Hospital and he participated in the capacity of a CCM Member.

- They were unable to provide any information when the participants were asking questions.
- They were complaining about the shortage of space at the present place and even in the new place they will not get adequate space.
- About 150 patients are visiting there for checkup daily and with that there is a back log of 4500 patients are waiting for checkup.
- Mobile clinics which were conducted earlier are now reduced.
- In Weeravila home for orphans there are 4 children taking treatment for TB and they are not admitted to the school.
- The TB patients are treated for illness but they need the other things also.
- At provincial level most don't know anything about CCM, and the support they get is also very small and he requested the Chair to look into these other things also.
- He was referring to how the participants for the workshop were selected and he said the support they get is very limited from the health sector for these workshops, and similarly the government support for the TB patients is also limited.
- There is a shortage of Senior level staff officers and he made a request to the Chair to look into the issue of staff of shortage and inadequate space because then they can provide a better service

The Chair responded by saying, that is why he wanted to have the meetings to inform the Senior Officers about the Projects and he will inform the DGHS to inform the Hospital Director to give adequate space from the new building under construction.

Dr. Sudath responded by saying

- The Chest Clinic is presently functioning in a room in the hospital,

- No plan for a Chest Clinic in the new construction Master Plan but there is a Chest Ward in the plan.
- The Chest clinic is coming under the RDHS and it is going as a separate institution, not as a part of the hospital.
- They have to Identify a separate land to build the Chest Clinic and it is included in the Concept Note but FPM during her last visit told that because Sri Lanka is a band 4 country they can't allocate funds for Construction of buildings and also in Nuwaraeliya they have the same issue and included in the Concept Note and they have to wait for the approval of the GF.
- Staff positions - there are vacancies for several years in all the categories.
- Payment of Rs.500 is approved as payment for TB patients; it will be sorted out soon.

Dr. Rsintha commented saying

- The issue of microscopist like the lab assistants same for TB and for malaria.
- Those days 25% of the OPD patients were treated for Malaria and there are about 300 microscopists are attached to the OPD in the hospitals
- Now because the malaria cases are no more there, if there is a need for a room in the hospital first thing they do is they take over that room.
- In Sri Lanka they are checking every blood film for malaria, and it is done by them.
- In some places they don't have a place even to keep the microscope and even the hospital directors have told them to give the microscope to the laboratory and give the room also to them. We have become victims of our own success.
- When a time to come and if there is an outbreak of Malaria they will be in a bad position.
- They are sharing their services with STD clinics and TB clinics, and also with Leprosy, Filariasis and leishmaniosis. If they are given a place to keep the microscope they can provide their services to the diagnosis of all these diseases.

Decision taken: The Chair said to send a circular to the head of the institutions or to tell the Directors at the HDC meetings to maintain these places.

13. Date for next meeting: 11th of August



Dr. Palitha Abeykoon
Vice Chair/CCM Sri Lanka