

4th Communicable Disease Executive Working Group

(CD ExWG) Meeting Minutes

Virtual Meeting, 8th May 2020

1. Opening

Dr Sid Naing, the Vice-Chair, CD ExWG chaired this virtual meeting and welcomed the members. A total of 13 out of 15 (87%) of the Communicable Disease Executive Working Group (CD ExWG) members attended the video conference and, hence, the quorum was reached. Programme Director (NTP), Programme Manager (NTP), Principal Recipients (PRs), PWC, and PCE also joined the meeting as observers.

Dr Stephan Paul Jost, WHO Representative; Daw Nwe Zin Win, Pyi Gyi Khin (PGK); and Dr Sid Naing from MSI declared COI due to being Sub-Recipients (SRs) of the Global Fund grant.

It was informed that the meeting minutes of the previous CD ExWG meeting were shared through e-mail asking for comments not later than 15 May 2020. If no comments are received by then, the minutes will be considered endorsed.

The agenda items were then presented and endorsed by the Chair.

2. Proposal to the Global Fund on COVID-19

Dr Si Thu Aung, Director (NTP/ LCP/ T&PBL), Department of Public Health, MoHS presented "An overview of the Global Fund Covid-19 Response Mechanism (C19RM)", including the background, budget ceiling, eligible programming, implementation arrangements, checklist of fund request documents and submission of proposal. There will be an initial allocation by the Global Fund of 500 million USD to support countries to fight Covid-19 and mitigate the impact of the pandemic on HIV/AIDS, Tuberculosis and Malaria (ATM) programs. The ensuing funding request must support mitigation or adaptation plans for HIV, TB and Malaria programs (and not just Covid-19 related needs). The two categories of funding request eligible to Myanmar are as follows:

- Priority 1: \$ 9,933,769 = 3.25% of the allocation for the period 2020-2022 (3.25% of \$305,654,418). This will be available when the request is submitted and approved.
- Priority 2: \$13,631,673 = 10% of the allocation for the period 2020-2022 (\$30,565,442) - the amount requested under priority 1 (\$9,933,769) - the amount requested under the current period (savings of around \$7 million).

The stated amount will be eligible for the following proposed activities:

1. Interventions to mitigate the impact of COVID-19 on HIV, TB and Malaria disease programs.
2. Actions to reinforce the response to COVID-19, and
3. Initiatives to make urgent improvements in health and community systems, including laboratory networks, supply chain and engagement with vulnerable communities.

During the Joint ATM Core TSGs meeting organized on 7 May 2020, UNOPS was proposed as the PR for the C19RM in accordance with the guidance of the Global Fund to have one PR. There were two points raised and seeking the approval and guidance of the CD ExWG: (1) UNOPS as the one and only PR for C19RM and (2) how to channel the funding from PR-UNOPS to PR-STC (Save the Children) to cover Covid-19-related activities undertaken by civil society or community-based organizations.

It was agreed that the implementation of the C19RM would be by the existing Principal Recipient and Sub Recipients currently implementing the current Global Fund grant, 2018-20. Moreover, it was agreed to prioritize the cross-cutting health response to Covid-19 issues, such as infection control for health care workers (HCW), community health volunteers (CHV) and outreach workers in the three disease areas. This discussion focused on the overall budget ceiling, the nature of cross-cutting activities and the PR management costs being equally shared across programs. More meetings are to be held in the coming days for further consultation in the Malaria TSG on 8 May, the HIV TSG and TB TSG on 11 May, and consultation with the Ethnic Health Organizations (EHOs), community-based organizations (CBOs) and key populations on 14 May. In order to develop a combined proposal, a writing team was proposed by the Joint ATM Core TSGs meeting and asked the approval of the CD ExWG. Following input of the latter, the proposed team included:

WRITING TEAM for C19RM	HIV	TB	Malaria
UN Agencies	Abigail David Dr. Myo Kyaw Lwin Dr. Fabio Mesquita	Dr. Ikushi Onozaki	Dr. Badri Dr. Rahman
PRs			
National programs	Dr. Htun Nyunt Oo Dr. Nanda Dr. Kay Khaing	Dr. Si Thu Aung Dr. Cho Cho San	Dr. Aung Thi Dr. Kyawt Mon Win

	Dr. Pyae Sone		
CSO	To be confirmed in TSGs		
CEU	Dr. Khin Sandar Aung		
NHL	Dr. Ohnmar (TBC)		
Compilation			
Overall Secretariat	WHO, UNAIDS, Annex 2 (WHO)		

Discussion

- Dr Stephan Paul Jost confirmed WHO's contribution to the proposal development through WHO staff, including Dr Fabio Mesquita for HIV, Dr Ikushi for TB, and Dr Badri and Dr Rahman for Malaria in the writing team for C19RM to meet the short deadline. Through CD ExWG Secretariat, Mr Ole will be available for essential support. He underlined that the continuity of life-saving services is essential for HIV, TB and Malaria, and that we need to make sure that we can use this support for optimal effect to successfully fight the pandemic, and that we can also expect direct benefits to the HIV, TB and Malaria programs. Therefore, it is good to combine the expertise we currently have and WHO has a key role to play. He requested PRs to review what is happening now and by end of the year in order to identify savings in the three diseases as fighting the Covid-19 pandemic is of paramount importance. He then added that the key issue will be in differential diagnosis where there is an overlap in health services (i.e. TB and Covid-19, Influenza and Covid-19 and possibly with Dengue). This needs to be undertaken from the early phases of the Covid-19 outbreak. In addition, the protection of health care workers will remain of critical importance for the national health service as well as among Implementing Partners' (IP) health care workers.
- Dr Si Thu Aung responded to the issue of differential diagnosis and informed that the integration of TB screening service in fever clinics, especially for Yangon, will be carried out with the mobilization of existing resources (e.g. portable digital x-ray machines) from the TB active case finding program which has been temporarily suspended. The SOPs and Guidelines of MOHS are available for fever clinics.
- Dr Thandar Liwn requested the CD ExWG to move forward with the decision point on how we can link PR-UNOPS with PR-STC (Save the Children) regarding the fund flow for the implementation of CSO and CBO activities at the SR level.

- Daw Khin Myo Su also added her concern about the implementation of regular HIV, TB and malaria program activities.
- Dr Faisal commented that UNOPS will have no issue in relation to the procurement process for both existing PRs and distributing through the three National Programs which is the current practice. His concern was also on developing or using the existing mechanisms to support the activities of the SRs under Save the Children.
- Ms Tara Chetty proposed to apply the 'Co-PR' mechanism which is already in place for SRs of the Malaria RAI2E Grant.
- Several participants provided input on the discussion on the C19RM, the distribution of funds across programs and fixing a date for the draft proposal for CD ExWG for endorsement.
- Oussama Tawil reconfirmed UNAIDS support to the C19RM proposal development process, with a focus on coordination and technical support on HIV through UNAIDS staff. Coordination is crucial with the three National Programs, WHO, the PRs as well as with civil society and community actors. Lastly, he noted that for the compilation process and common sections of the proposal, UNAIDS is willing to offer human resource support as needed.

Decision Points

- It was approved that UNOPS will be the one and only PR for the implementation of C19RM.
- The 'Co-PR' mechanism will be used for program activities implemented by SRs under Save the Children.
- A proportion of the overall funds will be committed to support the strengthening of the health system response to Covid-19.
- While a proportional sharing of funds across the programs will be considered, it is imperative to prioritize activities in each of the three programmatic areas.
- TSGs should integrate a joint approach in consultation with EHOs and CBOs to strengthen community engagement and role.
- The writing team will submit the draft C19RM proposal by 26 May for the review and endorsement of CD ExWG.

For further information please refer to the presentation here: [The Global Fund Covid-19 Response Mechanism \(C19RM\)](#)

3. Updates from PRs on COVID-19 Procurement and Response, Estimated Fund Absorption in 2020 and Challenges

Mr David Logan, PR-UNOPS, delivered a presentation to update on 'GF Covid-19 Emergency Procurement' which was developed together by UNOPS and Save the Children. The emergency procurement took place based on the request of MOHS for emergency supplies valued at USD 4.5 million. UNOPS and Save the Children immediately agreed to combine their grant resources and processed the procurement of items as requested. From the savings of the existing grants, the various components of supplies were placed. Good progress has since then been made and much of the procurement already done. The list of items and their contribution value are detailed as in the following table:

Module	Intervention	Item	UNOPS	STC
CLINICAL MANAGEMENT	PPE Health Care Facilities	Aprons, Gowns, Face Shields, Goggles, Surgical masks, N95 masks, Shoe covers, Examination gloves, Surgical gloves, Alcohol-based hand rub, Ethanol solution, Sodium Hypochlorite solution, body bags	3,230,865	989,472
CLINICAL MANAGEMENT	Supportive Treatment	Intensive Care Unit (ICU) ventilators and accessories	2,150,000	-
SURVEILLANCE	Diagnostics	Bio-Safety Cabinets, High speed centrifuge, IV modules GeneXpert machines, Xpert - xpress SARs - CoV-2 Cartridges, Digital non-contact thermometers	651,080	101,000
Total			6,031,945	1,090,472
Combined Total			7,122,417	

Following which, the arrival schedules of procured items was shared as in a table below:

Intervention	ETA
PPE for Health Care Facilities	between 15-31 May
Supportive Treatment	Total (100) ICU ventilators and accessories 1st shipment - 5 units - July 2020 2nd shipment- 20 units - Oct 2020 3rd shipment - 75 units - Dec 2020-Jan 2021
Diagnostics	(10) Bio-safety Cabinets - 4 June High speed centrifuge - 20 June GeneXpert machines and cartridges - 20 May

For further information please refer to the presentation here: [GF Covid-19 Emergency Procurement, An Update](#)

In the follow-up discussions, Mr David Logan proceeded to the next presentation on 'ATM Grants: Update and Proposed Timelines for detailed Grant-Making for the New ATM Grants'. In the Grant Update, the contribution for emergency procurement made from three different grants of ATM was explained as follows:

Grants	2020 Budget (a)	Reinvestment for drugs and commodities buffer (with 2020 potential savings) (b)	Support for Covid-19 Response Budget (with 2020 potential savings) (c)	Remaining budget for 2020 Activities d=a-(b+c)	2019 Expenditure (e)
HIV	26,085,695	7,165,624	811,962	18,108,109	22,636,461
TB	29,375,964	3,250,438	3,398,284	22,727,242	22,403,560
RAI2E- Myanmar	19,393,728	3,429,963	1,640,214	14,299,619	28,326,018*

(under UNOPS)					
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It was informed that the savings were applied to buffer for life-savings drugs and commodities are among others:

1. **HIV**

- a. Additional 4 months ARV buffers to cover up to Oct 2021
- b. Additional 6 months buffer for OI drugs, MMT, Rapid diagnostic Test Kit (RTK) and other health products

2. **TB**

- a. Additional 6 months buffer for first-line Anti-TB drugs to cover up to Dec 2021
- b. SLDs for additional requirement
- c. Additional buffer for GeneXpert cartridges
- d. Infection control items (N95, surgical masks, disinfectant for laboratories)

3. **Malaria**

- a. Additional 6 months buffer for all commodities, including RDT, ACTs and other commodities

Afterwards, the new Grant-Making mechanism was shared with the estimated timeline and implementation. The new Global Fund Grant request was submitted in March 2020 and is awaiting the conclusions of the Technical Review Panel (TRP). Accordingly, the Grant-Making process should be initiated by mid-May to have the new grants signed by December 2020. Hence, the SR selection process is crucial and strong support is required from CD ExWG to initiate the grant-making process. Based on the experience, it would require in average of 5-6 months to roll-out the Grant-Making process. We now also have the C19RM process, which brings added pressure to complete this in time. By end of 2020, we can have the grants in place and guarantee that the MOHS and Myanmar in general will have resources to continue public health disease control under the three ATM grants in 2021. PRs have started work on the Performance Framework and the Forecasting and Quantification (F&Q) exercises are planned. This needs to be finished by the end of May or mid-June to ensure that the products arrive in a timely manner for the new grant implementation.

- 04 – 10 May 2020** : PRs will prepare the detailed Performance Framework in consultation with NPs, WHO and TAs
- 11 – 29 May 2020** : PRs will prepare the detailed procurement plan in consultation with NPs, WHO and TAs to present HPM to the National Programme for their concurrence.
- Mid Jun – end Jul** : By the time the SR selection and budget allocation to SRs by CCM would be completed. Based on our TRP approved FR, PR-UNOPS and SRs will prepare the detailed budgets)
- 3rd week of Aug** : Grant documents submission to GF/LFA
- Oct – Nov 2020** : Grant negotiation and finalization
- Dec 2020** : Board approval and grant signing

With the current situation of Covid-19 outbreak and other constraints, it becomes more important to complete this process earlier.

For further information please refer to the presentation here: [ATM Grants Update and Proposed Timelines for Detailed Grant Making for New ATM Grants](#)

Ms Tara Chetry, PR-STC (Save the Children), briefly presented an update on Covid-19 Procurement and Response. She shared the projection on the spending in a table and highlighted the approved grant budget, total anticipated expenses, anticipated unspent and total Covid-19 response as of 3 April 2020. She mentioned that since Global Fund approval is required to shift the unspent amount to certain areas, they secured approval for this on 3 April. Now, the deficit in spending will be covered from the “Realized Foreign Exchange (FX) gain in 2018 and 2019”. She then shared the elaborated reinvestment from Global Fund through STC as in table follows:

Descriptions	Budget (USD)
Contribute to the MOHS COVID-19 Response: Collective savings of both PRs - Details included within UNOPS procurement list.	\$ 531,313
Procurement of PPE (hand gel and masks) for frontline workers of SRs.	\$ 458,159

Some approved activities related to COVID-19 response, including transportation support to clients and ORW, printing of IEC material, installation of hand-washing points, etc.	
Procurement of PPE and some trainings related to COVID-19 prevention and awareness in Myanmar-China non-government control areas (through HPA).	\$ 101,000

For further information please refer to the presentation here: [Update on Covid-19 Procurement and Response](#)

4. SR selection for 2021-2023

As discussed during the previous CD ExWG meeting, the CD ExWG Secretariat received guidance to form SR selection committees for HIV, TB and Malaria for the upcoming SR selection process.

Dr Si Thu Aung indicated that all TSGs need to form a selection committee with members who are free of Conflict of Interest (COI). With the help of WHO colleagues, the Secretariat shared the drafted TORs for HIV, TB and Malaria, including.

- Call for Proposal, including annexes such as target, budget templates, and township data reference sheet as needed
- ToR for Selection Committees and proposal for membership
- Scoring sheets

Responsible	Before SR Selection	Launching	When Proposals received	After SRs selected
SR Selection committees (HIV, TB, Malaria)	Review the drafted TORs, call for proposals and finalize or adjust the scoring sheets. Submit to relevant TSG Chair and then		To score proposals individually first and share their assessments with all other members (three committees to meet separately via Video conferencing). Each proposal to	Based on members' scoring, discussion and additional information provided, the committee reach consensus on the following:

	<p>submit to the CD ExWG for endorsement.</p>		<p>be summarized, highlighting proposed targets, geographic coverage and budget by selection committees and its secretariats. Information on past performance, target achievement, financial expenditure and program quality to be shared by PRs (for current SRs), ACCESS, National Programs, and Directors (ATM), EHO representatives, Civil society representatives, and technical agencies as per requests from Selection Committees. Apart from PRs, the scoring need inputs from well-experienced</p>	<p>-Recommended changes in geographic coverage to minimize overlap and get maximum value for money; and -Recommended changes in technical implementation (e.g. prevention vs. treatment activities) to minimize overlap and ensure best possible service quality for key affected populations. -Organization which were not selected should be also informed properly why they are not selected.</p>
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			different donors which are supporting the country.	
			Clarifications and data/info checks – coordination between the three committees especially HIV and TB for potential SRs selected for more than one disease/identify synergies – follow-up VC. Consideration of HR such as community health workers across the three diseases taken into consideration	To communicate to CD ExWG Secretariat the final results. Committees' recommendations to CD ExWG on the selected SRs.
TSG Secretariats	To organize Q&A teleconferences for those organizations interested in applying. All Q&As to be posted on internet/cloud			

	folder for all to have access to same info.			
CD ExWG Members	Review the drafted TORs, call for proposals and scoring sheets submitted by TSG Chairs and give comments. Endorsement of the final TORs, call for proposals and scoring sheets.			Review and endorse selections from three Selection Committees (via email).
CD ExWG Secretariat	Request for CD ExWG members comments on the received drafted TORs, call for proposals and scoring sheet submitted by TSG Chairs	To launch the call for proposals through TSGs, CD ExWG website and newsletters and the deadline will be given after 3 weeks.	To check completeness of the proposals e.g. MoUs etc and share with SR Selection Committee Members	Give feedbacks to applicants and facilitate communication between selection committees and applicants if needed. Particularly, those organizations which were not selected should be also informed properly why

				they are not selected
Current PRs ACCESS National Programs, and Directors (ATM) EHO Representatives Civil Society representatives & Technical agencies (UNAIDS, WHO)	Draft the TORs, call for proposals and scoring sheet submit to Selection Committees by each TSGs. Inputs to the timeline proposing to the CD ExWG Secretariat.		Information on past performance, target achievement, financial expenditure and program quality to be shared by PRs (for current SRs), Access, National Programs, and Directors (ATM), EHO representatives, Civil Society representatives, and technical agencies as per requests from Selection Committees.	PRs to work with those selected for work-planning, budgeting and contracting. PRs have to enter into legal contractual arrangements with SRs. PRs responsible for grant implementation and SR performance (<i>"The Principal Recipient is responsible for the acts and omissions of its Sub-recipients in relation to the Program as if they were the acts and omissions of the Principal Recipient."</i> Article 14 (d) STANDARD TERMS AND

				CONDITIONS (between GF and PR)
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While UNAIDS colleagues proposed the following timelines for the SR selection process.

Steps	Proposed Timeline	Remark
Each TSG Secretariat and National Program prepares the package of call for proposal (including proposal template and attachments that SRs need to submit, reference documents such as epi data, target data, NSP, GF CN, etc.) and submit to CD ExWG for review	14 May	Selection committee members to be confirmed in upcoming TSGs
CD ExWG approves draft and selection committee members through email	18 May	
Launch call for proposal	19 May	15 May is adjusted
Q&A meeting for organizations interested in applying	22 May	
SR proposal submission deadline	10 Jun	
CD ExWG Secretariat checks and share proposals with each selection committee members	12 Jun	
Selection committee review the SRs proposal and selection virtual meeting	19 Jun	
Follow up selection meeting (inter selection committee if needed)	22 Jun	
Announcement of selection result	27 Jun	

Discussion

- Dr Stephan Paul Jost supported the proposal and agreed with the timeline that the Secretariat projected and WHO will give technical advice to the Selection Committees as needed.
- Mr Oussama Tawil commented that the timeline proposed seemed reasonable given other time pressures and noted UNAIDS will provide technical assistance to the SR

Selection Process as needed. He also mentioned that although there already are CBO/CSO/EHO representatives on the selection committees, it would be good if they can increase their representation on the committees.

- Mr Kensaku Ichikawa, JICA, asked whether the members of the SR Selection Committees should be from the existing CD ExWG members or if they can be experts from other ongoing activities in Myanmar?
- Dr Sid Naing responded that SR Selection Committee members of each TSG should be from different constituencies and with no conflict of interest (COI).
- Dr Myo Set Aung from STC suggested that people selected as members for the SR Selection Committees should have knowledge and understand the nature of the programs. So that it would be beneficial and more productive.
- Dr Thandar Lwin clarified that the PRs will act as a resource in the selection process but not as voting members.
- Dr Faisal suggested to avoid the overlapping PRs in the Selection Committees in the same disease context.

Decision Points

- The members of the three selection committees are to be nominated through the respective TSG Chair, the nomination should be completed by each constituency (without COI) by 11 May. (Gov/MOHS: 2 seats, UN: 2 seats, Bilateral: 1 seat, Donor: 1 seat, INGO: 1 seat, Local NGO: 1 seat, CBO: 1 seat, EHO: 1 seat, PR UNOPS: 1 seat, and PR STC: 1 seat)
- The total seat numbers should be an odd number and voting from the Gov/MOHS 2 seats will be counted as only one vote.
- The timeline for the SR selection process proposed by UNAIDS was endorsed (slide no.7 in the PowerPoint).
- Draft ToRs and call for proposals to be circulated to the CD ExWG with a request to send comments by 11 May latest and endorsement on 12 May.
- Call for proposals should be launched on 15 May.
- PRs will be act as a resource in the SR selection process and not as a voting member in the SR selection committees.

- For the TB and Malaria Selection Committees WHO will be the Secretariat, while for the HIV Selection Committee UNAIDS will be the Secretariat, both in coordination with the CD ExWG Secretariat.

For further information please refer to the presentation here: [SR Selection Process](#)

5. AOB: EHOs consultation planned on 14 May

The Chair raised the question to Daw Nu, Deputy Head, Wa Health Department, Representative of the 'Alliance of Northern EHOs' whether she will be available to attend the proposed consultation meeting with EHOs on 14 May through video conferencing.

Daw Nu confirmed her availability and attendance accordingly.

6. Closing

Dr Sid Naing concluded the meeting since all agenda items were covered. He expressed thanks and appreciation to the participants for withstanding the long meeting, facing connectivity challenges and some unfamiliarity with the technology. Since the CD ExWG is responsible to take decision on issues, the virtual meeting lasted longer than others. It was informed that follow-up communication will be sent out to all by the CD ExWG Secretariat for feedback.

The meeting has successfully ended on 01:30 PM.

Annex:1

4th Communicable Disease Executive Working Group (CD ExWG) Meeting Agenda

8th May 2020

10:00-13:30 PM via Skype for Business

Please join Skype at least 10 mins before the meeting.

Time	Agenda Item	Presenter
10:00-10:10	Counting the Quorum	
10:10-10:20	Opening Remarks	Dr. Sid Naing, the vice-Chair of CD ExwG
10:20-11:40	Myanmar proposal to the Global Fund on COVID-19(C-19RM) (10 mins presentation, 10 mins discussion)	Dr. Si Thu Aung, National Programme Director
11:40-12:20	Updates from PRs on COVID-19 procurement and response (10 mins presentation, 10 mins discussion)-2PRs	2 PRs (UNOPS, SCI)
12:20-13:00	Estimated Fund Absorption till the end of year 2020 and challenges (10 mins presentation, 10 mins discussion)- 2 PRs	2 PRs (UNOPS, SCI)
13:00-13:15	SR selection for new grants 2021-2023 (10 mins presentation, 5 mins discussion)	Dr. Thandar Lwin, DyDG, Disease Control, DoPH, MoHS
13:15-13:20	AoB - EHO consultation of COVID-19 Response (tentatively planned on 14 th May)	

Annex:2

Participant List of 4th CD ExWG Virtual Meeting (8 May 2020)				
No.	Name	Role	Title	Organization
1	Dr. Thandar Lwin	Member	Deputy Director General (Disease Control), DOPH	MoHS
2	Dr. Htin Linn	Member	Deputy Director General (Public Health), DOPH	MoHS
3	Dr. Sid Naing	Vice Chair	Country Director	Marie Stopes International (MSI)
4	Dr. Stephan Paul Jost	Member	Country Representative	WHO
5	Dr. Oussama Tawil	Member	Country Director	UNAIDS
6	Mr. Kensaku Ichikawa	Member	Representative	JICA
7	Dr. Mya Thet Su Maw	Member	Health Adviser	DFID/UK
8	Dr. Nang Mo Kham	Member	Senior Health Specialist Health, Nutrition and Population	World Bank
9	Daw Nwe Zin Win	Member	Executive Director	Pyi Gyi Khin
10	Prof. Dr. San San Myint Aung	Member	President	Myanmar Maternal and Child Welfare Association (MMCWA)

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11	Daw Khin Myo Su	Member	EC Board Member	Myanmar Federation of Persons with Disabilities (MFPD)
12	Daw Htwe Htwe Myint	Member	Chair Person	Myanmar Positive Women Network (MPWN)
13	Daw Nu	Member	Deputy Head	Wa Health Department, Representative for Alliance of Northern EHOs
14	Dr. Si Thu Aung	Observer	Director (Disease Control), DoPH	MoHS
15	Dr. Cho Cho San	Observer	Program Manager, NTP	MoHS
16	Ms. Tara Chettry	Observer	PR	PR - SCI
17	Borihankijpiboon, Akkarin	Observer	PR	PR - SCI
18	Dr. Myo Set Aung	Observer	PR	PR - SCI
19	Dr. Faisal Mansoor	Observer	PR	PR - UNOPS
20	Dr. Attila	Observer	PR	PR - UNOPS
21	Mr. David Z Logan	Observer	PR	PR - UNOPS
22	Dr. May Thinzar Kyi	Observer	PR	PR - UNOPS
23	Jan de Jong	Observer	LFA Team Leader	PWC
24	Ye Mon Myint	Observer	PWC	PWC
25	Dr. Nwe Nwe Aye	Observer	PCE	PCE
26	Ole Hansan	Observer	WHO	WHO

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27	Dr. K Zar Yu	Secretariats	Communications Officer	UNAIDS
28	Walar	Secretariats	Liaison Officer	UNAIDS
29	Dr. Eisa Hamid	Observer	PR	PR - UNOPS
30	Yu Yu Win	Observer	CD-Assistant	UNAIDS