

7th Communicable Disease Executive Working Group

Meeting Minutes

Virtual Meeting, 10th June 2020

1) Opening

Dr. Thar Tun Kyaw, the Chair of CD ExWG, the Director General, Office of the Union Minister, Ministry of Health and Sports delivered the opening remarks. 12 out of 15 members (80%) were present and 'reach of quorum' was announced. Directors of NAP, NTP and NMCP, Principal Recipients (PRs), PWC, and PCE also attended the meeting as observers.

Dr. Stephen Jost (WHO), Dr. Sid Naing (MSI) and Ms. Nwe Zin Win (PGK) declared COI due to being Sub-Recipients (SRs) of the Global Fund grants.

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

Opening Remark by Dr. Thar Tun Kyaw, Director General, Chair of CD ExWG

The highlighted points are as follows.

- Chair announced the completion of Sub-Recipients Funding Request Review process and expressed his appreciation to Programme Directors and members for their efforts.
- Chair stressed the importance of having effective Implementing Partners (IPs) and expressed the recognition of impact contributed from concerted efforts of international funding and IPs to achieve common goals by 2030.
- Chair urged Programme Directors and Principal Recipients (PRs) to closely guide the Sub-Recipients (SRs) towards achieving national targets while maintaining their spending not to exceed the allocated budget ceiling.
- Chair reinforced the objectives of the meeting, invited for fruitful discussion and advised PRs to start grant making process following the endorsement of CD ExWG.

2) Presentation by Dr. Aung Thi, Team Leader of Malaria SR-Funding Request Review Committee

The original presentation is attached in Annex 3. The presented points are highlighted below.

- The committee reviewed SR's proposal based on previous performance, technical soundness of the proposal and operational feasibility.
- Result of the scoring by the review committee members was presented on 12 SRs; MAM was the highest standing at 69.6 out of 100 and MMA was the lowest with 60.3. SR's budget allocation, expenditure & absorption rate (2018-2019) were presented: it ranged from 72% of MRCS to 99% of MAM and SCI.
- There were 12 SRs proposed to SRs review committee for Malaria Country Grant. SRs' proposed budget was roughly 50.1 million USD. However, available budget for SRs is 30.2 million USD.
- The review committee recommended overall budget split and SRs budget split as follows.

Overall Budget Split – Malaria Grant 2021-2023 (USD)

Grant Ceiling (2021-2023)	90,119,602
PR Cost (UNOPS)	12,447,482
PR Cost (SCI)	2,800,000
PSM Cost	19,200,000
NMCP	19,779,960

WHO	5,685,976
Ceiling budget for SRs	30,206,184

SRs Budget Split – Malaria Grant 2021-2023 (USD)

No.	PR-UNOPS (USD 15,406,186)	Budget	No.	PR-SCI (USD 14,799,998)	Budget
1.	MAM	7,151,305	1.	ARC	3,357,263
2.	SMRU	2,847,259	2.	HPA	3,777,826
3.	MCC	1,800,000	3.	IOM	1,964,789
4.	MRCS	1,092,063	4.	MI	490,277
5.	MHAA	515,559	5.	PSI	3,466,200
6.	MMA	2,000,000	6.	SCI	1,743,643

- All SRs would contribute 56% to national target of testing and 112% for treatment which needs to be adjusted.

Discussion

The Chair thanked Programme Director and the review committee members and invited all members for discussion.

Dr. Stephan Jost (WHO) acknowledged successful work of the review committee for Malaria. He emphasized on the crucial nature of having competent SRs along with competent leadership of NMCP and strategic direction of MoHS to move meaningfully towards to the elimination of the *P. falciparum* parasite by 2025.

3) Presentation by Dr. Si Thu Aung, Team Leader of TB SR-Funding Request Review Committee

Please refer to the Annex 4 for the original presentation. The summary of presented points is outlined below.

- SR review committee reviewed SRs proposals in a transparent manner without conflict of interest and bias, and conducting holistic review of all existing SRs' performance, achievements under the current grant.
- 8 members of the committee reviewed the proposals independently and scored individually. It was found that average scoring is about 72; MAM the highest with 77 and MHAA the lowest with 67.
- Current grant performance and budget absorption were also reviewed. Budget absorption ranges from 80% to 96% (2018-2019).
- Results of the review committee on 9 SRs were presented in which 8 SRs are eligible to continue as SRs. A significant concern was expressed that conditional approval has been given to MHAA to become SR in limited and strategic areas, such as Rakhine state and Sagaing region.
- The review committee recommended SRs to adjust the proposed targets, geographical area and final budget allocation.
- The committee suggested that all Technical Assistance (TA) support shall be moved principally under the WHO despite receiving TA request by some SRs.
- Proposals from other SRs of Regional TB grant may be considered at the end of 2021 as per the guidance of CD ExWG in the condition of the TB regional grant continuity, savings in country grant and availability of PAAR.
- The review committee recommended overall budget split and SRs budget split as follows.

Overall Budget Split – TB Grant 2021-2023 (USD)

Grant Ceiling (2021-2023)	99,126,255
PR Cost (UNOPS)	12,679,999
PR Cost (SCI)	1,325,215
PSM Cost	31,987,105
NTP	14,001,195
WHO	4,654,766
Ceiling budget for SRs	34,477,975

SRs Budget Split – TB Grant 2021-2023 (USD)

No.	PR-UNOPS (USD 19,022,089)	Budget	No.	PR-SCI (USD 15,455,886)	Budget
1.	MMA	5,300,000	1.	PSI	7,000,000
2.	MAM	2,739,192	2.	AHRN	3,000,000
3.	PGK	3,432,797	3.	IOM	3,566,758
4.	MHAA	3,000,000	4.	Malteser	1,889,128
5.	UNION	4,550,100			

- The committee highlighted the needs in Yangon Region and recommended some of the SRs like MHAA and UNION to invest and expand provision of Community-based MDR-TB care through their package in Yangon Region.

Discussion

The Chair thanked Programme Director and the members of review committee for TB and opened the floor to the members of CD ExWG for suggestions and discussion.

Dr. Jost thanked the members of the review committee for TB for their hard work. Dr. Jost stressed the importance of priority area and sufficient flexibility for implementation to continue nationwide TB coverage, ensuring universal access to TB services. WHO expressed its appreciation that TA support has been continuously recognized. WHO endorsed this review work.

4) Presentation by Dr. Htun Nyunt Oo, Team Leader of HIV SR-Funding Request Review Committee

Please refer to the Annex 5 for the original presentation. The summary of presented points is outlined below.

- The committee reviewed the proposals in consideration to reducing HIV transmission and related morbidity, mortality, disability and socio-economic impact, and alignment of proposed intervention and activities with HIV NSP-IV (2021-2025).
- Dr. Htun Nyunt Oo raised an important issue requiring solution.
 - The deadline (4th Jun 2020, 5:00 PM) was set in the call for proposal statement issued on 25th May 2020. However, MSF-Switzerland submitted their proposal within the deadline, but not to the indicated email addresses in the call for proposals and MSF-Holland submitted their proposal 5 days later. Thus, proposals of MSF-CH and MSF-H were not considered in this review process. MSF-CH proposal was for 468,861 USD and MSF-H for 1,084,192 USD.
- Summary table of current grant performance was presented. The absorption rate varies from 75.6% to 100% among SRs. Contribution to National Target was also described in detail putting into indicators for each year for 2021 to 2023.
- The review committee recommended overall budget split and SRs budget split as follows.

Overall Budget Split – HIV Grant 2021-2023 (USD)

Grant Ceiling (2021-2023)	128,708,561
PR Cost (UNOPS)	12,060,000
PR Cost (SCI)	4,900,000
PSM Cost	46,785,133
NAP	15,507,076
WHO	3,847,459
Ceiling budget for SRs	45,608,893

SRs Budget Split – HIV Grant 2021-2023 (USD)

No.	PR-UNOPS (USD 18,273,164)	Budget	No.	PR-SCI (USD 27,335,729)	Budget
1.	PGK	6,119,171	1.	AHRN	3,338,712
2.	UNION	5,568,299	2.	Alliance	6,125,783
3.	MANA	4,985,371	3.	IOM	1,438,428
4.	MAM	1,600,323	4.	Malteser	125,930
			5.	MdM	2,060,084
			6.	MPG	6,147,552
			7.	MSI	1,607,836
			8.	PSI	4,683,094
			9.	PUI	508,310
			10.	MSF-CH	1,300,000
			11.	MSF-H	

- Only a standardized unit cost was used for all SRs although different SRs used different unit cost. Similar method was applied to program management costs which ranged from 3% to 49%.
- The Programme Director raised six important issues seeking guidance of the CD ExWG as follows.
 1. The review committee suggested that only the registered CBO/local NGO can be taken as SSR and not community networks that are not registered.
 2. He pointed out that it is not necessary to implement Mobile ART initiation proposed by a few SRs citing that ART service is being expanded to all 330 townships over the next two years and in compliance with the NSP-IV.
 3. The current GF grant does not provide prison health intervention and the proposed prison health activities are not considered in new grant. Some SRs received funding from A2H and other funds for prison.
 4. Even after the optimizing the program management cost of all SRs, the unit cost, target setting and townships, it was still challenging to meet the funding needs of each SR. Thus, the 120% scenario was proposed by the review committee. The idea is to provide full cost to the SRs for the Year-1 and based on the saving gained from Year-1, Year-2 and Year-3 will be re-programmed. Negotiation with the GFATM is required for this issue.
 5. Issue of how to address the two MSF proposals.
 6. Another request is to allow flexibility of +/- 5% to adjust proposed budget ceiling of each SRs to accommodate to unit cost for SRs to reach hard-to-reach areas and special (ethnic) regions as the same unit cost is currently being applied to the remainder of the country. For instance, Malteser who is operating in special region 2 and 4 may need a higher unit cost.

Discussion

The Chair thanked Dr. Htun Nyunt Oo and indicated necessity of decision making for the issues rose by the selection committee.

- The Chair agreed to the necessity of organization's registration for local NGO/CBO to be eligible as SSR as it is within the regulations.
- The Chair did not recommend the proposal of mobile ART initiation in reference to presented ART coverage, and importance of sustainability.
- Moreover, the Chair agreed to follow the conditions of Global Fund regarding prison health since some other funding agencies are supporting prison health, for example, A2H, including TB and HIV treatment.
- The Chair mentioned that the fourth issue is a budgeting exercise based on available budget ceiling.
- Next, on the issue of two MSF proposals as well as an exceptional flexibility of budgets for special (ethnic) regions that need higher unit cost, the Chair opened the floor for discussion.

Dr. Mya Thet Su Maw (DFID) asked following points.

- First, she requested to re-consider registration requirement of CBO/NGO to become SSR as some of the SSRs under the A2H Fund are also EHO working hard in remote areas and making lots of difference.
- Second, she also pointed the possibility of funding gap in the Sagaing region if the Global Fund could not absorb activities under A2H Fund in 2021.
- Third, she suggested to consider on the possible gap on the ART provision especially in Northern townships in Rakhine and Muslim population if two MSF will be absent.

Dr. Htun Nyunt Oo responded as follows.

- SRs of Global Fund can work with their community network organizations and may provide them funding. However, it is difficult for NAP and the Ministry to count them as SSR unless they are registered organizations and due to monitoring and supervision issues, etc.
- He continued that due to very limited availability of funding, it is very challenging and cannot consider covering A2H areas in Sagaing for the first year. He agreed to address the issue in the following year by re-programing and increasing the coverage at the end of 2021.
- He added that for the MSF-CH, they will phase out provision of HIV service in Myanmar at the end of 2021. For MSF-Holland, they will also transfer their cohort in a 3 years period.

Mr. Oussama Tawil (UNAIDS) stated the importance of receiving opinion from CD ExWG members so that consensus can be reached.

- He recognized the crucial role of community networks and said it is important that these organizations work on getting registration to be able to receive funding. Referring to the example of registered organizations such as the Myanmar Positive Group (MPG) and the more limited representation of key populations except as community networks. He suggested that the process of their registration be fast tracked with support of the CD ExWG and with the help of MoHS.
- He supported that two MSF proposals be considered and reviewed, recognizing the important ongoing ART transition to the public health centers.
- He also asked that greater portion be provided from the overall budget to prevention and continuum of care service delivery rather than it be allocated mostly to procurement issues, health products and program management.

Dr. Nang Mo Kham (World Bank) clarified on registration issue and suggested that if the concern is fiduciary responsibility of an organization during managing the fund and procurement, respective SR could be taking the responsibility over their SSRs.

- She mentioned that mobile ART initiation is unnecessary for the time being. Instead, she supported considering house-delivery service model in light of COVID-19 or through other innovative means for HIV service delivery.
- She encouraged to relook at two MSF's proposal especially on which part of the activities is unique work of MSF.

Dr. Jost added his Congratulations to the HIV-TB joint proposal.

- He stressed on the quality of partners and partnership and welcomed inclusion of capable civil society and EHOs as it is the inclusion of the MPG and other key populations.
- WHO did not recommend initiation of mobile ART mainly because of sustainability. Instead, he suggested decentralizing slightly more of the ART provision if there are accredited NGOs and partners that have a quality to initiate it in close coordination and communication with the NAP to promote access and ensure sustainability in hard-to-reach area.
- He suggested to look at the immediate impact of two MSFs. In addition, he recommended that smooth ART transition to NAP shall be facilitated.
- He supported that some improvement can be made in the allocation to program and less to administrative cost. He highlighted that the cost of PRs has not been reduced as PRs would also benefit substantially from an extra 10 million from COVID-19, 1-year proposal.

Dr. Thandar Lwin (DDG, Disease Control) acknowledged the extent of issues raised by Dr. Htun Nyunt Oo to the CD ExWG for decision making.

- On the issue 1, she reminded that requirement of registration and MoU status were clearly stated in criteria of the Call for Proposal which was decided on in previous meeting. She explained the reason for this requirement that there needs to be legal linkage between Government and collaborators to recognize as SSR while she also highlighted the acceptance of EHO/NGO inclusion and previous working experiences with EHO.
- She stated that NAP cannot agree on mobile ART initiation as a national policy.
- Describing her awareness of A2H support in Prison Health, she proposed to agree on issue related to Prison Health not be addressed in the GFATM.
- She pointed that review exercise may need to be done again should CD ExWG decide to consider the two MSF proposals. Recognizing the need in supporting their transition of ART cohort to the public sector, she suggested that negotiation with the MSF-CH and MSF-H is required to reduce the budget and proposed the transition time to be one and half year.
- She recalled the decision point on allocation of 14% budget for PR cost and highlighted that the budget allocation of PR cost in Malaria is 16.8%. In support to Dr. Jost's suggestion, she believed that PR costs should be re-considered in Malaria or all PR costs across ATM citing the further availability of PR costs from C19RM grant and being the regional grant PR – Malaria PR cost can be shared across the GMS countries.

Dr. Faisal (PR-UNOPS) clarified that from the two components of PR cost (PSM & Non-PSM), the PSM cost has gone down since the procurement is very small now in Malaria. There are more costs in activity which make indirect cost goes up. Dr. Faisal explained the second reason that UNOPS charges 1% for the total of what is given to the co-PR. That is why the total has a little bit gone higher for Malaria. He ensured that otherwise, direct costs are not increased and still the same. Details will still be involved in grant making process. He assured that if there is any more efficiency, it will certainly and immediately be transferred to activity of SRs and National Programs.

Ms. Tara Chetty (PR-SCI) also explained that the percentage of the SCI's management cost is well below 10% (around 7%) which is acknowledged by Dr. Thandar Lwin.

Dr. Htun Nyunt Oo highlighted that should the two MSF proposals be taken into account; all SRs have to shoulder this as the SRs Funding Request without the two MSF proposals already exceeded 40 million USD above the grant ceiling. He stated his acceptance to consider MSF-CH and MSF-H proposals with suggestion to negotiate budget amount as the funding situation does not allow granting the full amount they requested. He also suggested supporting them exclusively for their transition and shortening the transition plan to two or one and half year period as suggested by Dr. Thandar Lwin.

Dr. Faisal suggested cutting the budget amount required for two MSF from the PSM cost explaining the possible availability from saving over the 3 years. Subsequently, PR-SCI clarified the budget amount required is 1.5 million USD for both MSF. And, Dr. Thandar Lwin indicated the need to review the requested amount whether it is minimum or inflated amount for adjustment.

Dr. Htun Nyunt Oo reiterated his understanding on needs of negotiation between PR-2, two MSF and the committee members for budget allocation adjustment.

- He responded that 3 months ART dispensing was previously practiced, and starting from March 2020, 6-month multi-month dispensing ART refill was started. He also explained that flexibility is allowed for clients to continue their treatment at any ART site across public and NGO facilities by just contacting to the mother unit in advance.

Dr. Myo Set Aung (SCI) raised following points.

- First, he requested the acknowledgement of the CD ExWG members on the importance of considering the targets proportionately as the budget allocation were adjusted to the indicative ceiling. The indicative budget figure will be used as a starting point in grant making process.
- Secondly, he enquired communication arrangement in providing results of SRs Funding Request Review Committee to SRs – applicants.
- Last, he explored on what basis, the 5% flexibility is recommended.

Dr. Htun Nyunt Oo responded that after eliminating the geographical duplication and optimizing targets during the review work, the funding gap became 7 million USD while performance framework targets are intact. He agreed that negotiation on presented budget with SRs is needed and target may be impacted. Nevertheless, he suggested applying 120% scenario which would allow maintaining the targets of all SRs. He further illustrated and sought guidance from the Chair on that full funding will be allocated for Year-1, then carry over and re-program in Year-2 and Year-3.

Dr. Faisal conveyed the agreement of Global Fund on 120% budgeting and stated that this should be applied to all 3 diseases. He exemplified the 120% scenario and explained the benefits of this over-budgeting that; (1) incomes from saving will automatically be transferred to the next year as the planned activities are approved in advance, (2) this 120% margin will allow to put up unanticipated activities which might be approved by TRP in submission, and (3) fund portfolio optimization is the biggest benefit that if 100% absorption could be attained. There is a chance to also gain more funding from saving from other countries.

Dr. Thandar Lwin asked clarification on the budget allocation relating to over budgeting. Dr. Faisal responded that the budgeting will be started with, for example, 120 dollars (rather than 100 dollars) as a total budget regardless of subsequent allocated amounts. He continued that in the past, there was gap in Year-3 although full budget was allocated in Year-1 and 2. What

he proposed to do is that 120 will be budgeted as total, and Year-3 would actually be absorbing additional 20 dollars.

Ms. Tara highlighted a possible challenge that commitment on allocation of budget and allocation of target to SRs must be in line with Global Fund commitment realizing that Global Fund is not going to commit more than 100%. She stressed on the importance of having a way out that a certain document through negotiation with SRs needs to be produced to avoid any legal consequences or unmitigable challenges afterwards. Expectation on target (100%) which will come from efficiency of SRs and committed budget (50%) on third year must be stated in the document.

Dr. Thandar Lwin stressed on the importance of maintaining the targets and that efficiency must be maximized.

Dr. Tara explained that the realistic commitment of target by SRs will be seen after SRs are informed of allocated budget ceiling and their operational geographical areas. She indicated a need for PRs to find a better strategy to help SRs, and possible return to CD ExWG for seeking guidance.

Dr. Htun Nyunt Oo clarified the budget allocation with Dr. Faisal. It was explained that for budgeting, full allocation can be budgeted for Year-3 but this is not committed and subject to incomes from overall savings.

Regarding 5% flexibility, Dr. Htun Nyunt Oo referred to clarify with PR-2 and stated that this exercise may need to be repeated because unit costs of some SRs are very high.

Mr. Oussama highlighted the importance of negotiation between the PRs and SRs in reaching the concrete decision on geographical coverage in line with NAP recommendations.

5) Decision points and Endorsement

- The CD ExWG endorsed the results of the 3 SRs review committee.
- From the budget allocation of 90.12 million USD for Malaria Country grant, agreed budgets amount by the review committee (Malaria) for 12 SRs, WHO and NMCP were endorsed.
- From the budget allocation of 99.1 million USD for TB grant, agreed budgets by the review committee (TB) for 9 SRs, WHO and NTP were endorsed.
- From the budget allocation of 128.7 million USD for HIV grant, agreed budget by the review committee (HIV) for 15 SRs, WHO and NAP were endorsed.
- The PR costs of PR-UNOPS are 12 million USD for HIV program, 12.7 million USD for TB program, and 12.4 million for the Malaria program totaling 37.1 million USD.
- The PR costs of PR-SCI are 4.9 million for HIV programs, 1.3 million USD for the TB program and 2.8 million USD for the Malaria program totaling 9 million USD.
- It was agreed that SRs must be in compliance with the targets included in the Concept Note submitted to the Global Fund.
- It was approved that under the leadership of the chair of respective Technical Strategy Groups (TSGs), Sub-Recipients will be informed, and the Principle Recipients shall begin grant making process from 11th Jun 2020.

For HIV program, it was decided as follows.

- CBOs and EHOs only who have status of official registration would be eligible recognized as SSRs under the Global Funds.
- The mobile ART initiation is not approved as it is not mentioned in national policy.

- The CD ExWG approved that MSF-CH and MSF-H proposals would be considered, and allocation of 1.3 million USD budget ceiling for both MSF which will come from allocated PSM cost to support MSF-CH and MSF-H for their ART transition process.

6) AOB

TRP Comments

Dr. Thandar Lwin informed about receiving the Global Fund - TRP comments on 8th of June 2020. She urged the TSG leads to develop concrete response to the comments of TRP and expressed her confidence on completing justified response to these 7 issues plus PAAR in due time by 31st July 2020.

C19RM Proposal Update

Dr. Badri informed about the adjustment C19RM proposal required by the Global Fund that the budget and activities must be split into 2020 and 2021 in HIV, TB and Malaria programs. He continued that as per the activities split over two years, 9.9 million USD was proposed under Priority-1; 9 million will be proposed for 2020 and the remaining will be in 2021. He requested the approval from CD ExWG on this adjustment.

Decision points

- It was directed that respective Programme Directors shall lead their TSGs in order to respond to the comments made by the Technical Review Panel (TRP) for the Global Fund Grant (2021-2023) prior to the given deadline of 31st Jul 2020.
- The CD ExWG endorsed the C19RM budget split into two years (2020, 2021) as requested by the Global Fund.

7) Closing remarks by the Chair

The Chair in his closing remark stressed the importance of completing the endorsement by CD ExWG on SRs re-selection and PRs and SRs budget split for the 3-diseases programs, and C19RM budget split in addition for moving the grant making process forward as notified by the Global Fund. He also reinforced the requirement to respond to the TRP's comments in time by 31st Jul 2020.

The Chair acknowledged the unique and concerted efforts to benefit the people suffering from 3 diseases and thanked all the CD ExWG members for their valuable time, participation, contributions and discussions.

The meeting has successfully ended at 13:30.

Annex:1**7th Communicable Disease Executive Working Group (CD ExWG) Meeting Agenda****10 June 2020****10:00 AM - 12:15 PM via Skype for Business**Please join Skype at least 10 minutes before the meeting.

Objective : To endorse the result of SRs re-selection done by the SRs Funding Request Review Committees

Time	Topic	Presenter
10:00 – 10:10	<u>Agenda 1</u> Welcome by the Chair	Dr. Thar Tun Kyaw, Director General (Union Minister’s Office), MoHS
10:10 – 10:45	<u>Agenda 2</u> The result of SRs re-section for review and endorsement (Malaria) (Presentation 20 mins & Discussion 15 mins)	Dr. Aung Thi, leader of Malaria SRs Funding Request Review Committee
10:45 – 11:20	<u>Agenda 3</u> The result of SRs re-section for review and endorsement (TB) (Presentation 20 mins & Discussion 15 mins)	Dr. Si Thu Aung, leader of TB SRs Funding Request Review Committee
11:20 – 11:55	<u>Agenda 4</u> The result of SRs re-section for review and endorsement (HIV) (Presentation 20 mins & Discussion 15 mins)	Dr. Htun Nyunt Oo, leader of HIV SRs Funding Request Review Committee
11:55 – 12:00	<u>Agenda 5</u> Endorsement of the results of SRs re- selection by CD ExWG members	The Chair and all Members
12:00 – 12:05	<u>Agenda 6</u> AOB • TRP for Global Fund Grant • C19RM budget split for 2020, 2021	The Chair Dr. Badri Thapa
12:05 – 12:15	<u>Agenda 7</u> Closing remarks by the Chair	Dr. Thar Tun Kyaw

		Director General (Union Minister's Office), MoHS
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Annex:2

Attendance List
7th Communicable Disease Executive Working Group Meeting, 10th Jun 2020

No.	Name	Role	Title	Organization
1.	Dr. Thar Tun Kyaw	Chair	Director General, Office of the Union Minister	MoHS
2.	Dr. Thandar Lwin	Member	Deputy Director General (Disease Control)	MoHS
3.	Dr. Sid Naing	Vice Chair	Country Director	MSI
4.	Dr. Stephan Paul Jost	Member	Country Representative	WHO
5.	Mr. Oussama Tawil	Member	Country Director	UNAIDS
6.	Mr. Kensaku Ichikawa	Member	Representative	JICA
7.	Dr. Mya Thet Su Maw	Member	Health Adviser	DFID
8.	Dr. Nang Mo Kham	Member	Senior Health Specialist Health, Nutrition and Population	World Bank
9.	Daw Nwe Zin Win	Member	Executive Director	PGK
10.	Prof. Dr. San San Myint Aung	Member	President	MMCWA
11.	Daw Khin Myo Su	Member	EC Board Member	MFPD
12.	Daw Htwe Htwe Myint	Member	Chairperson	MPWN
13.	Daw Nu	Member	Deputy Head	Wa Health Dpt.
14.	Dr. Htun Nyunt Oo	Observer	Programme Director (HIV)	MoHS
15.	Dr. Si Thu Aung	Observer	Programme Director (TB)	MoHS
16.	Dr. Aung Thi	Observer	Programme Director (Malaria)	MoHS
17.	Dr. Faisal Mansoor	Observer	PR	PR-UNOPS
18.	Ms. Tara Chetry	Observer	PR	PR-SCI
19.	Mr. Jan de Jong	Observer	LFA Team Leader	PWC
20.	Dr. Nwe Nwe Aye	Observer	PCE	PCE
21.	Mr. Kyi Chit Ko	Secretariat	Programme Officer	CD ExWG
22.	Dr. K Zar Yu	Secretariat	Communications Officer	CD ExWG
23.	Ms. Walar	Secretariat	Liaison Officer	CD ExWG