

**Myanmar Country Coordinating Mechanism for AIDS, Tuberculosis and Malaria**

**Meeting Minutes**

11<sup>th</sup> M-CCM Meeting

10:00-12:30, 18<sup>th</sup> July 2011

Conference Room, Ministry of Health, Nay Pyi Taw

1. Announcement of reaching quorum

Dr Saw Lwin announced at the start of the meeting that for today's meeting 25 members/alternate members out of 29 total seats attending. The quorum is reached since more than 7 civil society as well as government members/alternate members are present.

2. Opening remarks by the Chair (H.E. Prof Pe Thet Khin)

H.E. Prof Pe Thet Khin welcomed the participants and observers. He introduced the 3 major topics of today's meeting – the 3 concept notes requesting for the exemption to apply; procurement of commodities for GF grants; MOUs and visas.

He stressed that the M-CCM needed to decide on the concept notes requesting the Technical Review Panel for an exemption from the recent funding eligibility rule. The 3 concept notes were to be discussed later.

He reminded that the GF is performance based. Therefore the timely procurement is crucial. He requested the PRs to expedite the procurement.

As regards the extension of MOUs, the MOH has processed several already and there is good progress on others.

3. Endorsement of the 11<sup>th</sup> M-CCM meeting agenda

Dr Saw Lwin presented the M-CCM meeting agenda for endorsement. The agenda was endorsed without comments. He also requested the M-CCM participants to state whether anyone had any conflict of interest they had to declare prior to discussing any of the agenda items. There were no statements of conflict of interest from the M-CCM participants.

4. Endorsement of the minutes of the 10<sup>th</sup> M-CCM meeting (Dr Saw Lwin)

Dr Saw Lwin summarized the main discussion points from the 10<sup>th</sup> M-CCM meeting minutes. There were no comments from the M-CCM participants. The Chair of the M-CCM endorsed the 10<sup>th</sup> M-CCM meeting minutes.



## 5. Presentation of 3 concept proposals by respective Programme Managers

### a. HIV

Dr. Khin Ohnmar San presented the concept note for HIV. The process included consultation with the Technical and Strategy Group and the relevant Technical Working Groups. The Round 11 intends to address the following:

- **Care and treatment** – ART, PMCT, counselling and testing, TB/HIV services
- **Scale up of harm reduction services** – syringes/methadone
- **Health systems strengthening** – surveillance, operational research, procurement and supply management systems

The exemption criteria are addressed by new technical guidelines as well as new geographical areas (not addressed by Round 9).

Dr. Khin Ohnmar San showed the comments & suggestions received. The majority of these comments & suggestions were already included in the concept notes, the others would be addressed following the M-CCM.

### Tuberculosis

Dr. Thandar Lwin presented the concept note for TB. The stakeholders met in several TSG meetings including the Core TSG. The concept note addresses 3 areas:

- **Scale up MDTBR**
- **Improve TB/HIV collaboration**
- **Enhanced case finding**

The TB concept note is mainly based on the findings of the recent TB survey. The survey showed a considerably higher TB prevalence than the previous estimates suggested. The national response needs to address this new situation urgently.

The TB concept note proposes new geographical areas for MDR-TB. Collaboration with NGOs/CBOs will be enhanced. The TB/HIV collaboration will also be expanded to new townships. The accelerated case finding will be using new policy and technical guidelines. This will include the inclusion of pharmacists and traditional medical practitioners in the identification and referral of TB and case finding will be done among high risk groups like diabetes patients, migrants, institutionalized people, etc.

Comments & suggestions have been received and will be included in the final concept note.

### b. Malaria

Dr. Ni Ni Aye presented the malaria concept note. The concept note was developed through the TSG.

The Malaria proposal will address Artemisinin resistance. The concept note proposes a change from Malaria control strategy to a containment strategy. The proposal will increase collaboration with community based groups.

Comments & suggestion received were presented and they will be included in the final concept note.

**Discussion and decision:**

Dr. Saw Lwin suggested that

- Each concept note include the estimated PR costs in the proposed estimated budget.
- The budgets and targets should be set by technical specialist, i.e. national programmes and partners.
- The maximum number of pages prescribed in the concept form should be strictly respected.

Ramesh Shresta, UNICEF, stated that the need to expand programmes was clear. He proposed to expand the explanation of the absorptive capacity. There would be a need to better explain the bottlenecks that could occur.

Paul Whittingham, DFID, expressed the support of the donors to apply for Round 11. On behalf of the 3DF donors, he clarified that the 3DF will continue to operate after 2011, but that the allocation to the 3 diseases is not certain. Therefore, the donors encourage an ambitious proposal.

Dr. Saw Lwin gave the assurance that the National Programmes will finalise the concept notes immediately after this meeting and that the comments will be taken into consideration.

**No more comments were received, and the comment notes were considered accepted and the three concept proposals were adopted by the M-CCM. The Chair and Vice-Chair signed the cover page of the concept proposals.**

6. Updated information on procurement status on GF Round 9 (UNOPS and Save the Children)

6.1 Briefing by PR Save the Children (STC)

Giao Trinh presented an update of the procurement issues:

- a) **Selection of a procurement agent** – Save the Children will have to launch an international call for bid to identify the Procurement Agent (PA). They think this will take 4-6 months. However, the procurement will need to start in the next three months. They have requested a waiver for the bid from the GF Secretariat, and wait for an answer. IDA and UNICEF are under discussion as PAs.
- b) **STC need a consignee for the goods.** Since UN Agencies have approval for tax exempt import of commodities, they face less hurdles in imports. They discussed with UNOPS, UNICEF and IOM. UNICEF and UNOPS have both expressed that their tax exemption only extends to goods procured with their own resources. This would not be the case for Save the Children. IOM has indicated interest to assist, but there may be some capacity issues. **STC requests a letter to be issued by the relevant authorities to give approval to any of the three UN Agencies to act as a consignee for Global Fund products under the Save the Children grants.**
- c) The **health products** of small volume and cost would be best procured directly. STC has requested the GF to undertake this procurement on their own and wait for the reply.

## 6.2 Briefing by PR UNOPS and updates on procurement issues

Dr. Faisal Mansoor presented an update of the PR.

A number of consignments are expected to arrive. The procurement continues to be hampered by procedures which are difficult to meet. Details are in the attached presentation.

Methadone has a particular issue in that the National Narcotics Control Board issues a yearly national import quota at the beginning of the year. The PR procurement exceeds this quota. A request to increase this quota has been made and approval is pending.

### **Discussion:**

UNICEF, according to the current MOU with the Ministry of Planning can import supplies without paying taxes only for programmes assisted by UNICEF. Hence UNICEF cannot be a consignee for receiving supplies for others which are not related to UNICEF programme. However, if the Ministry of Finance and Ministry of Planning agree and issues an exemption certificate on import tax and other formalities UNICEF can become consignee. Since the supplies are for national programme UNICEF would be happy to assist in whichever possible way.

Paul Whittingham asked for clarification regarding access to the financial records of UNOPS by LFA and requested an update. Equally he asked for an update regarding the untied targets.

Dr. Faisal Mansoor replied that the access to financial records is being addressed. **There was a need to have specific TORs and these are being developed at the moment.**

As regards untied targets, UNOPS is at present developing a revised Performance Framework which will be submitted to the M-CCM.

## 7. Presentation on TSG (MCH (Deputy Director General MCH))

Dr. Thein Thein Htey proposed a structure for the Technical and Strategy Group with a total of 23 members from different constituencies. She also proposed the list of tasks of the TSG. She then presented operational procedures. There is a proposed Executive Working Group with members chosen based on skills and experience rather than constituency – Chair, Vice-Chair and 5 members. WHO will be proposed as the temporary Secretariat.

The timeline aims at receiving comments by 1<sup>st</sup> August 2011 and then plans to implement the first meeting following this.

### **Discussion:**

Dr. Saw Lwin clarified that the establishment responded to a wish that the M-CCM is not only concerned with the 3 diseases. Including more health issues will facilitate the coordination and collaboration among the different components of the entire health system.

Dr. Htun Naing Oo, DG DoH, proposed to include one person from a younger generation in the Executive Working Group.

Ramesh Shresta suggested that UNICEF and UNFPA should both be permanent (and not alternate) members of the Executive Working Group.

8. Any other business

- a) Dr. Ye Mon, LFA, reported that most Periodic Reports have been reviewed. Procurement assessments for Save the Children and PSI have been conducted recently. The results will be communicated in due course.
- b) Dr. Saw Lwin announced that the endorsement of the M-CCM Governance Manual was foreseen. Following the previous discussion, it became clear that the Manual needs to be amended to include the new MCH TSG. However, he proposed that the M-CCM endorses the manual in its present form and the amended version will be submitted once finalised. No objections were voiced and the Governance Manual was therefore approved.
- c) Upon request from H.E. the Chair, Dr. Ko Ko Naing informed on the situation of the MOUs. He was pleased to announce that a number of MOUs will be signed this and the following week. He does not foresee any issues for entry visas and visa extensions.

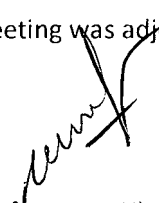
**Action points:**

- 1) 3 concepts will be sent on 20<sup>th</sup> July to Geneva**
- 2) Follow up with other ministries to ensure consignee**
- 3) MCH TSG proposal needs to be commented on and finalised**

9. Closing remarks by the M-CCM Chair (H.E. Prof. Pe Thet Khin)

H.E. the Chair thanked all the members. He assured that he will do personally his utmost to ensure the smooth implementation of the issues raised during today's discussion. He wished everyone a safe journey home.

The meeting was adjourned at 12:00.



H.E. Professor Pe Thet Khin  
(Union Minister for Health)  
M-CCM Chair  
Date 18- July 2011