Meeting Minutes

12th M-CCM Meeting

09.30-12.30, 6 October 2011

Conference Room, Ministry of Health, Nay Pyi Taw

1) Announcement of Reaching Quorum

The master of ceremony announced at the start of today's meeting 23 members/alternates attended out of 29 total numbers of seats. Quorum is reached since more than 7 non-government sector as well as more than 7 government sector are present.

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

H.E. Prof PeThet Khin welcomed the participants and observers. He updated the M-CCM that Myanmar has submitted three concept notes requesting for exemption to apply for Round 11 for HIV, TB and Malaria. The concept notes which seeks approval under criteria of new technical guidelines or different geographic areas, were all approved and Myanmar is now in the process of developing the proposals for Round 11.

The Minister highlighted some topics for today's M-CCM meeting, including the selection of SR and PR. He reminded the M-CCM that the Global Fund Mission had recommended that a procurement agent needed to be selected for Round 9 year 2, and he looked forward to the update from UNOPS. He mentioned the upcoming visit of the OIG of GF to Myanmar from 17 October to 4 November. In this regard, he welcomed suggestions from the M-CCM members for the preparation of OIG visit. He also called on the PRs to give appropriate guidelines to their respective SRs in preparation of OIG visit.

The Minister summarized some achievements of the M-CCM as follow: (i) this year, four CCM meetings have already been conducted; (ii) M-CCM governance manual finalized; (iii) M-CCM website completed (www.MyanmarCCM.org); (iv) M-CCM oversight visit to Yangon and Mon State will be conducted from 7 to 8 October; (v) M-CCM orientation workshop is scheduled to be conducted on 14-15 November 2011; (vi) nearly all pending MoUs for renewal from INGOs are already approved; (vii) methadone procurement has made good progress (old ceiling limit now revised to allow procurement to take place); (viii) review of PR UNOPS fund flow mechanism. The Minister stressed that PR UNOPS need to simplify and improve its fund management system as much as possible.

3) Endorsement of the agenda

The master of ceremony presented the M-CCM meeting agenda for endorsement. There were no comments to the agenda and the Chair declared that the meeting agenda was endorsed by the M-CCM.

4) **Presentation on TSG (MNCH) by Deputy Director General (MCH) and the way forward (Dr TheinTheinHtay). Endorsement by M-CCM**

Dr Thein Thein Htay presented highlights of the revision of the Terms of Reference for MNCH Technical Strategic Group. Overall, suggestions from the MNCH TSG constituencies have been incorporated into the new ToR. Specific tasks are grouped into the following areas:

i) Ensure effective coordination of and collaboration between all MNCH partners in Myanmar;

ii) Develop and implement an overarching strategic framework for MNCH, encompassing reproductive health strategic plan and child health strategic plan;

iii) Ensure effective collaboration with related programme including, but not limited to, NAP, Nutrition, Malaria and EPI;

iv) Provide technical and programmatic guidance to facilitate integration of service delivery

v) Annual review and report of the overarching strategic framework

vi) Mapping of resources for MNCH with purpose of identifying gaps and priorities for scale-up

vii) Develop an agenda for research and data collection

viii) Develop an annual workplan for the MNCH TSG with clear deliverables and milestones

Dr Thein Thein Htay stated that the proposed membership of MNCH TSG is still open for suggestions and the processes for election will be in line with the CCM Governance Manual. She also presented a timeline for the way forward which include nomination of representation from each constituency by end of October 2011 and proposed approval of the TSG-led working groups and ExWG of MNCH at the next M-CCM meeting. It is expected that the first meeting of the TSG could be convened within two weeks of M-CCM approval of the TSG. Dr Thein Thein Htay concluded her presentation and invited the members of the M-CCM to provide inputs and suggestions on the ToR of the MNCH TSG.

Dr Julia Kemp welcomed the ToR since they focused on oversight of the national strategies of maternal neonatal and child health, and included elected representation by a wide range of stakeholders in line with CCM principles. She suggested that once convened, the TSG may consider an agenda item to discuss and feedback on the plans for the successor of the Three Diseases Fund.

Dr Julia Kemp informed the M-CCM members of the process in developing the 3MDG fund, the information of which has been posted on the 3DF website.

Dr Sun Gang expressed his appreciation of the development of the ToR for MNCH TSG and recognized that the ToR is in line with the CCM guidelines. He provided one specific suggestion to include a phrase under Institutional Framework in order to elaborate on how the M-CCM can be of help to the TSG: " Through the M-CCM platform to improve the linkages between the three diseases and MNCH programmes in Myanmar, in light of Health System Strengthening"

Mr John Hetherington agreed that the ToR is very good, but raised a concern about rotating membership for UN agencies, since one year duration is rather short. In order to maintain coherence and consistency, perhaps UN can select one lead agency to represent the UN system with approval from the Ministry of Health.

Mr Mohammad Abdel-Ahad also appreciated the revision of the ToR. He suggested that in order for each UN agency to fulfill their mandate on the MNCH TSG, consideration could be given to allow 4 UN agencies that are part of the H4 to be part of the Executive Working Group (UNICEF, WHO, UNFPA and UNAIDS).

Dr Paul Sender commented that the ExWG is not intended by design to be a large group and in view of the recent establishment of a joint UN platforms, that it is in the spirit of these structures that one UN agency is able present the UN Platform approach. Such an approach should be considered for the ExWG with one UN agency representing the UN constituency.

Dr Thein Thein Htay thanked the M-CCM members for the comments to the ToR. Regarding UN representation on the TSG and the ExWG, she suggested that this issue should be taken up among the UN constituency and the TSG would consider the UN recommendation. She stressed that the ExWG is a small group tasked to facilitate the work of the TSG, the number of representation on the EXWG per constituency should be approved by the TSG members.

The master of ceremony requested the M-CCM to endorse the ToR for the MNCH TSG. The Chair declared that the ToR for the MNCH TSG is endorsed by the M-CCM.

5) Updates from PRs/LFA and Discussion

Save the Children

- Ms Barbara Greenwood presented an update of STC and SRs' activities of Round 9 (presentation as attachment).

Ms Barbara Greenwood remarked that she was impressed how agencies have assisted each other in ensuring successful implementation of the grants. 3DF has been very helpful.

Concerning supplies, at the moment, STC have ACT, RDT, Male Condoms, LLiN. ARVs and OIs may experience gaps for second batch in December 2011. She also updated the M-CCM that the GF has approved STC request to procure syringes and needles locally. A PSM committee with SRs will be formed and the first supply is expected in December 2011 or January 2012.

For Year 2, forecasting and quantification are taking place; PR SC will select IDA and UNICEF as Procurement Agents directly. For Year 3, Phase II international bidding for PAs still in discussion with GF.

Regarding procurement system, STC is moving forward with the recommendations from the Conditions Precedent on warehouse. Documentations are in place. SR procurement capacity assessment is scheduled to take place.

For Next Steps, Ms Barbara Greenwood presented the following:

- Quarter 5&6 training plans approval is pending
- Budget revision is expected to be submitted to GF in December 2011 (this has been pushed back due to OIG visit)
- New national guidelines for Methadone Therapy for IDU has been approved but not yet signed off by the Ministry of Health
- Prepare for OIG visit (17 October – 4 November); GF country visit; data quality audit (ART and MSM)
- STC conference in Bangkok (October) to share lessons learned from other STC PRs

<u>Discussion</u>

Dr Saw Lwin requested clarification on the counting of achievements. The percentages seem very high, how are they related to “tied” and “untied” indicators?

Ms Barbara Greenwood replied that the numbers are high because they are untied indicators (achievements of other funding source as well as GF), but the results are reported as GF targets. However, from next quarter onwards, the targets will be adjusted to reflect when indicators are tied or untied.

H.E. Prof Pe Thet Khin raised an issue about a recent report regarding one SR in a township large proportion of local male residents are MSM. While he has asked the Regional Medical Director to check, he requested the PRs to ensure that the data from all the SRs are accurate. The upcoming data quality audit could be an opportunity to address the data quality issue. The Minister also referred to the issue of fee charges that after a patient already register with an SR they may go to another local doctor to investigate again, hence, incurring additional charges. In this case, the patients should also be informed that they do not need to repeat the test with another doctor.

Relating to data quality and accuracy, H.E. Dr Win Myint suggested that a definition of sex worker should be developed in order to ensure that the number of sex workers counted for target achievement accurately reflect all sex workers reached.

Mr Ricard Lacort provided an update of STC’s activities in carrying out internal data quality audit. The upcoming data quality audit in December 2011 will review the MSM and Sex Workers indicators. He added that the Technical Working Group can be requested to review the definitions of sex workers and MSM. Mr John Hetherington provided inputs concerning the development of size estimates of MSM and sex workers at national level.

H.E. Prof Pe Thet Khin stated that as Minister of Health, he is responsible to know what every organization in Myanmar is doing on health and avoid overlapping and gaps, thus he has decided to convene coordination meetings with NGOs on a quarterly basis.

Dr Paul Sender sought clarification on the issue of "tied" and "untied" targets. He commented that, to his understanding, untied target reporting had been agreed by the GF. If the opportunity has been given to present achievements from 3DF and GF against the GF target then this should be pursued. Since GF is performance based, performance in Phase 1 is vital to award of Phase 2 funding.

Dr Julia Kemp requested an Executive Working Group discussion outlining the rational for the agreement in regards of reporting against tied and untied targets and how it has been implemented to date. The Executive Working Group recommendations on the performance framework could then be presented to the next CCM meeting. She also requested that the current budget reviews by PRs consider whether to recommend reprogramming of funds with implementing partners.

Dr Attila Molnar stated that necessity to untie indicators does not refers only to 2011. UNOPS has followed donor and CCM advice from previous CCM meeting and worked towards untying all indicators in the revised PF. The GF is aware that the indicators would be untied for the lifetime of the grant as these indicators are national targets and achieved as a result of many actors' contributions and resources used, it cannot only be tied to GF. This is the case naturally for impact and outcome level indicators already and as more and more channels and resources, both from public sector and from donors, are contributing to the three diseases, untying is inevitable at all levels. It is also in line with the Paris Declaration and GF's policy of country ownership: One M&E Framework, one performance framework on national level. Consequently the performance framework will not show the grant performance only, but will show the national response progress. The GFATM is developing tools to allow grants to show national response progress and in the same time make provisions to specify the attributable portions of results to GF financing. He also suggested that in the future there can be two dashboards: one showing national response progress (with all the untied indicators that will be used by GF to evaluate grant progress) and another showing GF-specific achievement with tied targets attributable to GF financing as much as possible.

UNOPS

Dr Attila Molnar made a presentation on progress and achievements of the PR in this period (presentation attached as annex).

- 4 UNOPS staff members have been placed in offices of Disease Control in Nay Pyi Taw. They are actively assisting the DOH in the implementation of the three grants
- In September 2011, a joint UN Platform for Technical Assistance to the Round 9 HIV grant implementation was established. Members include WHO, UNICEF, UNFPA, UNODC, UNAIDS, and UNOPS.
- Travel authorizations from the MOH were received for all planned visits of Expats. All UNOPS S/M had received visas.

- GF Secretariat Team visit to Myanmar is expected in November (it would be good if the DoH staff that were recruited for strengthening national AIDS, TB and Malaria programmes be released from DoH to take up their positions)
- Dr Attila Molnar also presented Q2 progress updates. On the Fund Flow Mechanism, the modification are to be in place. With the huge number of activities taking place (some 4000 per quarter) it has proven to be impossible to conduct Direct Disbursement everywhere. As to manage the zero cash flow principle better, while maintaining Direct Disbursements in the far away areas of each S/R, to shorten the time for reimbursement, UNOPS will restructure the system and conduct Reimbursement in S/R centers too. The re-imbursement will now be carried out at State and Regional level, in order to reduce the re-imbursement time. This proposal has already been approved by the GF and UNOPS have already started to recruit people to be placed at regional locations. From Quarter 4 and 5, there should be improvements.

Regarding UNFPA grant reprogramming, the proposal for reprogramming is finalized following last M-CCM meeting decision, with proposal for HSS, IBBS for FSW (3 sites) and WHO (hands on TA in condom promotion) with total amount of US$ 228,210. The GF has approved in principle and the PR requests M-CCM endorsement of this re-programming request.

Regarding procurement, the PR UNOPS has developed a comprehensive Procurement Management Plan to improve capacities in the PR in PSM. This is useful to prepare for LFA assessment in early 2012. After reviewing the PMP, for Year 2, GF has agreed to PR procuring non-health and health products (non- pharmaceuticals) locally. GF agreed to PR UNOPS procuring pharmaceuticals for Year 2 via UNICEF and IDA (procurement agents). A detailed timeline of delivery of drugs and supplies. He also commented that while there are many perceptions on the procurement performance of UNOPS, on average, goods were delivered starting from May and are continuing to be delivered until now. Considering both the additional controls required by the GF with LFA review of each procurement action and the time needed for STC to transfer funds to UNOPS adding to delays beyond UNOPS' control, this performance is still within the acceptable level. From the many lessons learned, Year 2 will improve significantly. Also the global shortage of some low volume drugs (some OIs and ARVs) is beyond UNOPS control.

A data quality audit for the HIV grant to be carried out later this year. Results of the DQA will influence grant performance rating by GF.

Regarding OIG visit, UNOPS is preparing a meeting with all SRs at the PR offices on 6 October and on 14 October with National Programmes.

Discussion

Dr Julia Kemp suggested that the M-CCM records this agenda item as the formal reporting by the PR and review by the M-CCM of progress and achievements in the 2nd reporting period (reports have been circulated by e-mail to M-CCM members in August 2011).

She also requested that issues pertaining to grant budget revisions and PRs' recommendations for reprogramming and budget revisions are brought to the M-CCM in timely manner. She

noted that for PR UNOPS that all the SRs sent in their reports on time, this shows good effort from implementing partners.

Dr Julia Kemp asked for clarification on the issue of "additionality". She said that she understood that it had been agreed by WHO that the recruitment of staff for GF grants from public sector would not exceed a 30% ceiling. CCM should be aware that the ususal meaning of the concept of additionality is that staff recruited by WHO should be additional, and not take staff away from MOH or direct service provision.

Local Fund Agent

Ms Rosemary Owino presented key LFA deliverables since the last M-CCM meeting (presentation attached as annex).

In terms of Key challenges for programme implementation, the following were mentioned:

- Continued delays in procurement (operations not in line with initial plans)
- SCUS has to address several gaps identified from PSM capacity assessment
- Procurement for Y2 still unclear as PRs are yet to identify procurement agents
- As non-UN entities not exempted from customs formalities in Myanmar, SCUS may also require a consignee of goods to ensure smooth importation
- Some concerns in regards to the alignment between programmatic indicators and PFs
- Low budget utilization to end of Q2,
- Exchange rates (appreciation of Kyat and impact on grant budget revision for Year 2/Phase 2

Discussion

Julia from DFID commented that the LFA presentation is appreciated as it gives an independent and objective view of the PR updates/issues. For CCM to be able to reflect on the issues she asked if in future a copy of the presentation could be available in advance of the CCM meeting, and presented early in the meeting agenda.

Mr Ricard Lacort addressed a couple of points raised by the LFA and requested the LFA to address the issue of SR monitoring through a management letter. He requested for information concerning timeline for on-site data verification and also inquired about LFA staffing plan in Yangon for the coming year.

Dr Saw Lwin thanked the LFA for their presentation. He requested the M-CCM to consider these issues and find time to discuss together how to find the solution to the challenges. He also reminded the M-CCM that only members and alternates are allowed to provide comments at the M-CCM meetings.

6) **Presentation on Review Process and Recommendations for PRs and SRs selection by CCM Executive Working Group and Discussion (Dr Saw Lwin)**

Dr Saw Lwin presented the PR and SR review processes and recommendations (please see presentation for details).

SR Selection

Members of the three Review Panel reviewed the SR Proposal Concepts with criteria of eligibility; respond to priority areas in the TRP approved proposal concept; best value for money in reaching targets; realistic budget and comparable unit cost.

HIV component

- 27 concept notes received with budget totaling US$ 221 million. Original budget envelop in proposal concept was US$ 163 million.
- 10 concept notes were not recommended for inclusion while 17 concept notes recommended, totally US$ 206 million (but substantial revision will be required to some proposals)
- Of the 17 proposals that were recommended for inclusion, there remains potential overlap and needs more detailed planning before the proposal is finalized. Some organizations need to review their approach and exclude entire sections as some sections were not linked to the TRP approved concept note.
- Main reasons for the rejection of proposals include value for money principle not followed; small targets; high costs; contribution too low for rapid scale up requirements.
- Those organizations not selected as SRs are encouraged to seek partnership with selected SRs as SSRs.
- Dr Saw Lwin added that HIV counseling and testing is needed in order to facilitate scale up of ART programme. Decentralization of comprehensive testing to more sites and organizations and rapid testing to be undertaken by non-specialized labs which are included in the EQUAS system.
- He also requested UNODC to work with NAP and other partners to develop a scale-up plan for MMT for each site with a detailed description of the roles and responsibilities.

TB component

- The total amount from the SR proposals is, with TRP approved budget in Proposal Concept Note is US$ 164 million.
- 8 organizations have been recommended for inclusion, totally US$ 119 million, which is still much higher than the proposal concept budget
- All SRs that have been selected will have to reduce their budgets
- Flat rate PSC is not permissible and committed targets should be adhered to as much as possible.

Malaria component

- Several proposals failed to present new approaches and strategies. Many organizations presented community-based malaria control approaches rather than containment approaches.

- Out of 15 SR proposals, 6 SRs have been selected with budget totally US$ 106 million (with proposal concept budget of US$ 100 million.)

Dr Saw Lwin requested the M-CCM to endorse the selection of the SRs for HIV, TB and Malaria.

Discussion:

Mr Jason Eligh appreciated the efforts of the three review panels, which came up with rational proposals for the three diseases. In response to Dr Saw Lwin's request regarding UNODC, he supported the idea to develop a methadone scale-up strategy and expressed his commitment for UNODC to work with the NAP in this regards.

Dr Paul Sender also appreciated the efforts undertaken so far. He suggested that in the next stage of the planning process, more time needs to be provided to ensure clearly what different agencies will implement in order to achieve the planned objectives.

Daw Nwe Zin Win requested the M-CCM to maximize the opportunities for community systems strengthening within the framework of the approved concept notes in the full proposal development stage.

Mr Ramesh Shrestha commented that due to funding limitation globally in this round, it is important to identify cost savings. He suggested that the M-CCM only focus on few priority geographic areas rather than try to cover all areas and take into account the implementation capacity of NGO including their track record in order to limit some budgets.

Mrs Phavady Bollen provided update on the recruitment status of national staff for HIV, TB and Malaria that it has already been more than 2 months since the candidates have been selected but there is not yet an approval from the Ministry of Health to release the staff.

Dr Ko Ko Naing confirmed that 41 staff members have been approved to take up position as GF staff, but due to the huge number of staff, the entire process is not yet completed. He requested the national programme managers to facilitate the process by filling in necessary forms.

The master of ceremony requested the M-CCM to endorse the selection of SRs for AIDS, TB and Malaria. The Chair declared that the M-CCM endorsed the selection of the SRs for AIDS, TB and Malaria.

Selection of Principal Recipients

Dr Saw Lwin requested STC and UNOPS to say a few words about their expression of interest to be PR for Round 11.

UNOPS

Dr Attila Molnar stated that UNOPS implementation of Round 9 is increasing steadily, with regular progress updates to the M-CCM. With global climate of less resources available, more

controls and hands-on management are needed which resulted in long period of grant negotiations between PR and GF. With Round 9 experience, UNOPS has already produced over 500 pages of guidelines and SoPs which will be useful to future grant management opportunities.

Mr Sanjay Mathur added that UNOPS has progressed in a number of areas such as strengthening of the fund flow mechanism, setting up of reimbursement at regional level, and working closer with Ministry of Health to develop effective work processes. UNOPS has also taken proactive measures to discuss with GF to significantly improve funds flow scheme and the GF has already approved the UNOPS' proposal. There are a number of challenges due to the additional safeguards and UNOPS is constantly and proactively identifying these and learning, reflecting in consultation with partners, and addressing these .

With regard to procurement, GF has approved UNOPS to procure non-drugs and health products (non-pharmaceuticals) locally in Myanmar. On-going effort are in place to strengthen the capacity of the PSM unit. A Procurement Management Action Plan has already been prepared and where there is considerable input from UNOPS' HQ and regional office. This plan has been shared with the GF and has resulted in GF's accepting UNOPS' PSM Unit to undertake all non-drug procurements in Year 2.

The CCM and the GF can count on UNOPS' full commitment for the successful implementation of the GF grants.

Save the Children

Ms Barbara Greenwood informed the M-CCM that STC is also PR in Bangladesh, Nepal and Pakistan. STC learns and adapts best practices. As an INGO, STC has been very responsive to requests from GF. The strengths of STC include their technical network which could be tapped into. STC pushed for local procurement but does not expect to become a procurement agent. STC has learned from Round 9 and has build up experience of working with GF. It should therefore, be cost effective to use STC as PR for Round 11 as well.

Dr Saw Lwin requested members of the organizations which applied the GF Rd 11 PRs to leave the room for the remainder of the PR selection discussion.

Dr Saw Lwin presented the recommendation from the Executive Working Group of the M-CCM.

The PR EoIs were reviewed against 8 criteria. Ultimately, a successful PR candidate must score up to 65% out of a full score of 100%, for which Save the Children passed the threshold but UNOPS did not, with procurement and fund flow mechanism as two areas which scored relatively low. He presented two options for the M-CCM to consider: (1) accept UNOPS with condition that they provide measures to improve on their weaknesses and (2) go for a new round of application process.

Discussion

The M-CCM members raised the following points during the discussion:

- CCM appoints the PR and has a responsibility to ensure satisfactory performance.

- the proposal submission date has been extended to March 2012, which gives more time for PR selection, however, the proposal consultant is only around for a couple more months which mean the proposal should be near final before the end of the year. Involvement of the PR from the very beginning of proposal development is critical therefore M-CCM should resolve the PR selection as quickly as possible.

- too many PRs dealing with different rounds of Global Fund grants would be rather complicated and could be avoided if possible.

- the Call for EoI was widely disseminated and received only 2 EoI, it is not guaranteed that M-CCM will get more organizations to apply if we re-open the application process.

- it should be noted that UNOPS faced more difficulties than STC since they had to follow the additional safeguard policy of GF in Myanmar and new measures takes time to show major impact yet.

It was concluded that M-CCM will use two PRs for Round 11. Save the Children US is selected as the PR for non-governmental SRs and to support the work of Rd 11 proposal development. The M-CCM requests clarification from UNOPS on measures to be undertaken (with timeline and benchmarks for implementation) to address how to improve the services in procurement and operational support (including fund flow management). UNOPS is requested to submit the information to the Executive Working group for their review. If the ExWG finds the information not satisfactory, then it will be the M-CCM decision on whether the PR application process will be re-opened.

7) <u>Revised timeline for GF Round 11 Proposal (Dr Saw Lwin)</u>

Dr Saw Lwin presented a revised timeline for GF Round 11 proposal (please see presentation for detail). Basically, the M-CCM now has time until at least March 2012 to submit the Round 11 proposal. However the M-CCM will remain largely the same timeline for proposal development. This will allow more time to fine-tune the proposal. Another M-CCM meeting is scheduled for 15 November, by which time the first draft of the Round 11 proposal will have been circulated to the M-CCM for comments. Dr Saw Lwin requested the M-CCM to task the TSG to further develop the Round 11 proposal including recommending cost savings and to enable the Ex WG to take decisions regarding technical issues and costing in proposal development process.

Dr Julia Kemp endorsed the recommendations of the Executive Working Group to take a technical lead in the development of the Round 11 proposal. She asked that the timeline to show the date when a first draft proposal will be circulated to the full CCM; the date when comments will be returned and then the date when the second version will be circulated for comments.

Dr Sun Gang mentioned that the focus on HIV testing and counseling in current proposal from SR is insufficient, with low targets which will not make treatment scale-up possible. He suggested that it is necessary to speed up the approval of the revised national guidelines for HIV Counseling and Testing, with early 2012 as indicative timeline, in order for the guideline to be used as reference for Round 11 proposal.

8) AOB

Upcoming OIG Visit

Dr Sun Gang shared with the M-CCM that the OIG visit is part of a routine GF work to ensure its grants are implemented efficiently and effectively in an accountable manner. The OIG visits have been carried out in many countries, including Cambodia, Lao, Bangladesh, Indonesia, India, Nepal and Philippines in the region, clearly not targeting Myanmar in particular. Although this mission is for diagnostic review instead of an audit, however, the team will still be looking at up to 40% of payment vouchers. He stressed that all the responses to the OIG team must be based on verified facts.

Dr Paul Sender commented that the evidence of very significant successes including results presented to the CCM today should be made known to the OIG. In addition, the M-CCM forum is unique and functions in ways that guarantees transparency of grant implementation.

M-CCM Oversight visit

Dr Saw Lwin informed the M-CCM that as part of its oversight function, the first M-CCM oversight visit is scheduled to take place from 7-8 October to Yangon and Mon State. About 7 CCM members are included, one from each constituency. Other members and alternates will also have chance in future visits on rotation base to ensure equal opportunity for M-CCM members. The visit participants also include experts and Managers of the national AIDS Programme. The visit team will report their findings to the M-CCM.

Other

Dr Saw Lwin requested the M-CCM to endorse the reprogramming proposal from PR UNOPS of the UNFPA budget. As no M-CCM member raised further issues and the proposal was endorsed.

Mr. Jason Eligh reported to the CCM that UNODC had completed the procurement of Methadone for the national programme as had been requested of it by the CCM in its 9th meeting.

Dr Julia Kemp said that in order to consult with constituencies and represent their views at the M-CCM, relevant papers need to be circulated in advance of the meeting.

Dr Sun Gang informed the M-CCM, in the absent of CCM member from WHO, that the Joint TB Programme Review is scheduled 7-15 November 2011. CCM members are encouraged to get involved in this important review.

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

H.E. Prof. Pe Thet Khin in his closing remarks expressed his appreciation of the participants' deliberations and discussions. While there are still some barriers to overcome, he is confident that the M-CCM will successfully implement Round 9 grant and submit high quality Round 11 proposals. On behalf of Ministry of Health, he assured the M-CCM of the Ministry's cooperation with the M-CCM members. The meeting closed at 13.10.