

Myanmar Country Coordinating Mechanism for AIDS, Tuberculosis and Malaria

Meeting Minutes

13 M-CCM Meeting

09.30-12.30, 15 November 2011

Conference Room, Ministry of Health, Nay Pyi Taw

1) Announcement of Reaching Quorum

The master of ceremony announced at the start of the meeting that for today's meeting 21 members/alternates attended out of 29 total number of seats (8 from government sector and 13 from non-government sector). Quorum is reached since more than 7 members from non-government sector as well as more than 7 members from government sector are present.

2) Opening remarks by the Director-General, Department of Medical Science Dr Than Zaw Myint (on behalf of H.E. Pe Thet Khin, Chair of M-CCM)

Dr Than Zaw Myint conveyed the message that H.E. Union Minister and Deputy Ministers were not able to join the M-CCM meeting this morning due to an urgent meeting and the vice Chair of the CCM is not able to attend the meeting in person today, thus he has been requested to Chair the M-CCM meeting on behalf of the Minister. He expressed his appreciation to the development partners involved in the three diseases. Recent feedback from the OIG mentioned the strong CCM secretariat support function which serves as a model for other countries. Despite great progress made by all partners, substantial gaps remain. Today's meeting will review the first draft of the Round 11 proposals. The proposal development process has been inclusive and transparent: targets were based on national strategic plans and detailed gap analysis; he is confident that the proposal will be successful. Dr Than Zaw Myint also requested a short briefing on procurement for Year 1 and Year 2 and noted that the M-CCM oversight work is going well with oversight visit completed and on-going orientation workshop to improve M-CCM members' capacity. He wished everyone a successful meeting.

3) Endorsement of the agenda and last CCM meeting minutes

Dr Saw Lwin highlighted the main points from the 12th M-CCM meeting minutes and the M-CCM endorsed the minutes without comments. Dr Saw Lwin invited the M-CCM members to comment on the agenda and inquired whether any members have conflict of interest to report for this agenda. A request was made to include a situation update on the MARC framework. Dr Saw Lwin clarified that the MARC issue will be discussed as part of the presentation of the malaria Round 11 proposal. There was no conflict of interest reported and the agenda was endorsed without further comments.

4) OIG Diagnostic Mission and follow-up of actions with discussion (Dr Saw Lwin, PRs and LFA)

Dr Saw Lwin provided a presentation of the objective and scope of the risk assessment carried out by the OIG team members from 17 October to 4 November 2011. (See presentation) Dr Saw Lwin stressed a couple of points:

- While the OIG recommended that Myanmar grants should move from quarterly reporting to 6-monthly reporting, the M-CCM still requires quarterly report to effectively carry-out oversight function for phase 1;
- The M-CCM does not need to act on all the recommendations of the OIG, some items need to be discussed among the M-CCM to find appropriate response to the OIG;
- The timeline for reporting to the Global Fund is six months after receipt of final report from the OIG (expected to be in January 2012).

Summary of M-CCM discussion:

- (i) While the deadline for responding to the OIG recommendations is six months after January 2012, there are urgent issues that need to be addressed well before the deadline. It is suggested that the M-CCM produce an action plan with clear designation of roles and responsibilities and timeline for addressing all the OIG recommendations according to priority level. **Action point: The M-CCM will task the ExWG and the TSG to develop the action plan as soon as possible.**
- (ii) The M-CCM stressed that PSM is a critical area that needs to be addressed urgently. Based on communication from the GF Fund Portfolio Manager in which the grant performance scores have been shared, the low ratings (B1 and B2) are mainly due to the delays in procurement and disbursement of funds.
- (iii) As recommended by the GF, the M-CCM agreed that a PSM working group needs to be established to tackle the PSM issues. The working group is to be comprised of CCM members, experts who has practical experience in the procurement health products from key implementers, PRs, LFA and officials from key government sectors. **Action point: The M-CCM ExWG shall be tasked to establish the PSM Working Group.**
- (iv) Concerning procurement for Year 2, PR Save the Children requires assistance from the M-CCM regarding the issue of import of supplies. A solution for STC should be identified before the end of December 2011. **Action point: this issue is to be addressed within the PSM Working Group**
- (v) The M-CCM noted and appreciated the support provided by the Myanmar government in issuing visas (at short notice) and granting approval to 11 site visits (within 24 hours) for the 25 team members of, or related to the OIG mission.
- (vi) The M-CCM was informed that the LFA signed an MoU with the Myanmar government two weeks ago and that the LFA team is now complete with key positions filled and staff

members receiving visas to work in Yangon. Following OIG recommendations, LFA will provide information during CCM meetings and invite M-CCM members to attend LFA-PR quarterly briefing.

5) Review the progress of the Round 11 proposal development and discuss on pending issues

(a) HIV proposal presentation by Dr Khin Ohnmar San (See presentation)

- Need to reduce ART target from 54,381 to 46.500
- Need to reduce proposal budget from US\$ 167 million to US\$ 87 million
- 17 SRs need to remove activities which are outside TRP approved criteria
- PSM and detailed budget and workplan to be developed from January to February 2012
- Plan to review HIV proposal again strategically after GF Board Meeting 21-22 November 2012

Summary of M-CCM Discussion:

- (i)** M-CCM members raised concerns regarding 1) the need to revise the national targets in order to ensure consistency between the targets in R11 and targets in the National Strategic Plan (i.e. national ART target for 2015 which was set based on old treatment guideline) ; 2) explore more ambitious targets for TB/HIV intervention; greatly scaling up of HIV testing in TB services settings can be one of the selling points for R11; 3) identification of geographic areas and whether there are overlap in order to facilitate linkages between various interventions such as for TB/HIV; 4) explore more ambitious targets for harm reduction to ensure that the interventions will have impact on the epidemic; 5) identify more innovative approaches that are cost effective and high impact, to complement existing approaches. **Action point: the TSG shall revisit the ART targets in NSP II and proposal development team will incorporate these comments into the R11 proposal.**
- (ii)** The M-CCM called for a detailed timetable concerning key milestones of proposal development indicating deadlines for submission of proposal drafts to the M-CCM and deadline when M-CCM members have to provide comments on various drafts. This rigorous approach is required to ensure that all M-CCM members will have adequate time to review the proposals prior to submission to GF. **Action point: The M-CCM Secretariat will request a detailed timetable of key milestones of proposal development from all proposal teams.**

(H.E. Prof Pe Thet Khin, Chair of M-CCM, joined the meeting from this session)

(b) TB proposal presentation by Dr Thandar Lwin (See presentation)

- Full draft proposal not yet completed, full draft expected within one week after the TB Review
- SRs have agreed on a lower budget ceiling
- Currently the R11 budget is US\$ 92.8 million

- The target for first line drug TB treatment is increased by 30%
- MDR TB need to reduce target to be in line with budget ceiling (7,000)
- TB/HIV (30,000 VCT) ART needs 4,000
- If start date delayed need to add additional year for first line drugs (5 million\$)

Summary of M-CCM Discussion:

- (i) With regards to the need to reduce the budget and the issue of MDR-TB treatment, the M-CCM member suggested an option to focus on early case detection and treatment of drug sensitive TB, which will also be effective in preventing MDR-TB. M-CCM member also recommended that the proposal team prioritize the most cost-effective package of services for scale up and carefully review unit cost of interventions and value for money. This recommendation is for all three proposals. **Action point: the TSG and proposal development team will incorporate these comments into the R11 proposal.**

(c) Malaria proposal presentation by Dr Thar Tun Kyaw (See presentation)

- Six SRs; added MMA as SSR to fill in gap
- WHO recruiting expert for proposal development
- All SRs working on unit costs

Summary of M-CCM Discussion:

- (i) M-CCM members discussed the general GF funding situation in the context of the global economic downturn. Based on the prior information concerning available resources for Round 11, not more than US\$ 800 million may be available. The number of eligible proposal to be submitted may reach over 300 proposals. Thus, it is important for the M-CCM to focus on strategic areas. The M-CCM suggested that the proposal development teams develop proposals with different options and scenarios which can be adapted when clear information about resources become available. Furthermore, it must be noted that the budget that was approved within the concept note is only an indicative figure and will be subject to further review by the TRP.
- (ii) M-CCM members strongly urged the M-CCM to seek domestic resources (government and private/business sector) to reduce dependency on external contributions. Private businesses may be approached to implement Corporate Social Responsibility programmes and to be involved in building health services in project areas vulnerable to malaria such as those of hydro-power, mining, palm oil and others. This recommendation is for all three diseases: AIDS, TB and Malaria.
- (iii) The issue of Malaria Artemisinin Resistance Containment (MARC) was raised as requiring urgent attention in Myanmar. The M-CCM members identified the need to further mobilize resources for MARC and finalize a costed action plan. At the moment a MARC strategy exists but without a detailed costed action plan. This costed action plan should be submitted as supporting document along with the R11 proposal. Such a plan

will enable international development partners to understand and better respond to the resource gaps. A suggestion was also made to hold a donor conference early next year to mobilize resources to address the MARC problem. **Action point: The M-CCM to task the Malaria TSG to develop a costed action plan.**

- (iv) The concern of funding gap between June 2012 (the closing of 3DF) and the Rd 11 grant starting date (i.e. Jan 2014) was raised, and a suggestion raised by CCM member to discuss how to address these gaps in the next CCM meeting.
- (v) A proposal was made that the M-CCM review all three proposals from a gender lens to ensure that the needs of women and men are equally addressed and both benefit equally from the GF grants in Round 11. This will be in line with the global priority of the GF on gender and will respond to the gender concerns raised by the recent OIG visit. **Action point: The M-CCM welcomed a gender review of all three proposals from the UN Gender Theme Group.**

6) Feedback from ExWG regarding UNOPS application for PR of Round 11 (Chair of ExWG, Dr Saw Lwin)

Dr Saw Lwin provided an update to the M-CCM of the ExWG feedback regarding UNOPS application for Round 11 PR. The ExWG requested UNOPS to provide more information regarding the proposal for a new Fund Flow Mechanism and the Procurement Supply Management Plan as a detailed action plan with timeline for completion of key tasks. UNOPS has subsequently provided a two-page report on planned actions for improving Funds Flow and PSM, which has been circulated by e-mail to all M-CCM members for review. Upon review of the two-page action plan, the M-CCM requested UNOPS to ensure that the indicators in the plan are SMART in order to assist the M-CCM in monitoring the actions. It is also suggested that the report on progress of this action plan be included as a standing agenda item at each M-CCM regular meeting. UNOPS agreed to include key performance indicators in consultation with the national programmes and provided assurance on improving performance in these two areas: FFM and PSM. UNOPS also expressed appreciation at the support of the M-CCM in deciding to nominate UNOPS as PR for Round 11 and looked forward to being actively involved in the development of Round 11 proposals. In addition, UNOPS highlighted the needs for PR to get involved in Rd 11 proposal development and suggested the TSGs to provide inputs in reprogramming of the Rd9 resource. **Action point: M-CCM members approved the nomination of UNOPS as PR for Round 11. M-CCM secretariat to include report on progress of the FFM and PSM action plan as standing agenda item at regular M-CCM meetings. PRs (UNOPS and SC-US) to get involved and contribute to the Rd 11 proposal development.**

7) Debriefing from International Review of the National TB Programme of Myanmar, 7-15 November 2011 (Dr Ikushi Onozaki, Medical Officer, Stop TB Department, WHO Headquarters)

Please see presentation and executive summary attached, from which the key recommendations were clearly listed. Among others, the recommendation to MoH including to

increase domestic funding and pursuing other source of funding, fill vacant positions and encourage productive partnership between NTP, NAP and MCH programmes. For NTP, to urgently focus on increased case finding as a first priority, take advantage of NTP-private sector collaboration, expand TB/HIV collaborative activities to all townships and scale-up MDR-TB management as per the national MDR-TB control plan. The discussion following the presentation covers management of smear negative cases and expanding the use of chest x-ray screening. The M-CCM expressed appreciation to WHO for providing information from the review of the National TB Programme of Myanmar.

8) AOB

a. Joint site visit of M-CCM members

Dr Sun Gang briefly reported back to the M-CCM on the first CCM oversight visit undertaken from 7 to 8 October. The visit team was comprised of 6 M-CCM members from government, donors, INGOs, LNGOS, PLWH and UN, and also attended by 3 national programme managers or their representatives. Altogether 8 project sites were visited. The full report has been circulated to the M-CCM by e-mail. In summary, there were no findings of major risk of fraud in all sites visited. Mission members noted some issues as follow:

- 1) Filing systems were not in perfect condition (not consistent, attachments not in order). The visit team recommended to establish a standard operations manual.
- 2) The previous Fund flow Mechanism of UNOPS has been cumbersome, however UNOPS PR is putting a new FFM in place.
- 3) There has been negative Impact on grant performance following delay of pharmaceutical supplies procurement (negative impact on end users as well as the need to borrow supplies from 3DF).
- 4) Storage of medicines and supplies are largely not in good condition (some not in air-conditioned environment).
- 5) Lesson learned (i) good practice to have PR and national programme manager on the mission (ii) secretariat with help from PR to provide summarized profile of the project sites for next visit in order to quickly get into focused discussion and to revise checklist to be more relevant to the needs of the visit team.

b. Update from People Living with the Disease Constituency

Thiha Kyaing informed the M-CCM that the PLHIV constituency has recently completed elections of new members and alternates. He also briefly provided an update on activities of the community organizations. Last month, the community networks held a quarterly meeting. MPG now has 252 centres country-wide with 3 key population networks as part of the group. They are currently working on building strengths of community networks to

participate in the national response for care, support and prevention. Thiha requested the M-CCM to develop a clear policy on rolling-out support to the community

c. Malaria campaign

A request was made for an update on the malaria campaign (budget over US\$ half a million) that has not yet been implemented. PR STC explained that there has been a delay in implementation as some decisions are yet pending. M-CCM members discussed this multi-partner involved complex operation and suggested that a meeting be convened to resolve this issue and identify the way forward. If major procurement deadlines have been missed, Myanmar may have to return the funds to the GF.

d. TSG-MNCH

Dr Thein Thein Thein proposed that the TORS of the TSG-MNCH to be endorsed.

e. Action points

Dr Saw Lwin highlighted priority action points from today's M-CCM meeting. Detailed action points are indicated at the end of each agenda item within the meeting minutes.

- Develop a costed action plan on MARC;
- Establish an M-CCM PSM Working Group;
- Develop detailed action plan with designated roles and responsibilities and timeline for responding to OIG recommendations;
- The CCM requested the report of progress by UNOPS of the action plan be included as a standing agenda item at each M-CCM regular meeting. The report of progress shall be against SMART indicators in order to assist the M-CCM in monitoring the action.
- Need to ensure CCM discussions on other issues beyond GF, including resource mobilization and sustainability issues.
- The ToRs of the TSG-MNCH is endorsed, with the membership to be further confirmed at the next CCM meeting.

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

The Minister expresses appreciation to all the M-CCM members for their participation, presentation, and deliberations. He was glad that the M-CCM has selected UNOPS as PR and he hoped that they will work hard to meet the expectation. He thanked the WHO TB team for their good work and their insights and recommendations. MoH will support efforts to improve TB responses. He encouraged academics and MMA to be involved in TB responses in addition to clinical aspects of tuberculosis. He welcomed new members from Myanmar positive group and hopes to see more collaboration with MPG in the future. He noted that while there is still a lot more to do, with the commitment of all the partners, Myanmar can achieve the MDG goals.

The meeting was adjourned at 13:10