

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

14<sup>th</sup> M-CCM Meeting  
10:00-12.30, 6<sup>th</sup> March 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 22 members/alternates attended out of 29 total number of seats (12 from government sector and 10 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 H.E. Pe Thet Khin, Chair of M-CCM**

The Chair welcomed all members to the first meeting of 2012. He reminded that the first year of GF implementation is completed and that the M-CCM has the responsibility to evaluate the progress and to find out why some key targets are not achieved. In this year, there will be the periodic review and the Phase II request coming up. In order to assist with this process the GF Secretariat will come to Myanmar. The GF team suggested to hold a training on 2-3 April.

There are many things that have worked well in this first year of Round. However, all members of the M-CCM are encouraged to provide ideas to improve fund flow and procurement and supply management systems.

**3) Endorsement of the agenda and last CCM meeting minutes**

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. No additional comments to the latest version of the draft minutes of the 13<sup>th</sup> CCM meeting, hence the minutes were adopted.

**4) Discussion on Transitional Fund Mechanism (TFM) – Dr. Saw Lwin**

Dr Saw Lwin presented the latest news of the TFM. The TFM was created in reaction to the cancellation of Round 11. The TFM is here to intervene if any interruption of critical services would occur during 2012-2014. At present, the Round 9 grants are not affected by this. However, the wording of the guidelines for the TFM and subsequent communications with the GF Secretariat led some stakeholders to believe that there is case to be made for an application. During a recent telephone discussion between the M-CCM Secretariat and a senior team from the GF Secretariat, these thoughts were shared. The GF Secretariat clarified their view a) that only interruption of Global Funded financed services is of concern for the TFM, b) that no scale up is allowed and c) that no donor replacement is admissible. The GF Secretariat highlighted the opportunity that the Phase II request brings and encouraged to look at re-programming.

There are some continuing uncertainties about the Malaria. A footnote 7 of the guidelines gives some room for malaria elimination in the case of drug resistance. The GF Sec also confirmed that the decision to apply lies with the M-CCM and the eligibility in turn will be assessed by the TRP.

Dr. Thar Tun Kyaw, National Malaria Control Programme Manager, presented the Malaria elimination approach and the TFM request (see presentation). A total budget of 20 million US\$ will be requested for two years.

The following timeline is proposed:

- First draft to be sent to CCM members-16.3.12
- CCM member review and feedback - 20.3.12
- Second draft to be sent to CCM members - 23.3.12
- Final proposal to be sent to CCM members for signature - 26.3.12
- Submission of Malaria Proposal - 29.3.12

Summary of M-CCM discussion:

- (i) INGOs stated that they understand the view of the GF Secretariat, but they also reminded that the TRP is making decisions. A HIV proposal would give the signal that there is a critical funding shortage.

Participant in the telephone conversation stated that the GF Secretariat was clear in their message that they perceive the HIV proposal as a scale up as well as a donor replacement. They were equally clear that the recommendation on funding will come from the TRP based on the criteria given by the GF Board.

Given the fact that is unlikely that the TFM for HIV would be successful, the M-CCM should take note of the great needs in treatment and prevention of HIV. Other sources of funding should be found. And ways to procure cheaper drugs should be identified. For example, the 3MDG fund could be explored to include PMCT in the child and maternal health. Other venues should be pursued to tap into funding sources which could be available for Myanmar.

Since the PRs selection for GF Rd 11 has gone through a well documented process, the two selected PRs were proposed as PRs for TFM.

Decision points:

- M-CCM supports an application for the TFM for Malaria only
- UNOPS and Save the Children are recommended as PRs for TFM
- UNOPS and Save the Children confirmed their willingness to accept this offer

## 5) **OIG Diagnostic Mission recommendations and the proposed feedback – Dr. Sun Gang**

OIG recommendations were summarized under 16 headings. A draft reply compiled by the M-CCM Secretariat has been circulated.

Some action is already taken. A Task Force on PSM has been created. The reporting cycle has been changed to 6-monthly.

Other recommendations will be more difficult to comply to. For example recommendation that the different funding streams should be aligned (GAVI, GF, 3MDG) has not been given a realistic timeline.

The M-CCM is not expected to comment officially on this preliminary communication of the OIG, but only to the full draft report. However, there is a benefit to react now and be ready to comment on the draft report immediately.

### Decision point:

- M-CCM members to provide comments to the M-CCM Secretariat by **26 March 2012**.

## 6) **PR and LFA updates and discussion – PRs and LFA**

### **Save the Children:**

Presentation of end of year status (see presentation)

### **UNOPS:**

Presentation of the end of year status (see presentation)

### Summary of M-CCM discussion:

- MMT experienced a short stock out at one moment in time. Stock is in place until July and quantification has been submitted to GF Secretariat for year 2. At the same time, the PRs requested that Methadone procurement is given priority.
- CCM member noted the good progress in fund reimbursement since the new FFM is in place and commended the efforts made by PR-UNOPS and the national programmes.
- The M-CCM notes some good progress in procurement. Assurances are sought from the PRs that the commodities will be in place as shown in the timeline. There are some items still outstanding and the PRs are requested to follow up and make sure no stock outs for life saving drugs and key prevention commodities in 2012. The PSM Task Force will look into this.
- Malaria will require a re-programming in Phase II to address the issue of underachievement of malaria treatment. At least one organisations would like to change to mobile clinics. However, this is not possible in year 2, but could be considered in Phase II.

- The ART achievements for 2011 and the 2012 targets of the GF Round 9 are higher than the national targets in the NSP on HIV 2011-2015. It was noted that the initial targets in the NSP were conservative, as it was based on the situational analysis of 2010 and the old treatment guidelines with CD4 count <200. The M-CCM is requested to approve these higher targets and request the GF Secretariat to approve the Performance Framework. Detailed work on the national targets and costs should then be carried out by the TSG on HIV.
- For the low performing indicators, the PMCT reporting need to be improved with the technical support from UNICEF.
- Some visas and MOU of SRs are pending. The MOH is following up. The MOH has been requested to inquire into some suspected breaches of MOU. There have been complaints by local leaders and parliamentarians regarding the quality of work of some NGOs, including some INGOs who use sub-contractors but do not appear to supervise their performance closely (as an example, but not related to the Global Fund activity). For this reason the MOH needs to have sufficient time to do a thorough investigation into these issues.

Decision points:

- The M-CCM endorses the targets for ART and requests the TSG-HIV to review the national targets for 2012 and the following years.
- Implementing changes under GF grants require a number of steps to be followed. Organisations wanting to change operational procedures funded by GF should write to PR first who then will discuss with the national programmes about the feasibility and the implication and bring up to CCM, through its ExWG for decision, if required, consult with the Global Fund Secretariat .
- PR and SRs to make specific follow-ups on the pending MoU and timely provide the information needed.

**7) Update on MNCH TSG**

Dr. Thein Thein Htay, Deputy Director General, presented the update of the establishment of the MNCH. She presented the proposed membership of the TSG and that of the Executive Working Group (see presentation).

Summary of M-CCM discussion:

- The Department of Medical Science suggested including 2 more persons from the research institutes to provide technical support. These would be from the OB/GYN and Pediatrician department of University of Medicine I. Since the number of membership is not fixed, there can be more members added. It was noted that the voices of beneficiaries should be given consideration in this TSG.

Decision points:

- The TSG and its membership were endorsed.

**8) M-CCM management updates (Conflict of Interests Policy, Oversight function, introduction of CCM member information sharing website) (Dr Saw Lwin)**

Dr. Saw Lwin, Deputy Director General, presented the update to the M-CCM management structures and procedures.

Managing conflict of interest is a crucial part of the M-CCM management. An additional Working Group is proposed consisting of 3 persons. Two of those are from the M-CCM and one from outside. The WG will meet on an ad-hoc basis. The conflict of interest policy needs to be signed by all M-CCM members and alternates and has to be attached to all GF proposals (including the TFM).

The M-CCM proposed Prof. Kyaw Hla and Jason Eligh. The M-CCM noted that Prof. Kyaw Hla is also heading an SR. The M-CCM considers that this is acceptable and he would excuse himself from discussions regarding MMA. Both of them accepted the nomination.

Decision points:

- Nomination and endorsement of Prof. Kyaw Hla and Jason Eligh as member of the CCM COI Working Group.
- The nomination of the third member will be discussed during the next M-CCM when a wider range of candidates can be presented; the Working Group can start to work with the two nominated persons
- Comments and feedback on Conflict of Interest Policy document to WG by **15<sup>th</sup> March 2012**
- Signing of the COI Policy and Individual Declaration by M-CCM members – (through circulation) - same date as signing of Transitional Funding Proposal on Malaria

The oversight function of the M-CCM was presented. It is proposed that the oversight function is delegated to the Executive Working Group (ExWG) of M-CCM, while the ToRs of the ExWG is to reflect this.

**Decision points:**

- Feedback on Conflict of Interest Policy by 15<sup>th</sup> March
- Amendment to the TOR of the Executive Working Group

Dr. Sun Gang presented the information sharing websites available to M-CCM members. Besides the public site [www.MCCMMyanmar.org](http://www.MCCMMyanmar.org), there is now also an internal site for M-CCM members. This one can be accessed under [www.MCCMMyanmar.info](http://www.MCCMMyanmar.info) with a user name and password.

- 9) Information that is necessary for the management and oversight of GF grants are deposited there. This includes the Dashboard, comments to the Dashboard, minutes and other key documents of the M-CCM. The CCM Secretariat will inform each CCM member and alternate of their user name and passwords from this week.

**AOB****a. Visit of Global Fund in April**

The GF Secretariat will visit Myanmar in order to brief on the Periodic Review and the Phase II request. Training will be conducted from 2<sup>nd</sup>-3<sup>rd</sup> April 2012.

**b. Statement of Civil Society (1)**

U Myint Swe informed that National Network of NGOs (for AIDS) met in February, 2012. They issued a statement following this meeting (attached) calling to protect the gains in prevention and treatment.

**c. Statement of Civil Society (2)**

ARV treatment is still very limited. Many people in need cannot access treatment yet. Although ART providers were able to reach target numbers, the providers still have to prioritise and providing ART to those whose CD 4 are lower than 150. They also heard that PLHIV who are taking TB treatments at TB clinics also facing some difficulties in getting proper treatment and drugs. It is being said that the MOH will have a 4 times increase of the budget. They would like to know what proportion will be allocated to HIV.

The Chair clarified that the budget is not yet approved, so that it is too early to be able to discuss a budget breakdown. The MOH further remarked that the MOH has to look after the health needs for the whole country and for all health concerns, for the best interests of patients and community.

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

The Chair thanked all the members for their active participation and welcomes the nomination of the PRs for the TFM. He welcomes the efforts for establishing the CCM information website and hope the Conflict of Interest policy will be approved soon.

The meeting was adjourned at 13:10

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H.E Professor Pe Thet Khin

(Union Minister for Health)

M-CCM Chair

Date : 12 July 2012