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

15th M-CCM Meeting
10:00-13:20, 12 July 2012
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 24 members/alternates attended out of 29 total number of seats (13 from government sector and 11 from non-government sector). Quorum is reached.

## 2) Opening remarks by H.E. Pe Thet Khin, Chair of M-CCM

The Chair welcomed the members of the M-CCM, PRs, LFA and other observers. The last M-CCM meeting discussed the TFM, but Myanmar was unfortunately not eligible. Early June the work on the Round 9 Phase II request started. This provides an opportunity to take stock and plan for the next phase of implementation.

The Conflict of Interest Policy (COI policy) still needs to be endorsed and signed by the M-CCM members. This will be another required governance tool of the M-CCM.

The Chair announced that Dr. Sun Gang, UNAIDS Country Coordinator, will leave the country soon. He thanked him for the hard work and the contribution to the M-CCM and the national response to HIV. He wished him the best for the future.

Finally, the Chair confirmed his belief that the best approach to a successful and effective response to the health needs in the country is a strong and coherent coordination.

## 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.

**Potential** Conflict of Interest was noted from the following participants:

Merlin – TB/Malaria phase out in Phase II R9

WHO - SR in all 3 diseases

Malteser - SR for TB and HIV

MMA- SR for TB and Malaria

CESVI - SR for Malaria

AMI - SR for HIV

DOH - SR for all 3 diseases

**Comments to the Agenda:** PSM should be introduced as a Standing Item as of next meeting. However, PSM discussions should take place in the dedicated PSM Task Force who then reports back to the M-CCM.

The agenda was endorsed by the M-CCM members.

No additional comments were made to the latest version of the draft minutes of the 14th CCM meeting, hence the minutes were adopted.

**4) GF Round 9, Second Phase Funding Request (90 min)**

***a. Presentation by PR1 – Dr. Faisal Mansoor, UNOPS***

A 10 day workshop was held to develop a draft request in June 2012. In line with the recommendations of the TSGs, there were no changes to Objectives and SDAs. However, at activity level, many changes were introduced.

Quantification is crucial next step in order to be able to place procurement requests in a timely manner. This requires that the stock levels are known and reported. In the case that all this is finalised by the end of August, the procurement for year 3 should be on time.

*Malaria* – **$ 24,021,743 as 90% of the "TRP approved" budgets plus Phase I savings.** Reduced targets for people diagnosed with malaria; this requires an independent review of the epidemiology, a WHO led review will be undertaken at the end of July; number of townships increase from 226 to 270.

*TB* – **$38,676,801 as 90% of the "TRP approved" budgets plus Phase I savings**. Scale up to 304 out of 330 townships; TB/HIV collaboration strengthened; active case finding is introduced (prison, migrants, etc.);

*HIV* – $**45,940,520 as 100% of the "TRP approved" budgets plus Phase I savings**. Condom targets were reduced due to improved focus on highest risk groups; PMCT and ART are substantially scaled up; CD4 is extended and viral load is strengthened.

Period 5 update:
HIV – ranked A1
TB – ranked B1 (non achievement of MDRTB)
Malaria – ranked C

The M-CCM took note that part of the reason for non-achievement of specific targets in TB and Malaria were linked to the fact that global supply chains could not deliver the desired health commodities on time, in the case of malaria, this was compounded by the changing epidemiology and over estimated targets. This is an unfortunate case and it is hoped that the GF Secretariat will take these into account during the Period Review.

***b. Presentation by PR2 – Dr. Esther Sedano***

The PR held an orientation workshop with the SRs in May 2012. It introduced the templates and other requirements.

*TB* – **$7.7 million for phase II (90% of TRP approved ceiling)**; activities build upon Phase I, but Merlin wants to phase out its activities resulting in about $1 million not allocated;
*HIV* – **$52 million for phase II (90% of TRP approved ceiling)**; budgets were re-allocated in line with TSG recommendations (ART scale up, maintain activities for drug users); no major changes, mostly carry over of Phase I activities; some increases in targets; PSI proposes an 'at cost' Art programme in the private sector;
*Malaria* – **$11.2 million (90% of TRP approved ceiling)**; SRs face the same issue of changing epidemiology as those of UNOPS; changes to the activities are proposed; due to limitations given by MOUs and budget, there will be a small decrease in overall targets; MSF Holland does not request funds in Phase II and wishes to pull out; Merlin only requests for 1.5 years of funding. $1.2 million will become available

Generally, Save the Children reported that there are challenges with the situation in Rakhaine, Kachin and Shan. The Phase II request is developed with the assumption that the situation will return to normal.

The PR seeks a decision point for the following:

i) 'At cost ART' pilot project
ii) Phase II proposal that are less than 3 years (Malaria/TB – MSF Holland and Merlin)
iii) Strategy for new SRs selection (Malaria/TB)

**Decision points:**

i) The M-CCM did not decide on the Pilot Project. The MPG expressed their opinion that additional resources would better be invested in ART that is free of charge; the pilot implementation should consider where COC framework is good; and suggested to give priority to those patients who are being referred by NAP & Government hospital.
There is also the obstacle that present legislation requires that duties are paid on all items that are being sold. This will issue will need to be resolved first. The Chair requested Dr. Saw Lwin to clarify this issue with PSI .
ii) The M-CCM notes that SRs should be committed to implement their initial proposal.
iii) The M-CCM does not feel that there is sufficient time or an urgency to select new SRs. The M-CCM therefore recommends to the PR that the following process:
    - First priority a reallocation among existing SRs of Save the Children

- Second priority a shift of the free resources to UNOPS who then can allocate additional resources to its SRs
- Third priority and if the two others fail, new SRs can be identified. Save the Children would lead the process in line with the process undertaken for Round 9 in close consultation with the M-CCM.

In order to remain within the deadlines, Save the Children will submit its proposed solution to the M-CCM by 26 July 2012.

**c. Updates on Government counterpart funding and other issues**

Dr. Saw Lwin presented the situation of the government counterpart contribution to the three diseases. The 3 disease programmes had used different approaches and assumptions to calculate the government contribution. At this stage, it appears that there is a need to standardize the methodology across the three diseases and to revisit the data and add explanations of the shortcomings, assumptions and data sources.

Discussion on other topics

- The M-CCM requests to have the background material for M-CCM meetings to be distributed two week ahead of the meeting, or at least one week prior to the meeting. UNOPS proposes to purchase one vehicle for the National Programmes by reprogramming savings from Phase I. The savings come from a budget line "rental of 12 vehicles' that was not spent since the rental was not agreed by the GF. In addition, in Phase II all three National Programmes will transfer its funds to WHO to procure vehicles to be used by National Programmes for M&E. The M-CCM agrees to that.
- The M-CCM took note that UNODC offered to provide two vehicles to the National Programmes already 9 months ago. The process of transferring the ownership of the vehicles is underway and expected to be resolved soon, with proper license issued.
- There is some confusion about the ceilings (90% or 100%) and the M-CCM secretariat should seek clarity from the GF on which ceiling exactly will apply to which disease.
- Procurement issues remain a concern. Besides other challenges, customs clearance also takes too long. Storage facilities in custom are not suited for health commodities and has led in one case to damage of drugs, which had to be discarded. This seems linked to issues concerning the slow issuance of Special Orders.
    - The Chair recalled the President's instruction of cutting short un-necessary procedures, and offered to assist with brining these issues to the attention of relevant government authorities.
    - It was also noted that there is a need to have plan to secure health commodities in general.
- The M-CCM recognizes the need to start TB treatment in prisons as a public health concern. This will need to be cleared with Home Affairs and Court of Justice. The M-CCM thinks that the GF

may not be best suited to funding TB treatment in prison settings unless access to treatment sites within prison is granted by the relevant authorities.

- The chair suggested to consider issues pertaining to MRCS' malaria project in more detail in the next TSG in order to assess whether to retain it as SR or put it under NMCP.
- In regards to the situation in Rakhine, the Chair briefed the CCM that the Ministry is working with the local health authority to restore the health services as soon as possible.

**5) Presentation and discussion on FFM by UNOPS**

Presentation attached
The MOH requests that the FFM is presented to all townships concerned. The township level should also be trained.

**6) Updates by LFA**

Presentation attached

The M-CCM recommended that the TSGs discuss the issues that were raised by the LFA

**7) Endorsement of COI Policy and Oversight Plan**

Dr. Sun Gang presented the Conflict of Interest Policy. In line with the decision of the last M-CMM a third member of the COI Oversight Group will need to be identified. He proposed to select Mr. Philippe Hamel, NGO Liaison Officer since he has no conflict of interest.

<u>Decision points:</u>

i) Philippe Hamel is nominated as the third member of the COI Working Group

ii) Suggestion to change wording of section E4 to 'refrain themselves from engaging in discussion making' and add that the 'the working group members may ask a person with conflict of interest to leave the room' (see revised COI Policy as attached)

iii) OIC is endorsed with the changes noted above.

iv) Signature of the COI to be left with the M-CCM Secretariat. Those not attending will need to provide later.

**8) AOB**

**a. Briefing from 3MDG Fund**

UNOPS has been nominated as Fund Manager.

A senior consultation group will be initiated to advice the Fund Board. Government officials will be included in this group.

A gap analysis will be undertaken for the 3 diseases to identify work not covered by GF.

JICA highlighted suggested that a heath sector coordination forum is formed. He was informed that the M-CCM is already taking this role to a large extent by also overseeing GAVI, MCH and related donor initiatives.

**b. Response to OIG recommendations**

OIG report was received with requests for comments. The M-CCM provided a response. The PRs (and their SRs) and LFA also provide comments.

**c. Updates of INGO membership**

Updated list of membership was distributed with the handouts.

**d. Suggested deadlines for circulation of Phase II requests**

It is suggested to circulate the Phase II requests to CCM members 15 days prior to submission:
TB – 15 August 2012
HIV – 1 September 2012
Malaria – 15 September

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

The Chair thanked all the members for their active participation.

The meeting adjourned at 13:20.

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H.E Professor Pe Thet Khin

(Union Minister for Health)

M-CCM Chair

Date: 17 August 2012