

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

16th M-CCM Meeting
10:00-13:20, 18 October 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 23 members/alternates attended out of 29 total numbers of seats (12 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 M-CCM members, PRs, representative of LFA and other observers. He expressed his support that the M-CCM's functions have broadened to cover overall health issues. He appreciated 3DF support which enabled Myanmar to gain much progress in the national responses for the three diseases. He welcomed the new 3MDG fund which will focus on MDG goals 4, 5, and 6 and Health System Strengthening. He also informed the M-CCM of current decentralization efforts and requested donors to strengthen support to health systems at all levels. He expressed concerns about rumours that the public health system has no manpower, capacity, medicines and facilities and clarified that the Government have resources but they may not be adequate to scale-up to the maximum capacity that is required. He asked partners to work together in positive, transparent and accountable manner. The Chair also highlighted the visit of the General Manager of the Global Fund earlier this year, and thanked the Global Fund and the Government of Japan for their support in renovating warehouses nation-wide. He outlined the items to be discussed at today's M-CCM meeting (information sharing from MNCH TSG, GF Round 9 Phase II and concept notes for additional funding).

3) Declaration of Conflict of Interest by Members/Constituencies

Potential Conflict of Interest was noted from some participating organizations.

4) 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 commented to endorse for this agenda.

The following items were added to the agenda:

- How M-CCM role and its operational guidelines reflect 3MDG
- UNOPS (PR) to request M-CCM review of a budget error in the Round 9 Phase II submission

The above points are to be discussed in AOB section of the agenda. The agenda was endorsed by the M-CCM members.

Endorsement of last CCM meeting minutes:

No additional comments were made to the latest version of the minutes of the 15th CCM meeting, as it was already endorsed prior to 16th M-CCM meeting.

5) M-CCM Management updates

Dr Saw Lwin presented the M-CCM management updates covered in the following sections:

a) Global Fund General Manager Visit

The Global Fund General Manager Mr Gabriel Jaramillo visited from 13 – 17 August 2012. Key result from his visit is the Global Fund's invitation to Myanmar to apply for additional funding as strategic investment opportunity. The concept notes have now been prepared and is scheduled to be submitted by 22 October 2012.

The General Manager also participated in the inauguration of a warehouse for TB, Malaria and HIV drugs. GF has supported the renovation of 15 warehouses.

b) GF Round 9, Phase II Proposal Submission status

The GF Round 9, Phase II funding request is submitted to Global fund within the agreed timeframe through a consultative proposal development process (please see presentation).

c) Reprogramming of funds (USD 2.5Mil) from PR-STC to PR-UNOPS

PR-STC proposed US\$ 2.5 million to be reprogrammed to PR-UNOPS for malaria grant. The re-programming issue has been discussed and recommended for approval by the M-CCM Executive Working Group. The M-CCM ratified the reprogramming of US\$ 2.5 million.

d) Information on M-CCM Report of Myanmar's OIG Diagnosis Review

The report of Myanmar's OIG Diagnostic Review which was conducted a year ago is now available through the Global Fund website and the M-CCM web portal (www.myanmarccm.info). The report mentions strong leadership and strengths but also highlighted risks in the areas of financial management, procurement, programme implementation and reporting and the need to improve oversight.

6) Presentation by Program Managers (3 Diseases) on concept notes for HIV, TB and Malaria, discussion and endorsement

a) Presentation by HIV Component – Dr. Myint Shwe

HIV program reported that there will be only two Scenarios. Both Scenarios focus on: Scale up of ART, HIV counseling and testing and prevention of HIV infection among key population group. The proposed budget for Scenario 1 : USD 35,791,728 and Scenario 2: USD 66,537,828. (Refer to presentation attach)

b) Presentation by TB Component – Dr Moe Zaw

TB program reported that the concept note will proposed 3 Scenarios (131%, 148% and 182%). The key focus areas is : accelerated case finding (ACF), TB/HIV, MDR-TB, Public-private mix, human resource development and support for PRs. Total requirement funding for Scenario 1: 18.9 Million, Scenario 2 : 27.28 Million and Scenario 3 require 43.25 Million. (Refer to presentation attach)

c) Presentation by Malaria Component – Dr Thar Tun Kyaw

Malaria component proposed strategic investment in the area in the distribution of LLINs, scale up the early detection of malaria appropriate treatment to every community by establishment of VHVs and mobile clinics. 3 Scenarios is proposed. Scenario 1 – 144%, Scenario 2 – 193% and Scenario 3 -208% of Round 9, Phase II board approved amount. The requirement funding for Scenario 1 – USD 17 Million, Scenario 2 – USD 35 Million and Scenario 3 – USD 41 Million. (Refer to presentation attach)

Recommendations: The M-CCM agreed to send the Concept Notes to Dr Julia Kemp for her assistance to review the Summary Section from a donor angle to ensure that the case for strategic investment well-made with key information highlighted for easy reference. The M-CCM Secretariat will then consolidate the comments and circulate the revised Concept Notes back to Dr Saw Lwin, National Programme Managers and the PRs for verification prior to submission to Global Fund cob Monday, 22 October 2012.

7. GAVI HSS – Presented by Dr Nilar Tin

The GAVI HSS will be covered based on 3 Themes.

Theme 1 : Reaching communities (applying supply & demand strategies) with essential health system delivery components of MCH, nutrition, Immunization & EH with emphasis on HTR areas

Theme 2 : Strengthening coordination, management & organization of the health system at all levels with a focus on the Township Level

Theme 3 : Improving distribution , skill , number and mix of health workers with emphasis on hard to reach areas

8. Maternal New-born Child Health TSG – Presented by Dr Nilar Tin

MNCH-TSG updated the conducted the meeting with representatives from WHO/UNFPA/ UNICEF, 3 MDG Donors with DOH counterparts, and 5th RH Technical Committee Meeting was held in September. The discussion points and the recommendations of those meetings were stated in attached presentation.

The M-CCM requested that updates from MNCH-TSG be a standing item on the M-CCM meeting agenda and that the M-CCM meeting agenda is circulated well in advance of the M-CCM meeting in order to allow time for materials preparation and review.

The M-CCM raised a need to maintain focus on young people and ensure coordination between HIV, reproductive health and MNCH. UNAIDS provided update that the UNAIDS Executive Director will be visiting Myanmar the last week of October and proposed possibility of making joint statement with the Minister of Health on Myanmar's strong chances to reach Zero New Infection among babies through mother-to-child transmission by 2015.

9. AOB

a) Schedule an Oversight visit by the M-CCM in November

An Oversight Visit by the M-CCM to another project site will be scheduled and organized for November 2012.

b) Updates about publication

Dr Saw Lwin announced that the Progress Report 2011 (English version) and Flash Cards of CCM governance manual (English and Myanmar Version) have been distributed.

c) CCM role and guidelines – 3MDGs

Dr Julia Kemp raised the need for strong effective coordinating mechanism which is essential for reaching national goals. At present the M-CCM operational guidelines allows the M-CCM to oversee AIDS, TB and Malaria, not the broad health sector. The M-CCM agreed for a small group to develop a Concept Note with proposed changes to the Operational Guidelines in order to establish an overall coordinating mechanism for consideration at the next M-CCM meeting.

d) PR-UNOPS : Costing errors

UNOPS reported that there was a gross error in human resource budget that was discovered during Period 9 negotiations. There is a 10% gap in that budget at present. Therefore, UNOPS requested the M-CCM to accept their sincere apology for this error and asked the M-CCM to communicate with the Global Fund to obtain an additional 10% of the human resource budget approximately USD 1 million. UNOPS explained that as a result of time constraint, several staff posts under the management of PR in the approved Organogram as in Phase I, were not counted for and left out of the total budget calculations and for several posts wrong pro-forma costs were applied.

The M-CCM requested UNOPS to provide a paper outlining the rationale of this request and review of how efficiency gains can be used to cover this gap. On this type of request and any request that

requires M-CCM to take decision, the M-CCM asked for advanced information to be sent to allow M-CCM to properly review the request. The M-CCM agreed that this request should be reviewed by the M-CCM Executive Working Group, with the participation of an independent financial expert.

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

The Chair shared positive news from the Global Fund (e-mail of 17 October 2012): Global Fund has decided to officially revoke the Additional Safeguard Policy in Myanmar. In their communication, the Global Fund also congratulated M-CCM on its oversight functions and encouraged M-CCM to review its name in order to ensure that the entity reflects the reality of the country context. He stressed that Government need all implementing partners to work together and that the partners complement each other. He thanked all the members for their active participation. And also encourage to work collaboratively towards the aiming objectives.

11. Signing of Concept Note for 3 grants.

The M-CCM endorsed and signed all three Concept Notes.

The meeting adjourned at 12:15.