

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

17th M-CCM Meeting
10:00-13:10, 16th January 2013
Conference Room, Ministry of Health, Nay Pyi Taw

1) Announcement of Reaching Quorum

At the start of the meeting, the master of ceremonies announced that today's meeting was attended by 23 members/alternates of 29 invitees (11 from government sector and 12 from the non-government sector). Quorum is reached.

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

The Chair welcomed and conveyed his New Year wishes to M-CCM members, PRs, representative of LFA, and other observers. He expressed his appreciation that the M-CCM's functions have broadened to cover overall health issues.

He outlined the items to be discussed during the M-CCM meeting such as re-election of new members, new funding model, TSG of MNCH and Health System Strengthening, 3 MDG Fund and feedback of M-CCM oversight visits.

He expressed his hopes that Myanmar CCM will perform better by learning from the past, as a lot of work remains in this New Year.

3) Endorsement of the agenda and last CCM meeting minutes

First for endorsement of 16th M-CCM meeting minutes, Dr. Saw Lwin summarized the points that were discussed during the 16th M-CCM meeting including expression of M-CCM Chair thanks to GF and JICA for country wide support of the warehouse and hospital.

He invited the M-CCM members to comment on the 16th CCM meeting minutes and the existing meeting agenda and to state any conflict of interest. He also proposed to move 2 AOB agenda to **M-CCM Management update**

No additional comments and potential conflict of interests were raised, hence the existing agenda and last CCM meeting minutes was endorsed.

4) Presentation by PRs from lesson learnt and way forward

a. Presentation by PR1 – Dr. Attila Molnar, UNOPS

UNOPS presented the quantitative indicator rating for 3 grants, HIV/AIDS Grant – **A1** rating, TB Grant – **B1** rating and Malaria Grant – **B1** rating, along with the status of financial

absorptive capacity and activities performance. The PR also shared the milestones from 2012 and the challenges faced during the implementation period (Presentation attached).

b. Presentation by PR2 – Ms. Barbara Greenwood, Save the Children

STC presented the progress update for 3 diseases, TB Grant -Started from B2 and reached **A1** in 2012, HIV/ AIDS Grant -**B1** rating and Malaria Grant- **A2** rating.

Save the Children reported the financial status by showing cumulative burn rate, M&E status and PSM updates. The key issues and successes were also discussed. It was expected that there will be many improvements in 2013. (Presentation attached).

Suggestion and comments to PRs:

- ❖ To adopt a back-up system for 1) the procurement systems and 2) checking of quality drug since it may the interruption of the program development.
- ❖ Although there was delay in starting date of implementation, M-CCM noted that both PRs together with all SRs have demonstrated positive results.

5) Presentation by Local Fund Agent (LFA)– Dr. Ye Mon Myint, Swiss TPH

The presentation covered the overview of Swiss TPH and role as a LFA for Global Fund. LFA reported the findings from the periodic reviews on Program and M&E section, Finance and PSM section. (Presentation attached). At this stage, it appears that there is a need to develop the methodology across the program and to revisit the area for a closer follow up.

Comments from M-CCM members:

- ❖ Suggested the harmonization of all performance indicators from different programmes and donors, beyond the GF.
- ❖ Queried what support to be provided to low performing sub recipients? And also suggested to provide orientation training workshop to M-CCM members.

6) M-CCM Management update by Dr. Julia Kemp, DFID

6.1 Sector-wide partnership coordination mechanism – In the 16th M-CCM meeting, it was proposed that the scope of the CCM be expanded to a sector-wide partnership coordination mechanism to contribute to the health system strengthening. Partners will discuss how best to improve the Myanmar health sector by coordinating among UN, international NGO's and Government partners.

The broad principles and points on the expanded CCM are outlined in attached paper.

Discussion:

- ❖ The chair agreed on the involvement of all levels health care partner, and coordination to all levels (national, regional/state and township level).
- ❖ The chair shared that this is the 3rd year where country focused has been on the administrative reform. Thus all levels should be aware of this change, only then will be able to coordinate smoothly.
- ❖ Will need to broaden the involvement of donors in the CCM, and to clearly stress the principle of ONE platform and one guiding principle.

Decision points:

- ❖ The principle paper was then endorsed.
- ❖ It was also noted that there will be an in-depth discussion to be carried out in the upcoming Executive Working Group meeting (to be scheduled as soon as possible) on development of ToRs of M-CCM based on endorsed principle paper.

6.2. Oversight visit presentation by Eamonn, UNAIDS

The second oversight field visit was conducted from 7 to 9 January 2013 in Yangon and Mandalay region. The selection of sites and members of the mission were carried out according to consensus from the M-CCM constituencies. 11 members actively participated.

It was noted that the oversight mission did not identify any major risk of fraud in any of the sites visited. The members of the mission were satisfied with their findings. The full oversight visit report will be submitted at the next CCM meeting. It is also recommended that the oversight visit should be repeated every year.

6.3. M-CCM Management update by Dr. Saw Lwin

M-CCM management updates covered the followings:

- ❖ Update on status of concept notes for three diseases for the GF Round 9 phase 2 proposals. Status update on 3 concept notes for GF Round 9, Phase II which was submitted to GF on 23 October 2012, and the additional clarification responses to the GF on 14 November 2012.
- ❖ Update on status of Mission on the **GF Deputy Executive Director**, Dr. Debework Zwedi to Myanmar, met and discussed with M-CCM chair, PRs, UNs, SRs for phase 2 activities and also visited to project sites **during 28-30 November 2012.**
- ❖ Utilization of existing M-CCM secretariat fund status and submission of proposal to the GF on M-CCM secretariat fund for next 2 years period. **M-CCM Budget for 2013-2014:** the M-CCM proposed budget total of USD 187,678 for two years covers human resource, technical assistant, Meetings, Oversight visit, office expenses and communication costs.

7. New Fund Flow Modality (GF) Presented by Dr. Win Maung, DOH

This model is focused on the GF countries focusing on 20 countries which comprise 70% of global disease burden. Myanmar includes under a **Band 1** category, which is high burden, low income and high impact. The detailed presentation also highlighted that the review of NSP should be in line with the National Health Plan. (Presentation attached)

The M-CCM members agreed that New Funding Model is a good model. The M-CCM noted that all donors' work will be under the framework of the NSPs. Further suggestions were made to invite INGO partners to be involved in the discussion.

8. Updates on TSG MNCH and GAVI HSS by Dr. Nilar Tin

MNCH conducted the Reproductive Health Working Group Meeting with representatives from MCH, UNFPA, WHO, MSI, Merlin, MMCWA and MWAF on 10 December 2012. The discussion points and the recommendations of the meetings are stated in attached presentation.

CBOs/FBO constituency requested to TSG MNCH for inclusion of the representative from local NGO or CBOs or Community in the future.

Funding for GAVI HSS was granted for the period of 2013-2015 (Year 2) in December 2012. 60 townships (40 new and 20 old) will be covered from 2013 to 2015. The pre-evaluation meeting was held from 26 to 27 December 2012. Further updates are stated in presentation attached.

9. 3MDG Fund

Dr. Julia Kemp highlighted that 3MDG is trying to cover the population from remote areas. One of the most important objectives is to demonstrate the quality of the results, thus this commitment was made by the donors. Another area is HSS, as it is the greatest opportunity for MOH and partners to work together.

Dr. Sanjay presented an overview of the 3 MDG fund. UNOPS was selected as fund manager. The estimated total funding, estimated at US\$300 million is split into 3 components for 2012-2016 as follows:

- ❖ Component 1 – Maternal, new-born and child health (MNCH) - *74% of funding*
- ❖ Component 2 – TB, Malaria and HIV - *15% of funding*
- ❖ Component 3 – Health systems strengthening (HSS) - *11% of funding*

A detailed explanation of each component is stated in presentation attached. It was also clarified that how to engage the Government counterpart in the 3MDG Fund support implementation program and discussed related to townships coverage supported by 3 MDG.

10. AOB section

a) Re-election of representative to M-CCM

Dr. Saw Lwin presented the terms of the M-CCM members and M-CCM Chair. The re-election of the representative should be in line with a minimum of requirements for grant eligibility of CCMs.

The CCM noted the following constituency election timeline:

- ❖ UN Constituency election - April 2013
- ❖ INGO Constituency election – July 2014
- ❖ NNGO Constituency election - January 2013
- ❖ CBO/FBO constituency election – October 2013
- ❖ Private Sector – First quarter of 2013
- ❖ Donor constituency – January 2013
- ❖ PLWD constituency election – November 2013

CCM Secretariat stated that each constituency must be selected or elected by their own sector(s) based on a documented, transparent process and inclusiveness of all organizations of each constituency. The report must be sent to the M-CCM Secretariat office. Further discussion will be carried out during the Executive working group meeting.

b) Updated dashboards from both PRs are available to view on the M-CCM Web Portal at www.myanmarccm.info.

c) ART scale up plan and decentralization including the Hospital Initiative by Dr. Htun Nyunt Oo, NAP

NAP shared the comprehensive information on the ART scale up plan and decentralization, including the Hospital Initiative to provide access to point of care and other simplified diagnostics. The detailed information is stated in presentation attached.

The Chair suggested that it is important to let hospital authorities know and understand the functions and the hospital initiation plan. NAP needs to inform physicians of the programmatic approach prior to implement in selected townships.

The M-CCM recognizes the importance of ART scale up in hospitals.

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

The Chair thanked all the members for their active participation. He informed the members that M-CCM Secretary Dr. Saw Lwin will retire from his service, and conveyed his special thanks to Dr. Saw Lwin for his tireless efforts.

The meeting adjourned at 13:10.