

Myanmar Country Coordinating Mechanism for AIDS, Tuberculosis and Malaria

Minutes of Meeting

18th M-CCM Meeting

10:00-12:10, 03 April 2013

Conference Room, Ministry of Health, Nay Pyi Taw

1) Announcement of reaching quorum

As 17 out of 29 M-CCM members attended today's meeting, representing more than 50 per cent of government and non-government constituencies, the M-CCM reached a quorum.

2) Opening remarks by M-CCM Chair (H.E. Prof Pe Thet Khin, Union Minister for Health)

In his opening remarks, the Minister stressed that this is an important meeting. Myanmar has been invited by the Global Fund as an early applicant in the New Funding Model. The three TSGs for AIDS, TB and Malaria together with the two PRs worked on preparing the Concept Notes in a timely manner. These Concept Notes have been reviewed by the TSG and their comments have already been incorporated. After today's meeting, Myanmar CCM secretariat and PRs will update the Concept Notes prior to submission to the Global Fund.

The Minister expresses appreciation for the hard work of all partners. In the recent months, there has been national programme reviews; dialogues with 3MDG fund; development of proposals and identification of targets and programmatic gaps.

Regarding the New Funding Model, the Minister noted that the Global Fund has provided an earmarked, or indicative funding amount and we may have to consider shifting resources between diseases to close the HIV funding gap. He invited discussion on this issue. Today's meeting will include presentation on the status of revision of the HSCC governance manual (following agreement to broaden the M-CCM); presentations from PRs; and presentation on health systems strengthening.

In this period of transition, Myanmar will have to consider its health systems strengthening needs. GAVI and other programmes may become part of health systems platform. There is a lot of potential gains and shortfall for GAVI, and for us to meet their requirements. Failure to do so, Government may not be eligible for GAVI anymore which will be the main issue for the country.

In addition, the Minister suggested that while UNOPS is currently serving as Principal Recipient on behalf of government, there is a need to transition to government PR and necessary steps and preparations will be needed to assist the government to prepare for the transition in the next few years.

The Minister apologized that he had to leave and designated Deputy Minister for Health, H.E. Dr Win Myint, to chair the meeting on his behalf.

3) Endorsement of agenda and last CCM meeting minutes (Dr Soe Lwin Nyein)

Dr Soe Lwin Nyein presented the agenda and the 17th M-CCM meeting minutes. The M CCM endorsed the agenda and the minutes.

4) Endorsement of Concept Notes for AIDS, TB and Malaria (Dr Thar Tun Kyaw)

Dr Thar Tun Kyaw presented a quick overview of the three Concept Notes for AIDS, TB and Malaria. He highlighted the Concept Note development processes, the proposed targets and budgets, management and M&E costs and priority interventions identified for each disease. The funding request for HIV is US\$ 210 million; for TB is US\$ 106 million and for Malaria is US\$ 103 million. (Please see presentation for more details). Dr Thar Tun Kyaw requested the M-CCM to endorse the Concept Notes and confirmed that all three TSGs have endorsed the Concept Notes.

The Chair invited M-CCM members to provide comments and/or inputs.

The M-CCM made the following comments:

- Congratulated the TSGs and the working groups that finalized the Concept Notes for AIDS, TB and Malaria.
- Whether there is a contingency plan in place should the full funding request for each disease is not granted. Suggestion for the M-CCM to re-define priorities, consider shuffling funding between diseases and tapping into regional funding mechanism.
- Regarding the funding flexibility idea raised by the Global Fund which is considered a great innovation from previous experience, it is not appropriate to re-allocate between the three diseases now, as from the outset the Global Fund is not providing adequate resources for all three diseases. The suggestion is to move forward with the full funding request for all three diseases and see what the Global Fund will approve. The M-CCM will then have to re-prioritize if the full funding request is not approved. However, in the future, when we get to implementation stage and if one of the disease components faces challenges in absorbing the funds then M-CCM can consider shifting resources from that disease component to another one which was seen as a positive element of the NFM.
- Myanmar is the only early applicant for all three diseases. Remind partners that the country dialogues started way back in September 2012 when partners started discussing contents of the Concept Notes.
- For HIV, the extra funding is for an additional year, but not for scale up. This funding gap needs to be addressed by Global Fund and other donors.

- Donors to the Global Fund are very interested to see how this New Funding Model will work and interested in seeing Global Fund more aligned to country processes, lighter and more working behind national strategies. Suggest that during grant negotiation, M-CCM continues to press the Global Fund to work behind strategies and follow the national strategy workplan.
- Request all M-CCM members to reach out to their constituencies at the executive Board of the Global Fund to support Myanmar's funding requests.
- Global Fund is uniquely placed to fund large scale-up of ART. If there is a funding shortfall, M-CCM should consider putting in place a way to monitor availability of resources from other disease component and propose possible funding shift as early as possible.

The Chair requested the TB and Malaria working group to consider adding activities to strengthen lab capacities. He also requested consideration of research component, especially for malaria. He noted that for malaria, the impact and outcome indicators are combined and suggested these to be clearly separated. He then requested the M-CCM to review and endorse the three Concept Notes.

5) Presentation by PRs

a. Presentation by PR-Save the Children – Ms. Barbara Greenwood

Save the Children presented the program update as follows:

- HIV: improvement in all indicators. Overall rating for Phase I is A2.
- Malaria: the trend stays the same as the graph pattern presented a year ago. For Malaria Phase I overall rating was also A2.
- TB: within partners' community mobilization aspects strength. Overall rating for Phase I for TB is A1.
- Burn rates as at end of December HIV 85%; TB 83% and Malaria 81% from 61%.
- The key issues were also discussed. For detail information please refers to attached presentation.

b. Presentation by PR-UNOPS – Dr Attila Molnar

Dr Attila Molnar briefed the progress update on HIV grant as A1 rating, TB is improved from B1 to A2. Malaria grant remains the same as B1. Based on the financial performance, the absorption rate is 86%. UNOPS will make radical cuts and shifts to continue until end of June. The program updates since the last CCM meeting was widely covered. The procurement, quality assurance and quality control, warehouses, stocks and consumption report updates are also presented. (Please see presentation attached.)

It was noted that both PRs is looking forward to see the grant negotiation phase.

The Chair invited M-CCM members to comment and provide inputs to the PR presentation.

The M-CCM made the following comments:

- There is a need to strengthen linkages between various sectors and departments. Procurement and supply management is one area but there are other areas that also require strengthening. How can government take more ownership and accountability in these processes?
- The two week timeline presented for identifying new sub-recipients is too short.
- Clarification that the new SR selection procedure will be worked through with the TSGs and PRs in transparent manner, as soon as TRP provides the approval and the period will be more than two weeks.
- In line with the Minister's comment on transition to government PR by the end of this grant, recommends that the PR provides the Executive Working Group with a proposal on how this is planned. It is noted that UNOPS is already carrying out a series of efforts on strengthening various systems of the Government (finance, PSM, and management). Another step for M-CCM to consider in the future is to transfer management of local NGOs (SRs) from UNOPS to Save the Children, in order to enable UNOPS to focus on strengthening the government sector. This will also facilitate the eventual transition.
- Need to have strategic discussion on public financing system and how to strengthen the system. How to harmonize funds flow and support health systems strengthening (Myanmar needs to have only one supply chain management system).
- Question to STC: if Global Fund is asking for re-coding of report from SDAs to interventions, how will this match with the national strategy and other donors?

The Chair supported the comments raised by M-CCM members and stressed the importance of strengthening health systems, financial management and procurement and supply chain management. He added a suggestion that Malaria working group considers adding activities to their programme not only concentrating for government but also for INGOs.

6) M-CCM Management Update (M-HSCC Governance Manual – Review of Draft) (Mr Eamonn Murphy, UNAIDS Country Coordinator)

Following last year agreement by the M-CCM to broaden the M-CCM to coordinate the health sector, the Executive Working Group prepared an updated version of the existing Governance Manual of the M-CCM. With some TA support, the M-CCM Secretariat prepared the draft Governance Manual for the HSCC and submitted it to the Executive Working Group on 8 March 2013. M-CCM has been given an updated version of the governance manual based on comments of the Executive Working Group. The M-CCM is requested to consider the following issues:

- Expansion of membership and number of seats per constituency.
- Proposal to change number of seats for donors from 1 to 2 (one representing bilateral mechanism and the other representing pooled funding mechanism), with 2 alternates.
- Proposal to add international financing institutions (ADB, World Bank) as members with 1 seat and 1 alternate.
- Request UN to consider reducing number of seats from 4 to 2, with 2 alternates.
- Suggest that people living with the diseases constituency ensure that they are representative of broader health issues and also include broader beneficiary representation.
- Suggest that Chair of HSCC, should as matter of principle, be held by the Minister of Health and not by election.
- Recommends that the HSCC considers holding a Health Sector Review at least once a year.
- Urges the M-CCM to refer to the new entity as M-HSCC instead of M-CCM from now on. The M-HSCC will have a modified system of identifying agenda items and some reports may be circulated electronically rather than presented orally.

Mr Eamonn Murphy asked for M-CCM agreement on three points:

- There will be two seats for donor constituency, with two alternates. The donors can then carryout the election process.
- As a matter of principle, the position of Chair of the M-HSCC will be held by senior representative of the Minister of Health.
- M-HSCC will add one member from international financing institutions.

The M-CCM made the following comments:

- Donor representative remarked that while it is necessary to ensure that the M-HSCC doesn't grow too large, to improve effectiveness of

discussions, it is necessary for them to have two seats (organized around bilateral and pooled funding). Other constituencies are also invited to consider similar review of their representation.

- The Deputy Minister for Health remarked that the M-CCM focused on only three diseases in the beginning, it has transformed and now includes other issues such as MNCH and HSS. As the M-CCM transforms further into the M-HSCC, there is a need to cover even more areas and issues. While we need to have a manageable size of membership, how can we respond to the growing demands with the original number? Suggest possibility of having thematic working groups.
- Confirmed that private sector is member of the M-HSCC.
- The M-CCM (now M-HSCC) is a good model that can be presented to other Ministries and other sectors as it is truly participatory and multi-sectorial, inclusive of NGOs and civil society.
- Suggest the M-HSCC to consider inviting representation from parliament members. There is a Health Committee in the Parliament and the M-HSCC may consider inviting two parliament members one from upper house and one from lower house.

The members endorsed the three points and the recommendations from the Executive Working Group. The timeline for finalization of the Governance Manual for the M-HSCC was presented. All comments should be received by 15 May and the new Governance Manual will be submitted to the M-HSCC for endorsement at the next meeting.

Dr Soe Lwin Nyein briefed the M-HSCC on an offer of Technical Assistance to strengthen the M-HSCC from French TA fund. He requested the M-HSCC to task the Executive Working group to carry out a quick review of TA needs before responding to the offer from France and other sources.

7) Updates on GAVI HSS presentation by Dr Nwe Ni Ohn

The GAVI HSS presentation covers the updates since from the last meeting. The detailed are stated in attached presentation.

It is also noted that the hospital initialization is crucial for HSS development. Thus, it was requested to speed up the process of signing agreement between INGOs and DoH to work close collaboration with hospitals.

8) Closing remarks by the H.E. Dr Win Myint

The Chair thanked all the members for their active participation.

The meeting adjourned at 12:10.