

Country Coordinating Mechanism for AIDS, Tuberculosis and Malaria

Meeting Minutes

10am to 12 noon, October 7th, 2008 - Ministry of Health, Nay Pyi Taw, Myanmar

Part A: 5th Country Coordinating Body Meeting

1. Opening speech: Chairperson – HE Professor Dr Kyaw Myint, Minister of Health
His Excellency welcomed meeting participants, expressed that he was glad to see newly elected members, and thanked constituencies for arranging self-section processes.

2. Review and adopt meeting minutes of 17 September 2008

Dr Saw Lwin, Director of Disease Control, presented an overview of meeting minutes from the CCB meeting held 17th September. Dr Saw Lwin requested the minutes be adopted. There were no objections or comments, and the minutes were adopted.

3. Announcement on CCM members representing the different sectors selected by their own sector(s)

Dr Saw Lwin, Director of Disease Control, announced the new self-selected members to the CCM. As per the ToR, there are 15 from Government sectors and 14 from non-Government sectors (PowerPoint presentation is attached).

4. Endorsement of CCM members

The list of CCM members was presented and endorsed.

5. Endorsement of Terms of Reference (ToRs) of CCM by CCM members

Dr Saw Lwin, Director of Disease Control, presented regarding the finalization of the ToR of the CCM (PowerPoint presentation is attached).

'M-CCM' will be the title of the coordinating mechanism. ToR was revised according to the discussions of the last meeting. Revised ToRs were then circulated, and comments were received from: GFATM Secretariat in Geneva, UN and DFID as donor representative (distributed to members and attached). Some comments will not be incorporated now, but will be taken into consideration at a later stage as the work of the CCM progresses. A summary of the comments were presented on a PowerPoint presentation (attached).

A final version of the M-CCM ToR for adoption has been circulated to CCM members. UNICEF reflected that it is a very good ToR. There were no further comments. According to the majority decision of CCM members, H.E. Minister of Health adopted the Terms of Reference.

Part B: 1st Country Coordinating Mechanism Meeting

1. Explanation on selection process of CCM chair

Dr Saw Lwin, Director of Disease Control, explained that there are 29 members of the CCM, and now is the time to elect the chair. The Chair will be elected by simple majority, by secret ballot. According to the ToR, the chair must be from a national organization or

entity. Dr Saw Lwin presented a PowerPoint presentation (attached) based on the ToR. Only CCM members are allowed to vote. A slide of the 10 CCM representatives who according to the criteria in the ToR are eligible for election was presented (attached).

An election committee comprised of 1 representative from Government (International Health Division), 1 from INGO (Save the Children), and 1 from United Nations (UNAIDS) was arranged to oversee the election process, distributing and collecting the ballot papers, counting the votes and announcing the results.

2. Election of CCM chair and endorsed by CCM

The election was undertaken by secret-ballot, and counted by the 3 representatives on the election committee. H.E. the Minister of Health was elected as the chair of the CCM by a majority of 28 votes out of 29. One of the 29 ballot papers was blank.

3. Explanation on selection process of CCM Vice-chair

A slide of the 11 CCM representatives who according to the criteria in the ToR are eligible for election as vice-chair was presented by Dr Saw Lwin, Director of Disease Control (attached).

4. Election of CCM Vice-chair and endorsed by CCM

The chair called for nominations for the Vice-chair of the M-CCM. UNICEF proposed Myanmar Medical Association to be vice-chair. Myanmar Red Cross Society seconded this nomination. There were no objections, and no further nominations. As a secret ballot was only required if there are more than 1 candidate nominated, the nomination of MMA for vice-chair was endorsed.

5 & 6. Explanation of Concept Note, discussion and endorsement

Dr Saw Lwin, Director of Disease Control, gave a presentation regarding the Concept Note for applying to participate in Myanmar's Round 9 GFATM proposal (attached). To be eligible, proposals must be in line with the relevant National Strategic Plan, encourage partnership approaches, and reach vulnerable populations.

It was agreed to proceed with agenda item 6 and present the programme priorities before finalizing the discussion on the Call for Concept Notes.

For agenda item 6, the National Programme Managers for HIV, Tuberculosis and Malaria presented the results of the TSG discussions on priorities for the Global Fund (attached).

Discussion on the Call for Concept Notes:

- UNAIDS noted the format of the concept note contained three pages of information pertinent to all disease areas, and one page each of specific guidance for HIV, tuberculosis and malaria. The page for malaria has yet to be completed.
- DFID recommended that the national operational plans for TB and malaria be finalised to demonstrate how that the priorities for the concept notes are supported by the operational plans and financing gap analysis. DFID also recommended that the call for concepts clearly identify the expected outputs from implementing partners to ensure a results focus.
- DFID requested clarification that geographical areas for working are identified through MOUs, registration etc. UNAIDS clarified that this is in the draft (point .

Organizations could propose to work in new areas but successful organizations would need to be able to demonstrate an MOU, registration etc to work in these areas areas.

- PSI was on executive working group for HIV, where the funding gap and the order of magnitude for this proposal was discussed at length. The final formula references the targets in the operational plan, thus providing a way for partners to have some idea about the scope of proposals. PSI encouraged TB and Malaria to establish a method for indicating to partners what order of magnitude for this proposal we are looking for.
- UNAIDS encouraged wide dissemination by the TSG Chair and TSG Secretariats immediately, in order to allow partners 2 weeks to prepare concept notes (for Tues October 21st, 5pm) and suggested that dissemination could be accompanied by covering letter from Dr Saw Lwin.
- MMCWA asked NAP programme manager to correct the TSG AIDS slide to include MMCWA as a member.

The Call for Concept Notes was endorsed for pages 1 – 4 (generic section plus HIV). The two pages of additional guidance, one each for tuberculosis and malaria, would be completed immediately and either accompany the concept note's distribution on October 8th, or it would be indicated in the Call for Concept Notes when and where the additional guidance would be made available.

7. General discussion

WHO encouraged that the National Strategies for Tuberculosis and Malaria be updated (AIDS is current), as they will serve as the backbone for this application. WHO suggested updating the NSPs be in line with the GFATM proposal timeframe.

UNAIDS proposed agenda items for future meetings of the CCM: 1) the ToR foresees a small steering committee of the CCM, a sub-committee who undertake work between meetings. UNAIDS suggested that MoH present a proposal regarding the composition and role of this committee to the next CCM meeting. 2) The CCM also need to endorse the TORs or the TSGs to formalize these technical bodies as they relate to the CCM. These could be presented and endorsed at the next meeting. 3) Discussion and agreement on the process to select and nominate the Principle Recipient is needed. TSGs also need to meet very soon, to review the TSG ToRs, and discuss the process by which they will review the Concept Notes.

DFID proposed that as this forum is the body that oversees the national response, they would like to suggest an agenda item to update the body on the Three Diseases Fund (3DF), and the 3DF board be invited to speak to this agenda item at the next CCM meeting.

DG (MoFA) said that different ministers are present at this meeting, if NGOs or INGOs have any questions, please take this opportunity to contact the Ministry of Foreign Affairs or the Home Affairs. The Minister of Health encouraged meeting members to take advantage of this opportunity.

Malteser representative reflected on the great opportunities of funding through both 3DF and now Round 9 for Global Fund. She thanked the ministries for access to geographical areas which enabled access to agencies implementing programs. We need to consider what happened in the past, and we need to convince actors outside

Myanmar that we can make the 3DF work and therefore can make GF work. To achieve this we need cooperation between INGOs, UN and Ministries, in particular in the areas of access and enabling partners to work in Myanmar. H.E. Minister of Health agreed that we need to make these grants work, and he is quite sure that we can make it work in terms of access.

8. Closing by CCM Chair

H.E. the Minister of Health thanked the members for electing H.E. as chair of the CCM, stating that it is an honor and a privilege to have been elected. Being elected as chair, H.E. said he will do his utmost to undertake his duties in a transparent fashion. The Minister reflected the need to strive to work together on the CCM in a friendly, cooperative and transparent way and thanked the members for attending this meeting.

Meeting closed at 11.15am.