

Country Coordinating Mechanism for AIDS, Tuberculosis and Malaria

Meeting Minutes

2nd Myanmar Country Coordinating Mechanism (M-CCM) Meeting

10am to 12 noon, October 31st, 2008 - Ministry of Health, Nay Pyi Taw, Myanmar

1. Opening speech: Chairperson, M-CCM – HE Professor Dr Kyaw Myint, Minister of Health

His Excellency the Chairperson welcomed M-CCM members and meeting participants. The main purpose of the meeting is to select concept notes to form the basis of the Round 9 proposal. Representatives from each TSG will present their recommendations for concept notes to be included in the proposal. The chairperson welcomed DFID as donor representative to the M-CCM, highlighted the importance of the continuation of the 3DF, and expressed gratitude to donor countries of the Three Diseases Fund. The Chairperson highlighted the need for all partners to work toward the achievement of priorities as stated in the national strategies, implemented by following national guidelines.

2. Endorsement of agenda

Dr Saw Lwin, Director of Disease Control, presented the agenda and welcomed comments and suggestions. There were no comments, and the agenda was adopted by the Chairperson.

3. Endorsement of meeting minutes of last CCM/M-CCM meeting 7th October 2008

Dr Saw Lwin, Director of Disease Control, presented an overview of meeting minutes from the CCM/M-CCM meeting held 7th October, including endorsing the ToR for the M-CCM, and the elected representatives to the M-CCM. Dr Saw Lwin requested the minutes be adopted. There were no objections, and the minutes were adopted by the Chairperson.

4. Distribution of ToRs of steering committee for M-CCM and TSGs

Dr Saw Lwin, Director of Disease Control explained the steering committee would work on behalf of the CCM on tasks as assigned by the CCM. Outputs of the steering committee will be presented back to the CCM. A 2-slide presentation was included (attached) outlining responsibilities and proposed membership. A proposed ToR for the steering committee was circulated, as was a ToR for the TSGs. Dr Saw Lwin asked for written feedback by CCM members on either of these documents to the CCM by CoB 7th November.

5. Presentation on general procedure for selection of concept notes for three diseases

Dr Saw Lwin, Director of Disease Control presented the review process for selection of concept notes, giving an overview of the timeline which was followed (presentation is attached). The membership of the teams for the 3 diseases for the review of the concept notes was also presented. No reviewers were involved in the review of the proposals from their agency. Representatives from NGOs and INGOs were included in the review teams in addition to Government and UN technical staff.

6. Presentation on 'Findings and Recommendations on selection of concept notes' by each programme followed by discussion

- TB

Concept notes for TB were presented by Dr Kosuke Okada, Co-chair of the Core TSG for TB, Project Leader of JICA Major Infectious Diseases Control Project (presentation is attached). Priorities for TB control were outlined, and an overview of concept notes received and accepted was presented. Criteria used in the review were presented, along with a summary of reasons for proposals not recommended for inclusion, and the overall results of the review. 9 concept notes were recommended to be included, with a total budget of \$77 million.

Discussion:

- Dr Saw Lwin, Director of Disease Control, commented that 11 concept notes were proposed for inclusion in the proposal from the 13 submitted, and outlined the reasons why the concept notes submitted by 2 agencies were not included. Programme Manager for NTP explained some budgets were included within the national programme concept note, and suggested that the overall budget would be reduced to \$55 million.
- Professor Mya Oo, Deputy Minister, commended the work done by the review team, and inquired regarding the expected objectives and outputs of the proposed activities should they be funded and implemented. Dr Saw Lwin, Director of Disease Control explained that the concept notes were submitted against the stated priorities set by the M-CCM, and each concept note was reviewed against its objectives being in line with these priorities. Dr Okada added technical detail on the rationale for the stated priorities.

Mr Brian Williams, UNAIDS, agreed that the proposal needs to focus on the overall objectives and strategies for each of the diseases, and this will be an essential part of the proposal development process from this point. Mr Bishow Parajuli, UN RC added that in the context of strategy we need to include some of the underlying causes of the challenges faced by the TB sector.

- Mr John Heatherington, PSI inquired regarding specific details on one of the proposals, seeking further information. The Chairperson clarified that this meeting was indeed focused on the confirmation of the selection of the concept notes, and this will determine the agencies and activities to be included in the proposal.

- HIV

Recommendations from the review process for HIV were presented by Mr Brian Williams, UNAIDS (presentation attached). The targeted priorities agreed by the M-CCM were presented. The budget for the concept notes submitted totaled \$204 million for 5 years, with \$59 million for the first 2 years. The review committee presented their recommendations to the TSG, who endorsed their recommendations. Overall comments were presented, including a recommendation for clarification from the 3DF on their intentions for further funding in the period of the GF proposal to bring clarity to the issue

of additionally in the activities proposed in the GF proposal. 28 organizations submitted concept notes, out of which 15 organizations were recommended for inclusion with revision.

An overview of the outputs of the recommended concept notes was presented, the total for the recommended partners was \$160.3 million for 5 years, \$45.9 million for the first 2 years. This budget would be reduced further as some of these proposals will be revised based on the feedback of the review team, and in some cases only part of the proposed scope of activities was accepted for inclusion. The proposed budgets were presented against the costings in the Operational Plan and in the context of current levels of funding and expected funding. Recommendations for endorsement by the CCM were presented (details in attached presentation).

Discussion:

- Dr Osamu Kunii, UNICEF, asked for information on gap analysis and a recommended ceiling for TB and Malaria. Dr Hans Kluge, WHO said that the ceiling for TB would be drawn from the gap analysis in the national strategic planning process.
- John Heathington suggested a ceiling of \$110 million for HIV was reasonable, the amount should not be too high.

Malaria

Dr Ye Htut, Director, Department of Medical Research Lower Myanmar, was an external reviewer in the concept note review process and presented on behalf of Malaria TSG. Criteria were divided into eligibility and diseases specific criteria, details of the criteria used for review were presented (presentation is attached). 15 concept notes were received from 14 agencies. Overall budget of all concept notes totaled \$98.2 million. All agencies who submitted concept notes were recommended by the review team to be included in the proposal. The malaria TSG recommended that the budgets are reduced to a ceiling of \$50 million. The TSG have provided detailed feedback to agencies to revise their concept notes.

Discussion:

- Mr Bishow Parajuli, UN RC commented on the need for imposing ceilings for each disease, asking if this was needed or not. Dr Osamu Kunii, UNICEF, recommended that the GF proposal should include health system strengthening. Dr Kunii was unsure if a ceiling of \$50 million was too modest to contribute significantly to health system strengthening. He also questioned the current split of the proposed budgets for the three diseases, suggesting reconsidering the ratio and disease burden. Mr John Heathington, PSI, presented the contrary view, suggesting \$50 million was reasonable for the malaria component of the proposal, but agreeing that we need to consider the ratio of the split between the diseases.
- Dr Leonard Oteago, WHO outlined the gap analysis for the malaria sector, stating that the gap was large, and the modest ceiling set a reasonable goal for implementation in Myanmar. Mr Brian Williams, UNAIDS, supported remaining modest in the budget total and noted the rough proportional split between the diseases suggested is consistent with global trends for the ratio of funds to the three diseases. Dr Osamu Kunii, UNICEF, added that this split is based on the example of Africa, however agreed that gap analysis is an important consideration, as is capacity for implementation.

7. Adoption on list of partners including for 9th round GF proposal submission

Dr Saw Lwin, Director of Disease Control presented an overview of the concept notes for inclusion of agencies in the further proposal development process; 9 out of 15 concept notes for TB; 14 out of 14 concept notes for Malaria; 15 out of 28 concept notes for HIV.

Discussion:

- Mr Andrew Kirkwood, Save the Children, commended the rationalizing of the TB and HIV sectors in selecting some of the concept notes submitted, and expressed concern that the Malaria sector included all agencies who submitted concept notes. He expressed concern that the budget total for the overall proposal may still be too large. Dr Saw Lwin responded that the malaria TSG set the criteria and the concept notes submitted and approved followed the criteria as specified. Mr Bishow Parajuli supported the need to rationalize the overall budget based on goals, needs and overall capacity.
- Mr Paul Whittingham, DFID, commended the review teams on the way the assessments of concept notes were undertaken. Mr Whittingham agreed to the need to keep the budget realistic and stay small for this proposal. He suggested for malaria, that perhaps the way forward at this stage is to reduce the overall budget for the malaria component, rather than rationalize the number of agencies to be included in the proposal.
- Mr Brian Williams, UNAIDS, supported the need to focus on outputs in this rationalizing process. Mr Andrew Kirkwood, Save the Children, added that the decision on the technical merits of the proposals is best undertaken at the TSG level, however, a lower budget for malaria could be agreed by the M-CCM at the meeting today to contribute to a more modest overall proposal. Dr Osamu Kunii, UNICEF, contributed his experience with GF in other contexts, suggesting the need to look at specific elements of budgets which can be problematic such as per diems.
- Mr Brian Williams, UNAIDS, suggested ceilings be set at: \$110 - \$120 million HIV, \$50 million Malaria, \$60 million TB, which totals \$220 - \$230 million for 5 years. The M-CCM accepted this proposal.
- Dr Saw Lwin, Director of Disease Control asked for adoption of inclusion of agencies in the further proposal development process; 9 for TB; 14 for Malaria; 15 for HIV. The M-CCM accepted this proposal.

Dr Saw Lwin, Director of Disease Control presented reasons for reducing the overall budgets, and recommended guidelines to rationalize the budgets (presentation is attached).

Tasks for the proposal consultant were recommended as:

- a) develop guidelines for management costs and submit to steering committee
- b) develop dates for development of proposal and submit to steering committee

Dr Saw Lwin asked the M-CCM to approve the guidelines and recommended tasks. Andrew Kirkwood reported the need often brought up by actors outside the country for good guidelines in supply chain management. Dr Saw Lwin, Director of Disease Control agreed to add this point to the tasks to be undertaken. M-CCM accepted the proposals for GF proposal guidelines and recommended tasks for the proposal consultant. The

recommended guidelines, and tasks for the proposal consultant were endorsed by the Chairperson.

8. General discussion

- Mr Brian Williams, UNAIDS, highlighted the value of included assurances around access in the proposal narrative. Mr Williams also raised the need to discuss the Principle Recipient as an essential and urgent task of the M-CCM. Mr John Heatherington, PSI, explained that in Round 9 the GF strongly recommends, and in his understanding in Round 10 will require, two Principle Recipients, including 1 civil society PR. The Chairperson asked to carry the topic of PR over the agenda of the next M-CCM.
- Dr Hans Kluge, WHO, said he was impressed with manner in which the TSGs undertook the review process, and recommended the TSGs be drawn upon in the future to undertake this type of role for other funding arrangements. Dr Kluge said that WHO are here to help in the proposal development process, and it is not the budget that will decide if this proposal is successful, but rather the technical aspects of the proposal.
- Mr Bishow Parajuli, UN RC, encouraged the M-CCM to take into account and learn from past experiences. Mr Parajuli encouraged the CCM that by addressing upfront issues which have become problematic in the past and clarifying that these things will not be an issue will make this proposal strong. He reflected on the success of post-Nargis partnerships, all parties are very happy with the current situation in the Nargis response, including in the issue of access. The CCM is a very good mechanism, and we need to advocate to partners so those issues which have created problems in the past are addressed upfront so we are fully secured to get these resources.
- Dr Osamu Kunii, UNICEF, highlighted the opportunity and need to address cross-sectoral issues, and that this proposal is a good opportunity for Health System Strengthening. Dr Kunii said we need to ensure a positive synergistic effect with other funds, and we need good PSM, HRM and logistics management systems. Addressing these cross-sectoral issues will strengthen health systems and empower the community.
- Mr Paul Whittingham, DFID, commented on behalf of 3DF donors that he was confident the 3DF board would take note of the letter that will be sent from the M-CCM to the 3DF on the issue of 3DF donor's plans for continuation of funding to assist with clarity on the issue of the additionality of GF funds. He was confident the 3DF board will respond to the letter and supply as much clarity as they can on this issue as quickly as possible. Mr Whittingham wanted to remind the group of a request raised by the DFID as the donor representative at the last M-CCM meeting, repeating a request for an agenda item for the 3DF board to be invited to give an update in 3DF progress.

9. Closing remarks by Chairperson, M-CCM – HE Professor Dr Kyaw Myint, Minister of Health

The Chairperson thanked all the partners who have contributed to this important discussion and raised important points during the meeting. The Chairperson expressed that he shares the Deputy Minister's concerns regarding the challenge of meeting MDGs. The Chairperson requested TSGs to provide information to the Deputy Minister in the programmatic areas of his concerns. He commented that projects are too often activity rather than output orientated. The Chairperson and the Deputy Minister are concerned for the health needs of the whole country, and the achievement of the MDGs.

The Chairperson reflected that he is very glad the meeting today has clarified the priorities of the upcoming GF proposal, and encouraged the three disease sectors to complement rather than compete with each others activities.

Meeting closed at 12 noon.