

Country Coordinating Mechanism for AIDS, Tuberculosis and Malaria

Meeting Minutes

3rd Myanmar Country Coordinating Mechanism (M-CCM) Meeting

10am to 12 noon, 30 January, 2009 - Ministry of Health, Nay Pyi Taw, Myanmar

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

His Excellency the Chairperson welcomed M-CCM members and meeting participants and wished a happy new year to all.

He announced that the 3rd meeting will discuss the issue of selection of the Principal Recipient (PR). He stressed the importance of the selection process of the PR for the proposal.

He also mentioned that the 3 Diseases Fund (3DF) had requested to hold a presentation, but [Bengt Ekman, the Chair of the 3DF Board](#) and Mikko Lainejoki, Executive Manager of 3DF, were unfortunately not available and had sent their apologies.

1. Endorsement of meeting minutes of last CCM/M-CCM meeting 31st October 2008

Dr Saw Lwin, Director of Disease Control, presented an overview of meeting minutes from the M-CCM meeting held 31st October. No feedback was received on the minutes. Dr Saw Lwin requested the minutes be adopted. There were no objections, and the minutes were adopted by the Chairperson.

2. Proposed Principal Recipient (PR) selection process and criteria by Steering Committee of the M-CCM

Dr. Saw Lwin presented the proposed process for the PR selection. The Steering Committee of the M-CCM met on 7th December 2008 and discussed this issue. The presentation contained the recommendation from the Steering Committee to the M-CCM.

The Steering Committee recommends that a dual-track funding approach is used for the Round 9 proposal. Dual-track funding means that at least 2 PRs are selected. One PR will handle fund flow for government implementing partners and one PR for handling fund flow for the civil society implementing partners. Dual-track funding is recommend by

the Global Fund since Round 8. While it is not mandatory, the Global Fund requires a justification in the case that a country decides not to go for dual-track. The Steering Committee judged that the dual-track PRs would have advantages that apply to Myanmar.

The Steering Committee proposed 9 criteria to be used in the selection of the PRs. These criteria are based on the minimum requirements issued by the Global Fund and are extended to fit the country context.

The process for selection was presented and specific action points shown. An invitation for a Letter of Intent (LOI) will be widely circulated. It was recommended that the Secretariat of the M-CCM will send the invitation for LOIs. Subsequently, the Steering Committee will ensure that the selection process is transparent and fair. The next M-CCM will be presented with the recommendations of the Steering Committee for discussion and decision making.

Discussion:

Bishow Parajuli, Resident Coordinator and Humanitarian Coordinator UNDP, agreed that dual-track funding should be sought.

Ramesh Shresta, Representative UNICEF, mentioned that it should be clarified whether dual-track for each disease is recommended by the GF. This would imply that a maximum of 6 PRs could be selected.

Sun Gang, UNAIDS Country Coordinator, clarified that the Steering Committee had discussed this and recommended that all applicants are requested for all three diseases.

Bishow Parajuli suggested that the possibility of retaining a single PR is kept open in the case that there are not two suitably qualified applicants.

Prof. Adik Wibowo, WHO Representative, inquired what a government PR precisely meant. Dr. Saw Lwin clarified that a PR for government grants will handle fund flow for government, UN or bilateral implementing partners.

Julia Kemp, Health Adviser, DFID, suggested that two PRs would be enough - one covering government implemented programmes and one civil society sub-recipients.

HE the Minister confirmed that 2 rather than 6 PRs are the preferred option.

Daw Myo Nwe, Director General FERD asked why the government and UN agencies were shown together for the PR. Dr. Saw Lwin clarified that the UN does not count as civil society and it is therefore possible that UN agencies may apply as PR for government implemented programmes.

HE Mya Oo, Deputy Minister of Health inquired what the precise role of PR is. Dr. Saw Lwin clarified that the PR reports to M-CCM on progress of the grant, liaises with the Global Fund on day-to-day issues and oversees grant implementation. One of the PRs will be responsible that the government can implement activities and ensures reports are in time. He also mentioned that the government PR may function similar to the 3DF fund flow mechanism.

Sun Gang clarified that the M-CCM has the responsibility to oversee the PRs. The PRs will report directly to the M-CCM. Julia Kemp added that the PRs are essential as they have to prepare reports to the M-CCM and the Global Fund on the use of funds and achievements of the grants. This implies that the roles of the PRs need to be very clear. Therefore a different arrangement for different diseases would not be desirable.

HE Mya Oo asked what the relation of the PR with the M-CCM would be. The responsibilities of the PR with view to the M-CCM need to be very clear.

Ramesh Shresta agreed and suggested that the M-CCM needs to ensure that the roles and responsibilities of the PRs are very clear spelled out.

Dr. Kyaw Nyunt Sein, Deputy Director General Department of Health, proposed that the M-CCM develops a manual that includes the role of the PR.

Adik Wibowo stated that WHO has developed a fund flow mechanism for the implementation of 3DF funds for the government. She proposed a detailed review of the fund flow to ensure that lessons learned can be applied to the Global Fund.

Julia Kemp suggested that this proposal is taken to the 3DF for consideration. She also informed that the 3DF mid-term review will take place as of May this year. This will give some insights for the Global Fund implementation. A more in-depth review of the fund flow could also be considered as part of the review.

Dr. Kyaw Nyunt Sein supported this proposition since this would help to improve the fund flow mechanism.

Bishow Parajuli suggested to study the conditions of the Global Fund for the functioning of the PR.

HE Kyaw Myint asked for other comments. There were none. He concluded the discussion by stating that the dual-track approach was agreed and two PRs would be indentified.

In the discussion regarding PR selection criteria, Sun Gang suggested to include UN as example of "other incorporated body, in point 1d of the "Process for Selection of the PR".

Julia Kemp suggested that the detailed criteria for the selection of PR are made public before proposals are opened. Ideally the scoring should be weighted to ensure that key criteria are given the appropriate consideration. The applicants should also be asked to provide supporting documentation to assist with the scoring of the applicants.

Sun Gang proposed that the invitation for Letters of Intent is sent out as soon as possible by the Secretariat of the M-CCM. Furthermore, he suggested that the Steering Committee and interested CCM Members meet immediately after the M-CCM meeting and decides on the final, revised invitation for the LOI. Notably the weighting of the selection criteria should be decided.

HE Kyaw Myint confirmed that the criteria for the selection of the PRs needs to be very

clear. The requested qualifications of the PR need to be clear so that only very qualified organisations are selected.

Dr. Saw Lwin showed the criteria developed by the Steering Committee. These will serve as the basis for the evaluation of the selection of the PR. The Steering Committee may draw upon additional expertise of experts.

HE Mya Oo raised an issue about the name of the Steering Committee. He thought that the name did not reflect the real role of the committee. As a steering committee it should be headed by the Minister.

Sun Gang clarified that the Terms of Reference of the Steering Committee are clear and that it does not make any decisions. While the ToRs were adapted during the last M-CCM meeting, a change of the ToRs could be envisaged if the M-CCM wishes to do so.

Responding to a suggestion by Dr Kyaw Nyunt Sein that the Steering Committee make a presentation on the roles of the CCM, PR and sub PRs at the next CCM meeting, Julia Kemp recommended that the presentation included a summary of the requirements of PRs and sub PRs outlined in the standard grant agreement of the Global Fund.

Bishow Parajuli pointed out that the PR has obligations to the Global Fund as well as the M-CCM.

Adik Wibowo suggested that we look at other countries, such as Cambodia, how they are handling PR selection.

Decision:

The proposed selection process is adopted.

3. Status of TB proposal

Dr. Win Maung, Programme Manager NTP, presented the status of the TB R9 proposal. He showed a timeline followed so far. The proposal is in line with the NSP for TB and MDGs and STOP TB partnerships targets.

9 organisations were retained with a total budget of 60m. About 1/3 of the proposal is for the procurement of drugs. About 48.8% of the NSP resource needs would be met by the R9 proposal. The proposal will be finalized by March.

Discussion:

Bishop Parajuli remarked that activities for the prevention of TB should be considered. Adik Wibowo supported need for TB prevention efforts. She also pointed out that there may be a critical gap of drugs in 2010.

4. Status of Malaria proposal

Dr. Than Win, Programme Manager NMP, presented the status of the malaria proposal. There are a total of 11 Sub-recipients and 3 Sub-Sub-recipients. The proposal development included a review of national programme strategies, targets. A planning workshop agreed on the objectives, Service Delivery Areas and timeline. The total national need is \$200m for 5 years. The malaria component asks for \$50m.

5. Status of HIV proposal

Dr Khin Ohnmar San, Programme Manager NAP provided an overview of the status of the HIV proposal. The proposal is based on the highest priority prevention areas and treatment interventions of the National Strategic Plan. 15 organisations request a total of \$120m.

A detailed breakdown of the different components revealed that the proposal was emphasizing treatment over prevention. Dr. Khin Ohnmar San stressed that the proposal is not balanced. In order to have proposal that reflects the epidemic there may be a need to give more emphasis to prevention. She subsequently turned to the M-CCM members to provide advice on how to do this.

Discussion:

Bishow Parajuli noticed that he could not see whether food and nutrition was included in the proposal.

Adik Wibowo supported the call to shift the proposal more towards prevention. Harm reduction should be given particular attention.

Sun Gang commended the presentation of the Programme Manager NAP and added that it was essential that the M-CCM provides advice on how to proceed with the proposal based on the facts presented. He stressed that the major route of transmission of HIV is non-protected sex and injecting drugs with non-sterile equipment. The fact that harm reduction is not very well represented in the proposal should be given particular attention.

Julia Kemp commented that the Technical Review Panel of the Global Fund will look at the way the proposal is responding to the recognized epidemiology and the corresponding national strategies. She applauded the attempt to rebalance the proposal.

Dr. Saw Lwin reminded the M-CCM members that they had given clear guidelines for the budget ceilings of all three proposal. In the case that the proposal changes and the budget ceiling increases, the M-CCM members should agree to this.

HE Mya Oo pointed out that the funding gap is widening as shown in the presentation on HIV. Therefore, the critical interventions for HIV are BCC and condom promotion to reduce new infections. Condoms distribution is low with less than 1 condom per person and year. He stated that an emphasis on treatment seemed to be not the most appropriate at this moment. He proposed that a 50/50 or 40/60 split between prevention and treatment would be more appropriate. He stressed that harm reduction is an important element of prevention. He also noted that blood safety should be considered. Furthermore, there are the links between ART and PMCT that should also be included. In summary he recommended that prevention including harm reduction be increased, the township health systems need to be strengthened. He also noted that research is required on traditional practices that put people at risk of HIV transmission. Also the treatment with traditional medicine should be explored.

John Hetherington, Senior Country Director PSI, remarked that the proposal should be first of all sound and in line with the strategic plan. He considered that the proportion of the different elements of the proposal will not be the only issue to make it a good

proposal. It is crucial to have a decision during this meeting to ensure that the proposal development process is moving ahead. In principle he supported an increase in harm reduction interventions if the result is a better proposal.

Ramesh Shresta thought that this proposal offers an opportunity for a central, nation wide information campaign on all three diseases.

Dr. Jean-Marie Mosser, Deputy Country Coordinator Malteser noted that changes to the proposal at this stage would require a lot of work for all concerned organisations since a lot of effort went into establishing budgets and procurement plans. He also mentioned that Myanmar was late in scaling up treatment programmes and that it is appropriate to catch up on some of these earlier shortfalls.

Prof. Thar Hla Shwe, President MRCS, supported the notion that treatment should be maintained as it is at present in the proposal.

Daw May Malar, Joint Secretary MMCWA noted that MMCWA reaches large parts of the country with prevention programmes. However, there are no means to provide treatment. She supported the need for treatment.

Sun Gang mentioned that the gap analysis showed that some areas of prevention were relatively well addressed in the proposal. Supporting some earlier speakers, he supported that treatment should remain as it is now in the proposal. However, harm reduction interventions should be increased. If the M-CCM would want to keep the budget ceiling there is a need to decide on where the cuts to be made. Alternatively, the M-CCM would need to agree to increase the ceiling that was set earlier.

Bishow Parajuli agreed that the proposal should match the epidemiological situation. If there is a need to improve the match of the proposal, then we should be flexible to increase the overall budget. A meeting with all partners could address the needs that are identified.

HE Mya Oo reiterated that prevention is crucial and that treatment is expensive compared to prevention.

Andrew Kirkwood, Country Director Save the Children remarked that some of the comments heard would better be discussed at the Technical and Strategy Group and its working groups rather than the M-CCM. The M-CCM should ensure that the right mix of interventions are included in the proposal. He made the concrete proposal to issue a call for additional harm reduction interventions of about \$6m. In addition, he suggested that all partners who have not reduced the full 25% that were asked for to do so.

Paul Sender, Director Merlin stated that increasing a budget is always easier than decreasing. He suggested that an increase in harm reduction interventions should be considered.

Dr. Kyaw Nyunt Sein confirmed that prevention of sexual transmission is a key strategy as well as PMCT in addition to harm reduction programmes. To reverse the epidemic, the threshold coverage for heterosexual transmission is 80%, and the current proposal only reached around 30%, the quality evaluation of ART programmes is currently lacking, the quality of ART interventions is very important since it is crucial to have a

good proposal. He also stated that meeting the deadlines is a major issue. The success of the Rd 9 proposal submission for HIV/AIDS is crucial.

Soe Moe Kyaw, Representative of people living with HIV argued that treatment should not be decreased since many people in their networks and organisations he is representing are desperate to receive life-saving treatment.

Julia Kemp noted that it should be kept in mind that this proposal does not aim to fill all the gaps of the national resource needs. She suggested that limited part of the proposal that is particularly underfunded is addressed, i.e. harm reduction.

HE Kyaw Myint remarked that prevention is always better than cure. He supported that the proposal needs to be of high quality and to improve the proposal if there is a need. He reminded everyone that time is short. We need to remain on track for the proposal development and a timely submission.

Way forward:

The concern about the imbalance of the proposal will be taken to the Technical and Strategy Group on HIV and its working group, as soon as possible, for in-depth technical discussion regarding the corrective action that could be taken. The options discussed during the M-CCM meeting will be given due consideration and will be based on the gap analysis..

General comments:

Adik Wibowo raised the question how to include Health Systems Strengthening and operational research in the 3 disease specific proposals.

Ramesh Shresta called for concerted behavioural change communication campaigns for the prevention of the 3 diseases. He proposed that a national campaign would be the right approach.

Sun Gang called for a joint work between the TB and the HIV proposal development team to address the TB/HIV co-infection.

Julia Kemp drew attention to the fact that the deadlines for the proposal development need to be set so that there is sufficient time for M-CCM members to read and comment. so the sooner the better.

6. Other business

Sun Gang brought to the attention of the M-CCM that the French Embassy has requested to send an observer to the M-CCM meetings.

Sun Gang informed the M-CCM that the Global Fund Secretariat has confirmed a visit to Myanmar in late February.

HE Kyaw Myint commented on the remarks about Health Systems Strengthening (HSS). He noted that many elements HSS, including renovation of health facilities, were included in the submission to GAVI. Unfortunately, the GAVI proposal is stalled.

HE Kyaw Myint thanked everyone for coming and for the active participation. He concluded that there a few months of hard work ahead of us.

Meeting closed at 12:30.