Myanmar Country Coordinating Mechanism for AIDS, Tuberculosis and Malaria
Meeting Minutes
9th M-CCM Meeting
10:00-13:30, 3 May 2011
Conference Room, Ministry of Health, Nay Pyi Taw

Opening remarks by H.E. Prof Pe Thet Khin, Union Minister for Health

H.E. Prof Pe Thet Khin, Minister of Health, welcomed the M-CCM members and participants, including representatives from the Principal Recipients and the Local Fund Agent to the 9th M-CCM meeting. In his message, H.E. Prof Pe Thet Khin recognized that the three diseases are major health issues in Myanmar. He raised the concern on drug resistance problem of the three diseases and urged partners to address this issue. He noted that the GFATM is critical to fighting these diseases. Concerning the Global Fund grant implementation, he highlighted the importance of keeping up with the project implementation timeline and reaching targets that have been set in order not to risk losing funds in its second phase. He requested the partners to discuss positively and constructively any factors that hinders disbursements of funds. The Minister shared his concerns about the grant implementation delay of 4 months and urged Principal Recipients work closely with SRs and GF mission to improve implementation and if there is any problem to duly inform CCM. He emphasized the CCM's role in providing oversight to grant implementation. He also noted the challenges faced by Principal Recipients concerning visa clearance and travel permits and expressed his support to resolve these issues. The Minister then wished the participants a good meeting and that the sharing of views and information at this meeting will result in good implementation of GF programme.

1) Announcement of M-CCM member list

Dr Saw Lwin, Secretary of M-CCM (Deputy Director-General, Disease Control, Department of Health), presented a summary of six minimum requirements for CCM eligibility. The minimum requirements provides a guide for the M-CCM in maintaining an up-to-date member list with appropriate number of members and alternates for each sector. Dr Saw Lwin also stressed that if these six points are not met, proposals submitted by the M-CCM will not be considered eligible. Dr Saw Lwin then presented the updated M-CCM member list and requested the M-CCM to acknowledge this new list. **Dr Saw Lwin suggested the local non-government sector to update the member list as well and notify the M-CCM secretariat accordingly.**

Government Sector – Government (10)	
1) H.E. Prof Dr Pe Thet Khin	Minister for Health
2) H.E. Dr Win Myint	Deputy Minister for Health
3) Dr Than Zaw Myint	Director General, DMS
4) Dr Saw Lwin	Dy DG Disease Control, DOH
5) Dr Thein Thein Htay	Dy DG Public Health, DOH
6) Dr Ko Ko Naing	Director (IHD)
7) Dr Win Maung	Director (Disease Control)
8) Daw Myat Myat So	DG, FERD
9) U Maung Wai	DG, MOFA
10) Police Colonel Than Soe	Ministry of Home Affairs
Government Sector – In-country Multilateral & Bilateral Development Partners (5)	
11) Dr Herbert Tennakoon	WHO Country Representative
12) Dr Sun Gang	UNAIDS Country Coordinator
13) Mr Mohamed Abdel-Ahad	UNFPA Country Representative
14) Mr Jason Eligh	UNODC Country Manager, a.i.
15) Dr Julia Kemp	DFID Bilateral Donor

Non-Government Sector – National and Local(10)	
1) Prof Samuel Kyaw Hla	MMA, Pediatrics Session
2) Dr Thet Thet Zin	MWAF, President
3) Dr May Marlar	MMCWA, Joint Secretary
4) Prof Thar Hla Shwe	MRCS, President
5) Rev U Zaw Win Aung	Myanmar Council of Churches
6) U Myint Swe	Ratana Metta Organization
7) Daw Nwe Zin Win	Pyi Gyi Khin
8) U Kyaw Zay Ya	PLD
9) U Soe Moe Kyaw	PLD
10) Dr Khin Aye Aye	MBCA, Executive Director
Non-Government Sector – International NGOs (4)	
11) Mr John Hetherington	PSI Country Director
12) Ms Anne Lancelot	MDM, Country Representative
13) Dr Sid Naing	MSI, Country Director
14) Dr Paul Sender	Merlin, Country Director

2) Selection and announcement of the M-CCM Chair

Dr Saw Lwin referred to the M-CCM Governance Manual Chapter IV Structure of M-CCM, election of the M-CCM Chair, Page 29, which states that "The Chair will be selected by simple majority of the eligible M-CCM members by secret ballot" and "the chair must be from a national organization". Dr Saw Lwin requested Ms Tina Boonto from UNAIDS and Dr Aung Thi, Assistant Director of National Malaria Control Programme, to assist with the voting procedure to distribute the ballot, count the votes and announce the result and for the LFA to observe the process.

Ms Tina Boonto announced that from the 28 ballots collected, 27 votes were for H.E. Prof Pe Thet Khin, Minister of Health. Dr Saw Lwin announced to the M-CCM that today's meeting reached quorum, according to M-CCM governance manual (more than half of M-CCM members present with 7 from government and 7 from non-government) and confirmed that the Minister of Health has been selected as the Chair of the M-CCM. The M-CCM congratulated the Minister of Health.

3) Endorsement of the Minutes of the 8th M-CCM Meeting

Dr Saw Lwin presented an overview of the meeting minutes from the 8th M-CCM Meeting that was held on 22 June 2010. The draft meeting minutes have already been distributed to all M-CCM members by e-mail. The M-CCM did not have any comments and approved the 8th M-CCM Meeting Minutes.

4) Updates from Executive Working Group of CCM

Dr Saw Lwin presented an overview of what had happened in the last nine months. Highlights include the negotiation and signing of all six grant agreements (signed on 1 November 2010); signing of MoUs between PRs and MoH (18 November 2010); convening of two Executive Working Group meetings (24 March and 6 April 2011); facilitation of Global Fund mission visits to Myanmar (January and March 2011); participation in the GF CCM Workshop in Kuala Lumpur (February 2011). Dr Saw Lwin also summarized the suggestions of the CCM Executive Working Group in response to issues raised by various partners at the above-mentioned events.

Suggestions from the Executive Working Group:

- CCM to obtain updates from PRs on overall implementation and ARV procurement issues
- PRs to seek support from 3DF to cover ARV gaps until the end of 2011
- CCM to obtain updates from PRs on Condition Precedents

- Grant implementation of Round 9 must achieve high score rating, in order to have positive influence on future grant application from M-CCM
- SRs could claim for relevant expenditures undertaken as of 1 January 2011, if not covered by 3DF
- CCM need to review and approve the oversight plan
- CCM to encourage constituencies to update their membership

The M-CCM did not have any comments or suggestions. **Dr Saw Lwin stated that the Executive Working Group will oversee that these actions are carried out.**

5) Updates from PRs on the efforts taken after last CCM meeting

Presentation from UNOPS
Dr Attila Molnar, Programme Coordinator, UNOPS PR, presented an overview of grant implementation status and the PR efforts since last CCM meeting.

I. Progress to date since Grant Signature (November 2010)

1) SR project development and contracting: agreements with National Programmes signed on 21 March 2011 and all other SR agreements signed, with the exception of UNFPA. However, UNFPA will continue to be involved through the joint UN TA Platform.
2) M&E: key positions recruited; reporting tools and guidelines developed; PR and SR capacity building on-going
3) Finance: key positions recruited, including staff for funds flow mechanism for the National Programmes. Financial Management Policy and Procedures Manual approved by the GF on 2 May 2011. This confirms that the PR can now proceed to disburse funds. The second Progress Update Disbursement Request is due on 15 May 2011. GF has approved that local NGO SRs are no longer on zero cash flow policy to begin with; however, this can change depending on whether the SR can maintain their performance and keep up with the GF finance management standards. All local NGO SRs have been informed of this update.
4) Fund flow mechanism: for Round 9 Phase 1, national programmes are on zero cash flow policy – this requires development of SOPs similar to 3DF, with exception that national programmes make budget decisions. The National Programmes have finalized detailed workplans for Quarter 2. All SOPs have been submitted to the GF and were approved on 2 May 2011.
5) Establishment of an Internal Compliance Unit within UNOPS: UNOPS decided to establish an Internal Compliance Unit to oversee grant implementation under GF additional safeguard designation. The unit reports directly to the Director of UNOPS Myanmar.
6) Procurement processes: all procurement positions are in place, except one international staff to be recruited after LFA assessment. Capacity building of procurement team and SRs is on-going (training, development of SOPs, work on forecasting and reporting tools and preparation of LMIS). While procurement functions for Year 1 are carried out through the UNOPS India Procurement Office, UNOPS Myanmar is optimistic that the office will pass the assessment to carryout procurement functions in Year 2 and beyond.
7) Logistics: In order to improve storage, PR has identified a number of storage facilities that require construction and renovation. While GF has agreed to finance renovation of storage space, GFATM funds are not allowed to be used for construction. Fortunately, the Japanese Government has approved funding to cover construction of three warehouses. For three other warehouses, a proposal has already been submitted to the Japanese Embassy and is awaiting approval from Tokyo. For renovation of Yangon storage, the GF has approved the plan and an RFQ has been issued for the project. Approval for State/Divisional renovation is still pending.

8) Local procurement: for selected lab and surgical items to be procured locally, RFQ has been issued, evaluation completed and submitted to Save the Children for concurrence. India Procurement Office procures items that are not locally available.
9) Procurement timelines:
   ARVs: 16 out of 34 drugs are expected to be delivered in July (balance expected in October 2011)
   ACT: requires re-tender
   OI and other auxiliary drugs: Out of 200 products, bids for only 29 products have been received. This lack of bid may be due to low volume of drugs and the number of installments. India Procurement Office has contacted UNICEF/IDA for supplies (expects delivery in October 2011).
10) Status of Conditions Precedents:
   CP1: (before PR can receive money) internal audit plan submitted, GF already approved disbursement of funds to PR. For 2nd disbursement, the PR need to update audit plan before GF will approve disbursement of funds.
   CP2: (before PR can disburse funds to SR) Programme Management Policies and Procedures Manual submitted and approved by the GF. Financial Management Policies and Procedures Manual approved by the GF on 2 May 2011.
   CP3: (PSM plans) approved in October 2010
   CP4: (storage renovations) approved for Yangon and working to expand to State/Divisional level
11) Other items approved by GF:
   Training plans: have been approved with the exception of 1 element, Q1 quarterly review meetings in Nay Pyi Taw may not be carried forward. PR will continue to negotiate with GF on this issue.
   Local NGOs: approved no local NGO SRs on Zero Cash Policy to begin with.
   Funds Flow Mechanism: approved on 2 May (including provision of operational advances to township officers). This is major accomplishment with a lot of effort from PR and national programmes side.

II. Summary of Upcoming Activities

- Implementing Funds Flow Mechanism
- Procurement Assessment of UNOPS Myanmar to provide procurement for Year 2 and beyond (23 May 2011)
- GF field visit in June 2011 (show further progress)
- 1st report is due in 2 weeks time (15 May 2011)
- Finance and programme monitoring visits to start this quarter
- Replacement for UNFPA (fund allocation to be determined) hope UNFPA remain as partner in Joint UN Platform

III. Challenges

- Budget revisions (LFA need to review, takes long time) try to avoid revisions.
- Timeliness of reporting (data collection difficult) National TB programme has already submitted the report – quite an accomplishment considering the work required.
- PR looking to put staff in DoH to work on finance and program monitoring
- PSM: need to show capacity to do well in this area
- Visa approval for staff and family remains an issue

Discussion

Dr Julia Kemp, DfID, remarked that it is good progress that most of CPs have been cleared and disbursement will be underway. She reiterated a concern from the

Executive Working Group on procurement timeline. While she appreciated the PR's optimistic presentation of the expected delivery of drugs, she requested the PR to also provide a pessimistic timeline and plan for handling the delay, in case there are some unforeseen events that might delay the target delivery date. She also raised the issue from donor constituency of an upcoming stock-out of methadone, reported by the implementing partners and requested the M-CCM to find ways to resolve this problem. Concerning the PR's update about the upcoming Procurement Assessment, Julia requested the M-CCM to identify alternative arrangements early on, in the event that the assessment does not make UNOPS Myanmar the procurement agent for Year 2. Julia requested the PR to share with the M-CCM as part of the oversight function, every progress update and disbursement requests. The M-CCM should ask PRs to share the quarterly reports and organize its regular meeting to match the reporting schedule.

Dr Attila Molnar, UNOPS PR, responded to Dr Julia Kemp's remarks concerning the upcoming Procurement Assessment. He stated that while it is appropriate for the CCM to identify alternative procurement arrangements, UNOPS is fully optimistic that they will do well in the upcoming Procurement Assessment and be able to convince the GF that UNOPS Myanmar should carryout the procurement functions. On the other hand, UNOPS India remains an option as an alternative procurement agency. Regarding delays in delivery schedules, Attila suggested that the biggest delay would be up to two months.

Dr Saw Lwin, DoH, commented on the procurement timeline presentation and asked if all SRs have buffer stocks for drugs. He suggested that if there are no buffer stocks, the M-CCM will have to find a way to resolve this issue. He also noted that for ARV, 18 drugs required re-tender. Consequently drugs will not be delivered at the same time and since ARVs need to be used in combination, the PR will need to ensure that the drugs expiry dates are not posing problems. Concerning the second Condition Precedent, Dr Saw Lwin requested more information on the impact of the delay in approval for the fund disbursement and whether it would be possible to negotiate with GF to allow disbursement in parallel to review of approval.

Dr Attila Molnar, UNOPS PR, explained that all CPs have been approved except for CP1 which the GF requests additional information on PR internal control. This does not have any bearings on disbursements and Attila confirmed that the PR is now in the position to disburse funds.

Mr Jason Eligh, UNODC, provided information that the current supply of methadone is secured by 3DF up until August 2011. While the PR presented October as the expected delivery of drugs and supplies, as of August there will be stock-out of methadone. Jason proposed a temporary measure to cover the supply of methadone in the anticipated four months shortage starting in August 2011. This will affect the approximately 1,200 people who are currently on methadone.

Mr John Hetherington, PSI, shared his appreciation of the progress on procurement and the efforts made from UNOPS PR. Regarding procurement for Year 2, in case UNOPS is not approved, John proposed that the M-CCM tasks the Executive Working Group to identify an alternative, possibly through Voluntary Pooled Procurement or other mechanisms. Regarding the procurement timeline that has been presented, John noted that there are different set of dates used in the timeline. He suggested that the M-CCM use the dates of purchase orders to track when procurement occurs and set deadlines for purchase orders to be issued (i.e., 15 June). He suggested that for year one procurement, June 15th be set as the date for POs to be issued for all procurement. If POs were not issued on or before that date, then the EWG should be tasked with finding alternative procurement options for these items. These measures are to be taken as due diligence by the M-CCM.

Ms Anne Lancelot, MDM, clarified that the first methadone stock-out should occur in less than one month's time and the second gap is the one that was mentioned earlier, the four weeks starting in August. Methadone stock-out will directly affect treatment in terms of reduced dosage or interruption of Methadone and Anne requested the M-CCM to prioritize this issue and avoid these gaps. She also requested WHO to provide information on the status of the procurement of methadone.

Dr Herbert Tennakoon, WHO, informed the M-CCM that the import license has now arrived last week and WHO has forwarded the procurement request to the regional office. Herbert expected that within 3-4 days, the purchase order can be issued and within 4-6 weeks the stock will be available in Myanmar and air shipment is possible to minimize the gap.

Presentation from Save the Children

Ms Barbara Greenwood, Program Director, Save the Children, PR, presented an overview of grant implementation status and the PR efforts since last CCM meeting.

I. Summary of the grants:

- STC signed grant agreements with GFATM for 2 years for AIDS, TB and Malaria representing US$ 44.7 million (64% HIV; 26% malaria; 10% TB)
- There are altogether 16 SRs (INGOs) and 24 projects
- Contracts have been signed with 15 out of 16 SRs (Burnet Institute to be signed by end of this week)
- Funds have already been disbursed to 14 SRs
- Training funds have not yet been released, but will be within this month.

II. Grant performance targets in Q1:
Malaria: 2000 LLIN distributed; 105,296 microscopy; 12,500 RDT; 3,250 ACT; 25,775 ChloroQ; 539 VHW diagnosing and treating malaria cases
TB: 3,500 TB all forms by PPM; 3,200 suspected TB cases referred/supported; 550 TB patients tested for HIV; 1,840 CHW trained and involved in TB case detection and DOTS
HIV: 13,150 SW; 4,094 MSM; 1,400 IDU; 835,978 condoms distributed; 15,653 patients on ART; 3,492 reached with HBC and 40 TB patients started on ART
Will reach half of target for Q1, for a start up phase, this is good.

III. Progress updates
- Coordination meetings held with national programmes, UNOPS, SR, SSR, 3DF, PR
- Training plans approved
- 3DF STC finalized gap analysis 3DF covering ART gap.
- Drug list standardized with SRs
- Monitoring plans developed
- Harmonized national and international standards (M&E)
- Clarification of indicators will continue
- Potential delays for Q3 and Q4 may occur due to procurement delays.

IV. Procurement
- Purchase Orders submitted December 2010
- MSF represent 73% of STC GF targets for ART
- Procurement workshop conducted in March 2011.
- Total procurement in Phase 1 = US$15 million, US$1.7 million has been released to date.

- Note that MSF Holland is on cash reimbursement by choice. PR will get bill and record expenditure in next reporting period.

V. Conditions Precedent
- LMIS due in June: in process
- SOPs for procurement due in June (in process)
- Conflict of Interest statement due 1 February, PR has signed need to rollout to SRs.
- Warehouse assessment and cost plan due 15 February, assessment completed report and cost plan submitted end of March.
- Sub-recipient audit plan – already submitted in December 2010.

VI. Challenges
- Procurement schedules, delivery and getting drugs to beneficiary
- ARV 3DF, Methadone (WHO)
- No gap coverage for OIs RDTs ACTs
- Visa for PR and SRs (and family)

Discussion

Mr Jason Eligh, UNODC, explained that UNODC had volunteered assistance to provide funding to cover methadone gap for the last quarter of 2011 if there is an official request from the M-CCM.

Dr Saw Lwin, DoH, requested Save the Children to remove Wa area from the grant, following discussions with the Global Fund in Kuala Lumpur. Dr Saw Lwin requested an official communication from Save the Children.

Dr Sun Gang, UNAIDS, requested the M-CCM to decide on a back-up plan to cover the methadone gap. He also requested concerned agencies to provide an updated timeline from their side. Regarding the OI drugs with only 29 drugs receiving bid, Sun requested the M-CCM to seek information on what are the potential problems and requested PR-UNOPS to identify actions to resolve the problems.

H.E. Prof Pe Thet Khin, the Chair of CCM, shared with the M-CCM concerning the visa approval bottleneck that he has discussed this issue with the Vice President last week and it is expected that the situation will improve in the near future. He requested Dr Ko Ko Naing to provide more detailed update on this matter.

Dr Ko Ko Naing, Director, IHD provided information that in 2010, there were 953 requests and approvals for visa for short-term staff and 120 long-term staff. However, as the Minister mentioned, visa clearance procedure may become easier. Dr Ko Ko Naing requested implementing partners to ensure that they provide advance information for all visa request in order for Government to be able to facilitate visa approval.

Dr Julia Kemp, DFID, expressed appreciation for this update on the visa issue and added that this is an issue where the GF monitor progress from PRs. From the discussions, Julia seconded the proposals put forward:

i) Requests to M-CCM to endorse UNODC offer to cover the methadone gap;
ii) Requests to M-CCM to task the Executive Working Group to start to identify alternatives for Year 2 procurement;
iii) Requests to M-CCM to set the deadline of 15 June for purchase orders and consider alternatives to identify solutions in the event of delays

beyond October 2011 (with the exception of methadone which is dealt with urgently).

H.E. Prof Pe Thet Khin, the Chair of CCM, agreed that the M-CCM needs to address the methadone problem.

The M-CCM endorsed the proposal that procurement of methadone for last quarter of year one (September – December 2011) will be covered by UNODC.

Presentation from Local Fund Agent

Ms Rosemarie Atieno Owino, Finance Expert, LFA, provided an overview of LFA programme

- Role of LFA (LFA is involved in different stages of the grant: before grant signing, implementation, phase 2 review and ad hoc requests from GF)
- During Phase 1, LFA assess capacity of PR and SR; verify results, and review progress reports
- Deliverables to date: LFA assessed PRs and some SRs; reviewed budgets and disbursement requests, reviewed UNOPS India Procurement Office processes and documents, reviewed training plans and finance and program policy manuals, and on-site data verification.
- Programme update: most CPs met by both PRs
- Some key elements completed for UNOPS: Finance Policy and Procedure Manual; Programme Management Procedure Manual; SR audits; procurement plans. These are now approved and PR can make disbursements to SRs
- For Save the Children: survey of storage facilities and distribution plans (in progress); conflict of interest statement signed by PR, to rollout to SRs next
- Warehouse assessment and cost plan completed and submitted.
- Key LFA tasks:
    - review pre-finance expenditure reports
    - 1st quarter finance reports from PRs expected 15 May 2011
    - UNOPS PSM capacity assessment to begin 23 May
    - Review of IPO tender documents (ARV, OI, ACT, LLIN, deltamethrin, condoms, TB drugs, CD4 machines) – on-going
    - Review of storage (on-going)
    - On-site data verification
- LFA also has montly meetings with PRs; attend CCM and TSG meetings; attend PR workshops (on M&E, Finance, Procurement) as observers to provide updates and information on grant implementation issues.
- LFA observes the following key challenges:
    - procurement and timely delivery of pharmaceutical and health products (LLIN, ARV)
    - delayed grant implementation
    - Visas for PR/SR and LFA staff
    - Lack of MoU between MoH and Swiss TPH

Ms Rosemarie Atieno Owino expressed her appreciation at the support that has been provided by the Ministry of Health. She welcomed the Minister of Health as the Chair of the M-CCM and looked forward to continued collaboration.

Dr Saw Lwin requested the LFA to submit the MoU application to the Ministry of Health again for consideration.

<u>6) Updates from 3 programmes</u>

Dr Win Maung, Director, Disease Control, DoH, provided an update of the three programmes Global Fund implementation status. For 5 years, the three diseases have up to US$ 321 million for grant implementation. The MoUs for all grants were signed in November 2010. The LFA have completed the assessments of PRs and SRs in key areas. Moving forward to program implementation, it is important in the preparation stage to provide detailed workplan and budget plan to health authorities at State/Regional level. Dr Win Maung also noted that due to the recruitment of national programme staff for Global Fund grant implementation, it is necessary to replace those staff for all 3 national programmes (out of a total 124 staff recruited for Global Fund grant implementation, one-third is from the Department of Health).

Summary of Q1 Activities:

- Procurement for 3 programmes in process
- World TB activities conducted on 24 March 2011 at State/Regions and District levels
- Q1 procurement is on track
    - For TB: 92% of budget is for procurement, 2% of budget shifted to Q2
    - For Malaria: 97.6% of budget is for procurement, 1% of budget shifted to Q2
    - For HIV, 87% of budget is for procurement, 3% of budget shifted to Q2.

7) Improved CCM Functions

Dr Saw Lwin, DoH, provided highlights of improved CCM functions in three parts (CCM Governance Manual; Oversight Plan; and M-CCM Secretariat support).

(i) Governance Manual: there is need to revise the M-CCM Governance Manual that was approved in 2009. The current revised version contains some updates such as revision of a criteria not limiting Vice Chair of M-CCM to be Myanmar national. Dr Saw Lwin requested the M-CCM members to review the revised Manual and submit any comments to the M-CCM Secretariat by the 31 May 2011. The M-CCM should endorse the new Governance Manual at its next M-CCM meeting.

(ii) Oversight Function: key areas requiring CCM attention include – where is the money? are sub-recipients receiving resources as planned? procurement timeliness and distribution?

Suggestions for the M-CCM to consider in improving its oversight functions:

- Establish a schedule of meeting (at least 4 meetings before the reporting dates, request for CCM to endorse this meeting schedule)
- Apart from regular meeting, will also require ad-hoc meetings (e.g. if CCM decides to apply for R11)
- Request monthly and quarterly report from PR to CCM (M-CCM would like to see PR report for the Executive Working Group to provide comments and suggestions). If the reporting schedule to the GF is as follow: 15 May (Q1); 15 August (Q2); and so on, then the M-CCM requests report from PR five days ahead of the GF submission date. Which means that for Q1, the M-CCM requests PRs' reports by 10 May.
- M-CCM invites LFA to provide updates at CCM meeting
- M-CCM will request Executive Working Group to review PR reports and consult with TSG or PR as needed
- M-CCM will keep an auditable trail of oversight actions through CCM meeting minutes, signed by the Chair of the CCM.
- M-CCM Secretariat will organize site visits for representatives of CCM and will establish a dashboard and website for CCM members.

(iii) M-CCM Secretariat support: the Secretariat submitted a request for US$ 50,000 to the GF, a revised budget of US$ 41,000 was approved. The funds

will be channeled to UNDP and UNAIDS will implement the activities, funds will not come directly to the M-CCM Secretariat. UNAIDS is also contributing US$ 35,000 for data management, website and dashboard development and cost-sharing for M-CCM training.

The M-CCM endorsed the regular schedule of M-CCM meetings.

8) Any other business

The Global Fund Round 11 Proposal

Dr Saw Lwin provided a brief overview of a timeline for proposal development. The GF announcement of Round 11 is scheduled for 15 August 2011, however Dr Saw Lwin suggested that the M-CCM does not wait until then to start to prepare the proposal. The submission due date is 15 December 2011.

Highlights of timeline:

- Identify gaps and consolidate priority areas and approaches – TSGs to start working today (May/June)
- M-CCM confirm intent for application, priority areas/ eligibility and define selection criteria for Concept Papers (June)
- Call for concept paper (June)
- Proposal Team established (mid-August)
- 1st draft (peer review) – end September
- 2nd draft (peer review) – end October
- 3rd draft (broader partner review) – mid- November
- 4th draft (for endorsement) - end November

Discussion

Dr Saw Lwin, expressed concerns regarding Round 9 implementation. Based on the delay in implementation of Q1, there is a lot of catching up to do. In Q1, there are some drugs and supplies that have not yet arrived. He urged the M-CCM to ensure that the PRs reach the performance targets in every quarter until the Phase 2 review exercise. The grants must pass Phase 2 review or else Myanmar will risk losing Phase 2 funding. Ensuring that targets are reached will require significant efforts from PRs and SRs including implementing partners. At the same time, Round 11 will also demand a lot of effort. Therefore, if limited resources have to be used to work on the Round 11 proposal, there may not be enough to ensure that Round 9 implementation remains on track.

Mr Paul Sender, Merlin, remarked that while it is interesting to discuss Round 11, it is important to give adequate attention to the proposal development process. Based on lessons learned from Round 9, the M-CCM will need to identify priority areas (e.g., malaria drug resistance), and establish a very clear process for having coherent approach within reasonable amount of time. A review of Round 9 grant implementation will also identify programme areas that are working well for consideration in Round 11.

Mr John Hetherington, PSI, commented that if we don't apply for Round 11, there may be huge gaps. He suggested that we indeed apply for R11 but keep it simple. John shared that we now have new TB prevalence data, this will allow a shift from treatment success to case detection. In addition, artemisinin resistance will now be funded, but there is a need to secure long term funding and Round 11 provides this opportunity. HIV would be more problematic as there is not new information or a new situation for HIV, but if HIV is included it should also be kept simple and concentrated, not diffused.

Dr Julia Kemp, DFID, acknowledged the risks outlined by Dr Saw Lwin in applying for Round 11. She asked the M-CCM members to keep in mind that experience from other countries suggests that the success rate of proposals submitted so soon after the start of a new grant is low. She supported an application for Round 11, but suggested that the M-CCM should instruct the TSG to make a robust case for areas for inclusion in the Round 11 and the proposals will have to be strategic and focused. In addition, if the M-CCM decides to apply for Round 11, if would be helpful to have one designated lead consultant to be overall responsible to ensure consistency between proposals. Consultants for support of each of the proposals will have to be identified early, preferably immediately. Julia also requested that the M-CCM ensures adequate time for CCM members to provide feedback on the proposals with deadlines for submission of proposal drafts and for feedback clearly stated. Julia then complimented the oversight plan and commented that the scheduled quarterly meeting is a good start. She made another note that the M-CCM does not exist only to oversee GF grant, but to support the national strategies of HIV, TB and malaria, including coordination of funding from all sources. She suggested that the M-CCM meetings have presentations on the recently approved national strategies/plans and an update from The Three Diseases Fund.

Dr Sid Naing, MSI, requested the M-CCM to provide opportunity for inputs and contributions from other sectors such as private sector, reproductive health, MCH, and CCDAC in the development of the Round 11 proposal.

Dr Khin Aye Aye, MBCA, stated that we do need to apply for R11 to ensure continuation of resource after 2013. In preparing for the Round 11 proposal, the partners should consider all national strategic plans as well as new challenges and emerging new interventions. She congratulated the new National Strategic Plan for HIV and AIDS which is very comprehensive with priority areas well defined. She agreed with Dr Sid Naing that there is role for private sector and local businesses as Myanmar is expanding trade and opening up private sector.

Dr Sun Gang, UNAIDS, requested the M-CCM to endorse the decision to apply for Round 11 and agree with the proposed timeline. He also requested the M-CCM to agree in general with the proposed M-CCM oversight plan, as M-CCM oversight function is as important as well-performing Round 9 grant. He then suggested that the M-CCM consider including a donor representative to the Executive Working Group, since the group will take on a more active role to carry-out the oversight activities.

Mr Mohamed Abdel Ahad, Country Representative, UNFPA, noted from the last Meeting Minutes of the M-CCM that Round 11 should provide opportunities to link up with other development initiatives (e.g., MCH, gender and other health related initiatives, such as GAVI HSS). He welcomed a coordinated approach for issues that are common to all three diseases, such as procurement.

Dr Saw Lwin, DoH, reiterated that while there is agreement in principle to apply for Round 11, it is important to pay attention to the performance of Round 9.

Dr Attila Molnar, UNOPS PR, reassured Dr Saw Lwin that they will do their best for the good performance of R9. He also reminded the M-CCM of the importance of selecting the PR early on so that the nominated PR can be involved in proposal development design from the very beginning. The M-CCM may also want to review the SR selection process, as in Myanmar's setting, there is a limited number of service providers and competitive bidding has its advantages in a larger market, but commissioning health services is another option if available capacities are well known and thorough planning and design of a required programme is available. It is worthwhile to tap into the knowledge base available in Myanmar, including that of the 3DF in value for money and available capacities when developing the Round 11 Proposal.

Dr Saw Lwin explained that for Round 11**, the respective TSGs should identify priority areas for the proposal. Based on the agreed upon objectives, goal and targets, the M-CCM will develop an Expression of Interest and announce to all partners.**

Requisition of two CCM members for GAVI-HSS

Dr Saw Lwin informed the M-CCM of the formation of the GAVI-HSS Committee. Two seats of observer are open for M-CCM members. The two members should represent (i) bilateral/donor agency and (ii) a UN agency closely linked to the Secretariat and hence Dr Saw Lwin nominated Dr Julia Kemp, DFID and Dr Sun Gang, UNAIDS to be on the GAVI-HSS Committee.

Dr Julia Kemp confirmed that the GAVI HSS approach for coordination at township level is very innovative, and has been built upon by health partners in the maternal health initiative in the Delta. It is hoped that there will be greater linkages and harmonisation between CCM and GAVI HSS in future. She requested the TOR for the body and to follow up the request with Dr Saw Lwin.

9) Closing remarks by the M-CCM Chair

H.E. Prof Pe Thet Khin, the Chair of CCM thanked all the participants for their active contribution to the discussions. He recognized the enormity of this work and expressed his support to the M-CCM to work together to find solutions to problems and challenges that the M-CCM and the partners face in carrying out grant implementation. In addition, with the joint efforts and commitment of all the partners, he expressed his hope that Myanmar will also be successful in obtaining Round 11.

The Meeting adjourned at 13.30.