

**Myanmar Health Sector Coordinating Committee**  
**Executive Working Group Meeting**  
**29<sup>th</sup> of September, 2017**  
**WHO Office, Yangon**  
**09:30 - 12:30**

**1. Welcome and Introduction**

Dr Thandar Lwin, Chair of the M-HSCC Executive Working Group (ExWG), welcomed all the ExWG members and observers. She then announced the agenda. She suggested that the order of the agenda be changed so that the 2 PRs should present the agenda item 2 first, and the rest of the agenda should follow. The Chair's suggestion was accepted.

All members were asked to declare any potential conflict of interest (Col) in connection with the agenda items. Dr Thandar Lwin, MoHS, Dr Alaka Singh, WHO and Dr Sid Naing MSI respectively declared that they were SRs of UNOPS and would refrain from voting on any item that could constitute a conflict of interest in that regard.

The Chair gave an introduction on the new set-up of the ExWG. There have in the past been some concerns about a large proportion of members of the ExWG having Col in connection with discussions and decisions on GFATM grants. This constituted an issue as the ExWG among its duties included doing oversight of GFATM grants. Two different models to deal with this problem have been discussed at both ExWG and MHSCC level in the recent past. One model was to have two separate bodies: keeping the ExWG with members with Col and create an additional and separate Oversight Body with no or limited number of members with Col specifically designated to do oversight of GFATM grants. Another model was to stick to having just one body and reform the ExWG to minimize the proportion of members with Col and then let the ExWG continue to also do oversight of GFATM grants. After consultation with stakeholders, the Chair of the MHSCC has decided to go with the recommendation given at the ExWG meeting 1 February and the decision taken at the MHSCC meeting 27 February, which is to stick to one body and reform the ExWG in order for it to be able to continue to do oversight of the GAFTM grants. A number of new members endorsed by the MHSCC and the Chair have since been added to the ExWG and a few past members with Col have been asked to step down. The Chair welcomed in particular the new members to their first ExWG meeting.

**2. GFATM Grant Negotiations 2018-2020 and Reprogramming of 2017 Savings**

**2(A) UNOPS PR Grant Negotiations 2018-2020**

On behalf of UNOPS PR, Dr Sai Htet Aung presented UNOPS PR Grant Negotiations 2018-2020 and UNOPS PR Reprogramming for 2017. Grant documents have been prepared with the guidance from the TSGs/M-HSCC, which is based on the Country Concept Note that was examined and approved by the GFATM TRP. A national forecasting workshop was conducted in March 2017 and a detailed Planning and Budgeting Workshop for 2018-2020 with selected SRs and technical partners was conducted in April 2017 in Naypyitaw. All the completed grant documents for the 3 diseases were submitted to the LFA and the Global Fund in June 2017. The LFA scrutinized all grant packages and

the PR provided the requested information and justifications before the grant negotiations with Global Fund in Geneva 24 to 28 July 2017. One significant recommendation of GFATM was on the exchange rate, which was changed from 1 USD = 1309.006 MMK (pre-negotiation) to 1 USD = 1327.2641 MMK.

In addition, Dr Sai Htet Aung presented post negotiation changes grant by grant (HIV, TB and Malaria). In the HIV PF (Performance Framework), Sub-Recipients' HIV prevention targets have been increased significantly after negotiation and the comparison of pre-negotiation and post-negotiation target changes were also presented. Furthermore, the comparison of pre-negotiation budget (78 M) and post-negotiation budget (77 M) including specific reasons and then proposed post negotiation reinvestment (6.9 M) was presented. Among the main changes were increased support to prevention for PWID, FSW/MSM, as well as PR Transition, MMT and activities in Wa Region.

For the TB grant, MDR-TB notification and treatment targets have been increased and the target for MDR-TB loss-to-follow-up rate has been reduced to a max of 2% in 2020. For the budget the main changes were on adjustments of human resources support, savings on World TB Day, support to PR transition and a cut in regimen time for MDR-TB patient support from 20 to 11 months.

Following this, Dr Sai Htet Aung presented the post negotiation changes in the PF and the budget of the Malaria grant. In the PF, the total country population was used as the denominator in the calculation of API and the targets were changed accordingly. Case Investigation and Foci Investigation targets were changed from annual to six months targets. Additionally, targets for case investigation and foci investigation were changed to show the increasing trend from 2018 to 2020. The target of PMI of 300,000 LLINs were excluded from the national target for continuous LLIN distribution (513,975 LLINs) in 2020, while is had been included previously. For the budget the main changes were a cut of support to state and region malaria week, and additional funding of 300,000 LLIN added for 2020, additional funding of software, expansion of area of intervention (MAM) and adjustments of support to human resources. Support to health sector coordination and the MHSCC Secretariat were included in all three grants.

Kindly see the details in the UNOPS presentation in the annex and here:  
[https://drive.google.com/open?id=0B7XPWrrb5x\\_haHNPRTZDVVMzN1U](https://drive.google.com/open?id=0B7XPWrrb5x_haHNPRTZDVVMzN1U).

## **2(B) UNOPS Reprogramming for 2017**

The GFATM will not allow rolling over of the accumulated saving in 2017 to the next new grant starting January 2018. All SRs have been informed. Reprogramming of savings have hence taken place in the second and third quarter of 2017. Unspent funds will be deducted from the next grants (in principle a refund to GAFTM) and can hence benefit other GFATM grants in the future including outside Myanmar. Focus on reprogramming of funds has been on non-health products like IT equipment and DHIS2 and activities such as capacity building/training. The PR presented the reprogramming of the unspent saving fund for the last 6 months of 2017. The PR also listed the suggested reinvestments for all the grants, which had not been approved by the GFATM.

Kindly see the details in the UNOPS presentation in the annex and here:  
[https://drive.google.com/open?id=0B7XPWrrb5x\\_haHNPRTZDVVMzN1U](https://drive.google.com/open?id=0B7XPWrrb5x_haHNPRTZDVVMzN1U).

## Discussion Points

- Takahiro Hasumi from JICA asked how non-approval of the purchasing of a number of items might affect the programmes in the future and how any negative effect could be mitigated.
- Dr Thandar Lwin responded that the purchasing of Gene Xpert machine, which was not approved will be allocated to the government budget for TB and HIV (Government contribution). For malaria, the vehicles procurement, which was also not approved is essential for the malaria elimination programs. According to the elimination plan, when there is a case, the communication should go quickly from that area to the team and the team has to go to the area to do foci investigation and confirmation. Foci management has to be done immediately within one week. Therefore, the vehicles are really important for malaria elimination. However, one of the reasons for the non-approval of purchasing of vehicles and boats is that the process of ordering and importing will take too long in order to be able to have the purchases finalized by the end of 2017.
- Dr Zaw Lin mentioned as an example Rakhine state where many of the areas are extreme hard to reach and it rains nearly all year round. Hence for the foci management, they need to have vehicles for the transportation.
- Karen Cavanaugh from USAID asked if there is any government policy decision on the reduction in the budget of World TB Day and how they plan to program World TB Day. She also asked for further information on the total budget for the MHSCC secretariat.
- For World TB Day, the ministry would like to support health promotion as an important area. The main concern is the large amount of proposed costs.
- Oussama Tawil from UNAIDS mentioned that it is to his understanding general Global Fund policy that they do not allow GFATM grants to be used for World TB Day, World AIDS Day, etc. Other funds are needed to support this activity.
- For the MHSCC Secretariat, it was explained that at the end of last year, the budget for the MHSCC and its Secretariat for the next 3 years was approved by the MHSCC. In addition, funds have been allocated during the grant negotiations with GFATM. The MHSCC Secretariat committed to provide further details to the ExWG members. Dr Thandar Lwin mentioned that an MHSCC Liaison officer will be located in Naypyitaw. She emphasized the importance of the work of the Secretariat including organizing the long range of meetings and events that are compulsory for GFATM processes and in securing the institutional memory with regard to all key GFATM processes. For examples, all the hard and soft copies of the CCM, MCCM, TSG, MHSCC, EWG meeting minutes, the recording of processes around consultations, involvement of communities and the development of concept notes are kept by the MHSCC Secretariat for any potential audits or inspections. This is essential in order for Myanmar to be eligible to apply for and receive GFATM funds. Given the importance of the Secretariat work for GFATM grants in Myanmar, Dr Thandar Lwin asked the ExWG to support the work of the Secretariat.
- On a question from Dr Thandar Lwin to get further elaboration on SARA, Dr Sai Htet Aung from UNOPS explained that SARA is an impact assessment put in place because the GFATM monitoring framework has been changed in 2016.

- Dr Thandar Lwin and Dr Zaw Lin stated that GFATM do not accept to fund injection for the treatment of malaria. It is concerning that the budget allocation for artesunate injection has to be allocated from the government budget.
- Dr Nwe Ni Ohn from MMCWA requested some incentive and transportation budget of UNOPS for the MMCWA volunteers who are implementing HIV, TB and Malaria activities like awareness raising and DOTS provision because their motivation decrease because MMA DOTS providers get transportation charges covered.
- Dr Thandar Lwin stated that it was a big issue to raise in the next MHSCC meeting in order to have a common policy and a standardized community volunteer incentive scheme, which is very important not only to the national programmes, but also to all other projects. She suggested the PRs to note down how to reflect it in the work plan, because some of the government malaria volunteers now also get allowance.

### **2(C) Save the Children PR Grant Negotiations 2018-2020**

Dr Myo Set Aung presented post negotiation changes grant by grant (HIV, TB and Malaria) for Save the Children (STC) PR. In the HIV PF SRs' HIV prevention, outreach and testing targets have been increased as was done for the SRs under UNOPS PR. Furthermore, the comparison of pre-negotiation budget lines (total 53,365,158) and post-negotiation budget lines (total 52,943,765) per SR was outlined. Among the main changes were increased support to the AIDS Alliance, MSI and AHRN and significant cuts for STC and PSI.

For the TB grant, targets for notified cases by communities have been increase. For the budget the main changes were a decrease in funding for PSI and an increase for the PR while the overall TB budget remained nearly the same.

Dr Myo Set Aung then presented the post negotiation changes in the PF and the budget of the Malaria grant. In the PF, there were high increases in targets for community and private sector testing. In the budget there were increases in budget allocation for all SRs and in particular PSI and HPA. However, with cuts in procurement of commodities the overall budget remained more or less the same.

Kindly see the details in the Save the Children presentation in the annex and here:

[https://drive.google.com/open?id=0B7XPWrrb5x\\_haHNPRTZDVVMzN1U](https://drive.google.com/open?id=0B7XPWrrb5x_haHNPRTZDVVMzN1U).

### **2(D) Save the Children PR Reprogramming for 2017**

Dr Myo Set Aung presented on the anticipated savings for HIV in 2017. With a burn rate of 90% the anticipated unspent amount was estimated at around USD 2.8 mill. The approved reinvestment will fund activities in the AIDS Alliance, PSI and MDM at a total of USD 278,000 including HTC service improvement for MSM and FSW, expanded access points for female PWID and the procurement of a Gene Xpert machine and a HTC van.

TB had a burn rate of 76% resulting in anticipated unspent funds of USD 1.76 mill. A total of USD 154,755 has been re-budgeted to screening of diabetes among TB cases and mapping of GPs (PSI) and Gene Xpert installation (PSI, AHRN, IOM).

For Malaria the reinvestment plan includes activities like: training and equipping 2250 volunteers with mobile application for reporting; further funding of Malteser for additional volunteers and testing in Rakhine in 2017; procurement of VHV kits and vehicle; elimination training/access database training and PSM consultancy (LMIS, QA/QC, development of PSM-SOPs for volunteer level). Activities were agreed to by the Malaria TSG 2017.

The ExWG approved the results of the grant negotiations and the reprogramming of savings for both PRs unanimously.

Kindly see the details in the Save the Children presentation in the annex and here: [https://drive.google.com/open?id=0B7XPWrrb5x\\_haHNPRTZDVVMzN1U](https://drive.google.com/open?id=0B7XPWrrb5x_haHNPRTZDVVMzN1U).

### **3. RAI SR Selection for Regional Component Pack 1#**

Dr Saw Lin of MoHS presented on the RAI on behalf of the NMCP. A call for proposals for the RAI Regional Component Pack 1# was sent out 26 July with the deadline of 23 August. The pack focus on implementation of malaria interventions to reach the most at risk hard to reach persons in Cambodia, Lao PDR, Myanmar, Thailand, and Viet Nam. The budget is USD 13.7 million (out of a total of \$34 million for the whole regional component).

The RAI SR selection panel reviewed and scored the 21 applications received. The panel consists of 10 people: five RAI country representatives (for Myanmar: Dr. Aung Thi, NMCP selected by the MHSCC), one WHO representative, two donor representatives (USAID/PMI, France), one civil society representative, and one representative from the PR (UNOPS). Key criteria used to evaluate the proposals included:

- Technical and organizational capacity to implement the proposed activities, including relevant geographical presence and ability to manage Global Fund grants;
- Characterization of, rationale and evidence-base for selecting target groups and geographical areas;
- Technical approach, collaboration with local/national authorities, alignment with national plans and demonstrated potential for programmatic impact;
- Value-for-money (evaluation of financial proposal).

Out of 21 applications reviewed, 13 proposals included Myanmar within their scope, either as part of a multi-country approach or as standalone projects for Myanmar. Five of these proposals were shortlisted by the selection panel following the scoring process, of which four is suggested to be recommended to the RSC for funding under the future regional component in 2018-2020, and one is suggested as an “above allocation” priority.

Kindly see the details in the NMCP presentation here: [https://drive.google.com/open?id=0B7XPWrrb5x\\_haHNPRTZDVVMzN1U](https://drive.google.com/open?id=0B7XPWrrb5x_haHNPRTZDVVMzN1U).

## Discussion

The Executive Working Group on behalf of the MHSCC reviewed the five RAI2-E Regional Component Package 1 SR proposal selections. The ExWG reviewed with a special focus on: (1) MOU with MoHS, (2) Working Experience/ Achievement, (3) Targeting MMEV and Hard-to-reach or not, (4) Innovative and/or ongoing activities, (5) Follow National Malaria Treatment Guideline or not, (6) Collaboration with National Program, (7) Efficiency. The ExWG had the following comments.

- **MAM**  
The ExWG endorsed both proposed activities and budget of MAM. It was particularly highlighted that the MAM proposal is covering very hard to reach areas including Nagaland and that the proposal is of significant importance to the NMCP. The previous collaboration with MAM has been very positive and MAM follow National Treatment Guidelines.
- **Save the Children**  
The ExWG endorsed both proposed activities and budget of Save the Children with the comment that two townships overlap with the proposal from PSI. Save the Children have a strong track record and work according to national guidelines. The proposal covers hard to reach areas.
- **Shoklo Malaria Research Unit (SMRU)**  
It was noted that SMRU with their newly approved country component funding will implement in four townships and for one year only. The current proposal will then cover the same area the following two years (2019 and 2020). They proposed on-going activities for same area for the next 2 years. It was noted that the price for coverage of four townships was too high. The ExWG hence propose an adjustment of the budget of SMRU from USD 2.99 million to USD 2 million. It was also noted that there have been significant problems with the submission of data by SMRU into the national reporting system. The organization and the proposal must ensure that proper steps are taken to provide quality data to the national system in a timely manner. It was also pointed out that SMRU have previously refused to follow National Treatment Guidelines. Following National Treatment Guidelines must be a condition for receiving GFATM funding that includes treatment activities. Finally it was also noted that the township of Hpa Pun overlap with the proposal from Malteser.
- **Malteser International**  
The ExEG endorsed the activities and budget of Malteser noting that the overlapping township of Hpa Pun needs to be removed from the Malteser implementation area. It was noted that Malteser has a good working relationship with NMCP and follow relevant treatment guidelines.
- **Populations Service International**  
The ExWG request that the above allocation proposal of PSI is included for funding. The proposal outlines efficient strategies for implementation and covers hard to reach areas in Northern Shan State. The past track record of PSI is good and they follow National

Treatment Guidelines. If necessary in order to fund this proposal, the ExWG propose lowering the budget of the remaining 4 proposals and in particular as mentioned earlier that of SMRU. The overlapping townships of Mabein and Mongmit needs to be excluded in the PSI area of intervention.

### **Action Points**

The ExWG Secretariat will forward the comments of the ExWG to the RAI Secretariat for their further process.

### **4. Agenda for next M-HSCC meeting**

The Chair presented a few suggested policy agenda items for the next MHSCC meeting together with a number of updates as per regular practice. It was decided to postpone to later MHSCC meetings potential agenda items such as Occupational Health and Health of the Elderly. However, there was broad agreement to include Policy on Involvement of Volunteers and Health Security as agenda items. The suggested agenda was as follows:

- Policy on Involvement of Volunteers
- Health Security
- Reports
  - Update on NHP Operationalisation Plans
  - Update on Rakhine and the Health Sector
  - Update from JICA
  - M-HSCC Executive Working Group and TSGs
  - Update on GFATM Grant Making and RAI
  - Report from Communities

### **Action points**

The ExWG Chair to submit to the MHSCC Chair for comments and finalization of draft agenda and identification of presenters.

### **5. Oversight Visit**

The next ExWG oversight visit is tentatively planned to be conducted at the beginning of 2018. Mon and Kayin States have been suggested as possible venues. Due to time limitations, the topic will be further discussed at the next ExWG meeting.

### **6. AoB**

Dr Htun Nyunt Oo presented on the Labmynet project (French 5% Initiative Application) proposed by Fondation Merieux in collaboration with select Myanmar partners. The 5% Initiative grant is France's second modality of contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Fondation Merieux applied for funding for activities in Myanmar with some consultation of NAP, National Health Laboratory (N.H.L.) and partners such as The Union.

For more information kindly see the presentation of Dr Htun Nyunt Oo here:

Kindly see the details in the NMCP presentation here:

[https://drive.google.com/open?id=0B7XPWrrb5x\\_haHNPRTZDVVMzN1U](https://drive.google.com/open?id=0B7XPWrrb5x_haHNPRTZDVVMzN1U).

### **Discussion Points**

The Executive Working Group on behalf of the MHSCC reviewed the Merieux proposal. It was noted that an English summary was submitted in advance of the meeting while an English version of the full proposal was submitted the evening before the meeting. The comments from the ExWG member on the English version of the proposal were as follows:

- The proposal is technically sound and of great importance to the HIV response and the health sector in Myanmar. The kind of support proposed in the document will assist with the very important goal of strengthening routine viral load testing in Myanmar, which in its turn will assist the achievement of the Milestones (90-90-90) of the 3rd National Strategic Plan on AIDS. The technical content of the proposal is hence fully endorsed by the EXWG.
- The proposal was drafted by Merieux and developed after a quick discussion with NAP and USCDC. However, this was not done in collaboration with the CCM (MHSCC). Hence, the documents should not state that the proposal was developed in collaboration with NAP, CDC and the CCM (the MHSCC).
- For example, the proposal reads on page 8: "This project comes from the reflections conducted jointly with the key players of the HIV in Myanmar which will be associated partners of the implementation: the NHL, the National AIDS program (NAP), the CCM, the CDC, the office of WHO, and main non-governmental organizations (NGOs)....". The CCM (the MHSCC) has not been consulted prior to the development of the project.
- Due to a tight time line, the proposal has not yet been submitted to the HIV Technical Strategy Group (TSG) and this TSG has not been involved or consulted.
- It was also noted that the National AIDS Programme Manager and the Deputy Director General, Disease Control had been informed only briefly prior to the submission of this document to the MHSCC. NAP asked Merieux' representative to discuss with NHL and USCDC to avoid overlapping in the area of technical support from the latter.
- It is noted that Merieux signed a MoU with DoMS, Ministry of Health and Sports on 28 February 2017. The MoU includes the agreement on the type of technical work outlined in the proposal.
- However, Merieux has missed in the preparation of the proposal to follow proper administrative procedure. Therefore, while the ExWG endorsed the proposal, it is with the caveat that the proposing organization has to follow proper administrative procedure before implementation can be initiated. This would mean that the activities/proposal should be submitted to review by the HIV TSG.

The meeting ended at 12:40 PM.



## Annex

Presentation 2 A (UNOPS):

GF Post-grant Negotiation Updates (ATM) and GF Approval Status of 2017 Savings' Re-investment Plans











### GF Post-grant Negotiation Updates (ATM) and GF Approval Status of 2017 Savings' Re-investment Plans


Presented by PR-UNOPS

M-HSCC Executive Working Group Meeting  
29 September 2017  
Yangon



### Introduction

- Grant documents have been prepared in light of the guidance from the TSGs/ M-HSCC which is based on the Country CN that was examined and approved by the TRP.
- The CN writing teams and NPs also guided the process through out
  - 1 week long workshop for forecasting of medicines, health commodities in March 2017
  - 1 week long Detailed Planning and Budgeting Workshop for 2018-2020 in Nay Pyi Taw along with selected SRs and technical partners in April 2017
- Completed grant documents were submitted to the Global Fund in June 2017 on time for all 3 diseases.
- LFA also joined us in above meetings and noted major changes/ activities that we planned. And LFA scrutinized all grant packages and PR-LFA meetings were held in Yangon one week before grant negotiation.
- Grant negotiation took place at the Global Fund office in GVA during 24 to 28 July 2017.
- Recommended exchange rate was changed from 1 USD = 1309.006 MMK (pre-negotiation) to 1 USD = 1327.2641 MMK (negotiation).



### HIV grant – Post negotiation changes in PFs

- HIV prevention targets have been increased significantly; the following target changes pre- and post-negotiation in comparison:

Indicator (UNOPS)	Pre-negotiation			Post-negotiation		
	2018	2018	2020	2018	2018	2020
PWID reached	16,300	17,315	18,331	20,300	22,315	24,331
PWID HIV testing	13,840	14,752	15,665	17,040	18,752	20,465
N&S	300	300	300	350	350	350
MMT	13,500	14,000	14,500	16,200	16,700	17,200
FSW reached	15,264	16,594	17,952	20,764	22,594	24,452
FSW HIV testing	9,158	10,786	12,566	13,283	15,586	18,091
MSM reached	5,000	5,250	5,513	12,500	13,250	14,013
MSM HIV testing	3,000	3,413	3,859	8,625	9,813	11,084
OVP HIV testing	23,915	23,915	23,915	30,615	31,415	32,115
PMCT	797,955	797,955	797,955	848,649	847,137	901,960
ART	1,107,312	1,107,312	1,107,312	984,575	993,337	1,002,178
ART	114,625	131,329	144,468	114,625	131,329	144,468

**PRs and SRs Budget  
(Post grant negotiation: HIV-UNOPS grant)**

Recipients	Pre Negotiation Budget	Negotiation Adjustments	Additional Post Negotiation Adjustment	Post Negotiation balance Budget	Remark
NAP	38,871,704	3,455,031	1,340,000	32,076,672	Exchange rate changed + reduction in TRC+PSM + Same C&S target + Buffer removed + Gene Xpert removed
MAM	1,999,999	23,429		1,976,570	Exchange rate changed
MANA	4,947,330	77,181		4,870,149	Exchange rate changed, HR saving.
PGK	6,607,887	660,470		6,947,357	Exchange rate changed, reduce the seconded staff to 100% in 18, 75% in 19 and 50% in 2020.
UNION	11,903,985	1,021,253		10,882,732	Exchange rate changed + reduction in TRC + reduction in HR + Head quarter HR cost removed + Seconded staff to NAP phased out progressively same as above.
WHO	2,907,000	340,388		2,566,612	GF contribution for WHO Technical Officer, Admin Assistant reduced. Office Rent to be reduced by 50%.
UNOPS	12,979,190	0		12,979,190	
				6,917,750	Post Negotiation Readjustment
<b>Total</b>	<b>78,217,076</b>	<b>5,557,750</b>	<b>1,340,000</b>	<b>78,217,076</b>	<b>Total PR1 Budget after Post Negotiation reduced to 77,067,076</b>

**Proposed Post Negotiation Reinvestment Plan**

Proposed activities	Post Negotiation Proposed budget
MANA increased prevention activities/targets for PWID	2,199,750
PGK increased prevention activities/targets for FSW/MSM	1,788,000
Accounting software for MANA and PGK (Share with TB-PGK)	30,000
To include DQA + Health facilities assessment/survey in 2018 (u/d WHO Budget)	150,000
Epi-impact assessment and programmatic review (u/d WHO Budget)	200,000
PR transition (financial capacity building) under NAP	200,000
MMT under NAP	1,000,000
MHSCC Secretariat staff support (International Position) under WHO	200,000
Prevention and Care and Support Activities in Wa Region (Transfer to SCI)	750,000
Increase additional 3000 PWID target for 2018 (GF recommendation) (Transfer to SCI)	400,000
<b>Total</b>	<b>6,917,750</b>

**TB grant – Post negotiation changes in PFs**

- MDR-TB notification and treatment target is increased
- MDR-TB loss to follow up rate reduce to 2% in 2020

**PRs and SRs Budget**   
(Post grant negotiation: TB-UNOPS grant)

IP	Pre negotiation budget	Negotiation adjustment	Deduction/Addition	Remark
NTP	45,692,573	45,203,580	488,993	Savings- removal of World TB Day activities and MDR-TB patients support - shorter regimen (20 months to 11 months) Reallocated for PR transition plan in 2019 and 2020, additional 488,993 clusters of Nationwide TB Prevalence Survey, Additional of FLD (patient kits) and PAS for XDR-TB cases and upward adjustment for BSL 3 laboratory equipment maintenance & air pressure system
The Union	4,078,473	3,928,981	149,492	International staff from HQ are removed. Seconded positions are reduced to 100% in 2018, 75% in 2019 and 50% in 2020.
PGK	1,804,435	1,782,648	21,787	
MHAA	3,049,298	3,019,810	29,688	
MAM	1,928,348	1,904,788	23,680	MAM-TB project is proportionately budgeted with Malaria project. The proportion of TB is changed from 15% to 14%.
WHO	3,828,245	4,155,861	(327,616)	Programme review, SARA, international consultant for MHSCC secretariat are added.
MMA	4,620,000	4,845,924	(225,924)	Seconded positions are reduced to 100% in 2018, 75% in 2019 and 50% in 2020. MDR-TB patients support in 13 townships of Yangon by realignment of MMA nutritional support budget + all saving
PR	12,442,556	12440736		
<b>Total</b>	<b>65,001,372</b>	<b>64,841,372</b>	<b>160,000</b>	The budget difference is allocated for PR budget gap for TB grant.

**Malaria grant – Post negotiation changes in PFs** 

- Total country population was used in the denominator in the calculation of API and change the targets accordingly.
- Case Investigation and Foci Investigation targets were changed from annual to six months targets. Additionally, targets for case investigation and foci investigation were changed to show the increasing trend from 2018 to 2020.
- Contribution of PMI for national target was not confirmed yet. Target of PMI, 300,000 LLINs, were excluded from the national target for continuous LLIN distribution (513,975 LLINs) in 2020 though it was included in previous assumption.

**PRs and SRs Budget**   
(Post grant negotiation: Malaria-UNOPS grant)

IP	Before negotiation	After negotiation	Deduction/Addition	Remarks
NMCP	39,917,238	39,328,951	588,286	Exchange rate changed. Inj. Artesunate (2018) was removed. Unit cost for commodities were downward adjusted. National malaria week (State & Region) removed. LLIN 300,000 was added in 2020.
MHAA	392,799	407,428	(14,628)	Exchange rate changed. USD 20,000 added for accounting software.
MCC	2,514,385	2,500,307	14,077	Exchange rate changed. USD 20,000 added for accounting software.
MRCs	2,477,703	2,303,120	174,583	Exchange rate changed. Budget absorption % was applied in TRC and HR lines.
MMA	2,950,537	2,917,584	32,952	Exchange changed. Operations research budget was removed.
MAM	6,885,240	7,200,344	(315,104)	Additional USD 400,000 was approved by TSG for area expansion.
SMRU	1,997,303	2,987,397	(990,093)	Additional USD 1,000,000 was approved by TSG to fill the gap in 2019.
WHO	6,426,393	5,833,076	593,316	Deduction of seconded staff, by 25% in 2019 and by 50% in 2020. One NPO post was removed. MHSCC secretariat salary was added. 2 big surveys budget was added.
PR	12,746,803	12,829,834	(83,031)	
<b>Total</b>	<b>76,308,405</b>	<b>76,308,405</b>	<b>0</b>	

## Updates: re-investment plans for 2017 savings

- Under the guidance of TSGs, the PR submitted re-investment plans for Malaria on 28 Jul 2017, TB on 15 Aug 2017 and HIV on 21 Aug 2017.
- TB re-investment plan was approved partially on 15 Aug 2017 and HIV and Malaria have been pending for GF visit to the country to be discussed in person.
- GF – CT visited PR-UNOPS office on 19 Sept 2017 and the plans were discussed with GF in the presence of LFA.
- The following slides are updates of GF approval status.

## GF approval status of 2017 savings re-investment plans – HIV

SR	Activity	Budget (USD)	Comments
NAP	Strengthening data use for effective planning and implementation of NSP III at sub national level	36,556	Approved
NAP	STI s management training (central)	6,492	Approved
NAP	STI s management training (state and regions)	88,779	Approved
NAP	PMTCT training for newly staffs (district)	167,571	Approved
NAP	Vehicle (central/state/regions)	759,997	Not approved.
NAP	STIs guideline dissemination workshop (central)	12,604	Approved.
NAP	Awareness raising activities for the production and distribution of awareness raising materials (with printed health information) during awareness raising activities including World AIDS day events for 75 districts.	34,836	Not approved.
NAP	TSG meeting (central)	5,690	Approved
NAP	Study on effectiveness of MMT services_Hiring of national consultant fees	9,800	Approved
NAP	MMT guideline development Harm reduction(Hiring national consultant)	19,600	Approved
NAP	Procurement for IT (MMT Programme)	50,573	Approved

## GF approval status of 2017 savings re-investment plans – HIV (contd.)

SR	Activity	Budget (USD)	Comments
NAP	Procurement of Vehicles	40,000	Not approved.
NAP	Upgradation and renovation of MMT Sites	36,287	Approved
NAP	Office furniture for MMT Sites	21,314	Approved
NAP	Printing Items (MMT Programme)	5,348	Approved
NAP	Dispensing machine	68,000	Approved
NAP	Workshop on MMT guideline development	15,071	Approved
NAP	Procurement of IT equipment for eHealth and Open MRS	1,373,822	Approved
NAP	Support ATM Staff to attend Health Informatics: Health Informatics	6,173	Approved
NAP	Procurement of Gene Xpert machine	375,000	Not approved.
NAP	Procurement of OHP and PA system for AIDS/STD Teams, NAP Central and Central Warehouse	57,689	Approved
NAP	Procurement of 5 CD4 machines	72,500	Approved

**GF approval status of 2017 savings re-investment plans – HIV (contd.)**



IP	Activity	Budget (USD)	Comments
NAP	Technical Assistance, MPI scanner and Network attached storage	65,649	Approved
PGK	HR awareness workshop for caregivers and counsellors.	21,142	Approved
PGK	Head Office rental and DIC rental (5 new sites and existing 18 sites)	84,429	Approved
PGK	Support for out patients care (flooded area)	32,500	Approved
PGK	HR Cost (5 new sites)	24,410	Approved
PGK	Head Office Running and DIC Running Cost (5 new sites)	2,865	Approved
UNION	Procurement of IT equipment for Open MRS Roll Out	74,624	Approved
UNION	Refresher training for NAP HR Support	12,828	Approved
UNION	Procurement of one fully-automated DNA/RNA extractor for VL machine in Public Health Laboratory, Mandalay	65,000	Not approved.
UNION	Additional budget for renovation/furniture for Service Delivery Points	5,000	Approved
UNION	Security Service Fee (to hire 3 security personnel with total cost of USD 550 per month) - For Last 6 months of 2017	3,300	Approved

**GF approval status of 2017 savings re-investment plans – HIV (contd.)**



IP	Activity	Budget (USD)	Comments
WHO	Printing of ART Clinical Guideline – quantity 3,000	7,500	Approved
WHO	15 Old computers procured in 2011 to be replaced with 15 Laptops	10,500	Approved
WHO	Procurement of Printers (To provide better support to the National counterpart, it is planned to provide 23 printers for 23 data assistants out of 28 data assistant, which was not provided before) - quantity 23	11,500	Approved
WHO	Procurement of service for legacy data entry for Open MRS – consider over 20 sites where total number of patients more than 500 (to assist and preparation for Open MRS and legacy data management)	14,723	Approved
WHO	Hiring of one National Consultant to develop training curriculum for STI Management – including DGA and Travel costs	3,272	Approved
WHO	2-days-Dissemination workshop and experience sharing for study tour of prison health from Indonesia	7,000	Approved

**GF approval status of 2017 savings re-investment plans – TB**



IP	Activity	Budget (USD)	Comments
NTP	Approval for remaining activities of Nationwide TB prevalence survey	244,596	Approved
NTP	10 vehicles from approved 2017 savings reinvestment plan	300,000	Not approved.

PR-UNOPS has got one more recent approval from the GF for 'HMIS activities - 2017 Savings Reinvestment Plans' (under HIV grant)

Procurement of IT equipment*	795,795
HMIS database (Workshop & Technical Assistance)	15,975
<b>Total</b>	<b>811,770</b>

**GF approval status of 2017 savings re-investment plans - Malaria**



IP	Activity	Budget (USD)	Comments
All SRs	All vehicles (cars, boats)	-	Not approved.
PSI	Communication and education for NMCP (PSI will expand National Malaria Communication Campaign through mass media)	100,000	Not approved.
MCC	Procurement of Office equipment and furniture for field offices	47,780	Approved
NMCP	Training on case based surveillance (Central)	10,399	Approved
NMCP	Training on case based surveillance (State/Regional level)	60,488	Approved
NMCP	Procurement of IT equipment for EHOs, state/regional VBDC offices	145,600	Not approved.
NMCP	Upgrading warehouses and office buildings	147,826	Approved
NMCP	Procure of office equipment for township VBDC offices	23,357	Not approved.
MAM	Solar panel package for volunteers in hard to reach areas where there is no electricity	44,925	Approved
MAM	Procurement of IT equipment for field offices	101,052	Approved
MAM	Staff trainings (on grant implementation)	47,840	Approved
MAM	Training of ICMV	16,914	Approved
SCI	Close out plan for Kayah State	17,822	Approved

**GF approval status of 2017 savings re-investment plans – PR-UNOPS Budget**



PR	Activity	Comments
UNOPS	Title change for one Procurement associate (LICA 6) position (responsibilities to focus on reporting of procurement financial data)	Approved
UNOPS	Upgrade data assistant to associate in the finance unit so that the incumbent can be used as database associate	Approved

## The ATM - Reinvestment plans for 2017 savings under UNOPS PR

Under the guidance of the three TSGs, the plans were submitted to GFATM for Malaria on 28.7.17, for TB on 15-8.17 and for HIV on 21.8.17. The plans have been discussed with GFATM in the presence of the LFA. The following table defines the summary of the submission.

Grant	SR	Activity	Budget (USD)	Comments
Malaria	All SRs	All vehicles (cars, boats)		GF already communicated that this will not be approved.
	PSI	Communication and education for NMCP (PSI will expand National Malaria Communication Campaign through mass media)	100,000	Pending approval.
	MCC	Procurement of Office equipment and furniture for field offices	47,780	Pending approval.
	NMCP	Training on case based surveillance (Central)	10,399	Pending approval.
	NMCP	Training on case based surveillance (State/Regional level)	60,488	Pending approval.
	NMCP	Procurement of IT equipment for EHOs, state/regional VBDC offices	145,600	Pending approval.
	NMCP	Upgrading warehouses and office buildings	147,826	Pending approval.
	NMCP	Procure of office equipment for township VBDC offices	23,357	Pending approval.
	MAM	Solar panel package for volunteers in hard to reach areas where there is no electricity	44,925	Pending approval.
	MAM	Procurement of IT equipment for field offices	101,052	Pending approval.
	MAM	Staff trainings (on grant implementation)	47,840	Pending approval.
	MAM	Training of ICMV	16,914	Pending approval.
	SCI	Close out plan for Kayah State	17,822	Pending approval.
HIV	NAP	Strengthening data use for effective planning and implementation of NSP III at sub national level	36,556	Pending approval.
	NAP	STI s management training (central)	6,492	Pending approval.
	NAP	STI s management training (state and regions)	88,779	Pending approval.
	NAP	PMTCT training for newly staffs (district)	167,571	Pending approval.
	NAP	Vehicle (central/state/regions)	759,997	GF already communicated that this will not be approved.
	NAP	STIs guideline dissemination workshop	12,604	Pending approval.

	(central)		
NAP	Awareness raising activities is for the production and distribution of awareness raising materials (with printed health information) during awareness raising activities including World AIDS day events for 75 districts.	34,836	Pending approval.
NAP	TSG meeting (central)	5,690	Pending approval.
NAP	Study on effectiveness of MMT services _Hiring of national consultant fees	9,800	Pending approval.
NAP	MMT guideline development: Harm reduction(Hiring national consultant)	19,600	Pending approval.
NAP	Procurement for IT (MMT Programme)	50,573	Pending approval.
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NAP	Office furniture for MMT Sites	21,314	Pending approval.
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NAP	Procurement of IT equipment for eHealth and Open MRS	1,373,822	Pending approval.
NAP	Support ATM Staff to attend Health Informatics: Health Informatics	6,173	Pending approval.
NAP	Procurement of Gene Xpert machine	375,000	GF already communicated that this will not be approved.
NAP	Procurement of OHP and PA system for AIDS/STD Teams, NAP Central and Central Warehouse	57,689	Pending approval.
NAP	Procurement of 5 CD4 machines	72,500	Pending approval.
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PGK	HR awareness workshop for care givers and counsellors.	21,142	Pending approval.
PGK	Head Office rental and DIC rental (5 new sites and existing 18 sites)	84,429	Pending approval.
PGK	Support for out patients care (flooded area)	32,500	Pending approval.
PGK	HR Cost (5 new sites)	24,410	Pending approval.
PGK	Head Office Running and DIC Running Cost (5 new sites)	2,865	Pending approval.
UNION	Procurement of IT equipment for Open MRS Roll Out	74,624	Pending approval.
UNION	Refresher training for NAP HR Support	12,828	Pending approval.
UNION	Procurement of one fully-automated DNA/RNA extractor for VL machine in Public Health Laboratory, Mandalay	65,000	GF already communicated that this will not be approved.
UNION	Additional budget for renovation/furniture for Service Delivery Points	5,000	Pending approval.



	UNION	Security Service Fee (to hire 3 security personnel with total cost of USD 550 per month) - For Last 6 months of 2017	3,300	Pending approval.
	WHO	Printing of ART Clinical Guideline – quantity 3,000	7,500	Pending approval.
	WHO	15 Old computers procured in 2011 to be replaced with 15 Laptops	10,500	Pending approval.
	WHO	Procurement of Printers (To provide better support to the National counterpart, it is planned to provide 23 printers for 23 data assistants out of 26 data assistant, which was not provided before) - quantity 23	11,500	Pending approval.
	WHO	Procurement of service for legacy data entry for Open MRS – consider over 20 sites where total number of patients more than 600 (to assist and preparation for Open MRS and legacy data management)	14,723	Pending approval.
	WHO	Hiring of one National Consultant to develop training curriculum for STI Management – including DSA and Travel costs	3,272	Pending approval.
	WHO	2-days-Dissemination workshop and experience sharing for study tour of prison health from Indonesia	7,000	Pending approval.
TB	NTP	Approval for remaining activities of Nationwide TB prevalence survey	244,596	Pending approval.
	NTP	10 vehicles from approved 2017 savings reinvestment plan	300,000	GF already communicated that this will not be approved.

The plan is submitted for MHSCC comments and eventual endorsement.

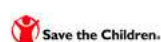
Presentation 2 C (Save the Children):

Updates on 2018 – 2020 Grants

**Save the Children - PR  
Global Fund Myanmar**



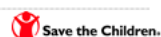
**Updates on 2018 – 2020 HIV Grant  
MHSCC Ex. WG Meeting  
Sep 29, 2017**



**HIV - Additional investment on  
KP targets**

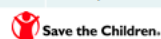
	Amount (in USD)	Increased HIV testing target
MDM	500,000	1,000 PWID
SARA	1,462,000	3716 PWID
AHRN	780,000	2,405 PWID 2,639 OVP
MSI	600,000	11,000 MSM
Malteser	200,000	267 MSM 2,004 FSW 3,060 OVP
<b>Total</b>	<b>3,542,000</b>	

Highlighted – post TSG changes approved by email



**HIV: Target Overview**

Indicator Code	Indicator Short Description	Pre-negotiation Target (2018 – 2020)	Post-negotiation Target (2018 – 2020)	Difference
KP-1a	MSM reached	107,062	122,588	15,526
KP-3a	MSM tested	82,235	95,304	13,069
KP-1c	FSW reached	87,900	94,960	7,060
KP-3c	FSW tested	61,466	65,329	3,863
KP-1d	PWID reached	50,791	68,571	17,780
KP-3d	PWID tested	17,401	24,522	7,121
KP-3e	OVP tested	105,511	111,210	5,699



## HIV: Target Overview –cont'd

Indicator Code	Indicator Short Description	Pre-negotiation Target (2020)	Post-negotiation Target (2020)	Difference
TCS-1	Patients on ART	30,868	30,868	-
TCS-3.1	ART patients virally suppressed	90%	90%	-
TB/HIV-6	PLHIV/TB on ART	75%	90%	15%
TB/HIV-3.1	PLHIV screened for TB	100%	100%	-
TB/HIV-4	PLHIV on IPT	50%	50%	-

Proposed targets also incorporate complementary funding from USAID, MSF-H, MSF-Ch and MSI, total approximately \$44 million from 2018 – 2020.

## PR/SRs Budget Overview HIV (2018-2020)

Initial Allocation  
US\$ 51,793,766

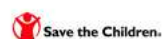
	ENTITY	INITIAL Budget June 2017	FINAL Budget September 2017	Variance
1	AHRN Asian Harm Reduction Network	6,601,431	6,976,252	374,821
2	Alliance International HIV/AIDS Alliance	5,896,630	6,877,232	980,602
3	IOM International Organization for Migration	3,323,946	3,034,665	(289,281)
4	Malteser Malteser International	754,559	951,306	196,747
5	MDM Médecins du Monde	8,216,512	7,926,729	(289,783)
6	MPG Myanmar Positive Group	1,014,888	982,516	(32,352)
7	MSF-CH Médecins Sans Frontières-Switzerland	2,400,533	2,321,110	(79,423)
8	MSF-H Médecins Sans Frontières-Holland	8,857,013	8,857,013	0
9	MSI Marie Stopes International	2,180,421	2,582,212	401,791
10	PSI Population Services International	5,932,359	5,320,730	(611,629)
11	PUI Première Urgence Internationale	1,079,849	1,036,547	(43,302)
Cohort transfer (AFXB, Malteser, PUI)		512,661	422,963	(89,699)
Save the Children - PR Activities and Management		6,594,376	6,654,490	(939,887)
<b>TOTAL in US\$</b>		<b>53,365,158</b>	<b>52,943,765</b>	<b>(421,393)</b>

\*The deficit budget of \$1,150,000 will be reallocated from UNOPS-PR

## Save the Children - PR Global Fund Myanmar

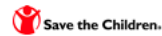


## Updates on 2018 – 2020 TB Grant



## TB: Target Overview

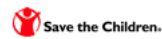
Indicator Code	Indicator Short Description	Pre-negotiation Target (2018 – 2020)	Post-negotiation Target (2018 – 2020)	Difference
TCP-7a	Notified cases contributed - private	52,010	50,100	(1,910)
TCP-7c	Notified cases contributed - community	18,524	27,349	8,825
TB/HIV-5	% TB cases with HIV result recorded in register	90%	90%	-



## PR/SRs Budget Overview TB (2018-2020)

**Initial Allocation**  
US\$ 16,760,483

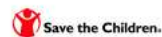
ENTITY		INITIAL Budget June 2017	FINAL Budget September 2017	Variance
1	AHRN Asian Harm Reduction Network	2,531,832	2,519,114	(12,718)
2	IOM International Organization for Migration	3,157,253	3,158,010	757
3	Malteser Malteser International	2,363,754	2,321,002	(42,752)
4	PSI Population Services International	7,179,742	6,906,698	(273,044)
Save the Children - PR Activities and Management		1,530,129	1,855,858	325,629
<b>TOTAL in US\$</b>		<b>16,762,710</b>	<b>16,760,483</b>	<b>(2,228)</b>



## Save the Children - PR Global Fund Myanmar



## Updates on 2018 – 2020 Malaria Grant



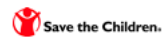
## 2018-20 RAI2E Malaria: Target Overview

Indicator Code	Indicator Short Description	Pre-negotiation Targets (2018-2020)	Post-negotiation Targets (2018-2020)	Difference
VC-1	Mass LLIN Distribution	535,260	535,260	-
VC-3	Continuous LLIN Distribution	353,377	353,377	-
CM-1b	Test community	1,161,215	1,358,278	197,063
CM-1c	Test private	341,098	393,005	51,907
CM-2b	Treat community	16,223	19,629	3,406
CM-2c	Treat private	11,584	13,344	1,760
CM-4	No stock out	100%	100%	-

## PR/SRs Budget Overview MALARIA (2018-2020)

**Initial Allocation**  
US\$ 21,148,356

ENTITY			INITIAL Budget June 2017	FINAL Budget September 2017	Variance
1	ARC	American Refugee Committee	2,888,233	2,927,798	39,565
2	HPA	Health Poverty Action	4,138,652	4,240,637	101,985
3	IOM	International Organization for Migration	2,324,706	2,382,328	57,620
4	Malteser	Malteser International	1,084,398	1,110,653	26,255
5	PSI	Population Services International	4,212,488	4,390,874	178,406
6	SCI	Save the Children International	1,908,747	1,952,484	45,737
Procurement of Commodities			1,717,018	1,241,674	(475,344)
Save the Children - PR Activities and Management			2,880,719	2,901,910	21,191
<b>TOTAL in US\$</b>			<b>21,152,940</b>	<b>21,148,356</b>	<b>(4,584)</b>



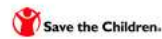
Presentation 2 D (Save the Children):

Updates on 2017 Savings Reinvestments

**Save the Children - PR  
Global Fund Myanmar**



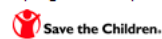
**Updates on 2017 Savings Reinvestments  
MHSCC Ex. WG Meeting  
Sep 29, 2017**



**HIV 2017 Anticipated Under-  
expenditure**

Approved Budget	Projected Expenses	Burn-rate	Anticipated Unspent
\$28,990,083	\$26,191,774	90%	\$2,798,309

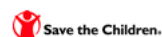
**Note:** Anticipated unspent was calculated based on the Q1 expenditure and historical burn-rate of each SRs, as well as roughly review of program work plan



**HIV TSG Approved Activities for  
Reinvestment in 2017**

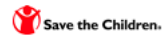
**Summary**

SRs	Proposed Budget (in USD)
Alliance	54,000
PSI	60,000
MDM	164,000
<b><u>Total</u></b>	<b><u>278,000</u></b>



### HIV TSG Approved Activities for Reinvestment in 2017

1. **Alliance:** HTC service improvement for MSM and FSW by KP networks in Yangon and Mandalay
2. **PSI:** Expand access points for underserved and underprivileged Female PWID to harm reduction, HIV and sexual and reproductive health services through the private sector
3. **MDM:** HTC mobile vans and one Gene-Xpert in Kachin

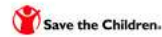


### Save the Children - PR Global Fund Myanmar



### 2017 Savings Reinvestments

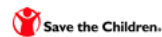
**TB**



### TB 2017 Anticipated Under-expenditure

Approved Budget	Projected Expenses	Burn-rate	Anticipated Unspent
\$7,214,739	\$5,454,375	76%	\$1,760,363

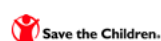
**Note:** Anticipated unspent was calculated base on the Q1 expenditure and historical burn-rate of each SRs, as well as roughly review of program work plan



## TB TSG Approved Activities for Reinvestment in 2017

### Summary

SRs	Proposed Budget (in USD)
PSI	81,000
AHRN	45,200
IOM	28,555
<b>Total</b>	<b>154,755</b>



## TB TSG Approved Activities for Reinvestment in 2017

### AHRN:

Proposed activities	budget (in USD)
Gene X-pert installation in Phakant Township (1,500 tests/year)	45,200
<b>Total</b>	<b>45,200</b>

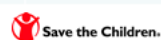
### IOM:

Proposed activities	budget (in USD)
Gene X-pert installation at Mawlamyine clinic (2,400 tests/year)	28,555
<b>Total</b>	<b>28,555</b>

## TB TSG Approved Activities for Reinvestment in 2017

### PSI:

Proposed activities	budget (in USD)
Screening of Diabetes among TB cases by 100 GPs	9,000
Mapping of GPs in 50 townships in Yangon and Mandalay	40,000
Gene X-pert installation at QC Center (1,500 tests/year)	32,000
<b>Total</b>	<b>81,000</b>

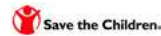




**Save the Children - PR  
Global Fund Myanmar**

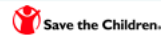


**2017 Savings Reinvestments  
*Malaria***



**Malaria TSG Approved 2017  
Saving Reinvestment Plan**

Activities	Budget	Expected outcome
1. Volunteer mobile reporting	\$ 330,000	Additional 2,250 volunteers trained and equipped with mobile application
2. Malteser Additional funding for Rakhine in 2017	\$ 92,000	Additional 50 ICMV Volunteer recruited and trained in 2017. A total of additional 7,000 suspected malaria cases will receive parasitological test. <i>(Malteser will use the savings from PR2 and will not request additional fund from PR1)</i>
3. Procurement of VHV kits and vehicle	\$ 220,000	VHV kit procured for ~3,100 volunteers (to be used in 2018)



**Malaria TSG Approved 2017  
Saving Reinvestment Plan**

Activities	Budget	Expected outcome
4. Elimination training/access database training	\$ 20,000	SR's program and M&E staff trained on national system on elimination and database with support from NMCP
5. PSM consultancy (LMIS, QA/QC, development of PSM-SOPs for volunteer level)	\$ 17,160	Updated LMIS and QA/QC manual, Volunteer health product management guidelines developed
<b>TOTAL</b>	<b>\$ 689,160</b>	

