

M-CCM Executive Working Group Meeting
15 February 2013, UNAIDS Meeting Room, Traders Hotel, Yangon

Present: Dr Soe Lwin Nyein, Dr Win Maung, Dr Mon Mon Aung, U Thiha Kyaing, Dr Paul Sender, Dr Julia Kemp, Daw Nwe Zin Win, Mr Eamonn Murphy, Ms Tina Boonto (note taker)

Summary of Discussions

Dr Soe Lwin Nyein welcomed and informed the participants that he has been newly appointed as the Deputy Director General for Disease Control, following the departure of Dr Saw Lwin. He looked forward to working together with the M-CCM members.

- 1) Operational Guidelines of Expanded M-CCM: health sector-wide coordination mechanism

The Executive Working Group suggested the M-CCM Secretariat to develop a standard ToR for each TSG including expectations and guidelines for conducting a TSG. Three new TSGs were proposed: (1) M&E & Research; (2) Health Systems Strengthening; (3) Public Health Emergency and Disaster Preparedness.

Immunization issues will be covered by the MNCH.

The Executive Working Group also invited the Department of Health to recommend other TSGs by 22 February 2013.

The expanded M-CCM should also be re-named in order to reflect the broader mandate of coordinating the overall health sector. The Executive Working Group proposed a new name: **Myanmar Health Sector Coordination Committee (HSCC)**.

It is noted that non-communicable disease issues must also be covered by the Myanmar Health Sector Coordination Committee.

With regards membership, the Executive Working Group proposed that the donor constituent add one more member. It is also then suggested that there needs to be a balance between government and non-government sectors and that one more member is to be added to the national NGO constituency. As for the re-election of members whose terms are due to end shortly, it is recommended that the re-election process be on hold, pending the launch of the new entity, the Myanmar Health

Sector Coordination Committee, since new elections will be proposed for all the members. In the interim it was proposed that the existing members or their alternates (for vacant seats) continue the membership until an election is held.

The M-CCM Secretariat will revise the existing M-CCM Governance Manual and integrate elements from the principles paper on expanding the M-CCM which has been endorsed by the M-CCM at its meeting on 16 January 2013.

8 March 2013: Draft revision (with track changes) will be sent to Executive Working Group members for sharing with their constituents and comments.

29 March 2013: Deadline for feedback from all constituents

3 or 8 April 2013: M-CCM meeting (to review and endorse new Governance Manual for the Myanmar Health Sector Coordination Committee.

2) Report back on GF Concept Notes (strategic investment funds)

Eamonn reported back on his visit to Geneva to provide inputs on the Concept Notes from Myanmar to the Global Fund Phase Two Panel. The Global Fund is looking to support Myanmar for all the three diseases (HIV scenario 2; TB scenario 2 plus and Malaria scenario 3). Although there has not been any formal announcement yet, Myanmar is expected to be invited as an early applicant in the GF New Funding Model mechanism. At this stage, the TSGs for the three diseases will be requested to prepare to provide more detailed information and finalize the proposals according to comments on Scorecard and new format from the Global Fund. It is anticipated that the new funds will be available by June 2013.

The Executive Working Group also provided other comments on the Concept Note as follow:

- TSG should be asked to prepare a work plan and strengthen existing national strategies. An operational plan with specific targets by various funding sources should also be part of the proposal finalization.
- For the HIV proposal, the GF would like to shift more resources to harm reduction.
- To fill gaps from phase II continuation, the GF will “front load” some funds and are in the process of negotiating with the PRs

- The M-CCM and the TSGs are responsible for proposal finalization, resource allocation, recommendations of SRs, with inputs from all technical agencies (members of the TSG) and the Principal Recipients.

The Executive Working Group agreed to schedule the following TSG meetings to discuss the Concept Notes and NFM proposal preparation:

25 February 10:00 – 12:00	All TSG Convenors Meeting (at UNAIDS Meeting Room)
25 February 13:30 – 15:30	HIV TSG Meeting (at UNAIDS Meeting Room)
26 February 09:00-11:30	TB TSG Meeting (venue tbd)
26 February 13:30-16:00	Malaria TSG Meeting (venue tbd)

3) Formal establishment of HSS and MNCH-TSG

The Executive Working Group suggested that the MNCH group should formalize their TSG and convene a formal TSG meeting. The M-CCM Secretariat will circulate the MNCH TSG ToR to the convenors and seek confirmation accordingly. As for the HSS group, the Executive Working Group suggested a meeting be convened of all the HSS stakeholders to discuss the formulation of an HSS TSG. The M-CCM Secretariat to contact the Director of Planning Department to request for the meeting.

4) AOB

- The Executive Working Group suggested that a calendar of meetings for the HSCC and the TSGs be prepared in advance for the whole year. In the ToR of each entity, it should be mentioned that a meeting schedule should be prepared in advance.
- Thiha Kyaing raised a concern about broken ARV pills that a patient received from Mingalardon Hospital. He added that this could potentially affect confidence in the quality of public sector services. The Executive Working Group members requested these issues to be promptly alerted to concerned authorities (i.e. Dr Myint Shwe, National AIDS Programme Manager) with detailed information (where, when, how often, batch number/s of drugs) in order to address the problems and prevent other occurrences through the development of SoPs.