

M-HSCC Executive Working Group Meeting

9:00 AM - 11:00 AM, Monday, 12 September 2014

Disease Control Meeting Room, Nay Pyi Taw

Summary of Discussion

1. Welcome by Chair of M-HSCC Executive Working Group

Deputy Director General Dr Soe Lwin Nyein welcomed the participants and introduced the agenda of the meeting. Today agenda is to review the savings and re-allocation of the Global Fund grants for 2015-2016 programmes and to endorse the two-page strategy paper for the 18.6 million additional GF grant for TB component. He also noted on the progress of M-HSCC, now the very first newsletter of M-HSCC is published and to be distributed to all the members. Among 7 TSGs, 5 are functioning well although there are 2 TSGs remained in the process. He requested secretariat group to continue support on the process of these 2 TSGs.

2. Updates on saving and re-allocation of Global Fund grants for HIV programme, 2015-2016 by Dr Myint Shwe, NAP Programme Manager

Dr Myint Shwe presented about Summary discussion of HIV TSG core group meeting conducted in 15 August. The meeting had reviewed GF grants activities to be carried out in 2015 and 2016. It also identified the saving from 2013-2014 grants to be reallocated to other activities if appropriate.

Among two PRs, STC's overall ART and HCT targets are maintained and also there were no financial gaps identified. TSG suggested both PR should prioritize activities that are in line with GF concept note so that it will support the achievements of programme targets. The geographic overlapping of performance and capacity of SRs about proposed activities were also considered by TSG.

He updated the ExWG member about total savings of US\$ 176,392 from STC PR upon removal of some overlap activities of SRs with other funding sources. And the saving is planned to transfer UNOPS PR for methadone procurement if there is identified needs to cover the gaps for MANA's harm reduction activities.

UNOPS PR: For Procurement related budget, total 31,029,321US\$ will be available for 2015 and 2016. But according to planned budget, total amount of 5,732,751US\$ is remained in Gap for 2016. For Activity related budget, total 15,074,716 US\$ is planned for 2015-2016 and is in line with the available budget, so there is no gap.

The areas of reprogramming include:

- (1) buffer for ARV increased to 50% of the total requirement for 2015 and 2016 and 25% for OI
- (2) 25% buffer for HIV test kits and CD4 reagents and accessories
- (3) World AIDS Day activities for 2014, 2015 and 2016
- (4) HIV clinical and Programme Coordinators through Union to support NAP ART services at 15 sites

- (5) additional HR support at 5 sites through MANA
- (6) Strengthening of activities to assure adherence
- (7) PGK will hire 6 MOs to support 16 decentralized sites in its target areas
- (8) Community Home based Care activities – phasing out
- (9) IBBS for FSW and MSM, (9) Strengthening of services through PLWA to identify TB/HIV co-infection
- (10)HCT- Partner testing by NAP, MANA and PGK
- (11)Additional transportation cost planned for all component including methadone
- (12)Installation of equipment in Central ware houses and all 14 Sub-depots as per OIG recommendation
- (13)Annual ART Review meeting

(Please see full presentation attached for detail)

5. Updates on saving and re-allocation of Global Fund grants for Malaria programme, 2015-2016 by Dr Thaug Hlaing, NMCP Programme Manager

Dr Thaug Hlaing presented that for malaria component, UNOPS PR has 4 SRs including National Programme and STC PR has 7 SRs.

UNOPS PR: For PSM related Budget, total 15,841,520US\$ will be available for 2015-2016. For Activity related Budget, 14,612,426US\$ will be available.

Areas of Reprogramming include:

- 1) Expansion of project areas: 14 townships are suggested to be expanded to cover all 284 malaria endemic townships in Myanmar
- 2) Data review & data flow workshop: The savings will be utilized to conduct bi-annual workshops at central level for the improvement of data quality
- 3) Shifting of VHVs: All NFM volunteers from RAI areas will be shifted into RAI grant and new volunteers will be enrolled in other areas
- 4) Supervision visits to VBDC warehouses/stores at central, S/R and township level: As per the recommendations from OSDV, supervision visits will be conducted to monitor logistics and store document management, stock-out and storage conditions
- 5) Surveillance system strengthening at malaria sentinel sites: Surveillance system of 14 malaria sentinel sites will be strengthened
- 6) HIM and data systems strengthening (MMA-malaria to hire and train): One focal person each for 17 States/Regions will be assigned to supervise data systems of NMCP, NAP and NTP.

(Please see full presentation attached for detail)

4. Updates on saving and re-allocation of Global Fund grants for TB programme, 2015-2016 by Dr Sithu Aung, NTP Programme Manager

Dr Sithu Aung presented that according to MDR-TB final operation plan, there will be 9795 MDR-TB patients in 2014-2016. By second line drug availability for the three years, total 2048 MDR-TB patients will remain in gap with current funding and it is about 12 million US\$ gap.

According to future budget plan for National Programme for 2015-2016, 11 townships will remain gap in 2016 for TB/HIV collaborative activities. For accelerated case finding in some hard to reach area, special regions, prisons and mines, the gap is 0.32 million for 2015-16. The gap for Infection control measures is 0.65 million for 2 years. The funding gap for laboratory strengthening is about 0.37 million. For capacity building, the funding gap will be 0.74 million.

The last core TSG meeting decided 74.6% (13.87M) of additional GF grant (18.6 million) will go to UNOPS PR and 25.4% (4.73M) will go to STC PR. From UNOPS PR, National Programme will received 9.4 million US\$ and it will cover some funding gaps mentions above and there will still be 4.3 million funding gap remained.

For UNOPS PR, the total allocated budget for 2015-2016 is 46,161,308US\$.

The areas of reprogramming for 2015-2016 include:

- Additional SLD procurement for shortfall NSP target 2,048 MDR-TB patients (848 pts in 2015 and 1200 patients in 2016)
- Care and support package for MDR-TB patients (Initial and follow-up lab investigation, incentive for DOT plus provider)
- Upgrade/renovate wards for patient awaiting area
- Renovation and safety measures set up in central, upper & lower, states and regional stores
- Installation of ADSL internet in upper Myanmar TB centre
- Supply chain software utilization by tablets
- TB/HIV collaborative townships will be expanded to 236 tsp in 2015 and up to (319) tsp nationwide in Myanmar in 2016
- Maintenance and renovation for existing central labs facilities
- Capacity building for lab technicians

(Please see full presentation attached for detail)

5. Review of savings and re-allocation of the Global Fund grants for 2015-2016 programmes for Save the Children PR

On behalf of Director (Disease Control), Dr Thaung Hlaing presented about STC PR budget.

The allocation of budget for 3 diseases: 51.23 million US\$ for HIV, 13.85 million US\$ for Malaria and 12.82 million US\$ for TB.

Then, he presented about key deviations of budget from those approved by last core TSG meetings. He updated ExWG about the proposed changes in target for 2015-2016 for 3 diseases.

(Please see full presentation attached for detail)

6. Endorsement of the two-page strategy paper for the 18.6 million additional GF grant for TB component

Dr Sithu Aung shared the ExWG members on the two-page strategy paper for additional 18.6 million for TB component with detail budget summary. The two-page strategy paper was endorsed.

(Please see full paper attached for detail)

7. Vacant positions of Parliamentarian and Academic constituency in M-HSCC

Dr Soe Lwin Nyein, the chair of ExWG advised the secretariat team to submit the request letter about the vacant constituency positions on M-HSCC to IHD.

8. Oversight visit

The last ExWG meeting recommended the ExWG members should have regular oversight visits to implementation sites. It is not limited to GF sites, but also for any areas implementing any health related activities by different funding supports. It is also an opportunity to discuss with local government counterparts, State/Regional Health Directors concerning 3 diseases as well as MCH, Health System Strengthening and PSM related issues.

Dr Soe Lwin Nyein mentioned that now is the right time to conduct the oversight visits as MoH is going to implement Measles and Rubella Campaign across the country. He invited all PRs and SRs to participate in that MR Campaign and informed that DoH is going to conduct advocacy to the organizations on it. He pointed out this is a good entry for PRs and SRs to every state/region for M&E activities.

He advised three programme managers to analyse the performance of activities in different areas, different townships. He requested the PMs to nominate the township areas for the oversight visits and submitted to ExWG within 2 weeks after this meeting.

Discussion Points

The chair pointed out that the geographical overlapping of the activities among different organizations should be seriously considered. The three programme managers replied, the issue was discussed in the Core TSG meeting, currently there are some overlapping do present in some easily accessible townships. Core TSG ensure that in future there is no more geographical overlapping of activities in new areas.

Dr Thaug Hlaing updated ExWG members that there will be Malaria Partner meeting by Bill & Melinda Gates Foundation in Naypyitaw in 1-2 October. And Malaria Regional Steering Committee meeting will be in 30 September in Naypyitaw.

He informed that, one organization is proposing to Ministry in their MOU that they want to conduct implementation on Targeted Malaria Elimination. But currently, National programme can't allow any organization to do any intervention for Targeted Malaria Elimination; instead they can use the term "conduct pilot programme for TME".

He raised an issue that recently PSI is denied by DoH to distribute RDT in their projected area. It is a big drawback for National Program as well. National Programme has a policy that is no anti-malaria drugs is given without RDT testing. The patients can only be provided ACT after confirmation with RDT. This is an important issue because private sectors are providing many outreach activities for malaria control measures and it could impact on it.

NMCP is planning to conduct Malaria Indicator Survey/Malaria Prevalence survey in next year with the fund from 3MDG and USAID. NMCP will lead the survey in partnership with Malaria Consortium. He invited other SRs who want to work on this survey in some areas and they can apply as sub-contract by NMCP.

9. AOB

Mr. Eamonn Murphy discussed that M-HSCC is need to call a meeting and request Union Minister to chair the meeting. It is an important time to update Union Minister on the progress of M-HSCC. He mentioned that now M-HSCC is providing the necessary steps for Global Fund PR transition with French Initiative 5%. The FEI 5% proposed consultants CVs were already submitted to Ministry for approval.

He introduced Dr Jason Mitchell; the consultant for the PR transition by UNAIDS to ExWG members. Dr Jason will support and work closely with the FEI 5% consultant team.

He also mentioned that TSGs were discussing about it is possible to move some SR NGOs under UNOPS PR to Save the Children PR so that UNOPS can fully support government for PR transition process. It is also need to think about Programme Manager suggestion on putting some pressure on Global Fund; how they can support the transition process.

Dr Sid Naing discussed that now the census results are coming and we should be thinking of adjusting or recalculating of current figures and target indicators in line with new population data.