

ExWG meeting minutes
20 January 2016
9:00 – 11:00
UNAIDS Office

1. Welcome and Introduction, Dr Than Win, Deputy Director General, Disease Control, Department of Public Health, MOH

Deputy Director General Dr Than Win welcomed the attendees and gave the opening remarks. He stated that the meeting is very important as the new concept note drafting process for the next Global Fund grant will be discussed. The process was started early December 2015 with the formation of the concept note writing teams. Then Dr Than Win gave a brief overview of the recent oversight visit to Taninthari Region. The visit was organized in mid-December to observe a number of public health activities including maternal and child health, HIV and TB activities. Finally, Dr Than Win asked all ExWG members to declare any conflict of interest related to the agenda items. There were no comments and no declaration of conflict of interests so the agenda was approved and the meeting went ahead without further caveats.

GFATM CN Process – Orientation, Ms Izaskun Gaviria, Senior Fund Portfolio Manager, GFATM

Izaskun made a brief introduction of the concept note process. She stated the key points for concept note development process as follows:

- For the past two days, a workshop has been organized with the concept note drafting groups and some other key partners in the UNAIDS office.
- The involvement of key population should be in the concept note development process. The human rights and gender perspective should also be included in the concept note. For this, a consultant can be invited to ensure that these perspectives are well incorporated in all the three diseases in the concept notes. Ethic minority groups should also be consulted in the concept note development process including Rakhine ethnic groups.
- The Technical Review Panel (TRP) wrote some recommendations for the first concept notes. Those recommendations were not fully followed up on. The TRP is now looking at the previous recommendations to see what progress have been made. Izaskun will share this again with the ExWG.
- Burn rates for all three 3 diseases will be combined to a total burn rate and therefore the underspending in one program will affect all three programs. Hence, TSGs need to ensure that all three improve on burn rate.
- Since the Global Fund concept note is based on the country's NSPs, the NSPs should be well developed before the concept note is due. There are some concerns regarding the current status of the Malaria NSP. The concept note has to be submitted in June, the GFATM review process will follow.
- Sub Recipients should be tentatively selected in parallel, but they should not be included in the concept note. PR will remain as they are, but a formal process to reselect them still

needs to be followed and SRs will have to be selected with transparency. The final selection of PRs and SRs should be made by the M-HSCC.

- The proposal should run from the beginning of January 2017 till December 2020. The first year budget will be based on the expenditure rate of 2016. The budget for the next 3 years will depend on the replenishment process results.

2. PR Transition Plan – next steps, Dr Thandar Lwin, Director, Disease Control, Department of Public Health, MoH

Dr. Thandar Lwin, Director of Disease Control presented the PR transition plan and the next steps. The presentation covered general comments and specific comments provided by the Global Fund. A total of 9 general comments were presented. This includes capacity building plan, the detailed transition plan, pre-transition assessment and a mapping of existing partners to support capacity building for the transition.

Moreover, it was commented that the transition plan was not taking into account potential changes at the ministerial level that may come into effect with the new government. This is challenging as it is not predictable what changes may happen. The proposed budget was 2.4M USD to hire skilled persons for 18 months; however it was revised to 1.37M USD and presented at the 4th M-HSCC meeting. A legal framework is necessary for making a grant agreement between MOH and Global Fund.

The specific comments covered Programme Management, Financial Management and System, Procurement and Supply Change Management, M& E. *(please refers to full presentation for details).*

Discussion and recommendation

- Dr Thandar Lwin asked for suggestion regarding organizing a second meeting of the ExWG PR Transition Sub Group.
- The Evaluation & Research TSG meeting needs to be held on a regular basis. The Secretariat of the TSG UNOPS should move forward and the TOR needs to be updated as the name of the TSG is changed from Monitoring and Evaluation to Evaluation and Research TSG. Dr Than Win highlighted that the TSG must be functioning whatever the name could be.

6. RAI Review, Ms Amelie Joubert, Executive Secretary, RAI-Regional steering committee Secretariat

Agenda No (6) was presented before Agenda No (4) due to time constraint.

Amelie gave a brief presentation on a recent independent review of the Regional Artemisinin-resistance Initiative (RAI) program, which was conducted between September and October in 2015. It covered 5 countries and interviews of key stakeholders and made field visits in all 5 countries.

The components of the review process include governance and management of the grant, activity implementation and disease trends, and malaria and drug resistance.

The review was not intended as an in-depth program evaluation for malaria. In the full report, it includes some recommendations and observations which go beyond the implementation of the RAI program and in some case, Global Fund grant implementation. Some of the issues and challenges identified during the review are more broadly related to malaria in the region. It is encouraged that anyone with an interest in Malaria read the report.

The RAI overall progress on implementation is good and the grant rating is B1. Some Key achievements were presented.

For Myanmar, the Grant rating is A2. 20 new townships were scaled-up with malaria interventions. Some activities include strengthening of DFDA capacity, drug quality, training of village health volunteers.

Malaria has decreased overall in the region except in Cambodia and Vietnam. There have been significant decreases in Myanmar for both P.f/P.v. (*please refers to full presentation for the map*).

Short-term recommendations and broader recommendations, which are included in the report were presented. Short-term recommendations cover the remaining phase of the projects. Some areas for reprogramming, recommendations for the next phase and recommendations for all stakeholders were presented (*please refer to full presentation*).

3. TB Project Proposals from WFP and SMRU, Dr Si Thu Aung, Deputy Director, Disease Control,

Dr Si Thu Aung, Deputy Director from Disease Control, MoH presented TB Project Proposals from WFP and SMRU. SMRU has been working on the Myanmar-Thailand border since 1986 and the TB program was implemented from October 2009 to December 2011 with funding support from DFID, followed by European Commission funding from 2011 to 2014.

Now SMRU is proposing a project under Global Fund funding. In order to observe the activity of SMRU in the field, Dr Si Thu Aung and UNOPS made a field visit to the project sites on the border last November. The background of SMUR was presented which included main objectives, key activities under the TB program, achievements on main indicators and some challenges. The SMRU has developed partnerships in the border area to improve its capacity of TB control among migrants and displaced people as well as among the refugees with local Thai Authorities and local hospital. An MOU was signed on 18 November with the Department of Public Health, MOH for partnership between end of 2015 and 2016. The proposed activities and work plan were presented and the detailed narrative proposal was shared prior to the meeting. The total proposed budget is USD 1,535,152.

Dr Si Thu Aung then presented the proposal from WFP. The narrative proposal was included in the hand-outs for review and had been shared electronically sometime before the meeting. WFP began a program of supporting MDR TB patients in February 2015. WFP's main activities in Myanmar were presented. They include food assistance for relief and emergency, treatment of moderate acute malnutrition, prevention of acute malnutrition, prevention of stunting, food assistance to PLHIV, food assistance to TB clients and national school feeding programme.

The objective of the proposed project is to enhance the nutritional recovery and treatment success of MDR-TB clients through the provision of nutrition/and or food support. The

activities to support the MDR-TB program were presented. The proposed project plan will target 4500 MDR-TB patients in 14 regions and states to be implemented in 2016. The project will be implemented by the National TB program and WFP. The total proposed budget is USD 2,199,972.67.

Based on the previous year's experiences, some challenges concerned with repackaging, insufficient storage, poor quality of rice and pulses, lack of knowledge on how to cook, transport cost were identified. Solution to these challenges has also been worked out.

Since there were no objections, the two proposals were endorsed and the M-HSCC secretariat will forward to the Global Fund as is.

4. Next M-HSCC meeting agenda, Mr Ole Hansen, Senior Project Officer, M-HSCC Secretariat

Mr Ole Hansen presented the proposed agenda for the next M-HSCC or ExWG meeting. It was agreed as follows:

- Updates on National Health Plans 2016 (*suggested by Dr Than Win*)
- Endorsement of CN Visions
- GAVI Proposal
- Vice Chair(s) reselection
- EPA Improvement Plan
- MHSCC Work Plan
- Reports (e.g. TSGs, ExWG, PRs 3MDG, JICA, communities)
- Re-igniting TSGs (*suggested by Dr Sid Naing*)

Next meeting could be an ExWG meeting instead of an M-HSCC meeting as it is questions whether it is possible to organize an M-HSCC until after the new government is formed.

7. AOB

An AIDS Alliance proposal was sent to the M-HSCC Secretariat one day prior to the ExWG meeting. Since there was no sufficient time to review the full proposal, it was suggested to forward the proposal to the Expanded HIV TSG meeting for their review and comments.