

**Myanmar Health Sector Coordinating Committee**  
**Executive Working Group Meeting Minutes**  
**10 June 2016**  
**Disease Control Meeting Room, Nay Pyi Taw**  
**9:30 – 13:00**

- **Welcome by the Chair, *Dr Than Win, Deputy Director General, Disease Control***

Dr Than Win, Deputy Director General of Disease welcomed participants and introduced the agenda items. He asked all the members to declare any potential conflict of interest that they might have in connection with a specific agenda item. Dr Sid Naing declared that Maria Stope International is an SSR for the Global Fund HIV grant. Dr Jorge Luna also declared that WHO is an SR of UNOPS-PR and they are providing technical support to the National Programmes. The two concerned members hence agreed to follow the M-HSCC policy on conflict of Interests.

- **Status and review of CNs (Dr San Hone, Deputy Director of NAP, Dr Si Thu Aung, Programme Manager of NTP and Dr Zaw Lin, Deputy Director of VBDC)**

A Status update and summary of HIV, TB and Malaria Concept Notes were presented briefly. The presentations covered program goals, objectives and country contexts, new allocation amounts, constraints and barriers, funding landscape and performance framework. HIV presented different funding scenarios. Lists of the main activities and summary budget allocations were also presented. (Please refer to presentations for full details).

#### **Discussion**

- In the previous grant, the HIV component had received the funding allocation from the Global Fund more than it was allotted.
- The HIV Concept Note proposed 3 different scenarios for the above the allocation request. In one scenario, if Myanmar only receives USD 175 million for the HIV component, there will be major shortfall in HIV prevention activities for years 2, 3 and 4 given most of the funding will be allocated to the treatment components.
- Government will contribute USD 36 million (8 million/year) for procuring medicines which is also part of the treatment component.
- Currently, the ratio of treatment services provided by the public and the private sector is 50/50. By 2020, the ratio will be increased to 75/25 which means that more treatment services will be absorbed into the public sector because the unit cost for treating a PLHIV patient by the public sector is much lower than the private sector. But, one thing to be considered is the unit cost in the public sector could be underestimated as it does not include the staff cost.
- In the next M-HSCC meeting, the suggested Concept Note presentation format is a summary of all three diseases including cross cutting areas follow by the technical presentations for the each of the Concept Notes highlighting the country context and existing challenges, the funding landscape and gap (availability, sources and requested funding scenario), the results, outcomes and programmatic impacts that each funding scenario can deliver. It was suggested to create a

consistent template agreed by all three programmes to concisely present at the M-HSCC meeting.

- **PR selection and SR selection process**

Dr Than Win, Chair of the Executive Working Group presenting the possible process of the PR and SR selection. He mentioned that the Minister would recommend continuing with the current PRs during the upcoming grant cycle and, that MoH will consider a partial PR transition to the government during the next four years. (Please refer to presentation for full details)

- M-HSCC needs to nominate one or more PR by the time of concept note submission. The ExWG recommended continuing with the current PRs as they have performed well during the management of the current grant and for the reason of cost-effectiveness.
- It was also recommended that PR transition from UNOPS to the government under MoH leadership should be considered in the next cycle of the Global Fund grant.
- SR selection has to be based on the priorities set out in the Concept Note, ability to produce high impact interventions and cost efficiency and effectiveness. To reduce the program management overhead costs, there will be a smaller number of SRs and where possible a prioritization will be made of SR applicants that can implement in more than one disease area.
- It was also suggested that, given that the funding for the year 2018, 2019 and 2020 is not clear yet; it is recommendable to retain the ongoing SRs for one year
- The detailed process and way of SR selection will be discussed in the next ExWG meeting after getting consensus from the relevant TSGs. The secretariat is to inform Save the Children PR that the number of SRs is likely to be reduced in the next grant so that they can start preparing the options now and have it ready for the next M-HSCC meeting when the SR selection is discussed.

- **M-HSCC membership, Oversight Body membership and TOR, Dr Thandar Lwin, Director of Disease Control**

The membership of M-HSCC was presented. There were a few changes in the Government members. 10 Government M-HSCC members were confirmed. One remaining seat will be filled by the Director General of the Department of Health Professional Development and Management. In addition, 10 alternates for the Government constituencies have been identified. For the Parliamentarian Seats, one member and one alternate were nominated. The Academic Constituency member and alternate were identified. The other constituencies' members and alternates remain the same.

For National NGO constituencies, there are a few changes; Daw Thazin Nwe and Dr Khin Mar Htun were retired from their current positions in their organizations. Prof. Dr. Samuel Kya Hla who was a vice Chair retired from M-HSCC and one alternate member of NNGO constituency, Dr Mya Thida was selected as the Academic Constituency member. The selection of new members and alternate for the NNGO constituency will be carried out either by email communication or voting through meetings in an inclusive and transparent manner. The complete documentation for this election will be requested from the constituency by the M-HSCC Secretariat.

The TOR of the Oversight Body was presented. The recommendation from the EPA was presented and the presentation covers the composition, purpose and objectives specific tasks of the Oversight Body.

*(Please refer to presentation for details).* Proposed nomination list for the Oversight Body **was** presented.

- **The reprogrammed RAI Myanmar budget and performance framework by PR-UNOP ( Dr Zaw Win Tun and Dr Aye Yupar, UNOPS)**

RAI reprogramming updates were presented by Dr Zaw Min Tun. The presentative covers Objectives. The reprogramming workshop was conducted from 21-25 March in 2016. Reference documents for reprogramming, budget absorptions by all the SRs were presented and the overall budget absorption is 61%. RAI Myanmar reprogrammed budgets by each SR and reprogramming activities were presented. (Please refers to presentation for details)

The reprogrammed RAI Myanmar budget and performance framework was endorsed but the UNOPS PR was requested to provide more detailed expenditure figure and burn rate from PR and SRs disaggregated by the cost group for the first half of 2016. The expenditure rate will be sent to the M-HSCC Secretariat.

- **Mext M-HSCC meeting agenda**

The Next M-HSCC meeting agenda was presented by Dr Thandar Lwin, Director of Disease Control and it was approved.

1. Concept Notes for Global Fund Grants for HIV/TB and Malaria/RAI
2. M-HSCC membership and Election of Vice Chair
3. Endorsement of Oversight Body membership and TOR
4. GAVI Support to Myanmar
5. Reports
  - Development Partners: Milestones for 2016
  - Report from Communities
6. AoB
  - Updates on E-Health, DHIS2 focusing on ATM
  - Dates for next M-HSCC meetings

**The meeting end at 1:00 pm.**