

# **M-HSCC Executive Working Group Meeting**

**UNAIDS Office, Yangon**

**Sunday, 18<sup>th</sup> of February 2018**

**10:00-13:30 hr.**

## **1. Welcome and Introduction**

The Chair of M-HSCC Executive Working Group (ExWG) welcomed the two visiting members of the OIG team. The purpose of the meeting was for the OIG to brief M-HSCC ExWG members on the objectives, scope, methodology and plans of the Global Fund Audit that is taking place from 13 February to 16 March 2018. There were no decisions to be made on GFATM grants during the meeting, so no Cols were declared. Quorum was reached. The chair invited Mr. Augustine Opoku Agyeman-Duah, Lead Auditor, OIG Audit Unit to present.

## **2. Overview of GFATM Audit of Myanmar Grants by the GFATM OIG Team**

Mr Agyeman-Duah explained that the overall objective of an OIG audit is to improve the effectiveness of the Global Fund to ensure the greatest impact in the programs that it finances. Specifically, the OIG will assess the:

- Adequacy and effectiveness of the implementation arrangements in particular supply chain, use of community workers, data management, and provision of services to ensure efficient and sustainable achievement of grant objectives;
- Effectiveness of systems, processes and controls in place to ensure quality of service to intended beneficiaries; and
- Adequacy and effectiveness of sub recipient management and assurance mechanisms in safeguarding Global Fund resources.

These objectives were derived based on the risk assessment done in the OIG's visit to Myanmar in January.

## **Audit scope**

The audit focus will be on:

- implementation arrangement - effective services and resource integration (eg. integration of HIV and TB services, Methadone Maintenance Treatment) and value for money, capacity and funding gap with a view on addressing the sustainability past 2020;
- service delivery and quality of services focusing on access and quality (eg. Transfer of ART from NGO to the public sector while ensuring service quality, and addressing low service coverage among key populations etc.); and
- financial management- sub-recipient management and assurance arrangement

The audit will cover the TB, HIV and Malaria Grants from January 2016 to December 2017 and both PRs (UNOPS, Save The Children). It will include site visits to implementing entities including selected health facilities, treatment centers, warehouses and stores in Yangon, Mandalay and Kachin. The sites are selected based on the disease burden, availability of TB, HIV, and Malaria services and based on the risk assessment. Where applicable, the audit will also consider the design of future arrangements for the implementation of grants in Myanmar. Time line of the in-country work is from 13 February to 16 March 2018.

## **Report**

Some emphasis on the programmatic side is expected to be on fragmentation of systems, procurement and services in Myanmar as well as on data quality and over-all sustainability. The latter is expected to look at both financial as well as technical sustainability and the current on-going capacity building efforts in this regard. The current PR arrangement has according to the OIG team remained the same since 2011. The OIG wish to look into how capacity building has taken place in order to move management system in MoHS forward in order to prepare MoHS to take on PR responsibility.

## **Transition & Capacity Building**

In 2015, the MSHCC worked and completed a Transition Plan for the return of PR-ship to the Ministry of Health and Sport. There have been 7 years of UNOPS PR-ship but issues around capacity building exist. Donors enforce the creation of separate PMUs and the PMU structure limits the ability of knowledge transfer between PMU and government staff. Potentially there are opportunities to move to a more partnership led structure.

However, given the context of capacity in the government structure the members of the MHSCC felt that the current arrangement of PR-ship under UNOPS was the best way. In addition, the current UNOPS designed fund management in the context of a weak Myanmar banking system was the best solution. The current arrangement also cuts through the administrative red tape of government, which help speed up implementation.

## **Supply Chain and Data Management**

The OIG highlighted perceived issues around fragmented responsibilities in MOHS over cross-cutting issues like Supply Chain and Data Systems. The OIG requested meetings to be set up with the heads of the newly formed PSM unit, HMIS unit & National Health Implementation & Monitoring Unit in the MOHS so that they could get a better understanding of the status of activity in these areas when compared to the National Health Plan and Strategies.

The changes in MOHS were flagged as still being in process so the final structure of the MOHS is yet to be finalised. The OIG highlighted the collective responsibility of coordination that lies with the Government, MSHCC and donors.

As a follow-up to the meeting the MHSCC Secretariat committed to:

- Provide the OIG team with The 2015 Transition Plan in Soft Copy.
- Set up meetings for the OIG with the Heads of Public Health, Infectious Diseases, HR, HMIS, PSM and NIMU.
- Provide the 2016 Organisational Structure of MOHS including department names.
- Provide the TORs of the MHSCC, the Minutes of all MHSCC meetings 2016 – 2018 and TSG HSS meetings 2016 – 2018.

The meeting ended 13:30 hr.