M-HSCC Executive Working Group Meeting

WHO Office, Yangon

Thursday, 26th of April 2018

11:00 – 12:30 hr.

1. Welcome and Introduction

Prof. Dr Rai Mra (Vice Chair of the M-HSCC) was on an exceptional basis invited to participate in the meeting and kindly agreed to act as Co-Chair of the meeting. The two Co-Chairs welcomed the ExWG members and observers. Dr. Thandar Lwin, Chair of the M-HSCC Executive Working Group (ExWG), presented the meeting agenda and asked the members to review, comment on and eventually endorse it. After review of the agenda, no CoIs were declared and it was endorsed.

It was also noted that 7 out of 10 ExWG members attended the meeting, representing government and non-government constituencies, and that the meeting hence reached quorum.

2. Presentation on GFATM multi-country Concept Note on TB among migrants in the Greater Mekong Subregion (GMS) by NTP Manager

Dr Si Thu Aung, National TB Program (NTP) manager, presented on the multi-country Concept Note on TB among migrants in the Greater Mekong Subregion (GMS). This multi-country grant is expected to have a budget of around USD 10 million. The grant will include USD 1.4 million per country (Cambodia, Lao, Myanmar, Thai and Viet Nam) (1.4 x 5 = total 7 million) and 3 million for regional activities. The overall goal of the multi-country proposal is to reduce the burden of TB among the migrant populations of the Greater Mekong Sub-region, particularly aiming at the missing cases and thereby reduce TB transmission, incidence and mortality among each of the participating countries.

The regional project will run from 2019 till 2021. The GFATM is expected to allocate USD 10 million with potential above allocation of 10 million. Although the NSP/NTP have given priority to high-risk/hard to reach populations, available funding from the GFATM NFM 2018-2020 was not sufficient to cover migrants sensitive care, Community Based TB Care and Active Case Detection with Mobile Digital X-ray and GeneXpert in border areas and for cross border workers due to rather high cost. Hence this project is a good opportunity to expand the TB service to marginalized populations. Among other things, border sites will benefit by provision of IEC materials and strengthened referral system. The proposal was made through a transparent consultation process. Main target point is the Myanmar-Thailand border and targeted populations will be migrants and mobile populations and refugees. For Yangon region there will be an innovative approach focusing on pre-departure screening of migrants. Private stakeholders like travel agencies and agents within Yangon will be involved. There are more than 200 labor agencies in Yangon so coordination with these agencies is going to be a crucial issue to consider.

An earlier version of the project proposal was already reviewed by the MHSCC on 9 April. No changes except for minor budgetary adjustment were made for the country proposal since then. Further details will be discussed during the grant making process.

Discussion Points and Endorsement

The MHSCC Executive Working group on behalf of the MHSCC gave its endorsement of the Multi-country Funding Proposal on TB among Migrants in the Greater Mekong Sub-region. The endorsement was given due to the imminent deadline. However, the endorsement was provided subject to the following changes in the Concept Note:

- Further clarifications on the M&E of the activities (p. 27). There is little data that can serve as baseline and there will be significant complexities particularly at the onset with regard to tracking migrants moving back and forth between countries and health systems: who will be counted, who will do the counting and where will the counting be done. In addition, how do we distinguishing between results and impact from current national grant and those of this regional grant. Given these complexities it would be recommended to include the contracting of research, surveillance and M and E expertise in the proposal.
- Insertions of a caveat that note that country targets are dependent on final funding allocated. For example, selection of PR, which at this stage is not clear, can have significant impact on the overall budget available for activities (p 28 and 29).
- Clarification on the links between regional and country PRs and selection process of country PRs, SRs. In addition there will be need for inclusion of a condition that country PRs and SRs will have to have an existing MoU with the national government which covers the necessary area (health) in order to be eligible (p 28 and 29).

The MHSCC Secretariat committed to communicate the ExWG decision including the mentioned requirements to the Thai CCM that is responsible for the finalization and submission of the Concept Note.

3. Presentation on proposal submitted to the RAI2-E by UMFCCI for Package 6.3 (Corporate sector engagement) by NMCP Manager

Dr Aung Thi, National Malaria Control Programme Manager (NMCP) presented the proposal submitted to the RAI2-E by UMFCCI for Package 6.3 (Corporate sector engagement). Package 6.3 is: Non-health corporate sector to support malaria control and elimination activities in GMS. RSC invited proposals on 13 February 2017 from organizations who can support the engagement and leveraging of the corporate sector in malaria elimination activities through public private partnerships, corporate social responsibility (CSR) initiatives and resource mobilizing projects. The total budget is approximately USD 2 million (includes co-financing 1 million). The UMFCCI proposal suggested that the project will be undertaken in 11 states and regions of Myanmar (almost all states and regions). It has four major work-streams:

- Utilizing Fast Moving Consumer Goods (FMCG) Supply Chain for Elimination
- Digital wallets and Mobile money
- Mobiles for Malaria
- Forums to Support Dialogue and Innovation

Discussion Points

The ExWG found the approach in the proposal "Engaging the Non-Health Corporate Sector to Support Malaria Control and Elimination Activities" for the RAI2E Pack 6.3 exciting and innovative. It was found that the project in many ways still needs some work, but that it would be worth the risk to try this as a pilot. As the project is implemented, there will be issues and adjustment, but even with its shortcomings it is expected that it could produce some interesting and useful lessons learned.

It was noted that this could be a new way to work in health in conflict areas as the private sector is present in areas where government public health services are not available. But it should be ensured that the project engages with the right private stakeholders that have the biggest impact on health.

There was consensus that it would be worth looking into how TB and HIV could integrate in initiatives like this.

Several members pointed out that the proposal has a lot of details on private sector tools and platforms (e.g. Wave Money), but the proposal should make it very clear that this is a health project with a focus on improved health outcomes.

The ExWG did not want to create any parallel structures and did not support any procurement role of any kind in this project. Distribution activities should only be done in close collaboration with MoHS and the PRs and only where no government or PR facilities are available.

It was a particular concern among ExWG members that the combined management and management system costs would make up 44% of the budget. This was not found to be reasonable. It was suggested that the private sector partners in the project contribute or mobilize from the private sector half of the management costs as part of their contribution. It was felt that this could also help in clarifying what the management costs will be used for and bring down the large proportion of management cost to a more reasonable level.

Another concern raised was that costed activities were seen as being rather limited focusing on hiring consultants, coordination, organizing forum/meetings. It was argued that such activities might not necessarily benefit the end-users directly or create a substantial impact on health.

The ExWG recommended that the project proposal is accepted as a pilot in a limited number of states and regions. The current 11 State and Regions are too many. The geographical implementation area, which could have some focus on conflict areas, and budget needs to be adjusted accordingly.

The MHSCC Secretariat committed to communicate the recommendations and comments by the ExWG to the RAI Secretariat.

The meeting ended at 12:30 hr.