# Final Meeting Minutes

**Three Millennium Development Goals Senior Consultation Group (SCG) Meeting**  
5 June 2013 (14:00 – 17:00 hrs)  
Park Royal Hotel, Yangon

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<td>1. Introduction of new Chair of SCG</td>
<td>Apologies were received from Dr Soe Lwin Nyein, Deputy Director General of Disease Control, and in his place the meeting was chaired by Dr Thar Htun Kyaw, Director of Disease Control MoH.</td>
<td>Decision: The agenda was agreed as read; minutes of 28 February 2013 SCG meeting was approved.</td>
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<td>2. Adoption of the agenda; review of previous meeting minutes</td>
<td>Fund Board Chair thanked those members who supported MoH in preparation of the meeting.</td>
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| 3. Nominations to NGO/CBO representation at SCG                           | Fund Director welcomed the three NGO representatives, nominated by their constituents. The importance of their representation at the SCG was expressed:  
  Women’s Organisation Network Myanmar  
  Dr May Thu Ne Win (on behalf of Daw Nwe Zin Win)  
  Seven HIV networks  
  U Myo Thant Aung  
  Accountability & Learning Working Group  
  U Nyi Nyi Aung                                                                 | Decision: nominations were accepted by the SCG and new members were welcomed.                                                                                                                          |                                                                                  |
| 4. MNCH Update on plans for implementation under component 1               | The 3MDG Fund presented an update of the status of Component 1 (MNCH) roll-out including activities envisaged under a Comprehensive Township planning and service delivery approach, timelines for contracting of partners across the first 4 of the indicative total number of States/Regions. Also shared were preliminary outlines for system strengthening/capacity building at the State/Regional/Township operational level especially where these would support availability of quality MNCH services.  
  Plans to support a State-wide approach across both Chin and Kayah States received widespread support. WB commented that support to planning/budgeting/financing and reporting systems through a State/Region-wide approach could be an important precursor to a health sector wise plan and should be designed with this in mind.  
  Such an approach would also provide an evidence-base for wider efforts to deliver upon nationally adopted health policies e.g. Universal Health Coverage. Support was further received from UNICEF who promoted the inclusion of State/Region Health Directors in the planning of these approaches.  
  AusAid asked how the State/Region-wide approach would indeed be coherent as opposed to fragmented and also of the role of 3MDG in supporting a coherent approach. 3MDG Fund Board Chair stated that the Fund itself fully intends to finance stakeholders, and therefore the delivery of services, around the wider health system. Also, in order to ensure support to a unified as opposed to a fragmented system, it is critical that the support from Development Partners is based around nationally-led systems eg LMIS as opposed to through support given to a range of disconnected initiatives.  
  WHO shared the significant learning that had emerged through the GAVI-HSS programme and also invited 3MDG and other Development Partners to make use of this learning. The learning relates both to programme delivery as   |                                                                                  |

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<td>well as the importance of demand-side financing within the overall approach. In relation to a question placed to the meeting Chair regarding MoH support to organizations in obtaining the necessary permissions to work within Townships which would receive 3MDG funding, the Chair stated that a letter of authorization could be issued by the MoH to grant such required permission. USAID requested a brief outline of how evaluation would be structured within the Component 1 approach. Critical areas highlighted in this regard include baseline setting surveys (to be conducted with the involvement of DMR), HMIS strengthening and a wider evaluation framework which has been designed for the Fund. UNFPA highlighted the central importance of a robust Human Resources for Health (HRH) strategy to wider HSS activities, noting that this could significantly contribute towards effective delivery of services at a Township level. Also the need to prioritize the HRH dimension of HSS at the highest level within the MoH as well as across Departments of the MoH, especially within DMS and DoH. It was recommended that due consideration and emphasis be placed within the HRH strategy upon task-shifting in order that use is made of other levels of the health workforce, especially where it is already recognized that existing levels of the workforce eg midwives are overburdened. The 3MDG Fund Director noted the range as well as importance of issues which had emerged from the discussion, but also noted that the SCG was not intended to replace relevant: national-led structures for informing policy. It was requested that stakeholders jointly work towards the establishment of the TSG-HSS as well as working through the TSG-HSS and other TSGs e.g. MNCH in order that decisions are made through the relevant policy formulation Forums.</td>
<td>Action: SCG members through their individual mandates to support the establishment of envisaged TSGs.</td>
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5. Three Diseases Update on plans for implementation under Component 2
• Updated gap analysis taking into account GF Phase 2
• Proposed programmatic areas for support under Component 2
• Contracting and timelines

3MDG presented an update of the original 3MDG inception gap analysis, which spanned HIV/AIDS, TB and malaria and which was undertaken in the second half of 2012. The original inception report made recommendations, subsequently approved by the 3MDG Fund Board, in relation to funding allocations under Component 2. The updated report was undertaken to reflect subsequent funding decisions following GF Rd 9 Phase 2 approval. The analysis does not reflect the entire gap at a national level but is focused upon areas of programming which have been prioritized under 3MDG Component 2.

UNAIDS noted that gaps exist across all diseases and that Rd 9 funding was less than expected despite being a substantially lesser request than the total country gap. The need to maximize efficiency was critical, especially through a focus upon integration of service provision across disease and within MCH programming approaches. This applies not just to TB and ARV, but also other elements of the national HIV/AIDS response e.g. methadone. UNAIDS also noted the variation between the current allocation to HIV/AIDS from inception report against the window originally indicated in the design document of the 3MDG.
Both the FB Chair as well as Stewart Tyson, 3MDG independent Fund Board member concurred with these comments and highlighted the existence of a significant funding gap, especially across Harm Reduction and MARC interventions. Resource mobilization, a focus upon cost-effective interventions and innovation in approaches were all critical. In relation to MARC, engagement with the private sector would be vital given the potential value-added contribution of the private sector in terms of addressing needs outside coverage currently provided through the public sector as well as INGO interventions. USAID also made reference to the substantial challenge existing in terms of the need to scale-up MDR-TB interventions.

6. Health System Strengthening
- Update on granting to World Bank and WHO APO
- Fund Flow Mechanism

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<td>3 areas of work being taken forward/to be taken forward through MDG financing were presented:</td>
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<td>• HSS work by the WB</td>
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<td>• Preparation of the Health in Transition report by WHO Asia Pacific Observatory</td>
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<td>• Fund Flow Mechanism (FFM) by 3MDG Fund Management Office</td>
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<td>The 3MDG Fund Chair welcomed the return of full engagement by the WB and the envisaged scope of work to be undertaken by the WB in relation to HSS priority actions. Also the linkage of Public Expenditure Review (Health) being undertaken by the WB through its own engagement with MoFR and MoH through to the HSS work being undertaken by the WB through financing provided by 3MDG.</td>
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<td>UNAIDS also welcomed the work being undertaken in relation to the establishment of a FFM, the synergies being built through a joint approach by 3MDG and GF PR, and the opportunity for a FFM to serve as an important starting point for strengthening of public financial management. The linkage of this work to the medium-term transitioning of the GF PR role to the MoH was particularly referenced.</td>
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<td>3MDG Fund Chair commented that the focus upon strengthening of planning/budgeting processes through a Comprehensive Planning approach at a Township level was critical to wider HSS efforts. Increased capacity to plan/budget at a Township level would itself contribute to strengthening of public financial management, as would ongoing efforts to strengthening monitoring capacity throughout all levels of the MoH.</td>
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7. UN and Development Partner update on sector coordination and discussion on how 3MDG Fund supports this.

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<td>UNAIDS updated the SCG in relation to health sector coordination efforts and especially in relation to the establishment of a Myanmar Health Sector Coordinating Committee (M-HSCC). The expanded remit of the M-CCM and the proposal to constitute a M-HSCC had begun in mid-2012 and has during 2013 been aligned to wider Government-led plans in relation to aid assistance/Donor-Partner coordination.</td>
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<td>In this regard, the Sector Working Group (SWG) for Health will be constituted by the M-HSCM; furthermore that the Chair of the M-HSCM ie also SWG for Health will be de facto the Minister of Health (whereas under M-CCM, the Chair was elected).</td>
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<td>It was noted that the establishment of the M-HSCC and Technical Strategic Groups (TSGs) (especially HSS and</td>
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<td>MNCH) within the structure were critical for setting priorities within the Health Sector and for enabling effective coordination of interventions by stakeholders. Also for contributing to ensuring that information/analysis could be used in a strategic and transparent manner. It was confirmed that 3MDG greatly welcomes these steps and is committed to using these structures for its engagement with the Ministry of Health, wider Government as well as other Development Partners.</td>
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<td>8. Strategy/plans for information sharing/consultation; communication processes between and feedback to stakeholders</td>
<td>Limitations of time precluded discussion on this agenda item, which would be brought forward to the next SCG meeting.</td>
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<td>9. AOB</td>
<td>Meeting was closed at 17.50</td>
<td>Action: Next SCG meeting planned for the second week in September.</td>
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SCG Chair: Dr Thar Htun Kyaw, Director of Disease Control MoH

Fund Management Office resource persons:
Fund Director, 3MDG – Dr Paul Sender
Head of Performance Management – George Ionita
Component 1 Consultant – Markus Bühler
Component 2 Consultant – Robert Bennoun
FB Secretary & 3MDG Communications Officer – James Howlett
Senior National Advisor- Dr Kyaw Nyunt Sein

Apologies:
FB members Denmark, Netherlands, Norway, Sweden, Tom Kramer (Independent expert)

SCG Members participating: alphabetical ranking by categories of Donor, MOH, NGOs, UN
AusAID - Michael O’Dwyer
DFID - Julia Kemp (FB Chair)
DFID - Louise Mellor
EU - Corinne Boulet
USAID - William K Slater
Independent expert Stewart Tyson
Independent expert Toomas Palu
UNAIDS - Mr Eamonn Murphy
UNFPA – Dr Hla Hla Aye, Assistant Representative
UNICEF - Dr Marinus Godink
UNOPS - Sanjay Mathur
WHO - Dr Salma Burton (Health System)
World Bank Mukesh Chawla
INGO Forum - Fiona Campbell (Merlin)
INGO Forum - Dr Sid Naing (Marie Stopes)
LNGO Forum - U Nyi Nyi Aung (Accountability & Learning Working Group)
LNGO Forum - U Myo Thant Aung (Seven HIV networks)
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LNGO Forum - Dr May Thu NeWin (Women’s Organisation Network Myanmar)

Observers:
AusAID – Linda O’Brien, Amber Cernovs
DFID – Dr Mya Thet Su Maw

Approved: __________________ Date: 11/9/13

Chair, Three Millennium Development Goal Fund Senior Consultation Group.