

## **Meeting minutes of the 10<sup>th</sup> Myanmar Health Sector Coordinating Committee Meeting (M-HSCC)**

***Meeting Room, Ministry of Health, Myanmar***

***Wednesday, 28<sup>th</sup> of July 2017***

***9:30-13:30***

### **1. Announcement of reaching quorum**

As 30 out of 35 M-HSCC members attended the meeting, representing government and non-government constituencies, the M-HSCC reached quorum.

### **2. Opening remark by M-HSCC Chair, Dr. Myint Htwe, Union Minister for Health and Sports**

Chair of the M-HSCC, H.E Dr Myint Htwe, welcomed all the members of M-HSCC and observers from departments from Ministry of Health and Sports and other organizations. He then provided the opening remark as follows:

The National Health Plan for the next 4 years and the Annual Operational Plan for year 1 have been published. All of the international and national organizations are welcome to critically review the NHP and provide feedback to MoHS. The plans which have been developed are not meant to be static; they will be and are always changing in adapting to the situation. Each and every organization locally or internationally has different views, different ideas and different perspectives and we should not be afraid of change for the sake of better outcome.

Although the various national strategies have been developed by the vertical programmes (HIV, TB and Malaria, etc.), the review of these strategies is still necessary depending on the constantly changing situations and updated context of the country. The Chair requested all of the Program Managers to make the strategies publicly available and distribute to all the partners for review and feedback.

Currently the MoHS is working on the re-combination of the two key departments: Department of Medical Services and Department of Public Health into one in order to have a comprehensive and well-coordinated approach in delivering health services to the community. The process is already started at the state and regional level. There will be the position of Deputy Director General (DDG) Lead in every state and region to take care of all medical services and public health activities. At the central level, the process of restructuring and a merging of the two departments will happen later this year. The key areas of each and every health element (eg., Training, Health Information, Procurement, Health Workforce, Disease Control, Public Health, etc.) will be led by the experts who are holding DDG positions under the overall administrative management of the Director General.

The MoHS has appointed Dr Kan Tun as a Senior Advisor in the Ministry. Dr Kan Tun will be the focal point for coordinating health issues among the M-HSCC, the international and national organizations and the ministry. Dr Kyaw Khaing will remain as the technical coordinator of MoHS. All the administrative coordination and communications will be facilitated by IRD as usual.

MOHS is to the extent possible trying to facilitate that the INGOs work as smoothly as possible ensuring no overlap in areas of implementation. INGOs and MOHS are collaborators and not competitors so in that spirit, INGOs should provide relevant collected data to MOHS. MOHS is not requesting complicated

data, but just simple data which, is useful for the Ministry in terms of planning and strategic development.

Next year, the government health budget will increase and the Ministry is working on implementing a system for the supply of drugs, equipment and medicines at township levels. This system will make the health care delivery system more efficient.

Previously, MOHS didn't have a proper budget allotment for research. Next year, USD 1 million will be allotted for operational research to improve the performance of the programmes in terms of administration, management and setting of budgets etc. This will be carried out by the Medical Research Department and this will improve the capacity of the staff in MOHS.

The National Health Insurance system is going to be implemented next year. Policy guidelines on school safety issues and hospital waste disposal have also been revised and implementation has started. In seven States and Regions, the health departments have started "the People Health Assembly". All of the inputs from people and patients are recorded and a holistic review of their ideas and suggestions will be done to improve our health system.

Health education is one of the areas that is very important in order to increase the public awareness on health issues. The recent public health problem of H1N1 seasonal influenza is a good example. By improving the health literacy among the public, the government can save a lot of money from treating infected patients and there will be a smaller patient load in hospitals and it will be easier for the doctors to provide quality services to the patients.

HRH policy and creating a Strong Health Workforce are also issues to be addressed for the overall health system strengthening. As the computerised health system is in the process of being established in the whole country, in the future it will be easier to know the human resource situation of the States and Regions by one click.

As MOHS is developing smoke-free areas, all INGOs implementing activities on tobacco use should assist MOHS in reducing the use of tobacco all over the country.

There is still a lot of septic abortions and induced abortions in Myanmar, and INGOs implementing family planning activities should consider how to help lower abortion rates.

As Myanmar has an increasing population group of elder people, MOHS is setting up community clinics at RHC levels to provide basic health screening including for Hypertension, Diabetes and to give health education sessions. INGOs should contribute to these community clinics to detect early cases of diseases especially affecting the elderly.

Fund tracking mechanism of all INGOs and NGOs should be improved in order to identify projects, which need to improve with regard to efficient and effective use of budgets. The MoHS is working on revision of the Job Description of each and every staff in the ministry at all levels. The job description of the staff at INGOs and NGOs should also be reviewed to avoid overlapping and unnecessary inflation of the positions.

In today meeting, the members will provide updates on the implementation of the health related recommendations in the Interim Report of the Advisory Commission on Rakhine State, and presentations will be given on the National Drug Control Policy, Joint External Evaluation on International Health Regulations, Annual Operational Plan of NHP, GFATM Concept Notes submission, reports from community, the fund to succeed 3MDG, USAID contributions, and RAI2E. There will also be the discussion on Nutrition Sector Coordination and the endorsement of the Oversight Body.

The Chair requested all members to actively participate and provide positive discussion in the meeting.

### **3. Endorsement of agenda and last M-HSCC meeting minutes**

Master of Ceremony, Dr San Hone, asked all M-HSCC members to declare any conflict of interest related to items in the 10<sup>th</sup> M-HSCC agenda and last M-HSCC meeting minute. Daw Nwe Zin Win (PGK), Dr Sid Naing (MSI), Dr Stephen Jost (WHO) declared that their organizations are currently SRs/SSRs of the GFATM grants. The agenda was distributed to all the M-HSCC members prior to the meeting. The last meeting minutes were distributed and approved previously by e-mail. There was no comment and the meeting agenda was endorsed.

### **4. National Drug Control Policy**

Pol. Col. Zaw Lin Tun from CCDAC, Ministry of Home Affairs presented the process of development of the National Drug Control Policy. Until now, several consultations with the concern ministries, the parliamentarians and other stakeholders have been conducted for the development of the policy. Five working groups have been established for this process: Prevention; Treatment and Rehabilitation; Supply Reduction; Cross Cutting Issues (Human Rights and new challenges); and Alternative Development. The policy development is based on the five key priority areas: supply reduction and alternative development; treatment and harm reduction; international cooperation; research and analysis (a strong evidence base); and human rights as a cross-cutting issue. The Second Inter-governmental Consultation will take place in September. In October, the First National Consultation will be conducted to finalize the policy. Later on, the process will be continued with Second National Consultation (Late November), Adoption of Drug Policy (December) and Approaching and Launching of the Policy (January 2018) (*please refer to the presentation for details here* <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>).

#### **Discussion and Action Points**

- The process of formulating the National Drug Control Policy should be finalized as soon as possible. The time consuming part is how to transform the policy into action (we need to give more time on strategy development and intervention).
- The new Narcotic Law drafted by the Ministry of Home Affairs is to be discussed in the Parliament. This law has to be linked with the National Drug Policy.
- WHO is now supporting and will continue to support the harm reduction interventions and the process of transforming the National Drug Policy into actions.
- UNAIDS is supporting the process of the development of National Drug Policy working closely with both MoHA and MoHS and other partners like UNODC.
- Regarding access to treatment, CCDAC is in collaboration with the MoHS concerned department promoting a community based treatment program approach. Any partners interesting in this approach is welcomed to support it.
- MoHA is working on promoting knowledge on drug abuse among the community in Kachin State. The government is inviting the Non-State Actors from the region and working together with NGOs to find appropriate ways of educating drug knowledge to the community. The new Drug Policy is aiming to incorporate this kind of intervention rather than a punishment system to all the drug users irrespective of the amount of the drug used.

### **5. Progress update on Joint External Evaluation of International Health Regulations**

Dr Stephen Jost from WHO presented a brief update on the progress of the Joint External Evaluation (JEE) of International Health Regulations (IHR). The JEE process was developed as a tool to assess country capacity to prevent, detect, and respond to public health threats based on decisions made at

World Health Assembly 2005. The tool examines 19 technical areas in four categories: Prevent, Detect, Respond and Other Hazards.

In Myanmar, the JEE was conducted from February to May 2017 including a self-assessment and an external evaluation. Self-assessment was done by 7 internal assessment teams within concerned ministries. The mission of external technical experts including field visits was carried out 3-9 May. The debriefing session with Union Minister of Health and Sports, and all concerned public and private stakeholders by external assessors was held on 9 May 2017. Majority of the findings for technical areas demonstrated that Myanmar has either limited or developed capacity in 19 technical areas concerned with International Health Regulations. Executive summary of Joint External Evaluation on International Health Regulations for Myanmar has been finalized and distributed to all concerned stakeholders. It can also be accessible in the link <http://www.who.int/ihr/procedures/mission-reports/en/>.

Dr Jost also updated the M-HSCC members on Seasonal Influenza A(H1N1) in Myanmar. The Ministry of Health and Sports notified WHO on re-detection of seasonal Influenza A (H1N1) pdm09 on 24 July 2017. Now, WHO is actively collaborating with national health authorities in the response (*please refer to the presentation for details here* <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlXjYScBKuCAIbrbtNpGa?dl=0>).

### **Discussion and Action Points**

- USAID and DFID is willing to support in the area of One Health in relation to the recommendations from the JEE.
- DFID has developed a new support stream for anti-microbial resistance which might be related to the prevention aspect mentioned in the JEE recommendation.
- Regarding the A H1N1 Seasonal Influenza situation in Myanmar, the country is now in WHO Post Pandemic Alert Level 3. Although the situation cannot be categorized as an epidemic when comparing with the average morbidity data of H1N1 occurrence in Myanmar since 2009, due to the concern in the community, real time case notification is provided to the WHO.
- The H1N1 seasonal influenza surveillance guideline is now in the finalization stage. All the interested implementing partners are welcome to be part of the coordination meeting that will take place on Monday.

### **6. Implementation of the Health-related Recommendations in the Interim Report of the Advisory Commission on Rakhine State**

The Advisory Commission on Rakhine State has suggested the following three health related recommendations to be addressed:

1. The government should quickly finalize a plan for the expansion and refurbishment of Sittwe State Hospital, for the benefit of all communities and rapidly expand primary health care services in the southern and northern parts of Rakhine State (for instance through mobile health clinics).
2. The Union government and the Rakhine State government should ensure – and publicly state – that all communities have equal access to health treatment, irrespective of religion, ethnicity, race, gender, or citizenship status. The authorities should commence the removal of administrative obstacles that impede access to health care.
3. The Commission recommends that the Government of Myanmar roll out a comprehensive birth registration campaign - with door-to-door visits carried out by mobile teams - in order to reach all children. International actors (including the United Nations and donors) should assist such efforts technically and financially in accordance with needs.

Dr Than Tun Aung, Deputy Director General from the Department of Public Health presented the MoHS's activities on Interim Report and Recommendations (*please refer to the presentation for details here <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>*).

### Discussion and Action Points

- Dr Sid Naing provided INGOs feedback on the health related recommendation of the Rakhin Report. Many INGOs have been implementing activities in Northern Rakhine State and they welcome the recommendations from the interim report.
- Having access particularly to the community in the area should be ensured by the government and partners either by working together or by the government alone.
- MoHS staff operating in Sittwe Hospital are very professional. But most of the staff are providing services under pressure from the two communities in a way that it could affect their ability to provide quality services. Protection of medical staff should be ensured.
- Regarding the strategy for providing primary health care, the report suggested the use of mobile clinics. The INGO partners would like to add the suggestion to use community health workers as the use of mobile clinics could be resource consuming. So the suggestion is to link the two services.
- Social supports for the mothers and children provided by Ministry of Social Welfare as well as the birth registration activities pointed out by some opposition parties are important issues as it can be linked to the political problem (pointed out by Dr San Shwe Win, Member of Parliament).
- RHC restoration should be considered. The issue on proper referral system for TB patients pointed out in the report should be reflected in the future plan. Currently the coverage is at the township level. The linking referral mechanism is an area that need to be strengthened.
- WHO is providing on-going support in the areas of humanitarian services access and medical referrals and expanding primary health care services in response to the health-related interim recommendations from the Rakhine Advisory Commission (*please refer to the presentation for details here <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>*).

### 7. Nutritional sector coordination

Dr Kyaw Khaing, Assistant Secretary from the Ministry of Health and Sports presented the proposal that the nutrition sector could be linked with the M-HSCC. On 29 June 2017, The Economic Committee of Cabinet approved ten new Sector Coordination Groups (SCGs) with health and nutrition constituting one sector. As nutrition is one of the main determinants of health, the areas of "Health" and "Nutrition" will be led by the Ministry of Health and Sports (*please refer to the presentation for details here <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>*).

### Discussion Points

- As the nutrition is not only an important health determinant, but also related to other issues like food security and social protection, it was suggested to create a high level sector coordinating group by involving the MoHS and other key ministries for a multi-sectorial response on various nutrition issues.
- UNICEF expressed concern that integrating nutrition into the MHSCC might lessen and not increase the focus on nutrition and that further consideration should be made before a final decision is made.
- According to the M-HSCC Governance Manual, 50% of the members of the M-HSCC should be from the non-Government constituencies, such as NGOs, community organizations, people living or formerly living with disease, faith-based organizations, the private sector or academia.
- The MoHS will consider this further and communicate a more detailed proposal to the M-HSCC Secretariat in due time. This will be discussed at the next M-HSCC meeting.

## 8. Oversight Body Endorsement

Dr Thandar Lwin, Deputy Director General from the Department of Public Health presented the TOR and proposed member list of the Oversight Body for GFATM grants. The formation of an Oversight Body is a recommendation from the GFATM CCM Eligibility and Performance Assessment, which encouraged the M-HSCC to establish an Oversight Body for overseeing the GFATM grant implementation with minimal conflict of interest (*please refer to the presentation for details here <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>*).

### Discussion and Action Points

- It was suggested to add one UN representative in the Oversight Body.
- The formation of the Oversight Body was endorsed by the M-HSCC with the caveat that the Minister and Chair of the M-HSCC will review the recommendations before they are put into action. MoHS will work on identifying the final members including one UN representative and will communicate the result to the M-HSCC Secretariat.

## 9. Reports

### A. Update on Myanmar National Health Plan – First Year Annual Operational Plan

Dr Thant Sin Htoo, Assistant Secretary from the Ministry of Health and Sports presented the progress update of the Annual Operational Plan (2017-2018), key activities carried out with stakeholders in the first half of 2017, major achievements so far through inclusive and participatory processes, important immediate next steps and Ministry's plan for capital investment (*please refer to the presentation for details here <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>*).

### Discussion and Action Points

- It is important to map the activities in the AOP in terms of geographical area coverage and implementing intervention provided by the development partners. This mapping exercise should allow the external assistances to identify where the gaps and duplication are.
- UN agencies are currently developing the 5-year UN development assistance framework; it could align with the NHP and its Annual Operational Plan.
- The basic essential health services package (BEHS) development process has now taken over 2 years and is in the finalization stage. Stakeholders are invited to engage in the consultation processes. This BEHS will be the minimum package provided by the government.

### B. Report on GFATM Concept Notes Submission and TSGs

Dr Thandar Lwin, Deputy Director General of the Department of Public Health presented the timeline overview of GFATM Concept Notes submission. Myanmar was allocated USD 439 million from the GFATM for the period of implementation 2017-2020. Currently the grant negotiation is taking place between the two PRs and the GFATM Country Team. The pre-negotiation budget for the two PRs and selected SRs were presented. The highlight of the discussions from the ExWG and TSGs were also presented. (*please refer to the presentation for details here <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>*).

She elaborated on the program split of the 2017-2019 Country HIV&TB Allocation (for 2018-2020 implementation period). Program Split between HIV and TB was discussed widely in different consultations and agreed at the TSG meetings. There was no objection or comments from the members and the program split was endorsed.

## C. Reports from Community

Daw Nwe Zin Win from Pyi Gyi Khin presented the update on the CSO engagement in the NHP process. The CBOs and charity based organizations from all the states and regions were encouraged to get involved in the NHP consultations. But the knowledge of local people on NHP and UHC remained a challenge for wider consultations. To overcome this challenge, the National NGOs Network is organizing the civil society forums, with the available resources, in all the state and regions. The purpose of the forum is: (1) to raise the local awareness on UHC and NHP (2) to get the local inputs in the NHP implementation process (3) to identify and select the focal persons from each State and Region (S/R). So that in the future, the State and Regional Health Departments will have the contacts of CSOs focal points within their areas for communications and engagements. The CSO forums have received positive support and feedback from the regional governments as well as the S/R Health Departments. The forums will be rolled out in all states and regions until early next year and it is expected to identify S/R CSO health networks to be engaged in implementation of NHP together with the MoHS. In the coming week, a meeting on the NHP Annual Operational Plan will be organized between MoHS and the 100 representatives from S/R CSO networks. The three CBOs/FBOs representatives of M-HSCC expressed their thankfulness to the MoHS for creating such kind of space to involve the CSOs in the process. They ensured all the CSOs in the country are included in this process.

U Thawdar Htun from the Myanmar Positive Group presented on the current status of community activities and involvements in various processes around health sector issues: NAP NSP III, Drafting of Laws on HIV and Prostitution Act as well as the Human Right and Legal Aid. One of the PLHIV networks has been selected to be GFATM SR for 2018-2020 implementation period. (Please refer to attached presentation for details)

### Discussion and Action Points

- All the international and national organizations are invited to provide one/two pages of summary of their activities to the MoHS to be included in the annual report. The reporting format will be distributed by the MoHS.

## 10. AOB

### A. Beyond the 3MDG Fund

Mr Billy Stewart from DFID presented an update on the 3MDG Fund – 2018 and beyond. The 3MDG fund has received an extension till the 31<sup>st</sup> of December 2018 with the total amount of USD 40 million from four donors; UK, US, Sweden and Switzerland. The fund activities beyond 2018 is currently being discussed (*please refer to the presentation for details here* <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>).

### B. Update on USAID Support to the Health Sector in Myanmar

Ms Karen Cavanaugh from USAID presented a summary of the USAID support to Myanmar. USAID works to improve the health status through: 1) strengthened health systems governance and stewardship, 2) improved public and private health service delivery and 3) improved health behaviors at the individual, household, and community levels. The total amount of USD 32.7 million has been contributed to the country within the period of October 2016 to September 2017 (*please refer to the presentation for details here* <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>).

The Chair excused himself as he left for another urgent meeting. Dr Thandar Lwin, the Deputy Director General (Disease Control) and the Secretary of M-HSCC continued chairing the meeting on the request of the Chair.

### **C. Update on RAI2E Grant- 2018-2020**

Dr Aung Thi, Programme Manager of NMCP updated the M-HSCC on the on-going process around the GFATM RAI2E regional component. This is the first regional grant from GFATM for Myanmar with the specific aim of malaria elimination as a country among the GMS region. The RAI steering committee (RSC) has announced and opened the call for expression of interest (EOI) for this grant to the non-government organizations in Cambodia, Lao PDR, Myanmar, Thailand, and Viet Nam to implement malaria interventions to reach the most at risk and hard to reach populations.

Each CCM (M-HSCC) is requested to appoint a representative to the RSC SR selection panel. The representative may consult the CCM and/or other country-level partners during the review process as necessary. CCMs (M-HSCC or its ExWG/OB) will receive the RSC panel recommendations for comment before a final decision is made and no separate review/endorsement of proposals by CCMs is required for grant-making (*please refer to the presentation for details here* <https://www.dropbox.com/sh/4azj3fj8xak3757/AADZlIXjYScBKuCAIbrbtNpGa?dl=0>).

### **Discussion and Action Points**

- Dr Aung Thi, Programme Manager of NMCP was nominated as representative of the M-HSCC to serve on the RSC SR selection committee.
- There are two members representing the Country in the RSC, one voting member and one non-voting member. The non-voting member is the NMCP Program Managers of the GMS countries. The voting member is nominated by the Chair of the M-HSCC and is in the case of Myanmar the Deputy Director General for Disease Control, Dr Thandar Lwin.

### **11. Closing**

Dr Thandar Lwin, Secretary of the M-HSCC thanked all the M-HSCC members and participants attending this meeting.

The meeting ended at 13:30.