

Meeting minutes of the 11th Myanmar Health Sector Coordinating Committee Meeting (M-HSCC)

Meeting Room, Ministry of Health, Myanmar

Wednesday, 19th of October 2017

10:00-13:30

1. Announcement of reaching quorum

As 26 out of 35 M-HSCC members attended the meeting, representing government and non-government constituencies, the M-HSCC reached quorum. H.E Dr Myint Htwe, Chair of the M-HSCC and Union Minister for Health and Sports welcomed all members of the M-HSCC and officials from other departments from Ministry of Health and Sports and various organizations. He then provided the opening remarks.

2. Opening remark by H.E. Dr Myint Htwe, Chair of the M-HSCC and Union Minister for Health and Sports

The Minister opened the meeting with six main points. Firstly, H.E. request for all members to review the action points of the previous MHSCC meetings and do a quick analysis of the follow-up. The review should be done within the next 3-4 months. The aim is to assess the achievement of immediate, medium and long term goals set in the MHSCC. Even if the Health Sector is seen to be doing well compared with other sectors there is always room for improvement.

The Minister also stated that while he does not want to return unused funds, he wants to improve efficiency as H.E. no longer wants to approve of no-costs extension of programmes. He would like to reduce the trainings and capacity building activities in the health sector and make them more efficient. H.E. will do a review of past trainings and encourage that reviews through focus group discussions and external reviewers are done at the end of all trainings.

H.E. also spoke on the issue of data collection and use. The minister would like to ensure that the data collected is used well and that data is only collected if it is useful. He emphasised that the analysis of data is key to good policy development. A network of information systems is being organised and should be done within the next 6 months. MoHS needs a strong information system network that is streamlined and integrated. Programme managers need to ensure field level staff understand the importance of data and use it to improve programmes. They also need to review and use the data provided by the DHS published earlier this year. All partners including NGOs and UN are welcome to comment and help improve the system.

The Minister mentioned that he has tasked Dr Kan Tun, Special Adviser to the Minister, to do a fund tracking analysis in order to ensure that funds are allocated to areas where they are needed including government and WHO resources. In connection with this, H.E. also encouraged that the cooperation strategy between WHO and the Government be updated and that the operationalization plan for the NHP be fine-tuned for year 2 accordingly. In addition, the point was made that it is important to take the UNDAF into consideration and aligned the plans and strategies. The Minister asked that MINU help map

out how existing programmes and projects link to the NHP. H.E. also requested WHO's support in strengthening the use of the national health accounts tools.

The Minister announced a number of administrative changes. The merging of Department of Public Health and Department of Medical Services is on-going and will be finalised at the latest by 1 April. The state and regional level are key to a successful health system. The performance of medical officers at the state and regional level will be reviewed and adjustments of staff will be made as per the outcomes. H.E. also mentioned that the forms currently being filled in by midwives need to be simplified. The materials for orientation training for basic health care providers such as the health literacy promotion booklet will in the future be made available on tables, so that staff have easy access to all the pertinent information and materials. The National Strategy on NCDs was approved in September 2017 and H.E. encouraged partners to get involved and support NCD programme. Community Health Clinics will be essential in this programme. Initially, 90 townships will be covered by NCD programme activities.

On the Rakhine situation, the Minister mentioned that INGOs and UN are encouraged to assist and that all assistance needs to be done under the leadership of the State Health Director. Preparations are being made for receiving the returning refugees incl. vaccinations, nutritional assessments and pamphlets in Bengali language.

3. Endorsement of agenda

After reviewing the agenda, members were asked to declare any potential conflict of interest with regard to any of the agenda items. None of the members declared a conflict of interest. The agenda for the 11th M-HSCC was endorsed.

4. Policy on Involvement of Volunteers (presentation: Dr. Thuzar Chit Tin)

Dr Thuzar Chit Tun, Deputy Director General (Training), presented on the involvement of health volunteers including CHWs and AMWs. There is a wealth of volunteers on a whole range of different issues and the programmes and incentives are very different. There is a strong need to streamline, standardize and coordinate the training and use of volunteers and the many different guidelines. Dr Thuzar Chit Tun suggested that the role of VHWs (CHWs and AMWs) should be clarified and easy to understand TORs and handbooks should be provided to all volunteers accordingly. She further recommended a review of the existing situation in order to prepare for the development of a national wide policy.

She emphasised the importance of developing a clear uniform incentive mechanism and system that allows for career development as for example from CHW to PHS II, AMW to MW. In addition, the importance of carefully selecting and training the volunteers and adequately and continuously supporting them was underscored. The community should be involved in the selection and monitoring & evaluation process together with all MOHS and development partners.

A supportive legal and administrative framework for their functioning is needed as is attention to career progression and strategies to improve motivation and retention of effective volunteers.

For more detail please see the PowerPoint presentation here:
https://drive.google.com/open?id=0B7XPWrrb5x_hemIFSVdmUzAOY0U

Discussion points

- H.E. asked for a review of all guidelines in order to improve the good ones and do away with the less helpful ones. Monitoring of volunteers and their performance is a critical element. Operational research is necessary for improving the effectiveness and efficiency of the volunteers.
- Professor Dr Rai Mra mentioned that MMA will do a study on volunteers and their motivations for volunteering. The Minister stated that MoHS is willing to fund the study.
- HE Dr Myint Htwe emphasized that there is a need to develop clear job descriptions for all CHW and Volunteers.
- Dr Thuzar Chi Tin agreed that some sort of linear and uniform criteria for incentives should be implemented for all Midwives, CHW, PHS2 and Volunteers.
- Mr Oussama Tawil pointed out that the community volunteers are the final agents in contact with the community. To avoid overburdening the community volunteers, they should not be instructed by many different organizations. In line with health promotion principles, they should be trained and managed and operate in an integrated manner and all booklets should have clear description of the duties, responsibilities and incentives.

5. Health Security in Myanmar (Dr Than Tun Aung)

Dr Than Tun Aung, Deputy Director General (Disaster/Epidemiology), presented on Health Security. This was in part in logical sequence to the last meetings presentation on the Joint External Evaluation (JEE) of national capacity to prevent, detect, and respond to infectious disease threats. Unfortunately, Myanmar scored relatively low on a number of parameters in the JEE such as in national legislation, policy and financing; IHR coordination, communication and advocacy; food safety; biosafety and biosecurity; preparedness, emergency response operations, risk communication; chemical events and radiation emergencies. Myanmar did somewhat better on antimicrobial resistance and zoonotic diseases; immunization; national lab system; surveillance; reporting and workforce development. Subsequently a draft Five Year Plan for Health Security in Myanmar is being developed.

A loan of USD 12 Million from ADB under the GMS Health Security Project is available to strengthen health security. The scope of the loan is designed to enhance regional cooperation and national capacity building. The goal is to strengthen the GMS health security in Myanmar. The project period is 2017-2021.

Please see presentation for further information:

https://drive.google.com/file/d/0B7XPWrrb5x_hc0ZZOVNzWmNuSjg/view?usp=sharing

Discussion Points

Dr Stephen Jost of WHO mentioned that at the last M-HSCC, the prevalence of H1N1 in Myanmar was discussed. The total number of reported confirmed cases has now reached 401 cases and 60 fatalities as of mid-October, 2017. According to this experience, we learned that the emergency preparedness of the MOHS staff and their leadership role is of paramount importance in emergency situations. To build a stronger surveillance system is key and the preparedness for the next flu season at the state and regional level and the central level is important. Timely diagnosis and referral to well-prepared tertiary hospitals will be critical in dealing with the next flu season and future epidemics.

Reports

6. National Health Plan 2017-2021 and Annual Operational Plan 2017-2018 (Dr That Zin Htoo)

Dr Thant Zin Htoo, Assistant Permanent Secretary and Director of NIMU presented the update on the National Health Plan (NHP) 2017-2021 and the Annual Operational Plan 2017-2018. In line with the NHP, MOHS is now developing communication strategies for both health staff and communities in order to strengthen health literacy. In addition, MoHS is now developing a logistics and supply mechanism for all drug, medicine and healthcare instruments for all states and regions. Other main activities are development of an emergency referral system and training of volunteers. NIMU is working together with Department of Medical Services and the Training Unit. All activities will be monitored by focal points within each state and region and NIMU will provide the required financial and technical support.

Dr Thant Zin Htoo mentioned that the roles of the different types of health workers delivering health care services will be defined with clear job descriptions. Based on those job descriptions, the skill-sets required to carry out their tasks will be identified. BHS job descriptions are being finalized and will be ready to be disseminated in December 2017 after submission to the Union Minister.

State/Region & Township Health Working Groups are in the process of being established. The working groups will include representatives from all relevant stakeholders (TMO, EHOs, CSOs, NGOs, private sector, etc.). MOHS developed guidelines for this at the end of August 2017 for each state and region. The main responsibilities of member are: (i) Inclusive Township Health Plan (ITHP) formulation (ii) NHP/ITHP monitoring. As MOHS is now developing the 'Inclusive township health plan template' for each and every township in order to facilitate the resource and fund tracking mechanisms. This will be important tools to help ensure that all resources and budgets will be used effectively.

Dr Thant Zin Htoo stated that there are many funding sources in Myanmar's Health sector such as the Global Fund, 3MDG, USAID, and international financial institutions. Handling the different fund sources for different programmes is very demanding. So MOHS is starting to track funds both at a central level and at States/Regions and townships level. It is very difficult to monitor the efficiency, effectiveness and performance without knowing the correct funding amount and details of the program implementation as some fund managers and implementers report a certain amount of funds and activities at the initiation, but when the actual implementation starts the budget amount usually has changed.

A proposal on health infrastructures needing to be reconstructed will be submitted to the Minister for 2017 and 2018 according to a prioritized list. The total budget requirement for the first 160 townships will be 69 billion Kyats.

Please see presentation for further information:

https://drive.google.com/file/d/0B7XPWrrb5x_hT19kRzhsRUIvZE0/view?usp=sharing

7. Update on Rakhine and the Health Sector (Dr. Than Tun Aung)

Dr. Than Tun Aung, Deputy Director General (Disaster/Epidemiology), presented an update on Rakhine and its health sector. The recent terrorist attacks in Rakhine has triggered a crisis of population displacement including health staff, which in turn further worsened the health sector situation. New IDP

camps with more than 30,000 displaced people per camp were established in 8 Townships. The effects on the health sector included a PHS II from Buthidaung township that suffered from an attack by armed terrorists and was hospitalized; a midwife from Maungdaw township reported abortion caused by the displacement; more than a hundred of local health staff were trapped in the insecure crisis area; three SC and one RHC were destroyed and health facilities and equipment were lost. This all resulted in limited health service delivery in Buthidaung and Maungdaw townships except in the township hospitals and an ongoing polio SIA in these townships was stopped.

From the 30th August to the 1st September, the Union Minister of MOHS visited Sittwe, Buthidaung and Maungdaw townships to give moral support and to guide necessary health planning in the emergency situation. From the 18th to the 20th of September, the Permanent Secretary of MOHS visited Sittwe, Buthidaung and Maungdaw townships to support the emergency health services for the affected population. The immediate basic health-care activities are carried out in both Maungdaw and Buthidaung Townships and there is on-going effective health service provision in the conflict-affected townships. Primary Health Care services are provided by 51 mobile health teams. From the start of the recent armed conflict in July till October 2017, MOHS has provided medical services to 47,393 patients and transferred 90 patients for further treatment to hospitals.

There are 21 healthcare partners working with MOHS in implementing different projects in different townships in Rakhine state and 72% of them are now resuming their project activities while 13% are suspended.

Please see presentation for further information:

https://drive.google.com/file/d/0B7XPWrrb5x_hOXFPTFFJNF9Oa2s/view?usp=sharing

Discussion Points

- Ms Karen Cavanaugh from USAID pointed out that it is very difficult to follow up on the implementation status in Rakhine State. It would be good to know what kind of input and feedback the Minister needs on the projects in Rakhine state. Regarding the health situation in Rakhine state, USAID would like to know what kind of activities they could support.
- The Minister replied that MOHS is developing a set of projects in Rakhine State, and MOHS will soon inform UN Organizations, INGOs and NGOs where MOHS would request contributions. The State Health Director will oversee all these activities and central MOHS staff will be providing technical guidance, strategy and policy advices but will not be involved in the implementation of the activities. The implementation should be transparent and done equally regardless of race and religion and regardless of rich or poor in order to avoid any unwanted consequences and complaints.
- MOHS received this morning USD 337,000 worth of traditional medicine. So MOHS will be careful in spending these resources especially in Rakhine State.
- Mr Oussama from UNAIDS mentioned that the Myanmar Positive Group (MPG) is implementing HIV/AIDS activities together with the National AIDS programme (NAP) in Rakhine and WHO is supporting in order to ensure the continuity of treatment. Most of the clients receiving ART treatment were displaced and the coordination with community volunteers is very important to ensure the continuation of treatment.

- Despite the efforts of WHO SEARO and attempt at doing coordination between the Bangladesh health authorities and Rakhine health authorities, there are difficulties in following up on ARV treatment on both sides.
- The Minister emphasised that the Rakhine people living with HIV (PLHIV) should serve as peer support to other PLHIVs since peers are more trusted by local people. Stronger peer support will help reduce transmission. Dr Than Tun Aung and his team already issued a guideline which describes management of IDP camps and PLHIV especially for Rakhine State. It is a very clear guideline and even the telephone numbers are included in case there is a need to contact the right authorities if treatment for PLHIV is not provided continuously. The telephone numbers are made public in every IDP camps.
- The Minister stressed that The National Strategic Plan on AIDS should clearly describe harm reduction in a more comprehensive way as illicit drug use is a national priority. The population is badly affected by drugs so it is a National Emergency and MOHS cannot solve this alone. That's why MOHS is now coordinating with Ministry of Home Affairs (MOHA) together with UNODC and other UN agencies on drug issues.

8. Updates by JICA (Mr Hasumi Takahiro)

Mr Takahiro Hasumi from JICA provided an update on JICA's activities in the health sector divided into three main parts:

- (1) Cooperation Program
- (2) Achievement & Contribution and
- (3) Future Cooperation Beyond 2018

In cooperation with MOHS, JICA has focus on Health System Strengthening, Infectious Disease Control and Human Resource for Health. Mr Hasumi listed the achievements and contributions till date within those three areas. The contributions have a strong emphasis on capacity building and technical assistance.

He laid out the future plans beyond 2018, which has the goal of supporting Myanmar achieving UHC by 2030. In Health Systems Strengthening focus will be on Primary Health Care in rural areas (Magway) and Health Service Infrastructure (Yangon and Dawei). In Human Resources for Health support will be in capacity building in medical engineering, while the programme in Infectious Diseases Control will focus on creating a resilient society for infectious diseases.

Please see presentation for further information:

https://drive.google.com/file/d/0B7XPWrrb5x_hSDNYOVZCeVBPTk0/view?usp=sharing

9. ExWG and TSG Updates (Dr Thandar Lwin)

Further to the discussions at the last MHSCC meeting, an update on the ExWG/Oversight Body situation was provided by the Chair of the ExWG, Dr Thandar Lwin (Deputy Director General, Disease Control). After discussions, the Minister and Chair of the MHSCC has decided to go with the decision taken at the

ExWG meeting held on 1 February and the MHSCC meeting 27 February, which is to stick to one body and reform the ExWG. Hence the new ExWG with less proportion of members with CoI will continue to also have the function of GFATM oversight body. New members with no CoI appointed to the ExWG were already endorsed by the MHSCC at previous meetings.

Dr Thandar Lwin then gave an update on the SR Selection for the RAI2E Regional Component Pack 1#. The RAI SR selection panel reviewed and scored the 21 applications received. The panel consisted of 10 members: five RAI country representatives (for Myanmar: Dr. Aung Thi, NMCP selected by the MHSCC), one WHO representative, two donor representatives (USAID/PMI, France), one civil society representative, and one representative from the PR (UNOPS). Key criteria used to evaluate the proposals included:

1. Technical and organizational capacity to implement the proposed activities, including
2. relevant geographical presence and ability to manage Global Fund grants;
3. Characterization of, rationale and evidence-base for selecting target groups and
4. geographical areas;
5. Technical approach, collaboration with local/national authorities, alignment with national
6. plans and demonstrated potential for programmatic impact;
7. Value-for-money (evaluation of financial proposal).

Out of 21 applications reviewed, 13 proposals included Myanmar within their scope, either as part of a multi-country approach or as stand-alone projects for Myanmar. Five of these proposals were shortlisted

by the selection panel following the scoring process, of which four is suggested to be recommended to the RSC for funding under the future regional component in 2018-2020, and one is suggested as an “above allocation” priority. Short listed included- MAM,MDM, MSI,PSI and SMRU.

Subsequently, the updates from the Malaria TSG, HSS TSG, TB TSG and HIV TSG meetings were presented by Dr Thadar Lwin.

Please see presentation for further information:

<https://drive.google.com/file/d/0B6t-Qy58DRIMWnZXWnhpam55VWs/view?usp=sharing>

10. Policy Recommendations of Maternal and Reproductive Health for MHSCC: Way Forward from 18th RH TWG (Dr Thaung Hlaing)

Dr Thaung Hlaing, Deputy Director General (Public Health) presented the updates of the Reproductive Health Technical Working Group (RHTWG), which functions under the Reproductive, Maternal, New-born, Child and Adolescence Health TSG (RMNCAH TSG). The recommendations from the RHTWG were: a) to develop emergency referral guideline on support for transport cost in obstetric emergencies; b) to ensure task shifting to AMWs for distribution of Misoprostol and FP services in hard to reach communities; c) to establish OSCC (one stop crisis center) for GBV survivors at hospitals. The one stop crisis center is planned to be established in two hospitals (NPT 1000 bedded and NOGH). There is a need to recruit more medico-social workers to provide the psycho social counseling and refer patients to related sectors (social welfare, legal and police).

Kindly see the presentation for more information details.

https://drive.google.com/file/d/0B7XPWrrb5x_hdVJvVW00UE0tVkk/view?usp=sharing

11. Update on GFATM Grant Making (PR UNOPS)

Dr Attila from UNOPS presented the background and update on the GFATM grant making process. The 2018 to 2020 GFATM grant documents have been prepared in light of the guidance from the TSGs/M-HSCC. Completed grant documents were submitted to the Global Fund in June 2017 on time for all 3 diseases. The post grant negotiation changes in the performance framework of 3 diseases were pointed out. The PR and SR budgets for post grant negotiation of the HIV-UNOPS grant, TB-UNOPS grant and Malaria-UNOPS grant were explained. For the reinvestment plans of the 2017 savings, GFATM has approved most of the proposed reinvestment items and all activities need to be completed before 31 December 2017.

Please see presentations for further information:

https://drive.google.com/file/d/0B7XPWrrb5x_hMIUtSzUzOTFTV1E/view?usp=sharing

https://drive.google.com/file/d/0B1VdXyi_U5s0ZkNKalA2N1VaZnc/view?usp=sharing

<https://docs.google.com/presentation/d/1vNjxMvV7HraLrIMgf0L1L3ox2igTtbJDE4GzaHnDSw4/edit?usp=sharing>

12. Update on GFATM Grant Making (PR Save the Children)

Dr Myo Set Aung presented a brief snapshot presentation of the changes of the budgets and targets between the pre and post negotiation versions of those Global Fund grants managed by Save the Children. In the HIV PF SRs' HIV prevention, outreach and testing targets have been increased as was done for the SRs under UNOPS PR. Furthermore, the comparison of pre-negotiation budget lines and post-negotiation budget lines per SR was outlined. Among the main changes were increased support to the AIDS Alliance, MSI and AHRN and significant cuts for STC and PSI. For the TB grant, targets for notified cases by communities have been increase. For the budget the main changes were a decrease in funding for PSI and an increase for the PR while the overall TB budget remained nearly the same. Dr Myo Set Aung also presented the post negotiation changes in the PF and the budget of the Malaria grant. In the PF, there were high increases in targets for community and private sector testing. In the budget there were increases in budget allocation for all SRs and in particular PSI and HPA. However, with cuts in procurement of commodities the overall budget remained more or less the same.

Please see presentations for further information:

<https://drive.google.com/file/d/0B6t-Qy58DRIMbUE2bGY4bXZwMTg/view?usp=sharing>

<https://drive.google.com/file/d/0B6t-Qy58DRIMQnV6OEIfcFNQdE0/view?usp=sharing>

13. Report from Communities

Daw Khwan Taung (Program Coordinator from Myanmar Council of Churches, MCC) reported that the CBOs organized an UHC awareness workshop in 4 States and Regions where 400 people from 300 organizations participated. The CBOs are planning to organize more workshops to cover the remaining regions within the next 2 years. There are also plans to organise the 3rd National CSO Health Forum in December 2017, which will be funded by 3MDG. The purpose of the forum is to highlight the role of CSOs in the NHP implementation process. The theme and detailed plans will be submitted to the Minister in due course.

U Thawdar Htun (Chairperson from Myanmar Positive Group, MPG) presented the updates on the HIV Forum conducted on 29th September, 2017 in Mandalay. More than 200 PLHIV from across the country participated in the forum. They discussed the involvement of Key Affected Populations (KAP) in ART transition plans of INGOs, NGOs to public hospitals or ART decentralization sites to achieve the 90%, 90%, 90% targets. The theme of the forum was “Promoting the participation of Key Affected Populations to achieve effective HIV services”. Another objective of the forum was to share information of the National HIV/AIDS response in Myanmar and the plan of the National AIDS Programme, and to discuss KAPs involvement.

U Thawdar Htun also reported on the MPG’s Emergency Response in Rakhine State. As per the MPG’s Contingency plan, MPG implemented activities in Sittwe such as: the set-up of an information centre; distribution of information sheets at IDP camps on how ART clients can get further information; assigning of peer volunteers to support psycho-social & adherence counselling and link with ART centres; provision of travel allowance support to client who are receiving services at information centres; and support in transportation to participate in activities organised by the Public Health Department.

Please see presentation for further information:

https://drive.google.com/file/d/0B7XPWrrb5x_hMFdnVHo0ZzVtZk0/view?usp=sharing

14. AOB Session

Dr Thaug Hlaing announced that a sector coordinating committee on nutrition will be established and function independently of the MHSCC. The committee on nutrition will report to DACU.

15. Closing remarks

The Minister in his closing remarks stressed how he appreciated the presentations and active participation by the members. He emphasised the importance of efficient, effective and appropriate utilization of funds trusted to the health sector in order to achieve the needed outcomes.

The DGs and programme managers were requested to guide and monitor the use and utilization of funds. H.E. reminded colleagues that he does not want to approve further no-cost extensions. The Minister thanked all for their support and collaboration and declared the meeting closed.

The meeting ended at 13:30.