

Meeting Minutes on 12th MHSCC Meeting

Horizon Lake View Hotel

9th of April 2018

(1) Opening Speech by H.E. Dr. Myint Htwe (MHSCC Chair and Minister of Health and Sports)

In his opening, the Minister stressed that the monitoring activities of the country health system needs to be strengthened. A team including members from MoHS and other partner organizations must perform a proper analysis to understand the challenges and performance of all programs at the ground level. Information on non-government health related activities in the field must be provided to the respective State or Regional director in order for him/her to know the ongoing activities so that support and facilitation can be provided to the NGOs.

H.E. thanked Save the Children and UNOPS for their good track record, mutual understanding and respect with MoHS. He also asked them to support not only TB, HIV and Malaria but also health system strengthening. Financial management is a weak point for the MoHS and thus, he asked partners to support MoHS on this issue.

For MoHS, 2018 is a year of construction of housing and nearly 9000 places of accommodation for staff is being built. Ongoing hospital, RHC and sub-centers construction will continue this year.

The Ministry of Health and Sports is reviewing and prioritizing the budget to prevent irrational allocation of budget and to have an appropriate usage in the context of public health.

MoHS is also trying to promote health literacy of the population and we are planning to distribute standardized health messages in booklets and pamphlets in collaboration with FDA, Department of Traditional Medicine and other related institutions. These standardized health messages, and health application such as safe delivery will be transferred into mobile tablets provided to the basic health workers. The minister said that he believes that these technological aids will reduce the work overload of the basic health worker leading to convenient work flow and improving quality health services in underserved and hard to reach areas, which will in-turn, reduce the occurrences of preventable common diseases. H.E is confident that this strategy will reduce the number of patients and hospitalization leading to workload reduction of hospital staffs and saving drugs and money which can be used in other required areas.

Another emphasized area for this year is Non-Communicable Diseases (NCDs) and H.E. has appointed Dr. Kyaw Kan Kaung as Director for tackling NCDs. NCD is becoming an important area to tackle due to unhealthy diet, with an increase in number of people suffering from hypertension and diabetes.

We are trying to promote the activities that will reduce betel nuts chewing, tobacco and alcohol usage, high intake of sweet and salted foods among community as our community is suffering the burden of NCDs. MoHS is also collaborating with Public Health Foundation for the reduction of tobacco use and expansion of smoke free areas and smoke free university.

Another area that need to get further emphasis is food security as our new generation, school going aged children are suffering diseases from unhealthy food (unhealthy additives) and diets. And thus, MoHS is collaborating with FDA on this issue overseeing the future problem of the next generation. MoHS has organized a central committee for food and drugs. A central level committee has also been organised with the Ministry of Education for a school health promotion program for 8.7 million students in more than 45,000 schools aiming to promote healthy lifestyle in school children. Thus, MoHS also request all NGO, INGO and other partner organization support this priority area.

H.E. mentioned the conduction of workshops to develop strategies for social medicine and to supply required exercise equipment for all offices under the MoHS to promote physical activities as per the instructions from the President's Office. MoHS is also working on developing policies and guidelines on the use of antibiotics in order to prevent the over-usage of antibiotics and to control occurrence of drug resistance strains.

MoHS is trying to prevent loss of money due to expired drugs from many hospitals with the careful monitoring of logistics and supply change management in each and every medical store. Consequently, this year will have a great improvement in this area hoping for the establishment and consolidation of a copyright procurement system in the future. Moreover, Department of HRH is developing a system to know the exact number of current health workforces, doctors and specialist doctors in our health system and to assist in the recruitment process.

The Minister requested all INGOs to submit to MoHS their profile in terms of not only geographic working areas, but also type of projects in order for MoHS to have comprehensive information and enable better management of health projects. For visa extension of international staff, the respective INGOs need to mention their achievements and expertise areas in bullet points. For the communication with MoHS, all partners can send the required or requested memos or documents to IRD by email for speedy approval process. H.E. was also very pleased to announce that the working efficiency of MoHS will be significantly improved in the next quarter in the distribution memos, instruction and information with the further use of internet and office emails by ministry staff.

The Minister suggested that MHSCC and organizations working on tackling TB should read the documents and guidelines from the conference "Delhi Call for Action to End TB" and use it in their work. Based on the finding of the ongoing 4th National Progress Survey on TB, Myanmar needs to develop a strategic plan on TB control to reduce occurrence of MDR-TB and HDR-TB.

Another ongoing survey is the Nationwide Micronutrients and Food Survey which will finish in April 2018. The data analysis process will take about 1 month. When the final results come out, this information will be distributed to MHSCC members to get a better understanding of malnourishment in Myanmar. This will be useful in tackling malnutrition.

The Minister closed by highlighting that the GFATM Office of Inspector General's pointed out in their audit report that the MHSCC is regarded as a world best practice with regard to health sector coordination and that the MHSCC needs to continue strengthening the functioning of its Technical and Strategy Groups.

2)Endorsement of the MHSCC meeting agenda

Then, the MC asked members to review and endorse the meeting agenda and declare any for potential conflict of interests (COIs) related to the meeting agenda items.

Dr. Stephen Jost from WHO, Daw Nwe Zin Win of Pyi Gyi Khin, Mr Thardaw Htun of of MPG and Dr. Sid Naing from MSI declared that their organizations are Sub-recipients of Global Fund grants. Mr. Morgan Soe Win from World Vision (WVI) declared that WVI is planning to apply for funding from the upcoming TB regional grant. Mr. declared that MPG is Sub-recipient of under the Global Fund grant.

Dr.Thandar Lwin declared that TB, HIV and Malaria National Programs and the government is also a Sub-receipient of Global Fund grants.

The MHSCC endorsed the meeting agenda.

3)Presentation from the 2 PR on the Findings and Recommendation from the Global Fund-Office of the Inspector General - UNOPS and Save the Children

Dr Faisal Mansoor of UNOPS PR presented on behalf of UNOPS and Save the Children on the Findings and Recommendation from the Global Fund-Office of the Inspector General.

For the presentation kindly see:

https://drive.google.com/open?id=1zx7IYudmh0xvL_ngNeug6_1zzdMGD5Sv.

The main points were:

- Regarding implementation, the government, MoHS, multilateral, bilateral, NGO and INGO working partners are engaging well with strong political commitment guided by the National Health Plan and Universal Health Coverage.
- Expansion of the CCM to MHSCC in 2013 and DHIS2 were mentioned as good practices and initial activities to strengthen procurement, supply chain and management system was well recognized.
- Areas for improvement were also noticed such as insufficient HR resources, need for further coordination between DOPH and DMS, for strengthening monitoring systems, sub-optimal utilization of community health workers in integrated HIV, TB and Malaria services, existing need for provision of comprehensive HIV services in MMT centers and ART centers.
- OIG also pointed out that health system strengthening, another area of Global Fund investment, need to improve, which require strong leadership, multi-sectoral collaboration.
- In relation to HIV, TB and Malaria, there is a huge funding reliance of MoHS on donor funding and no future plan or strategy to reduce dependency on external funding was noted.
- Regarding services quality across 3 diseases, Malaria is the most successful program with significant reduction in morbidity and mortality. With the technical and strategic focused interventions, synergistic working with other partners and significant investment of government and development partners in community-based malaria services, malaria program has achieved universal access to diagnostic testing,

efficient and effective treatment. Innovative approach to malaria reporting application is expected to be used by the community health workers in 2020. The uses of artemisinin monotherapies(ATMs) in the informal sectors was noticed due to inadequate HR and financial supply in FDA to enforce the control, ban and sale of ATMs. There is still a gap in receiving correct treatment according to National Guidelines on confirmed cases (15%) in the public sector due to hesitancy of the health workers to follow the guidelines. Delay in distribution of insecticide treated nets due to protracted review, approval and procurement process was also noted.

- HIV and TB services also show positive progress. HIV counseling and testing and HIV testing among Key Population still has a gap due to discrimination and legal environment on sex work, injecting drug use and men who had sex with men. A gap in the monitoring of patients on HIV treatment was found and root causes were found to be limited HR capacity in lab services, transportation costs and delay validation of dried blood samples.

- Investment in the TB prevalence survey and piloting of short term treatment regimen for MDR-TB, expansion of GeneXpert services in 74 districts were recognized. Ineffective TB infection control measures, lack of refresher training on infection control and annual TB screening for health workers were noted. With regards to the gap between MDR-TB diagnosis and enrolment to treatment, the service providers are reluctant to initiate treatment before getting baseline investigation results and high out-of-pocket expenditure on lab investigation is a barrier for the patient to receive treatment. TB case notification rate didn't reach the target and a survey is currently being conducted to understand the causes for not reaching this target. It was noted that no standard measure on medical waste disposal was identified and no particular training on waste and disposal management was recorded.

- Regarding SR management and assurance arrangements, PRs have elaborated policies and procedures for SRs management. There has been a reduction of SRs involved in the 2018-2020 grants to ensure effective SR. Managed Cash Flow improved absorption and electronic system for monitoring recommendations from the supervision visits were recognized. Limited supervision visits for SRs in hard to reach areas, delayed PUDRs and external audit reports were also noted due to insufficient fund on supervision and security concerns.

Discussion points:

- The Minister advised that the programme managers are to review the root causes and to follow-up. There might be a need to change the work plans to solve the root causes and working collaboratively with SRs is also important to save resources. To achieve malaria elimination goal, AMTs must be removed from the market immediately. It is also crucial to follow MDR-TB initiation sites as out of 74 MDR-TB sites, only 42 sites were found to be able to initiate MDR-TB treatment.

- Dr.Faisal from UNOPS commented that the MDR-TB programme in Myanmar is going very well and the perceived gap between the notified MDR-TB cases and enrollment to MDR-TB treatment that OIG mentioned might not be correct as there is a time gap to get confirmed diagnosis, which needs repeated medical and laboratory examination The patient also have to undergo baseline investigation prior to initiation of treatment. Another factor might be due to the reporting timeframe, which is not an actual gap for enrollment to treatment.

- Ms. Antonia Powell of Save the Children (STC) responded that the OIG demand on documentation is unnecessarily high. For example, they want to see all documents of every training, supervision and meeting. Thus, we need to find a balance between our trainings and supervision visit and documentation process, while not overburdening our staff with paper work as the OIG wants to see PR's supervision visits and records on SRs and they want to check whether SRs are taking action according to PR's recommendations. Regarding community-based HIV testing, the OIG expected to see screening of HIV, not confirmatory testing, by the peers to increase HIV testing in Key Population and WHO and STC are currently discussing this issue.

- Mr. Oussama from UNAIDS said that he did not agree with some of the OIG finding as they did not have sufficient evidence to back up some their conclusions. The OIG highlighted insufficient human resources in the areas of all 3 diseases. In HIV, we have good experience with the involvement of community workers. Therefore, we need to strategically use the human resource workforce of community organization, self-help groups and peer groups in order to do some to the work in terms of prevention, referral and network formation.

- Some members remarked that the audit goes beyond its boundaries, as it appears to be more of a programmatic review than a regular audit.

4)Presentation on HIV-TB and Malaria GFATM Grants - 2018 work plan implementation status

Dr. Eisa Hamid from UNOPS PR presented briefly the achievement of 2017 and the plan for 2018 -2020 of the HIV-TB and Malaria grants managed by UNOPS PR.

Kindly see the presentation at the following link:

<https://drive.google.com/open?id=17t7AaFCjBwjM--vNgVuYNdASv7N8XVZu>.

The main points were:

- For 2018-2020 Global Fund grants under UNOPS PR management, 247 million (USD) is expected to be used for 3 diseases.

- The overall budget absorption rate is 87% with a committed budget of 351 million USD for 2013-2017 and an expenditure of 306 million USD. Next week, UNOPS will submit the detail budget expenditure report and reasons for variance can be seen in this report. There are 2 different reasons for variance: one for PSM part and the second one is non PSM part. For the PSM part, UNOPS estimated procurement budget to be on the safe side, which lead to big saving. For the non-PSM part, implementing partners did not conduct some activities due to similarity with government or other partner organizations or some of activities were combined with partner organizations leading to savings and hence budget variance. Another reason for variance is cancellation of some activities.

- Most of the HIV performance indicators (2017) are reaching the targets except for the initiation of TB preventive therapy for PLHIV newly enrolled in HIV care (15%). TB programmatic performance indicators for 2017 are also on good track.

- Regarding Malaria, there are only 2 underperforming indicators: those for patients treated as per National treatment guidelines and the proportion of health facilities without stock-outs of key commodities during the reporting period.

Ms. Antonia Powell from Save the Children PR presented briefly the 2018 work plan implementation status of the HIV-TB and Malaria grants managed by Save the Children PR.

Kindly see the presentation at the following link:

https://drive.google.com/open?id=19wftTevw_Eh5Z9hkcwnTHjD7OPM3OIG0.

The main points were:

- The HIV/TB grant agreement with the Global Fund was signed in December 2017. A Kick-off workshop for all SRs was conducted 17-18 January 2018 emphasizing financial management, compliance, program quality and M&E.
- The HIV-TB grant has among other things focus on HIV prevention activities for key and vulnerable populations, giving treatment, care and support and support to forming an enabling environment and promoting human right. Prevention activities for MSM and FSW are implemented in 12 states and regions and for PWID in the three prioritized states Kachin, Sagaing and Shan-North. Care and Support activities are implementing in 10 states and regions. Patient transfers and ARV drug stock transfer was done from closing SRs to NAP. Out of the total budget of around 53 million for the HIV grant, 2.7 million have been disbursed to date.
- For TB, focus is on case finding and diagnosis; MDR-TB testing, referrals and support; and TB-HIV collaboration. For case finding and diagnosis, Public Private Mix (PPM) activities are implemented in all states and regions in collaborating with GPs and in 7 state and regions in collaboration with pharmacies. Community-based TB care is implemented in 11 state and regions, while mobile ACF activities are done in the three state and regions Kachin, Sagaing and Mon. MDR-TB support is done in two townships in Mon state. Out of a total budget of 16.8 million, 1.2 million is disbursed to date.
- In the malaria grant (Malaria RAI2E country and regional component 2018-2020), focus is on case management activities involving integrated community based and private sector management approaches as well as on mass LLIN distribution for vector control and strengthening of the health system and M&E. Interventions of the country component are given through 3171 volunteers, 1012 GPs and EHO health facilities. For the regional component implemented in Shan East and North services are provided through 365 ICMVs and 330 private providers. A total of 1.6 million have been disbursed to date with a country component budget of 21 million USD and a regional budget component of 5.6 million USD (2018-2020).
- STC, UNOPS and MoHS is finalizing operational procedures for incinerators. Regarding management issue, STC provide assessment tools to SR to access SSRs and EHO capacity. STC-PR is prioritizing SR monitoring visits based on risk-based selection. A KPMG audit is in progress and internal audit plans are in the planning stage. Additional training and technical assistance will be provided to SRs to prevent fraud.

- With regard to financial performance for the 2013-2017 NFM grants, the budget burning rate up to June 2017 was: HIV (92%), TB (80%) and Malaria (93%). Overall, the 3 diseases grants performance for 2013-2017 was satisfactory.

Discussion points:

- The Minister asked how STC monitor the SRs in term of performance and technical quality. Secondly, he asked if activity mapping is done. H.E. suggested to have a workshop on monitoring skill for SRs and government staff.

- Ms. Antonia Powell answered that STC use an Integrated Monitoring Model to evaluate staff performance, financial management, laboratory maintenance, training evaluation and program performance. Focus of STC monitoring is based on the different nature of the SRs and their activity workload. SCI's first priority is program performance. For the staff quality, they conduct regular training especially for the medical doctors. With regards to service mapping and coverage, it is still in progress but is planned to avoid service overlapping under the guidance of National Programme Managers.

- The Minister stressed that all programme managers should evaluate keeping in mind the occasional revisions and hence increasing and reducing of targets. H.E. also stressed that if an organization is planning to conduct research involving human subjects, the research plans must be submitted to Ethical Review Committee for approval.

5)Endorsement on TB regional grant proposal on TB interventions among Migrants and Mobile population in Greater Mekong Sub-region

Dr.Si Thu Aung, Program Manager (NTP) presented the regional TB grant proposal on TB interventions among Migrants and Mobile population in Greater Mekong Sub-region (GMS). The Thailand CCM is taking the lead on this regional grant and the goal of the grant 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 reducing TB transmission, incidence and mortality in each of the participating countries. The within-allocation funding for Myanmar is expected to amount to 1.5 million USD for 2019-2021.

The objectives of the grant include: increase migrant sensitivity of TB service provision; improve monitoring and evaluation of TB in migrants; develop policies aimed at improved TB control in migrants (policy and legal frameworks); develop, set up, and maintain partnerships, networks and multi-country frameworks. The priority areas include: Muse at the China-Myanmar border and Tachilek, Myawaddy, Dawei, Kawthaung at the Thai-Myanmar border.

For more details kindly see the presentation here:

<https://drive.google.com/open?id=1Mr1aYnuzZDNDznXe-FI0fOC25pMVTErS>.

Discussion points:

- The Minister asked the MHSCC members to carefully review and give comments on this proposal by email.
- Deputy Director General, Dr.Thandar Lwin explained that the proposal will have to be endorsed by the MHSCC or the ExWG. She also noted that an HIV regional grant is expected to be proposed in the near future.
- Another step will be for the Regional Coordination Mechanism to select the regional PR and potentially select country co-PRs for the grant for each country.
- The Minister asked the NTP Manager to prepare the proposal as soon as possible and to organize an ExWG meeting on 26 April 2018 to discuss this issue. If the Minister is unable to attend this meeting, the MHSCC Vice-Chair, Dr. Rai Mra will participate in the meeting representing the MHSCC Chair.

6)Updates on M-HSCC Executive Working Group and TSGs

The MHSCC Secretary, Deputy Director General, Dr Thandar Lwin presented on the ExWG and the TSGs. The presentation can be found here:

<https://drive.google.com/open?id=1pauGSORSbFiZWvKQcxnE50YqmyBJZ-T6>.

The main points were:

- At the ExWG meeting on 8 January 2018, ExWG members endorsed the proposal to reprogramme some GFATM TB funds placed with NTP and re-allocate these to SMRU. However, the MHSCC Chair could not approve this proposal and implementation of reprogramming was postponed pending further discussions.
- At 16 March 2018 ExWG meeting, 2 operational research proposals for the RAI2E package 2 (one from Malaria Consortium and one from MAM) were rejected due to perceived duplication of the research activities. The comments from the ExWG were communicated to the RAI2E Steering Committee (RSC). The RSC asked MHSCC to re-negotiate with the potential implementers to re-design the research in order to avoid duplication and then re-submit the proposals.
- At the HSS TSG meeting held 3 April, the Chair, Vice-chair and Secretariat were nominated. Permanent Secretary of MoHS was selected as Chair. The TSG was organized into an Expanded and a Core Group with 4 technical sub-groups. NHP implementation progress was presented and the attendants also discussed the GFATM OIG audit results.
- At the Research and Development TSG meeting on 4th April 2018, TOR was reviewed and discussed to aligned it with National Health Research Policies (NHRP).
- The Public Health Emergency and Disaster Preparedness TSG (the Health Cluster) was conducted on 9 November 2017. Reports were provided on the status of Rakhine, Kachin and Shan States.
- The Malaria TSG met on 22 November: At the meeting the following items were among others discussed: RAI2-E Package 2 Call for Proposal OR; malaria elimination strategies; integrated community malaria volunteers (ICMV); a China-Myanmar cross-border proposal. At the Malaria TSG meeting on 12 January

the following was among others discussed: Malaria Elimination interventions at the township level; role of local authorities, INGOs, CBOs and volunteer network in Malaria Elimination: Plan of URC in Rakhine State.

- The TB TSG met on 24 November and discussed among others: the Delhi Call for action and Moscow Declaration; accelerating case finding; e-Health update; TB work at Kayin EHO areas; MDR-TB; nutritional support; sustainability of Community DOTS Care; TB Reach; and the WHO Global TB report 2017. At the meeting on 26 March, the following was discussed: start of GF NFM 2018-2020; the OIG debriefing on TB; GF Regional TB grant (Migrants/Mobile Pop.). And finally at the meeting 2 April (core TSG) there was a review and discussion of the Regional TB proposal.

- The HIV TSG met on 6 February and discussed among others: findings of the sub national AEM estimation and consequent strategizing; update on NSP Operational plan; the National Strategic Framework to address Drug Use; the USAID 5-year HIV project; MPG and SWiM update on draft HIV law and draft sex worker law; getting to zero cities regional consultation; and status of PrEP in Asia Pacific region.

- Deputy Director General, Public Health, Dr.Thaug Hlaing presented on the progress of the RH TWG linked to the RMNCAH TSG. The RH TWG is establishing one comprehensive Reproductive, Maternal, Newborns, Child and Adolescent Health RMNCAH Strategy instead of having multiple strategic plans for the different areas. The draft Sexual and Reproductive Health and Rights (SHRH) policy has been submitted for endorsement. Dr Thaning Hlaing also reported that a strategy to move Myanmar towards ending preventable maternal mortality has been devised. He also noted that a National Quality Improvement Strategy of MNCH is being developed and that a gender-based violence guideline will be applied for health care response in all health facilities.

- The NCD TSG has not been conducted yet. The new director for NCD was assigned by the Minister to start this TSG without further delay.

7)Updates from 3 MDG

Mr. Orenn Ginzberg from 3MDG presented the updates from 3MDG includes the set-up of a new mechanism of funding replacing 3 MDG with funding expected from 4 governments (UK, US, Switzerland and Sweden). The new fund will focus on conflict areas and equity in access to quality health care. In addition, the new fund will have some focus on integrated Health System Strengthening. The fund will collaborate with Ministry of Health and Sports for sustainable development and capacity building. The 3MDG hopes to have approximately 200 million USD for 5 years for the new fund.

For further information please consult: <https://www.3mdg.org/>.

8)Closing

The Minister made the closing remarks and the meeting finished at 5 p.m.