13th MHSCC Meeting
Meeting Minutes

21st of August 2018
Office No. 4, Ministry of Health and Sports

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

In his opening, the Minister emphasized that school children health is a priority for MoHS – the children are the future and a foundation for their good health needs to be laid now. This will give good returns later and in addition, the children can do health promotion with their parents. Health and sanitations in school compounds is as important as is nutrition. Myanmar has to tackle the current growing problem of eating unhealthy and non-nutritious food – not least among youngsters. This will also help the reduction of NCDs in the long term. The State Counselor emphasizes nutrition as a country priority and has linked this to the healthy brain development of school children. H.E. hence requested NGOs and not least UNICEF to help with school health and nutrition. The Minister also mentioned that deworming activities should be implemented in schools twice a year. This must be combined with hand washing and better hygiene in schools and among school children and the population at large. MoHS has close collaboration with the Minister of Education and this good collaboration will continue in order to reach the goals on health in schools.

H.E. suggested that the number of capacity building activities in MoHS should be reduced – while implementation and monitoring should receive more emphasis. He also asked the MoHS programme managers to review the recommendations from the recent international TB and malaria meetings as well as Myanmar's joining of the Global HIV Prevention Coalition and do the necessary follow-up. In particularly, he stressed that NMCP and its partners have to be serious regarding elimination. For the new biennium for WHO collaboration, HE wants programme managers to think of new innovative ways - not just replicate what was done previously.

Regarding administration and coordination, H.E. asked that NGOs provide information on their profile and submit this to MoHS. The Ministry needs to do a proper mapping of NGOs in terms of geographical activities to improve coordination. Organisations are also requested to share data, not just with central level, but also at state/region and township level. H.E. stressed that MOHS is serious about the MoUs they sign with partners. MoU can only agree to MoUs when partners are following the national health plan, policies and guidelines.

With regard to practical meeting matters, the Minister made the point that more time needs to be allocated for discussion in future MHSCC meetings. It is at this forum that any collaboration challenges between health partners and MoHS can be solved easily. Finally, H.E. asked members to fill in the distributed questionnaire on MHSCC and the Secretariat and write additional comments at the end of the questionnaire.

2) Endorsement of the MHSCC meeting agenda and last meeting minutes

As more than 30 MHSCC members were present, the MC noted that the MHSCC was at quorum and asked members to review and endorse the last meeting's minutes and the agenda and declare any 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 MPG and Dr. Sid Naing from MSI declared that their organizations are Sub-recipients of Global Fund grants. Dr.Thandar Lwin, Deputy Director General of Disease Control declared that the TB, HIV and Malaria National Programmes are also Sub-recipient of Global Fund grants. The MHSCC endorsed the minutes and the meeting agenda.

3) Oversight visit report and follow up to previous M-HSCC Recommendations

Mr. Oussama Tawil from UNAIDS presented on the recent ExWG oversite visit including its findings and recommendations. As part of the M-HSCC's oversight mandate, such a visit was organized on 17-22 July 2018 by the MHSCC Secretariat to assess status of health services and programme implementation in the States of Mon and Kayin. Over the span of six days, the M-HSCC ExWG visited different health services in Paung, Mawlamyine, Thanbyuzayat and Kyaikmayaw in Mon State, and Hpa-an, Kawkareik and Myawaddy in Kayin State.

ExWG representatives from the Ministry of Health and Sports (MoHS), donors, United Nations, Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs) were divided into two field teams to assess selected health services, identify health system issues as well as their specific contributions to specific programmes including on HIV/AIDS, Tuberculosis and Malaria (ATM), Maternal and Child Health (MCH). Observations were also made on other health issues when sufficient information was provided, such as on Sexual Reproductive Health (SRH), Health Promotion, Human Resources in health.

The recommendations have been attached in an annex to these minutes.

For more information kindly see the full presentation here:

https://drive.google.com/file/d/1_Cr_RjKbqX8AB7tnTd27Oxmr6m-V4aX1/view?usp=sharing.

Discussion Points

- H.E. mentioned that MoHS need to realize that the malaria volunteers can be used in nutrition, MCH and other services. If utilized effectively they can improve all programmes at the ground level. This will also help reduce the workload of the health service providers.
- The Minister said that MoHS with the assistance of partners must review the capacity and capability of the EHOs. MoHS can support EHOs by providing capacity building. Likewise, INGOs who are working in the EHOs areas should support capacity building and need to help monitor the effectiveness of EHOs.
- The Minister reiterated the point that NGOs must coordinate their work and share their data with Township and State and Regional level health authorities.
- H.E. asked programme managers to review existing health education materials at the RHC and Subcenter levels and update them and where needed ensure they are available in the local language. MoHS should have enough funding for this.

- Ms. Karen Cavanaugh of USAID who participated in the oversight visit commented that the oversight visit was a really good experience, where all worked as a team regardless of whether they were government, donor or civil society staff. She also thanked MoHS and the M-HSCC secretariat for arranging the visit in an efficient manner.
- H.E. encouraged the INGOs working in Mon and Kayin States to submit monthly data to Township Medical Officers (TMOs) and District Medical Officers (DMOs), and then after 3 months or 6 months submit the data to the central level (NAP, NTP and NMCP) so that MoHS can make proper evaluation and planning. It will also assist in the resource mobilization of the national programmes, INGOs, NGOs and EHOs.
- Dr Stephen Josts from WHO pointed out that case-based reporting is important in malaria outbreak (e.g. in the malaria outbreak in Tanintharyi Region). There is a need to encourage the basic health staff and malaria volunteers to use case-based reporting application, which will be available soon. As in the Tanintharyi outbreak, a rapid response and fast field investigation must take place by the implementing partners and staff from the national programme. Also, it is important to take field information into account for future implementation process.
- The Minister added that the national control programme and those INGOs implementing malaria projects should not only look out for artemisinin resistance, but also have some focus on vectors, entomological assessment, etc.

4) Updates on the Multi-country Funding Request on TB among Migrants in the Greater Mekong Sub-region

Dr Sithu Aung, Director of Disease Control, presented an update on the Multi-country Funding Request on TB among Migrants in the Greater Mekong Sub-region. The goal of this 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 reduce TB transmission, incidence and mortality in each of the participating countries.

Myanmar was allocated around USD 1,318,000 (SMRU: USD 800,000; NTP and IPs USD 300,000 and HR support to NTP through WHO: USD 217,737). 1,6M was earmarked for Myanmar in above allocation (50% of requested amount). 1.3M was allocated for regional activities including the Regional Coordination Mechanism.

Apart from regional activities and bilateral activities (twin city meetings by NTP/IPs and Bilateral project by SMRU) the project activities in Myanmar will be:

- Central level activities (NTP, WHO): Coordination and Advocacy, IEC material development with IPs.
- Ground level activities (NTP and IPs): ACD and CBTBC in priority sites: Muse at China border and Tachilek, Myawaddy, Dawei, Kawthaung at Thai border; Pre-departure screening and IEC (NTP): Yangon; IEC for Prevention and Referral: other sites.

The time line is as follows:

- TRP clarifications in October.
- 5 Oct 2018: meeting with migrant women (inputs for responding to issue 3).

- 8-9 Oct 2018: workshop among PR, national co-PRs, SRs, development partners considering all issues and requested documents.
- 10 Oct 2018: RCM meeting to finalize all responses.
- Followed by grant approval, signing in November 2018 (TBA) and project implementation from Jan 2019.

For more information kindly see the full presentation here:

https://drive.google.com/file/d/1wnkkmwqZ2pV_odHoNkm19zPsvLlxc8Qy/view?usp=sharing.

Discussion Points:

- H.E. stressed that the current progress in TB should be known. New cases are detected in every states and region, so data collection to determine the increasing or decreasing trend must be ascertained. This is especially important for MDR TB and HIV/TB co-infection cases.
- The Minister encouraged not only for TB but also for HIV and Malaria, that fund utilization tracking should be established by MOHS as soon as possible to avoid the overlapping of funds and activities.
- Dr Thandar Lwin, Deputy Director General, Disease Control, commented that the TB regional grant-making process will start next month and will select one or more sub-recipients (SRs) although the Global Fund has already pre-selected SMRU, NTP and WHO.
- H.E. requested that although SMRU is using most of their funds for research, the research must be beneficial to the country in the context of implementation or operation.
- Mr. Oussama Tawil from UNAIDS pointed out that according to the reports from SMRU, there is 20% of HIV positive patients among the TB patients, so TB and HIV still needs more integration. He mentioned that the incidence in Myanmar-Thailand border area is very similar to that of Myanmar-Chinese border.
- H.E. elaborated on Mr. Oussama's points and asked that all States and Regions pursue an integrated approach on HIV/TB co-infection.
- Dr. Maung Maung Thant from the Myanmar Diabetes Association (MDA) mentioned that in a previous study, 15% of TB patients were found to have undiagnosed diabetes. MDA has developed a management guideline for diabetes-TB co-infection. Consultants, medical officers and basic health staffs were trained on bilateral screening at community clinics and TB clinics according to the SOPs developed by MDA.
- The Minister added that MoHS is encouraging community health clinics and is providing glucometers, test strips and sphygmomanometers to every community health clinic to detect early cases of DM and Hypertension cases.
- The MHSCC endorsed:
    - UNOPS as Regional PR will also take country-PR role.
    - That NTP and TB-TSG will work with PR to select implementing partner(s) for ground level activities in townships with China and Thai border and IEC material production.
    - That the project gives priority to allocate funds (NTP/IP) to Tanintharyi region given that this region is not eligible for the Access to Health Fund grant. Other relevant states and regions might receive funding from Access to Health Fund as of January 2019; and Kayin will have a bilateral project by SMRU.

5) Updates on NHP Implementation

Dr Thant Zin Htoo from NIMU presented updates on NHP strategies and implementation. The NHP is based on UHC. The main goal of NHP 2017-2021 is to provide the basic essential package of health services to the population at the primary care level by using a new health financing strategy (Strategic Purchasing) by 2020-21. In Myanmar, 74 percent of total spending on health comes out of the pocket of households at the point of care. Many people delay care seeking or simply forego the care they need because of the financial barriers. And many more are pushed into (or further into) poverty due to out-of-pocket spending on health. Among the poor who believe they need health care, but decide not to seek it, 85% cite cost (of care and/or transportation) as the major constraint. Of households that reported to have visited a health facility (public or private) in the last 12 months, nearly one-third took loans and more than 15% sold assets to cover their medical expenses. An estimated 1.7 million individuals were pushed into poverty in 2014 due to out-of-pocket spending on health. Another 2.7 million individuals who were already poor were pushed deeper into poverty due to catastrophic out-of-pocket spending on health.

Dr Thant Zin Htoo outlined two main strategies:

1) Supply Side Readiness
    a. Health Facilities
    b. Human Resource for Health
    c. Basic package of Essential Health Services
    d. Drugs and Commodities
    e. Operational budget
    f. Planning and Budgeting
2) Financial Protection
    a. New Health Financing Strategy Development: Social Health Insurance System to improve Public Financial Management

For more information kindly see the full presentation here:

https://drive.google.com/file/d/1KeOvvSrgW0sbNqV7WU_ptB5JPjlGAi3O/view?usp=sharing.

Discussion Points:

- H.E. stressed that the NHP implementation is an on-going process and some of the challenges and issues encountered in delivering the essential packages, which cannot be solved, must be reported regularly to the central level. MoHS needs to be on-track of the implementation process and needs to meet and discuss frequently.
- Dr. Stephen Jost commented that financial protection, human resources for health and all of the supply chain management including vaccination were integrated into the National Health Plan, and expressed hope that Access to Health Fund will help support and maintain good integration of services.
- H.E. added that we need to create a sense of ownership from the Township Medical Officers (TMOs) level down to the basic health staff level as the NHP strategies are not only implemented at the central level.

6) Updates on Health Cluster Meeting

Dr. Stephen Jost from WHO presented the update from the Health Cluster Meeting held in Naypyidaw on 20th of August 2018. The presentation was focused on 5 areas: 1) Flood response – Bago, Kayin, Mon, Sagaing, Thanintharyi, 2) Health service provision in conflict – Kachin State and Northern Shan State, 3) Preparing for returnees – Rakhine State, 4) Rakhine Advisory Commission – implementation of health-related recommendations, and 5) next steps for the management of these issues.

For more information kindly see the full presentation here:

https://drive.google.com/file/d/14PSeoNI6G74r4gDWUEhkRASxnYawUClC/view?usp=sharing.

Discussion Points:

- The Minister took note of the information and asked in the interest of time that the meeting moved on to the next agenda item.

7) Presentation from UNOPS and Save the Children PRs on GFATM Programme Updates

Dr. Attila from UNOPS presented first briefly on the 2018 OIG audit findings (Draft Report). He outlined three main OIG findings, the corresponding management actions and expected deliverables:

1. Inadequate transition arrangement for the move of HIV TCS services from NGO to government facilities considering ART cohort maintenance and growth. It is hence recommended that an assessment is done of the current national ART treatment and supply chain capacities and the needs for transfer of ART patients. This should result in a comprehensive ART transition plan covering transfer and initiation of new patients by the end of 2018
2. Complex and fragmented supply chain arrangements. It is hence recommended that a comprehensive supply chain assessment is done to identify key fragmentation areas and define areas for potential integration. A long-term costed roadmap or strategy to address the supply chain integration in a phased manner should be finalized by end of 2019.
3. Suboptimal integration of HIV, TB and malaria services. An integrated community case management policy/strategy should be developed by end of 2018.

Dr. Attila then moved on to the programme updates of UNOPS – PR GFATM Grants Management (2018 – 2020) outlining:

- Global Fund approved financing, 2018 – 2020
- Major programme interventions
- Grant absorption, Jan – Jun 2018
- Programmatic performances and updates, Jan – Jun 2018 for HIV, TB and Malaria grants
- Procurement status of key health products for HIV, TB and Malaria grants
- Status of RAI2E grant – regional component
- Updates on the regional TB grant

Within HIV, most of the target indicators are on track to be achieved except in areas such as Isoniazid Prevention Therapy (25.4%), HIV screening (85%) and TB-HIV ART (58%). The number of PLHIV on ART is being scaled up dramatically, but NAP needs to address supply chain concerns on additional storage space. ART transition is ongoing as planned and LFA programmatic spot check did not find any major issues. National forecasting and quantification of drugs and commodities for 2019 was conducted and government will provide co-financing of 14M USD. Support to NAP with the existing seconded HR support needs to continue until a long-term sustainable HR plan is adopted by the government. Savings under the HIV grant will be channeled to MANA and PGK to achieve the 10,500 missing PWID target. It was noted that MoHS is increasing its contribution, but that more domestic resources are needed to address all programme needs. The burn rate for the HIV grant activities for January till June 2018 was 38%.

Regarding the TB program, most of the key indicators are on track. However, under-5 year Isoniazid Prevention Therapy (IPT) was only offered to 197 children (<60%), which needs a specific strategy for improvement. Improvement in MDR TB notified cases (65%) was noted due to the expanded use of GeneXpert and more patients enrolled in treatment. MDR TB defaulter rate is a little higher than the expected target, which seems to indicate deficiencies in effective counseling and support before treatment. It was noted that first-line anti-tuberculosis drugs for 2018 were procured with government resources. The nationwide TB prevalence survey is progressing well with 99 survey clusters (out of the 138) completed by the end of June 2018. Eligibility criteria for shorter treatment regimen (STR) for MDR-TB have been relaxed; therefore, increase in the number of MDR-TB patients put on STR is expected. National forecasting and quantification of drugs and commodities for 2019 was conducted with the involvement of all stakeholders. This includes USD 2M of co-financing from government. The burn rate for TB for January till June 2018 was 40%.

The malaria programme has good achievements in terms of LLIN distribution, testing and treatment at both community level and private sector. The current National Strategic Plan and ongoing elimination activities were reevaluated and plans to shift from a phased approach to the continuum approach (for malaria elimination) were discussed in the TSG in July 2018. Recently, an outbreak investigation was conducted in Tanintharyi Region where increased P. vivax caseloads were observed in Thayetchaung and Palauk. NMCP, WHO and UNOPS PR were involved in the mission. It was also noted that SMRU requires more anti-malaria commodities due to relatively high malaria cases in the project areas in Kayin State and discussions are ongoing between the local VBDC team and SMRU for this situation. The burn rate for the Malaria grant in Myanmar for January till June 2018 was 38%.

UNOPS also presented a summery of the procurement of the HIV, TB and Malaria health products, status of RAI2E grant and progress of regional TB grant.

For the presentation kindly see:

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

Discussion Points:

- H.E. commented that as Myanmar health sector has a complex and fragmented supply chain system, loss in resources is noted. Therefore, there is a need to solidify the supply chain system as soon as possible (no later than 2019). The Chair also stressed the importance of follow up on suboptimal integration of TB, HIV and Malaria services at the

ground level. For the regional grants (TB and malaria), the UN agencies should coordinate well with the respective Programme Managers and the Programme Managers need to distribute information to the local level in order to have a sense of ownership.

Ms. Antonia Powell from Save the Children International PR (SCI) presented their GFATM programme updates. The HIV grant has strong achievements related to the targets and the budget burn rate was 77% (January to June 2018). The semi-annual targets are overachieving as the result of implementation of the Enhanced Outreach Strategy in HIV prevention service delivery. Approximately 3,000 ART patients from close-out SRs were successfully transferred to the national programme (mid-2017 to mid-2018). Improvement in isoniazid-preventive-therapy (IPT) performance was noted after revision of HIV/TB guidelines and the consistent supply of Isoniazid (INH) from NTP, and intensive provider coaching. An increase in number of HIV testing External Quality Assessment Schemes (EQAS) sites was noted (45 sites are covered out of 55 sites) in 2018. The armed conflict in Kachin disrupting harm reduction activities was stressed as a serious challenge.

The TB programme performance rate is nearly 80% for the community and private sector. The budget burn rate is 91% for first 6 months of 2018. ACF teams which were equipped with digital X-ray and provision of GeneXpert testing (800 tests within two months) contributed to the finding of missing TB cases. SCI also has a plan to expand TB case finding activities in states and regions with higher TB burden: Ayarwaddy Regions (PSI) and Kayin State (IOM and KDHW). Low yields from ACF activities and conflicts in Rakhine State were noted as challenges.

On the malaria grant, private sector testing (74%) was reported to be slightly lower than the community testing (80%) and delays in testing due to geographical constraints and lack of volunteers were noted. The Mid-Year financial performance for malaria is a 81% burn rate. On malaria programme implementation updates: ICMV training and implementation have been rolled out and implementers are also supporting NMCP's Malaria Elimination Surveillance (Case Investigation). Conflicts in Rakhine and Kachin States were seen as challenges for the malaria programme.

Regarding Procurement and Supply Chain Management (PSM) updates, SCI participated in the National Forecasting in May 2018 and are waiting for the final forecasting approval from LFA and the GFATM. SCI will operate incinerators in Yangon and Myitkyina until December 2019 and they will be handed over to UNOPS and MoHS in January 2020.

For detailed information of the presentation, please see the following link:

https://drive.google.com/file/d/1hreTq9C7ZdcgOnreNFVtMKaGrAQMnFqB/view?usp=sharing.

8) Updates on Reproductive, Maternal, Newborn, Adolescent and Child Health (RMNCAH)

Dr. Thaung Hlaing, Deputy Director General Public Health, presented on RMNCAH policy updates. An RMNCAH TSG meeting was conducted on 17 May 2018. One of the objectives was to integrating existing separate strategic plans and develop one integrated RMNCAH

Strategic Plan in line with the SRHR policy. The SRHR Policy includes 6 technical areas: Maternal, Newborn and Child Health; Family Planning; Gender & Gender Based Violence (GBV); Inclusivity-Special Groups; Adolescent Reproductive Health; and Reproductive Health Morbidities. It has been developed and submitted to H.E. for his endorsement. Policy briefing and dissemination to high policy makers is ongoing.

An obstetric emergency referral system to support transportation costs will be piloted in high Maternal Mortality Rate areas with the Access to Health Fund support under the Minister's guidance. Dr. Thaung Hlaing also reported that task shifting to Auxiliary Midwifes (AMWs) for Misoprostol and Family Planning services offering in hard to reach communities has started. Misoprostol distribution through AMWs was started in Chin to prevent Postpartum Hemorrhage (PPH) and there is a plan to provide this in other areas to reduce PPH related deaths. Community based family planning commodities (pills, SC DMPA-Sayana Press Injection, Condom and Emergency Contraceptive pills) are being offered through AMWs.

Based on review and estimate from the DHS and the 2017 RH Commodity Security Survey, High Impact Interventions by states and regions are being conducted. Among activities are: community engagement and Behavior Change Communication that will generate demand for family planning; stock out reduction through use of new RH-LMIS system; introduction of new methods such as implants and SC DMPA; and postpartum family planning.

A One Stop Crisis Center (OSCC) for GBV survivors will be established in Nay Pyi Taw 1000 bedded hospital and North Okkalapa General Hospital. More medical social workers need to be recruited for psychosocial counseling and referral arrangement to related departments such as social welfare, the legal system and police. Health care management guideline for GBV survivors will be distributed to all hospitals.

A cervical cancer screening guideline has been developed and submitted for approval. In line with this, community based cervical cancer screening is being initiated and there are plans to develop an operational plan and to implement in one district.

Home visit for newborn care (Community Based Newborn Care-CBNBC which was initiated in 2011) was included in the AMW curriculum and CBNBC training was given to Community Health Workers/Village Health Workers (female). Community Case Management (CCM) on pneumonia and diarrhea by health volunteers (an integrated use of Malaria volunteers) was piloted in hard to reach areas. Adaption of a standard for newborn and child health is in process for townships, station, RHC and SRHC levels and will be translated to Myanmar language for RHC and SRCH levels. Child Death Surveillance and Response (CDSR) was reviewed and 2 models were developed for a CDSR mechanism: 1) Township based mechanism where district health system is not strong enough to perform CDSR and 2) District based mechanism.

Current Activities for Adolescent Reproductive Health include strengthening of Comprehensive Sexuality Education (CSE) for both in-school and out-of-school youths; implementing adolescent friendly health services training to BHS; and supporting Adolescent Sexual and Reproductive Health (ASRH) counseling training to health care providers. Also on-going is the conducting of research for adolescent health especially for reproductive health to identify their knowledge, perception, behaviors and contraceptive use. MoHS is also collaborating with UNFPA on awareness raising through the mobile app "Love Question Life Answers". In addition, MoHS is drafting the Sexual and Reproductive Health and Rights policy including the ASRH to

ensure the availability and accessibility of SRH information and services among adolescent and youths.

For the full presentation, please see the following link:

https://drive.google.com/file/d/1OvGiyRPVt6sv4eLMMzPWZX9X57AGb760/view?usp=sharing.

9) Updates on MHSCC Executive Working Group and TSGs

Dr. Thandar Lwin presented the updates on the MHSCC Executive Working Group and TSGs. The Office of the Inspector General (OIG) sent their draft report, which consists of 4 major recommendations to the MHSCC Chair on 3 July 2018. This draft report was circulated to MHSCC ExWG members for comments and sent back to OIG on 11 July 2018. An oversight visit was conducted to Mon and Kayin State between 17 and 22 July 2018, in order to understand better the working situation of implementers including Ethnic Health Organizations (EHO). The proposal on TB among migrants in Greater Mekong Subregion (2019-2121) was endorsed with comments by the ExWG and sent back to the Thai CCM. RAI2E proposal by UMFCCI for Package 6.3 was endorsed by ExWG as pilot only with comments. There were also reports from the Research and Development, RMNCAH, TB, Malaria Core, the HIV Core TSGs, as well as HSS TSG subgroups and the Health Cluster meeting. The upcoming SARA was discussed in a number of TSGs. The SARA survey is to be aligned with the NHP with some focus on the three diseases (ATM), RMNCAH and EPHS. It will be guided by the Research and Development TSG. The budget is around USD 400,000 provided by the GFATM. For the HIV Core TSG is was in particular highlighted that the final draft of the Kachin State sub-national HIV Operational Plan was discussed. The Core TSG decided that sub-national state/region plans are to be developed next for Yangon, Northern State and Sagaing Region.

It was also note that a GFATM Board Southeast Asia Constituency meeting will be conducted at end of October 2018 in Myanmar and MoHS will host this meeting. Dr Thandar Lwin asked H.E. for guidance on the SARA discussed at HSS, TB and Research and Development TSGs.

Discussion Points

- The Minister said that it is not possible to give guidance immediately. H.E. asked that a review is done of the previous SARA and its findings to establish an understanding of the degree to which the findings and recommendations have been followed-up on. There is a need for a particular meeting internally in MoHS and recommendations and guidance can be provided consequently.

10) Coordination with IPs

Due to the time limitation, Dr. Si Thu Aung delivered a short message based on the recent malaria outbreak in Tanintharyi Region to ensure state level coordination with IPs, data sharing, regular and timely reporting to MoHS in order to have an immediate and effective response.

11) Access to Health Fund

Mr. Oren Ginzburg presented on the Access to Health Fund. The 4 donors (UK, Sweden, US and Switzerland) from 3MDG had approved approximately 215 million USD for 5 additional funding years (2019-2023) with UNOPS as Fund Manager. The health fund focus on conflict affected areas such as Rakhine, Chin, Kachin, Shan, Kayah, Kayin, Mon and Yangon (TB/MDR TB only) and prioritized Thematic Areas are as follows:

1. Maternal, New-born and Child Health (MNCH)
2. Nutrition
3. Sexual and Reproductive Health and Rights (SRHR)
4. Drug Use and its Health Consequences
5. Health in Prisons
6. Tuberculosis (TB) and Multi-Drug Resistant TB (MDR TB)
7. Malaria
8. Health Systems Strengthening
    - National HSS
    - HSS under service delivery grants in States/Townships.

The Access to Health Fund has focus on equity, non-discrimination, diversity, inclusion, conflict affected areas, sustainability, integration, value for money and HSS. The geographical areas are Rakhine, Chin, Kachin, Shan, Kayah, Kayin, Mon and Yangon (TB/MDR TB only).

All support must be in line with the National Health Plan. UNOPS as the fund manager has received 106 proposals for different thematic areas and the proposal evaluation is ongoing.

The fund will directly provide grants to:

- National Tuberculosis Program, Active Case Finding (ACF)
- NHP Implementation Monitoring Unit (NIMU)
- National Nutrition Centre (NNC)
- Maternal and Reproductive Health Unit (MRH)
- Child Health Unit (CHU)
- National AIDS Program (NAP)/ Drug Dependency Treatment Research Unit (DDTRU).

For the full presentation kindly see the following link:

https://drive.google.com/file/d/1NPlsm2iY1jecJYRXe9ftvoLPoUHVBv95/view?usp=sharing.

For additional information please consult: https://www.3mdg.org/.

Discussion Points:

- H.E. commented that the prioritization of the fund should be relevant to the epidemiological situation of diseases and conditions. The Minister also noted that it is necessary to thoroughly check the competency of the agencies that submitted proposals

in order to have realistic, cost worthy and effective implementation of projects. The successful IPs must strictly follow the guidelines and SOP of the respective National Programmes.

12) Report from Communities

Daw Khawn Taung from Myanmar Council of Churches (MCC) spoke on the role of Civil Society Organization (CSOs) in Universal Health Coverage (UHC) implementation. A UHC CSO health forum was conducted at four states and regions in 2017 and three states and regions in 2018, with the support of 3MDG. Reports were sent to the Minister. However, CSO did not have a chance to participate in developing Township Health Plans. Four CSO representatives participated in the Health Financing workshop in July 2018. As part of the capacity building program, 23 CSO representatives were sent in June 2018 for a 5-days training to learn about the Thai UHC programme.

The Minister remarked that it was necessary to have effective CSO participation in the health sector as there are limited human resources at the grass roots level. Thus, MoHS, IPs and CSOs should coordinate well and work collaboratively including with state and region Health Director.

The representative from Myanmar Federation of Persons with Disabilities (MFPD) suggested that MFPD should have a chance to be involved in developing the National Health Plan and the Minister agreed to their active participation.

13) Closing

The Minister made the closing remarks. H.E. asked the relevant programme managers to follow up and to take action on OIG recommendations.

H.E. asked that the coming MHSCC meetings should be started early. H.E. also emphasized that presenters should prepare clear and concise presentations and include not more than 7 slides and each slide should have specific and clear information. One slide should have take-home messages.

The Minister closed the meeting at 5 p.m.

Annex

Recommendations from ExWG Oversight Visit to Mon and Kayin States

17-22 July 2018

Coordination

- There is a need to establish regular coordination between Government and NGO implementing partners to share updated information and strengthen implementation of activities. This would also help in prioritizing which health problems to address and avoid overlap of services.
- Strengthen coordination and information-sharing between the local, state and national level health department for more effective results.
- Strengthen coordination between EHOs and Government through transparent communication, especially on referral to public health facilities and work in hard-to-reach areas.
- Follow Government guidelines and protocols in treatment and service-provision and submit respective reports to local government sites in a timely manner.

Planning

- Develop State Health operational plans on health that is in line with the National Health Plan.
- Invite field-level implementers like general practitioners to national workplan meeting to provide information on realities of program implementation at the field level

Human Resources

- Consider ways to fill key positions according to the organizational set up to reduce gaps in human resources.
- Promote career development for nurses and midwives.
- The working environment for staff should be improved and incentives should be provided.
- Trainings for all HCWs should be up-to-date and developed under the guidance of MoHS.
- Recruit more Auxiliary Midwives and Community Health Workers and provide capacity building trainings for them.

For ICMV

- Build evidence-based on the effectiveness of ICMV in health promotion, prevention and referral of (e.g. TB, HIV, Leprosy, MNCH, SRH, and Nutrition) apart from Malaria.
- Simple but focused preventive packages must be available in health sectors and effectively integrated into the volunteer mechanism effectively.
- Define integration of services at the community level clearly.

- Identify reasons for high drop out of volunteers and ensure effective management of volunteer health workers.

Infrastructure, Resources

- Allocate more funds for maintaining hospital infrastructure and equipment.
- Regularly monitoring of medicine stocks and mobilize resources between implementing partners to avoid stock outs.
- Allocated funds should be pooled and flexible (no matter which budget/project they may have come from) for better and need-based implementation.

Health Promotion

- Raise community awareness about different health issues and available hospital services.
- Ensure updated Information, Education and Communication (IEC) materials for all programmes, diseases and activities are available at the rural and sub-center level. Health messages should be in local language.

HIV/AIDS

- Pool all the different sources on availability of HIV test kits together in the lab stocks to monitor utilization.
- Continue providing SHR services, including STI.
- Reduce FSW drop out in reaching services through strong peer network approach.
- Follow the HTS guideline for confirmation test to be done at NAP.
- Start the Quality Control (QC) on HTC and to ensure better coordination with NAP and NHL.
- To fill up human resource needs according to ART center and team set up.
- Ensure presence of sub-stock book for ART.

Tuberculosis

- TB ACF activities should be accelerated, and sputum transportation mechanism must be effective.
- ACF mobile team coverage must be planned based on the case distribution and to cover hard to reach EHO areas.
- Ensure effective usage of GeneXpert machines.
- Conduct a refresher training on the diagnosis of childhood TB and to ensure that pediatricians follow the National Pediatric TB diagnosis guidelines. Also encourage pediatricians to offer Isoniazid Preventative Therapy (IPT) to children.
- Strengthen referral linkage, case tracing and tracking.
- Strengthen infection control measure in health facilities.
- Update the manual guideline for TB.

Malaria

- Continue malaria elimination activities according to national guidelines

- Strengthen coordination mechanism between the District Malaria team and NMCP. Proper information sharing between NMCP and District Malaria team and need to get feedback from RO.
- Monitor the emergence of drug resistance and insecticide resistance together with NMCP.
- Reporting to the township/State levels should be done in a timely manner to effectively respond to notified malaria cases.
- Inform the NMCP for reallocation of stocks if INGO are facing any stock outs.

Maternal, New-born and Child Health

- National policy guidelines must be followed for implementing family planning program at the community level.
- Consider special strategy for migrant population to have better EPI coverage, MMR and IMR reduction.
- Strengthen collaboration between implementing partners and promote MNCH and immunization activities to reach targets.
- To reach all uncovered areas, there is a need for support vehicles and provide transportation allowances for supervision of immunization activities.
- Specific activities and plans should be developed to provide MCH services for migrant communities.

Others

- Focus on measures to prevent NCDs to improve health indicators.
- Reinforce rule of law and collaborate with other respective ministries for reducing Road Traffic Accidents (RTA).
- Supply chain management fragmentation must be corrected.