

14thM-HSCC Meeting Minutes

17th of January 2019

Office No. 4, Ministry of Health and Sports

1) Opening Speech delivered by Vice-Chair Professor Dr. Rai Mra on behalf of H.E. Dr. Myint Htwe (M-HSCC Chair, Union Minister of Health and Sports)

The Vice-Chair welcomed all members and apologized on behalf of the Chair who would be late due to other important obligations. The Vice-Chair was asked to chair the meeting on behalf of the Chair until the Chair would be able to join the meeting. Therefore, the Vice-Chair gave the opening speech on behalf of the Chair.

The Vice-Chair conveyed sincere appreciation to GAVI, Global Fund, and 3MDG fund for their grants and contribution to Myanmar. While a significant positive impact of declining morbidity and mortality trends of communicable diseases are observed, the external support now helps MoHS to prioritize prevention and control of non-communicable diseases, health literacy promotion and improving the nutritional status in the country.

He underscored the need to put more effort to strengthened health system, surveillance system and communicable diseases including Hepatitis C and neglected tropical diseases such as leprosy, trachoma, schistosomiasis etc.

He then provided information on the recent events, new initiatives, programmes and activities of MOHS. Firstly, the "National Leprosy Conference" was held in December 2018 in Nay Pyi Taw, and the opening speech was provided by the State Counsellor. The "Nay Pyi Taw Declaration on Leprosy" included the guidance received from the conference to end the disease and to eliminate related discrimination. A national implementation plan will now be developed. Partners were urged to support this work.

Another health problem mentioned was Schistosomiasis. MoHS is now collecting information and developing an implementation plan to tackle this. WHO and other supporters who donated necessary drugs were acknowledged.

Also, the rising trend in Hepatitis C transmission was noted. In addition, MoHS has issued a policy statement on the introduction of Mandatory TB Case Notification on 24 September 2018, to improve the TB case finding and treat as necessary.

The Vice-Chair mentioned the issue of eliminating trachoma from Myanmar targeted to be reached in 2020. He asked WHO to provide technical assistance and funding support as necessary. Related to avoidable blindness, MoHS has just completed the "Rapid assessment of avoidable blindness survey, 2018". The result showed that the prevalence of blindness among the over-50 years population was 2.9%. Stronger management of avoidable blindness is needed in order to live up to the goals set in "Vision 2020".

The Vice-Chair then outlined the next steps of the GAVI HSS 2 grant of 110.3 million USD for 2019-2021. 45.4 million USD are allocated for vaccines and 64.8 million for cash support for HSS. The grant will focus on strengthening demand for immunization services, improving cold chain, strengthening leadership management capacity and coordination, and improving equitable access to service delivery. It will also strengthen the EPI data management, monitoring and evaluation system. Over 60% of the GAVI HSS 2 funds will be spent in 69 prioritized hard to reach townships. The Vice-Chair acknowledged that GAVI has been

supporting Myanmar since year 2002, and a total of more than USD 170 million have been disbursed for EPI and HSS. In line with this, the Vice-Chair noted that the HSS TSG is now functioning well with 4 sub-groups and systemic linking to NIMU. He also remarked that all TSGs including the NCD TSG are now moving forward.

Another recent important stepping stone was the Convergence Workshop for developing the e-Health Architecture Blueprint held November 2018. The HIS strategy, health information policy, and architecture blueprint are key in moving forward with the NHP. The National HIS Strategic Plan (2017-2021) has been published and all actions should be taken based on this strategy. Architecture Blueprint Version 2 was shared with WHO for technical input and suggestion and the draft HIS policy was submitted to MoHS for approval.

While, the M-HSCC has not had much focus on nutrition in the past, it was reported now that the Nation-wide Myanmar Micronutrient and Food Consumption Survey was completed in the second half of 2018. The data analysis is almost completed. The final report is expected to come out in late 2019.

The Vice-Chair expressed appreciation of the recently conducted “47th Myanmar Health Research Congress”. MOHS has allocated 1 billion kyats for research in 2017-2018, 0.5 billion kyats for the minibudget and 1.5 billion kyats for 2018-2019. There are plans to increase the allocation up to 3 billion kyats in the coming years.

Finally, the Vice-Chair noted that 3MDG Fund ended on 31 December 2018 and the Access to Health Fund started operations. He thanked the 3MDG donors for their support over the years. The Vice-Chair welcomed the Access to Health Fund with a commitment of over US \$215 million from the United Kingdom, Sweden, the United States, and Switzerland.

The Fund will focus on: Maternal, newborn and child health; Drug use and its health consequences (HIV Harm reduction); TB; Malaria; Nutrition; Sexual and reproductive health and rights; and Health in prisons. Access to Health will concentrate its interventions in Rakhine, Kachin, Shan, Kayah, Mon – all states affected by latent or active conflict. The fund will also support activities in Chin State, due to its remoteness and high level of need, and Yangon Region with a specific focus on sexual and reproductive health and rights. The Access to Health Fund will also support six Departments of MoHS (CHD, MRH, NIMU, NTP, NAP, and NNC) with direct grants through the Global Fund’s Managed Cash Flow mechanism. MoHS is also working with the Fund for the funding of eight grants to State Health Departments to increase their capacities in planning and coordination of the health response.

The speech has been attached in annex to these minutes.

2) Endorsement of the M-HSCC meeting agenda and last meeting minutes

As 34 M-HSCC members (out of 35 members) were represented (97.1%), the MC noted that the M-HSCC was at quorum. Members were asked to endorse the agenda with the addition of one agenda point under AoB and to declare any potential conflict of interests (Cols) related to the meeting agenda items. The agenda was endorsed with the addition of an update from the RAI Secretariat under AoB. Dr. Ikushi Onozaki from WHO, Daw Nwe Zin Win of PyiGyiKhin, Mr. Thar Dar Htun of MPG, Dr. Si Thu Aung on behalf of MOHS, Prof. Dr. Rai Mra of Myanmar Medical Association, Dr. Morgan Soe Win of World Vision International and Dr. Sid Naing from MSI declared that their organizations are Sub-recipients of Global Fund grants. UNAIDS declared a potential Conflict of Interest in discussions of the Access to Health Fund as UNAIDS is a recipient of grants from the fund. The members with a declared Col will recuse themselves in case discussions during the meeting will touch on issues directly related to their funding or other key interests of their organization. The minutes of the last MHSSC meeting had been shared by e-mail in advance of the meeting and no comments had been received. The MHSSC hence endorsed the minutes of the 13th MHSSC meeting.

3) Reports – Updates from ExWG and TSGs

Dr. Thandar Lwin, Deputy Director General, Disease Control and M-HSCC Secretary provided updates on the ExWG and 7 TSGs while Dr. Myint Myint Than, Deputy Director General, Department of Public Health reported on the RMNCAH TSG.

Dr. Thandar Lwin started with the key discussion points of the ExWG meeting on 24 September 2018. The oversight report follow-up was discussed; the LFA gave recommendations on ART Transfer and MMT following their spot check; and the Multi-Country Funding Request on TB among Migrants in the Greater Mekong Sub-region was endorsed. In addition, the achievement of the 3 GFATM grants were discussed and weak performance indicators were highlighted. It was noted that GFATM reinvestment plans of 2018 savings were not presented to the ExWG or the M-HSCC for endorsement.

At the Core and Expanded TB TSG meetings in September and October, among other things the following agenda items were discussed: Feedback from TRP on GFATM sub-regional TB project on migrants; TB proposals to Access to Health Funds; new WHO treatment guidelines on MDR-TB and treatment of latent TB infection; and preparations for GFATM reprogramming meeting between GFATM, PRs and the National TB Program in Geneva in October.

At the Expanded Malaria TSG in October, the Addendum to the National Strategic Plan, National Malaria Elimination Plan and National Treatment Guidelines were discussed and submitted to MOHS for approval. Save the children's proposal on programme change for Malteser and ARC was discussed and is now under consideration by NMCP. It was emphasized that all partners working in the malaria elimination townships need to support malaria elimination activities in consultation with NMCP. In addition, the Malaria Core TSG conducted an Oversight Visit to Rakhine in November 2018. The key recommendations were that Malaria elimination forms and formats used by Toungup TSP should be considered to be adopted by NMCP. NMCP should prepare for mandatory malaria notification and MoHS should follow up with Ministry of Defense for stronger coordination.

The Core HIV TSG in October, discussed reinvestment of the GFATM HIV grant savings and associated target changes till 2020. It was also concluded that given resources available it is beyond the capability of NAP to follow LFA's spot check (ART transition) recommendations to establish a standard set up of human resource for ART centre/DC sites to maintain quality of care. It was recommended to involve the MOSH HRH department and to discuss at the M-HSCC level. Finally, to deal with the follow-up to Myanmar joining the Global Prevention Coalition, the Core HIV TSG members decided to set up a working group under the HIV prevention subgroup.

On the Public Health Emergencies and Disaster Preparedness TSG/The Health Cluster, the Disaster & Public Health Emergency Response Division (DPHERD) was asked to facilitate regular meetings to discuss Rakhine Advisory Commission health-related recommendations. MOHS was asked to follow up on making standard equipment list for different health facility levels in Myanmar and it will be shared at the next Health Cluster meeting. DIPHERD committed to provide with support from WHO update on strengthening of MoHS health emergency operations center (HEOC) and to prepare a quarterly health cluster bulletin with inputs from all partners, which can be uploaded at the MoHS website.

At the Core and Expanded HSS TSG held September 2018 and January 2019, the ToRs of the four subgroups (HIS, HRH, HF, Infrastructure, Procurement & SCM) were discussed and endorsed (Expanded). The Plans for Health Financing Strategy development, Rural Retention Action Plan as part of HRH Strategy 2018-2021, HRH Management Unit, HIS and Convergence Workshop (e-Health) were outlined and discussed. In addition, at the Expanded

TSG, the Medicine Policy 2018 and Strategic Plan 2019-21 as well as the National Supply Chain Strategy were discussed.

At the NCD TSG in October, a need for drawing up an NCD 2-year action plan (2019-2020) with partner organizations as well as formulating an Alcohol Control Policy were decided. A Core TSG is to be set-up, which among other things are to establish target-setting for NCDs.

At the RMNCH TSG meeting held in September, the composition of RMNCAH TSG was revised and it was agreed that the Secretariat support would be provided by UNFPA & World Bank (July 2018-June 2019) and UNICEF & World Bank (July 2019-June 2020). It was also decided to formulate a first-ever costed National RMNCAH Strategic Plan in 2019; and to convene a Core TSG meeting to discuss the way forward of Quality Improvement of RMNCAH.

For more information kindly see the full presentation here:

https://drive.google.com/file/d/1jr-NBVoxpYd6_V4X0GQT8L6ZLevzkpiu/view?usp=sharing

Discussion Points

- Dr. Nang Moh Kham from the World Bank asked if the standard equipment list for different health facility levels in Myanmar, which will be submitted in the next health cluster meeting, is the same list as the one prepared for the implementation of basic essential package of health services list in the NHP. The DPHRD focal point responded that the standard equipment list also includes elements for public health emergencies and disasters and the list is specific for Rakhine State.
- Dr. San Shwe Win representing parliamentarians commented that “To scale up Early Childhood Care and Development”, is among others handled by Ministry of Social Welfare and he asked if there is coordination between this Ministry and MoHS. Dr. Myint Myint Than responded that the programme is not only concerned with MoHS but also with Ministry of Education, Ministry of Social Welfare, Ministry of Home Affairs and other stakeholders and thus, we all are trying to improve coordination and create synergetic approaches.

Action Points

- In the future major GFATAM funding revisions should be endorsed by the M-HSCC/ ExWG as per previous practice.
- NMCP is to ensure follow up internally with MOHS to get approval of the Addendum to the National Strategic Plan, National Malaria Elimination Plan and National Treatment Guidelines. NMCP is also to respond to Save the Children’s proposal for programme change for Malteser and ARC; to prepare mandatory malaria notification; and to consider adopting the Malaria elimination forms and formats used by Toungup TSP. In addition, MoHS is to follow up with Ministry of Defense for stronger coordination in Malaria.
- Core HIV TSG is to set up a working group under the HIV prevention subgroup to deal with the follow-up to Myanmar joining the Global Prevention Coalition.
- DPHRD is to facilitate regular meetings to discuss Rakhine Advisory Commission health-related recommendations.
- DPHRD with WHO are to strengthen MoHS health emergency operations center (HEOC) and prepare a quarterly health cluster bulletin with inputs from all partners, which can be uploaded to the MoHS website.
- NCD unit is to lead the preparations of an NCD 2-year action plan (2019-2020) and an Alcohol Control Policy.

- Under the auspices and guidance of the RMNCAH TSG, a costed National RMNCAH Strategic Plan is to be formulated.

4) Reports – Report from Communities

CSO Forum Updates

Ms. Khawn Taung from Myanmar Council of Churches (MCC) presented the updates on the 4th CSO Forum, which will be held in March 2019. More than 400 CSOs are expected to attend the meeting. CSO forums have been held in eight States and Regions. Briefings on UHC were given to all attendants in the CSO forums to contribute to UHC implementation in line with NHP. A total of 35 CSO health representatives have been selected as focal points to strengthen coordination across all States and Regions. Although there has been strong coordination between CSOs and the government, there is still need for more encouragement and support from MOHS and the Parliament for the upcoming CSO forums.

National PLHIV Forum Updates

U Thawdar Htun from Myanmar Positive Group (MPG) presented updates on the MPG organized National PLHIV Forum held 2-3 December 2018. A total of 164 participants including representatives from PLHIV Self-Help Groups across Myanmar, key population networks, government officials, UN agencies, international and local Non-Government Organizations and Media attended. The forum discussed the current progress in HIV programs, and challenges and concerns of the PLHIV community. Statements were drafted and discussed by the participants for advocating to local, regional and international stakeholders.

For more information kindly see the full presentation here:

<https://drive.google.com/file/d/1D2ug7ETo52MGVBuU40kb1ofG0m5n7WIY/view?usp=sharing> and

<https://drive.google.com/file/d/1oLjcomXhvdxa9dukaVWN0kiiiDir0-71/view?usp=sharing>

5) Opening speech by the Chair, H.E. Dr. Myint Htwe, Union Minister of Health and Sports

The Chair joined the meeting and gave additional information and updates.

In his speech in the 14th Myanmar Health Sector Coordinating Committee, the Union Minister stressed the following points:

- The importance of presentations at the MHSSC meeting to know exactly who is doing what, as many stakeholders and development partners are working within the health sector and with the Ministry of Health and Sports.
- To run programmes in terms of cost efficiently and effectively. MoHS is developing a very simple monitoring system with a checklist to monitor the efficiency of each program.
- MoHS has produced the first version of the Health Partner Profile to map INGO's mission statements, activities in terms of technical and geographic areas. A more complete second version will come out in about 6 months.
- The Union Minister also suggested INGOs to inform MoHS timely and thoroughly and encouraged information sharing from MoHS to INGOs.

- Regarding the M-HSCC meeting agenda items, he asked to include the implementation status of the key discussion points and recommendations made at the previous M-HSCC meeting.
- He also highlighted the Schistosomiasis problem in Rakhine State and he expressed his appreciation of WHO's support in controlling this problem. He also welcomed all INGOs and local NGOs to give support on the prevention of Schistosomiasis transmission and acknowledged the organizations, which donated the necessary drugs.
- He also announced that MoHS has distributed over 10,000 tablets to Basic Health Service Workers, Health Assistants, Midwives, PHS 1 and 2 and also to station medical officers and township officers. His Excellency mentioned that by using these tablets MoHS will be able to know drug availability at the subcentres, Rural Health Centres and township hospital and thus, they can reduce the number of expired drugs as a lot of money was wasted from expired drugs. In the tracking function on the tablet, those drugs that will expire in six months will be red. Six months and one day onwards will be marked in orange and those drugs that will expire in 2 years and later will be yellow. By knowing this, the concerned departments can transfer or reallocate the medicine to get more effective distribution and use. Another advantage is that MoHS is conducting a medium type survey using this tablet in order to analyse risk or outbreak of specific diseases.
- The extension of DHIS-2 is ongoing up to subcentre levels and thus, with the real-time information, the public health domain is expected to improve. His Excellency mentioned that the tablets are also for the clinical health domain and will be distributed to 585 hospitals in coming months. GAVI will provide 14,000 tablets for this activity.
- The Minister expressed his appreciation of the National Leprosy Conference that was conducted in December 2018. He also stressed the problem of trachoma and the re-emerging problem of leprosy in the country and the need to get to elimination. Additionally, he also emphasized that stakeholders are to be aware of zoonotic diseases and he asked to update Deputy Director Generals to re-evacuate the zoonotic diseases programme.
- His Excellency also explained that a Traditional Medicine Conference was recently conducted and a new Director General has been appointed to improve the traditional medicine area.
- He announced that a 5-storied cancer ward was opened in Yangon General Hospital with new equipment for better and convenience care of cancer patients.
- Regarding Food and Drug Administration (FDA) Department, FDA has started online registration system, online date request system for cosmetic and the equipment for immediate and better response.
- Concerning human resources, 104 graduated students with MPH, Master of Hospital Administration and Master of Preventive and Tropical Medicine degrees will be posted soon and thus, the public health system will be stronger with these human resources. He also mentioned that MoHS is promoting the future of cardiologists with a road map of future cardiology, cardiac medicine, cardiac surgery, radiology. Furthermore, he highlighted that MoHS will recruit more medical students and nurses to fill the vacant posts.
- He also highlighted the importance of research in the health field. MoHS has allocated 1 billion kyats for research in a 6-month budget and now MoHS has a reserve of 1.5 billion kyats for research. The coming budget will be available in October and is expected to have 3 billion kyats for research. His Excellency was also

pleased to announce that the 47th Myanmar Health Research Congress was conducted in January 2019 in Department of Medical Research and he acknowledged the high quality of researches and papers in this congress.

- The findings of the Micronutrients and Food Survey will be disseminated on 4th or 5th February 2019. And he asked all INGOs and programme managers to support improving the nutrition status in early childhood, which is one of the interests of the State Counsellor's Party.
- The Minister also mentioned the GAVI HSS-2 grant of 110 million for 2019-2021. Of that 45.4 million USD will be for vaccines and 64.8 million will be as cash support, which can be used for immunization services, improve cold chain, strengthen leadership management capacity and coordination, improve equitable access and EPI data management. He also expressed his appreciation of some of GAVI's projects that will be implemented in 69 prioritized and hard to reach areas.
- Finally, His Excellency thanked all attendants and especially the M-HSSC Vice Chair, Prof. Dr. Rai Mra for chairing the earlier part of the meeting in his period of absence.

6) Implementation of Health-related Recommendations of the Rakhine Commission

Dr. Khin Nan Lone, Director (Disaster), Department of Public Health gave a presentation on the final report of the Rakhine Advisory Commission, which included nine health related recommendations (no. 38-46). To monitor the implementation process, "Rakhine State Health Sector Development Unit" was formed.

Related to the recommendation that all communities should have equal access to health treatment, data were given on number of patients from the two key communities. It was also noted that signs have been set-up at health facilities stating that they are providing equal access in seeking healthcare.

For the recommendation that each village in Rakhine has access to full time community health volunteer and has referral capacity to the nearest health center or station hospital, it was noted that there are annual plans to conduct two AMW trainings and four CHW trainings in each township of Rakhine State.

For recommendation no.40, it was noted that standard equipment & medicines in accordance with the level of health centre has been provided and that new blood bank buildings have been constructed and equipped with the support of Thai Red Cross and JICA.

For recommendation no. 41, data on newly recruited health workers including medical specialists were provided. However, the ratio between population size and number of health personnel in Rakhine is still lower than the rest of the country.

For no. 42, expanding and refurbishing Sittwe General Hospital, a Master Plan has been finalized, eight refurbishment processes have been accomplished and three more constructions are on-going. The full implementation of the Master Plan is expected to take 8 years.

For the recommendation on rolling out a comprehensive malnutrition programme, it was note that a comprehensive state-wide program has been prepared to combat malnutrition. Integrated Management of Acute Malnutrition guideline has been adopted.

On providing immunization services, both routine and special immunization campaigns were undertaken covering all populations including in IDP camps and hard to reach areas.

For the establishment of a complaint mechanism to report incidences of corruption, informal payments, exploitation or discriminatory practices in health sector, suggestion boxes have been set up in hospitals and health centres. It was also stressed that MOHS is taking actions to the perpetrators in accordance with the Civil Service rules and existing laws.

The M-HSCC has been informed since August 2017 with regard to expanding primary health care services through increased number of mobile health clinics. The number of mobile teams have been increased to 39 teams in 11 townships.

For more information kindly see the full presentation here:

https://drive.google.com/file/d/1bbmuwyS2nIJO_k01NRHAeSktOubzuaTh/view?usp=sharing

Discussion Points

- Mr. Billy Stewart of DFID noted the increase in the level of community health capacity, increase in trainings, and the mobile health services to Rakhine community. He also noted the recent communique from the Rakhine State government that NGOs and international agencies except WFP and Red Cross cannot work in the five townships in northern Rakhine. Mr. Stewart went on to ask if the Ministry has conducted an assessment of the possible health impacts of this decision.
- The Chair, H.E. Dr. Myint Htwe responded that such an assessment of village level impact, would be very important. He said that the Ministry cannot do this alone and invited DFID and all other partners to join MoHS to conduct such an assessment. It will be important to involve Rakhine State government. H. E. also advised that the State government should provide security and stressed the importance of letting the local government see the impact for themselves so that they know what to support and where to support. He suggested that contact to the Rakhine State government should be done through the Rakhine Commission.

Action Points

- Organization of a joint assessment of the impact on village level health of the new policy of barring all development and humanitarian organizations apart from WFP and Myanmar Red Cross from working in 4 northern townships. The assessment is to be conducted by MoHS, Rakhine State Government and key health stakeholders under the leadership of Department of Public Health. MoHS will contact the Rakhine State government. Communication should be addressed to Rakhine State government through the Rakhine Commission relating to travel authorizations and asking for the security arrangements.

7) Updates on Access to Health Fund

Mr. Oren Ginzburg from Access to Health Fund presented the goals, priorities and focus areas of "Access to Health Fund". The goal is to improve the health of poor, underserved, marginalized and vulnerable people in conflict-affected areas by reducing maternal and child mortality and reducing the prevalence of HIV, malaria and TB. The fund will cover areas previously covered by Three Diseases Fund (3DF) and 3MDG including: Sexual Reproductive Health and Rights, Nutrition, Health Systems Strengthening, Maternal, Newborn and Child Health, Health in Prisons, HIV (Harm Reduction), TB/MDR TB and Malaria. The indicative

budget lines of 2019-2013 Access to Health Fund are among others: (1) Implementing partners supporting service-delivery: USD 148.50 million, (2) Implementing partners supporting Health Systems Strengthening: USD 10.13 million, (3) Direct grants to Ministry of Health and Sports (MOHS): USD 25.67 million. Out of the latter USD 7 million will go to State Health Departments, 5.35 million will be allocated to MoHS infrastructure, while 13.33 will be channelled to NTP, NIMU, NNC, MRH, CHD and NAP/DDTRU/NHCP.

For more information kindly see the full presentation here:

<https://drive.google.com/open?id=1tPn4InvO9QUbeOKhml2hfhRlzb73Hf82>

Discussion Points

- H.E. Union Minister Dr. Myint Htwe underscored that all the implementing partners (IPs) of Access to Health Fund must follow the policies, guidelines and SOPs of MOHS. He also encouraged collaboration with local EHOs as the capacity of most of the EHOs are not at acceptable level although some partners are providing capacity building for EHOs. EHOs should also realize that they should not be a parallel system but should be work collaboratively with MoHS and the government in synergistic manner. Those organizations which want to work with EHOs will need to have an approval from the National Reconciliation and Peace Centre (NRPC) through MoHS.
- There are still travel restrictions in Rakhine State and other conflict areas and sometimes there is a need to coordinate and collaborate with local authorities and the ethnic focal points.
- An observer from ADB provided some information on an ADB-financed regional health security project under which MOHS is implementing the Myanmar component (USD 12 million) in border regions focusing on migrants. ADB and the government are discussing further collaboration, potentially via a USD 36 million project. This programme can complement Access to Health Fund and coordination and collaboration should be ensured.
- Mr. Oren Ginzburg explained that Access to Health Fund is not an NCD fund, but it can link and create synergies including on diabetes.

Action Points

- All DG/DDGs should oversee the government grant implementation at each level making sure that all of the IPs are following the SOPs and guidelines of MOHS.
- UNODC must collaborate with ministries in all implementation processes especially in prison health.
- CPI and UNICEF are encouraged to provide more capacity building for EHOs.
- If goals and visions of the Access to Health Fund allow, the NCDs should be considered for further direct or indirect support as they are the major cause of mortality in all States and Regions.

8) Second Tranche of World Bank Loan

Dr. Nang Mo Kham from the World Bank presented the World Bank Proposed Additional Financing for Essential Health Services Access Project. The objective is to increase coverage of essential health services of adequate quality, with a focus on maternal, newborn and child health in alignment with the National Health Plan. The funding is composed of a loan of \$100 million with three components: Component 1- Expanding Access to Basic Essential Health Services (USD 65 million), Component 2 - Systems Strengthening, Innovation, and Project Management (USD 35 million) and Component 3 - Contingent Emergency Response (no budget). In addition, there is a Global Financing Facility (GFF) Grant of USD10M. There are

still a number of remaining issues including selection of geographical areas, implementation guidelines of outreach and mobile services in conflict areas, procurement assessment, and update of safeguards documents. The need to strengthen coordination and collaboration with partners and create synergies was emphasized. One of the tools mentioned was better use of the HSS TSG and the RMNCAH TSG.

For more information kindly see the full presentation here:

https://drive.google.com/file/d/1wTWQynbEJtX2pvj0FnsODRHP7b_KYv9n/view?usp=sharing

Discussion Points

- H.E. Minister Dr. Myint Htwe commented that there were some difficulties in using the World Bank's loan according to rules and regulations during the implementation of the first tranche. MOHS would like to encourage WB to identify any difficulties and weaknesses faced in that first phase. MoHS will strengthen the coordination and collaboration in the upcoming second tranche.
- H.E. also expressed his appreciation of the WB financial loan in support of the infrastructure of least developed areas, as MOHS alone is unable to strengthen infrastructure at both the central level and at State and Regional level.
- H.E. asks WHO and WB to help with planning and resource analysis to understand if resources are used rationally and effectively. An understanding of the resource gaps will help guide the allocations in time for the year's state budget. Parliament can be asked for resources that are needed in the following year's state budget.
- Dr. San Shwe Win asked for further funding support covering the Naga Self-Administered Zone and called for MoHS and donor's consideration.

Action Points

- World Bank need to consider Dr. Soe Oo, Director General's (DOPH/DMS) recommendations to provide technical support to central level and States and Regional level for this second loan.
- WHO and WB to help with planning resource analysis.
- World Bank and all donors and programme planners to consider Dr. San Shwe Win (Chairman of Pyithu Hluttaw Health and Sport Development Committee) request to include Naga Self-Administered Zone, Sagaing Region in the geographical prioritization of future grants and loans. The region is measured on health indicators not doing as well as other parts of the country.
- World Bank to consider the Minister's recommendation to include NCDs and stressed that MOHS now have a lot of data to help strengthen the project design.

9) British Embassy Prosperity Fund

Mr. Billy Stewart of DIFID presented on behalf of the British Embassy on the Prosperity Fund and the Better Health Programme (BHP). The prosperity fund has two key objectives: 1) reducing poverty & promoting sustainable economic development and 2) increasing trade and opportunities for international business, including UK companies.

Better Health Programme is part of the Prosperity Fund and covers 5 themes: NCD strategy, Education/Training, Provider quality, Digital health and life sciences. The expected outcomes are: 1) NCD's tackled earlier and better, especially for the poor and women; 2) Improved and

increasingly equal levels of care safety and quality; and 3) Strengthened health system and delivery of National Health Action Plan.

The expected long-term impacts are:

- Strengthened national leadership and systems to delivery better health care and tackle NCD burden and health inequalities
- Skilled, quality assured healthcare workforce able to address population health needs and reduce burden of NCDs
- Greater public health literacy to improve prevention, detection and management of NCDs.

The programme implementation phase is planned to run from July 2019 till September 2022.

For more information kindly see the full presentation here:

<https://drive.google.com/file/d/1VLOSkHg1Ra6p7fecOCILy-t37TRVVod9/view?usp=sharing>

Discussion Points

- H.E. advised that for the NCD strategic implementation, the strategic use of data is required to look at the geographical focus for cost-effective intervention. The minister requested Programme Managers to pay more attention to the areas: education, training, NCD, provider quality and digital health. The Minister also emphasized that strengthening of NCD data surveillance system is needed.
- H.E. encouraged potentially interested partners to help MOHS with the cancer registry.

Action Points

- To start communication channel between the British Embassy and MoHS, where Dr. Kyaw Khaing will act as focal point, to make progress as early as possible and start the implementation activities.

It should be noted that the Chair at this point in the meeting had to excuse himself as he had other important obligations and he asked the Vice-Chair to continue chairing the meeting.

10)Community Based Health Worker (CBHW) Policy Brief

Dr. Than Lwin Tun, Deputy Director General (Training), presented on the CBHW Policy Brief. The MoHS CBHW Core Group & Working Group guided the policy development process. A literature review process was completed and 4 prioritized areas for policy development was established:

- a) Service Package and Role
- b) Recruitment, Selection and Distribution
- c) Supervision, Supply and Support
- d) Coordination, Collaboration &Governance.

The vision is that every person in Myanmar has access to a health worker in their community who is trained, equipped, supplied and supported to provide a basic package of health services and appropriate referral as a bridge to the wider health system.

The objectives are:

- To harmonize all relevant Ministry of Health and Sports departments, divisions and programs around a national long-term vision for leveraging Community Based Health

Workers as members of the primary healthcare team and extending the health system to the community level.

- To align all relevant Development Partners to support the institutionalization of Community Based Health Workers and invest resources to strengthen national health systems.
- To aid in the reform of existing laws, regulations, procedures and programs to ensure efficient use of resources, necessary oversight and quality service provision to all communities.

CBHW are members of the primary health care team and act as a bridge between local health staff and communities within the Myanmar health system. CBHW roles include data collection, health promotion, prevention, treatment and referral functions. There are two types of CBHWs: Auxiliary Midwives (AMWs) and Community Health Workers (CHWs). AMWs provide a basic package of sexual and reproductive health, MNCH and Nutrition services, and CHWs provide a basic package of environmental health and disease control services including treatment and referral for key communicable and non-communicable diseases.

The next steps are:

- Draft CBHW Policy Document disseminated to all MoHS Departments and Programs for any final comments.
- Draft CBHW Policy Document and final comments to be reviewed by the Executive Committee, then submitted to the Union Minister for review and endorsement.
- Next steps for operationalization of the policy (e.g. guidance to partners, development of transition plan, updated curriculum/tools, etc.) will be agreed and taken forward following policy endorsement.

For more information kindly see the full presentation here:

https://drive.google.com/file/d/1U67hPKhJnnxnFGN6leO7bDMaLSi0N6k_/view?usp=sharing

Action Points

- MoHS need to consider operationalization of the policy after getting approval from the Minister. MOHS also advised to make plans for CBHW incentives and antibiotics policy.

11) AoB - Endorsement of Membership of RCM for Multi-country grant on TB

Dr. Si Thu Aung, Director, Disease Control, explained that the M-HSCC had been asked to nominate M-HSCC representatives to the Regional Coordination Mechanism (RCM) for the Multi-country grant on TB. The RCM is hosted by the Thai CCM.

Discussion Points

The M-HSCC endorsed that Professor Dr. Rai Mra will be the M-HSCC CSO representative and Dr. Thandar Lwin will be the M-HSCC representative representing all other constituencies, while Dr. Si Thu Aung will be the non-voting member representing the National TB program.

Action Points

- M-HSCC Secretariat to communicate to the Thai CCM the names and contact details of the M-HSCC representatives to the RCM.

12) AoB - Review and Endorsement of GF Grant Revision Plan

Dr. Si Thu Aung, Director, Disease Control, presented the reinvestment plans of the two PRs. The plans have been discussed at TSG level and then with GFATM in fourth quarter of 2018.

For the UNOPS PR managed part of the HIV grant the reinvestment amount is USD 1,709,957, while it for the TB grant is USD 2,943,064. For the Save the Children PR managed part of the HIV grant the proposed reinvestment amount is USD 3,854,659 and for the TB grant, it is USD 1,216,960. Lists of reinvestment activities were provided.

For more information kindly see the full presentation here:

<https://drive.google.com/open?id=1ygh3FLv3nHC6fQsDY4qMUZXG6Skc0-GI>

Action Points

The Grant Revision Plans were endorsed by the M-HSCC.

13) AoB - Discussion of M-HSCC Survey and Work Plan

Mr. Ole Hansen, (WHO technical support to the M-HSCC Secretariat), presented on the M-HSCC questionnaire, its results and tentative conclusions as well as on the draft M-HSCC guidelines, workplan and budget for 2019. Over all, there seemed to be relative satisfaction with the organizations of the M-HSCC meetings. The main issues raised were late announcement of meeting date and agenda as well as late sharing of the subsequent minutes. Draft guidelines to help with solving these problems were prepared by the M-HSCC Secretariat.

For 2018, only 2 M-HSCC meeting could be held and 55,403 \$ were spent (62% of the allocated budget). For 2019, Year 3 of the GF CCM grant, 89,161 \$ is allocated.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1i6kTKiZH7A5636s8qNUXI_3uXe1QNpEF

https://drive.google.com/open?id=1gK2qjyM5AcFoWy8SkU-NPIpoeUc4_04D

Discussion Points

M-HSCC work plan for 2019 was approved.

Action Points

- As only 13 out of 34 current members responded to the questionnaire at the meeting 21 August 2018, it was decided that a new review was to be conducted under the leadership of the Secretary of M-HSCC.
- The meetings to be held regularly according to the work plan (2019).

14) AoB – RAI Secretariat Update

Ms. Severine Calza of the RAI Secretariat introduced herself and her Secretariat colleague Mr. Matteo Dembech. She informed the M-HSCC that there are plans for organizing a RAI Steering Committee (RSC) meeting in Myanmar in October or November 2019. Ms. Calza also noted that the RSC would like to collaborate with the M-HSCC for conducting oversight of the implementation of the RAI malaria grant in Myanmar.

15) Closing

Professor Dr. Rai Mra, M-HSCC (Vice Chair) thank all the meeting attendees for their active participation, presentations and interactive discussions. He declared that the 14th MHSCC meeting was successfully concluded at 1 p.m.

Annex 1

**Opening remarks by the Chair
H.E. Dr. Myint Htwe, Union Minister,
Ministry of Health and Sports
delivered by Vice Chair Professor Dr Rai Mra
at the 14th M-HSCC Meeting,
17.01.2019
Meeting Hall at Office No. 4, MOHS, Nay Pyi Taw**

Dear Chairman of Pyithuhluttaw, Health & Sports Development Committee, Permanent Secretaries, Directors General, MHSCC members, officials from Ministry of Health and Sports, ladies and gentlemen.

Very good morning.

I am very pleased, to welcome all of you on behalf of the M-HSCC Chair, to this important 14th M-HSCC meeting. I would like to express my thanks to all of you for your presence today where we will discuss key topics in order to help improve coordination, programmes, activities and policies in the health sector.

While the health sector is receiving an increasing amount of government funding year after year, the development partners are also contributing to Myanmar Health sector development in major thematic areas and most importantly in health system strengthening in line with the National Health Plan (2017-2021). I

would like to convey my sincere appreciation to GAVI, the Global Fund, and the 3MDG fund for their grants and contribution to Myanmar. That funding helps us to use the government budget on other priority health problems. Given this support and to create synergies and become more effective and efficient, coordination done through the MHSCC structures among public health personnel, development partners and implementers is crucial.

While we can observe a significant positive impact of declining morbidity and mortality trends of communicable diseases especially, HIV, TB and malaria, the external support now helps us to prioritize prevention and control of non-communicable diseases, health literacy promotion and improving the nutritional status in the country.

But we still need to put more serious effort into maintaining our current achievements with strengthened health system, surveillance system and continue improving activities to end communicable diseases. This also includes ending communicable diseases like Hepatitis C and neglected tropical diseases such as leprosy, trachoma, schistosomiasis etc. We remain committed to achieve the health-related Sustainable Development Goals by 2030 and through joint efforts I am confident we will reach the targets.

I would now like to move on to inform you of some recent events, new initiatives, programmes and activities of MOHS.

As you may be aware of, MOHS held the "**National Leprosy Conference**" in Nay Pyi Taw, in December 2018. At this event we received guidance and support from the State Counsellor, Daw Aung San Suu Kyi, to end the disease and eliminate related

discrimination. It was sponsored by The Nippon Foundation. WHO Goodwill Ambassador for Leprosy Elimination Mr. Yohei Sasakawa attended among others.

The meeting resulted in the “**Nay Pyi Taw Declaration on Leprosy**”, which stress improving case finding, prevent disabilities, enhance political commitment, and strengthen the leprosy control activities at the different levels. We received commitment from the highest political level and from stakeholders. The approaches and indicators to monitor implementation of the leprosy program set in the **Global Leprosy Strategy 2016-2020** were endorsed and a full integration of routine leprosy control services within Basic Health Services was reaffirmed. We will now develop a national implementation plan based on the National Leprosy Strategic Plan. I urge you all to support us in this important work.

Another emerging health problem is Schistosomiasis – not least in Rakhine State - and we are now collecting information and trying to develop an implementation plan based on the available data. The aim is to prevent and manage the disease and we would like to acknowledge WHO and other supporters for the donation of necessary drugs to treat the patients.

While we are observing a declining trend of HIV new infections, we are aware that Hepatitis C transmission has been going up in recent years. We have to put more attention to this including at the township level.

I am also pleased to inform you that while we are waiting for the Communicable Disease Law revision in Parliament, MoHS issued a

policy statement on the **introduction of Mandatory TB Case Notification** on 24 September, 2018 to improve the TB case finding and treat as necessary. Also related to TB is the Regional Coordinating Mechanism for TB in migrants in the Greater Mekong Sub-region countries, which has allocated funding to Myanmar for period of (2019-2021) from the Global Fund. The implementation will start this year and the MHSCC will be represented on the governance mechanism of this regional grant. We will hear more on this later today.

Among Neglected Tropical Diseases, I would like to draw your attention to the elimination of trachoma from Myanmar targeted in 2020. I would like to urge WHO, to provide both technical assistance and funding support as necessary to help us pass through all the necessary steps for the certification process for trachoma.

Related to avoidable blindness, we have just completed the “Rapid assessment of avoidable blindness survey, 2018”. It showed that the prevalence of blindness among the over-50 years population was 2.9%. We need to establish strong management of avoidable blindness so that we are living up to the goals set in “Vision 2020”.

I am also pleased to let you know that we are moving forward with the **GAVI HSS 2 grant of 110.3 million USD for 2019-2021**. 45.4 million USD for vaccines and 64.8 million for cash support for HSS. It will focus on strengthening demand for immunization services, improve cold chain, strengthen leadership management capacity and coordination, improve equitable access to service delivery. It will also strengthen the EPI data management, monitoring and evaluation system. I was informed that in order to improve

coverage and equity in the country, over 60% of the GAVI HSS 2 funds will be spent in **69** prioritized hard to reach townships. I would like to acknowledge that GAVI has been supporting Myanmar since year 2002, and in total more than **USD 170 million** have been disbursed for EPI and HSS. This new grant should be well coordinated and the funding must be used effectively and efficiently.

In line with our National Health Plan, broader health system development in the form of capacity building, reform and modernization of e-Health, M&E, procurement and supply chain management, and financial management system will be the system building blocks. Therefore, I am glad to know that the HSS TSG is now functioning well with 4 sub-groups and systemic linking to NIMU and its work.

Another recent important stepping stone was the Convergence Workshop for developing the **e-Health Architecture Blueprint** held in November 2018 in Nay Pyi Taw. The HIS strategy, health information policy, and architecture blueprint are key in moving forward with the NHP. The **National HIS strategy 2017-2021** has been drafted and all actions should be taken based on this strategy.

As you know, 2018 was the year of information and MoHS hence distributed tablets to the health staff. Reference documents, guidelines, SoPs and health messages from MOHS are uploaded to these tablets and will serve as a learning portal. All states/regions will be covered as soon as possible. All staff with a tablet will have internet access and soon we will strengthen the supply chain management system using those tables to among other things enable midwives to report back to the Ministry. I hope this

innovative intervention will help the HR capacity development, system development and raise the knowledge and awareness of the health staff and the communities they serve in Myanmar.

I am also glad to inform you that “**Diabetes and Hypertension Clinics**” are planned to open every Wednesday at primary health care facilities aiming to reduce the immature deaths from NCDs. NCD TSG has been formed and the first meeting was conducted 18 October.

While, the MHSCC has not in the past had much focus on nutrition, I would like to let you know that field work for a Nation-wide nutrition survey initiated in 2017 – the **Myanmar Micronutrient and Food Consumption Survey** - was completed in the second half of 2018. Currently the data entry, cleaning and analysis is ongoing. The final report is expected to come out in late 2019.

And last but not least, I would like to mention that I really appreciate that Department of Medical Research held the 47th Myanmar Health Research Congress last week in Yangon. MOHS allocated 1 billion kyats for 2017-2018, 0.5 billion kyats for the minibudget and 1.5 billion kyats for 2018-2019 and promoting the research culture in our departments. I intend to increase the allocation up to 3 billion kyats in the coming years. Implementation research will help strengthen the programmes.

Finally, I would like to note that on 31 December 2018 the 3MDG Fund closed and the **Access to Health Fund** started operations. I would like to thank warmly the 3MDG donors for their kind support over the years. Their support has been instrumental in moving the health agenda forward in Myanmar. It is worth noting

here that with funding and technical support from 3MDG, DoPH drafted the policy brief on community-based health workers in December and we will be hearing more about it today.

We now welcome the Access to Health Fund with a commitment of over **US \$215** million from the United Kingdom, Sweden, the United States, and Switzerland.

The Fund will focus on: Maternal, newborn and child health; drug use and its health consequences (HIV Harm reduction); TB; Malaria; Nutrition; Sexual and reproductive health and rights; and Health in prisons.

Access to Health will concentrate its interventions in Rakhine, Kachin, Shan, Kayin, Kayah and Mon – all states affected by latent or active conflict. The fund will also support activities in Chin State, due to its remoteness and high level of need, and Yangon Region with a specific focus on sexual and reproductive health and rights.

The Access to Health Fund is in discussions with the Ministry of Health and Sports to support six Departments (CHD, MRH, NIMU, NTP, NAP, and NNC) with direct grants, which will be managed through the Global Fund's Managed Cash Flow facility. MoHS is also working with the Fund for the funding of eight grants to State Health Departments to increase their capacities in planning and coordination of the health response.

I look forward to the presentations and frank and open discussions and your continued engagement in the Myanmar health sector.

Thank you very much for your kind attention.

Opening remarks by the Chair

H.E. Dr. Myint Htwe, Union Minister,

Ministry of Health and Sports

at the 14th M-HSCC Meeting,

17.01.2019

Meeting Hall at Office No. 4, MOHS, Nay Pyi Taw

First of all, in according to all the INGOs, Deputy Minister, Director Generals, Deputy Director Generals, Directors and all program managers on sitting here today, I was informed that Dr. Rai Mra has already delivered opening remark and hence, I would like to add some decision points for reaching action points.

First of all, when I looked at the agenda, you have organized very successfully, and it is very crucial for the scope of Ministry of Health and Sports. I would like to request my program managers to listen very carefully and all the presentations are really important for programme managers who will work months and years for MoHS. A few points I would like to pay attention on this key event is that the highest number of stakeholders working with Ministry of Health and Sport. We have many stakeholders and development partners which is good in one sense but also not good in another sense. The reason means that we need to know exactly our staffs and also who is doing what in terms of geographical area, technical as well. I don't want to waste your effort and money. All implementing partners are receiving money from rich countries and these are precious money. I am sure that you are also scrutinizing very carefully on what you are doing in terms of cost efficiency and cost effectiveness of the program. Likewise, our program managers need to see who is doing

what and which area. In that matter, we have produced INGO Health Partner profile including INGO mission statements, activities in terms of technical and geographic areas and the reason of implementation of activities in that profile. This is the first version and on six month later, we want to update this into second version. The first may not include some points we want to include. But the second version will be more comprehensive and correct. I request my program managers to read and take a quick look at the profile to know who and which NGOs are working in my area. We need to read this book to oversee which NGOs are working in which regions and to know the perceptiveness of the program. In this context, we will understand the framework or activities carried out by that INGO and we can immediately see the missing points in terms of geographic and technical. If we can do this, this will be very useful. And also, the key point is that we need to have a monitoring system and we are producing a checklist. We don't want to have a very sophisticated or complicated monitoring system. We want to have a very simple monitoring system using a checklist. The idea is to monitor the efficiency of each and every field of the program. The only thing I would like to request to all INGOs is that all the activities must be reviewed under the policy and key strategy.

If you look at each strategy on HIV, TB, Malaria, Financing, etc., INGOs must have to see well how many strategies are available within the context of mission statement or which INGOs are working in which states and areas. You have to read this book for this and you have to review in line with your mission statement. This is very important and so, why we shouldn't do this. Another more important thing is that you need to inform us well. We are not keeping you as a perfective. We are keeping you as a part and partial of the Ministry of Health. Our program managers, we should also not be afraid of sharing information to INGOs in

terms of UNOPS and many organizations except for a list number of confidential matters exactly for the Minister.

Second thing is that you have listened to reports from the community and updates from Executive Working Group and TSGs. This is very much in line with my talk today because we are reflecting ground reality and what is happening in the field. Anyway, I will get a copy of the presentations and I will read. And also, I would like to note on the agenda the item of “Discussion of M-HSCC Survey results and guideline”. This is a very important one. We need to improve the mechanism of M-HSCC to be more efficient year by year.

The only missing agenda item, I think, is to include the implementation of the key discussion points and recommendations made at the last M-HSCC meeting. I think it is not included here. I think Mr. Ole can present. You can mention a few points on the actual implementation status and recommendations of last M-HSCC meeting.

And also, I appreciate very much GAVI, Global Fund, 3MDG, bilateral donors and UN agencies for helping us by providing finance aid as well as providing technical support that is very important.

I would like to mention a few points. We have a little problem in Rakhine State on Schistosomiasis. We found Schistosomiasis. We are aiming to control this disease. We would like to thank WHO for helping and we have to pass through the control of the national Schistosomiasis problem in Rakhine State. Having found Schistosomiasis in Rakhine State, including other states and regions, we have a prevalence of snail population. So, we have to make ensure where any Schistosomiasis is obtaining no space to born and replicate. That is very important. I used to say that Schistosomiasis only in Shan State. Now, it is not only in Shan State.

I also would like to inform the M-HSCC members. You might know that we have distributed over 10,000 tablets to Basic Health Service Workers, Health Assistants, Midwives, PHS 1 and 2 and also to station medical officers and township medical officers. The point I would like to mention is that by using this tablet, we are now getting to know the drug availability at the sub-centre, RHC and township hospital. By knowing the availability of drugs, we can reduce the number of expired drugs. We are wasting a lot of money as a lot of drugs are expired. We did not aware expired date of the drugs previously. By using that tablet, those drugs will be expired in six months will be red. Six month and one day onwards are orange and those drugs with expire date of 2 years will be yellow. So, by knowing this, we can transfer or reallocate the medicine to get distributed etc. Another advantage is that we are going to conduct a survey using this tablet and we already started. Not for complicated survey, but for medium type of survey. With a click on the sending form for the midwives, they can respond. And, the information is to be collected on one click and so, we can analyze it. As you know, we have reported the outbreak of H1N1 in 2017. We did not complete reporting in the successful assessment of the outbreak in 3 months. Now, we can produce assessment of outbreak within 1 month. With that one click, all information of the particular outbreak will reach to all midwives, Health Assistants and the receptive officer on what to do, how to request etc., etc. Just one example, we would like to know the prevalence of meningocele (neural tube defect). With that you can ask for the midwives that do you see any type of meningocele. The midwives can report “I found 10 which is very risky etc.,” So, that information comes to the central level. The central can calculate and evaluate this information. This is very important.

Thirdly, we are now extending on DHIS-2. DHIS-2 is implementation in district hospitals and high priority townships and now we are going to extend to the subcenter levels. We are also staffing on this. So, with the DHIS-2 and Realtime information, I am assured that our public health domain will be very much improved.

Just one information, for the clinical health domain also, we are also providing these tablets to Station Medical Officers and Township Medical Officers. In coming months, we are going to distribute to 585 hospitals. I would like to thank GAVI again. GAVI is going to provide 14,000 tablets. We are going to procure this and I would like to request to procure as soon as possible.

I would like to mention one particular point, we would like to eliminate trachoma in our country. Trachoma program is extremely unwell when I work for Ministry of Health and Sports. Now, I noticed that the regional director of SEARO is going to support to eliminate trachoma in my country.

Another one is leprosy. Leprosy elimination at the country level is noted 1:1000 population. But, in some situation, new cases are coming up. The new cases of leprosy are being up and it means that we need work hard in coming months and years in order to eliminate leprosy in my country.

Another area which I would like to emphasize is zoonotic. May of the outbreaks such as Ebola, all these diseases are highly infectious. So, I am asking to update my Deputy Director Generals for re-evacuation of zoonotic diseases on program.

Another point that I would like to mention to M-HSCC members is that we are doing the memo to improve the internal communication. Dr. Aye Aye Sein and her team is trying to study WHO'S GMS system as well as UNICEF and UNOPS etc., On top of that, we are also going to do this in states and regions. When we sent out a letter in terms of telegraph

on repair of equipment or something, many of the memo were lost. With that, there will be no more loss and actions can be made immediately.

Here, I would like to mention a few things (Key Activities) that we are carried out since last M-HSCC meeting. One is National Leprosy Conference and State Counsellor Daw Aung San Su Kyi delivered the Opening Speech and gave guidance. Second big event is Traditional Medicine Conference. We would like to improve traditional medicine. Many things are asking what to do and then we will see now. And we have new Director General for traditional medicine who is very active and we will do all things to improve the traditional medicine. And also, I am happy to mention that we have opened 5 storied Cancer Ward in Yangon General Hospital. Previously, many cancer patients were congested. Now, I am happy that the cancer ward is located in the one scope of Yangon General Hospital Compound and many new equipment are there from donors.

And also, on FDA, I would like to mention, we are starting online registration system, online date request system for cosmetic and the equipment which becomes very fast.

I would like to mention that in the public health domain, we have 104 candidates of MPH, Master of Hospital Administration and Master of Preventive and Tropical Medicine. So, we are going to post them in one week and with these human resources, the public health system will be much stronger.

And also, we have road map of future cardiology, cardiac medicine, cardiac surgery, radiology and likewise, we are promoting the future of cardiologist.

Another one is the research one, you may think that from your country perceptive, this funding is not big. For the first year, I have allocated 1 billion kyats for research in the 6-

month budget. And I have reserve 1.5 billion kyats for research. And another coming budget is in October and I expected to have 3 billion kyats. We have just finished the 47th Myanmar Health Research Congress in January 2019, Department of Medical Research and quality of papers are very high and I am happy about the quality of research are very improving. And also, in very soon, private nursing schools are coming up. We have discussed and there is a shortcut for them to open the schools in very soon.

And also, I would like to open the school of public health. We are starting to recruit 3,600 medical students. Previously, we only recruit 1,800 nursing and MPH students. So, in the coming years, we will be somewhat sufficient in terms of nurses and human resources, etc.

And you may wish to support the State Counsellor party's interest in nutrition and early childhood development in nutrition and we have a lot to do on this. For nutrition, as you know, we have conducted in micronutrients and food survey and the dissemination of findings will be in 4th or 5th February this year. So, we are presenting what we have found and I will request all INGOs and program managers as much as possible how we can involve to improve the nutrition status in early childhood.

And you may know that we had annual evaluation meeting on NTP and HIV/AIDS. And the meeting is very productive and very high scale. And I think that the opening remark carefully given by Dr. Rai Mra has indicated everything and everything is detail in here.

So, I am not saying again what my Vice Chair has already mentioned. I just want to mention only one point that is GAVI. GAVI HSS-2 grant is 110 million for 2019-2021; 45.4 million USD for vaccines and 64.8 million for cash support and which we can use support for immunization services, improve cold

chain, strengthen leadership management capacity and coordination, improve equitable access and EPI data management. And one important thing is that some of the GAVI HSS-2 grant will be in 69 prioritized and hard to reach areas. This is the beauty of this project. We will be using every dollar given by GAVI in worth spending way. And also, I would like to thank 3MDG for the Access to Health Fund and donor countries. These are a few points that I would like to apply to this M-HSCC meeting and thank you very much.