

Myanmar Health Sector Coordinating Mechanism

Minutes of Meeting

1st M-HSCC Meeting

9:00-11:00, 05 September 2013

Conference Room, Ministry of Health, Nay Pyi Taw

1) Announcement of reaching quorum

As 30 out of 31 M-HSCC members attended today's meeting, representing government and non-government constituencies, the M-HSCC reached a quorum.

2) Opening remarks by M-HSCC Chair (H.E. Prof Pe Thet Khin, Union Minister for Health)

The Chair welcomed the members to the M-HSCC meeting. Following several discussions since the 16th M-CCM meeting, he advised that the Myanmar – Country Coordinating Mechanism (M-CCM) has been transformed into Myanmar-Health Sector Coordinating Committee (M-HSCC) and an additional 4 Technical Strategic Groups (Maternal Newborn Child Health/ Reproductive Health; Health System Strengthening; Public Health Emergency and disaster preparedness; Monitoring and Evaluation and Research) have been established.

The chair also expressed his appreciation to the Executive Working Group (ExWG) and Secretariat for their effort to expand the scope of work as a sector-wide partnership coordinating mechanism to cover the overall health sector issues.

As the main health sector partner and stakeholders coordination structure in Myanmar, M-HSCC will act as a “catalyst” to aid the country in obtaining the benefits of universal health coverage, reduced morbidity, improved health status of the people, improved medical education, development of health research, development of traditional medicine, and improved health knowledge of the people through effective information, education and communication activities.

This meeting's agenda includes updates on M-HSCC management, to formally endorse the M-HSCC Governance Manual and to endorse the new M-HSCC members and ExWG members. The M-HSCC is urged to establish the TSGs on (i) Maternal Newborn Child Health & Reproductive Health; (ii) Health System Strengthening; (iii) Public Health Emergency and disaster preparedness; and (iv) Monitoring & Evaluation and Research.

As part of the Global Fund New Funding Model (NFM), the country has received commitment from the GF to provide 160 million USD for HIV/AIDS, 82 million USD for TB and 72 million USD for Malaria control for 2013 to 2016. In addition, Myanmar also received 40 million USD from the GF regional grant to participate in Mekong Region Artemisinin Resistant Containment program for Malaria. Therefore, with the guidance of M-HSCC and Ministry of Health, a call for new Sub Recipients for (HIV, TB, and Malaria) grants was also successfully carried out, for which the status will be updated in this meeting.

Completing Global Fund (New Funding Model), the 3MDG Fund will also substantially increase its level of support, enabling the country to effectively tackle the three diseases. 3MDG Fund will pledge approximately 300 million USD, out of which the majority will go to support national MNCH needs and to strengthen the health system. H.E. the Minister highlighted that while the domestic resources for health and external funding are gradually increasing, Myanmar needs to use the funding effectively and efficiently to avoid areas overlapping.

The chair stated that Health System Strengthening (HSS) finance needs to be streamlined at all levels for all funding sources. It should have one plan and one management system. It will favor equal authority, responsibility, accountability and more transparency for all areas of health services. DOH and UNOPS-PR are proceeding with capacity building of all TMOs on the Managed Cash Flow Standard Operating Procedure and Government budget management this month.

The issue of Procurement and Supply Chain Management will be discussed. It is an important health system building block to have only one procurement management system for all health care services by converging the different systems and different funding sources, functioning in the health sector.

3) Endorsement of agenda and last CCM meeting minutes (Dr Soe Lwin Nyein)

Dr. Soe Lwin Nyein presented the HSCC agenda and the 18th M-CCM meeting minutes. There were no comments made from the members. The agenda and the last meeting minutes were endorsed.

4) The M-HSCC Management Updates (Mr. Eamonn Murphy)

4.1 Endorsement of M-HSCC Governance Manual

Mr Eamonn Murphy summarized the development process of the M-HSCC Governance Manual. It was introduced in 2012 at the 16th M-CCM meeting; a draft statement of principles was endorsed at the 17th M-CCM meeting; the composition of the M-HSCC members was discussed in 18th M-CCM meeting. The ExWG members have met twice to update of the Governance Manual. The governance manual can be downloaded at www.myanmarhsc.org

The TSGs on Maternal Newborn Child Health & Reproductive Health; Health System Strengthening; Public Health Emergency and disaster preparedness; Monitoring & Evaluation and Research need to be established promptly and the membership information will be added to the new Governance Manual.

4.2 Endorsement of the composition of the M-HSCC and ExWG Members

The election process for M-HSCC was completed for:

- ❖ UN Constituency
- ❖ Development Partners
- ❖ International Financing Institutions

❖ INGO Constituency

The remaining constituencies are reminded to complete the election process as required by the rules and regulations of the Governance Manual so that it can be endorsed at next meeting.

The M-HSCC ExWG elected new members, and was formed with the following members:

1. Dr. Soe Lwin Nyein
2. Dr. Nwe Ni Ohn
3. Dr. Mon Mon Aung
4. Dr. Jigmi Singay
5. Mr. Eamonn Murphy
6. Ms. Amber Cernovs
7. Mr. William Slater
8. Dr. Sid Naing
9. Ms. Nwe Zin Win
10. Mr. Thiha Kyaing

M-HSCC Decisions:

- Dr. Thein Thein Htay, Deputy Minister was appointed as a M-HSCC representative for the government sector.
- The Governance Manual was endorsed
- The composition of the M-HSCC and ExWG Members was then endorsed.

Discussions:

- HSCC members recommended to invite 3MDG, UNOPS and Save the Children to present the program update at the ExWG meetings instead of HSCC meetings. This is to allow the M-HSCC to focus on policy issues rather than projects during its meetings.
- M-HSCC members noted that in order for M-HSCC to address the issue of Water and Sanitation (as suggested by the division of labour of the Sector Working Groups), M-HSCC needs to work closely with Ministry of Livestock and Fisheries.
- Members noted that for the TSG on HSS that WHO and World Bank will support MoH and that for the TSG MNCH that UNICEF and UNFPA would support MoH to convene the TSGs.

5) MNCH & Reproductive Health (Dr Yin Thandar Lwin)

Dr. Yin Thandar Lwin summarized the functions of MCH. She presented program updates under 3MDG grant; Women and Child Health Development (WCHD) program; and the formation structure of MNCH-TSG.

The presentation also covered recommendation from RH Lead Working Group; the Child Lead Working Group; and the information on setting up a logistics management system for RH commodities.

Dr. Yin Thandar Lwin informed the M-HSCC of the global target to reach more than 120 million women with lifesaving family planning information and access to contraceptives by the year 2020 from the Global Partnership London Summit on Family Planning in 2012. . Myanmar will participate in reaching the global target. (Presentation attached)

6) Health System Strengthening (HSS) Presentation – Dr. Nwe Ni Ohn

Dr Nwe Ni Ohn presented the system building blocks combined to meet the health system goals. She presented a brief summary of the gap under the Nutrition program; service delivery for Maternal and Child Health.

The opportunities and the barriers include:

- 1) HIV, TB and Malaria service delivery,
- 2) health workforce,
- 3) Medical Products/Technologies,
- 4) Health Financing Systems and
- 5) Leadership/Governance topics were covered. (For detail information please refer to the presentation attached).

7) Update for HIV, TB and Malaria TSG - Dr Thar Tun Kyaw

Dr. Thar Tun Kyaw, DoH, presented a quick update for HIV, TB and Malaria program. He explained that as the 3 diseases are moving under the NFM GF, technical review panels (TRPs) were formed to review the new SRs proposal for all 3 diseases. The 3 TRPs reviewed based on the minimum eligibility criteria, technical area, capacity and the budget allocation. The result of the TRP review is below:

- SR selection for HIV Component: SARA and Burnet Institutes (Harm Reduction Program), Alliance (CSS) and Pyi Gyi Khin (Human Rights Program)
- SR selection for Malaria Component: Merlin Myanmar
- SR selection for TB Component: The Union

The Malaria RAI Grant under NFM, Myanmar was funded US\$40 million for 3 years (2014-2016). The UNOPS was selected as PR. Dr. Soe Lwin Nyein was elected as a member to represent Myanmar for the Regional Steering Committee (RSC).

As RSC states the timeline for all 5 countries to endorse on the concept notes not later than 06 September, the draft concept note was shared with the ExWG as well as Malaria-TSG to review and provide input. The Malaria-TSG made the final review and endorsed the concept notes.

M-HSCC Decisions:

- The M-HSCC approved the issuance of a Call for Proposal to identify Sub-Recipients to implement activities under the Myanmar RAI grant.

- The M-HSCC endorsed the Mekong RAI concept note.
- The M-HSCC noted the very short timeline to review the RAI concept note and requested future submissions allow adequate time for review.

8) Procurement and Supply Chain Management

8.1 Existing Procurement Supply Management and Current Situation at Central Medical Stores Depot (Dr. Aung Gyi Maung)

Dr. Aung Gyi Maung presented the existing procurement supply management and current situation at the central medical stores depot. The presentation covered the supply system as well as the type of issues at different type/level of distribution. (Detail please refer to attached presentation).

8.2 Investigation on TB drug quality (Dr. Soe Lwin Nyein)

Dr. Soe Lwin Nyein presented the result of joint investigation on TB drug quality in August and September 2013 at Lower/Yangon & Upper/Mandalay Myanmar Stores. According to the review, it is noted that the international orders are made based on the lower quality and low cost focus. Hence, he urged to consider the quality of drugs while making an international order.

Dr. Soe Lwin Nyein also states that PSM is one of the factors that affect programme implementation and prevention activities. Poor PSM causes delay and damage of commodities and goods. (Detailed investigation is stated in presentation attached.)

The M-HSCC made the following comments:

- The recent workshop held in Nay Pyi Taw in August 2013, UNFPA supported the supply chain management based on the assessment done in April 2013. UNFPA will follow-up the recommendation of the workshop.
- Dr. Thein Thein Htay, Deputy Minister highlighted that this is the time Myanmar requires concrete oversight. She urged that the PSM design should start from the planning process to build the efficient and effective PSM mechanism. The mechanism should be strong and that should be based on the existing supply chain system. She also addressed that due to the funding availability in the Health Ministry, the effective and efficient use of budget is required.
- The M-HSCC development partners, IFIs and PRs expressed that they are willing to provide technical assistance and advice in this area as needed. The Chair noted that the Supply Chain system needs to be more functional and this requires stronger role of CMSD. However currently CMSD is overburdened and there needs to be a review of the functions of CMSD by the responsible authority of Department of Health.

- The Chair urged all partners to spend funds wisely. He shared that the Health Sector received increase in budget from the Government due to priority changes.
- The Chair noted that from 2011, PSM delays impeded program implementation. He urged partners to emphasize the issue of PSM and HSS in their support and requested for technical assistance in this area to be prioritized.

9) Closing remarks by the HSCC Chair

The Chair thanked all the members for their active participation. The Chair highlighted that the role of TSGs crucial and the strength of the TSGs will support the HSCC to stay focused, therefore the remaining TSGs are need to be formed and functional as soon as possible.

The meeting adjourned at 11:30.