

Myanmar Health Sector Coordinating Mechanism

Minutes of Meeting

M-HSCC Meeting

10:00-13:00, 14 May 2014

Conference Room, Ministry of Health, Nay Pyi Taw

1) Announcement of reaching quorum

As 21 out of 31 M-HSCC members attended today's meeting, representing government and non-government constituencies, the M-HSCC reached a quorum.

2) Opening of the meeting by Vice M-HSCC Chair (Prof. Dr. Samuel Kyaw Hla on behalf of Union Minister for Health, H.E. Prof. Pe Thet Khin)

The Vice-Chair welcomed the members to the 2nd M-HSCC meeting. He read the opening remarks of the Union Minister for Health, H.E. Prof. Pe Thet Khin. Following several discussions since the last M-HSCC meeting, three existing Technical Strategy Groups (TSGs) for HIV, TB and malaria are functioning and four new TSGs for 1) Reproductive, Maternal Newborn, Child, Adolescent Health, 2) Health Systems Strengthening, 3) Public Health Emergency and Disaster Preparedness, and 4) Monitoring and Evaluation and Research have been established. The Executive Working Group (EWG) and Secretariat are also strengthened and the EWG has held two meetings since the last M-HSCC meeting to discuss issues requiring time-sensitive decisions.

The health sector is requiring increased attention and support from the government and all stakeholders with the transitions Myanmar is experiencing towards peace, democracy and an open economy. The Myanmar government has embarked on a major reform of the health system with the Health Sector Reform Plan and its eleven task forces. Part of these reforms includes a commitment to move towards Universal Health Coverage (UHC) with the Vision 2030. The government has prepared a UHC strategy that the Ministry of Health presented to the global health community at the World Bank Spring Meeting in Washington D.C. in April 2014. This strategy outlines health sector changes that are necessary and gaps

that should be filled within the timeframe. The World Bank is offering support in two phases with a total of US\$ 200 million IDA Credit in possible grant funds and Technical Assistance, and the Ministry of Health (MoH) is looking forward to working with the World Bank on the rollout of Phase 1 of the project.

As the scope of work for the M-HSCC has expanded to cover all health issues, coordination and support from partners are required to meet the goals of the Health Sector Reform Plan. The M-HSCC is the platform for discussing the current achievements and challenges within the health sector and further guidance.

The Vice-Chair emphasized that there are many important actions currently being taken by the MoH to strengthen the health sector, but struggling with the “quick win” activities to achieve the Millennium Development Goals and prepare for the establishment of UHC in Myanmar, which needs a long term strategic plan, policy reform and technical assistance on how to develop it systematically.

The agenda for today’s meeting was shared by the Vice-Chair and he provided an update on the funding situation. The Global Fund is supporting US\$ 160 million for HIV/AIDS, US\$ 82 million for TB and US\$ 72 million for Malaria control from 2013-2016. The Malaria programme will receive an additional US\$ 40 million from the Global Fund regional grant to participate in the Mekong Regional Artemisinin Resistant Containment for Malaria. It is a timely decision by the Global Fund to provide an additional US\$ 18.6 million to address the TB drug resistance problem in Myanmar. The MoH is also increasing funding support in all health areas, including for TB and HIV treatment. The Vice-Chair noted on-going efforts to harmonize the Global Fund’s New Funding Model finances and 3MDG Fund flow, which will substantially improve programme management at all levels.

Among important health system building blocks, human resources development has become the most important issue. The Department of Health (DOH) is producing Public Health Supervisor Grade II to perform MNCH activities and community volunteers every year. The Vice-Chair highlighted that in order to have a good plan that fit with the needs/demands, a supportive package will need to be provided for different training needs. Funding requirements can be mobilized as necessary as an essential part of HSS.

To prepare for important decisions regarding rapid scale up of health services for the people of Myanmar, a fruitful discussion today is anticipated.

3) Endorsement of agenda and last M-HSCC meeting minutes (Dr. Soe Lwin Nyein)

Dr. Soe Lwin Nyein presented the HSCC agenda and the meeting minutes of the 1st M-HSCC meeting held on 05 September 2013. There were no comments made from the members. The agenda and the last meeting minutes were endorsed.

4) Strategic Directions for Universal Health Coverage

a) Ministry of Health updates on Strategic Directions for Universal Health Coverage (Dr. Yin Thandar Lwin, Director, Public Health, Ministry of Health)

Dr. Yin Thandar Lwin on behalf of the MoH updated members on Strategic Directions towards UHC presenting the Health System Goals and strategic areas. The Health System Goals are improved health outcomes, enhanced customers' satisfaction, and financial protection. The strategic areas to achieve the goals include nine areas: 1) identify an essential health package; 2) enhance HRH management; 3) review the existing health policies; 4) develop alternative health financing methods and risk pooling mechanisms; 5) strengthen community engagement; 6) strengthen evidence-based information; 7) ensure the availability of quality drugs, equipment and technologies; 8) enhance public-private partnerships; and 9) intensify governance and stewardship for UHC. The government has had some national-level discussions on UHC since the World Bank Spring Meeting, and reviewed their primary concerns which include the essential health package, the current available MoH budget, supply chain management, and human resources for health. *(presentation attached)*

b) World Bank support for Strategic Directions for Universal Health Coverage (Ms. Hnin Hnin Pyne, Senior Human Development Specialist, World Bank)

Ms. Hnin Hnin Pyne highlighted the growing momentum for UHC and emphasized the World Bank's commitment to support the government's strategic plan for UHC. The World Bank is new to the health sector in Myanmar with US\$ 200 million in IDA credit going towards health, out of a total pledge of US\$ 2 billion for Myanmar. Investments in the health

sector are aimed at also having impacts on economic growth, ending poverty and boosting shared prosperity. The support will focus more on the government's strategies and programs rather than projects, and strengthening country systems with strong accountability and transparency. The presentation also highlighted current constraints to UHC and outcomes that would work to overcome these constraints. The World Bank support will be carried out in two phases. Phase 1 (2014-2018), in the amount of US\$ 100 million (IDA credit + TA), will focus on *Strengthening Primary Health Care Delivery & Utilization* and *Programme Management & Systems Building*. Phase 2 (2016-2019), in the amount of US\$ 100M (IDA credit + RBF Grant + TA), will support *Getting the Health Financing Right*. World Bank support is intended to compliment the efforts of other partners but not to duplicate. The support is also going to align with the government's plan for economic growth so that people do not stay poor because of being sick. The funding will be for health systems strengthening and at all three levels – state- region- and national-levels. The program is still under discussion for nation-wide roll-out. (*presentation attached*)

Discussion:

Dr. Thein Thein Htay, Deputy Minister welcomed the World Bank's support for the Strategic Directions for UHC. She further mentioned that community involvement in the process is very important. The communities should not just be provided with health services but be involved from the beginning to shape the service delivery model, and that way we can also increase demand among communities.

M-HSCC members noted that aligning partner support with the national health plan is needed, and suggested mapping resources to better understand the funding landscape and resource gaps. Examining strategic models from other countries was suggested, along with looking at whether there is support for resource mapping from each donor agency.

Dr. Thein Thein Htay noted that resource mapping and other mapping of finances are underway, and the International Health Division (IHD) is in charge of these items. Therefore IHD will prepare to map resources and work with partners on how to do this.

M-HSCC members enquired about motivating health personnel to work in the health sector. There is currently little information about increasing motivation among health personnel in Myanmar. Raising staff salary and improving job satisfaction were two examples given to improve motivation. A study supported by the WHO was conducted on motivating health workers, and supply of medicines is a motivation factor because it can improve service delivery. Exploring satisfaction among communities is another area to examine. JICA has been supporting the government on trainings at the township level and is ready to share the lessons learnt with the working groups.

Ms. Hnin Hnin Pyne summarized Phase 1 efforts needed in order for government and communities to see tangible benefits. The World Bank is discussing with the MoH how US\$ 1 million would be used to finance service delivery at the township level. This would enable communities to see and experience improvements. The communities should also be a part of some processes for planning, budgeting and monitoring. Communities' involvement in planning and budgeting could take from 6 months to a maximum of 15 months. The idea behind this is that with World Bank support, the government's budget will be enhanced, with more accountability. The communities should see that they benefit from the investments, which is why Phase 1 should start now to reach some important milestones in the near term, because Phase 2 will take longer.

5) 3MDG support for Myanmar

*a) Framework, plan of action, expected outcomes and achievements so far
(Mr. William Slater, Director, Office of Public Health, USAID)*

Mr. William Slater presented how 3MDG is implementing programs that work towards UHC with funding from seven donors. The key to the success of 3MDG is partnership, since all the partners work together. There are three components of the 3MDG fund: 1) Maternal, Newborn and Child Health; 2) HIV, TB and Malaria; and 3) Health Systems Strengthening. 3MDG supports comprehensive township health plans through partnership with the government and national and international partners. He noted that the HSS component is the most important, and they are looking at how to partner with the government on improving human resources through training of mid-wives, etc., improving supply chain and governance. He also emphasized that community engagement is a critical component to

supporting UHC activities. For future steps, he updated that the component 1 review will be in the 2nd half of 2014 in which all are invited to suggest changes on the structure and 3MDG is willing to incorporate these suggestions and adapt. Urban health, prison health care, and midwifery are new components as well as working on state/regional capacity building. Additionally, aligning with World Bank financing, 3MDG is increasing direct financing to government systems. *(presentation attached)*

Discussion:

M-HSCC members enquired whether the national health plan from 2011 to 2016 will be reviewed or have an operational plan developed that would incorporate some of the changes. With resource mapping, the national health plan should be changed to align with sector plans.

Members remarked that the Ministry's budget is going from US\$ 70 million in 2010 to US\$ 700 million in 2014 and that's a big accomplishment. UHC is good to have at a broad level but a strategy plan is also needed at the township level – a township coordination plan. Duplicate funding is putting pressure on health personnel at the township level. The government has a plan and the partners should work together on how to support the MoH and government. All should work together on improving accountability, monitoring and evaluation. For this it is recommended that the HSS TSG be consulted about the township health plans, what the merits of the plans are, and what the coordinated plan should be. They can then come to a consensus and bring that proposal to the M-HSCC.

Dr. Thein Thein Htay emphasized the importance of supporting the plan of the MoH. It is needed to think about the whole country's health needs and how to partner together to fill the gaps. There also should be a uniform microplan for the townships. She requested that if any organization, not only for GAVI or 3MDG, has tried and tested a township health plan which included community participation then please share it with the M-HSCC so that we can use this as a model.

Dr. Soe Lwin Nyein thanked GAVI and 3MDG for supporting HSS. GAVI has coordinated with the DoH/MoH on developing a microplan over the past two years.

6) Executive Working Group Update

a) Technical Strategy Groups (Dr. Thandar Lwin, Director, Disease Control, MoH)

Dr. Thandar Lwin updated on the status of the seven TSGs and the achievements and key issues. The TSGs that are currently functioning are 1) HIV TSG, 2) Tuberculosis TSG and 3) Malaria TSG. The other four TSGs Health System Strengthening TSG; Reproductive, Maternal, Newborn, Child, Adolescent Health; Public Health Emergency & Disaster Preparedness TSG; and Monitoring, Evaluation and Research TSG will hold their first meetings soon.

The achievements for the HIV TSG are that the MoH increased spending, treatment and care is expanding, the NSP was revised after a mid-term review, methadone maintenance treatment is being scaled up, and a one-stop service model has been initiated. The key issues for HIV are creating a better enabling environment, ensuring adequate human resources, and financial investments necessary to fill resource gaps. The achievements for the TB TSG are increased government funding for TB, accelerated TB case finding, scale up of TB/HIV collaborative activities, and ensuring treatment for MDR-TB patients. The next steps for TB are to develop and finalize operational plans for TB and MDR-TB and filling the resource gap. The achievements for the Malaria TSG are a new grant agreement for GF funding on the Regional Artemisinin Initiative (RAI), revised Malaria area designation (zonation), updated national treatment guidelines, and NSP revisions are in progress. Key issues for the Malaria TSG are the steep decline in malaria cases and national capacity building for labs.

Out of the four new TSGs, HSS TSG had a planning meeting on 28 April 2014 in which the extended and core member list were formed and the first meeting is to be organized soon. The member lists of RMNCAH TSG and M&E TSG have been compiled and the first meeting is to convene soon, whereas the member list for the PHE&DP TSG is still awaited. *(presentation attached)*

b) Global Fund program update and PR transition

(Mr. Eamonn Murphy, Country Director, UNAIDS)

Mr. Eamonn Murphy presented key achievements for the Global Fund PRs – UNOPS-PR and Save the Children-PR – and the proposal for a PR Transition assessment. UNOPS-PR trained NAP and SRs in “Quantimed”; supported MOH to train all SHDs and TMOs in planning, budgeting, budget control, implementation and government financial rules; trained on the new TB Indicator definitions; set up a transport system for sending sputum samples; conducted onsite data verification (OSDV) and Rapid Service Quality Assessment (RSQA) for the three grants. Key issues for UNOPS-PR includes delays in customs clearance; challenges in the use of systems at the Regional/State/Township levels, gaps in MDR-TB biosafety lab financial support; and human resources gaps. Save the Children-PR supported NAP and NHL trainings for over 200 NGO staff to decentralize and scale-up HIV testing and counseling (HTC) services; SRs contributed to the TB Operational Plan (including MDR-TB); SRs are ensuring 100% of suspected malaria cases are tested and 100% positive cases treated; starting organizational capacity building for local SRs and starting work under NFM for 2015/16 packages in June 2014. Key issues for Save the Children-PR are the lack of HCT guidelines and SOPs for decentralization roll out; enabling environment to reach PWID; less malaria cases or testing due to decreasing epidemic; and cold chain conditions being interrupted during port and airport customs procedures.

The PR Transition assessment proposal ToR was distributed to members for comment and feedback. *(presentation attached)*

Discussion:

For the PR transition TOR, it was requested that any suggestions/comments are to be sent to the Secretariat no later than Friday, 16 May 2014.

7) AOB

a) Update on JICA support for UHC/HSS

(Mr. Kyosuke Inada, deputy Chief Representative, JICA Myanmar)

Mr. Kyosuke Inada presented the JICA Indicative Plan for Support to the Health Sector. The primary aim is to strengthen the existing mechanisms and/or facilitate initiatives of the MoH with technical assistance through a dispatch of experts, provision of training, and support for providing equipment and materials necessary for the project. Three expected outputs

are: 1) National UHC Strategy, 2) Managerial Capacity of State/Region, and 3) Regional Network of Medical Care. Seven townships in Kayah State have been chosen as the target sites of the project for output 2 and 3. The possibility to expand will be explored as project activities progress in Kayah state. The project will be coordinated with the inputs of GAVI/HSS at the township level in order to obtain synergy. *(presentation attached)*

b) Approval of HSS TSG member list

Dr. Thandar Lwin presented the member list of the HSS TSG that held a preparatory meeting on 28 April 2014. There were no comments from members. The member list was endorsed.

Discussion:

M-HSCC members suggested that for future meetings all members have the chance to review the agenda before the official invite is sent out. Dr. Thein Thein Htay responded that the M-HSCC meetings have not been regular due to exceptionally high workload but from this point onwards, the M-HSCC meetings should be held on a quarterly basis. The agenda and date will be shared as soon as possible.

The issue of delays in custom clearance; limited capacity of warehouse personnel; and infrastructure were raised as areas with impact on service delivery and programme progress. MoH provided information that more investment is currently made in this area at all levels (national, state/region) and by the end of 2014, situation should improve. MoH encouraged partners to provide support to warehouse capacity strengthening at all levels, including national level. MoH will work with relevant Ministry to review how to facilitate granting of new import permits.

Prof. Dr. Samuel Kyaw Hla, as Vice Chair of the M-HSCC delivered closing remarks on behalf of the Union Minister for Health, H.E. Prof Pe Thet Khin.

The meeting ended at 13:00.

Meeting Action Points:

- Follow up with IHD about mapping exercise and the process how to obtain input from all stakeholders. (M-HSCC Secretariat to follow up)
- Identify organizations that have township health plans, to input into a model for a national coordinated plan for sharing with the M-HSCC. Consult with HSS TSG. (HSS TSG Secretariat to follow up)
- Follow up with MoH to determine next steps in eliminating barriers to new imports and delays at customs/ports with medicines and hospital equipment. (HSS TSG Secretariat to follow up)