

Minutes of the third meeting of the Myanmar Health Sector Coordinating Committee

10:00-12:30, 17 December 2014 (Wednesday)

Conference Hall, Ministry of Health, Myanmar

1) Announcement of reaching quorum

As 28 out of 33 M-HSCC members attended the meeting, representing government and non-government constituencies, the M-HSCC reached a quorum.

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

The Vice-Chair welcomed the members to the 3rd M-HSCC meeting and then introduced the two new members of M-HSCC, H.E. Dr Win Myint, Deputy Minister for Health and Dr Ko Ko Oo from Myanmar Physically Handicapped Association (MPA), who is the representative of People Living with Disabilities Constituency. He then read the opening remarks of the Chair, Union Minister for Health, H.E. Dr Than Aung which are summarised as follows:

Since the last M-HSCC meeting, 5 Technical Strategy Groups to support M-HSCC have become functional. Public Health Emergency and Disaster Preparedness, Monitoring & Evaluation and Research TSGs have been formed and are to be endorsed in this meeting. It is important to ensure that the TSGs are moving forward in a systematic and strategic manner on a regular basis and put up strategic information to M-HSCC for making informed decision and monitor progress. Three Executive Working Group meetings have been carried out.

National development and health organizations, institutions as well as the private sector play important roles in improving the health of Myanmar people. Myanmar is currently undergoing the very significant third wave reform process, under the leadership of the Government and Ministry of Health. Necessary changes will take place within the Ministry of Health and other Ministries. With all of these changes, the health sector now requires increased attention and support from the government and all stakeholders to accomplish the health related Millennium Development Goals (MDGs) by 2015. We have only one year, 2015, to work harder and accelerate activities to achieve the goals and to guide the strategic direction for beyond 2015.

Part of the reforms includes a commitment to move towards Universal Health Coverage (UHC). Ministry of Health has developed a Universal Health Coverage strategy, which will be implemented in phases using the USD 200 million International Development Association (IDA) credit. This will help Myanmar make progress toward the MDGs and put the country on course for the Sustainable Development Goals and bring affordable health services for all Myanmar citizens in a foreseeable future. However, broad consultation and technical assistance will be required to be successful.

The Myanmar Government is increasing the funding support in all health matters. For the continuation of support to the HIV and harm reduction programmes, MOH is allocating USD 5 million to support

ARVs and treatment of Opportunistic Infections and USD 1 million to Methadone Maintenance Programmes, which will fill up the currently funding gaps. MOH have also allocated USD 2.85 million for second line TB drug procurement for treating multi-drug resistant TB. In addition, the Ebola threat is being tackled with the close guidance of MOH and USD 0.19 M is allotted.

The Vice-Chair congratulated the three TSGs on HIV, TB and Malaria for further programming Global Fund grants (2015-2016) and to have produced detailed and approved budgets that will ensure continuation of efficient programmes and smooth Principal Recipient (PR) transition between the current grants and the next Global Fund funding cycle starting in 2017. He emphasized the Minister's commitment to MoH taking on the role of PR and the need to develop a PR- transition plan. The Vice-Chair stressed the importance of having the right technical assistance to achieve this goal. Now is the right time to start and prepare for the transition.

The Vice-Chair expressed his appreciation of the 3MDG Fund Board, and it's support of nationwide health system strengthening and maternal, reproductive health, newborn and child health development. Department of Health have now started Auxiliary Mid-wives (AMW) training in 176 townships and provided infrastructure assistance for 100 prioritized RHCs/SCs. However, it is necessary to carefully avoid the areas and activities which would overlap with other programmes. In addition, the 3MDG Fund support partners implementing activities in the area of MRH, CHD, HSS areas until 2016, as well as efforts to accelerate TB case finding and MDR-TB treatment filling gaps of existing programmes. There is also a plan to support health services in special regions 2 and 4.

The Vice-Chair also acknowledged the JICA contribution on health system strengthening model in Kayah State. JICA provides good models in primary health care and this will be helpful for further replication to rest of the country.

He underlined that for the important decisions regarding rapid scale up of health services for the people of Myanmar, active participation in the meeting and a fruitful discussion is anticipated.

3) Endorsement of agenda and last M-HSCC meeting minutes

Dr Soe Lwin Nyein, the secretary of the M-HSCC presented the meeting agenda and the minutes of the 2nd M-HSCC meeting held on 14 May 2014. There were no comments and the agenda and the last meeting minutes were endorsed.

4) Health Sector Reform: Progress towards Universal Health Coverage

H.E. Dr Thein Thein Htay, Deputy Minister for Health presented on Universal Health Coverage: from global lessons to country-owned solutions.

A strengthened Health System and UHC are not the end of a process, but are means to achieve socially desirable ends. Reforming a health system towards UHC is a complex process involving societal values, community understanding, technical input, and political decisions. UHC requires decisions on how to redistribute resources in society, which unavoidably involves politics. Government resources are limited and so, prioritization and sequencing are necessary. Financing is not only about mobilizing more funds

for health, but involves collecting funds, pooling the risk, allocating the resources, and paying for the services. For equity and financial risk protection, risk pooling and prepayment are essential. Heavy reliance on out-of-pocket spending and voluntary private insurance will not get countries to universal health coverage.

The Deputy Minister then elaborated on Myanmar's road towards Universal Health Coverage. There are according to her two key areas that need to be prioritized among the key challenges: improving maternal health outcomes and enhancing financial protection. Key strategies for the achievement include essential health services package for UHC, efficacy and effectiveness of existing policies and their implementation and introduction of a pre-payment system. She shared the next steps on political commitment and policy direction, capacity building on UHC and technical & analytical work for health financing strategy development.

(presentation attached)

5) In support of Myanmar towards Universal Health Coverage: IDA-Financed Essential Health Services Access Project

Dr Yin Thandar Lwin, Deputy Director General of Public Health Unit from Department of Health presented the road map of the Essential Health Services Access Project. The project started in early 2014 and it is expected to start the trainings, implementation in early 2015 and fund flow in April 2015. Universal Health Coverage is a central part of the Post-MDG agenda and Myanmar will have a strong foundation to advance towards this goal. The project uses a Disbursement Linked Indicators approach and it is aligned with a global move towards financing outputs rather than inputs. All 330 plus townships in Myanmar will benefit from increased support from government and IDA and 4 million women and children will benefit from expanded access to essential MNCH services.

The project aims to increase coverage of essential health services of adequate quality, with a focus on maternal, newborn and child health. It has two components: Service delivery readiness at the frontlines which aims to improve the fund flow to front line providers (US\$ 84 million) and Systems Strengthening, Capacity Building and Project Management Support (US\$ 16 million).

(presentation attached)

Discussion

- Although the UHC and Essential Health Access packages mainly focus on maternal and newborn, child health, other health issues like non-communicable diseases, infectious diseases and newly emerging health threats can't be negligible. It is important to consider how wide the essential packages should cover these issues. The packages should be realistic and feasible.
- The community engagement and community participation is an important agenda in all forms of health intervention. They should be involved from the very early stages of the planning to shape the service delivery model, not only by means of the community organizations and volunteers but it also needs to be ensured that the very basic level community leaders are involved in the this process.
- WHO is willing to mobilize technical support from SEARO and Headquarters for design of the UHC package and for capacity building of the system

- UNICEF is offering their support on social issues, schemes and budgeting analysis as well as on community engagement, mobilizing community to access the essential health service packages and behavior change of the community towards more healthy living.
- Regarding the procurement and supply chain management, some of the process under Department of Health has been decentralized. Currently, in-country procurement is undertaken through 3 different channels: Central Medical Store Depot (CMSD) directly procure some special medicines to all the health centers; all State/ Regional health departments procure general medicines to their District, Township and Station hospitals; and the Secondary and Tertiary Hospitals including the (200) bedded General Hospitals have their own procurement process. Recently, the Department of Health has also allotted funding for every township hospital, which can procure a small amount of essential medicine themselves.
- DOH is taking a crucial role in PSM because more than 90% of budgets are spent on construction and health equipment that need standardization across the country. On the other hand, Myanmar is trying to implement the SCMS system and is looking for opportunities to apply this into local schemes. Decentralization is on track, but it will take time to apply nationwide. The Deputy Minister asked stakeholders to join Myanmar SCMS in the later phase of the development in terms of capacity building for LMIS and PSM management as well as financial management.

6) Updates on Technical Strategy Groups

The Directors from Department of Health - Dr Thandar Lwin (Disease Control), Dr Theingi Myint (Maternal and Reproductive Health) and Dr Win Naing (Epidemiology) presented the updates on the 7 TSGs, the achievements and key issues.

- HIV, TB and Malaria TSGs have identified Global Fund grant savings and gaps and have updated and approved the 2015-2016 GF plan
- Additional GF grants for MDR-TB were approved for 2015-2016
- The 4th RSC meeting for RAI was held on 30-9-2014 in Nay Pyi Taw
- TSGs on RMNCAH, Public Health Emergency and Disaster Preparedness, Monitoring & Evaluation and Research successfully held their first meetings

(presentation attached)

Discussion

- The Deputy Minister stressed that the RMNCAH TSG should apply an integrated approach not only because MOH has committed to Family Planning 2020, but also because it is very important to strengthen the reproductive health and family planning in Myanmar.
- The TOR for RMNCAH TSG should be revised to have harmonized aims and objectives for the integrated TSG since the previous one only focus on maternal and child health issues.
- Regarding the Member list of the M&E and Research TSG core group, the Deputy Minister suggested to add one public health focal person. Director of Maternal and Reproductive Health was added as a member.

The TOR and member list of TSGs on Public Health Emergency and Disaster Preparedness and M&E and Research were endorsed.

7.1) OIG Report

Mr. Eamonn Murphy, UNAIDS Country Director presented the highlights of the Global Fund OIG Audit Mission Report. The OIG mission had reviewed the Global Fund grants for HIV/AIDS, TB and Malaria covering the period from January 2012 to December 2013. Five out of six active grants demonstrated strong performance and the overall tone of the report is very positive. The audit report was published on 17 October 2014 and is now available on the M-HSCC website <http://www.myanmarhsc.org/> -> Latest Updates -> Publications.

(presentation attached)

7.2) Executive Working Group and Global Fund Programme Update

Mr. Eamonn Murphy updated the members on the Executive Working Group and Global Fund Programmes. Since the last M-HSCC meeting, the Executive Working Group met 3 times and reviewed the saving and re-allocations of GF grants for 2015-2016 based on work by TSGs for the three diseases and endorsed the strategy paper for an additional TB grant of USD 18.6 million.

For UNOPS PR, a reprogramming workshop for all grants was done at the national level and the detailed work plans and budgets for 2015-2016 was finalized. The LFA had completed On Site Data Verification and Rapid Service Quality Assurance and the results showed no major issues. The grant ratings (as of 30 June) are: A1 for Malaria, A2 for TB and B1 for HIV. For Save the Children PR, all the programmes got A1 by the latest grant rating (as of second half of 2013).

(presentation attached)

8) PR Transition

Dr Soe Lwin Nyein presented on the Global Fund PR Transition and Ministry of Health's preparation of the process. By the year 2017, the Myanmar Government expect to take on the role of Global Fund Principle Recipient. At present an internal self-assessment with the support from CHAI is on-going. Later the French Initiative FEI 5% will fund 3 consultants to do an initial structural analysis. The analysis will contribute to the development of a detailed road map ensuring that the capacities and systems are in place to take on the functions of PR within MOH.

(presentation attached)

9) Update on JICA support

Mr Kyosuke INADA presented on how JICA is supporting the health sector in Myanmar to move towards UHC. He mentioned that there are three issues that should be addressed in Myanmar: (1) information and analysis, (2) service delivery and (3) disease control. There are two components: health infrastructure and health policy and administration. Using this framework, JICA has provided assistance in 8 areas: health policy, health administration, national health programs, the conduction of a General Hospital Survey, improvement of health facilities, strengthening of lab quality, education and community health workers.

He shared the Japanese experiences on UHC. At the start of the process, Japan set up a framework and process to support continuous revision and adaptation in order to adapt to the changes in the economy and society. Capacity development and developing an understanding of local stakeholders (health

administrators, health workers and patients) were crucial for a successful implementation. The process had to take into consideration the feasibility, workload and motivation of every group of people who were involved in implementation. The targeted consultation with stakeholders and strategic decisions on priorities were the keys to success for Japan.

(presentation attached)

10) 3MDG update

Mr. Paul Sender updated the members on 3MDG strategic, implementation and operation issues. Up till December 2014, the 3MDG Fund Manager has disbursed US\$178 million on behalf of the Fund Board and 66 grants were signed with MOH and other Partners (UN, NGOs, local CSOs). He presented the achievements and the scale-up plan for three key 3MDG Fund areas: the three diseases (HIV, TB and Malaria), Maternal and Newborn Child Health and Health System Strengthening.

A 3MDG strategic review has been carried out on MNCH and HSS programmes between Sep-Nov 2014. The review looks at progress against 3MDG Description of Action vision for support to MNCH services and assess whether the assumptions and conditions have changed to a degree that might require an adaption of the strategy. The Fund Board has accepted the review recommendations and the immediate steps to be taken are:

- Reconstitute 3MDG Fund Board and include MoH as a full member
- 3MDG will focus on MNCH and HSS programmes with greater nation-wide impact as well as township level work
- Substantial funds (US\$50 million) are identified to develop national programmes with MoH to support MNCH strategies

(presentation attached)

11) Community update

U Myo Thant Aung, Chairman of Myanmar Positive Group, on behalf of the Civil Society, Community networks and organizations, expressed appreciation to the Ministry of Health and all the development partners, service providers and donors for their great efforts on health sector promotion. He particularly emphasised that communities have seen noticeable progress in the collaborative effort among government, UN agencies, other organizations, networks, parliament and legal experts ensuring the access to affordable essential medicines and drugs by the communities.

12) AOB

The two new members of M-HSCC, H.E. Dr Win Myint, Deputy Minister for Health and Dr Ko Ko Oo from Myanmar Physically Handicapped Association (MPA), who is the representative of the People with Disabilities constituency were endorsed.

13) Ending Session

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. Dr Than Aung.

The meeting ended at 12:40.