

***Draft meeting minutes of the 5<sup>th</sup> Myanmar Health Sector Coordinating Committee Meeting (M-HSCC)***

***Meeting Room, Ministry of Health, Myanmar***

***Wednesday, 23<sup>rd</sup> of December 2015***

***08:30-12:00***

**1. Announcement of reaching quorum**

As 26 out of 35 M-HSCC members attended the meeting, representing government and non-government constituencies, the M-HSCC reached quorum.

Master of Ceremony, Dr San Hone, welcomed new members of M-HSCC from PU-AMI, VSO Myanmar, MWAF (Myanmar Women's Affair Federation), Byamasoe Social Welfare, MPG (Myanmar Positive Group), SWIM (Sex Workers in Myanmar Network), UMFCCI (The Republic of the Union of Myanmar Federation of Chambers of Commerce and Industry) and MDA (Myanmar Diabetes Association).

**2. Opening of the meeting by M-HSCC Chair, Union Minister for Health, H.E. Dr Than Aung**

The Chair welcomed the members to the 5<sup>th</sup> M-HSCC meeting and delivered the opening speech which is summarised as follows:

H.E. Dr Than Aung expressed appreciation on the good collaboration and coordination which strengthen the partnership for the future.

H.E. explained the significant changes in the health sector in Myanmar. He said that after democratic transition from 2010, the health sector has received remarkable increase in funding from government and as well as from international donors. In 2015, there were some important milestones such as restructuring of the health sector, beginning of essential health services access projects, organization of the Myanmar National Health Forum, the finalization of National Strategic Plans on TB, HIV and Malaria and the preparation of a national plan on reproductive, maternal, new-born, children, adolescent health – the RMNCAH++.

H.E. Dr Than Aung said that the national strategic plans and preparations of the GFATM proposal would be discussed today. The Ministry aims to maximize mutual coordination with all partners for the benefit of the Myanmar people. To achieve Universal Health Coverage, the Ministry will increase their effort and public health sector effectiveness. He requested all to take active part in achieving public health goals. Many initiatives require continued and increased assistance from the M-HSCC, its members, the government and all stakeholders to help accomplishing UHC. The M-HSCC also should assist with the setting of a clear strategic direction that will be the backbone of the next Myanmar National Health Plan. The Health Plan will outline the health strategies and goals for 2016 and beyond and help us deliver the key objective, which is to enable every citizen to enjoy longevity without any disease.

**3. Endorsement of agenda and last M-HSCC meeting minutes**

Dr Than Win, Deputy Director General of Disease Control presented the 5<sup>th</sup> M-HSCC meeting agenda and the minutes of the 4<sup>th</sup> M-HSCC meeting that held on 12 May 2015.

He asked all M-HSCC members to declare any conflict of interest related to items in the 5<sup>th</sup> M-HSCC agenda. There were no comments, no declaration of conflict of interests and the agenda and the last meeting minutes were endorsed.

#### **4. PR Transition Plan**

Dr Thandar Lwin, Director of Disease Control Unit, Department of Public Health gave a presentation on the Ministry of Health's Principal Recipient transition plan for future Global Fund grants.

She presented updates on preparation for MOH PR transition, a road map of MOH to transition to GFATM PR (2014 to 2016), a Gantt chart for capacity the development plan during the preparatory phase of PR transition, Grant Management structure organogram including central level and state/region level, PR transition modality and schedule and the proposed total budget for PR transition preparation activities (Please see attached presentation for detail).

#### **Discussion**

- Vice-Chair of M-HSCC, Prof. Dr Samuel Kyaw Hla, from Myanmar Medical Association and Myanmar Medical Council appreciated the gradual PR transition and requested M-HSCC Members to provide suggestions on PR transition.
- Mr Eamonn Murphy, Country Director from UNAIDS was pleased to see the Permanent Secretary Leadership and involvement in the grant management structure as it is important for PR transition. He mentioned that PR transition must to be included in the Concept Note, which needs to be completed in June 2016. He mentioned that there were also lesson learnt from other countries and programmes regarding the PR transition.
- Professor Dr Thet Khaing Win, Permanent Secretary, suggested that for the grant management structure organogram to add the Director General of Medical Care department because some activities will be linked to the Department of Medical Services.
- Dr Soe Lwin Nyein, Director General of Public Health Department thanked CHAI and FEI (French) 5 % Initiative and the Global Fund for all of their support for drafting the PR transition plan. He also mentioned the importance of this 5<sup>th</sup> M-HSCC meeting because this was the time for endorsement of this PR transition plan. He supported the suggestion of Permanent Secretary regarding the Grant Management structure. Current grant management structure of state/region was composed with officers from TB, HIV and Malaria only. He said that it needed to review and revise the composition of grant management structure and management structure of both central and state/region level. He suggested that those structures need to be endorsed after correction.
- Ms Hnin Hnin Pyne, Senior Human Development Specialist, from World Bank endorsed the point that Dr Soe Lwin Nyein raised. She mentioned that donors are committed to strengthening the country system and not build additional parallel systems.
- Vice-Chair of M-HSCC Prof. Dr Samuel Kyaw Hla asked for the M-HSCC endorsement of adding the Director General of Medical Care department to the Grant Management Structure of PR transition. There were no objections and hence it was endorsed.

#### **5. Policy update on RMNCAH++**

Dr Theingi Myint, Director of Maternal and Reproductive Health presented the policy update on RMNCAH++.

She presented the eight recommendations of the 5<sup>th</sup> RMNCH TSG meeting on 13 October 2015 and the strategic approach, mandate, vision, goals, values, guiding principles, four strategic interventions and the way forward for RMNCAH++ (Please see attached presentation for detail).

## Discussion

- Dr Hla Hla Aye, Assistant Representative from UNFPA congratulated MOH on the formation of RMNCAH++. She pointed out the linkage between National Steering Committee and Lead Maternal and Child working group and TSG RMNCH Functional Unit.
- Dr Soe Lwin Nyein, Director General of Public Health Department, mentioned that RMNCAH++ was developed based on the solution for the existing health situation in Myanmar and therefore had some focus on referral systems. According to analysis of under-5 mortality and maternal mortality indicators, it was found that one important thing to improve in the health system is having an effective referral system. MoH is now establishing the referral system and developing the referral guideline system under the RMNACH++ which will be very useful. Hence, all the main activities under RMNACH++ were very important and focus on the needs. Deputy Minister Dr Thein Thein Htay guided this RMNACH++.
- Ms Hnin Hnin Pyne, Senior Human Development Specialist, from the World Bank encouraged discussing linkages and synergies between the three diseases, CD and NCD together with RMNCAH++ in the future. Dr Soe Lwin Nyein mentioned that the MoH already set up that kind of integrated system giving examples of community clinics, elderly clinic, MCH clinic, under 5 clinic and referral system in rural health centers.

## 6. Updates on UHC

Dr Yin Thandar Lwin, Deputy Director General, Department of Public Health gave an update on Universal Health Coverage in Myanmar.

She presented the recent coverage in Myanmar, cost coverage, hurdles to reach UHC, policy updates from previous UHC meeting, recommendations and lesson learnt on financing UHC, how to raise more money for UHC, some myth about health financing and the path to UHC.

She explained that according to a recent review, the Chin State has the least coverage with regard to Station Health Unit, Rural Health Center and Sub Center. Regarding the cost coverage, Myanmar didn't meet the WHO target indicators. In term of government expenditure, percentage of the share of the total government expenditure on health in Myanmar is less than 5 % in 2007. More than 40% are Out-of-pocket expenditure on health as a percentage of total expenditure on health in Myanmar. She stressed that Government Health Expenditure has been increasing year by year in the last couple of years.

She mentioned that barriers to reach the Universal Health Coverage were: insufficient resources; over-reliance on direct payments at the point of service delivery; and inefficient, ineffective and inequitable use of available resources. She recommended MOH to set up a think-tank / oversight group to take forward UHC, to consolidate available assessments into one document on all 3 dimensions of UHC, to develop a coherent sector strategy including a financing strategy, to develop the UHC strategy with 3 possible scenarios with basic / intermediate / comprehensive scenarios and to develop a communications and advocacy strategy.

She stressed that Myanmar receives multi-lateral and bi-lateral financial and other support and therefore needs to move to a full and sustainable investment platform (Please see attached presentation for detail).

## 7. Update from M-HSCC Executive Working Group

Dr Than Win, Deputy Director General of Disease Control provided the updates of the M-HSCC Executive Working Group and its oversight visit to Tanintharyi region.

At the ExWG meeting held 7 October 2015, the following was discussed: PR transition plan and process updates; review of TSGs update and progress, updates of 3 MDG and GFATM grants for HIV, TB, and Malaria including RAI; and the GFATM Emergency Fund Special Initiative proposal and GAVI HSS proposal.

An oversight visit was undertaken to Tanintharyi region from 14 to 17 December 2015. The visit was part of the MHSCC Executive Working Group's oversight mandate and the team visited a number of activities under Public Health programmes including maternal and child health, HIV, TB and malaria activities in Myeik, Kyun Su and Kawthoung Townships in Tanintharyi Region. The team visited government as well as NGOs and CBOs activities.

From the findings of the oversight visit, the ExWG encouraged MoH: to establish coordination mechanisms at district and township level that coordinate across private, public, civil society actors including military health services; to fill vacant positions in public health sector; and to consider options to serve better islands and seafaring vulnerable populations (Please see attached presentation for detail).

## **8. Update on TSGs**

Dr Thandar Lwin, Director of Disease Control Unit, Department of Public Health presented the update on the seven Technical Strategic Groups (HIV TSG, TB TSG, Malaria TSG, Reproductive, Maternal, Newborn, Child, Adolescent Health TSG, HSS TSG, Public Health Emergency and Disaster Preparedness TSG, Evaluation and Research TSG) and select issues regarding the TSGs.

She mentioned that TSGs on HIV, TB and Malaria were well functioning and conducted frequent meetings. Among other things these TSGs have reviewed and analyzed the National Strategic Plans that will end in 2015; discussed and reviewed new National Strategic plan for 2016 to 2020; and reviewed new proposals and reprogramming of existing grants. For the Reproductive, Maternal, Newborn, Child, Adolescent Health TSG, two meetings were conducted in 2015. Recommendations were provided and guidelines and procurement mechanisms have been discussed. Only one meeting had been conducted for HSS TSG in 2015 in which micro planning, information management systems, and MoH restructuring of task forces and working groups were discussed. No meeting had been conducted by the Public Health Emergency and Disaster Preparedness TSG since it was endorsed at the 3<sup>rd</sup> M-HSCC meeting in December 2014. However, the Health Cluster, which deals with similar issues and includes a range of stakeholders met three times in 2015. Two meetings have been conducted in 2015 for the Evaluation and Research TSG and new proposals and existing initiatives on Data Systems were discussed.

Dr Thandar Lwin mentioned that the ExWG discussed the performance of the seven TSGs and found that some TSGs did not work well. Therefore the M-HSCC was asked to consider encouragement to Chairs and Secretariats of the TSGs not performing well to improve and increase activities and to consider merging select existing TSGs with other existing technical working groups, which currently are not part of the M-HSCC structure. In addition, MoH has requested that the M-HSCC consider establishing a TSG on Non-Communicable Diseases (Please see attached presentation for detail).

## **Discussion**

The M-HSCC endorsed the establishment of a TSG on Non-Communicable Diseases and encouraged Chairs and Secretariats of TSGs not meeting frequently to improve on the efficiency or merge with existing parallel working groups.

## **9. Update of National Strategic Plans for HIV, TB and Malaria**

Dr Htun Nyunt Oo, Program Manager of HIV presented the update of Myanmar National Strategic Plan on HIV/AIDS for 2016 to 2020. He outlined the vision of NSP III, the guiding principles, goal and objectives, strategic directions, Myanmar Township classification for 2015, service models for categories 1, 2 and 3, and also the NSP scenarios (please see attached presentation for detail).

Dr Si Thu Aung, Program Manager of TB gave an update of the Myanmar National Strategic Plan for TB for 2016 to 2020. He highlighted the vision, goal and milestones for 2020, its 3 Pillars and 4 Principles, General Objectives (Mission), Strategic Directions and Summary budget (Please see attached presentation for detail).

Dr Aung Thi, Program Manager of Malaria presented the Myanmar National Strategic Plan for Intensifying Malaria Control and Accelerating Progress towards Malaria Elimination for 2016-2020. He emphasized the Vision, Goal, Principles, Objectives & Strategic Directions, Milestones and Targets for malaria elimination in Myanmar by 2030, as well as ongoing activities and a brief outline of the way forward (Please see attached presentation for detail).

## **10. Update from Community Based Organization and People living with or Affected by Diseases and Disability**

U Thawdar Htun, Chairman of Myanmar Positive Group mentioned that people living with HIV can access ART services easier around the country because of the support of government and Non-Government Organizations.

He proposed three points to improve the HIV program. The first was to expand human resources in ART provision sites. The second was to enhance the meaningful participation of PLHIV in ART services and not as a volunteer but as a professional staff and the third was to promote HIV awareness among the general community.

## **11. GFATM CCM Eligibility and Performance Assessment and GFATM Concept Note process**

Mr Eamonn Murphy, Country Director of UNAIDS Myanmar presented on the GFATM CCM Eligibility and Performance Assessment and GFATM Concept Note process.

He mentioned that a positive EPA (Eligibility and Performance Assessment) was necessary in order for Myanmar to submit a Concept Note in June 2016. He pointed out that some important requirements required attention and that the Secretariat has provided suggested actions to address this. He asked that all M-HSCC members should make themselves available for the upcoming EPA mission. Mr. Murphy encouraged the M-HSCC to endorse the list of ExWG members that had been provided to M-HSCC members. He also stressed the importance of trying to add additional female members to the M-HSCC. According to Global Fund EPA requirements, M-HSCC female membership should be at least 30% and national civil society sector representatives should make up at least 40% of the M-HSCC membership.

He explained that if the M-HSCC is fully compliant with Eligibility Requirements and Minimum Standards once the EPA has been completed it does not need to submit an Improvement Plan. It can then obtain CCM Eligibility Clearance (valid for one year from the assessment to submit any Concept Note). On the other hand, if the M-HSCC is not fully compliant with Eligibility Requirements and Minimum Standards, an Improvement Plan has to be prepared, which needs to be endorsed by the M-HSCC. Only if the improvement plan is consequently approved by the GFATM and corrective action is taken by the M-HSCC accordingly is it possible to submit a Concept Note.

Regarding the Concept Note drafting process, he outlined activities with timelines. According to the timeline, the Concept Note needs to be submitted on 3<sup>rd</sup> or 4<sup>th</sup> week of June and M-HSCC and ExWG need to meet for strategic decisions (Please see attached presentation for detail).

#### **Discussion**

- Regarding the concept note preparation, Dr Soe Lwin Nyein suggested to review the draft concept note for some suggestions and recommendations within the current government period and not in May 2016. Otherwise there will be a need to do advocacy with the new government.
- The list of ExWG members was endorsed.

#### **12. AOB**

Dr Masami Fujita, Medical Officer from WHO Country Myanmar Office gave an orientation to the M-HGSCC on the WHO GFATM TA Proposals. He explained that WHO identified the areas that needed support and M-SCC ExWG members were informed by email for endorsement to submit the proposal to WHO HQ and the Global Fund for the WHO/Global Fund Cooperation Agreement for the Roll-Out of the New Funding Model. The purpose is to be able to acquire additional technical support in preparing for the upcoming HIV, Malaria and TB elements of the Concept Note.

Dr Aung Thi, Program Manager of Malaria presented on the RAI ICC Phase I implementation status and gave updates on Phase II (Please see attached presentation for detail). Regarding the Phase I implementation, he shared that all of the implementers (MAM- Medical Action Myanmar, CPI- Community Partners International and SMRU- Shoklo Malaria Research Unit) achieved their targets and Phase I was extended up to 30 June 2016 (additional one year). For the updates information on Phase II, he shared the information that the RAI Regional Steering Committee endorsed the extension of the inter-country component of RAI for Myanmar (ICC Phase II) and MAM was selected to implement this new component for the western border of Myanmar including 200 villages in seven townships. The National Malaria Control Program (DoPH) submitted the proposal on RAI ICC Phase II in Myanmar to the Minister's office but it was not approved.

#### **Discussion**

- Reconsideration of the RAI Phase II maybe discussed at a later date.

#### **13. Closing**

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

The meeting ended at 12:00.