

Meeting minutes of the 6th Myanmar Health Sector Coordinating Committee Meeting (M-HSCC)

Meeting Room, Ministry of Health, Myanmar

Monday, 9th of May 2016

09:00-12:00

1. Announcement of reaching quorum

As 27 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, asked all M-HSCC members to declare any conflict of interest related to items in the 6th M-HSCC agenda. There were no comments, no declaration of conflict of interests declared.

2. Opening remark by M-HSCC Chair, Union Minister for Health, H.E. Dr Myint Htwe

The Chair welcomed the members to the 6th M-HSCC meeting and delivered the opening speech which is summarised as follows:

H.E. Dr Myint Htwe, the Minister for Health stated that M-HSCC has been working on improving and modifying the health system in Myanmar. Health, a subject itself being dynamic in epidemiological and other aspects, is always in the process of change. The role of the M-HSCC is crucial for advising the Ministry of Health in strengthening the health sector, as well as for coordinating different programs and activities among organizations working on health. As many development partners and implementing partners are working in the field of health in different technical and geographical areas in Myanmar, one of the important roles of M-HSCC is to coordinate among these organizations to avoid duplication and redundancy of activities.

He stated that the Ministry of Health will seriously consider suggestions provided by the M-HSCC. At the same time, they will look through various perspectives of several activities being carried out in Myanmar to be fitting in the context of the policy and strategy of the Ministry of Health, in line with the overall government policy. He appreciated all the good support and collaborative efforts from partners, which have been provided to the Ministry of Health along these years. He committed to reciprocate and continue support to the partner organizations by means of effective coordination.

He stressed the importance of sustainability of the programs and activities currently undertaken in the country. The Ministry of Health has to be on track on strengthening its own system and capacity as external assistance is not possible to continue for many years to the country.

The chair stressed the importance of proper handling of conflict of interest policy in the M-HSCC. He requested members to provide inputs on the necessity of reviewing the existing M-HSCC structure, membership and governance for improved working mechanism. He also requested to explore strength and weakness, which could support in the restructuring the M-HSCC, to fit the requirements of the Eligibility and Performance Assessment carried out in February 2016. It is time to review the operational structure of the Executive Working Group, the oversight body, the composition and related terms of reference considering the importance of conflict of interest.

He highlighted the role of TSGs in providing technical inputs and collecting voices from the implementing partners, community as well as the disease affected persons. TSGs are expected to be

proactive in identifying key challenges, providing good and rational suggestions to inform policy making and strategic plan development.

H.E. Dr Myint Htwe encouraged implementing partners to work very closely with the Ministry of Health in applying team spirit and mutual understanding. The chair invited the partners for practical and collective thinking as well as collaborative actions for future partnership.

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

The agenda and last M-HSCC meeting minutes were shared with all members electronically 4 days prior to the meeting and distributed within the file folder at the meeting. The chair asked M-HSCC members for comments and suggestions on the agenda and last meeting minutes. Ms Penelope Campbell from UNICEF proposed to add an agenda under AOB for the GAVI mission report from the week before. The chair agreed to include the new agenda item. There were no more comments, the agenda and the last meeting minutes were endorsed.

4. Overview of M-HSCC function

Dr Soe Lwin Nyein, Director General of Department of Public Health gave a presentation on the M-HSCC. He presented the history, objectives and functions of the M-HSCC, the Executive Working Group and TSGs, composition and representation of constituencies in the M-HSCC, Conflict of Interest policy and the result of the Eligibility and Performance Assessment (EPA). The M-HSCC member list, vacant positions that needed to be selected and overall issues on M-HSCC were presented. (*Please see attached presentation for detail*). The member list was noted and accepted by the M-HSCC with the requirement to fill the vacant seats.

Discussion

The chair stressed the importance of forming a TSG on Non-communicable diseases as NCDs are one of the key emerging issues in Myanmar. He said the Ministry of Health is planning to form a unit for internal review and technical assessment in parallel to the TSGs. This unit will oversee the overall functions and directions of MoH including all the program activities. It will serve as main communication channel between technical units and the Minister. The unit will be composed of all the Directors from different Departments and its chairmanship will be rotating among the members. To be linked with M-HSCC, the unit will also consider the recommendations from M-HSCC's technical bodies.

There are an additional two new groups that the Ministry of Health is planning to set up; "The technical advisory group on public health domain" and "The technical advisory group on clinical domain". Both groups will have retired technical experts from the public health and clinical field as members and they will be composed of 6-8 members each. The M-HSCC and these two technical advisory groups (TAG) will be supporting and enhancing each other's work. The recommendations from both sides will be shared with each other and will be considered equally by the Ministry of Health for strategic and policy directions.

The Minister for Health welcomed all the comments and suggestion on the Ministry of Health's work. He encouraged the development partners and implementing partners to work closely with the MoH and provide information and inputs in every aspect of the health sector development. He mentioned that all the external agencies working in the health sector in Myanmar are key partners of the Ministry of Health. He invited all the agencies to work and stand together as a part of the Myanmar health care delivery system.

Then, the chair requested the members and participants to do a quick self-introduction. H.E. Dr Myint Htwe, the Minister for Health briefly introduced his biography. He worked in Ministry of Health for 17 years from 1976 to 1994 in various positions - Department of Anatomy and Department of Preventative and Social Medicine at University of Medicine (1), Central Team of Vector Borne Disease Control Programme, Health System Research Unit In-charge and Chief of International Health Division in the Minister's Office. Then, he continued his career in SEARO as Regional Advisor (Medical Research), Regional Advisor (Evidence for Health Policy), Coordinator, Chief (Internal Review & Technical Assessment) and Director (Programme Management). After his retirement from SEARO, he worked as Chairman of Preventive and Social Medicine Society, Chairman of Ethical Review Committee of Department of Medical Research, Executive Committee Member of Myanmar Academic Medical Science and Vice-President of the Liver Foundation in Yangon before he accepted the Minister for Health position in the new government of the Republic of the Union of Myanmar.

Dr. Jorge Luna from WHO welcomed the suggestion on reviewing the coordination mechanism of the M-HSCC and the way it is working to improve the overall operations of the M-HSCC. He mentioned that some have voiced concerns that the M-HSCC is having too much focus on the three diseases. Dr Luna pointed out that the TSGs on AIDS, TB and Malaria worked more efficiently than others. He thought one of the reasons that some TSGs does not work well is that they have parallel groups that are working on nearly identical issues. For example, parallel to the Public Health Emergency and Disaster Preparedness TSG, there is an existing health cluster on emergency that is meeting independently of the TSG, but which has not yet incorporated representatives of the Ministry of Health. WHO is willing to support the PHEDP TSG by providing the secretariat function and bringing together the members and functions of health cluster into the TSG. Dr Luna also agreed on the idea of establishing a Non-Communicable Diseases TSG and WHO would like to provide support to start the process.

Mr Billy Stewart from DFID supported the chair's comment on the importance of formation of a TSG on Non-communicable diseases. One of the big apparent changes is the shift from the Millennium Development Goals to the Sustainable Development Goals where there is a much broader view of health goals to be achieved with increasing focus on the non-communicable diseases.

Regarding the functions of the TSGs Mr Stewart said that currently the TSGs on AIDS, TB and Malaria are functioning better than some other TSGs, not just because they have had a longer process to sort out their ways of working, but also due to the real roles they have with regard to the development of proposals for the Global Fund. For other TSGs that are not so well functioning, he suggested to look at the governance mechanism for ways of bringing the funding streams of external finances more clearly into the discussion of the TSGs and the M-HSCC itself. He encouraged the development partners to think about bringing together the related missions and align the processes around the externally funded development programs, so that it can reduce the amount of transaction that the Ministry has to deal with. It can also create more synergy between different sources of external funding. He suggested it would be useful to have a timetable relating external finances to the agenda of the TSGs so that the programs in MCH and other areas can be better aligned to government priorities and the joint objectives of reaching Universal Health Coverage.

Mr Eamonn Murphy from UNAIDS commented that he supported the suggestion of the revision of the governance manual proposed by Dr Soe Lwin Nyein. The TSGs on AIDS, TB and Malaria are seen as functioning better than others. He explained this is not just because they have the Global Fund funding; as the issues were brought up only at certain points over the year. Most of the TSG meetings are lively with programmatic discussions around implementation issues.

Mr Murphy also mentioned the importance of empowerment and delegation of authority to the TSG chairs. The current TSGs structure includes patrons, chairs and vice-chairs and those holding these

positions are very busy people. This makes the TSGs themselves complicated and it is sometime hard to get agreements even on technical issues. He supported Dr. Luna's comment on merging the existing groups into the TSGs for efficient operations like the health cluster and PHEDP TSG. He pointed out the importance of strong secretariat support in the TSGs. Currently, some TSGs are supported by duo secretariats from different agencies and it made the coordination even more difficult. He suggested identifying only one agency that can support the secretariat function to make things easier for those TSGs. One of the structural problems with the TSGs is that once they have been created, they seem to have to be there forever. Some TSGs need to be short lived to look at the specific issues such as the Zika virus.

Regarding a number of M-HSCC related issues pointed out by Dr Soe Lwin Nyein, he proposed to form a small working group to identify the problems and look at how to empower some of the M-HSCC community members to feel that they can speak up in the meetings. He also requested the Ministry of Health to provide leadership in providing inputs and guidance on preparation of the meeting agenda, which could cover a range of topics, in a reasonable time ahead of the meeting rather than with short notice.

Ms Hnin Hnin Pyne from the World Bank thanked the Minister for bringing up the issues about change, especially the epidemiological transition as well as Myanmar transitioning in terms of development assistance. In relating to the issue no. 16 that Dr Soe Lwin Nyein presented "how the M-HSCC can cover the health system as a whole", she suggested the Ministry to identify key system issues that they would like to address and have inputs from Development Partners on. There may be cross-cutting issues that are related to all the TSGs for example in the area of human resource or financing. For bringing up issues into the M-HSCC meeting agenda, she suggested to give enough time for preparation of background documents and for the members' review for actual discussions.

Ms. Penelope Campbell from UNICEF shared the recommendation from the recent GAVI mission that the integration of other structures like the Immunization Coordinating Committee (ICC) and National Health Sector Coordinating Committee (NHSC) into the M-HSCC structure should be considered.

The chair responded to the comments provided by the members.

- The Governance Manual and the way the M-HSCC is working need to be reviewed to ensure the most effective and efficient operation of all elements under the M-HSCC; including the M-HSCC itself, the Executive Working Group and the TSGs. In order to strengthen the operation of over-all system, it should be a practical, concrete and action oriented governance structure.
- The authority on technical decisions should be delegated to the chairs of TSGs. But the policy implications, financial issues and cross-cutting areas must be submitted to the M-HSCC through the secretariat for further discussion and approval. The report must also be sent to the M-HSCC Secretariat to further inform the respective Departments and the Ministry for their quick actions as necessary.
- TSG on Non-communicable diseases will be established with the initiative support from WHO.

Ms Kaori Nakatani proposed that the MHSCC has one plan of actions for all the members to follow and which should be used to monitor progress. She suggested that that way partners will have one single policy objective to follow and DPs may find it easier for their resources to be aligned.

5. Update on the NSPs and Concept Notes for the Global Fund Grants for HIV, TB and Malaria

a) HIV National Strategic Plan III and Update on HIV Concept Note

Dr Htun Nyunt Oo, Programme Manager, National AIDS Programme presented the HIV NSP III, results of AEM Optimization, Targets and Summary budget for the Concept Note and Roadmap of the Global Fund HIV grant. *(Please see attached presentation for detail)*

Discussion

Mr Berry Whittle from PSI commented on the limited funding and resources available in the country for HIV prevention in comparison to the HIV testing and treatment. As the global agenda is mainly focus on testing and treatment, most of the finances and contribution from external sources including the Global Fund are allocated to the treatment component. He pointed out the importance of more attention to HIV prevention in the country, given that Myanmar is now economically opening up which will increase risk behaviour.

Dr Htun Nyunt Oo clarified that there is an increased allocation of funds requested for the prevention component from currently 16% of total funding to 22% (with the optimized scenario) and 23% (with the fast-track scenario) respectively for 2017-2020 in the Concept Note.

Mr Eamonn Murphy explained that the global guidance on the HIV response is that about 25% of resources should be allocated for prevention in the overall package. The Concept Note writing team is working hard on optimization to ensure that there is the most effective intervention on reducing the new infections and saving lives. Currently in Myanmar, there is a shift in provision of treatment services from non-government sector to public sector providers and it has already resulted in savings. Collectively, the government increased its resources recently by 100% this year over the last year, so the donors need to maintain their support particularly in the prevention area as the government is taking on more of the treatment component for long term sustainability.

Ms Hnin Hnin Pyne suggested looking at strengthening the financing system in the pace that the country is increasing public sector management including ART provision, HIV prevention, TB treatment, NCD and all others health issues. The government budget is increasing and the government is becoming responsible for functions, which were originally funded by development assistance. The demand on the government budget will gradually increase in the next 10 years, as the country become richer and will has less access to external development assistance. So, this could be the time to start building the country financing system, look at what kind of analysis and evidence that will be needed to plan this carefully for the next 10 years.

The Minister stressed the importance of prevention in the HIV epidemic. The funding for HIV treatment can be adjusted based on the programmatic achievement and epidemiological scenario in the coming years. But he encouraged maintaining the resource allocation for the HIV prevention component at a certain level even if the epidemic is going down.

Mr Billy Stewart pointed out that the 3MDG Fund, currently contributing funds to HIV prevention, is coming to an end in 2017. So, one important area for the HIV TSG is to review and ensure that all the priorities of the prevention package are covered to maintain sustainability.

In relation to the important of prevention, Dr Soe Lwin Nyein mentioned health education and raising community awareness about the available health care services. Currently, the Department of Public Health is giving the school health and health education program priority. The program focuses on promoting health knowledge and health issues awareness to the young students. It will affect spreading of health education knowledge to their families and further to the community.

He also shared the amount of government contributions to the three diseases. For 2016-2017, it will spend USD 20 million in total for the three diseases; USD 9 million to NAP, USD 4 million to NTP and USD 7 million to NMCP.

b) TB National Strategic Plan and Update on Concept Note

Dr Si Thu Aung, Programme Manager, National TB Programme presented the NSP (2016-2020) and the update on the TB Concept Note for the Global Fund application. The presentation covered the strategic directions, key interventions, targets and costing of NSP as well as the prioritization, programmatic gap analysis, funding requested and timeline for submission of the Concept Note. *(Please see attached presentation for detail).*

c) Malaria National Strategic Plan and Update on Concept Note

Dr Aung Thi, Programme Manager, National Malaria Control Programme presented the Malaria NSP, update on the Concept Note and the timeline ahead to the submission of the Concept Note. *(Please see attached presentation for detail).*

Discussion

The principle of the three Concept Notes was approved by the M-HSCC. The TSGs were requested to review all the technical details in the Concept Notes and provide feedback to the Concept Note writing team before the final submission.

Dr Kyaw Zin Thant, Director General of the Department of Medical Research emphasized the important role of entomologists on the way that Myanmar is aiming to achieve malaria elimination by 2030. Although the Malaria Concept Note includes a few portions on entomological surveillance and monitoring, he suggested having active interventions with entomological indicators in the plan. Capacity building on entomology is also one area requiring attention since the number of entomologist working in the country is very low and most of the senior staff are retiring soon from the service. The Minister agreed on the proposed issue. He requested the Malaria Programme Manager to consider reviewing the entomological components in the next TSG meeting as well as to give further emphasis on gap analysis.

The Minister requested the National Programmes to inform the State/Regional Public Health and Medical Care Directors about the Concept Notes so that they can have a sense of ownership from the beginning of the process. He requested the National Programmes to translate the plan, once it is approved, into Myanmar Language (at least in the draft form) and distribute to sub-national level. He emphasized the importance of staff at different levels having prior knowledge of the program activities to be carried out in their regions.

He advised the three National Programmes to conduct implementation research as part of the routine program activities. He encouraged National Programmes to assess the different aspects of their own program performance including administration, management, logistic and technical capacity of the program. He requested Dr Kyaw Zin Thant from Department of Medical Research to organize TOT trainings and workshops on implementation research in the later part of 2016. Dr Paul Sender from 3MDG commented that the implementation research could be put together into the research agenda that link with the Research and Evaluation TSG where they are supporting the secretariat function.

The Minister also pointed out the importance of having skills and knowledge on data monitoring and data utilization by the staff at different levels, especially at the service delivery level. He requested the

TSG on Research and Evaluation to discuss and identify strategies for strengthening the capacity and capability of the staff for "transforming the data into information". He advised the Department of Public Health to consider conducting workshops on data management in order to build and strengthen the staff's capacity.

Mr Billy Steward raised a point about the importance of integrating malaria services into the broader health system through a primary health care strategy by means of the community health workforces. The Minister commented that they have a plan for strengthening the capacity of voluntary health workers and community based health workforces for benefit of the whole health system. JICA is willing to provide technical assistance on this area.

6. Roadmap for Concept Note submission and Steps for PRs and SRs selection

Mr Eamonn Murphy, Country Director, UNAIDS presented the timeline for the Global Fund Concept Note submission and Steps for PRs and SRs selection. *(Please see attached presentation for detail)*. The timeline for the Concept Note submission was agreed by the M-HSCC.

7. Update from Communities

U Thawdar Htun, Chairman of Myanmar Positive Group presented the updates from the community network organizations. *(Please see attached presentation for detail)*

The Minister welcomed the efforts by the community organizations and PLWD networks that they are willing to support counselling and ART provision services especially in the decentralized sites and remote areas in collaboration with the National AIDS Programme (NAP). He emphasized the importance of the role of counselors in the HIV care services and encouraged NAP to strengthen the capacity of the counselling services through the qualified counselors.

8. AOB

Mr Eamonn Murphy, on behalf of Ms Penelope Campbell from UNICEF shared the information that GAVI is planning a review mission that will be carried out jointly with the M-HSCC members, government, WHO, UNICEF and other implementation partners.

Dr Soe Lwin Nyein shared some brief information about the GAVI HSS II proposal. The proposal has now been approved by the GAVI fund board. The GAVI HSS II mainly supports the activities for better immunization coverage and equitable access. The funding allocation to Myanmar is USD 100 million for a 5-year period. The activities will focus on the general bottlenecks of the immunization system; the equity issues and barriers related to vaccination coverage, the demand creation as well as issues around service delivery, finance and the supply chain system. It is also expected to strengthen the institutional data quality and information system, the leadership, management and coordination.

9. Closing

H.E. Dr Myint Htwe, the Minister for Health thanked all the participants attending the meeting and provided the closing remarks.

The meeting ended at 11:45.