

## ***Meeting minutes of the 7<sup>th</sup> Myanmar Health Sector Coordinating Committee Meeting (M-HSCC)***

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

***Monday, 16<sup>th</sup> of June 2016***

***09:00-12:45***

### **1. Announcement of reaching quorum**

As 32 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 7<sup>th</sup> M-HSCC agenda. Mr Berry Whittle from PSI commented that if there is agenda item related to the SR selection, he may have conflict of interest. The Master of Ceremony replied there is no agenda on SR selection in today's meeting. There were no other comments and no 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 7<sup>th</sup> M-HSCC meeting, particularly the new representatives from the constituencies of Academia and the Parliament for their first time participation in the M-HSCC.

He stated that today's meeting is important particularly because the M-HSCC will endorse the submission of the Global Fund Concept Notes. The success of the Global Fund Concept Notes is key not only to the Myanmar strategies on the three diseases and more wider on communicable disease, but it will also assist on a systemic level to the strengthening of the Myanmar Health System. This together with the programmes of GAVI, 3MDG and a number of bilateral and multilateral partners will in turn help contribute to the strong government efforts to the achievement of Universal Health Coverage.

He appreciated all the efforts of disease control staff and the very wide number of stakeholders including people living with diseases, ethnic health authorities, national NGOs, CBOs, FBOs, international NGOs, bilateral and multilateral partners for their significant contribution to the development of the Concept Notes. The drafting has been the result of a huge effort by a large number of people under the leadership of the three national programmes and with the technical support of the three concept note drafting groups including the penholders from WHO and UNAIDS.

He stressed the importance of having a proper framework for the capacity building activities. He encouraged the programmes and projects implemented under the Ministry of Health and Sports to integrate all kinds of trainings and capacity building activities, which share the same context and structure. He requested the development partners and INGOs to streamline their capacity building activities into the government system so that it could benefit the strengthening of the overall health system.

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

The agenda and last M-HSCC meeting minutes were shared with all members electronically a week 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. There were no comments, the agenda and the last meeting minutes were endorsed.

### **4. Concept Note on Global Fund Grants for HIV, TB and Malaria**

## **A. Summary of the funding request for three diseases**

Dr Htun Nyunt Oo, Programme Manager, National AIDS Programme presented the overview of the 3 diseases funding request to the Global Fund. The total amount requested for the HIV component is USD 257.5 million, the TB component is USD 184.7 million and the Malaria component is USD 291.5 million for the combined allocation and above allocation request, which will be submitted to the Global Fund. Except for Malaria, the funding request can't cover the full expression of demand (the NSP resource needs) for the next four years 2017-2020.

The Concept Notes presents disease specific funding gaps while including cross-cutting issues such as e-Health/M&E, PSM, community systems and enabling environment (legal barriers, human rights and gender equality) for scaling up of service delivery. While the Government has doubled domestic contribution to HIV, TB and Malaria, external donors have not pledged increased resources to the development and health agenda. The amount of government contribution for the years 2017-2020 will be: USD 36 million for HIV, 61 million for TB and 41 million for Malaria. The 3MDG Fund will close down at the end of 2017 and there is no commitment to date on a successor fund. (Please see attached presentation for detail)

## **B. Joint HIV and TB Concept Note**

Dr Htun Nyunt Oo continued the presentation with a summary of the HIV component of the HIV and TB joint Concept Note. The presentation included HIV Epidemiology summary, the funding landscape, summary budget requested, targets by key indicators and the epidemiological summary impact which can be achieved by each different funding scenario that will be requested from the Global Fund. The first priority scenario is the optimized scenario, which in a cost effective way is expected to deliver high impact results in both prevention and treatment areas. (Please see attached presentation for detail)

Dr Si Thu Aung, Programme Manager, National TB Programme presented the summary of TB and TB/HIV components of the HIV and TB joint Concept Note. The presentation included the country TB situation, challenges and barriers, funding landscape, programmatic gap, targets by key outcome and impact indicators, list of the interventions for different modules in the Concept Notes, requested funding amount by allocation and above allocation request. (Please see attached presentation for detail)

## **C. Malaria Concept Note**

Dr Aung Thi, Programme Manager, National Malaria Control Programme presented the summary of the Malaria Concept Note. The presentation covered the country context in terms of disease burden as well as key affected populations, key barriers and issues, the funding landscape and gap for the next four years, the programmatic gap analysis and summary of funding request, modules, interventions and target indicators. (Please see attached presentation for detail)

## **Discussion and Action Points**

- The main challenge that Myanmar is facing right now is the issue of financial sustainability. As the current Global Fund NFM grants will end this year and the 3MDG fund will close down by 2017, this funding request through the Concept Note submission is even more critically and strategically important for Myanmar.
- For the HIV component, the within allocation funding USD 175 million for the next four years is not even enough for maintaining the present program activities. The current annual expenditure for the HIV programme is around USD 57 million. If Myanmar can only receive the within allocation budget, this will result in a scale down of HIV prevention services and further increase the transmission of new infection among different risk population in the years 2018-2020.

- As the malaria control programme is working toward the goal of malaria elimination, the vector control module and other components around entomological monitoring including study of vector bionomic and vector behavior is crucial.
- For 2016-2017, the government health budget allocation for the three diseases programmes is USD 20 million; 15 million for HIV, 1 million for Malaria and 4 million for TB. Although there is a significant high amount of government contribution compare to the past years, the supports from the external assistance is still vital for the country.
- Due to the limited resource availability that the country could face in the near future, the effective and efficient utilization of existing resources and funding is the most important key issue for the Global Fund activities and all other grants and program activities.
- The effective utilization of community health volunteers and community based approaches at township and village levels is one of the most cost-efficient ways of managing the resources and delivering the proficient outcomes. It was encouraged to integrate the services delivered by the community health workers (CHWs) despite them being trained for different program activities. It should be considered providing refresher trainings and short courses on relevant technical knowledge to CHWs for maintaining the quality of services.
- The National Health Plan is one of the opportunities to look into the effectiveness and sustainability of the program activities in order to build synergy and integration of services beyond the three diseases. The Ministry of Health and Sports is working on the development of the National Health Plan (2016-2021) and there is a plan to invite the health development partners and organizations in the country to provide inputs into this process.

Then, the chair asked the M-HSCC members for their comments and any objection regarding the Global Fund Concept Notes on joint TB/HIV and Malaria. The Concept Notes were submitted to the M-HSCC Secretariat by the Concept Notes writing teams on 7 June and the electronic copies were distributed to the M-HSCC members for their review. All the M-HSCC members approved the two Concept Notes with no comment or objections. The approved amount is as follow:

- Joint HIV and TB Concept Note - USD 442,359,396 (Allocation + above allocation funding request with optimized scenario)
- Malaria Concept Note - USD 271,077,693 (Allocation + above allocation funding request - not including RAI fund for 2017)

As there was no objection from the M-HSCC members, the M-HSCC endorsed the two Concept Notes and the members signed the funding request endorsement sheet and the EPA improvement plan.

It was also discussed that the ExWG recommended M-HSCC to continue with the current PRs as they have performed well during the management of the current grant and for the reason of cost-effectiveness. There was no comment and the M-HSCC endorsed the process for continuing with current PRs for the next grant of the Global Fund.

## **5. M-HSCC member list, Oversight Body TOR and membership**

Dr Than Win, Deputy Director General (Disease Control) of the Department of Public Health and the Secretary of the M-HSCC presented on the M-HSCC member list update.

After the 6<sup>th</sup> M-HSCC meeting held on 9<sup>th</sup> May 2016, there were new members and alternates identified and selected to fill the vacant positions of the M-HSCC member seats. These positions include member and alternate of the Parliamentarian Constituency, member and alternate of the Academia Constituency and 10 new alternates of the Government Constituency. With the filling of these posts, there will be 35 M-HSCC members and 33 Alternates in total from the 11 constituencies. The M-HSCC member list was presented at the meeting. (Please see attached presentation for detail). There was no comment and the

new members and alternates from the Government Constituency, Parliamentary Constituency and Academia Constituency were endorsed.

Dr Than Win continued the presentation on the Oversight Body TOR and membership. One of the recommendations from the M-HSCC (CCM) Eligibility and Performance Assessment is the establishment of a Conflict of Interest (COI) free oversight body within the M-HSCC with provision to include non M-HSCC members with the needed technical background (Finance, Procurement, Disease expertise and Management).

The M-HSCC oversight of the Global Fund programmes, projects and proposal development will be delegated to the Oversight Body (OB) and in return, it will provide the recommendations on the GF related issues for the M-HSCC consideration and decision-making. The OB reports to the Chair of the M-HSCC through the M-HSCC Executive Working Group. It is an inclusive multi-stakeholder mechanism established under the M-HSCC with up to 10 members chosen from both M-HSCC members and Non M-HSCC members. But the Chair or the Vice-Chair of the OB shall be an M-HSCC member. The members are appointed based on relevant technical and financial experience and expertise, while also reflecting perspectives of M-HSCC stakeholder groups. The OB members shall not be the representatives of the PRs nor SR nor SSR institutions, unless permitted by the M-HSCC Chair with COI declared and measures taken to avoid situation with COI. (Please see attached presentation for detail)

#### **Discussion and Action Points**

- There were comments from the Bilateral Constituency, Multilateral (UN) Constituency, INGO constituency and Government Constituency about whether it is necessary to create the separate oversight body. The current M-HSCC structure includes the M-HSCC itself, the Executive Working Group as the oversight body and the TSGs. The establishment of a new OB could affect the existing coordination mechanism by duplicating and conflicting the roles and responsibilities of different structures within the M-HSCC. It could also result in increased burden of holding meetings and slow down the decision making within the M-HSCC. It was suggested to look at the more efficient way to handle the COI issue without creating an extra body which makes the M-HSCC structure and process more complicated.
- As the COI free oversight body is one of the requirements of the M-HSCC (CCM) Eligibility for successful submission of the Concept Note, the Oversight Body structure, the TOR and the member list was endorsed by the M-HSCC.
- The M-HSCC was established not just to coordinate among three diseases issues but aim to cover coordination of the broader health sector. So, according to Myanmar context which is different from other countries, it was advised, in the future, to consider adjusting the current Executive Working Group structures to be best balancing between the country's situation and the GF requirement of a COI free oversight body.

#### **6. GAVI supports to Myanmar**

Ms. Penelope Campbell of UNICEF presented on the GAVI 2016-2020 strategic goals and the progress update on the GAVI support to Myanmar. The presentation covered the Myanmar's situation on immunization coverage, GAVI support on immunization activities, status of HSS 1 programme implementation and the update on the HSS 2 programme. (Please see attached presentation for detail)

#### **Discussion and Action points**

- In connection to the townships that have repeatedly reported DTP 3 coverage of under 80% that GAVI HSS 2 programme focuses on, the Minister stressed the importance of strengthening EPI

data management and information system. He encouraged the EPI program to conduct regular monitoring and supervision at the field level and have a standardized checklist of EPI monitoring and evaluation activities.

- The GAVI activities and processes were under the oversight of the National Health Sector Coordinating Committee (NHSCC) and the Immunization Coordinating Committee (ICC). It was suggested to review the different old structures within the Ministry of Health and streamline it into the current system. The RMNCAH TSG could take the opportunity to look into the GAVI works in the context of overall resources need for maternal, newborn and child health and the efficiency of the GAVI activities.
- The final debriefing of the GAVI joint appraisal is on July 4. Ms Penelope Campbell, on behalf of the GAVI officially invited the interested M-HSCC members to join the debriefing sessions. The detail information will be shared through the M-HSCC Secretariat.

## **7. (A) Reports from Development Partners: Milestones for 2016**

Ms Penelope Campbell from UNICEF presented the initiative that the development partners agreed in a meeting between GAVI and the M-HSCC development partners in May 2016. The idea is to align all the development partners' main relevant activities by mapping the different milestones to strengthen the Health System in Myanmar. One of the outcome of that initiative is that the 3MDG Fund Board 'HSS' Mission and the GAVI Joint Appraisal was combined (Jun 28 – Jul 1) which reduced the arrangement and transactional burden on Ministry of Health and Sports. It also enabled the transparent information sharing among MoHS and DPs. (Please see attached "*Myanmar Health Development Partners Milestone*" document)

The M-HSCC health partners are keen to improve the development cooperation, strengthen alignment and harmonisation among different activities and support the development of the new health plan. The future plan is regularly updating of the milestones and events and share among the DP and the MoHS.

## **7. (B) Reports from Communities**

Dr Than Htun Myint from Brahmaso Social Welfare on behalf of the community based organizations and PLWD networks presented about the update from community activities. He shared with the M-HSCC the open letter from nine community networks and organizations to the Technical Review Panel of the GFATM ("Request for Funding to Continue to Scale-up the National HIV Response"). He also pointed out some weaknesses around the health sector coordination between the government, the development partners and the CSOs, relatively low private sector engagement and community engagement in M-HSCC and lack of oversight and monitoring activities in some areas. (Please see attached presentation for detail)

## **Discussion**

- The Minister encouraged the community based organizations to meet regularly and coordinate with the local health authorities at the township level for information sharing and collaboration of activities. He also requested the CSOs to invite the relevant MoHS officials from state/regional or township level to the CSO coordination meetings or share the meeting reports with the relevant National Programmes so that the MoHS can provide the technical inputs on the CSOs' activities related to health issues.

The Chair of the M-HSCC, the Minister for Health and Sports excused himself to the members as he had to leave for another urgent matter. Dr Soe Lwin Nyein, Director General of the Department of Public Health continued chairing the meeting.

## **8. Update on E-Health, DHIS 2 focusing on HIV, TB and Malaria**

Dr Thet Thet Mu, Director (HMIS) from the Department of Public Health presented the update on E-Health and DHIS 2. The presentation covered three components on National Health Information System strengthening, ATM eHealth development as part of National HIS and the next steps. (Please see attached presentation for detail)

### **Discussion and Action Points**

- The DHIS 2 developed for the three diseases programmes should be aligned with the overall national strategy on development of health management information system. The capacity building activities of DHIS 2 for HIV, TB and Malaria could be integrated with the same training activities from other departments within the MoHS, eg. The health information system that HRH is currently working on and the Department of Medical Services' plan on strengthening of HIS in the hospitals; all the training and HIS activities could be integrated.
- It was recommended calling an HSS TSG meeting to bring the discussion on the momentum of the National Health Plan, Health Information System, E-Health and the initiative on the Development Partners Milestones for the strengthening of the Health System. WHO and World Bank, the HSS TSG secretariat in collaboration with the MoHS will try to organize a meeting as soon as possible.

## **9. Dates for next M-HSCC meeting**

It was discussed that the next M-HSCC meeting should be held in September 2016. If there is an ad-hoc or urgent issue, the ExWG will organize a meeting first and then decide if calling the M-HSCC meeting is necessary.

## **10. Closing**

Dr Soe Lwin Nyein, Director General of the Department of Public Health on behalf of the chair, H.E. Dr Myint Htwe, the Minister for Health and Sports thanked all the participants for attending and providing fruitful discussion to the meeting.

The meeting ended at 12:45.