

## **Meeting minutes of the 8<sup>th</sup> Myanmar Health Sector Coordinating Committee Meeting (M-HSCC)**

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

***Wednesday, 26<sup>th</sup> of October 2016***

***10:00-12:30***

### **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.

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

The Chair welcomed all the members of M-HSCC and officials from other departments from Ministry of Health and Sports and other organizations. He also thanked and appreciated the Development Partners and INGOs for help in all aspect of development and improving the health care delivery system of the country.

The Ministry of Health and Sports (MoHS) has recently developed the framework for activities for the coming 6 months, which have impact on the population of the country as per the State Councilor's suggestion. MoHS is going to analyze the performance of health indicators of the country including the hospital performance indicators. The current hospital performance indicators which were developed ten years ago and the criteria used for establishing the RHC, sub-center were developed 20 years ago. So MoHS is planning to conduct a review of the performance of all the hospitals at different levels in the upcoming six months. The hospital performance indicators are being revised based on the current hospitals infrastructure status including human resource and commodities availability. From this analysis, the needs of the hospitals will be identified and prioritization will be given according to the needs.

Another area that MoHS is working on is the health data. Currently at the central level, there is compiling and reporting of the health data but no thorough analysis is made because of lack of human resources to do the analysis of the data. So the MoHS is going to form the Data Review and Analysis Group involving young professionals. Recently the Myanmar DHS data supported by USAID has been launched and now this report is being finalized and the final report will be published in January 2017.

The process of developing the new National Health Plan (NHP) has started. One of the characteristics of NHP is the involvement of all INGOS, NGOs and UN agencies in the formation of NHP, in order to have a sense of ownership. There is a meeting with all Development Partners in health to discuss future coordination on 2<sup>nd</sup> and 3<sup>rd</sup> November 2016 to review activities among organization in term of geographical areas and technical areas.

Another area that the Minister would like to ask for support is Health Education and Health Promotion which is one of the key activities for MoHS. The Minister has assigned a new team for this activity and called for the support from UNFPA for the promotion of health education. School health is also important and members of the school health team are not fully assigned.

The Minister conveyed the message to the M-HSCC members that there are in-house reorientation trainings for all Health Assistants (AH), Basic Health Staff (BHS) 1 and 2, all midwives and all Lady Health Visitors (LHV) very soon and he requested all members to support these trainings. The HA, BHS 1 and 2, all midwives and LHV are the workforces of the public health domain of the country's health system and

the MoHS is going to support them all. Community health care plays an important role and MoHS is going to monitor and review their performance of community health care. The first area of the community health care that the MoHS is going to emphasize is the elderly health care. The Minister also stated that with help of WHO and other organizations, MoHS is developing an NSP for prevention and control of cancer. Another issue of the country is the anti-microbial resistance and an NSP for anti-microbial resistance will be developed in July 2017 with support from WHO, other UN agencies and organizations. The Minister mentioned that MoHS is also emphasizing ethics of the health professionals. He shared the information that there will be one public health training institution in Nay Pyi Taw and several systematic capacity building trainings will be carried out at that institute soon.

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

Master of Ceremony, Dr San Hone, asked all M-HSCC members to declare any conflict of interest related to items in the 8<sup>th</sup> M-HSCC agenda and last M-HSCC meeting minute. There was no comment, no declaration of conflict of interests. So the meeting agenda and last M-HSCC meeting minutes were endorsed. The Master of Ceremony also stated that UNICEF could not join the meeting. So one of the agenda items under the AoB, update health component of UNICEF Country Programme (2018-2021), was deleted.

### **4. Selection of Vice-Chair of M-HSCC**

The term of the current Vice-Chair, Dr Samuel Kyaw Hla, has come to an end and the M-HSCC has to select the new Vice-Chair. Mr Eamonn Murphy, from UNAID proposed Dr Rai Mra, the president of Myanmar Medical Association, as the Vice-Chair of the M-HSCC. Dr Luna from WHO supported the proposal of Mr Murphy. Dr Sid Naing from MSI and U Thawdar Htun from MPG also supported Dr Rai Mra as the Vice-Chair. There was no other proposal for the Vice-Chair position. Dr Rai Mra was endorsed as the Vice-Chair of M-HSCC.

### **5. Update on National Health Plan (NHP)**

Dr Thant Sin Htoo, Assistant Secretary of Ministry of Health and Sport, presented the formulation of the 2016-2021 National Health Plan. The goal of the NHP (2016-2021) is to fulfill Universal Health Coverage goal by the year 2030, coverage with needed health services of good quality, with financial risk protection and for everyone. To formulate the NHP, Steering committee (Chaired by Union Minister), formulation committee (Chaired by Permanent Secretary), NHP Technical Advisory Group and Technical Working Group were formed. NHP will focus on four key components. First component is the Human Resources for Health (HRH), and now MoHS is analyzing the current situation of HRH not only in the public sector but also in the private sector. Second component is Health Infrastructure and MOHS is now collecting and analyzing the infrastructure of hospitals and public health facilities to meet the population demand as well as the ministry's targets. The third one is the Health Service Delivery and MoHS is currently analyzing the quality health care service for next five years, what is the necessary minimum for the population and finally what will be the financing method. NHP will be developed through a series of consultations: preparation phase, development phase and finalization phase.

The summary and timelines of activities for the development of NHP were also mentioned in the presentation. The final draft NHP will be finalized before 25 December 2016. The final draft plan will be disseminated in December 2016. He also presented the expanding services available and readiness over

period of time in NHP, the requirement of strong coordination and close collaboration among the four components of the NHPs to achieve its goals. He also explained about the workshops conducted for the formation of NHP 2016-2021. A series of workshops are being conducted with balancing participating of the MoHS, other ministries, CSOs, EHO, INGOs, professional associations, UN agencies, bilateral donors and multi-lateral donors. Technical Advisory Group (TAG) & Technical Working Group (TWG) will provide references, data and inputs for discussions and analysis. At the end of the 3rd workshop, TAG and TWG groups hope to get sufficient evidence and consensus to make an agreed plan for the next 5 years. After finalizing the draft plan, dissemination of NHP (2016-2021) will be done to all key stakeholders before the end of the year. Yearly M & E will be done to check whether the plan is successfully implemented or not with 40-50 sensitive indicators. (Please refer the attached presentation for detail).

### **Discussion and Action Points**

- The minister said that the Goal of the NHP is good quality health care services which are good clinical services as well as public health services. The whole process of NHP must be integrated, well connected and linked throughout the workshops. The NHP team should provide good background documents at the workshops. Between the workshops, the team should analyze the outputs of the workshop and prepare for the next workshop. This is very important as the NHP is going to shape the health care delivery of the country. He also stressed the need for balancing the tripod of health care services of the country: public health professional on one end, clinical professional on other side and Institutions which produce clinical and public health professionals on the remaining side. In this tripod, guidelines, SOPs and procedures are one arm of the triangle. Administration, management, rules and regulations are the other arm and the last arm of the tripod which supports the country health care services is the ethics.
- Dr Hla Hla Aye from UNFPA suggested to think about the Army in the development of the NHP. Regarding the HRH, military is producing a lot of different health professionals and all these professions also need to be part of the health work force of NHP. She also stated that the operational plan should be developed for the comprehensive health work force.
- Mr Billy Stewart from DFID mentioned that for a panel discussion on Universal Health Coverage (UHC), DFID and WHO might be able to support by inviting experts from neighboring countries and other developing countries that have experiences with UHC. His second reflection was on the specific working group on the cost of drug. In many countries, the cost of drugs, even if the public service has been used, really increases the pocket expenditure for the patients. So it will be important for the health service delivery element to look at the drug price. DFID would be delighted to support this major drive to improve the health services. Finally Mr Stewart mentioned the role of private sector in provision of UHC. Private service is key at primary level as well as other levels, providing a lot of services and it is important to think how to synchronize it with the overall health system to meet the goal of NHP.
- The minister agreed on the involvement of the private sector, and the involvement of General Practitioners in the provision of UHC. MoHS is currently working on the analysis of the drug; medicines are procured by different states and regions. The price of the medicine is difference from place to place and sometime the price gap is high. USAID is also supporting in developing a National Health Supply Chain which is 80% done. Starting from next year, procurement of drugs will go through national supply chain. The regional WHO team is now working with the Indian government to procure generic medicine. The minister asked WHO Myanmar to follow up with the Regional WHO team and Indian government on this process.
- Ms Karen Cavanaugh from USAID pointed to the fact that the demand side of the health care services should also be considered. The engagement of the citizen with the health care system is also important.

- The Minister responded that they will consider the voices of community in the formulation of National Health Plan. There is a report of "The Voices of People" project supported by UNDP that collected the voices from community as well as service providers regarding different sectors' issues including health. This can also contribute to the NHP development process to consider the health concerns of the demand side.
- As the importance of the regulatory function, on top of the service delivery function, of the MoHS has been given more attention, there has to be emphasis on the strengthening of its institutions like FDA to monitor and regulate on pharmaceutical products, for instance. That would require intensive technical supports from the DPs and international experiences.
- Ms Alice Castillejo from VSO Myanmar encouraged to include the role of Voluntary Health Workers in the NHP as a huge number of Voluntary Health Workers are involving in the health system and it should be considered and reviewed what to do to activate and motivate the volunteers.
- ADB discussed that NHP should also focus on strengthening the regional collaboration and regional leadership in health. The country should share the experiences with the neighboring countries regarding strengthening the leadership for health
- JICA also pointed to the importance of enhancing the role of the private sector.
- JICA also pointed that it is critical for the Government to decide when private sector start providing essential health packages.
- The minister finally suggested the NHP team to emphasize on monitoring and evaluation. An oversight committee of the NHP should be organized and members of the committee must not only be from government but also from other agencies.

## **6. Strengthening the capacity of drug treatment centers (MMT – Methadone Maintenance Therapy)**

Dr Hla Htay, the National Drug Abuse Control Program, discussed the global fund targets and achievements of 2015 and 2016, current methadone taking clients, enrollment of new patients (January – June 2016) and indicators to evaluate the achievement of MMT (January – June 2016). The presentation also covered the development of MMT guidelines, SOPs and curricula, research, cross cutting activities, capacity building, integrated service delivery, challenges and way forwards of the programme. (Please see attached presentation for detail).

### **Discussion and Action Points**

- The Minister pointed on that the illicit drug problem is an extreme national problem. MoHS needs to develop a national drug control policy immediately as well as develop or formulate strategies. After that, it needed to be shared with all M-HSCC members and development partners so that they will be able to find out what area that they can support. This could be to improve the methadone treatment centers or increase the number of centers.
- Mr Eamonn Murphy from UNAIDS fully supported the minister's comment. This is increasingly a problem in South East Asia and proportionately most of the money for the drug programme is from HIV. This is big a problem across South East Asia especially among the young population and there is no easy or 100% effective treatment which is the burden for society and young people.
- The minister replied that there was a national statement on drug control. Myanmar will use a public health approach to drug prevention and control Drug prevention and control will be used as public health approaches. There was another statement on HIV/AIDS and the statement is based on UN resolution.

- Mr Billy Stewart from DFID mentioned that at the last meeting of M-HSCC, the M-HSCC members reviewed the Global Fund concept note and coverage for people who inject drugs, but it is difficult to link the presentation and the Global Fund concept note on HIV. He questioned two points: the first one is on the size of the capacity gap and the second one is on the coverage gap.
- The Minister responded that MoHS is ready to support this program as this is a national emergency and it is time to develop policy and strategy.
- UNFPA would like to have the age disaggregate data on the people who inject drugs, as UNFPA's mandate includes young people and young adults.
- The minister finally asked for organization for support for the development of a National Policy on Drugs and a strategy.

## **7. Update from M-HSCC Executive Working Group and TSGs**

Dr Than Win, secretary of M-HSCC, presented the updates on the M-HSCC Executive Working Group and Technical and Strategy Groups. (Please see the presentation for detail information).

## **8. Report from Communities**

### **A. Update on Civil Society Health Forum**

Daw Nwe Zin Win from Pyi Gyi Khin shared the update on the upcoming Civil Society Health Forum. The first Civil Society Health Forum was held in Yangon in 2015. More than 100 participants from local CBOs, charity organizations and EHOs working on health participated in the forum. Recommendations to MoHS from the first forum were shared at the National Health Forum 2015. One of the recommendations was to conduct the second forum in November 2016. She appreciated that MoHS was giving a space to local NGOs and CBOs in the NHP process and they are happy to participate in the workshops of NHP. The communities fully engage in the process and will participate more in the upcoming workshops. They will integrate and link the NHP process and the upcoming forum. Local NGOs, CBOs, charity organizations, EHOs working on disabled and women and youth network will be invited to the 2016 Civil Society Health Forum. She also requested the technical support from the Technical and Strategic Groups for the upcoming workshop.

### **B. Update on PLHIV Forum**

U Thawdar Htun from Myanmar Positive Group presented the outcomes of the Myanmar People Living with HIV (PLHIV) Forum which was conducted 19-20 September 2016 at Yangon. More than 300 PLHIV participated. The role and involvement of Government, UN, INGOs in the HIV response and the current plan to achieve the three 90% was discussed in the forum. There was also an information sharing session on the NSP in the forum. U Thawdar Htun also presented the title, themes, objective, outcomes and recommendations of the PLHIV Forum. (Please refer to the presentation for detail.)

## **9. Formation of Technical Strategy Group for Non-Communicable Disease (NCDs)**

Dr Myint Shwe, Director (NCD), presented the formation of the Technical and Strategy Group for Non-Communicable Disease: the memberships and draft term of references of the NCDs TSG. (Please refer to the presentation for detail.)

### **Discussion and Action Points**

- One member commented that there are few international partners working on NCDs, as primarily WHO and UNICEF are those working on it, but increasing investment is needed in mental health, diabetes mellitus and hypertension. The member also suggested the involvement of Ministry of Finance in the formation of the TSG on NCD.
- Dr Myint Shwe agreed on the importance of involving the Ministry of Finance in the TSG of NCDs. The TSG will deal with many NCDs like cancer, diabetes mellitus, and hypertension. There is going to be implementation of provision of NCD services at the community level by Basic Health Staff as NCDs are becoming an alarming problem of the country with high morbidity and mortality. Technical Working Groups (TWG) on the sub-level (each disease) will be developed. And also a five year NSP on NCD is planned to be developed. Not only the technical working group, but also a taskforce or steering committee will be developed.
- Mr Chris Spohr of ADB mentioned that nutrition plays a key role in driving the rise of many forms of NCDs in Asia, so it would be important to engage with the food industry in tackling nutrition-linked NCD. He thus suggested such engagement could be advanced by including food industry representation in the TSG on NCDs or alternatively via other channels.
- Dr Myint Shwe replied that the Director (nutrition) of the Department of Public Health is one of the members of the TSG. So the TSG on NCDs will also think about the formation of TWG on Nutrition lead by the Director of Nutrition. Stakeholders are invited to get involved in the formation of TWGs on their particular areas.
- The Minister asked to include representatives from industry and the Health Assistant Association in the NCD TSG. He also pointed out that the Secretariat of the TSG should be from MoHS for easy communication with other departments, and WHO could be the co-secretariat. Term of References (TOR) of the TSG should be on strategy rather than on high level policy. For TORs of TSGs, the first 3-5 bullet points or paragraphs should be the generic for all TSGs and the remaining bullet points or paragraphs should be specific to the specific TSG. He also expressed that a working group on financing is important especially in NCDs as very few organizations are supporting NCDs of resource mobilization taskforce or work group should be developed in the TSG on NCD so that more funding support for NCD can be mobilized.

### **10. Closing**

The minister thanked all the M-HSCC members and participants attending this meeting. He stated that the M-HSCC meeting should be conducted frequently rather than quarterly and the national drug policy should be developed very soon.

UNFPA asked that the Global Financing Facility (GFF) should be discussed at the next meeting.

The meeting ended at 12:45.