

Meeting minutes of the 9th Myanmar Health Sector Coordinating Committee Meeting (M-HSCC)

***Meeting Room, Ministry of Health, Myanmar
Wednesday, 27th of February 2017
9:30-12:45***

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. The Master of Ceremony stated that as H.E Dr Myint Htwe, Chair of the M-HSCC and Union Minister for Health and Sports excused the meeting due to another urgent issue, Prof. Rai Mra, Vice Chair of the M-HSCC, chaired the meeting.

2. Opening remark by M-HSCC Vice Chair, Prof. Rai Mra, President of Myanmar Medical Association

The Vice-Chair welcomed all the members of M-HSCC and officials from other departments from Ministry of Health and Sports and other organizations. He then provided the opening remark on behalf of the Chair.

Today's meeting agenda includes update on the National Health Plan for 2016 to 2021, which will soon be published by the Ministry. The next step is making plans for operationalization, funding, distribution of responsibilities, and M&E. MoHS will ask for input, collaboration and contributions from all stakeholders in order to operationalize and implement the plan to the benefit of the people of Myanmar and eventually for the achievement of Universal Health Care for all.

The agenda also includes update on the situation of adolescent health services and the members will get a better understanding of health issues specifically related to this age group. In addition, there is an update on the Global Financing Facility (GFF) that was recently launched and how this will benefit Myanmar women, children and families. The GFF is a new exciting financing model that unites resources from countries themselves, international donors and the private sector to accelerate advancements within RMNCAH. Myanmar is eligible to apply and receive funds from the GFF.

Under "Reports" agenda, the members will get an update from the MHSCC Executive Working Group including lessons learned from the recent oversight visit to Chin State and information on a proposed reform of the Executive Working Group so it can function better as an oversight mechanism. There will also be a brief on the on-going Global Fund Sub Recipient selection process. The amount of the Global Fund support to Myanmar for 2017-2020 will be a total of 498 million US dollars. For the new round for which Sub Recipients are sought for 2018 till 2020, Myanmar will receive 132.4 million US dollars for HIV, 92.9 million for TB and 96.2 million for Malaria programmes.

He then invited all members to participate actively in the discussions. Before finalization his remark, he introduced Dr Stephen Jost, the new WHO representative as a successor of Dr Jorge Mario Luna as a UN constituency representative.

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

Master of Ceremony, Dr Htar Htar Lin, asked all M-HSCC members to declare any conflict of interest related to items in the 9th M-HSCC agenda and last M-HSCC meeting minute. Prof Rai Mra (MMA), Daw

Nwe Zin Win (PGK), Dr Sid Naing (MSI), Mr Barry Whittle (PSI), Dr Stephen Jost (WHO) declared that their organizations are currently SRs/SSRs of the GFATM grants and they also applied to be SRs of the upcoming grant (2018-2020). So, they have conflict of interest with the agenda SR Selection Committees under Report section. There was no more comment and so the meeting agenda and last M-HSCC meeting minutes were endorsed.

4. Myanmar National Health Plan (NHP)

Dr Thant Sin Htoo, Assistant Secretary of Ministry of Health and Sport, presented the 2016-2021 National Health Plan update. The Myanmar NHP formulation and dissemination process was done in the principle of all-inclusive and balancing participation of all the important health sector stakeholders - including State/Region and Township Health Authorities, Civil Society Organization, Community Based Organizations, Ethnic Health Organizations, Professional Associations and Councils, Private Sector, NGOs and Development Partners are involved in the NHP formulation process. The NHP document was endorsed in 15 December 2016 and it covers the period from April 1, 2017 to March 31, 2021, a period of four years.

According to the situation analysis for the NHP, Myanmar's economy is growing but the country's health status is still poor and inequitable. One of the factors contributing to this situation is the failure of the health system to ensure the availability and accessibility of quality essential health services and interventions. The various aspect of health system challenges included human resources for health (HRH), health infrastructure, service delivery and health financing.

The Goal of NHP is to fulfill the Universal Health Coverage (UHC) goal by 2030, which has become a global priority as defined in the SDG's. Myanmar political leadership also has expressed a strong commitment to accelerating progress towards UHC. The NHP aims to strengthen the country's health system and pave the way towards UHC, choosing a path that is explicitly pro-poor. It targets to extend the access to the Basic Essential Package of Health Services (EPHS) to the entire population while increasing financial protection.

He presented about the conceptual framework of the the plan and prioritization of services and geographical areas in order to operationalize effectively in phased manner at the local level. Townships where the NHP is to be operationalized will be prioritized based on Health Scoring Indices constructed using currently available data namely Health Input Scoring Index (HISI) and Health Output Scoring Index (HOSI). HISI summarize a township's situation in terms of infrastructure and health workforce in relation to national norms defined in terms of population and area. HOSI captures a township's performance on selected key output indicators, in relation to specified thresholds. Assumptions relating to the norms and thresholds can easily be adjusted to assess alternative scenarios. (Please refer the attached presentation for detail).

Discussion and Action Points

- While working on NHP, the country should consider the development of the infrastructure investment plan where human resources for Health and capacity development should be one key element to have a sustainable achievement in overall health system. As this will become a huge investment by the country, strengthening of the capacity of State/Regional Offices is also a crucial factor to consider.
- It is important to think about the Health Financing Strategy to ensure the NHP investment and provisions of key essential services are sustainable for long run.
- While NHP is in the process of finalization, it was request to widely share information on the key elements of NHP and Basis Essential Health Services package to public. All the development

partners and implementing partners are very keen and interested to align their activities with the NHP.

- For implementation of NHP as well as continuous monitoring of NHP tasks, MoHS is in the process of establishing National Health Plan Implementation and Monitoring Unit (NIMU). The purpose of NIMU is to collect information around NHP implementation and generate evidences for health policy makers. After the establishment of NIMU, the MoHS will contact the M-HSCC to identify the process for further collaboration between the two structures as well as other development partners and organizations.
- Currently there are Health Management Information System (HMIS) and other separate vertical information systems being used in the country. NIMU will initiate the process for merging of all these separate vertical information systems into one common platform under the MoHS. Although this is generally agreed within the ministry, further discussions on detail structure and purposes are still needed to identify.
- All the external assistance by the development partners should have prior discussion with MoHS in terms of budget allocation and activities prioritization in order to better align with MoHS system and reflect in the overall country resources.

5. The Current Situation of Adolescent Health Services

Dr Sandar, Director of School Health from the Department of Public Health provided a brief presentation on the adolescent and young people's health situation and activities in Myanmar. According to 2014 Census data, 28% of total population are adolescents and youth (10-24 years of age). As a vulnerable population, the problems lie within these age groups are quite common including - intentionally and unintentional injuries, interpersonal violence (including gender-based violence), sexual and reproductive health conditions, substance use (largely in boys), under nutrition and micro-nutrient deficiencies which affect maternal health outcomes in girls and mental health problems.

To attain the highest level of health in the young population, it is important to ensure every young person's potential is fulfilled, by means of increasing access to information and services, creating safe and protective environment, proper human resources management and, skills and capacity development to engage with young people.

The National Strategic Plan (2016-2020) on Adolescent and Youth Health as well as National Standard Guidelines of Adolescent and Youth Health has been published. The School Health Division under the Department of Public Health is in the process of updating Adolescent and Youth Friendly Health Services (AYFHS) Manual for Basic Health Staffs. Aligned with the Health Promoting School Strategy, school health teams across the country are providing the following 9 services - healthy school environment, school health services and medical examination, health literacy promotion among the students, counseling and social supports, disease control activities, nutrition and food safety, community outreach activities, physical education, fitness and sports activities and, training and research. (Please refer the attached presentation for detail).

Discussion and Action Points

- For effective implementation of adolescent health services and coordination among the fragmented programs, projects and services provider, it was proposed to form an Adolescent Health Working Group with concern stakeholders and organizations.
- Multi-sectoral involvement is a key for successful implementation of adolescent services provision. It was discussed that the Hluttaw Committees are in the position to ensure inter-ministerial cooperation and collaboration is in good place.

- The importance of having legal advisor(s) in the ministries including the Ministry of Health and Sports was discussed.
- As the childhood obesity, drinking and drug abuses are significant problems facing in the young society and It was suggested to consider strategy on adopting of healthy life style since the age of childhood and early adolescent.
- WHO fully supported the idea of formation of adolescent health working group and the idea of applying integrated approach in provision of different adolescent health services that are currently scattered; e.g., tobacco free initiative, activities to reduce under nutrition and micro-nutrients deficiencies and, institutional delivery.

6. The Global Financing Facility (GFF)

Ms Hnin Hnin Pyne from the World Bank presented the practice of Global Financing Facility, globally and in Myanmar. GFF is a financing partnership model that supports country leadership in order to achieve results for every Woman and every Child by improving RMNCAH outcomes. (Please refer the attached presentation for detail).

Discussion and Action Points

- Dr Myo Thant from UMFCCI expressed their interest in the GFF process as they are working on monthly activities of women empowerment project which loans and financial supports are provided to women in rural areas as part of poverty elimination strategies.

7. Reports

A. M-HSCC Executive Working Update

Dr Thandar Lwin, Director of Disease Control from the Department of Public Health, presented the updates on the M-HSCC Executive Working Group meeting that held 1 February 2017 and findings from the M-HSCC ExWG Oversight Visit to Chin State. The ExWG Oversight Visit Mission Team included by 4 MoHS Staff including the Director (Disease Control) and 5 ExWG members from Donor, Multilateral, CBO and PLWD constituencies. The team visited to Kalay, Hakha and Falam on 6-10 February 2017. The oversight visit covered a varied mixed of public health programmes including the disease control activities, reproductive and MCH, nutrition, school health, health system and management (Please see the presentation for detail information).

B. ExWG and Oversight Body Reform

Mr Ole Hansen from the M-HSCC Secretariat presented the M-HSCC ExWG reform process update. The reform was suggested by the Global Fund Eligibility and Performance Assessment (EPA) that was done in early 2016. The assessment pointed out that large proportion of ExWG members are SRs/SSRs and hence they have potential for CoI with regard to GFATM grant discussions. With the recommendation of EPA, an oversight body was created in June 2016 and approved by M-HSCC to resolve issues with CoI in the ExWG. (Please see the presentation and attached Oversight Body document for detail information).

Discussion and Action Points

- Ms Izaskun Garivia, Senior Portfolio Manager from the Global Fund clarified that WHO is a technical agency so it can be assumed WHO has no COI issues if they only involved in technical discussions and decisions.

- WHO is willing to take a seat in ExWG if there is no COI issue. The International Financing Institution is also willing to participate in ExWG. JAPAN/JICA will inform who will be representing their organization sitting on the ExWG.
- M-HSCC members will provide feedback and comment to the M-HSCC Secretariat within one week after this meeting. The comments will be compiled and sent to the Chair of the M-HSCC, the Union Minister for Health and Sports for review and endorsement.

C. SR Selection Committees

Dr Thandar Lwin, Director of Disease Control from the Department of Public Health presented the process update of the GFATM SRs selection and the list of SRs selection committee members for the M-HSCC endorsement. (Please see the presentation for detail information).

Discussion and Action Points

- KDHW was proposed to represent EHOs in the SRs selection committees. There are quite a number of EHOs in the country with different cultural and political diversity. Although KDHW is working with some current SRs, they are the most appropriate one to choose in terms of technical capacity and background knowledge of implementation around three diseases activities. Considering the time frame and all the realistic process that have to go through, it was endorsed that KDHW involve in the SRs selection committees as an EHOs representative.
- For community representation in HIV SRs selection committee, Colour Rainbow was proposed as the non-voting member. As all the community networks in the country are receiving the funding supports from the Global Fund as SSR, the proposal that Colour Rainbow representing community networks involve in the HIV SRs selection committee as a non-voting member was endorsed.
- USAID will nominate a representative to involve in Malaria SRs selection committee.

D. Report from Communities

Daw Nwe Zin Win from Pyi Gyi Khin shared an update on Informal CSO health network that recently established in November 2016. They have organized two CSO Health Meetings in the country; in July 2015 and November 2016. The outputs of first CSO Health Meeting were delivered to Myanmar Health Forum in 2015. They identify their roles as follow:

- Mobilize active participation of community
- Act as bridge to share information between community and service providers
- Provide services:
 - prevention – provide health education, environmental sanitation activities, support voluntary health workers
 - treatment – clinics, mobile clinics
 - supplementary support – oxygen, blood, referrals/transportation, nutrition support
 - social support – care for children
- Advocate for supportive policies and practices especially new legislations on UHC with Parliament
- Monitor implementation of programmes and provide feedback (social accountability)
- Collect data on local situation (Please see the presentation for detail information)

The agenda was follow by a presentation from Daw Htwe Htwe Myint, Chairperson of Myanmar Positive Women Network on the update information about the drafting of HIV Bill. (Please refer to the presentation for detail).

8. AOB

A. Beyond the 3MDG Fund

Due to the time limitation, this agenda was postponed to next M-HSCC meeting.

B. UNICEF Country Programme (2018-2021)

Ms Penelope Campbell from UNICEF provided a summary update on Government of Myanmar-UNICEF Country Programme of Cooperation 2018-2022. The Ministry of Planning and Finance co-leads the 2018-2022 Country Programme development. The CP Steering Committee provides oversight, coordination, & ensures a participatory, inclusive, and consultative process.

2018-2022 Country Programme (CP) development takes place within the wider United Nations Development Assistance Framework and in the overall context of the Sustainable Development Goals. The new CP will contribute to achieve the envisaged change for children in - Education, Health, Water, Sanitation and Hygiene, Nutrition, Child Protection, Social Policy and Child Rights Monitoring. (Please refer to the presentation for details)

C. Additional GFATM Malaria Funding for Rakhine State

Mr Ole Hansen from the M-HSCC Secretariat discussed the process around the additional GFATM malaria funding USD 400,000 for Rakhine State. After submission of Concept Notes to the Global Fund, the Technical Review Panel commented (26/08/16) on malaria concept note: they would like to plan the interventions for vulnerable population especially in Rakhine State. GFATM secretariat agreed to ensure during grant making process that all populations in conflict affected Rakhine state would be targeted through government and partners.

The GF/GAC approved USD 400,000 for the year 2017 for the additional malaria intervention in Rakhine State. The M-HSCC ExWG asked Core Malaria TSG (1 Feb) to map and identify gaps and needs and make recommendation with regard to how to spend funds efficiently. After discussion and mapping on current coverage and perceived gaps, TSG provided recommendation (8 Feb) to ExWG that:

- Invite potential SRs MHAA and MAM to propose the villages and prepare the budgeted workplan for utilizing the additional GF allocation (US\$400,000) and present to the Core TSG by 15 March 2017.
- Core TSG will review the SR proposals and recommend for the endorsement by MHSCC by 15 March 2017.

ExWG accepted recommendation on a non-objection basis on 22 February and brought up to the M-HSCC for endorsement. The M-HSCC endorsed the recommendation from Malaria TSG about allotting the budget to two potential SRs. But it was asked that the core TSG members with WHO technical assistant to finalize the workplan after having the detail gap analysis of Rakhine State in early March with the support of the USAID-PMI fund.

D. M-HSCC Work plan for 2017 and EPA 2016

Mr Ole Hansen from the M-HSCC Secretariat again presented the overview of the M-HSCC work plan for 2017. He then shared the M-HSCC EPA 2016 result with the members. (Please see the workplan overview document and EPA 2016 presentation for detail).

Discussion and Action Points

- It was suggested that the M-HSCC work plan 2017 to be discussed in detail at the ExWG meeting.
- The EPA 2016 results and improvement plan was endorsed.

9. Closing

The Vice-Chair thanked all the M-HSCC members and participants attending this meeting. He stated that today meeting is very fruitful with valuable discussion and suggestions and this will lead to the mutual understanding and better coordination among MoHS and partners in the future.

The meeting ended at 12:45.