

Myanmar Health Sector Coordinating Committee

Executive Working Group Meeting Minutes

8 January 2018

WHO Office, Yangon

13:00 – 16:00

1. Welcome and Introduction

Dr. Thandar Lwin, Chair of the M-HSCC Executive Working Group (ExWG), made the welcoming speech to the attendants of ExWG members and observers. Her speech stressed on the GF related experiences with OIG, recent experience of DoPH with GAVI auditing, emphasized on preparation of national programmes and all Sub recipients together with Principal Recipients, oversight responsibilities of ExWG. She also appreciated the supports from M-HSCC secretariat to improve working competency. She highlighted that M-CCM meeting was held only two times per year in the past, was improved according to the government manual, mandated schedule and most of the TSGs were functioning although some of the TSG such as NCD-TSG were not functioning yet. She briefed on the meeting agenda and asked the suggestion from the ExWG members to endorse the agenda. After that, Chair endorsed the meeting agenda by adding the M-HSCC structure modification and future plan preparation to be discussed under AOB suggested by Ms. Karen Cavanaugh USAID.

She explained about the one decision point on the SMRU-TB proposal, which was discussed and approved in TB-TSG and submitted for endorsement of ExWG. SMRU proposed activities and requested budget were reviewed by TB-TSG already. The background was explained since SMRU was rejected by the TB proposal selection board due to considerably high budget request and now SMRU resubmitted the proposal after revision for one year period.

2. Announcement of the reaching quorum and COI

As 7 out of 10 members attended the meeting, representing government and non-government constituencies, the M-HSCC Executive working group has reached quorum. The members (DoPH Staff, MSI) who have COI were announced. The chair declared that 2 COI members and one neutral participant (WHO) attended the meeting.

3. SMRU-TB proposal for funding and discussion

According to the agenda, Dr. Si Thu Aung (Program Manager, National TB Programme) presented regarding TB proposal of SMRU. SMRU is implementing TB project in Myanmar-Thailand border area through the Global Fund budget after having MOU with MoHS since November 2015 and now, they proposed to continue their activities for migrant people and ethnic minority groups. He also highlighted the challenges for this project in Myawaddy area such as geographical constraints for assessing health services, frequently migrated nature of the people, cultural and language differences and needs for medico-social care. He also mentioned the project activities such as psychosocial and care-giver support, nutrition and transportation support, treatment success rate and achievements of the current SMRU-TB project, their referral linkage to National TB program and cross-referral linkage support between Myawaddy and Mae Sot townships. The final revised budget of SMRU-TB project is 472,892 USD for 2018 and he also pointed to have a project transition plan after 2018. SMRU is working to obtain funding from GMS fund to continue this project beyond 2018.

For detail, please kindly see the presentation here:

<https://drive.google.com/open?id=19amxQYBlgdpzKPF-o2Yxk5Bp1G9ur6F->

Discussion Points

- Ms. Karen Cavanaugh from USAID questioned that is there any other possible organization to run this project with lesser budget to attain this target.
- The Chair responded that it is difficult to find other organization because it is such a different insurgent context not similar to EHO running projects and it is only one year project and we hope they will try to achieve the required target and if they cannot reach, their next proposal will fail. She also explained that their proposed budget is also expensive due to HR cost including hiring international professional staff.
- Mr. Stephan Jost from WHO supported the Chair that SMRU has a good tracking record and the high staff hiring cost might be due to hard to reach project area, costly service delivery and it is worthy to serve for these very vulnerable minority populations.
- Ms. Hnin Hnin Pyne from WB commented that the high budget might be probably due to the geographical constraints and nature of the living population which leads to high service delivery costs. She mentioned to explore SMRU reasons for not reaching the targets in the previous projects whether is it due to insufficient fund or other causes. She stressed the important to initiate transition plan after 2018 due to time constraints.

- The Chair explained that one of the reasons for not achieving target is due to the reluctant of the patients to come and diagnose with Gene Xpert at the Myawaddy General Hospital and thus SMRU will buy and operate Gene Xpert machine to reach the required targets.

Decision

- And the Chair endorsed the requested amount of SMRU for 2018 only and then suggested that they have to transition to other grant in 2019. Fund will be from NTP grant to take SMRU as SSR contract under same PR but not a SR status.

4. Save the Children confidential report

Dr. Thandar Lwin, the Chair of M-HSCC, updated the Save the Children (STC-PR) confidential fraud report on Cesvi to ExWG members. Under the STC-PR, Cesvi (SR) is running two programs; Malaria grant and TB grant. A notification letter for possible fraud cases from STC-PR on Cesvi addressing to the Chair of M-HSCC was received on 22 August 2017 and put up to the MOHS on Internal investigation was carried out on 2 grants of Cesvi by the Organization and STC-PR. MOHS instructed to Director General of Department of Public Health to closely monitor on this issue. According to the first investigation report from PR, suspected miss uses and contradicted donations were found. STC-PR also instructed to Cesvi to do 7 mitigation measures and followed up was done by PR independent investigation team and then report was submitted to OIG, waiting for the guidance of OIG.

5. Program updates from Save the Children (PR)

Two members from OIG team, Mr. Augustine and Mr. Daniel joined the meeting from this session and the Chair, ExWG members and other participants welcomed and introduced the OIG team.

Ms. Antonia from STC-PR presented their update information on the first six months of 2017 to the ExWG Regarding HIV program implementation, most of the activities met with the target whereas HIV testing in PWID was 93% and challenges for this was due to conflict affected and remote areas and also due to the difficulty to link to the health care services. Therefore, SCI, NAP and other implementation partners are trying to improve this situation with new strategic approach in 2018-2020 grant. PLHIV screened for TB was also improving (98%) and a significant improvement was seen in PLHIV started on IPT which was 32% in previous year and 80% in current situation.

The Malaria grant generally has high performance with the indicators in which LLIN distribution is remarkably twice of the annual target breakdown. Although there is some service destruction period in the Rakhine State and some of the periodically conflicted areas, the implementation activities are generally strong in the community and private sector with low level of positivity of Malaria continuing to the pre-elimination activities in the next year. SCT-PR highlighted the conducted 2 batches of TOT trainings in collaboration with NMCP on the use of mobile application for Malaria case reporting for volunteers and 500 volunteers are reporting by using this application at the end of 2017.

In TB program, overall remaining challenges were found to be finding missing cases although it is showing descending trend. UV and Giemsa radiation units were set up in private and public health facilities and installation of X ray machines for the AHRN active case finding (ACF) team and at the QC center of PR sites based in Yangon for more detection of cases in the next year. In the next year, Gene X-pert machines will be installed for the MDM in Kachin State and IOM in Mon State.

Regarding project close-out, CESVI and World Vision (WV) were not selected for continuing for Malaria and TB project. In HIV grant, projects from Burnet, SC-SR, HPA, SARA, Consortium and AFXB. SARA was not selected as SR but selected as Sub SR under Alliance for implementation of HARM reduction activities. Programmatic, financial, assets and pharmaceutical stock guidelines for the SRs were also developed and distributed. Programmatic close-out and handover activities were conducted with local authorities starting from September/October 2017. For financial reporting, forecasting of close-out budget is on process using 2017 funding and the final report will be submitted in February 2018. They also submitted approval from the GF for the close-out budget and assets transfer and approval was obtained in November 2017.

In asset management, asset transfer plan was prioritized according to normal priority asset framework and 1st priority was to transfer to the incoming local SRs regardless of PR. 2nd priority was to transfer any SRs working with STC-PR in other geographical locations regardless of grant and 3rd priority was to transfer to the other stakeholders including MOHS, CBOs, Local NGOs who is working on the ATM projects and the disposal was followed by the submission of disposal certificates to the PR. Sharing of asset transfer lists with all national program is currently ongoing process.

Regarding start-up activities, Pre Award assessment for MPG and MSI was conducted in May 2017 and complete signing of HIV and TB grants were executed in December 2017 in Nay Pyi Taw. For the tripartite agreement (GF, UNOPS and SC) for malaria grant, the agreement was submitted to GF

in December 2017 for the GF signature. Signing of the sub-grant agreement with SRs is on the finalized process and aiming to finish in January 2018.

For detail, please kindly see the presentation here:

https://drive.google.com/open?id=1Qa2ppz7L2NZ_lm2Pgp5rsXaGzeQ_xKec

6. Program updates from UNOPS (PR)

Dr. Sai Htet Aung from UNOPS-PR presented the program updates related to GF new grant approvals and signing process, updates on grant implementation, grant achievements up to 2017 and upcoming PR-led activities.

- GAC approval and signing for HIV (77,067,074 USD) and TB (77,281,372 USD) grants for 2018-2020 have been signed with MoHS on 8 December 2017 at Nay Pyi Taw.
- ON 12-13 December 2017, grant for Regional Artemisinin Initiative 2 Elimination (RAI2E) project has been signed for 76,308,384 USD.
- He also explained the estimated budget absorptions for TB, HIV, Malaria and RAI (Myanmar CC) programs, their variances for 2017 and the reasons for less budget absorptions. UNOPS Key activities on 2017 included Training on Planning, Budgeting, Controls, Cash Flow, Good Procurement Practices and Government Financial Rules in 23 October to 29 November 2017 and facilitation of Malaria week on the 1st week of December 2017 to call for action to Eliminate Malaria in the Greater Mekong Sub-region by 2030. Other activities were e-health initiative achievements and central warehouse renovations.
- In grant agreement, preparation and signing, 3 national programs (NAP, NTP and NMCP) are still processing at MoHS and the other SRs (85%) finished the signing process with UNOPS-PR. SR orientation workshop is expected to be held on 29-30 January 2018 in Yangon.
- In close-out and transfer activities, ARC and CPI's Malaria (RAI) projects were close-out and PSI and SCI's Malaria (RAI) projects were transferred to SC-PR. For TB/HIV, WFP nutrition support program has already been closed out.
- GF asset status updates and asset transfers were currently carried out.

For detail, please kindly see the presentation here:

<https://drive.google.com/open?id=1ezXZnHPqrEDhij5JNjbWjQtXs1Q2X2W>

Discussion Points for 2 PRs

- On the discussion part, Ms. Karen from USAID questioned that is there any other problems for UNOPS in 2017 implementation that resulted to nearly 30% under spent of the proposed budget compared to the other years.
- UNOPS-PR answered that this 2017 budget is stand-alone budget and it is true that the budget expense is a little lesser than the UNOPS expectation. However, for the overall entire year grant budget expense rate for UNOPS-PR in 2017 is nearly 90%.

7. Preparation for oversight visit and discussion on next M-HSCC agenda

Dr. ThandarLwin asked the suggestions from ExWG members to prepare for the possible oversight visit places in 2018 and she also suggested to put NCD, injury and RTA issues in the next M-HSCC agenda on the 1st quarter of 2018 due to the recent important findings from National Mortality Survey. 2017 oversight visit was occurred in Chin State. The M-HSCC chair suggested Mon and Karen State for 2018 oversight visit not only to learn about EHOs working status, HIV, TB and Malaria issues but also to focus on RMNCH to address challenges, service gaps and success stories. The members also endorsed to the Chair's suggestion.

Discussion Points

- Ms. Karen from USAID suggested to put external reporting on Rakhine health sector update issues on next M-HSCC agenda because previous Rakhine health status update from MoHS is contrary to the information from the external sources. She also pointed out to put a session on next M-HSCC agenda on remodeling of M-HSCC structure in order to emphasize more on health sector coordination and functioning.
- Ms. Hnin Hnin Pyne supported remodeling of M-HSCC structure and she also proposed to prioritize important meeting topics on next agenda in order to have effective participation on the discussions.
- Dr. Thandar Lwin discussed that topic prioritization was always done on the M-HSCC agenda. As M-HSCC was derived from M-CCM and following the CCM governing manual, it is not possible to less focus on communicable disease issues such as ATM. Although there are 8 TSGs according to the sector, only TB-TSG, HIV-TSG and Malaria -TSG are working effectively and closely linked to M-HSCC. Some TSG need to be strong and work collaboratively with M-HSCC. She also mentioned that if the HSS-TSG is working properly, M-HSCC might be more effectively focus on health sector coordination and functioning because HSS-TSG accounted for National Health Plan as nearly 80% of the NHP is focusing on HSS. WHO is also supporting on HSS-TSG with the formation of Sub-groups for effective and active working.
- Mr. Stephan from WHO also suggested to include discussion part after the Updates on NHP implementation topic aiming to address more on current key issues and challenges. He supported Ms. Karen's suggestion to put report from external sources on the update on Rakhine issues for clear picture and balancing approach as health sector and MOHS is now becoming more important in the humanitarian work.

8. AoB

- Ms. Karen questioned about the delay in the signing agreement on GF fund from MOHS and Dr. Thandar Lwin explained that the delay was because MOHS is figuring about the mapping of the service implementing partners in order to avoid service duplication and widen health service coverage area because new grants are coming in to MOHS.

- Following that, Mr. Augustine from OIG explained about the OIG visit to Myanmar that it is a routine trip to see how effective and what need to improve in the GF supported countries. This audit visit also aimed to discuss with key stakeholders and PRs in order to understand the implementation arrangements, challenges and success stories to give useful information for the 2nd visit. Mr. Daniel also introduced about the background to Office of Inspector General (OIG) that OIG is an independent body that responsible to report Global Fund bond and it was divided into 2 departments, Audit and Investigation, which was composed of 50 people. Since 2014, OIG visited more than 10 counties and shared the good experiences and advice to solve the challenges based on the other country experiences. This visit is expected to conduct a comprehensive evaluation of Global Fund grant to find any operational strategic issues.
- Mr. Karen said that as Myanmar context is changing so dramatically and National Health Plan is aiming to offer basic health services in the upcoming years which need to engage with a lot of partners and thus questioned the following points; How the report will represent? Will it be future oriented and advisable for the country in engaging partners by looking at the past experiences? How can this OIG visit would contribute to the country's ongoing process?
- Mr. Daniel answered that OIG will look at the recent past experiences and challenges to guide the future not only in the financial matter. However, they will try to see how the country and implementing partners are having strong and weak points in their strategic work and they will try to inform to integrate their strategic work based on similar success or challenging story of the other OIG visited countries as OIG has a privilege position to see the overall figure of the country's ongoing health system.
- Mr. Stephan Jost also wondered that how the OIG team will balance between audit and evaluation although Mr. Daniel said that OIG is coming to see the realistic view of the health system related to Global Fund granted implementation and expected to be in evaluation role. However, many of the OIG specialists (16 people) are coming to the field and trying to looking at the functions.
- Mr. Daniel said that although the inspector and the host country have different expectation for the OIG outcome, the main audience is Global Fund board and its expectation is to see strategic planning challenges. So, they are trying to have a balance answer for the host country, inspector and the board. The process for OIG visit will take 20 weeks in order to fulfill these expectations. The planning phase takes 6 weeks and it is divided into 2; the desk phase which is a collection of all documents of the respected country, preparing briefing notes and portfolio package. The next step is field visit to the country for 1 week to get an insight view of that country. Then, they will make a risk based planning based on the information they had and consult with the country's implementing partners to prioritize the important issues. Following that, the last stage will be consulting with a team of experts on the problematic issues to give an evaluative guidance and share the draft report the PRs to get the feedback. And then, OIG will refine the report and send it to the board and published.

Then, the Chair made the thankful closing remark and meeting ended at 16:00.

