

Meeting of Executive Working Group of M-HSCC
10:00 – 12:00, 14 February 2014 (Friday)
Disease Control Meeting Room, Nay Pyi Taw

Present:

1. Dr Soe Lwin Nyein (Chair of ExWG)
2. Dr Nwe Ni Ohn (DoH)
3. Mr Eamonn Murphy (UNAIDS)
4. Dr Sid Naing (MSI)
5. Mr William Slater (USAID)
6. Ms Amber Cernovs (AusAID)
7. Ms Nwe Zin Win (Pyi Gyi Khin)

Observer

8. Dr Thar Tun Kyaw (DoH)
9. Dr Myint Shwe (DoH)
10. Dr Thandar Lwin (DoH)
11. Dr Thaug Hlaing (DoH)
12. Dr Win Naing (DoH)
13. Dr Khin Than Nwe (MMCWA)
14. Dr Sundarajan Gopalan (WHO)

Summary of Discussion

1. Welcome by the Chair of M-HSCC Executive Working Group

Deputy Director General Dr Soe Lwin Nyein welcomed the participants and introduced the agenda of the meeting. Participants were informed that MoH is working on health sector reform plans. The president met with the senior officials from MoH and he suggested to reform the health sector. Government observed that although MoH gets many supports from partners compared to the previous years, the improvements cannot be seen significantly. So, currently, MoH is giving more effort on health sector reform process and The 11 task forces were formed.

2. Presentation on Task Forces for Health Sector Reform Plan

(Dr Thar Tun Kyaw)

Dr Thar Tun Kyaw presented the composition of the 11 task forces which were formed for Health Sector Reform Plan. The 11 task forces are:

1. Medical Care and Diagnostic Task Force
2. Disease Control Task Force
3. Public Health, Maternal and Child Health Task Force
4. Universal Health Coverage and Service Delivery Task Force
5. Food and Drug Administration Task Force
6. Traditional Medical Task Force
7. Medical Research Task Force
8. Human Resource Development Task Force
9. Private Sector Development and Involvement Task Force
10. Health Policy Review Task Force
11. Health Information System Task Force

Dr Soe Lwin Nyein stated that it is necessary to move forward to get the visible improvement. We can get quick win if we can have all information from partners and compile the data so that our achievement will be more visible.

Discussion Points:

- DoH will have a meeting with World Bank this afternoon to discuss how WB's financial support (USD 200 million) will get fit in the M-HSCC.
- Quick win process will only focus on the targets which were set to reach before 2015
- All activities will be linked with National Health Plan and there is a situation analysis process of current NHL and the strategies and activities will follow according to the result of the situation analysis.
- Dr Sid Naing suggested public relation is also important for health sector like translation of medical information so that it can be understood by non-medical persons and providing the communication skills to the service providers. Dr Soe Lwin Nyein informed that there will be a health channel so that health education task force can provide the health education effectively.

3. Presentation on Disease Control Task Force (Dr Thar Tun Kyaw)

Dr Thar Tun Kyaw presented the frame and detailed structure of disease control task force as a sample. The task force will have a meeting at every week and these meeting will be held in Nay Pyi Taw and Yangon alternatively. The secretariat office of the task force will be in Yangon.

Each task force has the specific objectives, activities and budget. After developing the detailed workplan of each task force, these workplans will be compiled as a comprehensive health sector reform plan. There will be a national seminar to discuss on this plan including all responsible agencies, representative from community and patients/clients.

Dr Soe Lwin Nyein informed that the final plan will be sent to the President Office last week of March 2014. Some activities might have funding gaps. But, the government increases the health 6 or 7 times to the previous and the President also told that there is a plan to provide the budget for some activities which financial gap.

There is a situation analysis of existing health activities assessment done by the members from government sectors and parliamentarians. They visit to the fields every week and give suggestion to MoH which are needed to do the corrective actions urgently. He suggested that SRs activities should also be checked randomly by this group as the health activities are not only implemented by MoH. He also suggested that ExWG and M-HSCC need to do some assessment on SR activities.

Discussion Points:

- Mr William Slater from USAID suggested that it is necessary to set up the way for engaging with the clients and the mechanism to get direct engagement with CSOs across the country.
- UNAIDS Country Director Mr Eamonn Murphy suggested that public relation activity is important and the task forces should work with the respective TSGs. He also pointed out that it is also needed to discuss how the World Bank funding will fit into the reform plan. He offered which supports have to be provided by other technical partners.

- Ms Amber Cernovs from AusAID discussed that engaging with community and communication with customers and civil society are very important. Development Partners are very pleased for the government on very good initiative and she asked what kind of support should be provided by development partners.
- Dr Sundarajan Gopalan from WHO suggested that the ToRs of the task forces are not very clear. He also concerned that to what extent that the reform plan is different from National Strategic Plan and the reform plan should have some fundamental changes. He suggested that this plan also consider for longer term as currently it is only two year plan.
- Ms Nwe Zin Win from Pyi Gyi Khin discussed that it is happy to know that this health sector reform plan is more focused on people centered approach and voices from community. There should be linkages between these task forces and the community engagement. For eg, HIV/AIDS Alliance is trying to set up Community Feedback Mechanism for the quality of ART treatment. It would be great this mechanism can act as a formal channel to give that information to this task force.
- Dr Soe Lwin Nyein discussed that the president also suggested that more preventive activities should also be focused. Now, all the Global Fund activities are focused on case management activities and he suggested to promote on preventive activities for the community.
- Dr Thandar Lwin from National TB Programme explained that we can detected the cases which are symptomatic but, we can't detected those patients who didn't aware their symptoms and live in hard to reach areas. So, this is time for us to change the strategy. The media campaign is very important for preventive aspect to push hidden cases come out. For the patients who detected as MDR TB patients, the infection control measures are needed to use properly at the patient house and at the health setting. But, infection control measures are very expensive to have proper setting in health sector.
- Dr Soe Lwin Nyein discussed that the issue is that there are not sufficient amount of N95 masks. Now, TB staffs are treating MDR TB patients without using N95 masks. He suggested that implementing partners should highly emphasize on that type of gap.

- Mr William Slater discussed that it is also needed to make sure that the human resources in health sector have enough instruction to tackle the TB patients. All task forces should work together as they might have the same challenges in doing reform process.
- Mr Eamonn Murphy suggested to have a meeting with development partners to present the summary about the range of the task forces areas and discuss about them as an open discussion. He suggested that four TSGs should meet once before M-HSCC meeting.
- Dr Thar Tun Kyaw explained that implementing partners and community representatives should include in the development process of the workplan. All meetings will be Nay Pyi Taw and Yangon. So, the development partners can participate in the meeting which will be held in Yangon. The finalization of the disease control task force's workplan will be in fourth meeting according to the timeline of the task force.
- Mr Eamonn Murphy suggested to hold a combine meeting to have wide range of conversation with wide range of partners.
- Dr Gopalan pointed out that there will be 11 pieces of one plan and it needed to identify one mechanism to combine all workplans as one document.
- Mr Eamonn Murphy suggested that the M-HSCC secretariat can help arranging the meetings.
- Dr Gopalan requested to invite UN agencies also in the meeting although they are not implementing partners.
- Dr Sid Naing from MSI discussed that the free of charge service for diagnosis and treatment services will give a lot of burden for MoH

5. Discussion on agenda for the upcoming M-HSCC meeting

Mr Eamonn Murphy, UNAIDS Country Director, suggested the process of reform plan should be included in the agenda.

Mr William Slater suggested that M-HSCC may be the important body to help the communication process of health sector reform plan. The way of getting the endorsement and engagement with M-HSCC will give the MoH products a lot more credibility.

Dr Gopalan suggested that it is also necessary to discuss about IHD+ in the M-HSCC meeting.

Mr Eamonn Murphy discussed that there is an agreement between partners that UNOPS-3MDG will provide the secretariat support to M&E TSG like HIV-TSG, TB-TSG and Malaria-TSG have support from WHO and UNAIDS. Public Health Emergency and Disaster Preparedness TSG will be supported by WHO, Reproductive Health and Maternal, Newborn and Child Health TSG will be supported by WHO and UNFPA. Health System Strengthening TSG is WHO and World Bank.

8. AoB

We send requested to letter the speaker to establish the working group with the parliamentarians and the community representatives. The speaker approved to establish this working group. The participants of the working group are:

1. Thura U Aye Myint (Chairman - Sports, Culture and Public Relations Development Committee)
2. Dr Kyaw Myint (Chairman – Health Development Committee)
3. Dr Nay Lin (Secretary - Health Development Committee)
4. Dr Aung Than (Member - Health Development Committee)
5. U Tin Maung Oo (Secretary - Public Administration Committee)
6. Daw Phyu Phyu Thin (Member – Projects and Financial Development Committee)
7. Daw Sandar Min (Member – Investment and Industrial Development Committee)
8. U Myo Thant Aung (Chairman – Myanmar Positive Group (MPG))
9. Naw She Wah (Chairman – Myanmar Positive Women Network (MPWN))
10. Daw Nwe Zin Win (Chair Person – National NGO Network (3N))
11. Daw Thuzar Win (Secretary – Sex Workers Network in Myanmar (SWiM))
12. U Kyaw Thu (Chairman – National Drug User Network in Myanmar (NDNM))
13. U Nay Lin (Chairman – Network of Men who have sex with Men (NMSM))
14. Daw Khun Taung (Member – Myanmar Interfaith Network on HIV/AIDS (MINA))
15. Dr Kyi Zaw Win (Programme Manager – Pyi Gyi Khin (PGK))
16. Dr Sid Naing (Country Director of MSI (UN/INGO Representative))
17. Dr Soe Naing (Country Director of Alliance Myanmar (UN/INGO Representative))
18. Dr Kyaw Khaing (UNAIDS Representative)

It is expected that the first meeting will be at the end of February 2014.

Dr Myint Shwe suggested that the output of this working group should be integrated into TSG.