

Minutes of the M-HSCC Executive Working Group Meeting

Disease Control Meeting Room, Naypyitaw

Wednesday, 29th of April 2015

9:30-12:00

1. Welcome by the Chair

On behalf of the chair, Dr Thandar Lwin welcomed the attendees and introduced the agenda. The ExWG meeting was held to share updates and discuss PR transition, the MoH reorganization, PR progress reports, Regional Artemisinin Resistance Initiative (RAI) issues, the Myanmar Demographic Health Survey, the upcoming Health Forum, the ExWG trip to Shan State findings and to discuss the agenda for the next M-HSCC meeting.

2. Introduction of new member of ExWG

Dr Thandar Lwin introduced a new member to ExWG, Dr Wai Mar Mar Htun, Assistant Secretary of the Minister's Office. She is the focal person of Health System Strengthening in MoH and she will replace the ExWG member position of Dr Nwe Ni Ohn, who retired from MoH in December 2014.

3. Update on PR transition and establishment of PR transition sub-group

Dr Thandar Lwin made a presentation on the progress of the GFATM PR transition. The process started with MoH's self-review in late 2014 with the assistance from CHAI. In March 2015, training was provided to regional/state/district/township health managers on the cash flow mechanism which is part of the health system strengthening done by UNOPS in collaboration with MoH. The training was conducted in 9 batches to cover all 330 townships.

The initial structural analysis supported by 5% FEI was done from 16 March to 9 April in Nay Pyi Taw and Yangon. Three consultants with expertise in financial management, M&E and procurement and supply chain management (PSM) met with key stakeholders in MoH, other ministries, multilateral, bilateral partners, PRs and SRs in assessing 5 key areas of program management, financial management, procurement, supply chain management and M&E. The debriefing to the deputy ministers of MoH was done on 5 and 6 April. In the debrief meetings, the consultants reported that MoH is on track and can achieve PR capacity in the areas of program management, supply chain management and M&E in the middle of 2016 with additional training and strengthening of processes and mechanisms, while the financial management and procurement areas need additional time and efforts to reach PR capacity.

After the initial structural analysis, the next step is the formation of ExWG sub-group for PR transition to provide technical assistance on MoH capacity development and to develop a transition plan based on the recommendation of the structural analysis report. Dr Thandar Lwin suggested a list of persons for ExWG PR transition sub-group. After discussion, the final proposed member list is:

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|----------------------|---|---|
| Government | - | Dr Soe Lwin Nyein - Director General, DoPH
Dr Thandar Lwin - Director, Disease Control
Dr Kyaw Khaing - Director, IHD
3 Program Managers of HIV, TB and Malaria
One representative of Department of Finance under DoPH/Ministry of Finance
One representative of CMSD under DoPH |
| Multilaterals | - | Dr Jorge Luna - WHO
Mr Eamonn Murphy - UNAIDS |

- INGO - One representative of the World Bank
- INGO - Dr Sid Naing - MSI
- CBO/FBO - Daw Nwe Zin Win - PGK
- Donor - Mr William Slater - USAID
- Other - Dr Kan Tun
- Other - One representative of SCMS

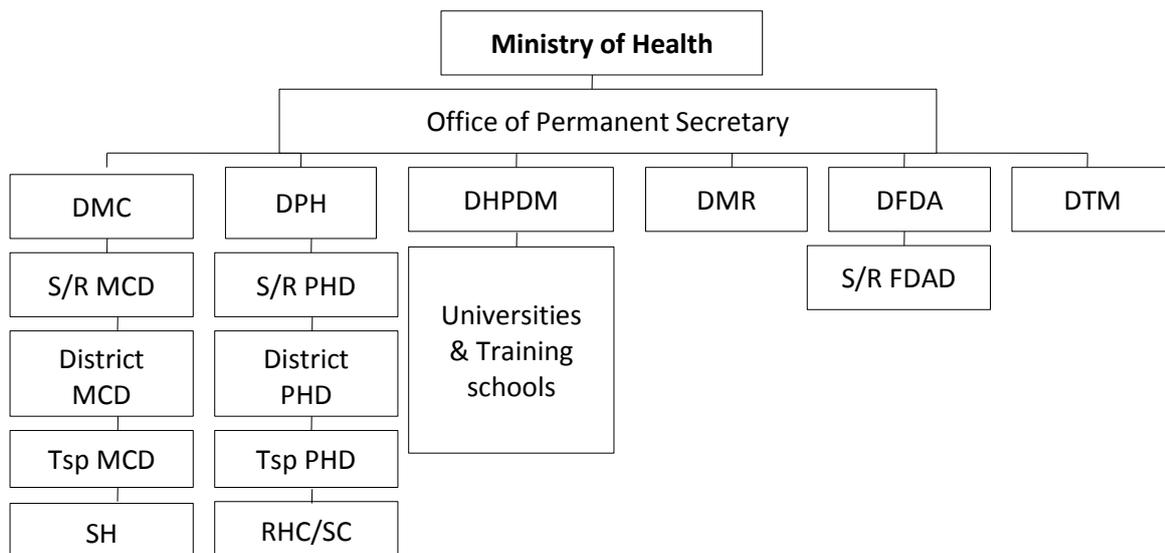
The chair will be DG of DoPH and the M-HSCC secretariat will provide secretariat support for this sub-group.

There will be a stakeholder meeting with GFATM at the end of May or early June 2015. The finding of the 5% FEI PR transition assessment mission should be discussed in that meeting. There is hence a need to follow up with FEI in order to receive the report. Dr Thandar Lwin pointed out that most of the findings from the FEI 5% consultants come from assessing the former Department of Health and now with new structure of MoH, the new Department of Public Health has some opportunity and potential capacity especially in the area of program management and PSM.

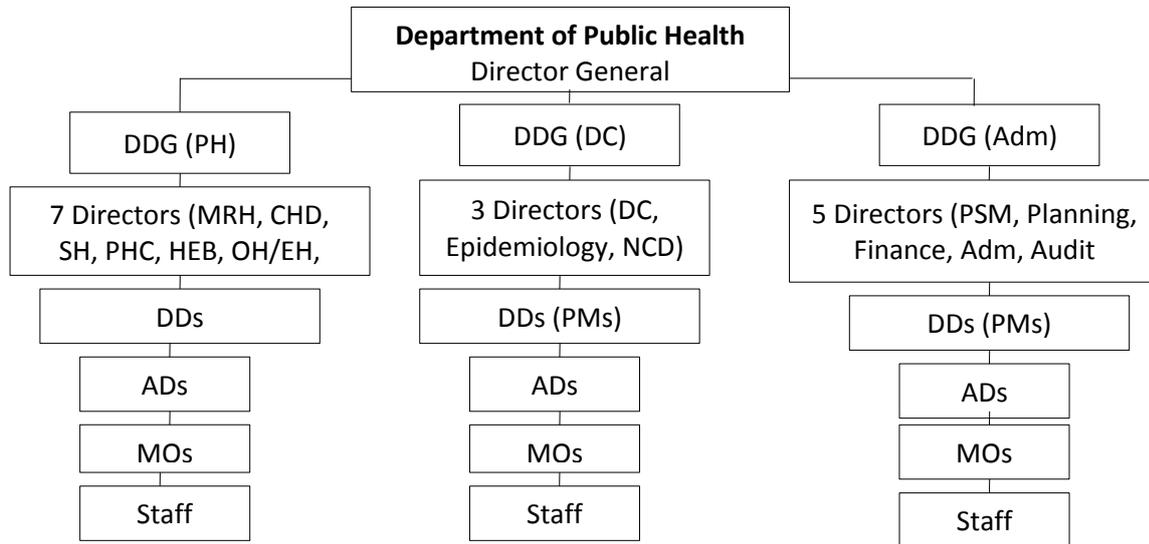
4. Update on MoH reorganization

Dr Thandar Lwin shared with the ExWG member information on the restructuring of Departments in MoH. There is now an office of the Permanent Secretary in MoH and there will be 6 departments under MoH and the Office of the Permanent Secretary: Department of Medical Care, Department of Public Health, Department of Health Professional Development and Management, Department of Medical Research, Department of Food and Drug Administration and Department of Traditional Medicine. The new structure is effective as of 1st of April 2015, but some of the underlying reorganization processes are still in progress. Once the new organization set up is completed, the new organogram with name and title of position will be shared with all development partners.

Regarding the office of Permanent Secretary, there will be three levels of Permanent Secretary: first, second and third. The first Permanent Secretary is Professor Thet Khaing Win, former Rector of the University of Medicine (1), the second Permanent Secretary is U Sein Win, the current Head of MoH and the third is Dr Wai Mar Mar Htun, Assistant Secretary of the Minister's Office. With the new structure, IHD is under MoH and the Permanent Secretary Office.



The Department of Health was transformed into Department of Public Health and Department of Medical Care. Two DMR of Lower and Upper Myanmar were combined into one DMR. The name of the Department of Medical Science has changed to Department of Health Professional Development and Management. The Medical Universities and Training schools will shift to Ministry of Education and Ministry of Science and Technology from MoH. The Department of Health Planning has closed down and the staff members have been absorbed by the new Department of Public Health. All the existing State/Regional, District and Township Health Departments and BHS are also absorbed by the DoPH. There will be a total of 37,710 staff + existing BHS under the new DoPH.



With the health sector reform, the task forces and working groups were re-organized on 10 April 2015. There will be 3 task forces: Financial Management, Human Resource Development and Health Sector Development. There will be 12 working groups: UHC/Health services, Improving medical care and diagnostic, PH and RMNCH, Disease Control, FDA, Traditional Medicine, Medical Research, Health Professional development and management, Private sector development and collaboration, Health policy review, HMIS and HEB. With this reform, the main mission for 2015 is to reduce under 5 mortality rates and this year activities of DoPH will mainly focus on this.

Mr. Slater from USAID asked for further information on the linkage between the new structure of task forces and working groups and the 7 M-HSCC TSGs. Mr. Slater encouraged coordinated efforts in order to avoid duplication and ensure an efficient use of staff time. He also asked if and how the development partners can interact with the 3 task forces and 12 working groups. Dr Thandar Lwin explained that the MoH plan on interaction with development partners. Currently MoH is working on their own government driven plans. MoH wants to focus on establishing the 3 task forces and 12 working groups, but later it may open to relevant development partners and stakeholders for partnership and technical assistance.

5. Update on RAI RSC

Dr Aung Thi, the Program Manager of NMCP gave an update on Myanmar RAI grant implementation and the RAI Steering Committee meeting held 9 April 2015. The grant for Myanmar country component for the year 2014-2016 is 40 million US\$ and there are 8 SRs implementing RAI activities. Dr Aung Thi shared information about the program, outlined progress, and listed achievements. Due to procurement issues, some activities didn't meet the target in 2014 like the ITNs distribution, no. of confirmed malaria treated case, no. of P.f cases investigated and treated with DOT. The overall budget absorption is 22.4%. The

reprogramming budget for the year 2015-2016 is US\$ 27 million (please see attached presentation for detail).

Dr Aung Thi also pointed to an important update on proposals for the 2nd round of Intra-country Component (ICC) of RAI activities. Among the SRs that submitted proposals, Medical Action Myanmar (MAM) was selected by the RAI Steering Committee for a project on containment of artemisinin resistant malaria along the Myanmar-Indian border. The area includes 7 townships from the northern and western part of Sagaing Region. Although MAM is selected for the ICC activities outside of the country, the grant proposal should also be approved by M-HSCC. The M-HSCC Executive Working Group decided that the proposal should be shared with the Malaria TSG which should provide technical comments and recommendations to the ExWG. Only after receiving the recommendations from the TSG will the ExWG decide on the proposal. Dr Thandar Lwin emphasized that in parallel to the approval process of the ExWG, MAM needs to conclude negotiations with MoH because the geographic areas in the proposal is not included in MAM's existing MoU for work in Myanmar.

6. PR progress update

Mr. Eamonn Murphy briefed the working group on the progress of the PRs UNOPS and Save the Children (STC). He started with an update from UNOPS PR for the year of 2014. All three programs achieved their indicator targets. The final quantitative rating for HIV is B1, and those for TB and Malaria are A1. The overall progress and achievements are good. Budget absorption is 89% for HIV, 88% for TB, 90% for Malaria and 88% for RAI Malaria. The budget absorption for ICC components is 40%. Dr Aung Thi was asked to look into the apparent discrepancies between the figures he presented for the RAI and those available from UNOPS.

Mr. Murphy continued the presentation with updates from STC PR. The grant rating is B1 for Malaria and A1 for HIV and TB respectively. The data, overview of progress and achievement are good in all three programs. The annual budget absorption for 2014 is: HIV - 90%, TB - 95% and Malaria - 90% (please see the attached presentations for details).

Dr Myint Shwe, Program Manager, NAP informed the ExWG members about the government's US\$ 5 million contribution for HIV activities. All the necessary processes are clear, but the budget is still pending due to the current structural reform within MoH. Once the Department of Public Health is well established and the bank account for the budget is created, it will become fully functional.

It was decided to ask that the three TSGs on HIV, TB and Malaria and the two PRs have meetings on the budget expenditure to identify any unspent budget for all three programs in order to reallocate or reprogram the savings and to prioritize the activities for the efficient use of the budget. It was emphasized that any unspent funds at the end of the grant period will be subtracted from the next grants.

Ms Amber Cernovs from Australian Aid requested that the 3 MDG Fund could provide an update on their activities at the next ExWG meeting.

7. Update on Myanmar Demographic Health Survey

Daw Aye Aye Sein, Deputy Director General of Department of Public Health presented on the Myanmar Demographic Health Survey (DHS). Myanmar DHS 2015 is part of the global DHS program for collection and use of data to monitor and evaluate population, health and nutrition programs. Myanmar DHS use the 7th generation of the global program and is fully equipped with global DHS standard instruments and

survey methods. This is the first ever DHS survey to be conducted in Myanmar and it should hopefully be conducted every 5 years in the future.

The executing agency for MDHS 2015 is Ministry of Health and other related ministries. The financial support is from USAID and ICF international assists with technical support. There are two committees for MDHS: a Steering Committee chaired by the Deputy Minister and a Working Committee. The Survey Manager and two Deputy Survey Managers and two Survey Coordinators are the focal persons for MDHS. There is also a Residence Survey Advisor for technical assistance to the focal persons and the working committee. There are 4 stages of the survey: (1) Survey preparation, (2) Training and field works, (3) Data processing and analysis, (4) Data dissemination. It will take about 2 years to complete all the stages. Now, the survey preparation phase (survey design, sampling, questionnaire development, pretesting) has been completed and the next step is the training of field staff and data collectors which is aimed to start in June/July 2015.

The sampling frame is calculated based on 2014 Myanmar Population and Housing Census. There will be 15 reporting domains, 442 clusters (30 household per cluster) with 16,829 women and 7,489 men from all states and regions in the 2015 MDHS. For more information, please visit: www.dhsprogram.com, www.statcompiler.com and <http://userforum.dhsprogram.com> (please see the attached presentation for detail).

8. Findings of ExWG oversight visit to Shan State

Mr. Eamonn Murphy presented on the findings from ExWG oversight visit to Kalaw, Aung Ban and Pindaya in 23-25 February 2015. The visit was part of M-HSCC Executive Working Group's oversight mandate and it covered a varied mix of public health programmes including vaccination, maternal and child health, HIV, TB and Malaria activities. The team included three government officials from MoH in Nay Pyi Taw, the Taunggyi District Medical officer, one representative from International NGOs, one representative from national NGOs, one representative from the bilateral constituency and one representative from the multilateral constituency.

The findings were:

- Sites visited were in good condition and staff members were very well prepared and open to questions.
- Relatively few issues were identified around availability and provision of commodities and stock-outs, which appeared well organised.
- Engagement of communities in both NGOs and select government sites seemed solid.
- Overall, the Pindaya Township Hospital was noteworthy, being well managed and well equipped.

The main issues detected were:

- A notable number of unfilled posts in government services;
- Difficult logistics primarily in terms of lack and prohibiting costs of transportation for clients and patients
- Health sector silos with insufficient coordination between the different health programmes; collaboration with medical service of the army including at the very large local military hospital not developed and used to its fullest capacity
- Need for further data collection and integration into one system (NGOs and private sector reporting into MoH system)
- Ways to strengthen motivation among volunteers and auxiliary nurses is needed

The recommendations were:

- Encourage MoH to establish coordination mechanisms at district and township level that coordinate across private, public, civil society actors
- Encourage MoH to establish better coordination mechanisms with Minister of Defense and the military health facilities in the interest of better services for both parties
- Encourage action to fill vacant post in public health sector
- Consider motivational mechanisms/incentives for volunteers and auxiliary nurses in both NGO and public systems

9. Update on Myanmar National Health Forum

Mr. Eamonn Murphy briefed the working group members on the upcoming Myanmar National Health Forum. He presented the purpose and the format of the forum planned to be conducted in Nay Pyi Taw at the end of June or early July. The technical support is provided by UNAIDS and volunteer development partners while the 3MDG fund provides financial aid. The forum is expected to be opened by the President and the expected number of participants is around 300. The speakers will be from various sectors and feature national and international experts.

There are two committees working on the National Health Forum: the steering committee and the organizing committee. It is important to have the first steering committee meeting soon (planned tentatively for the 5th of May) to have a final agreement on the forum date, finalization of the forum agenda, approval of a road map and a clear action plan. The second informal meeting of the Organizing Committee will be held 11th of May to have the decision on implementation and distribution of tasks and responsibilities among Organizing Committee members (please see the attached presentation for detail).

10. Agenda for next M-HSCC meeting

The suggested agenda for next M-HSCC meeting to be held in 12 May 2015 were:

- Under 5 mortality and strategy to achieve a decrease in mortality rate
- Essential health care package
- Update on UHC
- MoH restructuring
- Health Forum
- PR transition
- PR updates
- ExWG and TSG updates
- Community update
- Regional proposals (including APN+ endorsement)
- M-HSCC plan for 2015 and 2016

11. AOB

Regarding the GFATM special initiative on strengthening in-country data systems, the proposals were finalized and submitted to the chair of M&E and Research TSG. Consequently, following previous discussions at the ExWG, it was requested that the ExWG endorse the final proposals before they are submitted to Global Fund. Because of limited time and since the ExWG have already reviewed the proposals in earlier versions, with the kind permission from the chair, the proposal will be circulated to

all the members for comments. If there is no comment, it will hence be automatically approved and the submission will proceed as necessary.

Daw Nwe Zin Win from PGK discussed about involvement of civil society in the health forum and the health sectors. Although the involvement of civil society in health sectors are more advanced than in other sectors, most of their activities are emphasized on HIV issues. However, they are now looking at the opportunity to contribute their efforts in other health sector activities. In the upcoming National Health Forum, there is a section for the speakers representing the civil society and they are thinking about how they can meaningfully contribute in this forum. They would like to organize a civil society forum before the national forum to have the complete picture of how they can effectively involve and bring the outputs and suggestions into the National Health Forum.

The M-HSCC secretariat relayed to the ExWG members a message from TSG on M&E and Research. The TSG has worked on the work plan for the next year and decided to primarily focus on research, evaluation and innovation. After discussion with the Deputy Minister and the Director General of DoPH the TSG hence requested if monitoring and issues around strengthening of information management systems (HMIS, LMIS, etc.) could be moved from the M&E and Research TSG to the HSS TSG. The ExWG decided to recommend a move of monitoring issues from the TSG on M&E and Research to the TSG on HSS.