

## ***Minutes of the M-HSCC Executive Working Group Meeting***

***Disease Control Meeting Room, Naypyitaw***

***Wednesday, 7<sup>th</sup> of October 2015***

***9:30-12:30***

### **1. Welcome and introduction by the Chair**

Deputy Director General Dr Than Win welcomed the attendees and gave an opening remark. He stated that, starting from April 2015, MoH is in the transitional period of health sector reform and practicing decentralization to sub national level. Some remarkable milestones have been made after the health sector reform. Among them, the First Myanmar Health Forum was successfully conducted in July 2015 and important recommendations for Universal Health Coverage were made for Myanmar. The MOH is currently conducting various task force and working group meetings to review and revise the current policy and initiate the Universal Health Coverage with a focus on RMNCAH+.

Most important development is the launching of the Essential Health Services Access Project in September, 2015 with the loan from World Bank. It will focus on RMNCH and will aim to support the sustainable development goals, in which it has to “ensure healthy lives and promote wellbeing for all at all ages”. Hence, the demand of the resources is increasing and domestic funding as well as international funding must be mobilized. Current status is that most health projects are in different ‘silos’ depending on different funding sources, however, MoH is working toward a grand convergence of all health projects and programmes in the future under country leadership.

Then he introduced the agenda. The meeting was held to share updates on PR transition, PRs progress reports and 3MDG Fund updates, TSGs meeting outputs and to discuss the agenda of upcoming M-HSCC meeting and the ExWG oversight visit. The final important part is consideration of restructuring of the M-HSCC government constituency composition to be appropriate with the reformed MOH structure.

He asked all the members to declare any potential conflict of interest that they might have in connection with a specific agenda item. No conflict was declared.

### **2. Update on PR transition preparation by PR Transition unit**

Dr San Hone, Dr Cho Cho San and Dr Chan Nyein Maung, the focal persons from DoPH PR Transition Unit and Assistant Directors from 3 Disease Control National Programmes, presented about the update on PR Transition preparation. The presentation included 3 parts; 5% Initiative structural analysis key recommendations, conceptual framework of responsibility and linkage of ExWG PR Transition sub-group and DoPH PR Transition Unit and finally, the proposed plan and schedule for PR Transition.

The team proposed a phased transition model with gradual integration of difference modules and capacity of the each program into the government structure over 5 years, from 2017 to 2021. The capacity development plan with detailed proposed activities for the preparation phase was presented (please see detail in the presentation).

### **Discussion and Recommendations**

- The Executive Working Group welcomed the conceptual framework of the PR transition process, the capacity development plan that starts from 2015-2016 and the 5 years phased transition plan from 2017-2021. It was recommended that a gradual PR Transition takes place where the PR capacity for different components of different programmes will be progressively integrated into the existing Ministry's Health System.

- For the overall PR function, a dedicated focal person with high level leadership skill, who knows the entire situations, is needed for coordination between different counterparts for PR Transition such as stakeholders from MoH's decision making level, current PRs and all three programmes. The person should be full time devoted to the PR Unit, and not be engaged with any activity apart from this.
- It is important to have a resource mapping of current capacity and situation as well as a mechanism for reviewing and assessing the different PR capacities in the phase of capacity development, so that it can inform the process of which necessities need to be fulfilled before starting the PR function.
- If going into phased transition, there will be a transition period where there will be two Principal Recipients managing different PR functions of Program Management and M&E, Procurement & Supply chain Management and Financial Management for the same grant. To avoid information gap and confusion between them, strong collaboration between the two entities will be necessary.

### **3. Next M-HSCC meeting agenda**

The suggested agenda for next M-HSCC meeting tentatively planned for 15 October 2015 were agreed as follows:

- Policy update on RMNCAH+ including upcoming strategic plan
  - National Health Plan (update, process and engagement of M-HSCC plus the role of the National Health committee and it's relation to M-HSCC)
- PR Transition Plan
- GAVI HSS Proposal
- Reports:
  - Update on UHC (including WB and WHO support - plus some reference to Myanmar Health Forum and Essential Health Care Package)
  - ExWG
  - TSGs
  - National Strategic Plans
  - Communities
- AoB
  - GFATM CCM Eligibility and Performance Assessment and the GFATM Concept Note process
  - RAI proposal from MAM
  - Plans for next meeting

### **4. New government members of M-HSCC, ExWG and chairs of TSGs**

Mr. Ole Hansen, Senior Programme Officer from the M-HSCC Secretariat presented on the suggested changes to the M-HSCC government constituency composition made in order to be in line with the

reformed MOH structure. The new list was suggested by the Ministry of Health and it was proposed to add 5 new members: two from MoH and three from other Ministries. According to the GFATM CCM rules, the national civil society representatives should occupy at least 40% of the CCM membership. If the number of government constituency member increase, the national civil societies organisations hence also have to increase their number of seats on the M-HSCC with 5 more new members. By GFATM definition, national civil society includes National NGOs, CBOs/FBOs, PLWD/Key Populations, Academics and the Private Sector.

Apart from this, there is also an M-HSCC rule, saying that 50% of its seats have to be filled by civil society representatives. So, if the rule is applied, there will have to be 6 more members from civil society to compensate for the increment of government constituency members. Alternatively, a change to the M-HSCC 50% rule should be agreed by the ExWG (please see detail in the attached excel sheet).

In addition it was noted that the fourth seat of PLWD/Key Populations on the M-HSCC remain vacant and that only three organisations that seems to be able to have a legitimate claim to represent people living with disease (which is not HIV, TB, Malaria or disabilities - constituencies which are already represented) have been identified. These organisations are organizations Myanmar Diabetes Association, Golden Rose for cancer awareness group and Myanmar Christian Leprosy Mission.

Finally it was mentioned that in order to live up to GFATM rules and regulations, the ExWG in its capacity of Oversight Body of GFATM grants needs to have at least one member who represents people living with diseases/key populations.

#### **Discussion and Recommendations**

- For the parliamentary membership in the M-HSCC, the ExWG suggested to hold the nomination of that member until after the election.
- The ExWG approved the addition of five new government constituency members. It was also decided that before the ExWG approves the distribution of five new additional civil society members, which are needed in order to be in line with the GFATM CCM rule, a communication needs to go out to the national civil society constituency to determine their interest in having additional seats on the M-HSCC. Since this process of adding new members may take time and the upcoming M-HSCC meeting is approximately one week ahead and given that the M-HSCC is in a transition phase, the ExWG decided that they would expect GFATM to grant an exception to the GFATM CCM 40% rule for the upcoming M-HSCC meeting.
- The Secretariat was tasked with making a note to the file that the ExWG waive the rule of 50% of members of the M-HCC should be from civil society.
- For the fourth seat of PLWD/key population constituency on the M-HSCC, the ExWG endorsed the three organizations Myanmar Diabetes Association, Golden Rose for cancer awareness group and Myanmar Christian Leprosy Mission as constituting a constituency and agreed that they should be asked to select a member to represent them on the M-HSCC. An official selection process will be applied within this constituency for that fourth seat.
- The ExWG endorsed the adding of an ExWG member from the constituency of people living with disease/key population.

#### **5. State of TSGs**

Dr. Jorge Luna, Country Representative from WHO presented an update from the seven TSGs. It was highlighted that the TSGs on HIV, Malaria and TB were working well and the TSG on Evaluation and Research had gotten off to a good start. However, the latter is in need of a re-launch and the TSGs on HSS, RMNCAH and Public Health Emergency & Disaster Preparedness needs serious attention and consideration. In particular it was noted that the TSG on Public Health Emergency and Disaster

Preparedness has not organized a meeting after its formation and that the RMNCAH TSG only had one meeting till now in 2015 (please see attached presentation).

### **Discussion and Recommendations**

- Although the Public Health Emergency & Disaster Preparedness TSG is not fully functional yet, there is a Public Health Cluster on Emergency that has been in place to assist in responding to disasters and emergencies. However, it was noted that this entity also only had a limited number of meetings in 2015.
- For the RMNCAH TSG, there is an existing Reproductive Health Technical Working Committee where members, mandate and discussions are similar to those of the RMNCAH TSG.
- The ExWG suggested considering merging the TSGs on Public Health Emergency & Disaster Preparedness and RMNCAH with the Public Health Cluster on Emergency and the Reproductive Health Technical Working Committee respectively as these entities are working on the similar technical discussions, coordination and information sharing.
- The ExWG recommended that the M-HSCC secretariat, in collaboration with MoH, contacts the parallel existing committees that are functioning for Public Health Emergency and Disaster Preparedness and RMNCAH issues and enquire if they could merge with the respective TSGs and manage the TSG functions and become part of the M-HSCC family.

### **6. Executive Working Group Oversight Visit**

Dr Aung Nay Oo, Liaison Officer from the M-HSCC Secretariat presented on the next ExWG oversight visit. According to M-HSCC work plan, there are two oversight visits scheduled for 2015. The second oversight visit was previously planned to go to Hakha, Chin State in either November or December. But due to the floods and landslides disasters in July and August affecting most areas around Hakha, it was considered to move the visit to other areas.

After consultation with stakeholders including PRs and programme managers, the new proposed places for the oversight visit are Myitkyina, Moekaung, Waing Maw and Bhamo in Kachin State from 25 to 27 November. All the townships have a mixture of disease control programmes with involvement of a number of partners from both public and private sectors.

### **Discussion**

- The date of the visit was postponed to 9-11 December 2015.
- It was considered to exclude Bhamo as the only way for transportation is airfare and it is not reliable. So, the tentative places for the visit are Myitkyina, Moekaung and Waing Maw in Kachin State. The alternative place is Tanintharyi Region.
- The M-HSCC Secretariat was tasked with making a request to MoH for the approval and support of a visit to Kachin state or alternatively Tanintharyi.

### **7. Update from PRs and 3MDG Fund**

Ms. Tina Boonto, Investment and Efficacy Advisor from UNAIDS presented on the programme updates, key progress, achievements and spending status of the programmes for the two GFATM PRs - UNOPS PR and Save the Children PR (please see detail in the attached presentation).

Mr. William Slater, Public Health Director from USAID presented on the 3MDG Fund's strategy, financing and fund duration, programmatic decisions, update on Health System Strengthening support, results to date and update on flood response (please see detail in the attached presentation).

## **8. AOB**

### **a) GFATM Emergency Fund Special Initiative**

Dr Aung Thi, Programme Manager of NMCP presented on the request to GFATM's emergency fund special initiative for disaster response. The total amount requested is 5.62 million USD; 3.62 million from reprogramming of existing grants and 2 million USD from new grants from the GFATM's Emergency Fund Special Initiative. The overall objective for this request is to avoid disruption of treatment and essential services due to the emergency situation. There are 15 prioritized townships from 5 States/Regions: Rakhine State and Sagaing, Magwe, Bago, Ayeyarwaddy Regions (please see detail in the attached documents).

The M-HSCC ExWG endorsed the proposal with the recommendation that the submission includes clear justification and further details on the needs and hence making a case for the use of GFATM fund.

### **b) Proposal on HSS to be submitted to GAVI (USD 100 Mill)**

Ms. Penelope Campbell, Chief of Young Child Survival and Development Unit from UNICEF presented on the application process for GAVI HSS for improved immunization outcomes: HSS-2 proposal (2016-2020) to GAVI (please see the attached presentation). The endorsement from M-HSCC is a necessary step of the proposal development, and with some fine adjustments to be done in collaboration with the focal point from MoH the process and key ideas behind the proposal will be presented in the upcoming M-HSCC meeting.

### **c) GFATM requirements for Concept Note submission**

Some updates on processes, rules and regulations of GFATM, which have implications for Concept Note submission will be sent out by the secretariat to the ExWG members.

The meeting ended at 12:30 pm.