

**Myanmar Health Sector Coordinating Committee**  
**Executive Working Group Meeting**  
**29 July 2016**  
**Disease Control Meeting Room, Nay Pyi Taw**  
**10:00 – 12:00**

**Welcome**

Dr Thandar Lwin, Director of Disease Control, on behalf of the Chair welcomed the participants and apologized that the Chair could not join to the meeting as he had another urgent meeting. She asked all the members to declare any potential conflict of interest that they might have in connection with a specific agenda item. Dr Sid Naing declared that Maria Stope International is an SSR for the Global Fund HIV grant. Daw New Zin Win also declared that Pyi Gyi Khin is an SR of UNOPS-PR and Save the Children-PR. The two concerned members hence agreed to follow the M-HSCC policy on conflict of interests.

- **Update on GF grant submission**

- Guidance on SR Selection and SR budget split

Mr Eamonn Murphy, Country Director of UNAIDS Presented the current SRs list under two PRs; UNOPS and Save the Children. The presentation covers the list of SRs with their key activities and budget for 2016. The detailed list of SRs and their activities were distributed to the participants prior to the meeting. (Please refer to presentations, for full details).

**Discussion**

The two concerned members with Conflict of Interest abstained from voting and decision making.

- It should be organized TSG meetings before the process of work plan development and budget preparation to inform all the implementing partners including SRs the processes around SR selection and work plan development
- The National Programme Managers and the Concept Note writing team members will have a meeting with PRs before holding TSG meetings to provide guidance on the process of change in terms of SR issue and work planning for the year 2017
- After the work planning and budget preparation process, the core TSGs meeting would be necessary to review the finalized work plan
- There will be no new SRs but there is a flexibility to add SSRs under the SRs, particularly for some of ethnic minority group which they can be joined as SSRs
- It was also discussed about the possibility of current SRs which are implementing only one or two disease components extending the activities for other disease component(s).
- Some discussion points from the meeting with Mon and Karen Ethnic Health Organizations in Hpa-an were shared. In that meeting, the Ethnic Health Organizations discussed that at the moment, they do not have confidence to be SRs. However, they prefer to have a third party organization to be an SR for them to

received GF support as SSR. Another Option to consider is that National Program to take them as SRRs like MRCS or MMCWA.

- For the meeting in Lashio with Wa, Kokant and Shan EHOs, they also mentioned that currently they need a third party organization. In which case, HPA already exists as an SR for HIV and Malaria component which can continue to act as a third party organization. For TB, they already received support from the 3 MDG fund until the end of 2017.
- The current SR list that presented only included SRs from the Save the Children-PR and the country grant of UNOPS-PR. The Secretariat to contact UNOPS-PR for the RAI grant SR list for the M-HSCC record. The RAI budget was already extended for 2017, hence it is no need to develop RAI work plan for the year 2017. (Please kindly see the attached SR list - SR of UNOPS, SR of SCI, SR under RAI)

### **Action Points**

- It was agreed not to add new SRs but SSRs may be added or activities will be discussed in upcoming TSGs.
- Meeting with the Programme Managers, Concept Note drafting team and PR will be organized on 2<sup>nd</sup> week of August, scheduled to be on 8<sup>th</sup> August.
- On the 9<sup>th</sup>, Expanded TSGs meeting for joint TB/HIV and Malaria TSGs will be organized to inform the processes around SR selection, work plan development.
- Temporarily EHOs are put under national program as SSR agreed by 3 program managers.

### **M-HSCC function: Engagement of other departments in M-HSCC and functioning of TSG (Discussion)**

Dr Thandar Lwin discussed that some of the TSGs are not functioning well and some haven't organized a first meeting after they were formed under the M-HSCC. The Minister also gave guidance on the revision of TSGs structure to make it working well and easy to organize the meeting.

It was discussed that HIV, TB and Malaria TSGs are functioning well with the Global Fund related issues. The Research and Development TSG is re-established from Evaluation & Research TSG and is chair by the Director General of Research Department. The Public Health Emergency and Disaster Preparedness TSG haven't called a meeting yet but there were regular meetings of health cluster on emergency that has been in place to assist in responding disasters and emergencies. So it should be considered options for merging of the health cluster working group into the PHEDP TSG or they can manage the TSG functions and become part of the M-HSCC. For the HSS TSG, given it has a broad range of concerning activities around the health system strengthening not only limited to public health issues and clinical issues, the ExWG proposed the Permanent Secretary to be the Chair of HSS TSG.

The Non-communicable disease (NCD) TSG is in the process of establishment. The terms of reference and the member list is being revised.

### **Action Points**

It was decided that the current lists of TSGs will be prepared and Deputy Director General will submit to Minister for the guidance on the chair and secretariat nomination of those TSGs which are not functioning well.

### **AOB**

Mr Eamonn Murphy shared the 4 applications which was received by FEI 5% initiative. FEI 5% contacted M-HSCC Secretariat for recommendations and feedbacks regarding the applications they received. The proposals were submitted from PU-AMI, Youth Lead, Alliance Myanmar and SMRU/MORU.

### **Action Points**

- M-HSCC Secretariat to contact FEI 5% initiatives about the MOU status of the 4 organizations.
- FEI 5% initiative to directly communicate to MoHS IRD for the administrative clearance. If necessary, the M-HSCC TSGs can provide technical input and decision on the proposals.

The meeting ended at 11:50.