

Myanmar Health Sector Coordinating Committee
Executive Working Group Meeting
13 October 2016
Disease Control Meeting Room, Nay Pyi Taw
10:00 – 12:15

Welcome

Dr Than Win, Deputy Director General of Disease Control, Chair of the ExWG welcomed the participants. He stated that this ExWG meeting is important particularly to review and endorse the Global Fund grant packages on the three diseases. He 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 declared that Pyi Gyi Khin is an SR of UNOPS-PR and Save the Children-PR. U Thawdar Htun declared that they are an SSR. WHO also declared that they are an SR of UNOPS-PR for the technical support to MoHS. Then, Dr Than Win declared that MoHS is also an SR. The concerned members hence agreed to follow the M-HSCC policy on conflict of Interests.

1. Presentation on the packages on the three diseases by Save the Children PR

Mr Ricard Lacort from Save the Children-PR provided an overview of the 2017 work plan of the Global Fund activities under the Save the Children-PR grants. The presentation focused on indicator targets and module budgets. He also raised an issue regarding the proposal from KDHW, an Ethnic Health Organization from Karen State for activities around HIV prevention for other vulnerable populations and community based TB services. To work as an SSR of IOM, they proposed to cover activities in 6 townships from Mon and Karen States and requested USD 247,074 for HIV and USD 344,295 for TB activities. (Please see attached presentation)

ExWG discussion

- Dr Thandar Lwin commented on the TB/HIV activities. The SRs would like to provide one stop services for TB/HIV collaborative interventions. The issue was discussed at the bi-monthly meeting with PRs, but still pending a decision from NTP. The NTP hasn't approved it yet.
- For malaria activities, the Malaria TSG has not yet agreed to use of the term "malaria volunteer" for the integrated community case management (ICCM) due to policy barriers and differences in target age groups taking the malaria epidemiology in Myanmar into consideration. Instead, it was suggested to use the term "integrated community malaria volunteer (ICMV)".
- Mr Eamonn Murphy pointed out an issue in the HIV work plan overview narrative. There was an issue with the reduced targets and financial distribution in the HIV prevention activities for MSM and SW compared to last year and the Concept Note. It would be a concern for the approval of GAC and would need explanation on the increase in treatment targets at the cost of reduction in prevention.

3. Presentation on the packages on the three diseases by UNOPS PR

Dr Zaw Win Htut, Dr May Kyi and Dr Kyaw Zan Lin from UNOPS provided a brief on the 2017 workplan, budget and major activities for the three diseases under UNOPS PR. (Please see attached presentation)

ExWG discussion

- There was comments from ExWG members that they were disappointed that UNOPS PR did not send any senior staff to discuss with ExWG and that the presentation was a list of activities rather and not strategic nor helpful and not sent prior to the meeting. Other members of ExWG agreed that this meant no serious discussion could occur.
- The detail target setting and budget was distributed before the ExWG meeting, but the presentation should cover the budget and plan aggregated by each SR. The PR management cost should also be presented in detail.
- Ms Tina Boonto shared comments from the HIV Core-TSG on the 2017 work plan for the two PRs. The Core-TSG has reviewed the packages ensuring that targets are harmonized and fitting under the NSP.
 - Some targets needed to be adjusted, eg. Target for MMT increases from 12,000 to 19,500 which is differed from the one in the Concept Note.
 - For M&E, there is budget for procurement of IT equipment for Open MRS for 173 sites as well as IT equipment for M-supply. The purposed of using IT equipment could be the same for the two, so is it necessary to procure for both.
 - For the establishment of ART training center, it is not clear that - where is the priority, how many people to be trained, who will be trained, what is the target, does the budget include the cost for building or infrastructure or not.
 - For the activities under UNION, PGK and MANA, the work plan is lacking information on new approaches listed in new NSP, e.g. Key Population Services Center and Case Management, information to look at new ways of differentiate services delivery and geographic prioritization. It is also not clear that the activities listed in the work plan have been consulted with National Programmes and key stakeholders.
 - The HIV TSG recommended the core TSG should have more frequent regular meetings with both PRs, to look at PUDRs and provide technical reviews to the programs and activities that need to be adjusted and reprogrammed.
 - The cross cutting issues that need to be address - the review of human resource needs to ensure successful transition of ART management from NGO to public sector. TSG request Ministry of Health and Sports to explore review of human resource allocation and adjust and add additional resources between Department of Public Health and Department of Medical Services. E.g. general hospital health personnel allocated under Dept of Medical Services/ Implementation of ART scale-up is under NAP/ Dept of Public Health. ART centers are technically under both Dept of Public Health and Dept of Medical Services. As increasing case load, more

human resources will be needed. A meeting to discuss Human Resource issue under Health System Strengthening needs to be convened also to develop a plan to respond to TRP comments.

- Review of laboratory & warehouse strengthening needs. As Myanmar aims to expand HIV Testing Services, this issue needs to be addressed. Same recommendation as above. Lab and warehouse management needs to be discussed as part of Health Systems Strengthening as the issue is not limited to HIV and requires a coordinated response.
- The HIV TSG will formally send a note to ExWG for having a chance to present these two issues at the HSS TSG meeting which is planned for 17 October given there is TRP comments around having a unified strategy and plan to address key components of HSS; human resource, HMIS and PSM. (Please see attached the summary of comments from HIV core TSG review)
- HIV Budget - the MRS cost is high significantly. It includes two parts, the procurement of IT equipment and the server cost and training cost for Open MRS as well as M-supply for the project townships.
- HIV Budget - program management cost increase significantly compared to the Concept Note. It was explanation that the increase in the program management cost is because of reapplying of some funds from the component on treatment, care and support cost. The care and support budget is reduced as the government will contribute USD 15 million for procuring ARVs and other commodities. It was commented that the process should have discussed with core-TSG before submitting to ExWG
- HIV Budget - WFP budget increase 50% due to the plan for covering food and nutritional supply to the all HIV patients that meet criteria for the whole year of 2017. In 2016, it can only provide 6 months of nutritional supply due to late start of the activities. It was commented that the planning of this activities was done without any consultation with the core TSG.
- WHO should adopt the reduction policy of service contract holders across the organization, not only for TB. The issue is under discussion between WHO senior management (WR/AO) and MoHS. Some amendment of HR plan is needed for 2017 and later.
- HIV Budget - WHO budget increase because the number of technical staff to support National Programmes is increased compare to previous years, as the GF no longer allow providing salary and incentives to government staff. All the HR cost planned under National Programme was moved under the WHO budget.
- TB Budget - TB/HIV and MDR-TB components dropped significantly and program management cost has increased. The reason for increasing program management cost should have clear explanation.
- TB component: Targets for 2017 are disaggregated to Jan-June and July-December. However, what have been filled in July-December seem to be annual (Jan-Dec). It needs to be rechecked or re-labeled.
- The comment from TB TSG: The plan (and assumptions) for 2018-2020 will be fully re-visited in 2017. Thus the TB TSG's endorsement should be limited to 2017 or with the condition that “current plan (and assumptions) for 2018-2020 will be fully re-visited in 2017”.

- The EHO (KDHW) budget for proposed TB and HIV activities was originally put under the National Programmes i.e., under UNOPS PR. During the work planning process, the EHO stated that they would like to work with IOM, which is an SR of Save the Children PR. So, the budget should be moved from UNOPS to Save the Children. There is no objection from the ExWG members and the moving of the budget from UNOPS to Save the Children is approved by the ExWG.

The packages were not endorsed as clarifications to the questions needs to be made before the ExWG can endorse the packages.

The ExWG recommended that the two PRs should have regular communication between themselves and there should be more frequent coordination meetings between the PRs and the core TSGs.

The Chair of the ExWG, Dr Than Win excused the meeting for another important matter. Mr Eamonn Murphy continued chairing the meeting. PRs also excused the meeting and the agenda continued.

3. Review of TSG-NCD and recommendation to M-HSCC

Dr Myint Shwe, Director (NCD) provided a brief update on NCD TSG formation, the proposed TSG member list and the TOR. The NCD TSG was proposed to be chaired by the Deputy Director General (Disease Control) of the Department of Public Health and formed with the members from all the concern departments under the Ministry of Health and Sports and other related ministries as well as representatives from UN, INGOs and local NGOs. (Please see attached the document on formation of NCD TSG and the TOR)

ExWG approved the formation of NCD TSG under the M-HSCC as NCD is an issue recognized as a major health problem globally as well as in the country. As the issue is related to a broad range of specific diseases and areas, it was recommended to keep the (expanded) TSG as open as possible for those organizations which might show interest in the TSG.

4. The next M-HSCC meeting agenda

The next M-HSCC meeting agenda was presented and it was discussed by the ExWG. The following agenda was approved.

1. Update on National Health Plan
2. Non Communicable Disease – Urban Health, Cancer, Diabetes Control
3. Strengthening the capacity of drug treatment centers in Myanmar (DMS, MoHS)
4. Reports
 - Update from M-HSCC Executive Working Group and TSGs
 - Report from Communities
5. AoB

5. The Oversight Visit

There is a plan for organizing the oversight visit to Chin State in November. The ExWG discussion was postponed.

The meeting ended at 12:15.