

Myanmar Health Sector Coordinating Committee
Executive Working Group Meeting
01 February, 2017
WHO Office, Yangon
09:30 - 12:15

1. Welcome

Dr Thandar Lwin, Director of Disease Control, Chair of the ExWG welcomed the attending members to the first ExWG meeting of 2017. The Chair provided an overview of the agenda items, highlighting the important areas for discussion and decision-making. Two additional agenda items were proposed for the meeting: a discussion on additional malaria funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and an update on civil society engagement with parliamentarians and involvement in the draft national health insurance law.

All M-HSCC ExWG members were asked to declare any conflict of interest related to items in the agenda. Five members declared their potential conflict of interest in regards to the agenda item on SR selection for GFATM grants: Dr Sid Naing, Marie Stopes International; Daw Nwe Zin Win, Pyi Gyi Khin; Dr Mohammad Shahjahan, WHO; U Thawdar Htun, Myanmar Positive Group; and Dr Thandar Lwin, Director of Disease Control. The concerned members hence agreed to follow the M-HSCC policy on conflict of interest.

2. M-HSCC and the NHP

The Chair provided a briefing on the development process of the Myanmar National Health Plan (2017-2021), which was launched 15 December, 2016 by the Ministry of Health and Sports. As part of the implementation phase, the Basic Essential Package of Health Services (EPHS) will need to be finalised and an operational plan fully costed, among other tasks. The Chair also noted the launch of the Global Financing Facility on 27 January, 2017, which will provide funding for RMNCAH components within the NHP.

ExWG Discussion and Action Points

- The Chair raised a discussion point on how health programmes and departments as well as health sector and development partners, through the M-HSCC, could increase their active engagement in the development and implementation of the NHP.
- Other members commented on the issue:
 - Ms Kaori Nakatani, JICA stressed the importance of greater involvement of the M-HSCC in the process to avoid a disconnect on health policies being developed by MOHS committees;
 - Dr Sid Naing, MSI noted that I/NGOs were invited to consultation workshops on NHP, but with limited meaningful involvement; and
 - Daw Nwe Zin Win, PGK also noted that civil society representatives were invited, but were unable to provide recommendations. In response, civil society organisations convened a meeting on health in November 2016 to propose and agree on recommendations, which were submitted to the NHP committee.
- Mr Eamonn Murphy, UNAIDS remarked that there are two discussion points: the development of the NHP and its implementation. On the development side, as the M-HSCC is a coordinating body, it would not be involved. Since the Minister of Health has endorsed the NHP, the focus of the M-HSCC should be on the operationalisation of the NHP. The M-HSCC has an important role to follow-up on outstanding issues with NHP elements, such as the Basic EPHS, to ensure consistent and common frameworks are applied. He also reminded partners that, in support of the Government and of the Health Minister's decision to continue having the M-HSCC as the main coordinating body, it is important to not have parallel processes.
- Mr Ole Hansen from the M-HSCC Secretariat confirmed that discussion of the NHP is already on the agenda for the next M-HSCC meeting scheduled for 17 February, 2017.
- *Action Point:* ExWG members agreed that discussion of the coordination of the GFF should also be included on the agenda of the next M-HSCC agenda.

3. Sub-recipient selection for GF grants

The Chair presented on the SR selection process (i.e. scope, criteria for selection, process, and timeline) for purposes of GFATM grants implementation from 2018 to 2020. (Refer to attached presentation). Endorsement of the draft SR call for proposals for TB and HIV grants by the ExWG will be required prior to issuance on 07 February, 2017. The Malaria SR call for proposal will be issued on a later date (refer to Agenda Item 4).

ExWG Discussion and Action Points

- The Chair raised a concern expressed by external parties on making the SR selection committee members for each disease programme known, as there is possibility for potential SRs to lobby these members. The Chair expressed that she would prefer a transparent process and to have the SR selection committee finalised before the SR call for proposal is announced.
- Mr Eamonn Murphy, UNAIDS also agreed on taking a transparent approach. As well, he noted a concern raised in the Expanded HIV TSG meeting held on 31 January, 2017 on the involvement of Principal Recipients in the SR selection. It was clarified that PRs will participate in a technical role only, but will not have decision-making abilities.
- The ExWG members reviewed and discussed the proposed SR selection committee members, as nominated and agreed upon at the HIV, TB, and Malaria TSGs respectively. Issues were raised on how to ensure SR selection committee members do not have conflict of interest; differing SR committee member categories among the three disease programmes; and the process for review and endorsement by the ExWG to meet the tight timeline.
- It was noted by the ExWG that for SR selection committee member composition, conflict of interest will be minimised as much as possible, but workarounds (e.g. abstaining from voting on certain proposals etc.) can also be applied. Based on discussions, SR committee member categories were harmonised across the three programmes for consistency.
- As inquired by Dr Ikuma Nozaki, JICA, the Chair confirmed that the aim of the 2018-2020 SR selection process will be to reduce the overall number of SRs for all disease programmes, which was a directive from GFATM to streamline programme implementation costs.
- *Action Point:* It was agreed that the M-HSCC Secretariat will communicate with the three TSG Secretariats to obtain the draft SR call for proposals and the proposed SR selection committees. Once received, the M-HSCC Secretariat will circulate to ExWG members who do not have a conflict of interest for review and endorsement.
- *Action Point:* It was agreed by the ExWG that an email review will be conducted by a subset of members on the draft SR call for proposals for HIV and TB in order to endorse by 06 February, 2017. To avoid conflict of interest, only a subset of ExWG members - those who are not applying to be SRs - will be involved, excluding Government.

4. TSGs

a. Review of changes to WFP activities and funding of data clerks (PGK)

Dr Faisal Mansoor, UNOPS-PR prepared a presentation on a proposal for the no-cost extension of nutritional support to MDR-TB and HIV patients by the World Food Programme up to mid-2017. As well, (Refer to attached presentation and background documents) It was noted that both the HIV and TB TSGs recommended approval.

- *Action Point:* The ExWG approved the request for extension by WFP on providing nutritional support.
- *Action Point:* The ExWG approved the transfer of funding by NAP to PGK for the continuation of M&E coordination.

b. Nomination of Vice Chair of HSS

- *Action Point:* ExWG nominated co-Vice Chairs of HSS: DG of Public Health and DG of Medical Services.

c. Endorsement of ToRs of RMNCAH and Research and Development TSGs

- *Action Point:* ExWG endorsed the terms of reference for the RMNCAH TSG
- *Action Point:* ExWG deferred the endorsement of the terms of reference for the R&D TSG until a members list can be reviewed to ensure that there are a broad range of stakeholders involved. The M-HSCC Secretariat will make a request for the R&D TSG members list.

5. RAI Country Dialogue meeting and RAI CN drafting process

The Chair provided an update on the RAI Country Dialogue meeting yesterday with the Regional Steering Committee (RSC) Chair, GFATM country team, National Malaria Control Programme (NMCP), and other key stakeholders. Presentations and updates were provided on multiple topics including: GFATM Technical Review Panel comments on the Malaria CN, feedback from CSO consultation meeting, proposed new activities to be implemented using within allocation and above allocation funding to cover gaps, EHO issues and involvement, programmatic mapping, operational research opportunities, and the need for strengthening of surveillance and coordination.

The Chair stressed the need for effective planning in use of the above allocation funding of approximately US\$16M. As well, she noted that EHO activities are to be reflected in the above allocation work plan. The RAI CN will need to be submitted by 20 February, 2017 to the RSC and by the end of March 2017 to GFATM. It was noted that endorsement by the Malaria TSG and M-HSCC on the RAI CN will be required beforehand. The aim is to have SR selection completed by mid-May 2017.

As well, the Chair expressed that clarity from GFATM is still needed on two matters related to PR and SR splits for the country and regional components. One issue relates to the PR-relationships under both components. For the country component, both UNOPS and STC are PRs; however, for the regional component, only UNOPS is the PR. There is the possibility for STC to be a sub-PR under UNOPS, as UNOPS will be unable to manage all SRs on their own. Confirmation from the GFATM is still needed.

The second issue relates to SR selection for the country and regional components and whether SRs can be involved in both component or if alternatively, SR selection may be separate for both components (since interests / activities will be different). The Chair raised concern that if the SR selection for the regional component is separate, the Malaria TSG and M-HSCC may not be involved and there will be insufficient country ownership (i.e. country decision-making may be bypassed). Clarity from GFATM is still needed.

6. EHOs in GFATM grant implementation

Chair provided an update on the involvement of EHOs in GFATM grant implementation. She informed that per MOHS guidance and as requested by the Health Minister, the three diseases programmes are to work with EHOs, but that EHOs cannot be standalone SRs (i.e. EHOs will work in partnership with Government and/or other selected SRs).

7. Reform of M-HSCC and ExWG/OB

Mr Ole Hansen, M-HSCC Secretariat presented on a document with feedback from M-HSCC stakeholders on how to improve and reform the M-HSCC structure and functionality, including streamlining of processes and the number of working groups and task forces, as well as ensuring that these groups report into the M-HSCC. (Refer to attached document)

A briefing was also provided on the proposed merger of the Oversight Body with the ExWG. An Oversight Body was created in June 2016 specifically for GFATM grants given GFATM concerns over conflict of interest within the existing ExWG structure (where some members are SRs). However, instead of having two executive level structures, with the risk of the Oversight Body being perceived to have more authority than the ExWG, the Health Minister has approved a merger. Under this merged structure, the number of members will increase to minimise conflict of interest (and address the GFATM concern). A nominated members list was circulated for discussion, which will require approval from the M-HSCC.

The Chair also proposed including rotation terms for the ExWG Chair position, as part of M-HSCC reform, to involve more MOHS representatives from different health departments so that broader health issues beyond GFATM grants are addressed adequately.

- *Action Point:* ExWG agreed that the M-HSCC reform document should be discussed with the Health Minister, prior to presenting to the M-HSCC, to ascertain how he would like to move forward on reform. A briefing of the Health Minister will be carried out by four ExWG members: Dr Thandar Lwin, Director of Disease Control (Chair); U Thawdar Htun, MPG; Dr Sid Naing, MSI; and Mr Eamonn Murphy, UNAIDS.

8. Update on visit to Chin

Ms Myat Mon Zaw of the M-HSCC Secretariat presented to the ExWG the tentative itinerary for the oversight visit to Chin State that will occur 06-10 February 2017.

9. Approval of M-HSCC work plan and budget

- *Action Point:* ExWG endorsed the M-HSCC work plan and budget

10. AOB

a. GFATM funding for malaria activities in Rakhine

The Chair briefed the ExWG on the GFATM decision to allocate US\$400,000 (in efficiencies) from the NMCP budget for malaria activities in Rakhine in 2017. Official email communication from the GFATM country team on this directive was issued to the ExWG (dated 01/02/17).

- *Action Point:* ExWG requested that the NMCP Programme Manager and Malaria TSG should develop a proposal on how best to apply the US\$400,000 to address needs and gaps in malaria programming in Rakhine. The M-HSCC Secretariat will relay this request to the NMCP Programme Manager and Malaria TSG Secretariat / Core TSG.

b. Update on civil society activities

Daw Nwe Zin Win, PGK provided an update on recent activities undertaken in regards to legal reform to support Universal Health Care (UHC). In particular, based on consensus from the first CS Health Forum in 2015, it was agreed that CSOs would focus on supporting the achievement of UHC by lobbying with parliamentarians on the protection of the health budget and advocating for certain legislation, such as the national health insurance law. MOHS has included the national health insurance law as part of eight recommended legislation to draft. CSOs were invited by the Health Commission to discuss how they will be involved in the NHP process. In November 2016, the second CS Health Forum was held, during which the CS Health Network was established (comprised of 24 focal persons from all regions/states) to ensure continued CS involvement in the National Health Plan implementation. CS representatives also met with EHOs in December 2016 to share their plans on how they will engage MOHS and agreed that they will work together to do so. In January 2017, a second meeting with the Health Commission was held; it was agreed that the national health insurance law should be drafted. CS will continue to support the drafting of the law by Government by providing inputs and advocating with the Health Commission.

11. Closing

The Chair thanked all participants of the ExWG. The meeting ended at 12:15.