

Myanmar Health Sector Coordinating Committee
Executive Working Group Meeting
22 May 2017
Disease Control Meeting Room, Nay Pyi Taw
10:00 – 12:00

Welcome

Dr Than Win, Director General of the Department of Public Health, the Chair of the Executive Working Group (ExWG) welcomed the participants and introduced the agenda. He stated that today meeting is important to discuss and endorse the GFATM Myanmar Matching Funds Concept Notes (CNs). The CN documents were circulated to the ExWG members 5 days prior the meeting for the review. He asked all the members to declare any potential conflict of interest that they might have in connection with a specific agenda item. Dr Stephen Jost declared that WHO is receiving GF funding through UNOPS PR and providing technical support to the MoHS. Dr Sid Naing declared that Maria Stope International is an SSR for the Global Fund HIV grant. Daw Nwe Zin Win also declared that Pyi Gyi Khin is an SR of UNOPS-PR and Save the Children-PR. The concerned members hence agreed to follow the M-HSCC policy on conflict of Interests.

GFATM Myanmar Matching Funds Concept Note – Presentation and Discussion

○ **HIV Concept Note**

Dr Masami Fujita from WHO, on behalf of the Concept Note writing team presented the Myanmar Matching Fund HIV Concept Note. He presented the rationale for applying the HIV Matching Fund and the proposed activities which include enhanced outreach for KPs and improve uptake of HIV testing services; linkage and enroll in care and treatment; and sustainability in care for viral suppression. He also stated that the HIV proposal is compliance with 4 eligibility criteria set by the Global Fund.

He stated that the total requested HIV Matching Fund amount USD 6.3 million will be used particularly for the prevention intervention for key populations – MSM, FSW, PWID. The amount was already programed in the total amount which includes the current cycle allocation (USD 29.2 M + 6.3 M = 35.5 M). (Please see attached presentation and narrative CN)

Discussion

- It has to be mentioned clearly in the narrative CN and budget table that the requested HIV Matching Fund amount is 6.3 million.
- Although the total HIV budget is increased with this additional Matching Fund, the overall HIV prevention budget is still less than previous funding cycle and a gap still remained. The MoHS has committed to look at government resources in particular for treatment. The programme still needs to identify the resources to fill the prevention gap to stop new HIV infections.
- It should still be considered for mobilization of additional domestic or international funds to cover both the prevention and treatment gaps that can support the efficient implementation and getting people on ART treatment.
- The HIV Concept Note was endorsed by the ExWG.

○ **TB Concept Note**

Dr Ikushi Onozaki from WHO, on behalf of the Concept Note writing team, presented the Myanmar Matching Fund TB Concept Note which aims for narrowing the gap and finding the missing drug sensitive (DS) and drug resistance (DR) TB cases. He explained the timeline, process and background idea and planning for the CN development. The TB proposal is also compliance with the eligibility criteria set by the Global Fund. The total amount requested in the TB proposal is USD 10 million. (Please see attached presentation and narrative CN)

Discussion

- The Ministerial meeting held in March 2017 in New Delhi, India stated that DOTS has been saving millions of lives and preventing patients and community from MDR-TB. However, detecting and treating symptomatic smear positive TB is not enough to control TB toward End TB epidemic. It is critically depended on the accelerated case finding of both DS and DR TB cases and mandatory case notification by strengthening PPM which is fully addressed in this proposal.
- With current available resource and additional GF Matching Fund, the National Programme is making its effort to detect more MDR-TB cases. They are gradually expending the Gene Xpert algorithm which aims to test all smear (+)ve pulmonary TB cases in all the townships.
- The TB Concept Note was endorsed.

○ **RSSH Concept Note**

Dr Marjolein Jacobs from UNAIDS, on behalf of the Concept Note writing team presented the Myanmar Matching Fund RSSH Concept Note. She stated that the rationale to apply the Matching Funds laid on the great progress achieved in 2016 in e-HIS. Due to some priority, challenges and preliminary requirement of preparations and assessments, the initial planned Case based Reporting and Monitoring (CBRM) and other e-HIS key activities were reprogrammed to the period 2018-2020. But the current available resource for 2018-2020 is insufficient to pursue MOHS e-HIS plans and this gap is aimed to be fulfilled by the RSSH matching fund that the country is applying to GFATM.

She then presented the progress achieved in 2016 e-HIS, 2017 eHealth progress and plans, and the key activities that re-programmed and scaled up for 2018-2020. This proposal is fully compliance with the GF eligibility criteria. The total fund amount requested is USD 3 million. (Please see attached presentation and narrative CN)

Discussion

- The e-HIS that MoHS is planned to move forward using the RSSH Matching Fund is important for the country as the investment is directly going into health system through AIDS, TB and Malaria diseases programs which brings very clear benefits onto the strengthening of overall health information system.
- For moving into electronic based system, the HIMS unit under the Department of Public Health will work together with the Department of Medical Services to customize all data formats for the aggregated data in the hospitals; not only the three diseases but also other health information including the administrative information, so that it can then upload into DHIS 2 in electronic format.
- It was suggested to describe more details in the proposal for each intervention in the modules.

- The current e-HIS implementation could only cover the information system from the public sector and the DP, which the UNOPS and STC PRs collect data from the SRs through DHIS-2 platform. However, the e-HIS does not able include the data from the private and for-profit sector at the moment.
- Currently, different e-health system is being used by different organizations. It was suggested to share the information on how the country is moving forward on building the e-health information system to the public including the implementing partners, NGOs and CBOs, private and for-profit organizations. It was suggested the current effort on e-HIS development should aim for the data collaboration among all level of service providers toward an integrated data management system.
- The RSSH Concept Note was endorsed.

Next M-HSCC agenda (Discussion)

The next M-HSCC meeting is planned to hold in first half of June 2017 with the approval of the Chair of the M-HSCC, the Union Minister for Health and Sport. The ExWG members discussed and have drafted a proposed agenda for the Chair to review.

- Implementation of the Health-related recommendations in the Interim Report of the Advisory Commission on Rakhine State (*chaired by the former UN secretary general Dr Kofi Annan*)
- National Drug Control Policy (*MoHA and MoHS*)
- Reports
 - a. Update on Myanmar NHP: Annual Operation Plan
 - b. Reports from M-HSCC ExWG
 - c. Outcome of GFATM Concept Notes submission
 - d. Reports from Community
- AoB
 - a. Beyond the 3MDG Fund
 - b. Financing of Myanmar Health Sector (past 10 years by DP+IP+Gov)
 - c. Progress update on JDE

Mr Ikushi Nozaki (JICA) and Ms Karen Cavanaugh (USAID) shared the outputs of the bilateral donors meeting regarding some suggestions on strengthening of the M-HSCC from the bilateral donor agencies.

- To share the M-HSCC meeting agenda early in advance giving enough time to discuss among the constituency
- To explore ways to communicate and inform all constituencies of M-HSCC meeting results in a timely manner
- Representation of MoHS at the ExWG/Oversight body – the member(s) to represent the MoHS as a whole
- To move the M-HSCC Secretariat to the MoHS
- To emphasize the role of M-HSCC forum in coordination among different development partners and implementing partners, it was suggested that partners share information and seek input in the process of developing their Programmes via the M-HSCC and support structures.

Mr Eamonn Murphy (UNAIDS) informed the ExWG that he had written to the Minister to support transition of the Secretariat from UNAIDS to MoHS and that the Minister agreed with the

proposal. He also advised he will leave Myanmar in June so this will be his last meeting. His replacement Dr Oussama Tawil will take up duties on 1 July.

Dr Stephen Jost informed that WHO Country Office will move to a new address in Golden Valley in June.

The meeting ended at 11:50.