



Photo: 11th M-HSCC Meeting, Nay Pyi Taw. (19 October 2017)

Highlights to Date (October 2017 to June 2018)

- 19 October 2017 – 11th M-HSCC meeting
- December 2017 to January 2018 – The Global Fund Office of the Inspector General (OIG) planning mission
- 8 January 2018 - M-HSCC Executive Working Group (ExWG) meeting
- 12 February to 16 March 2018 - The Global Fund OIG conducted an audit mission on GF grants in AIDS, tuberculosis and malaria in three States and Regions in Myanmar (Yangon, Mandalay and Kachin).
- 16 March 2018 - M-HSCC Executive Working Group meeting
- 9 April 2018 – 12th M-HSCC meeting
- 26 April 2018 - M-HSCC Executive Working Group meeting

Upcoming Activities in 2018

- The M-HSCC Executive Working Group (ExWG) will conduct an oversight visit to Mon and Kayin states.
- Next M-HSCC meeting

M-HSCC Meetings

Summary of the 11th M-HSCC Meeting, 19 October 2017

HE Minister Dr Myint Htwe highlighted the need to review capacity building workshops and trainings for MOHS staff to assess if they are already sufficient or not. He also advised each program manager to monitor and evaluate all implemented activities. He also mentioned that MOHS regards UN, INGOs and NGOs as part of the team and part of the health system and workforce of the nation.

The agenda included discussions on the topics of policy on involvement of volunteers, health security in Myanmar, National Health Plan 2017-2021, updates on Rakhine and the health sector, RAI SR selection, policy recommendations for Maternal and Reproductive Health, update on GFATM Grant making and report from communities. Highlights of the discussions were as follows:

- **Policy on Involvement of Volunteers** - Community networks, UN, INGOs, NGOs and MOHS should all work together in the selection, monitoring and evaluation of volunteers. Supportive legal and administrative frameworks for their functions, attention to career progression and strategies to improve motivation and retention of the volunteers are needed to strengthen the policy.
- **Health Security in Myanmar** - Myanmar is going to publish a Joint External Evaluation (JEE) of national capacity to prevent, detect, and respond to infectious disease threats. The Global Health Security Agenda (GHS) includes 11 action packages aimed at getting countries to meet IHR requirements. The IHR Review Committee suggested to have second extensions for establishing National Public Health Capacities and on IHR implementation status and JEE process in Myanmar.
- **National Health Plan (NHP) 2017-2021 and Annual Operational Plan 2017-2018** - In line with the NHP, MOHS has developed communication strategies for both health staff and communities to increase health literacy rate. It is also developing a logistic and supply mechanism of all drug, medicine and healthcare instruments for all states and region. Other main activities include the development of emergency referral system and training of volunteers.

- **Update on Rakhine and the Health Sector** - From 18 to 20 September 2017, the Permanent Secretary of MOHS visited Sittwe, Buthidaung and Maungdaw townships to provide support for emergency health services to the affected population. Immediate healthcare activities were carried out in Maungdaw and Buthidaung, and primary health care services were provided to adapt to the complex situation in these conflict-affected townships.
- **RAI SR Selection for Regional Component Pack 1#** - Out of the 21 applications reviewed, five proposals were shortlisted by the selection panel, of which four were suggested to be recommended to the RSC for funding under the future regional component in 2018-2020. One of the proposals was suggested as an “above allocation” priority.
- **Policy Recommendations of Maternal and Reproductive Health for MHSCC: Way Forward from 18th Reproductive Health Technical Working group (RH-TWG)**- The main objectives of the policy are to develop emergency referral guidelines to support for transport cost in obstetric emergencies, to ensure task shifting to AMWs for distribution of Misoprostol and FP services in hard to reach communities, to establish the One Stop Crisis Center (OSCC) for gender-based violence survivors at hospitals. The OSCC is planned to be established in NPT 1000 bedded hospital and NOGH and would recruit medico-social workers to provide psycho social counseling and referrals to related sectors.
- **Updates on GFATM Grant Making from Principal Recipients (PR) UNOPS and Save the Children** - Grant negotiation took place at the Global Fund office in Geneva from 24 to 28 July 2017 and post grant negotiation changes were discussed by PRs and SRs.
- **Report from Communities** – The program coordinator from the Myanmar Council of Churches discussed about the UHC awareness workshops that the organization conducted in four states and regions, wherein 400 people from 300 organizations participated. They are planning to organize more workshops, as well as the 3rd National CSO Health Forum in December 2017, to be funded by 3MDG. The chairperson from the Myanmar Positive Group also presented updates on the HIV forum conducted on 29 September 2017 in Mandalay where more than 200 PLHIV from across the country participated.

Summary of the 12th M-HSCC Meeting, 9 April 2018

HE Minister Dr Myint Htwe stressed the importance of monitoring activities in order to understand the performance of and challenges faced by programmes at the ground level. He highlighted that MOHS should make a quick review of activities to see whether they can really be conducted in the context of Myanmar, based on the Myanmar health workforce and the National Health Plan 2017-2021. Implementation frameworks must be shared with State/Region health directors so that they understand progress and challenges and will be able to support and facilitate the work.

The Minister thanked both Save the Children and UNOPS, Global Fund Co-Principal Recipients, for their continuing good work and good working relationship with the MOHS. He said that support is needed not only in AIDS, tuberculosis and malaria, but also on health system strengthening, including financial management.

Updates from 3 MDG

Mr. Orenn Ginzberg from 3MDG presented updates which included discussions on a new mechanism of funding for 3MDG from four governments (UK, US, Switzerland and Sweden). The focus of this mechanism is on the following 1) Continue activities in conflict areas such as Chin and other areas, 2) Ensure equity in the implementation of interventions in these areas, 3) Collaborate with the Ministry on Health System Strengthening for sustainable development and capacity building.



Photo: Mr Orenn Ginzberg presented the updates from 3MDG, Nay Pyi Taw. (9 April 2018)



Photo: 12th M-HSCC Meeting, Nay Pyi Taw. (9 April 2018)



Photo: Memorandum of Understanding (MOU) Signing Ceremony between Ministry of Health and Sports (MOHS) and the Two Principal Recipients (PRs) held on 9 April 2018, at Naypyitaw. (9 April 2018)

HIV-TB country grants and Malaria regional grants-2018 work plan implementation

UNOPS PR's achievement on 2017 and plan for 2018 -2020 of HIV-TB and Malaria grants have the overall budget absorption rate of 87% with committed budget of 351 million USD in 2013-2017 and an expenditure of 306 million USD.

The country grants for TB and HIV, have been signed on 8 December 2018 with a total amount of 77,067,074 USD for HIV, 77,281,372 USD for TB and 80,042,994 USD for Malaria Regional Artemisinin Initiative 2 Elimination program.

Proposal for a Regional TB Grant for Migrants and Mobile Populations in the Greater Mekong Sub-region

The Thailand Country Coordinating Mechanism (CCM) is taking the lead on developing a proposal for a regional TB grant. The goal of the grant is to reduce the burden of TB among the migrant and mobile populations of the sub-region. It will particularly aim to find missing cases and thereby reduce transmission, incidence and mortality. The fund allocation is US\$1.49M for 2019-2021. Priority areas will include Muse on the China border, and Tachileik, Myawaddy, Dawei and Kawthaung near the Thai border.



Photo: Sut Nau works as a programme coordinator in Kachin state in 3MDG-funded project.

3MDG Spotlight: "Working with communities to build a more peaceful society"

The Three Millennium Development Goal (3MDG) Fund supports seven partners to provide harm reduction services for people who inject drugs. Metta Foundation has implemented a project in Kachin State since April 2016; the aim is to reduce stigma and discrimination and increase the acceptance of harm reduction services in the community.

"The driving force behind Metta is the meaning of the word itself – loving kindness."

What do you, and your organization do?

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| • My name is Sut Nau, and I work as a programme coordinator at the Metta Development Foundation community which leads harm reduction program-me in Kachin State. | Who? | Sut Nau |
| | What? | Programme coordinator for Metta Development Foundation |
| • Metta was established in 1998 to assist communities in Myanmar to recover from the devastating consequences of conflict and humanitarian emergency. | Where? | HIV harm reduction activities in Kachin State |
| | When? | Has worked at Metta since 2006 |

What motivates you?

Stigma and discrimination for people living with HIV is now reducing, but it is not happening towards people who inject drugs and it is even increasing. Many people believe that drug users are evil because they create problems for the family and in the community, as well. Some have been sent to rehabilitation centers involuntarily. But this does not usually help drug users, in the worst cases it has pushed them to use more.

"We need to change this situation, to make it better. To achieve this goal, we need to work together."

What challenges do you face in your work?

In the beginning, communities did not accept harm reduction program activities, particularly methadone treatment and needle syringe exchange programme as they thought that this would encourage people to use more drugs.

After advocacy meetings, trainings and workshops in the communities, they came to know the real meaning of harm reduction and what it stands for and their attitudes have changed. But still, some communities outside our project areas continue to be strongly against the approach.

The arrest of people who use drugs and small-scale drug sellers instead of the bigger drug traffickers is also an issue – this means that people who use drugs cannot access harm reduction services.

Spotlight on UNOPS

Procuring Essential Pharmaceutical and Health Products

About US\$28M of pharmaceuticals were recently procured, including anti-retroviral, anti-tuberculosis, and anti-malaria medicines. A further US\$23M was spent on condoms, long-lasting insecticidal nets (LLINs), rapid diagnostic test kits and other equipment.

Strengthening Logistics and Information Management

About 3000 staff from the national programmes were recently trained in logistics management and key procurement and supply chain processes such as warehouse and stock management and reporting.



Photo: at the Logistics and information management training (UNOPS)

Spotlight on JICA

Japan has been cooperating with the MOHS since 1977. Japan achieved universal health coverage (UHC) in 1961. JICA's focus is to contribute financial and technical resources to assist Myanmar to achieve UHC by 2030, as envisaged by the National Health Plan 2017-2021. Since 2012, the following has been achieved:

Pillar 1: Health System Strengthening

- Renovation of 5 tertiary, 4 general, 24 township/station hospitals
- 24 MOHS seminars on health planning and data management
- Support to Kayah State health planning and management

Pillar 2: Human Resources for Health

- 12 PhD candidates and 56 MDs trained in Japan to strengthen research and clinical skills
- Training of 510 medical record technicians for hospital data management
- Technical assistance on the accreditation of medical education

Pillar 3: Infectious Disease Control

- National reports on external quality assurance for lab services
- Technical support for blood transfusion safety
- Contribution to the elimination of local malaria transmission in central Myanmar through strengthening of the remote community health and support system



Photo: Senior Volunteer on Medical Engineering training (JICA)

Background on the M-HSCC

The Myanmar Health Sector Coordinating Committee (M-HSCC) promotes health sector coordination and development effectiveness. The Union Minister of Health chairs the M-HSCC, which has 35 member representatives from the Ministry of Health and Sports (MOHS), other ministries, the UN, development partners, non-government and community organisations, and people living with or affected by diseases. It is the main structure to provide technical, financial and strategic oversight of development activities in the health sector. It was established as an expansion of the former M-CCM, the Myanmar Country Coordinating Mechanism for overseeing Global Fund support to the national response to AIDS, tuberculosis and malaria.

For updated information and the oversight visit reports, please visit our site at : www.myanmarhsc.org and Myanmar Health Sector Coordinating Committee Facebook page.

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