

M-HSCC Ad-hoc meeting

Myanmar Medical Association Meeting Room, Yangon

9:00- 12:00, 6th May 2019

Summary of meeting minutes

Discussed agenda items:

- (1) Restructuring of the M-HSCC
- (2) Endorsement of the new M-HSCC and ExWG members

Quorum

Prof. Dr. Rai Mra, vice chair of the M-HSCC, chaired the meeting and delivered the opening speech. Out of 35 M-HSCC members invited, 21 M-HSCC members and 6 observers attended the meeting.

Discussions

- The MHSCC agreed to a restructuring of the MHSCC under the guidance of the Chair, Vice-Chair and the new MHSCC Secretary to include broader health areas while ensuring that the platform continue to adhere to GFATM CCM and DACU requirements and take into account any additional governance requirements from other programmes of support such as GAVI.
- Ensuring the CCM elements are still in place and well-functioning will be key for the upcoming Eligibility and Performance Assessment and the drafting and submission of Concept Notes to the Global Fund.
- As the structure evolves, larger external programmes of support to the health sector should be included in and use the MHSCC structure.
- Combining some of the currently proposed ExWGs to lower the number of ExWGs that would report into the MHSCC was discussed. Under the leadership of the new MHSCC Secretary, consultation will be made with the relevant stakeholders to make a final proposal to the MHSCC on which health areas should be grouped under the same ExWG.
- It was however decided that the Health Cluster, which has a humanitarian function and not a development function will remain a separate body, which can continue to report to the MHSCC in parallel to the ExWGs.
- For the Nutrition body it was noted that there is an existing government body involving six ministries and chaired by the Union Minister for Health and Sports as well as an UN interagency body dealing with nutrition. It was decided to seek further guidance from the Permanent Secretary with regard to the relations between the nutrition sector and the MHSCC.

- The importance of creating understanding and create ownership among MoHS departments, development partners and other MHSCC stakeholders was mentioned. This would help ensure coordination, collaboration and consultation in a phased set-up of a reformed MHSCC.
- It was stressed that when DACU formed the SCGs, MHSCC was praised as a good example that other SCGs should learn from. It was also mentioned that the GFATM OIG lauded the MHSCC as a global role model. The MHSCC was seen as a great mechanism to try to avoid siloed programmes and disconnect between key health areas making sure programmes fit into the national vision as per the NHP. The restructuring of the MHSCC is a natural evolution based on its successful functions. It was noted that the coordination within AIDS, TB and Malaria and the GFATM grant governance side of the MHSCC was very successful and should be safeguarded. The success and importance of the HSS TSG, its subgroups and Health Cluster were likewise mentioned. The ICC was seen as well functioning and any reforms should not jeopardize its work or effectiveness.
- To continue to safeguard the many bodies that are working well, it was suggested to make change to the MHSCC in a phased manner that would ensure continuity and not risk the successful functions. It was suggested to for example start with two ExWGs and only expand to three or four once the two ExWGs work well. This would also enable the Secretariat function to evolve with the new structure in a well-managed manner.
- Revision of the governance manual and ToRs of the reformed MHSCC, the Executive Working Groups, and the Coordination Secretariat were discussed, and it was decided to develop a revised ToR for the Coordination Secretariat. In addition, it was recommended to move the Secretariat to Nay Pyi Taw possibly with some liaison functions remaining in Yangon.
- With the expanded MHSCC structure additional secretariat resources will be needed. It was noted that the current Secretariat mandate is to support the Secretary in his/her functions and support coordination. If the MHSCC Secretariat is to expand its current mandate to include among other things tracking of grant financial performance, information system, there will be a need for further resources and capacity.
- The MHSCC agreed to keep the membership at 35 members. It was noted that each constituency have the option of selecting alternates. Alternates are allowed to participate in the MHSCC meetings as observers. Bilaterals expressed interest in having more alternates who would also participate as observers. It was noted that people living with/affected by diseases will submit to the Secretariat replacement for previous alternates that have left.
- It was underscored that inclusion of communities is important. The Secretariat should prepare a capacity building plan for communities to help them strengthen their involvement.

Important Decision Points

- (1) All the M-HSCC members agreed on the “Restructuring of the M-HSCC”.
- (2) To keep existing number of 35 members in M-HSCC with no further added seats. The M-HSCC members agreed to put the “Myanmar Diabetes Association” representatives under the Academic Constituency.
- (3) As there is 8 executive working groups (ExWGs) in the new proposed structure, the M-HSCC members suggested to maintain around 3 or 4 ExWGs including the existing ExWG for ATM for GF grants.
- (4) Coordination secretariat need to develop a revised Terms of reference (TOR).
- (5) Development Partners (DPs) will consider supporting the coordination secretariat after reviewing the new draft TOR.
- (6) DPs agreed to keep the existing two seats in the M-HSCC and other DPs can attend as observers.
- (7) For vacant seats in the CBO/CSO constituency, the constituency need to vote to fill the vacant seats (one member and 2 alternates) and submit to the M-HSCC Secretariat.
- (8) While still reporting into the M-HSCC’s new structure the Health Cluster would like to be kept separately from other ExWGs.

The meeting ended at 12:00 noon.