15th M-HSCC Meeting Minutes

29th of April 2019

Office No. 4, Ministry of Health and Sports

1) Opening Speech by H.E. Dr. Myint Htwe (M-HSCC Chair, Union Minister of Health and Sports)

H.E. welcomed all members, opened the meeting and made among others the following points:

- There should be more communication between the INGOs/development partners and state and regional health directors. There should be no communication barrier between partners. If partners experience non-responsiveness from State and Regional Directors, H.E. asked partners to inform the DG and/or the Permanent Secretaries.
- MoHS is grateful to MAM for finding rickets cases in Sagaing Region. However, MAM should in such cases inform MoHS directly and immediately.
- Programme Managers are requested to be more proactive in dealing with INGOs, development partners and UN agencies to ensure all are going in the same direction and with the same objective.
- Partners should review the Minister's speeches which are available on the MoHS website as H.E. points out in the speeches the key policy direction and objectives of MoHS.
- The more than 80 INGOs working with MOHS on health are requested to review their work with the aim of optimizing the support provided to the country. If there are needs identified where MoHS should support, the ministrey should be notified.
- EHOs and CBOs are thanked for working in areas where MoHS staff cannot go. It might be necessary to do a quick review of EHOs work, especially on their capacities and capabilities. EHOs can themselves review their work together with some representatives from central level and some representatives from States and Regions and then MoHS can support them. UN agencies should also help in developing their capacities.
- MoHS has developed a file with INGOs' profile in order to identify their main activities and develop a framework of INGOs activities with technical areas and technical domains in terms of geographical areas. These activities will be cross reference with the activities carried out by all the different Programs. In the future M&E and planning this will be very useful.
- MoHS is publishing a Myanmar language document on the last 3 year's achievements of MOHS. H.E. invited advice and suggestions on the document.
- The Minister would like to have this type of document for INGOs also. This would help with future planning. Therefore, each INGO should form a working-group and MoHS will send 2 representatives from central level and work with the INGOs. H.E. urged all organisations to do this as soon as possible. Deputy Director General Dr. Thandar Lwin may wish to discuss with Permanent Secretary Dr Thet Khaing Win and Program Managers on how it should be done. Once the book with information on

all INGOs is finished, MoHS will submit to the President and State Counsellor and Minister of Finance and Planning.

- MoHS is developing an electronic memo system, which should be finished within 3 or 4 months. Memos will then not be lost or seriously delayed. MOHS staffs are now using the mohs.gov.mm mail addresses and not Gmail. So from now on MoHS communication system should be fast.
- Before next MHSCC meeting a small group should review the modus operandi of conducting the meeting with regard to time, agenda setting, background documents. Also to be reviewed are the recommendations of the last five meetings to assess to which extent recommendations have been implemented.
- Also TSGs should be reviewed in a holistic and quick manner. Should some of the TSGs be combined or are more needed? Can they be better linked?
- In coming years MoHS' priority will be on NCD. Every Wednesday, there are 1300 RHCs conducting NCD clinic for diabetes, hypertension and elderly health care. Clients' blood sugar level and blood pressure are measured and medicines are provided.
- Another area which is emphasized is school health. The State Counsellor has made school health a top priority in the coming year. There will be a big seminar in May on the subject. INGOs, UN agencies and development partners dealing with the subject matter will be invited. The National Comprehensive School Health strategic plan (2016-2020) was noted.
- There must be strong linkages between the National Health Plan (NHP) and the Program Managers. Program Managers' activities must be linked very strongly and firmly with the National Health Plan. Likewise, the INGOs and development partners' work must be linked with the NHP.
- In line with the NHP at the end of 2020 or 2021, all townships will have one ambulance, 850 lakh of hospital supplies and Type C lab in the station and township hospitals.
- The Nation-Wide Micronutrient and Food consumption survey preliminary results has come out. Also, MoHS is developing the Multi-Sectoral National Plan of Nutrition.
- Department of Medical Research has one branch in Pyin Oo Lwin. Training and research programmes will be conducted. In future, INGOs will be invited to attend the training.
- MoHS have 2 strategic plans in the pipeline: the 5-year strategic plan for reproductive health (2014-2018) and the National Strategic Plan for Newborn and Child health (2015-2018). The strategies for reproductive health, maternal, newborn and child health will be one strategy.
- The findings of National TB Prevalence survey were released, and the number of sputum positive rate has halved since the 2009-2010 survey. It has been supported by WHO and a fund report will be out in June.
- Dog bite centers are being established in many big hospitals and cities and 4.1 billion worth of Rabies Vaccines and Rabies Immune-globulin has been available.
- Myanmar has become member of Global HIV Prevention Coalition. Myanmar has to have five pillars in the prevention programme. The only thing still missing is Pre-Exposure Prophylaxis activities – e.g. for populations with high risk behaviour. There are plans to start in Yangon and Kachin state as pilot.
- MoHS is grateful for the support provided by GAVI, which means Myanmar children get vaccinated against preventable diseases. MoHS has to be well prepared for the upcoming GAVI Fund flow for the GAVI HSS support. Some funds will go directly to

central level EPI, States/Regions and Townships. MoHS is developing an annual plan.

- To deal with financial and risk management of GAVI, World Bank and other support MoHS is strengthening capacity in risk mitigation. 400 Finance Officers are being appointed (200 from inside and 200 from outside MoHS).
- MHSCC presentations should be short and to the point.

Pls see the full speech in the annex.

Action Points

- INGOs working with MOHS on health are requested to review their work with the aim of optimizing the support provided to the country.
- Each INGO should form a working-group and MoHS will send 2 representatives from central level to work with the INGOs to prepare a review of the last 3 years achievements.
- EHOs to be encouraged to review their work together with some representatives from central level and some representatives from States and Regions. MoHS and UN agencies to support their capacity building.
- Before next MHSCC meeting a small group should review the modus operandi of conducting MHSCC meeting with regard to time, agenda setting, background documents. Also to be reviewed are the recommendations of the last five meetings to assess to which extent recommendations have been implemented as well as the TSG structure.

2) Endorsement of the M-HSCC meeting agenda

As 34 M-HSCC members (out of 35 members) were represented (97.1%), the MC noted that the M-HSCC was at quorum. Members were asked to endorse the agenda and to declare any potential conflict of interests (CoIs) related to the meeting agenda items. The agenda was endorsed. Dr. Stephan Jost of WHO, Daw Nwe Zin Win of Pyi Gyi Khin, Mr. Thar Dar Htun of MPG, Dr. Si Thu Aung on behalf of MOHS, Prof. Dr. Rai Mra of Myanmar Medical Association, Dr. Morgan Soe Win of World Vision International, Dr Khin Wuit Yee Hla of Save the Children and Dr. Sid Naing from MSI declared that their organizations are Sub-recipients of Global Fund grants. The members with a declared CoI will recuse themselves in case discussions during the meeting will touch on issues directly related to their funding or other key interests of their organization.

3) Tracking on last meeting minutes action points

Mr Ole Htun-Hansen of the MHSCC Secretariat presented the key action points from the last meeting and their follow-up as follows:

Topic	**Key Action Point of previous MHSCC meeting (17 January)**	**Status**
Implementation of Health-related Recommendations of the Rakhine Commission	Organization of a joint assessment (MoHS, Rakhine State Government and key health stakeholders) of the impact on village level health of policy of barring all development and humanitarian organizations apart from WFP and Myanmar Red Cross from working in 4 northern townships.	In progress

Community Based Health Worker (CBHW) Policy Brief	To get MoHS approval	CBHW policy has been submitted to MoHS and a meeting will be organized in May 2019 under the leadership of Permanent Secretary, MoHS.
Reports – Updates from ExWG and TSGs	1) To get approval of the Addendum to the National Strategic Plan, National Malaria Elimination Plan and National Treatment Guidelines. 2) Core HIV TSG is to set up a working group under the HIV prevention subgroup to deal with the follow-up to Myanmar joining the Global Prevention Coalition. 3) DPHERD with WHO are to strengthen MoHS health emergency operations center (HEOC) and prepare a quarterly health cluster bulletin with inputs from all partners, which can be uploaded to the MoHS website. 4) NCD unit is to lead the preparations of an NCD 2-year action plan (2019-2020) and an Alcohol Control Policy	1a) Addendum to the National Strategic Plan, National Malaria Elimination Plan approved by MoHS. 1b) NMCP National Treatment Guidelines was resubmitted to MoHS with comments. 2) Existing HIV TWG under the HIV prevention subgroup will be used to deal with the follow-up to Myanmar joining the Global Prevention Coalition. It was also discussed and agreed in National Technical Consultation on Pre-Exposure Prophylaxis (PrEP) 28.4.2019. 3) Regarding DPHERD, it will be presented later under Health Cluster TSG updates session. 4) NCD 2-year action plan (2019-2020) will be presented later during 15th MHSCC meeting.
Updates on Access to Health Fund	CPI and UNICEF are encouraged to provide more capacity building for EHOs.	CPI has strategy of how CPI works with EHOs/CSOs to be in alignment with MoHS's direction named "Better Health Together Strategy". Designed to build EHO capacity to provide basic health services and is built on the NHP. For implementation, CPI is collaborating with national programs (e.g. for ToT). CPI share data from projects with NMCP. CPI organizes quarterly meetings with senior MoHS staff to update and get guidance. CPI has technical and strategy unit, making sure technical support to EHOs/CSOs are in accordance with MoHS's guidelines and protocols for PHC. Signing of UNICEF's Access to Health grant agreement has been delayed, however UNICEF is hopeful it will be finalized in the coming days. Nonetheless, UNICEF continues to

		support Kachin SHD, including for the development of proposal for direct grant from Access to Health.
Second Tranche of World Bank Loan	1) World Bank need to consider providing technical support to central level and States and Regional level for this second loan. 2) World Bank and all donors and programme planners to consider including Naga Self-Administered Zone, Sagaing Region in future grants and loans. 3) World Bank to consider the Minister's recommendation to include NCDs.	1) World Bank reports that additional financing of the Essential Health Services Access Project (EHSAP) has incorporated in its implementation and institutional arrangements and project management support the measures to strengthen the union and state/region capacity on planning, execution and reporting. 2) Additional financing is designed to expand access to basic essential services not only through fixed health facilities but also through mobile and outreach approach to underserved and hard to reach areas such as Naga region. AF will support respective regional health departments and the townships with financing and technical support to enhance access to services. 3) EHSAP is already financing NCD activities under component 2 of the project (e.g., PEN trainings, IEC materials). Going forward, additional financing will support supply side readiness for delivery of basic EPHS – which includes NCD interventions – and complement MOHS and partners' efforts.
British Embassy Prosperity Fund	To start communication channel between the British Embassy and MoHS, where Dr. Kyaw Khaing will act as focal point, to make progress as early as possible and start the implementation activities.	British Embassy's Better Health Programme team have regular meetings Dr. Kyaw Kan Kaung, Director NCD. They take part in the NCD TSG. The Better Health Programme covers 5 themes: NCD strategy, Education/Training, Provider quality, Digital health and life sciences, which aligns well with needs and interest of MOHS.

Discussion Points

- Dr Kyaw Kan Kaung further elaborated on the Prosperity Fund Better Health Programme. The programme has now selected the delivering partners. However, it is still not clear whether the selected partners already have MoU with MoHS.

- The Chair asked that the programme funds key elements of the National NCD Strategy.
- Ms Mya Maw of DfID, mentioned that the selection of partners is global and done by UK Department of Health and Science. The British embassy is not yet in a position to announce who the partners will be, but Ms Mya ensured that the programme will be in line with the National NCD Strategy. She expects to have more information in one to two months.

Action Points

- The Chair asked the MHSCC Secretariat to continue to track follow-up made on action points until they are completed.
- DfID and the British Embassy to work closely with Dr Kyaw Kan Kaung on ensuring the Better Health Funds activities are in line with prioritised parts of the National NCD Strategy.

4) GF Reinvestment Plan of HIV/TB and Malaria

Dr. Faisal Mansoor, Programme Director UNOPS PR, presented the 2019 and 2020 reinvestment plans of UNOPS PR. Both the UNOPS and Save the Children PR plans have been discussed at TSG level, then with GFATM in fourth quarter of 2018 and again at the MHSCC meeting 17 April 2019. The major objective of reprogramming is to use 2018 realized savings in 2019 and 2020 for the expansion of services and increase in coverage. The process has till now been as follows:

- October 2018 expected savings identified
- Review and discussions at HIV TSG - 18 October 2018, TB TSG – 15 October 2018, Malaria TSG – 10 October 2018
- Discussions with GF - 29 October – 2 November 2018
- Presentation and discussion at the MHSCC – 17 January 2019
- At 2018 Annual Progress Update the exact savings for 2019 were determined
- 12-15 March 2019 Reprogramming workshop opened by H.E. Dr. Myint Htwe
- Continuous guidance and instructions from National Programmes (w/s – up to now)
- Follow up meetings with National Programmes/SRs to finalize reprogrammed budget (April 1st week)
- Presentation to Malaria TSG 31/3/2019, HIV TSG 11/4/2019, TB TSG 24/4/2019

The major changes in the reprogramming have been

- New exchange rate applied to all the budget lines where expenditure is in MMK
- New DSA and travel rates applied to all TRC lines for 2019-2020
- 2019 budget includes obligation and carried forward amount from 2018
- As per approval of GF, A new SR CHAI has been added for 2019 and 2020 under TB grant
- Additional Hospital DHIS 2 trainings and IT equipment for expansion of remaining 396 hospitals
- eHealth activities -OpenMRS, ATM DHIS 2, case-based reporting platform development for TB and HIV, MPI and Blueprint
- Following continuum approach, malaria Case investigation and Foci investigation and response activities are now expanded to 211 townships
- In addition to the expansion, savings have been reallocated to cover the gaps created by the closure of certain projects such as Challenge TB, 3MDG Harm Reduction programme and ICMV activities in one township etc.

In HIV a total of USD 4,795,761 were identified from the 2018 budget as available and has been reprogrammed for 2019 and 2020. The major changes are:

- Scale up of ART by the addition of 10,000 new cases each year in 2019-2020
- Expansion of Prevention services for PWID - additional 9,500 reached and 7,600 tested
- HIV Prevention activities reaching OVPs - Additional 13,800 tested
- Expansion of prevention services – Additional 8,500 reached for FSW and additional 12,500 reached for MSM and 90% HIV testing uptake
- Strengthening/scaling up of Human Rights related activities
- Scaling up of MMT Program - PWID on MMT 20,460 (3,760 additional) in 2019 and 23,250 (6,050 additional) in 2020.
- Elimination of Mother to Child Transmission (eMTCT) of HIV and Syphilis in 330 townships
- Lab system strengthening through infrastructure support for NHL ISO certification and VL lab - Renovation of NHL- HIV for ISO 15189 Accreditation
- Infrastructure support for optimization of supply chain management, and optimum service provision (linked to ART transition) including Labs renovation at service delivery points

In TB a total of USD 2,522,730 were identified from the 2018 budget as available and has been reprogrammed for 2019 and 2020. The major changes are:

- Finding missing TB cases through:
  a) Implementation of MOHS policy on TB mandatory notification
  b) Strengthening of contact tracing
  c) Fill the gaps created by exit of Challenge TB Project in the area of Chin and Sagaing
  d) Extension of TB and MDR-TB Community based interventions up to Dec 2020 by Union (Mandalay, Sagaing, Shan (North and South), Magway)
- Enhance IPT provision among TB/HIV co-infected patients and TB contact under 5 children (GF and OIG recommendations)
- Fill the gaps in the MDR-TB DOT provision by SRs in the year 2020
- Allocate MDR-TB patient support and nutrition support to SRs
- Infection Control Measures - Renovation of MDR-TB wards and OPDs, Laboratory including GeneXpert room, etc (GF and OIG recommendations)
- Strengthening of procurement and supply chain system – Renovation and Insurance of Stores, UVGI (ultraviolet germicidal irradiation), etc (GF and OIG recommendations)

In Malaria a total of USD 1,510,343 were identified from the 2018 budget as available and has been reprogrammed for 2019 and 2020. The major changes are:

- As per the instructions from RSC and GF, reprogramming was directed towards activities targeting malaria transmission hotspots, that is, areas of high transmission based on the most up to date Myanmar Malaria 2018 epidemiological data
- Funds will be reinvested in activities that directly target case reduction of malaria in high malaria cases/hotspots townships in Chin, Kayin, Rakhine, Kachin and Sagaing
- Continuation of the services of WHO 16 Field Medical Coordinators in 2019 and 2020

To correspond with the new budget and activities changes, the indicator targets for each disease were adjusted.

Dr. Myo Set Aung, Deputy Director of Save the Children (StC) PR presented the reinvestment of savings from the StC PR managed budget.

After Commitments and Wave 1 Reinvestments at USD 2,476,746 were discounted the savings, StC had 1,255,178 in Net Savings and USD 323,254 in Budgetary Gains in the HIV budget. The reinvestment activities for HIV are as follows:

- Support for effective linkage to care for newly HIV positive cases (e.g. accompanied referral by peers)
- Further HIV testing target increase for MSM, FSW and PWID
- Hepatitis C prison funding (complementary to Access to Health in Myitkyina and Lashio prisons)

After Commitments and Wave 1 Reinvestments at USD 306,247 were discounted the savings, StC had USD 194,134 in Budgetary Gains in the TB budget. The reinvestment activities for TB are as follows:

- Complementing ACF activities in Yangon (complementary to Access to Health)
- CBTBC in Buthidaung and CBTBC and ACF in Pauktaw

After Commitments and Wave 1 Reinvestments at USD 1,291,328 were discounted the savings, StC had USD 112,253 in Budgetary Gains and 158,561in Net Savings in the Malaria budget for the country component. For the regional component: USD 27,923 in Commitments and Wave 1 Reinvestments leaving 50,903 in Budgetary Gains and USD 510,928 in Net Savings. The reinvestment activities for Malaria are as follows:

- Service expansion to cover KDHW's gap in Tanintharyi
- Service expansion with private providers in 16 hotspot townships

To correspond with the new budgets and activities changes, the indicator targets for each disease were adjusted for both PRs (details in the presentation).

For more information kindly see the full presentation here:

https://drive.google.com/open?id=190x2BsKuHHdwYVlDLQSarL-eg2Jr2KWr

and

https://drive.google.com/open?id=1LkPK3iUTEylcm7YjxDXFDvlt9oPdzswQ

Discussion Points

UNOPS presented the proposed reinvestment plan for GF 2018 funds in 2019 and 2020 for MHSCC approval to submit to GF. The USAID bilateral representative noted that as a member of the MHSCC, they could not endorse reinvestment in PMTCT as best use of funds when PreP was not yet funded.

The USAID bilateral representative noted that as a member of the MHSCC, they could not endorse reinvestment in PMTCT as best use of funds when PreP was not yet funded. One MHSCC member commented that the important of bringing in Pre-exposure Prophylaxis with the noticeable efforts of National Program Initiative in accordance with funding supports from bilateral donors. The Union Minister as Chair asked that Funds are to be reprogrammed for PrEP as one of the 5 prevention pillars.

Action Points

- The Grant Revision Plans were endorsed by the M-HSCC with the caveat that further adjustment of the reinvestment to include some unspecified investment in PrEP will need to be done subsequently in discussion with key stakeholder.

5) NCD Annual Plan Development (2019-2020)

Dr Kyaw Kan Kaung, Director of NCD, Department of Public Health provided an overview of the NCD disease burden, prevention strategies, treatments currently provided at the community level, and the overall development of the NCD Action Plan.

NCD is fast becoming one of the most pressing public health issue in Myanmar. According to a recent study by WHO, ccardiovascular diseases (heart attacks and strokes) are the leading cause of mortality in the country. Moreover, most premature deaths from cardiovascular diseases can be prevented. To reduce the risk factors and to improve access and quality of NCD treatments, the Ministry established a NCD unit in 2015. The NCD unit is tasked to spearhead efforts toward tobacco control and coordinate efforts to address diabetes, hypertention, mental health, epilepsy, cancer, dafness, chronic respiratory issues, injury, sanhke bites, and rehabilitation.

In prevention and control, the NCD unit is focusing on changing behavioral risk factors, controling physiological and metabolic risk factors, and providing treatments. The primary prevention of NCD is on reducing modifiable NCD risk factors through behavioral change interventions as well as regualtory controls (tobacco tax, etc). And the secondary prevention of NCD is on screening and treatment using the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) for primary care. The NCD unit plans to expand PEN intervention in 2019; by the end of 2019, 98 townships should be equipped and trained to provide the interventions.

Towards the goal of improving tobaco control, the NCD unit has (1) developed six policies to reverse the tobacco epidemic using the WHO MPOWER framework; (2) launched the FCTC 2030 strategy and (3) convened the Central Tobacco Control Committee. The six tobacco reduction strategies include monitoring tobacco use and prevention policies; protecting people from tobacco smoke; offering support to quit tobacco; warning people about the dangers of tobacco consumption; enforcing bans on tobacco advertisment, promotion and sponsorship; and increasing tax on tobacco.

On the policy and governance front, first, a new legislation will be developed in collaboration with related ministries, agencies and with the suppor from WHO FCTC 2030 project. Second, a sub-national leader alliance will be formed with the involvement of leaders from all states/regions. And third, policy documents for policy brief to the related ministries and parliament for necessary action related to tobacco control including passage of tobacco tax is developed.

Finally, the NCD unit, with the support of partners, is in the process of developing an action plan for prevention and control of NCDs. The plan will include guidelines on service delivery and linke the Annual Operational Plan for NCD 2017-21 and the National Health Plan 2017-21.

Despite progress, the NCD Programme continues to face a number of challenges. First, multi-sectoral collaboration remains weak. In addition, there is a gap in financing the high operational cost of screening and provision of basic treatments for diabetes and cardiovascluar diseases, espeically in remote villages. Finally, both the NCD unit at the national and subnational levels are understaffed and face chronic shortages of medicine.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1sX1LRy0E4pSOCPGaHzLp29uppNk9iZ17

Discussion Points

- DFID suggested that linkages between school health and prevention of NCD should be considered. By instilling healthy behaviors early, young people are likely to prevent and/or delay on-set of chronic illnesses. In addition, during the most recent

Access to Health Fund Fund Board visit to Shan State, the Fund Board saw a number of NCD prevention and treatment activities at rural heatlh centers. One thing that seems to be lacking is supply of medicines. DFID representative asked if it is possible to ensure that sin taxes (when passed) are earmarked for health in general, and NCD in particular.

- H.E. Union Minister responded that the passage of sin tax on tobacco and alcohol is critical and should occur in the next 6 months. In particular accidents related to driving under alcohol influece is increasing and cost of treatment is high.
- A member commented that in principle, the Internal Revenue Department has agreed to taxation on tobacco, alocohol and other harmful products. However, businesses are lobbying against certain measures. Discusison with the Parlimanet is on-going and Parliament Members expressed support for the process.
- H.E. Union Minister re-emphasized the urgency to pass the sin tax. Industry should see the positive side of working with the Government to pass the tax. It should be part of their corporate social responsibilities to ensure a healthy workforce.
- Respresentiative from University of Medicine Two provided an update on training for NCD prevention, screening, and treatment support. Faculty members are training BHS on prevention and control strategy. University of Medicine Two is also planning to conduct the second STEP survey with WHO support in 2019.
- H.E. Union Minister emphasized that in concert with the drafting of standard operating procedures, communities should start implementing NCD prevention activities. One possiblity is to increase health literacy on the risk of tobacco, alcohol, and poor diet.
- WHO country representative suggested that in addition to sin tax, MoHS may consider looking into tax on sugar and transfat.
- H.E. Union Minister discussed the need to strengthen multi-sector colaboration for FCTC 2030, in particular, and NCDs in general. To reduce NCD burden of disease, MoHS will need to work with MoE, MoALI, MoPF and other ministries.
- For tobacco control, an international consultant has been assigned to support the Ministry in this effort. MPower, a WHO developed measurement tool for tobacco control, is a very useful for program implementation tool and should be utilzied.

Action Points

- CBOs should consider implementing NCD prevention activities.
- MoHS to work with MoE, MoALI, MoPF and other ministries to reduce NCD burden of disease.
- The WHO developed measurement tool for tobacco control MPower should be used for tobacco control

6) Myanmar's Aid Information Management System (AIMS) and discussion

Dr. Leigh H Mitchell, Senior Advisor to the Ministry of Investment and Foreign Economic Relations provided a presentation on the Myanmar's Aid Information Management System (AIMS).

International assistance plays a vital role in supporting Myanmar's historic transformation. As Myanmar continues to move forward, it is important that the Government and partners know how aid is being used and what results are being achieved. Making aid transparent helps to ensure aid goes where it is most needed. Access to better quality aid information also

supports the equitable allocation of resources, both sectorally and geographically, and ensures that all Myanmar people can benefit from the investments.

It is critical to note that aid transparency is not just about numbers; results matter just as much. Open access to aid information allows people of Myanmar to see the impact that aid activities have in their communities.

In Myanmar, Mohinga AIMS, a simple, open, cloud-based aid information management system, has been developed to support tracking of resources and outcomes. The system provides a standardized way to collect, report, and present aid data. Mohinga AIMS also allows the Government and development partners to better plan budgets, avoid duplication, ensure alignment with development priorities and ensure that aid flows are distributed equitably, avoiding pockets of over/under supply. It also provides local and international civil society groups with a tool to help monitor aid flows, ensure greater transparency and greater aid ownership.

It is important to note that reporting to Mohinga AIMS is now mandatory by the Governmetn of Myanmar. All MHSCC members are encourage to be familiar with the system, particularly with the new features, dashboards, ways to export the data for further analysis, and reports that the system can generate. In particular, Mohinga AIMS includes a very useful new feature - IATI SYNC. Through IATI SYNC, financial information currently provided by development partners' headquarters in accordance with the International Aid Transparency Initiative (IATI) is directly 'synced' with Mohinga AIMS.

For support on data entry, validation and report creation, MHSCC members should contact the AIMS Task Force based in FERD.

To make the most use of the Mohinga AIMS, it is encouraged that all partners provide up to date data, validate and review data on a regular basis, and make use of the dashboards and reports for planing purposes.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1QIiTQQ1xvkeJe_L8gWYnKj-xD-O9cee8 and
https://drive.google.com/open?id=1ag4Me-IziVu3ID-ykEz12pxbuzbfjdlO

Discussion Points

- DFID representive mentioned that DFID is responsible for collecting DP data on aid. This has been challenging. In particular, it is difficult to ensoure data are not duplicated data. For DFID, the organzation uses a software that allows tracking from resource allocation to the beneficiary. Two questions were posed: (1) whether it would be possible to have this feature in Mohinga AIMS, and (2) whether data collected through the DFID system may be synced with Mohinga AIMS.
- Dr. Mitchell responded that DFID is one of the organizations that provide the most comprehensive data. The AIMS team can support mapping of the activities that DFID tracks and sync using the IATI SYNC feature.
- H.E. Union Minister suggests that it is crtical to analyze resources on aid flow. He has asked Department of Medical Resources to conduct a resource pool analysis. The mapping excercise will be able to help DMR identify resources recieved and where they are allocated. This is a very useful excercise. To gain a better understanding of aid flow, H.E., Union Minister asked Daw Aye Aye Sein and the finance team to meet with Dr. Mitchell. It is critial to know the resources recieved within the past 3 years, and have up to date information. This will affect how funding is allocated. This tool wil compliment on-going work on the National Health Account, which WHO is supporting.

- Finally, H.E. Union Minister requested Dr. Mitchell to give a short seminar to UPH students on aid flow and Mohinga AIMs.

Action Points

- Daw Aye Aye Sein and the Finance Team to discuss Mohinga AIMS with Dr. Mitchell and the AIMS team at FERD.
- Dr. Mitchell to give short seminar(s) to UPH students on aid flow, resources traking and the Mohinga AIMS.

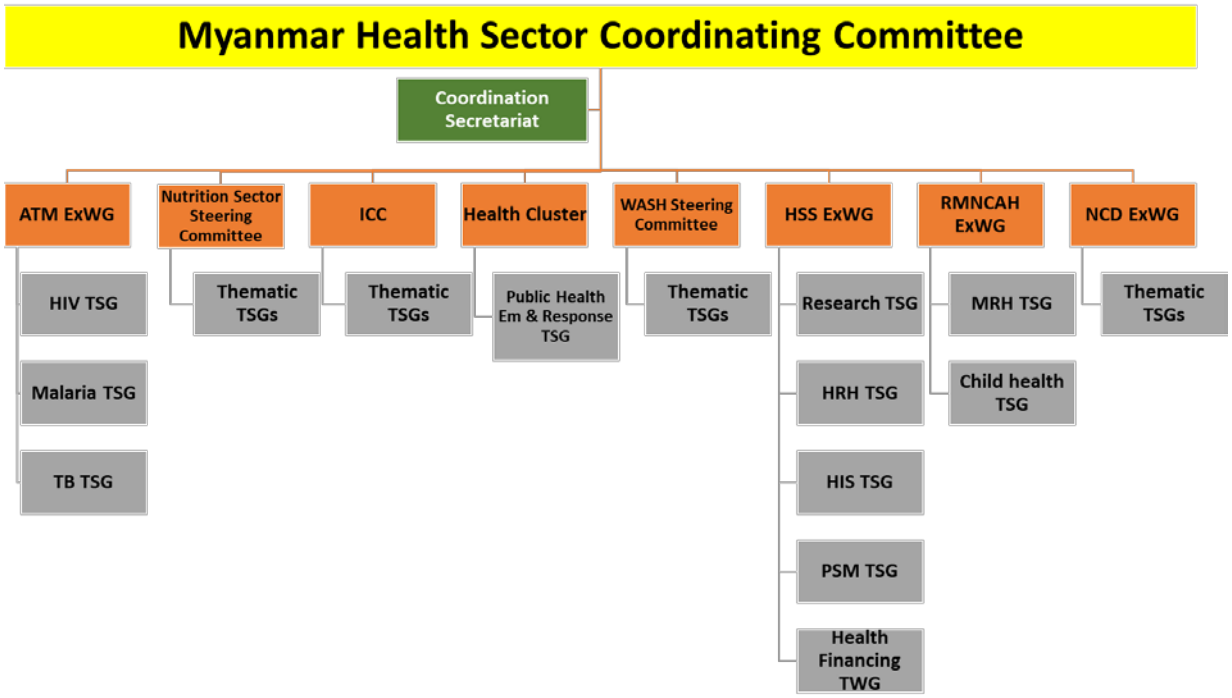
7) Restructuring of M-HSCC and discussion

MHSCC Secretary, Deputy Director General Dr Thandar Lwin, gave a presentation on the proposed restructuring of the MHSCC. The presentation started out with giving the background, objectives, roles and responsibilities of the MHSCC. The current challenges were listed with a special emphasis on the lack of full use of the MHSCC platform as a single health sector coordination group. It was mentioned that among others GAVI programmes were handled outside the MHSCC.

Dr Thandar Lwin noted that the MHSCC also is under the obligation to live up to certain governance rules related to the receipt of Global Fund grants. Among them are the membership of various constituencies including communities affected by diseases, a balance between government and civil society and the management of Conflict of Interests (CoIs). It was also noted that an Eligibility and Performance Assessment (EPA) needs to be passed in order to be able to submit Concept Notes to the Global Fund. An EPA checks that a number of requirements are in order. At the last externally conducted EPA, the MHSCC and its Secretariat scored close to maximum points and were among the best in the region. This has meant that till now, the MHSCC only had to do a light EPA, which is a self-assessment. However, prior to the submission of Concept Notes in 2020, it is expected that a thorough external EPA will have to be conducted in 2019.

Also noted was that the MHSCC is the de facto Sector Coordination Group (SCG) for Health as set out by DACU, which also entails a number of requirements including a Secretary at DG or Permanent Secretary level.

Dr Thandar Lwin proposed a restructuring as per the organogram below.



The division of responsibilities were proposed to be as follows:

MHSCC Level

- Policy guidance
- Strategic direction
- Sector plan development
- Budget allocation, endorsement
- NSP/policy/guideline endorsement
- Concept note/grant proposal endorsement
- Contractual commitments

ExWG Level

- Concept note/grant proposal endorsement
- Performance monitoring
- Risk management
- Reprogramming endorsement
- Proposed the budget allocation for M-HSCC endorsement
- Budget reallocation and endorsement

TSG Level

- Geographic coverage
- NSP development
- Policy/guideline drafting
- Concept note/grant proposal development
- Implementation monitoring
- Piloting of innovations
- Reprogramming review

It was suggested that all donor-funded initiatives (GF, Access to Health, JICA, ADB, World Bank, USAID, etc.) participate through the relevant thematic areas at Operational and Technical Management Levels.

The suggested next steps were:

- Coordination Secretariat of the MHSCC to be formed:
    - Existing Secretariat with GF will take care of the ATM ExWG
    - Two international staff (with financial management and programme management capacity)
    - Local staff
- To identify the Secretariats from each ExWG and communicate and share the information with MHSCC Secretariat regularly
- Governance manual to be reviewed and revised
- TORs of each ExWGs are to be developed
- Inform the Development Partners and Implementing Partners
- Educate and advocate the different ExWGs and TSGs

Dr Thandar Lwin mentioned that among other donors, GAVI might be able to support through their Leadership, Management and Coordination proposal. She pointed out that there would be a need not only for local staff, but also international staff would be needed to help with financial management, monitoring and evaluation at coordination level. Dr Thandar Lwin pointed out that the final structure needs to be approved by both MoHS and MHSCC and that a revision of the governance manual would be necessary. Once changes have been agreed, DACU would need to be informed. She asked for advice from the Chair, Vice-Chair and members on how the restructure should be managed in the future.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1Y1C8CQNLz7U6DGQt13JdWpyDiJEKEucb

Discussion Points

- Dr Stephan Jost of WHO commented the proposal and said that he found the suggestions thorough and comprehensive. He also noted that this would be quite ambitious and would require significant support in addition to that which is currently in place. He committed that WHO and UNAIDS (on the behalf of the UNAIDS Country Director, Mr Oussama Tawil) would continue to support the MHSCC Secretariat functions as well as technical functions and its staffing as done hitherto including for new areas covered by the MHSCC. Details would still need to be worked out including in getting the support structure right for the Secretariat.
- H.E. pointed out that he was supportive of a more ‘all-inclusive’ structure. However, while ExWGs were free to set-up working groups as needed, he cautioned against creating too many formal TSGs in order to make it easier to coordinate.
- Deputy Director General, Dr Myint Myint Than and other members suggested to add a number of TSGs under the RMNCAH ExWG.
- The bilateral constituency requested an additional seat on the MHSCC. The decision on this was postponed till later and the bilaterals were requested to consult within their constituency.
- There was general consensus that additional time and further discussion was needed to take the proposal of a new structure further. The Chair clarified that it would not be possible to finalise the discussion at this meeting.

Action Points

- The Chair asked the Vice-chair to chair an ad-hoc MHSCC meeting the following week in Yangon to discuss the restructuring further including next steps for formation of ExWGs and TSGs and make decision on number of MHSCC members.

8) Reports of GF Implementation and discussion

UNOPS update

Dr Faisal Mansoor from UNOPS PR provided an annual update on 2018 activities. Overall, UNOPS PR and SRs have achieved most indicators. In areas that need additional support, UNOPS PR, with guidance from MoHS and partners developed strategies to address deviations.

HIV Programming: The National HIV program with the support of partners exceeded targets on a number of key indicators.

Among persons who inject drugs (PWID), UNOPS supported partners met the target including for number of needles and syringes distributed per person who injects drugs (PWID) per year; percentage of PWID that received HIV test during reporting period and know their status, and number of PWID on opioid substitution therapy.

Also, many targets were reached for treatment and testing services for men who have sex with men (MSM) and sex workers. Interventions that reached their targets include number of MSM who have been tested for HIV during the reporting period and who know their results; number of sex workers reached with HIV prevention programs with a defined package of services; number of sex workers who have been tested for HIV during the reporting period and who know their results; and number of other vulnerable populations who have been tested for HIV during the reporting period and who know their results.

Despite progress, there is a need to strengthen efforts toward providing services for prisoners. Underperformance in number of prisoners who received a HIV test during the reporting period and know their status was due, in part, by the delayed start-up of the program. The SOP on Health Care in Prisons were developed and launched in Q3 2018.

Finally, for PMTCT and ART, the SRs, guided by Central NAP and with the support of UNOPS exceeded all targets. They include: percentage of HIV positive pregnant women who received ART during pregnancy; number of people living with HIV currently receiving ART; percentage of people living with HIV in care (Including PMTCT) who are screened for TB in HIV care or treatment settings.

An area that will require more attention and possibly a shift in strategy is strengthening linkages between treatment of HIV and TB. During 2018, only 66% of HIV positive new and relapse TB patients were on ART during TB treatment. However, it should be noted that the number of people on isoniazid preventive therapy (IPT) has doubled from 2017 (1,690) to 2018 (3,795) through on-going advocacy and coordination with clinicians who were reluctant to prescribe IPT.

Finally, services provided to vulnerable population living in conflict affected areas remain a challenge. UNOPS is working closely with partners and supporting NAP to develop innovative ways to provide testing and treatment services in these areas.

TB Programming: In TB, UNOPS provided 2018 annual progress on 18 key interventions that addresses TB testing, notification, and treatment among targeted populations. Overall, the program is on-track.

For testing and notification, key challenges remain in percentage of case notification from non-government facilities (22%). Also a challenge was the late start for Scheme III hospitals in Taunggyi and slight inactivity among participating GPs - only 85% are active.

Another area that require further attention is community referral. The underachievement is likely due to the setting of very ambitious targets at the beginning of the year. To improve referrals, community-based partners such as MAM and EHOs are increasing efforts to serve hard to reach and non-government controlled areas.

In 2018, NTP introduced two new interventions: introduction of isoniazid preventive therapy (IPT) for children under 5 years of age and in contact with TB patients, and screening and treatment of latent TB infection among children under five years of age. Both interventions are gaining momentum at the country through ongoing advocacy with TMOs and paediatricians.

And finally, the country's efforts to eliminate MDR-TB is gaining momentum. Key 2018 achievements include decrease in percentage of cases with RR-TB and/or MDR-TB started on treatment for MDR-TB who were lost to follow up during the first six months of treatment; percentage of TB patients with drug susceptibility testing (DST) result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year; increased percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines; increased percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period; and increase in percentage of reporting units reporting no stock-outs of anti-TB drugs on the last day of the quarter.

Two areas that will require further support are MDR-TB notification and treatment. In 2018, the team reached 71 percent of target for number of TB cases with RR-TB and/or MDR-TB notified. One reason for not reaching the target is low utilization of Gene Xpert in some States/Regions and suboptimal sputum transportation and referral by some partners. Similarly, number of cases with RR-TB and/or MDR-TB that began second-line treatment also fell below target. Upon further exploration, the program team found some decentralized MDRTB treatment initiation centres were not fully functioning. Furthermore, some complicated cases with comorbid diseases were not eligible to start treatment. And finally, some laboratory challenges were noted - especially for smear-negative cases where turnaround time is long and delayed results for second-line LPA for shorter regimen cases.

Malaria Programming: In Malaria, UNOPS tracked 7 indicators on testing and treatment of malaria as well as distribution of LLINs for targeted risk groups. Among the 7 indictors, testing of suspected malaria cases that received a parasitological test at the public health sector exceeded target. However, the other indicators including (1) number of LLINs distributed to targeted risk groups through continuous distribution; (2) number of suspected malaria cases that received a parasitological test in the community;(3) number of suspected malaria cases that received a parasitological test at private sector sites; (4) number of confirmed malaria cases that received first line antimalarial treatment at public health sector health facility; (5) number of confirmed malaria cases that received first line antimalarial treatment in the community; and (6) number of confirmed malaria cases that received first line antimalarial treatment at private sector sites fell short of reaching target (it should be noted that implementation of most interventions were close to reaching target)

Upon further exploration, the UNOPS team concluded that underachievement for testing was largely due to (1) under reporting from hard to reach areas and no reporting from health facilities that had no malaria cases in past years; (2) late reporting emanated from technical problems in some townships (fault in computer batteries, internet connectivity issues, inability to use google drive to upload data) and (3) increased workload among health workers tasked to provide other vector bone disease control interventions.

For underachievement for treatment, program analysis suggest that the gap is due to multifaceted factors including incomplete recording by providers, errors in data entry by the data encoders, none adherence to the national treatment guidelines by a small number of health workers, PQ stock outs reported by some volunteers, and issues related to G6PD where local people were unwilling to take PQ leading to no treatment of some Pv cases with PQ.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1n3qIsOF4sVti6NNvDW_vPBI9s7J4I8Yf

Discussion Points

- H.E. advised that it is critical to gain a better understanding of the HIV and TB status of prisoners who were recently released, as well as those who are in the process to be released soon. The population tends to be mobile and may be difficult to track after leaving the prison.
- In Malaria, the country is on track with the elimination strategy. A key part of the strategy will be improving mandatory reporting. Participation from the private sector (particularly private labs) will be important.
- Furthermore, H.E. recommends that funding be allocated to conduct an entomological study on malaria vectors. This is an area that requires more evidence; findings will shape the country's elimination strategy.
- Another area that requires further discussion is which type/brand of RDT for Malaria has the highest sensitivity and specificity and low cost. This will be important information to know in order for the Ministry to go forward with procurement.

Action Points

- UNOPS to work closely with partners and NAP to hold a Malaria workshop that further explores, among other topics (1) vector control strategy, (2) RDT, and (3) mandatory reporting.
- UNOPS to work with partners to develop a system to improve prison services and mechanism(s) to test and provide HIV and TB treatment for prisoners that will be released soon, as well as tracking of those recently released.

Save the Children update

Dr. Myo Set Aung from Save the Children provided an update on annual progress and discussed key challenges.

HIV Programming: Save the Children, working closely with the SRs and NAP, exceeded majority of the targets. Of the targets not reached – OPV testing (89%) and ART treatment (90%) - Save the Children demonstrated steady improvement. Another achievement was the increase in identifying PWIDs: despite a decrease in budget for KP case finding, the team

was able to reach the case identification target for PWID, a difficult to reach population. Finally, Save the children is on track in transferring patients to NAP.

TB Programming: For the TB program, Save the Children tracked three indicators: TB cases in NGOs and private facilities, TB cases notified by CHWs, and TB cases with HIV results recorded in the register. Among the three indicators, TB cases notified by CHWs exceeded expectation, while the other two indicators did not reach the targets.

PR noted that progress in case finding through private sector has slowly improved with mandatory reporting requirement in place. However, HIV screening among TB patients remains a challenge in hard to reach and conflict areas.

Malaria Programming: For the Malaria program, Save the Children reported findings of 6 indicators – from testing and treatment in public and private facilities, to LLINs distribution, to stockouts. Performance of the six indicators ranges from a high of 99 percent (community treatment) to a low of 53 percent (private sector testing). A majority of the interventions reached at least 90% of the 2018 targets. More efforts will be put in strengthening private sector testing and reporting in 2019.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1Lh4dq1nBiuGrjdTJYGDVKbNS4I5qVT9z

Discussion Points

- Members suggested the difficulty in working in Rakhine State may hinder the capacity to reach the targets in Malaria. New strategies may be needed.

9) Updates from NIMU on health financing and mapping of ODA to health sector and discussion

Dr. Thant Sin Htoo, Assistant Permanent Secretary provided an update on three key areas: progress towards NHP and plans for 2018, developments in the health financing strategy, and initial findings from analysis of Development Assistance in Health.

National Health Plan 2017- 2021: Operationalization of the NHP is in its second year. Activities and investments to date are guided by the first Annual Operational Plan covering the period 2017-2018 as well as the current Annual Operational Plan 2018- 2019.

In 2017, MoHS achieved several milestones including drafting of the basic essential package of health services and investment in supply side readiness with a focus on infrastructure, human resources for health, service delivery, and health financing. Details of ahicevements are summarized in the second Annual Operational Plan (the second operational plan is here: http://www.mohs.gov.mm/Main/content/publication/nhp-2017-2021-2nd-year-s-annual-operational-plan-2018-2019)

Building on progress from the previous year, the second Annual Operational Plan (AOP) focuses on 2 main areas: supply side readiness and financial protection. The objective of supply side readiness is to strengthen capacity to deliver basic EPHS in each facility level regardless of type of provider; and the objective for financial protection is to establish alternative purchasing mechanism for guaranteed minimum services (Basic EPHS). Key activities include introducing standard health infrastructure investment package in the

selected Townships, strengthen the HRH central unit, improving public financial management system and processes, continuation of e-health convergence with the goal of an integrated health information system, and formulation of the health financing strategy. For a detailed list of activities and timeline, please see the AOP 2018-2019.

Financial Protection: MoHS is in the process of developing the health financing strategy. The Myanmar Health Financing Strategy aims to describe how resources will be mobilized to finance progress towards UHC, how risk pooling mechanisms can be developed, how it will be collected, pooled and managed (and by whom), and how it will be used to pay for health services.

As part of the process, NIMU is closely monitoring progress and operationalization of the pilot projects conducted by PSI, CPI and SSB. The three pilots are meeting on a regular basis and sharing lessons learned. Findings from the 3 pilots will inform the development of the purchasing unit.

In addition, consultation workshops for development of Myanmar Health Financing Strategy are currently underway. The HSS Health Financing Subgroup is managing the consultation process. To date, an interim strategy document that lays out a phased approach to reforming health financing has been prepared. Furthermore, the team has received permission from H.E. Union Minister to consult with other ministers. Finally, the HF TSG is reviewing legal documents, facilitating study tours, and soliciting technical inputs for development of UHC law and the National Health Insurance Law.

ODA External Assistance in the Health Sector: Dr. Thant Sin Htoo presented an analysis of fund flow and ODA in the health sector. Funds for health comes from three main sources: taxation, out of pocket payment, and development partner contributions. The fund flow mechanism is complex and needs further analysis. Cost efficiency may be gained through a less fragmented system.

External share of total health expenditure is around 11- 12 percent, and on par with neighboring countries. Investment in health by development partners have increase significantly since 2006. However, most funds continue to be off-budget. While collaboration has improved through coordination mechanisms such as the M-HSCC, tracking remains difficult and reporting, burdensome.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=15tu-dVshxMUOYPNHggHDa0vWAwISkklH

Discussion

- Members inquired if the MoHS is on track with development of the National Health Plan in general, and the health financing strategy in particular. NIMU director responded that the progress in supply side readiness in on track. For financial protection, more work will need to be done. It is an ambitious undertaking that will require long-term investment.
- The World Bank indicated that they can support the resource mapping exercise. It was suggested that one of the TSGs or existing working groups could undertake this task.

10) Updates from 7 TSGs

Health Systems Strengthening TSG

Daw Aye Aye Sein, Deputy Director General presented on behalf of the Chair of the HSS TSG. The HSS TSG Expanded Group is chaired by Prof. Dr. Thet Khine Win, Permanent Secretary and the HSS Core Group is chaired by Daw Aye Aye Sein. Both the Expanded Group and the Core group held meetings in the last quarter (January 2019 and April 2019 respectively) and are scheduled to meet again in June/July 2019.

At the April 2019 Core Group meeting, Chair and representative of the four subgroups: Health Information System, Health Financing, Human Resources for health, and Supply Chain and Medicines, provided the following updates:

Health Information System Subgroup update: Daw Aye Aye Sein summarized the key developments. They include submission of a draft Health Information Policy to MoHS for endorsement; further contextualization of the e-health Architecture blueprint, and expansion of MRS for TB and HIV as well as advancement in malaria case reporting. In addition, a web-based logistics reporting system using tablets is being piloted in NPT. For the Master Patient Index (MPI) a workshop on design and operationalization was conducted in 2018; meetings with MPI international consultants and CHAI to link open MRS and MPI was held, and work on importing open MRS to DHIS2 is on-going. The New HMIS data dictionary is now available and has been used since January 2019. Central TOT and S/R trainings in Yangon, Arrawaddy, and Kayin have been completed. Plans are in place to expand trainings to states (with support from Access to Health Fund). Finally, for the roll out of electronic hospital reporting system, 665 public and 42 private hospitals has been trained. With the support of GF-UNOPS the remaining 396 public hospitals will be trained in 2019-20.

In *Human Resources for Health*, the subgroup submitted a Report on Rural Retention (RR) of Health Workforce to the HSS Core group and the Minister. The Report forms the foundation for MoHS to move forward with development of the RR policy. Another key development is the formation of a central HRH coordination unit (CHRH CU). The CHRH CU has been approved by the Minister and TOR as well as composition of the CHRH CU are under development.

Supply Chain and Medicines subgroup is in the process of developing a supply chain operational plan. It is anticipated that a draft operational plan will be submitted in May/June 2019. The operational plan will inform ways to move forward with key issues including the LMIS system and warehousing. Finally, the essential medicine strategy has been submitted to MoHS for review.

Finally the *Health Financing* subgroup met regularly over the past year and drafted an interim strategy for moving Health Financing outlining a phased approach to implementation. For further information on the health financing strategy, please refer to Dr. Thant Sin Htoo's presentation.

For more information kindly see full presentations here:

https://drive.google.com/open?id=1zKVomZArassXb-3Ynhjq_aO9-uMJ9hND

HIV, TB and Malaria TSG

Dr. Si Thu Aung Director of Disease Control presented key progress in HIV, TB and Malaria TSG.

HIV TSG: The last HIV TSG meeting was held in April 2019. During the meeting, reprogramming of HIV activities was presented by two GF PRs- UNOPS and Save the Children and endorsed by members for further recommendation to decision makers. Detailed arrangements of geographic areas, activities and implementing partners will be finalized at the sub national level.

TSG members also discussed and agreed on road map and timeline for review of current HIV NSP, development of next NSP and development of GF Concept Note for HIV.

Key development partners presented investment plans, budget, and timeline: First, Access to Health Fund (Access) presented its thematic areas for HIV/Harm reduction. The Access fund will focus on (1) addressing drug use and its health consequences with integrated services, (2) supporting policy reform and enabling environment, and (3) improving health care in prisons. The estimated budget is 13.4 million for 2 years. It includes a direct grant to NAP/DDTRU/NHCP of about USD 2 million. HIV TSG endorsed Access's proposed areas of intervention, budget and targets for further processing. Next, ADB presented progress of *JFPR 9176 MYA project*. Importance of migrant mapping and mobile population and past financial system challenges were discussed. Finally, USAID presented on the PEPFAR Regional Operational Plan (ROP) 2019 meeting in BKK. HIV programing will focus on strengthening HIV cascade from Key Populations reach to viral suppression, high testing yields, scaling up of global best practices and strategic leveraging of GF.

A few interventions proposed for Myanmar will need further consultation and discussion. They include: PrEP (pre exposure prophylaxis) demonstration, transition of DTG based ART regimen and phasing out of NVP, UIC (unique identifier code), and the issue of USD 2 million per year gap in funding for syphilis RDT.

Finally empowerment of subnational teams in State and Region was strongly encouraged and support has been provided to develop S/R plans.

TB TSG: The extended TB TSG met in March 2019 and the Core TB TSG met in April 2019. During the meetings, members shared updated information related to TB control activities (e.g., recent missions and reports, GF reprogramming) and discussed upcoming events.

Extended TB TSG: After deliberation and review of proposals, the extended TB TSG Members selected a Supra National Reference Laboratory in Chennai to support EQA of NTRL. In addition, Members of the TB TSG finalized Global Fund documents including work plan, budget, performance framework. The documents were submitted to the GF and presented earlier at this MHSCC meeting. Finally, to advance TB/HIV activities, an IPT workshop has been planned for May 2019. The objective of the workshop is to train and advocate for improved coverage of IPT.

The *Core TB TSG* met on April 24, 2019. During the meeting, the members reviewed the previous NSP 2016-2020 development progress; presented key findings from the TB prevalence survey results and discussed implication to the NSP development; agreed on a timeline for NSP development and drafting and submission of GF Concept Note; and finally discussed and agreed the TOR of JMM program including sites, times, participant list, and meetings.

Over the course of the next 11 months (May – March 2020), Members of the Core and Extended TB TSG plan a number of activities. They including: re-analysis of TB burden including incidence based on the prevalence survey (to be supported by WHO); draft prevalence survey report in *June 2019* with findings to be incorporated in the Joint Monitoring Mission (JMM); Conduct JMM in 11-21 *August 2019 and* Draft report of JMM in

September 2019; hold Global Fund concept note consultation meetings from September 2019 onwards and draft Concept Note for Global Fund in February 2020; develop a costed NSP for 2020; Submit Global Fund concept note to MHSCC for endorsement by March 2020.

Malaria TSG: The Malaria Core TSG met in March 2019. During the meeting, members presented and discussed key developments and the meeting has been an excellent platform to coordinate efforts. Key developments in 2019 include (1) an external review team, along side MOHS is in the process of preparing the final report of the Malaria Programme Review. The Review will be submitted in May 2019; (2) timeline for development of the National Strategic Plan and GF Concept Note was endorsed; (3) proposal from MAM and MHAA and services expansion of ARC/KDHW and PSI was endorsed (UNOPS agreed to identify US$ 70,000 for MHAA); and finally (4) the request of KDHW for the back payment of salaries (from Jan to March 2019) for six KDHW staff and 67 volunteers was endorsed.

For more information kindly see full presentations here:

https://drive.google.com/open?id=1RLfc0rHZLp-gvfjmvsiCbTmk0QTYEuNw

Updates from RMNCAH TSG

Dr Myint Myint Than presented updates from the RMNCAH TSG. All action points presented in the previous M-HSCC are either in the process of completion or have been completed.

During the January 2019 RMCNAH TSG meeting, updates were provided by the leads from the Reproductive Health TWG, the Family Planning TWG, the Child Health TWG, and the Adolescent and Youth Health TWG (see below for updates from each TWG)

The following topics were also discussed: drafting of the National Strategic Plan for RMNCAH (2019-2024); developing standard quality improvement; developing the RMNCAH score card with RMNCAH indicators and updating progress on the GFF Investment Case.

Reproductive Health TWG: MoHS launched the SRHR Policy and disseminated the MDSR Report in 2017. Advocacy, training and education on the use of the MCH handbook as a Home-Based Record in both community and hospital settings continues. RH TWG members also conducted a communication campaign to inform public and private sectors on the practice of using Manual Vacuum Aspiration as a standard method for post abortion care.

Family Planning TWG: MoHS approval to disseminate and publish the guidelines for Female Sterilization was received. Furthermore, request has been submitted to the National Drug Advisory Committee in order to categorize Emergency Contraceptive (EC pills) as an over the counter (OtC) medicine. Finally, insert sheet to be distributed to pharmacies for OtC pills, EC Pills and Depo Injection and SC-DMPA has been developed.

Child Health TWG: Newborn and child health related indicators for HMIS has been revised and approved by Child Health TWG. Members are in the process of standardizing guidelines to improve quality of care for newborn and child health. Prioritized research topics for Newborn and Child Health was proposed. To support the Child Death Surveillance and Response, an international consultant will be recruited. Finally, an early childhood development (ECD) working committee has been formed

Adolescent and Youth TWG: Members of the Adolescent and Youth TWG reviewed the existing IEC materials with the goal of tailoring IEC materials to adolescent and youth. In addition, a standardized module for peer education on young people has been developed, and finally the AYFHS manual & ARH counseling were integrated. Members are in the

process of pooling information for service mapping; identifying minimum activity standards for Adolescent and Youth in Townships; and initiating the Model Township for Adolescent and Youth in Myitkyina(Kachin) and Myawaddy (Kayin)

Key areas that the RMNCAH TSG will undertake in the next quarter include: (1) conduct research prioritization exercise in each thematic program by respective TWGs/ Workshops and summit the final list to RMNCAH TSG (2) develop GFF investment case, with a priority on promoting institutional delivery and promoting newborn care including small baby (3) develop RMNCAH Score Card with the RMNCAH indicators as recommended by the TWGs and prioritized by TSG (4) conduct QI, two-day workshop in May/June with the participation of all concerned partners including USCDC and (5) form National Health Sector ECD committee.

For more information kindly see full presentations here:

https://drive.google.com/open?id=14tl98Mj5AUfjKpjmLv8FVHt8a9XDy7Pq

Updates from NCD TSG

Dr. Kyaw Kan Kaung provided an update on the NCD TSG. Given the increased importance of addressing NCD, the NCD TSG was proposed at the 6th M-HSCC meeting and approved at the 8th M-HSCC. Since the establishment, the NCD TSG met two times.

During the first NCD TSG meeting, members approved the proposed TOR and membership list, reviewed the NCD Strategic Plan 2017-2021 including the indicators, target and resources for NSP, and conducted a partners' activity mapping on NCD prevention and control activities. At the end of the meeting, Members agreed to include 10 – 12 members in the Core Group and up to 30 members in the Extended Group. All members committed to develop the NCD Action Plan for 2019 – 2020. Members discussed the NCD Target Indicators, the need to strengthen injury surveillance, in collaboration with hospitals, development of the Alcohol Policy in collaboration with NCD and Mental Health Project, and the research agenda on NCDs.

Minutes, membership composition, and TOR has been submitted to MoHS for review. Per request, the membership list will be revised and resubmitted.

During the second NCD TSG meeting (conducted February 5th 2019) , MOHS presented on-going and planned activities to combat NCD and discussed the progress in the development of the Action Plan. WHO also presented the 13th Global Program of Work and NCD activities planned for 2019 and 2020. As well, partners provided updates on current and potential areas for collaboration. Finally, UNOPS has engaged a technical expert to support the development of the NCD Action Plan.

It was agreed that strengthening technical capacity of the MOHS NCD unit is a top priority. This includes capacity development for the team to address NCD risk factors and improving NCD Service delivery at UHCs, MCHs and RHCs.

For more information kindly see full presentations here:

https://drive.google.com/open?id=1PwGEXufX65VGKlyzBYC7PphfdBpTrIyt

Updates from the Health Cluster

Dr. Khin Nan Lon provided updates from the Health Cluster. Two action points from the 14th MHSCC has been addressed. First, DPHERD is facilitating regular meetings to discuss Rakhine Advisory Commission (RAC) health-related recommendations. Since April 2018, 2

RAC focused meetings has been held, along with 7 health cluster meetings. Second, DPHERD, in collaboration with WHO worked to strengthen MoHS health emergency operations center (HEOC) and prepared quarterly health cluster bulletin with inputs from all partners.

For HEOC, a plan was drafted after conducting a series of workshops. The HEOC plan will be finalized by the end of the 2019. In addition, Members will provide technical assistance to develop the HEOC Concept of Operations; the development process has been scheduled for 12-28 May 2019. An expert consultant will support MoHS in the progress. Regarding IT and other equipment assistance (HEOC in-a-boc), provision is on-going. The equipment is available at WHO/SEARO and awaiting importation and shipping documents from the relevant government ministries. Once MoHS gather all the documents, the shipment will proceed. Finally, video conferencing system has been installation at central and state HEOCs.

For the health cluster bulletin, the first issue (January to April) has been completed and will be disseminated soon. As per discussion on the 14th National Health Cluster meeting on 23 April 2019, bulletin frequency is to be issued every four months instead of every quarter.

For more information kindly see full presentations here:

https://drive.google.com/open?id=1O1AAVCi8ja0B30i-OGs5x6kBgksa5HoB

Discussion:

- Dr. Stephan Jost commended all presenters on an excellent set of presentations representing critical strategic work. He raised a question on GFF presented by the RMNCAH TSG. Typically, the composition of GFF is 90% loan and 10% grant. If possible, the government should negotiate with the WB to increase the grant portion. Some countries have been successful in negotiation. WB responded that the 10 million dollar under GFF/Myanmar is 100% grant. There is no loan component.
- Dr. Stephan Jost also asked the Ministry colleagues about the provision of services by partners during emergency in areas that are currently not covered by an MOU between partners and MoHS. This is a critical point and will benefit from MoHS guidance.

Update from the Communities

Daw Khawn Taung of the CBO/FBO constituency gave an update on the work of CBOs and FBOs. The CSO network held a workshop on 21-22 March 2019 in Nay Pyi Taw in collaboration with MoHS Health Literacy Unit and NIMU. A total of 55 Health CSO representatives from 15 States and Region including Nay Pyi Taw Union Territory participated. The CSO network will be coordinating with the Health Literacy Unit and improve the capacity building of CSOs. It was noted that CBOs from Kawthaung Township, Tanintharyi Region has raised an issue concerning the recruitment for the vacancy of STD Assistant Director (AD) in Kawthaung Township. MOHS is requested to fill the position urgently by the CBOs.

U Thawdar Htun from Myanmar Positive Group (MPG) emphasized in his presentation two key points: (1) Access to life-saving medicines and (2) HIV Law Development Process. For access to life-saving medicines, this a matter of life and death for millions of Myanmar people especially for those living with HIV, Cancers, Hepatitis, and many other illnesses that need lifelong vital medications. Myanmar is on track to graduate from the LDC list by 2025. This will likely affect availability of free or low-cost medicine. Community members urge M-

HSCC members to develop a financing strategy that takes into account the on-going treatment cost (even if essential medicines are patented in Myanmar)

A second point raised is the development of the HIV Law. With strong coordination and support from MoHS (particularly NHP and other Ministerial Departments), the related Committee of Parliamentarians, and technical supports of UN agencies and other Humanitarian organizations, the PLHIV community leaders from local community networks have been working on the development of HIV Law since 2012. MPG together with community networks continues to advocate for passage of the law with policy makers including parliamentarians as well as all the key stakeholders at S/R and National levels.

Total of 37 Key Discussion Points were obtained from the last meeting of community leaders with the Union Attorney General Office at NPT on 19th February 2019, for which the community members seek supportive guidance from MoHS to proceed with passage of the law.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1Cw6veCpF5x46L5gQr82923vPVCifOQEm

Action Points

MoHS to give supportive guidance to communities on how to proceed with passage of the HIV law.

11) Updates from RSC meeting

Dr. Thadar Lwin provided an update from the The Regional Steering Committee of the RAI Malaria Grant (RSC) meeting held in Phnom Phen from March 26 – 27, 2019.

The main objectives of the meeting were to define the strategic funding priorities and resource allocation; provide oversight of the Grant implementation progress and engage in strategic partnerships with other regional initiatives and donors.

During the meeting, it was noted that malaria morbidity has dramatically been reduced in the GSM Region from ~ 600,000 cases in 2012 to ~100,000 cases in 2018; likewise, mortality has also been reduced from 548 deaths in 2012 to 20 deaths in 2018. In particular, Laos, Myanmar, Thailand and Vietnam showed a steady declining trend in malaria cases over the last years. However, for Cambodia there have been challenges due to the disruption of the VMWs scheme. The scheme is now fully functional and progress towards Malaria elimination is expected to improve.

Overall, the Region is on track to achieve the target. Nevertheless, some challenges remain including delays in custom clearance; expansion in utilization of malaria volunteers; use of mono-therapy and increasing incidence of *P.v.* in some areas.

In Myanmar, fund absorption has been very high and activities are well underway. It should be noted that while declining incidence has been observed throughout the country, the caseload in Paletwa Township in Chin State, and Hpapun in Kayin State remains persistently high. Furthermore, conflicts in Rakhine, Chin, Kachin and Shan States have hindered acceleration and success of malaria control; elimination efforts in those areas will need to be revisited.

Other notable issue was recipients' fatigue as a result of increased number of audits and other missions to the field/SR's sites.

Finally, there needs to be improved coordination and collaboration with the Implementing Partners (IPs) that conduct research in Myanmar. All IPs must follow the existing rules and regulations of MoHS and local Ethical Review Committee (ERC). Without the approval of ERC and obtaining the data and/or specimen transfer agreement with NMCP, the specimens should not be sent outside the country for molecular surveillance purpose. This is a critical point to ensure that NMP is well informed.

The meeting concluded with the following decision points for the Region:

> Decision point 1: With regards to the four reinvestment plans presented by Cambodia, Laos, Myanmar and Thailand, the RSC members suggested that the country teams conduct additional analysis on geographical or organizational breakdown of activities to ensure cost-effectiveness.
>
> The high-level guidance from the RSC is that malaria reduction activities should target high burden areas. As such, a more granular level of information is needed for the RSC to endorse the proposals. The CCMs are in charge of taking the lead on the reinvestment plan. The RSC will vote on a non-objection basis by email once the detailed proposal has been endorsed by the CCMs.
>
> Decision point 2: With regards to recommendation in relation to the replacement of DHA-piperaquine in Vietnam, any pending issue related to drug procurement replacing the current DHA-piperaquine should be solved as soon as possible. The RSC is available and committed to support the resolution of bottlenecks. The RSC invites the NMCP to report on progress related to drug procurement a few weeks after the RSC meeting at the latest.
>
> Decision point 3: With regards to the next RSC meeting agenda, a specific session on integration of services should be included. During the session, countries should present their plans and achievements in relation to service integration and related financial sustainability.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1HBJIbjXO4gLsuPu_q87WgpuF5RyYM4c7

Action Points

- RSC secretariate expressed interest to join the next MHSCC meeting. IRD will extend an invitation.
- The IMP (Independent Monitoring Panel) is planning a mission to Myanmar early July. MoHS, NMCP and the MHSCC Secretariat will facilitate the mission in collaboration with the RAI Secretariat, the PRs and SRs.
- The next Executive Committee of the RSC is planned for 10th July in Bangkok and the next RSC meeting will be held in Myanmar, on 31st October - 1st November 2019.

12) AoB – Oversight Visit to Sagaing region

Mr. Ole Htun-Hansen presented on the M-HSCC ExWG Oversight Visit planned to take place from 13-19 May 2019 to Sagaing. The trip will start in Monywa and pass through Ye-U, Shwebo, Pinlebu, Indaw, Kathar, Tigyaing and end in Sagaing. Due to the health situation in Sagaing, there will be some focus on TB, Malaria and HIV including harm reduction. A report

will be produced by the MHSCC ExWG with the assistance of the MHSC Secretariat, which will be presented to the MHSCC in due course.

For more information kindly see the full presentation here:

https://drive.google.com/open?id=1BRtr3ghlaszen4id8IDHc66Ec5fkoj7y; https://drive.google.com/open?id=1P2YNf7vslfPDxUiRkFqfqn8A1gpOtRL1 and https://drive.google.com/open?id=1_6NFFaVFuBN93i3nZ3P0R0aREajYmpAM

Action Points

- MHSCC ExWG with the assistance of the MHSCC Secretariat will present to the MHSCC a report of the Oversight Visit and its recommendations.

13) AoB – Endorsement of New M-HSCC Members, Secretary and ExWG Member

Mr. Ole Htun-Hansen presented on the appointment of the new MHSCC Secretary Permanent Secretary Dr Thar Tun Kyaw, the new MoHS MHSCC members and the new suggested M-HSCC ExWG member.

The new MHSCC Secretary was welcomed by the MHSCC.

The MHSCC members for the government constituency from MoHS will from now on be: H.E. Union Minister for Health and Sports Dr. Myint Htwe (Chair), Permanent Secretary Prof Dr Thet Khaing Win, Permanent Secretary Dr Thar Tun Kyaw, Director General, DoPH and DMS Dr. Soe Oo, Deputy Director General (Disease control) DoPH Dr Thandar Lwin, Deputy Director General Department of Public Health Dr. Myint Myint Than, Assistant Permanent Secretary (International Relations Division) Dr Kyaw Khaing, Director (Disease Control) DoPH Dr. Si Thu Aung.

It was also endorsed to move the seat of Prof. Dr. Ko Ko, Myanmar Diabetes Association from the Constituency of People living with Disease/Affected by Disease to the Academic Constituency. Henceforward, the Constituency of People living with Disease/Affected by Disease will have three seats and the Academic Constituency will have two seats. It was discussed that at least one of those two seats should in the future be held by an academic who work closely with People living with Diseases/Affected by Disease.

It was proposed that Dr Aung Kyaw Htwe should replace Dr Thaung Hlaing on the ExWG. This proposal was endorsed by the MHSCC. The replacement of Mr Billy Stewart is postponed till next meeting. Till then Ms Mya Maw will temporarily take his seat.

Action Points

- Dr Aung Kyaw Htwe was endorsed as ExWG members. The move of Prof. Dr. Ko Ko, Myanmar Diabetes Association from the Constituency of People living with Disease/Affected by Disease to the Academic Constituency was endorsed. The MHSCC Secretariat will update the member lists of the MHSCC and the ExWG including on the MHSCC website and the Global Fund extranet.

14) Closing

Professor Dr. Rai Mra, M-HSCC (Vice Chair) thank all the meeting attendees for their active participation, presentations and interactive discussions. He declared the 15th MHSCC meeting successfully concluded at 4.20 p.m.

Annex 1

Opening remarks by MHSCC Chair
H.E. Dr. Myint Htwe, Union Minister,
Ministry of Health and Sports
15th MHSCC Meeting,
29.04.2019
Meeting Hall at Office No. 4, MOHS, Nay Pyi Taw

A very good morning!!!

I would like to thank you all for attending MHSCC Meeting. Today meeting, there are a lot of interesting agenda to be discussed on the important issues.

- It is important to note that the budgets that we are using and funds that we are using must be efficient in order to get the benefit of our people.
- Most of the recommendations, we have to review it. Recommendations that are emerging out of from this meeting must be realistic.
- Action points must be output orientated. Otherwise, we are attending just for the sake of attendance and just for the sake of data. I do not mind coming to attend the meeting.
- We are organizing the speech to the point to make it effective. That is very important. I do not want to waste your time and money. I want this to be very effective. The budgets that you are using, funds that you are using in supporting of our country to improve the health status because I want your money to be very effective to benefit the people in the country.
- What I would like to emphasize here is I would like to get more extensive communication between the INGOs and development partners with state and regional directors. Because you are the people who are actually working at the State, Regional level and Township level. So, there must be intensive communication and collaboration. There must be no barrier between your organization and State and Regional Directors. If you have some hindrance and non-responsiveness from State and Regional Directors, please let us know and please let Permanent Secretaries know. If State and Regional Directors are not supporting your work, please let us know. You are not parallel to MOHS.
- I really thank to all of you who are working there. For instance, MAM that is working in Chin and Kayah States even out of the MOU, they found the rickets which our people could not find. Only thing is they have to inform. I appreciate it.

- Otherwise, our people will be suffering it and it is a shame for us. We should not be shame. We must be transparent. In coming two years, we will have much more cohesive and systematic manner in collaboration with INGOs, development partners, EHOs etc.
- I would like to request Program Managers to be more proactive in coordination with INGOs because we are going on the same direction and same objective. I would like Program Managers to sit here to see what the members are discussing. In that meeting, I delivered many speeches.
- Most of the speeches, you may wish to carry out the tasks with different domains under MOHS domains. To the point is that to give your organizational context of objectives, mission statements, vision statements. Then we will know we are going on the same direction. Otherwise, we are in the opposite direction. I really want INGOs to review your work are you really contributing something to our country.
- When you are reviewing, you may notice that there may be many needs that MOHS needs to support for you. Please let us know so that we can make best out of it to support you. Then, your work will be smooth and good communication and coordination will bring in. I have to thank EHOs. We may need to do quick review of EHOs work how they are working there, in which areas, what are the objectives, especially what are the capacities of EHOs. EHOs, they themselves can review their work together with some representatives from central and some representatives from States and Regions and then we can support.
- Some EHOs are working very good in terms of specific objectives, mission and vision statements, but their capacities are low. In this context, we need to support them in building up their capacities. For that matter, UN agencies are giving help to strengthen their EHOs' capacities. As you know, we have developed the INGOs' profile, updating 6-7 pages. Because I want to develop the framework of activities that are being carried out by INGOs with specific objectives, mission and vision statement in terms of technical area or domain and geographical area. These activities must be cross reference with the activities carried out by National Programs. I would like maternal and child health program manager to invite and discuss with the partners who are working in this area and ask INGOs what you are actually doing in terms of geographical area and will know these are the activities that we are doing. Then, INGOs will know what we are doing and we will also know what they are doing in Maternal and Child Health program. If we have this frame work, it is very easy for us to develop the monitoring and evaluation activities. Monitoring, we can do by check list and evaluation, we can see one or two years afterwards. To do monitoring and evaluation, we should have the frame work of activities that are also essential. We are also developing the annual program reports with 309 pages and it will be published this weekend. Each INGOs' activities will be presented on some pages and I will distribute it to all INGOs, development partners and UN agencies.
- Likewise, for INGOs, I would like to request what activities have been done and what were the achievements and success in the last 3 years. For future planning, this book will be very useful and I would like to request to do it as soon as possible. For that matter, Dr. Thandar Lwin will take the lead in discussion with program mangers. This will be very important to let State Counsellor knows and officials from Ministry of Planning and Finance know on what we are actually doing in the health domain. I

would like to mention that we are trying to improve the work of MOHS, and we are developing electronic - transmission calls. The reason why I asked them Some of the memos to the MOHS. We did not response for 2 months, 3 months and sometimes 4 months and some of the memos are quite lost. We will do in our own depend on the availability of fund. The majority of MOHS emails are mohs.gov.mm. This will be developed by Dr. Aye Aye Sein and so our communication system will be enhanced.

- So, this is the 15th MHSCC meeting and before 16th MHSCC meeting, I would like a small group to review the modest activities of conducting the meeting Is it okay or not okay? Is it time sufficient or not? and agenda setting, how it will be set up and time allocation for the agenda. In the agenda, there should be equal amount of time allocation should be. If we look at this, the important agenda comes first. Please also review the background documents or working documents if you are providing for this meeting whether it is okay or not okay, and should we have the separate agenda. I would like you to call for a small group meeting to review the last recommendations of the meeting to what extent we have implemented.
- I would like to be efficient and efficiency means in terms of cost effectiveness and cost efficiency. I would like to mention are there any linkages among TSGs. There must be some sort of linkages, integration and information sharing among TSGs. Then, for the discussion among TSGs, you should inform us what particular issue and bone of conduction that you would like to discuss. If you let us know well in advance, our central people are easily aware of what is going to be discussed.
- I would like to mention that in coming years, our priority will be on NCD, so for those INGOs who are working on NCD activities, please review your activities after discussing with Program Manager, and discuss with Dr. Kyaw Kan Kaung for how we should augment or strengthen NCD prevention activities. For that matter, I would like to mention our work on NCD that as you may also aware of that on Every Wednesday NDC clinic hour at hospitals. We determine the blood sugar level by glucometer and blood pressure and then we give the medicines. For that matter, we have to make sure that we have sufficient amount of medicines and also we have sufficient amount of budget. Another area which I would like to emphasize is school health. For that matter, State Counsellor asked me and Education Minister to do school health as the top priority activity in the coming one year. This is why we had the big meeting conducted among myself and Ministry of Education for the coordination meeting on national movement on healthy life style, tobacco, alcohol and drug abuse among the students. So, we are doing the very big seminar in May. In this seminar, we will invite some of the INGOs who are doing on this particular subject area, UN agencies and development partners. We will develop the frame work to appear the systematic approach to carry out the activities.
- Another important point is we have our national health plan, when Dr. Thant Zin Htoo presented one month ago, there are not strong linkages among the National Health Plan and different Program Managers. It is not the fault of different Program Managers, I should say. But it is our weakness of not informing properly and I want Program Managers' activities must be linked very strongly with National Health Plan. Likewise, more the INGO work and development partners' work must be linked very strongly with National Health Plan. Otherwise, our National Health Plan will not yield much benefit. We are doing National Health Pan, we have 360 Lakh of supply

equipment, 100 Type C lab and one ambulance for each and every township by 2020. So, at the end of 2020 or 2021, all townships will have one ambulance, 360 lakh of each hospital supplies and Type C lab in the same hospital. My emphasis is please make sure your activities go along with National Health Plan.

- I would like to share some of the activities done in the last 2 or 3 months. As you know we have conducted the Nation Wide Micronutrient and Food survey, the preliminary results came out and we have the dissemination meeting then I would like to request all INGOs and development partners who are working on nutrition area to have a quick look and I will ask the Myanmar Times to deliver the report to all the INGOs. And also, we have developed the Multi sectoral National Movement, based on that, some of the INGOs will support the activities which are relevant to my mission statement, I will take care of it.
- We have (2) WHO project center in my country, one is research and development of Malaria Program and another one is Nursing and primary health care development. For INGOs working on that area, we wish you to communicate with the Rector of Nursing and DG of DMR on how you would like to work in terms of research activities. There are (800) WHO projects across the world. Another thing I would like to mention is there was EPI general meeting conducted on 9th April, there were fruitful discussions, suggestions and recommendations came out. All INGOs who are working on EPI area, please have a look and I am very proud to make the one particular fact, in department of medical research, we have one department in Pyin Oo Lwin, and I would like to include training and research programmes there to conduct the series of training in research field. And we have already started. They are also free of charge. In future, we will also be inviting INGO staffs to attend the training but they have to pay a little bit of money.
- We will have (2) strategic plan which are going to be developed. We have newborn, child, Maternal National Strategic Plan(2015-2018). I would like to inform Program Managers when you develop strategic plan, please do it as realistic manner and it has to be implemented by MOHS. Given the fact that we have a limited number of human resources and the strategies must be implemented. We can develop the world number one strategic plan but if we do not implement this, what is the purpose of doing it. The duty is now we are combining the strategies, reproductive health, maternal, newborn and child health will be one strategy. We have the National Comprehensive School Health strategic plan (2017-2020). By having these strategic plans, I am not boasting that we are doing well, did we know whether we are doing the activities mentioned in these strategic plans, that is the crucial point. We do certain portion of strategic plan. That is why when we develop the strategic plan, please do it as the realistic manner.
- As you know that we have just disseminated the findings of National TB Prevalence survey, and we found that the number of sputum positive rate has halved than 2009-2010 survey.
- We are going to open the dog bite centers in government hospitals because we have (1) million worth of Rabies Vaccines, if there are not much dog bites, it will be the contingency. But in 2018, there are number of dog bite cases. In the dog bite center, we are trying to reduce the number of vials by injection intramuscularly. In fact, we have to issue the memo for the injection takes place intradermally, the amount of vaccine vials will be less than half. If you open the vial within 6 hours and give one

shot for one person, it can be kept and used for another person who are coming to dog bite center.

- I delivered the country statements in the section of commission development it will also be available on our website. I delivered 300 statement in UN, New York. These statements are about one for HIV, one for TB. I would like to mention one particular point that Myanmar has become the member of Global HIV prevention and coalition activities announced in the last World Health Assembly which I attended. I think Myanmar has been working and moving forward it among the other member countries, and I am proud of it. But we have to do high pillars and because of these high pillars and working for the combined and comprehensive HIV prevention activities including condom promotion among the key population, raising HIV awareness among the youth in terms of providing combination activities and services. But I say several times that we should not be proud that we still have the number of HIV patients, and we have treated 160000 patients with ARTs now. But the thing is we have to be more preventable and we have to do more preventive. That is why we have to do pre-exposure prophylaxis for high risk people. That is why USAID was not happy about in the Bangkok meeting as we are not doing now.That is why Dr. Thandar Lwin and Dr. Thar Tun Kyaw, they had the big meeting last week and taking the example of Australia which is 30% reduction of HIV by PreP and then we have decided that we are going to do it. We plan to start in Yangon and Kachin state as the pilot demonstration project, and we are going to do it very soon.
- Another one is GAVI. First of all, I would like to thank GAVI and we also got supply and support for many of the children in the area where they cannot get the immunization for the preventable diseases by vaccines. We have to be well prepared that GAVI Fund flow mechanism for HSS tool will be changed. The Fund from WHO and UNICEF will directly flow to the department of Public Health. And Fund will directly go to central EPI states/Regional departments and TMOs. We are developing the annual plan. Based on the annual plan, the fund will go directly to the townships no to interrupt the implementing activities. At the same time, we have to be very careful in terms of risk mitigation. That is why we are going to appoint 400 finance officer, (200) from inside, (200) from outside. I was informed that we had the meeting with Ministry Planning and Finance yesterday and we agreed to develop SOPs in order to make the program efficient. At the same time, we have to be very serious about risk indicators in discuss with GAVI and World Bank. This is all I would like to say. I appreciate it very much.
- 31 out of 35 MHSCC members are attending. The only request is that please make your presentation to shorten to the points so that there will be more discussion time for the members. Thank you very much.

Annex 2: M-HSCC Member list and Executive Working Group Member list

MHSCC Member List					MHSCC Alternate Member List				
No	**Name**	**Title**	**Appointed date**	**End Date**	**No**	**Name**	**Title**	**Appointed date**	**End Date**
Government constituency									
1	H.E.Dr.Myint Htwe (Chair)	Union Minister, MoHS	12.4.2019	12.4.2021	1				
2	Prof.Dr.Thet Khaing Win	Permanent Secretary, MoHS	12.4.2019	12.4.2021	2	Prof. Dr. Zaw Wai Soe	Rector, University of Medicine (1)	12.4.2019	12.4.2021
3	Dr. Thar Tun Kyaw (Secretary)	Permanent Secretary, MoHS	12.4.2019	12.4.2021	3	Dr.Moe Swe	Director General Department of Traditional Medicine	12.4.2019	12.4.2021
4	Dr. Soe Oo	Director General, DoPH and DMS	12.4.2019	12.4.2021	4	Prof.Dr. Khin Zaw	Director General, Department of Food and Drug Administration	12.4.2019	12.4.2021
5	Dr. Myint Myint Than	Deputy Director General, Department of Public Health	12.4.2019	12.4.2021	5	Dr Zaw Myint	Deputy Director General, Department of Medical Research	12.4.2019	12.4.2021
6	Dr. Thandar Lwin	Deputy Director General (Disease control), DoPH	12.4.2019	12.4.2021	6	Prof. Dr. Hla Hla Win	Rector, University of Public Health	12.4.2019	12.4.2021
7	Dr. Kyaw Khaing	Assistant Permanent Secretary (International Relations Division)	12.4.2019	12.4.2021	7	Dr. Htin Zaw Soe	Rector, University of Community Medicine (Magway)	12.4.2019	12.4.2021
8	Dr. Si Thu Aung	Director (Disease Control), DoPH	12.4.2019	12.4.2021	8	Dr. Htun Tin	Director (Central Epidemiology Unit)	12.4.2019	12.4.2021
9	Pol. Brig. Gen. Win Naing	Head of International Relation Department (CCDAC), Drug enforcement Division	12.4.2019	12.4.2021	9	Pol. Lt. Colonel Win Ko Ko	Section Head, Drug Enforcement Division, Ministry of Home Affairs	12.4.2019	12.4.2021
10	U Tun Tun Naing	Permanent Secretary, Union Minister Office, Ministry of Planning and Finance	12.4.2019	12.4.2021	10	U Myo Min	Deputy Director General, FERD	12.4.2019	12.4.2021
Parliament									
11	Dr. San Shwe Win	Chairman of Pyithu Hluttaw Health and Sport Development	12.4.2019	12.4.2021	11	Dr Than Win	Pyithu Hluttaw representative from Mandalay region	12.4.2019	12.4.2021

		Committee					(constituency 1)		
UN constituency									
12	Dr Stephan Jost	WHO	1.12.2017	31.12.2019	12	Mr Troels Vester	Country Manager, UNODC	01-12-2017	01-12-2019
13	Mr. Ramanathan Balakrishnan	UNFPA	1.12.2017	31.12.2019	13	Mr Domenico Scalpelli	Representative & Country Director, WFP	01-12-2017	01-12-2019
14	Dr. Oussama Tawil	UNAIDS	1.12.2017	31.12.2019	14	Akio Nakayama	Chief of Mission, IOM	01-12-2017	01-12-2019
15	Ms. June Kunugi	UNICEF	1.12.2017	31.12.2019	15				
Donor									
16	Ms. Karen Cavanaugh	USAID	1.12.2017	31.12.2019	16	Mr. Kensaku Ichikawa	JICA	01-12-2017	01-12-2019
17		DFID			17	Mr. Maxime DESMARIS	Diplomate, French Embassy	01-12-2017	01-12-2019
International Financing Institution constituency									
18	Dr. Nang Mo Kham	World Bank	22.9.2017	22.9.2019	18	Mr. Chris Spohr	Principal Social Sector Specialist, ADB	22-09-2017	22-09-2019
INGO constituency									
19	Dr. Sid Naing	Marie Stopes International	1.1.2018	2.1.2020	19	Dr. Saung Oo Zarni	Acting Country Director, FHI 360	01-01-2018	2.1.2020
20	Dr. Phone Myint Win	Burnet Institute	1.1.2018	2.1.2020	20	Dr. Sein Hlaing	National Health Director (IRC)	01-01-2018	2.1.2020
21	Dr. Morgan Soe Win	World Vision International	1.1.2018	2.1.2020	21	Dr. Khin Nyein Chan	Country Director (ICAP)	01-01-2018	2.1.2020
22	Dr. Khin Wuit Yee Hla	Save the Children	1.1.2018	2.1.2020	22	Prof. Anil Krishna	Programme Manager Public Health (Helpage International)	01-01-2018	2.1.2020
NNGO constituency									
23	Dr. Thet Thet Zin	Myanmar Women's Affairs Federation (MWAF)	12.4.2019	12.4.2021	23	Dr. Aye Myat Lwin	Myanmar Women's Affairs Federation (MWAF)	12.4.2019	12.4.2021
24	Dr. San San Myint Aung	Myanmar Maternal and Child Welfare Association (MMCWA)	12.4.2019	12.4.2021	24	Daw Tin Tin Win	Secretary, Myanmar Maternal and Child Welfare Association (MMCWA)	12.4.2019	12.4.2021
25	Prof. Dr. Mya Thu	Myanmar Red Cross Society (MRCS)	12.4.2019	12.4.2021	25	Dr. Thida Kyu	Director, Health Department Myanmar Red Cross Society (MRCS)	12.4.2019	12.4.2021

26	Prof. Dr. Rai Mra (Vice Chair)	Myanmar Medical Association (MMA)	12.4.2019	12.4.2021	26	Dr Aye Aung	Myanmar Medical Association (MMA)	12.4.2019	12.4.2021
CBO/FBO									
27	Daw Khawn Taung	Myanmar Council of Churches (MCC)	14.12.2017	14.12.2019	27	U Bo Bo Win	Founder & Team Leader (Bo Bo Win Rescue (Mawlamyine)	14.12.2017	14.12.2019
28					28	U Augustine Tual Siang Piang	Program Manager (Health & HIV/AIDS Department), Karuna Myanmar Solidarity Mission - KMSS	14.12.2017	14.12.2019
29	Daw Nwe Zin Win	Pyi Gyi Khin (PGK)	14.12.2017	14.12.2019	29	U Saw Thar Du	Director, Meikswe Myanmar (Lashio)	14.12.2017	14.12.2019
Private Sector constituency									
30	Dr. Myo Thant	UMFCCI	12.4.2019	12.4.2021	30				
People Living with or Affected by Disease or Disability constituency									
31	U Thawdar Htun	Myanmar Positive Group (MPG)	19.1.2018	19.1.2019	31	Daw Htwe Htwe Myint	Chairman, Myanmar Positive Women Network (MPWN)	19.1.2018	19.1.2019
32	U Chit Ko Ko	Co-Chairman, Myanmar MSM Network (MMN)	19.1.2018	19.1.2019	32				
33	Daw Khin Myo Su	Myanmar Federation of Persons with Disabilities (MFPD)	13.3.2018	13.3.2020	33				
Academic constituency									
34	Prof. Dr. Ko Ko	Myanmar Diabetes Association	12.4.2019	12.4.2021	34	Prof. Dr. Tint Swe Latt	Chairman, Myanmar Diabetes Association	12.4.2019	12.4.2021
35	Prof. Ne Win	Chair, Myanmar Academy of Medical Science	12.4.2019	12.4.2021	35	Prof. Myo Nyunt	Vice Chair, Myanmar Academy of Medical Science	12.4.2019	12.4.2021

M-HSCC Executive Working Group (ExWG) Member List								
No.	**Name**	**Role in ExWG**	**Title**	**Entry date**	**End Date**	**Organization**	**Telephone**	**Email**
Government								
1	Dr. Thandar Lwin	Chair	Deputy Director General, Diseases Control, Department of Public Health			MOHS	(067) 411389	tdarlwinn@gmail.com
2	Dr. Aung Kyaw Htwe	Member	Deputy Director General, Department of Public Health	22.09.2017	22.09.2019	MOHS		
UN								
3	Dr. Stephen Jost	Member	Country Representative	22.09.2017	22.09.2019	WHO	095123491	josts@who.int
4	Dr. Oussama Tawil	Member	Country Director	22.09.2017	22.09.2019	UNAIDS	095018997	tawilo@unaids.org
5	Mr. Kensaku Ichikawa	Member	Representative	22.09.2017	22.09.2019	JICA	095018991	Ichikawa.Kensaku@jica.go.jp
6	Ms. Karen Cavanaugh	Member	Director (Office of Public Health)	22.09.2017	22.09.2019	USAID	095419652	kcavanaugh@usaid.gov
7						DFID		
8	Mr. Chris Spohr	Member	Principal Social Sector Specialist	22.09.2017	22.09.2019	ADB	09254383305	cspohr@adb.org
INGO								
9	Dr. Sid Naing	Member	Country Director	22.09.2017	22.09.2019	MSI	095012478	sidnaing@mariestopes.org.mm sidnaing@gmail.com
CBO/FBO								
10	Daw Nwe Zin Win	Member	Executive Director	22.09.2017	22.09.2019	PGK	095031246	windfd3@gmail.com
NNGO								
11	Dr. San San Myint Aung	Member	President	22.09.2017	22.09.2019	MMCWA	095341138	sansanmyintaung@gmail.com presmmcwa@mptmail.net.mm mmcwapresident@gmail.com
People Live with or Affected by Diseases								
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