

## Executive Working Group Meeting Minutes

15<sup>th</sup> of August 2019

9:00 to 12:00

Office 47, Ministry of Health and Sports

### 1) Quorum, Endorsement of Agenda, Col

As 10 out of 13 members were present, it was recorded that the ExWG was at quorum. It was noted that ADB was not present and has not attended any meetings nor the oversight visits in 2018 or 2019. An alternative to their membership will hence be found. There were no comments on the agenda which hence was adopted. It is available here: <https://drive.google.com/open?id=1Gpf3quzGqJcJu6Mz4IF54hxdcpumqc62>.

With regard to potential conflict of interests (COIs) related to the meeting agenda items, it was noted that MoHS, WHO, Pyi Gyi Khin, and ICAP Columbia University (standing in for member Dr Sid Naing of MSI) are Sub-recipients of Global Fund grants. The ExWG members representing these organizations with a declared Col will not vote on or try unduly to influence decisions on issues which are directly related to funding or other key vested interests of their organization.

The Permanent Secretary and Secretary of the MHSCC presented the agenda items and gave his opening remarks. A key point highlighted by the Permanent Secretary was the potential need for an Oversight Visit in the second half of 2019.

### 2) GF Programme Updates from PRs

Dr Faisal presented for UNOPS PR:

Overall grant absorption rates for January 2018 – June 2019 are good and confidence is high among SRs. More claims are expected so absorption rates will go up.

The trends of the impact and outcome indicators for 2018 for HIV and TB are satisfactory with a few exceptions:

- Treatment Coverage of new and relapse all forms of TB
- Treatment Coverage of MDR-TB

UNOPS noted that HR is a challenge in order to reach MDR-TB patients sufficiently as specific skills are needed for diagnosis and treatment.

While incidence is going down and the overall picture is of strong improvements, the Malaria impact and outcome indicators for 2018 are generally not satisfactory particularly with regard to use of insecticide-treated nets (numerous indicators). UNOPS felt that the indicators were not reflecting well the real situation and asked that it is considered that DMR with WHO support review the survey methodology for surveillance of bed-nets distribution and use.

Likewise, for programme indicators for January – June 2019 most targets are met or nearly met for TB and HIV and there are in general strong achievements with some notable exceptions:

- Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy
- Percentage of HIV-positive new and relapse TB patients on ART during TB treatment
- Number of notified TB cases (all forms) contributed by non-national TB program providers – private/nongovernmental facilities
- Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals
- Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy
- Percentage of HIV positive new and relapse TB patients on ART during TB treatment

UNOPS asked that a) further attention should be given to getting newly enrolled PLHIV on TB preventive therapy and b) further advocacy should be done with physicians in order to increase IPT.

Malaria control programme indicators for January – June 2019 are on the other hand not met for more than half of the indicators.

UNOPS noted that the methodology to carry out a malaria elimination strategy is still not well understood and asked that further advocacy and training was done among field staff. As malaria cases are declining this become more and more pertinent.

A status of the Operational Research funded through the RAI2E grant was provided. It was also noted that the TB regional grant is now starting while SMRU activities that are extension of the country grant are already on-going.

UNOPS PR finished by listing key issues where they require further guidance:

- Independent Monitoring Panel (IMP) recommendation regarding foci investigation and case investigation
- Finalization of Managed Cash Flow (MCF) trainings for 2019
- Finalization of the plan for the use of 600k allotted for capacity building of MOHS
- Insufficient funds for the HIV buffer stock in 2020
- Insufficient funds to carry out the required warehouse expansion and renovation activities
- Finalization of eHealth architecture blueprint version 3
- Final approval of HIS policy is still awaited
- Issues related to HR in the coming years
- Approval of policy related to CHW is still awaited
- Finalization of 2020 List of Health Products (LOHP) for HIV
- The need to complete DRS survey at the earliest is requested
- The progress of TB regional grant is not optimal and requires close monitoring and supervision by National Authorities

It was highlighted that given the key role played by GF funded staff in implementation, discussions need to be had with the GF regarding how to address the HR needs for the next grant cycle. Any solution should be reflected in the Concept Notes that are to be submitted in March 2020.

For more information kindly see the full presentation here:

<https://drive.google.com/open?id=1tcb40Nq7i6cU1ippRbl7LvQS92Qe3kZU>

Dr Myo Set Aung presented on behalf of Save the Children PR.

First Dr Myo Set Aung announced that Save the Children PR head Ms Antonia Powell's has moved to a new job in the US. Save the Children (StC) expect a replacement by November.

StC reported good performances on reaching targets for HIV grant. However, 'OVP tested' and 'IPT' was only at 80% achieved. Others were either achieved or nearly achieved. StC cautioned that given that GF might raise the targets when they are over-achieved, proper thought has to go into weighing achievement and overachievement of targets against quality of interventions. They also noted that improvements are needed in linking to care for especially PWIDs, which currently are only at 53%. FSW are at 73%, OVP are at 80% and MSM are at 83%. Cumulative absorption rates of sub recipients for the HIV grant are good for nearly all implementing organisations. Going forward, StC recommended among other things further expansion of harm reduction services, strengthening of linkage to care and ART enrolment for people tested positive and implementation of PrEP in line with NAP guidance.

For the achievement of targets within the TB grant there was in particular a problem with level of TB cases contributed by CHW. The achievement was only 60% of the target. Cumulative absorption rates for the TB grant are very satisfactory for all implementers. StC suggest a) setting up diagnostic facilities in KDHW areas with support of NTP and IOM and b) expand case finding through referrals by pharmacies.

The malaria grant has very good achievements within all targets except from private sector testing (primarily attributed to the Kachin conflict that has delayed activities) and LLIN distribution. Cumulative absorption rates are good for all implementing organisations. StC pointed to the following for potential areas for investment: malaria elimination in non-government-controlled areas, intensified case finding in areas with unusual increase in malaria cases and expansion of new mobile applications.

For more information kindly see the full presentation here:

<https://drive.google.com/open?id=1Ef05zPhciziXvTZFTysca7r6shpSQqzq>.

#### Discussion points

- The Permanent Secretary thanked all implementing partners for the great achievements reported by the PRs.
- The DDG Disease Control, Dr Thandar Lwin mentioned that the recent ExWG Oversight Visit had similar findings with regard to challenges on Malaria activities and IPT. It was noted that the national programmes and MoHS has been informed of these challenges. Further advocacy meetings on malaria elimination has to be organised and during the monitoring and supervision of all implementing partners it has to be ensured that there is proper collaboration. Dr Thandar Lwin anticipates that the piloting of the implementation of the new WHO recommendations on TB preventive therapy which combines IPT with additional drugs will help address problems with reluctance to initiate prevention therapy. She also emphasised the importance of strengthening the role of community workers in all three diseases. The DDG also instructed the PRs and the three national programmes to consider sustainability of HR resources particularly for beyond 2020, as there can be no expansion of seconded staff. Proper transition needs to be planned with regard to MoHS taking on the tasks of seconded staff – not least within NAP.
- It was further noted that 400 clerks are being hired by MoHS and UNOPS PR has agreed to train them.

- The Permanent Secretary instructed the PRs to ensure they make appointment with the Union Minister to brief him in connection with the regular two-monthly meetings with national programmes.
- Some concern was expressed with regard to getting more PWID tested and treated as well as addressing issues around MDR TB patients not being treated. The TSGs and the national programmes are taking these concerns very seriously. For example, protocols for the use of GeneXpert are being changes, funding for patient support and number of sites treating MDR TB patients has been increased. Also, services for PWID are being expanded.

Action Points:

- No further expansion of seconded staff to MoHS facilities. HR solutions to be discussed with GFATM for next grant cycle
- Further advocacy meetings on malaria elimination has to be organised and further monitoring and supervision of all implementing partners has to be done to ensure there is proper collaboration
- Strengthen capacity and role of community workers
- PRs to make regular two-monthly appointments with the Minister for providing briefings on grants
- Continue monitoring the use of TB preventive therapy and encourage further implementation

### **3) Update on OIG Audit of the GF Capacity Building and Technical Assistance**

Dr Faisal presented for UNOPS PR. He explained the objectives of the audit, the timeline and process till now and listed the key issues discussed with the OIG. As part of the review, OIG would like to understand the processes in place to ensure economy and efficiency in managing technical assistance. For this, OIG selected the implementation of the DHIS2 in several countries including Myanmar. A number of documents including various versions of the eHealth Architecture Blueprint have been shared with the OIG and a teleconference was held. For the next steps the OIG requested the contact details of MoHS officials (HMIS, Disease Control Programmes) and the WHO SEARO Regional Advisor who developed the Blueprint version 2. They might communicate directly with MoHS on: a) Hospital DHIS2 roll out and b) eHealth Architecture Blueprint.

For more information kindly see the full presentation here:

<https://drive.google.com/open?id=1tLevgQQULPh2KIN7QM26s4w7BXXFbcB2>

Action Points:

WHO to contact the Regional Adviser to finalise the ToR for consultant at the earliest possible.

### **4) Updates on NSP development (2021-2025) and Concept Note preparation (2021-2023)**

Dr Nay Yi Yi Linn, Assistant Director NMCP, Ms Joselyn Pang, Policy Strategy Adviser UNAIDS and Dr. Htet Myet Win Maung, Assistant Director NTP presented the NSP road maps, milestones and timelines for Malaria, HIV and TB respectively. Please see the presentations here:

<https://drive.google.com/open?id=1kcBAIJ9cEV2swqbn0cjdasjWmXhHI7pF> (Malaria)

[https://drive.google.com/open?id=1zSp1bnHbN9de6R\\_SLimZI7O1D6N2lxO2](https://drive.google.com/open?id=1zSp1bnHbN9de6R_SLimZI7O1D6N2lxO2) (HIV)

<https://drive.google.com/open?id=11mEcm39rsJ2MYuKK1MzGTVt-RQccXrXx> (TB)

The MHSCC Secretariat presented a tentative draft joint roadmap for the concept note development (following or in parallel to the NSP processes). Please see the presentation here:

[https://drive.google.com/open?id=15INotWNbiPwy3lfUTPm\\_HOFgDHlKm3TK](https://drive.google.com/open?id=15INotWNbiPwy3lfUTPm_HOFgDHlKm3TK)

#### Discussion points

- Dr Thandar Lwin stressed that the Concept Note drafting groups need to be formed soonest if not already done. Also, if there is a need for consultants for the Concept Note drafting process they must be identified now. She also noted that the TSGs have EHO representation, which will make consultation easier. EHOs can be invited to the TSGs to participate in discussions and consultations. Dr Thandar Lwin pointed out that Global Fund support to health system strengthening is spread out over the three grants. Therefore, with regard to the health system elements such as eHealth in the NSPs, it is important to involve NIMU and NHP focal points in these discussions.
- JICA offered technical assistance to help with the NSPs and Concept Note development and agreed that this could be done through the TSGs.
- The ExWG endorsed the NSP and Concept Note timelines and roadmaps.
- The Permanent Secretary asked the MHSCC Secretariat to share the draft Concept Note roadmap with the national programme managers. The Secretariat was also asked to participate in upcoming TSG meetings to help facilitate the discussions on the draft Concept Note roadmap.
- It might be necessary to develop NSPs and Concept Notes in parallel.

#### Action Points:

- TSGs to select the members of the drafting groups. EHO representatives to be invited to TSG meetings and consultations.
- NIMU and NHP focal points to be involved in systems development parts of the NSPs.
- MHSCC Secretariat to share draft Concept Note roadmap with the national programme managers and help facilitate discussions at the next TSG meetings.

### **5) Presentation on Reform of M-HSCC**

The MHSCC Secretariat presented the outcomes of the Ad-Hoc MHSCC meeting on reform held 6 May 2019. The main decision points from that meeting were listed including: a) that M-HSCC members had agreed on a restructuring of the M-HSCC, b) that a new structure with 3 or 4 ExWGs (rather than 8 ExWGs), including an ExWG for ATM with some responsibility for GF grant management and oversight, should be considered and c) that the Health Cluster with its humanitarian function (as opposed to the others' development function) would still report into the MHSCC but remain separate and not be part of any ExWG.

The ExWG members were requested to discuss and give their recommendations on the following:

- Out of the eight proposed ExWGs, which should be established, and which should be merged. And if in phased approach which ExWGs should be established first?
- How inclusive should the new MHSCC Structure be and to what degree should Access to Health, GAVI, World Bank, Bilateral Programmes use the MHSCC as a governance mechanism of their programmes/grants?
- What HR or financial support can development partners provide to the new structure?
- What is the requested timeline for implementation of changes given the upcoming GF Concept Note processes including Eligible and Performance Assessment (EPA), etc?
- Should an ATM ExWG become the CCM to deal with the GF matters, including as the applicant for the GF grants?



Please see the presentation here:

<https://drive.google.com/open?id=1T9IKwosMltaKbGok2eNOL1c-qTIVnEYq>

### Discussion

- The following four ExWGs were agreed:
  - HSS (Chaired by PS1)
  - ATM (Existing ExWG)
  - ICC (Recently reformed PS2 became a chair)
  - NCDs (Needs to check with Director NCD)
  
- The ExWGs can create a number of TSGs under their mandate in consultations with the MHSCC Chair and the MHSCC. As mentioned the Health Cluster would remain separate and it was suggested that the RMNCAH would remain a TSG and not an ExWG. It was not decided if they would report directly to the MHSCC or via any other body.
- Dr Thandar Lwin mentioned that the recently conducted Global Fund MHSCC assessment might have guidance on whether the existing ExWG can take on the CCM role. However, the final report has not been shared yet. For a final decision, the MHSCC and the ExWG would need to review the assessment report. The Global Fund would need to approve in case the ExWG take on all CCM responsibilities from the MHSCC. It would mean that Eligibility and Performance Assessment (EPA) criteria would have to be applied to the ExWG instead of the MHSCC.
- In order to include diseases and health problems under Disease Control including some Neglected Tropical Disease (NTDs) the ATM ExWG could be named Disease Control ExWG or Communicable Diseases ExWG with a mandate to cover all communicable diseases and not just HIV, TB and Malaria. The growing issues of climate change & health and Antimicrobial Resistance (AMR) were also brought up and need to find a place in the MHSCC structure.
- Mr Oussama Tawil mentioned that it could be somewhat risky to move the CCM function from the MHSCC to the ExWG right before an EPA and some changes might better be done after the Concept Note submission.

### Action Points

- MHSCC Secretary or Secretariat to report the recommendations to the MHSCC and its Chair for further guidance and final decision.
- MHSCC Secretary with the support of the Secretariat as needed to contact Global Fund to get a copy of the MHSCC Assessment report as soon as possible.

## **6) Updates on M-HSCC Governance Manual, ToR development on M-HSCC according to reform**

The agenda item was presented by the M-HSCC Secretariat. Three main objectives of updating M-HSCC Governance Manual were provided comprising of aligning the current scope of work and broader mandate and ensuring correspondence to the principles of CCM oversight. Four steps were suggested for the updating process. For the member seats allocation of M-HSCC constituencies, it was confirmed that PLWD/PWD constituency has a total of three seats and one additional seat is assured for the academic constituency as per the decision at the last MHSCC meeting. The TOR of the new reformed Secretariat should be drafted first together with ToRs of the new ExWGs.

For the full presentation please see:

[https://drive.google.com/open?id=116YstAxQHVLmcYpEHBI\\_tNedZGbuseXZ](https://drive.google.com/open?id=116YstAxQHVLmcYpEHBI_tNedZGbuseXZ)

#### Action Point

- MHSCC Secretariat to get further guidance prior to updating the Governance Manual.

### **7) Updates on M-HSCC members/ alternates and ExWG member list**

The MHSCC Secretariat provided information on the new MHSCC list of members and presented briefly the few new changes. The main changes are:

New MHSCC Members:

- Dr. Thar Tun Kyaw (new MHSCC Secretary), Permanent Secretary, MOHS
- Dr. Soe Oo, Director General, Department of Public Health Department and Department of Medical Services, MOHS
- Dr. Myint Myint Than, Deputy Director General, Department of Public Health, MOHS
- Dr. Si Thu Aung, Director, Disease Control, Department of Public Health, MOHS
- Pol. Col. Thant Lwin Maung, Head of International Relation Department (CCDAC), Drug enforcement Division
- Ms. Rea Bonzi, Senior Health Advisor/Team leader Human Development (SWISS Development Cooperation)
- Dr. Thet Thet Zin, President, Myanmar Women's Affairs Federation (MWAFF)
- Dr. Than Htun Myint, President (New Hope Association) – re-elected after moving to new organization
- Daw Khin Myo Su, Executive Member (Myanmar Federation of Persons with Disabilities)
- Prof. Ne Win, Chair (Myanmar Academy of Medical Science)

The updated member list including new alternates can be found here:

<https://drive.google.com/open?id=1TRFahzy60VpdSUzohGGuiXO-ICFoQ7RA>

#### Action Point

An alternative to ADB ExWG membership should be found.

### **8) Proposed date and agenda for the 16th MHSCC meeting**

The proposed dates for the MHSCC meeting is 12 or 13 September. The ExWG agreed on the following to be included in the draft agenda:

- NSP development and Concept Note Process (National Programs)
- Public health emergencies (flood response, H1N1 & Polio updates)
- Updates on Access to Health, ADB, World Bank, UK AID, JICA, USAID
- Update on NHP from NIMU
- TSG updates
- ExWG meeting updates incl on M-HSCC reform
- AOB
  - CBO/CSO reports and updates
  - OIG auditing on eHealth
  -

#### Action Points:

- MHSSC Secretary and Secretariat to seek the guidance of the MHSCC Chair on dates and agenda as well as on previously drafted MHSCC preparation and meeting

management guidelines. Meetings have to be managed in a more stringent manner with a focus on decisions to be made by the MHSCC.

- Presenters are to make MHSCC presentations available in a drop box in advance of the meeting for the members preparations. MHSCC Secretariat has to prepare list of decisions to be made at each meeting.

## 9) Recommendations on Draft M-HSCC Oversight Visit Reports

The Deputy Director General of Disease Control, presented on the follow-up to the ExWG Oversight Visit held in May 2019. As part of the M-HSCC's oversight mandate, a visit was organized on 13-19 May 2019 by the MHSCC Secretariat to assess status of health services and programme implementation in Sagaing Region.

Eight ExWG representatives representing the Ministry of Health and Sports (MoHS), donors, United Nations, Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs) participated. Focus was on AIDS, TB and Malaria as well as cross-cutting health system issues.

The general finds were divided into:

- Health system:
  - Human Resources
  - Health Financing
  - Procurement and SCM
  - Health Information Systems
  - Health Service Delivery
    - HIV
    - TB
    - Malaria
    - RMNCAH

Two reports have been prepared by the Secretariat and the shorter version has been submitted to the Minister for his review. Comments from ExWG members were encouraged and welcomed.

The full presentation and all recommendations can be found here:

[https://drive.google.com/open?id=1YrLh-FtJuNrgyJg\\_QUpMKqOaZnEcp62z](https://drive.google.com/open?id=1YrLh-FtJuNrgyJg_QUpMKqOaZnEcp62z)

### Action Points:

MHSSC Secretary and Secretariat to report back to the MHSCC on the key findings and recommendations.

## 10) Closing

The Chair made the closing remarks and closed the meeting at 12:30 p.m.