

16th M-HSCC Meeting Minutes

18th of September 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:

- His Excellency thanked development partners who are helping in responding to floods and the landslide situation in Mon State and Bago Region.
- He asked the responsible units to do a quick 'post-mortem' analysis and review what was done in these situations, to identify successes and places where there is need for improvement.
- His Excellency found that mental health services were missing from the response to the floods. In reviewing the situation, State Health Directors needs to know the situation, and there might be a need to divide the responsibilities between central level and states and regional level. Some SOPs need to be adjusted and action plans need to be updated.
- The Minister pointed out that joint program review missions for HIV and TB were recently carried out. One for Malaria was already conducted 2 or 3 months ago.
- Each State and Region has its own epidemiological data and must have its own strategic plan. The reviews will be supportive for the concept notes and fund application for Global Fund to be finished in March 2020.
- A case of vaccine derived polio virus (VDPV-1) was isolated from a flaccid paralysis (AFP) case detected from Hpa-pun township, Kayin State. Since then additional three children have been diagnosed with similar vaccine derived polio; in total 4 cases have been confirmed as of this date and vaccination in four areas of the Hpa-pun Township and also surrounding states and regions such as Bago, Kayin and Mon state have been given. Both first and second round of immunization were conducted, and coverage was good.
- A big second round of MR vaccination will be done in October and November covering 1.2 million children in 98 priority townships.
- The Minister mentioned that Myanmar has just hosted the ASEAN EPI Program Manager Meetings where the latest updates in the field of vaccines and its effectiveness were provided.
- Another important area noted by His Excellency was prisoners' health care services. A coordination meeting with Ministry of Home Affairs was held two months ago with the participation of the Deputy Minister of Home Affairs. A workplan, assessment of the health of the prisoners and a report will come out soon.
- The Minister mentioned that Ministry of Health and Sports have since 1st April 2016 recruited 27,000 new staff. Among others additional 4,711 doctors were recruited and another 723 doctors will be recruited soon. Ministry of Health and Sport is also catching up in the area of nurses and health assistants. 3844 midwives will soon be allocated for 6 months training in public hospitals before being sent to station hospitals.

- His Excellency also mentioned that the Ministry of Health and Sports have just launched the National Strategic Plan of Rehabilitation Services (2019-2020) and it is now organising the Basic Health Service Professionals Forum.
- The Minister pointed to areas that will receive focus in the coming one and half year: school health and patient safety. 17th September is patient safety day.
- His Excellency mentioned that the Ministry is revamping the MPH courses including teaching methodologies, curriculum, etc. Also starting from January 2020, a new teaching method will be applied for M.B.B.S. using an integrated curriculum including microbiology, pharmacology and pathology. A 9-storyed skills-lab near the University of Medicine (1) will finish in November. This will be a training centre for all undergraduates and some post-graduates with state of the art training modules and materials.
- The Minister stressed that the M-HSCC currently has the mandate of a so-called Country Coordination Mechanism (CCM) and as such plays the role of Global Fund grant governing body for Myanmar. Any country CCM must go through the Eligibility and Performance Assessment (EPA). If Myanmar is not passing this, proposals for next grant application will not be accepted by the Global Fund. The MHSCC Secretary and the Deputy Director General of Disease Control will be handling the passing of the EPA.
- Finally, His Excellency thanked sincerely Vice Chair Professor Dr Rai Mra for his excellent contribution in the position of Vice Chair over the last 3 years.

Pls see the full speech in Annex 1.

Action Point

- The units responsible for the successful response to the health implications of floods and landslides are to do a quick 'post-mortem' analysis and review what was done in these situations, to identify successes and places where there is need for improvement. In particular, the strengthening of mental health support should be considered.

2) Endorsement of the M-HSCC meeting agenda

As 33 M-HSCC members (out of 35 members) were represented, the MC noted that the M-HSCC was at quorum. Members were asked to endorse the agenda, last meeting minutes (already shared previously by mail and included in hard copy in the meeting folder) and to declare any potential conflict of interests (Col) related to the meeting agenda items.

Representatives of the TB, Malaria and HIV national programmes of Ministry of Health and Sports (GF, AtH), WHO (GF and AtH), Burnet (GF Malaria), Pyi Gyi Khin (GF TB and HIV), MPG (GF), Myanmar Medical Association (GF TB and Malaria), World Vision International, Save the Children, MSI (GF in HIV and AtH), UNAIDS (USAID, AtH), UNICEF (AtH), UNFPA (AtH) and UMFCCI (GF) declared that their organizations could have Col in relation to the mentioned grants.

The members with a declared Col 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 and they will not vote in such cases.

The last meeting's minutes and the agenda were endorsed with the changes that the agenda items "MHSCC ExWG Updates and Endorsement of Reform Plans", "Selection of Vice Chair" and "Endorsement of new MHSCC ExWG members" were move up to right after "Discussion and Endorsement of the NSP and Concept Note timelines".

Action Point

- The Chair asked that draft MHSCC agendas in the future are to be clearly marked with date for each version (i.e. "as of [time and date]") including on the final version.

3) Tracking of last meeting minutes action points

Mr Ole Hansen of the MHSCC Secretariat presented the key action points from the last meeting and follow-up. The points are listed in Annex 2.

Reference was also made to a table outlining the last five MHSCC meetings' action points and the follow-up as requested by the Chair at the last meeting. This table is available on the MHSCC presentation Dropbox folder and in the meeting folders.

Discussion Points

- The Chair encouraged all implementers of programmes to include quality research to continuously improve their programmes. He also asked NMCP to follow-up on a memo on mandatory reporting for malaria cases, which needs to be submitted to the cabinet. The Chair expressed surprise at the very high numbers for the SD Biolines Malaria sensitivity and specificity and asked NMCP to check the numbers at a later time.
- His Excellency also announced the introduction of e-memos in Ministry of Health and Sports. Key meetings and workshops will be paperless, and this also applies from now on to the MHSCC. Papers will no longer be handed out at the MHSCC meetings. Electronic folders will be made available for members to download all related documents.
- The Chair requested that all presenters stick to the time allotted and that PowerPoint presentations from MoHS staff include MoHS logo, date and time, venue/event/name of meeting where presentation is given, name and title of presenter, version (draft or final) and a list of all reference material.

Action Points

- MHSCC meetings will from now on be paperless. All relevant documents will be made available only electronically through a website/cloud service. Presenters will be required to upload their presentations to a dedicated meeting folder as per guidance by the MHSCC Secretary. Members will be invited to use a file sharing service such as for example Google-drive or Dropbox apps or websites to access the files.
- All presentations from MoHS staff must include MoHS logo, date and time, venue/event/name of meeting where presentation is given, name and title of presenter, version (draft or final) and a list of all reference material.

Kindly see the full table of action points and follow up here:

https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=0.+Key+Action+Points+5+MHSCC+meetings.docx

4) NSP Development and Concept Note Process (3 National Programs – ATM)

Dr Sithu Aung, Director of Disease Control presented on the steps and timelines for the development of the National Strategic Plans (NSP) 2021-2025 for TB, HIV and Malaria as well as the Global Fund Concept Notes.

Dr Sithu Aung started with HIV, and he explained that at the Core HIV TSG meeting held 6 September, 3 x 95 targets were set for the NSP. In addition, the Visions, Principles, Goals and Objectives, Strategic Milestones, Strategic directions for NSP IV were discussed and reviewed. The draft NSP IV Outline was reviewed and approved. Nine thematic groups were set up and a road map of key steps for NSP development was agreed. He went on to outline the timeline of the NSP development and finalisation.

Dr Sithu Aung then moved to the TB TSG activities, the Joint Monitoring Mission briefs and listed the TB NSP development timeline. He pointed out that there are two major references, which will inform the NSP draft: a) the series of epidemiological assessment made since 2017 including the 4th National TB Prevalence Survey 2017-2018 and b) the 6th Joint Monitoring Mission conducted very recently and its recommendations. The draft vision, goal, objectives and strategic directions of the NSP are already set.

The malaria NSP process is well advanced. An inception workshop to agree on the framework of NSP, M&E plans was done on 28 June 2019. The draft vision, objectives and key interventions of the Malaria NSP have been drafted. Also, for the Malaria NSP development and finalization a timeline was presented.

The tentative joint Global Fund Concept Note development timeline was distributed to the members in the meeting folder and is also available in the Dropbox:

https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=1.+Concept+Note+Roadmap+Draft+Aug+2019.pptx

For more information kindly see the full presentation here:

https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=1.ATM+TSG+%26+NSP+.pptx

Discussion Points

- Dr Jost of WHO mentioned that the inclusive and consultative JMMs will be key in developing the NSPs. He also encouraged further increase in integration of services, the strengthening of surveillance and improvement in HRH in the programmes.
- Ms Rea Bonzi of Switzerland asked that sufficient time is allocated to the GFATM concept note development to allow for thorough consultations.
- Dr Thandar Lwin mentioned that the NSPs first drafts must be ready by December and endorsed by the MHSCC and the Ministry. She pointed out that the NSP is for 5 years, while the GF funding cycle for which Myanmar will apply is for three years only. Global Fund has a requirement for co-funding as well. She mentioned that the government has provided an increasing amount of funding for procurement of drugs – more so in HIV and TB than in malaria. Dr Thandar Lwin encouraged donors to engage in the discussions in the TSGs and consider funding. She also stressed the importance of getting NIMU focal points involved including to get guidance on implementation of the essential package as part of services within the three diseases.

- The Chair emphasised the importance of inclusiveness and consultations in the NSP development.

Action Points

- The MHSCC endorsed the TB, HIV and Malaria National Strategic Plans and Global Fund Concept Note timelines with the caveat that sufficient time must be allocated for Concept Note consultations and drafting after the NSP have been finalised.

5) MHSCC ExWG Updates and Endorsement of Reform

Dr Thandar Lwin, Deputy Director General gave an update on the recent ExWG meeting, the GFATM assessment of the MHSCC & MHSCC reform, and the recent ExWG Oversight Visit to Sagaing.

The ExWG meeting held 15 August had two presentations from PRs on grant implementation, absorption rates, achievement of targets and needs for programme improvements. A presentation on the OIG Audit of GF Capacity Building and Technical Assistance with a focus on eHealth was also given. The oversight report of the visit to Sagaing in May 2019 was endorsed. In addition, the ExWG discussed further the MHSCC reform and provided recommendations.

The ExWG decided the following:

- On GF Programme
 - Further advocacy meetings on malaria elimination
 - Strengthen capacity and role of community workers
 - Monitor the use of TB preventive therapy and encourage implementation
 - Oversight Visit to be organized in the second half of 2019
- On NSP development (2021-2025) and Concept Note preparation (2021-2023)
 - TSGs should form drafting groups - consultations are on-going and will incl. EHOs
 - NIMU/NHP focal points to be involved in systems development parts of the NSPs.
 - MHSCC Secretariat to share draft Concept Note roadmap and facilitate discussions at the TSG meetings.
- On Reform of M-HSCC
 - The following ExWGs were agreed: HSS, ATM, ICC, NCDs, Health Cluster
 - ATM ExWG named Communicable Diseases ExWG with a mandate to cover all communicable diseases; ExWGs can create TSGs as necessary; Climate Change & Health and Antimicrobial Resistance (AMR) need place in MHSCC structure
 - CCM role to be clarified with GF (see also further below)

The Deputy Director General went on to present on the ExWG Oversight Visit to Sagaing including the following 'Take Home Messages':

- Need of HR plan for Sagaing region and to train PHS I and II for Diseases Control
- Stop growing problem of drug use in Northern Sagaing

- Pay attention on disease transmission due to drug use, fund mobilization for Sagaing region needed
- Initiate malaria elimination activities asap
- Special attention should be given to EPI coverage in Nagaland
- Support system development for disease prevention and control

The Oversight Visit report was provided at the ExWG meeting on 15 Aug and the Summary Report is available on the MHSCC website.

Finally, the Deputy Director General presented the recent GFATM assessment of the MHSCC. The recommendation from the consequent report were:

- The M-HSCC should delegate full authority to the ExWG including funding request, signature authority, oversight and re-programming.
- The ExWG should satisfy the eligibility requirements and the minimum standards for CCMs as per the GFATM CCM Policy and CCM Guidelines and Requirements. This includes among other things membership/representation requirements and standards as well as the development and management of a conflicts of interest policy and code of ethical conduct.
- New ToRs will need to be developed for the ExWG in accordance with GFATM Policy.
- The ExWG should be provided training on GFATM Policy. This could be done jointly with the CCM Hub team.
- The GFATM would support a secretariat at ExWG level and recommends a strategic discussion at the country level to determine the needs of the Secretariat at the MHSCC level. The GFATM could also support this.

The Deputy Director General consequently proposed to the MHSCC and the Chair the endorsement of the GFATM recommendations and suggested the following Communicable Diseases Executive Working Group with the role of Myanmar CCM:

Position	Number
Chair (Permanent Secretary 2)	1
Vice Chair (INGO-MSI)	1
Government (DyDG, DC and PH)	2
Disease Affected Persons (HIV and TB)	2
EHO	1
UN (WHO, UNAIDS)	2
Donors (US, UK)	2
Bilateral Organization (JICA)	1
World Bank	1
Local CSO (PGK, MMCWA)	2
Total	15

For more information kindly see the full presentation here:

https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=6.+ExWG+report+to+MHSCC+revised.pptx

Discussion Points

- Dr Jost of WHO fully supported the proposed membership and in particular stressed the importance of having EHO representation as Myanmar makes efforts to reaching the unreached. He suggested EHO representation on all agreed ExWGs and the MHSCC.
- Ms Rea Bonzi of Switzerland asked that the Communicable Diseases ExWG (CD ExWG) deals with all AIDS, TB and Malaria related matters and not just GFATM programme matters. She also encouraged that links are ensured between the Communicable Diseases ExWG and the HSS ExWG to ensure that guidance on health system issues are also channel to decision making and management of the GFATM programme grants. Ms Bonzi concurred with Dr Jost proposal of EHO representation on all ExWGs and the MHSCC.
- The MHSCC Vice Chair, Professor Rai Mra, raised the question of whether representatives from the MHSCC or the CD ExWG will represent Myanmar on the GFATM regional coordination mechanisms and the GFATM South East Asia Constituency meetings. Dr Thandar Lwin, Deputy Director General responded that for the TB and Malaria regional grants there would be no need for change as she is the member and also member of both the MHSCC and the CD ExWG. It would only be a question for the GFATM South East Asia Constituency meetings and the affiliated South East Asia RCM, which currently is not funded. Decision on the latter can therefore be postponed till later.

Action Points

- The MHSCC endorsed the MHSCC reform including the new CD ExWG and its membership, Chair and Vice Chair noting that a representative from the constituency of EHOs needs to be selected. Also endorsed was the suggestion of EHO representation on all agreed ExWGs and the MHSCC, which will be communicated to the ExWGs for their consideration.

6) Selection of Vice Chair for the next three years

Mr Ole Hansen of the MHSCC Secretariat explained that the current Vice Chair Professor Rai Mra's 3-year term has come to an end. Hence the MHSCC has the option of selecting a new Vice Chair or reselect the current one.

Discussion Points

- WHO, UNAIDS, MSI and PGK highlighted the great work and contributions provided by Professor Rai Mra and suggested his reselection for another 3 years.

Action Points

- Professor Rai Mra's was reselected as Vice Chair for a 3-year term.

7) Prior to the lunch break the Chair gave guidance on the following issues:

MOHS is now reformulating the National Health Policy. The current policy is from 1993 and since then a number of new thematic policies and strategies have been developed. In October a group will be formed to plan the way forward to finalise the new policy before the end of 2019. All stakeholders will be invited to be involved.

A country profile in English has been developed and will be published soon. A three-year achievement report has been prepared in Myanmar. This will be translated into English.

The Health Information Policy is being translated from English to Myanmar and should be submitted to cabinet for approval soonest.

Action Points

- The Chair asked Dr Thandar Lwin, Deputy Director General Disease Control to develop a framework to link the different bodies under the MHSCC so that all can know what the others are doing. He asked Daw Aye Aye Sein, Deputy Director General, Public Health to create an e-mail group for contacting all groups.

8) Updates on Public Health Emergencies

Dr Nyan Win Myint, Deputy Director (Port Health and PHE), Central Epidemiology Unit presented the update on public health emergencies. The presentation was divided into three parts: Influenza; Polio; and health issues related to floods.

MoHS prioritise the influenza response and its surveillance particularly during the rainy season, which is high season for influenza. Media outreach, surveillance and procurement of vaccines are in focus. Eight main hospitals are key in the surveillance. For influenza in 2019, 1690 were tested, 562 were positive for A(H1N1)pdm09, 61 for A (H3N2). A total of 722 cases were identified. For A(H1N1)pdm09 the number of deaths reached 114. Weekly press releases were made during the high season and social media were used to reach out to communities.

At the end of May, a case of vaccine derived polio virus (VDPV-1) was isolated from a flaccid paralysis (AFP) case detected from Hpa-pun township, Kayin State. The case was confirmed by a lab in Mumbai. In line with the global eradication policy MoHS followed the WHO guidelines. An emergency meeting chaired by the Union Minister was organised on 24 June 2019. The following day, MoHS notified IHR (WHO, Thailand IHR focal point and MBDS). Central level coordinated with State and Region health departments to strengthen AFP surveillance and perform routine immunization. A field investigation led by DDG was conducted. The National Emergency Operating Centre for polio response was activated, the Central Level Outbreak Response Committee enhanced surveillance and two rounds of vaccinations were carried out in 12 high-risk townships in Kayin, Mon states and Bago Region. In addition, two large scale vaccination campaigns were planned in 98 priority townships, including the 12 high vulnerable townships across the country. The first large scale round took place 4-6 and 26-28 August, and the second one is planned for October-November 2019. WHO has supported the efforts with technical expertise and additional funding is being mobilized. Dr Nyan Win Myint encouraged development partners to support the polio eradication activities.

He then presented on the recent flood events resulting from heavy rain that started in early July in Kachin, Kayin, Mon, Rakhine, Chin, Sagaing, Bago, Magway, Mandalay, Ayeyarwaddy, Thanintharyi, Shan (South) and Yangon. More than 155,000 households and around 620,000 people were affected. Approximately 110,000 became displaced. A total of 325 healthcare providers from Mon State and 480 from Kayin State were affected. There were unfortunately 87 deaths and 79 injuries due to the flooding and landslides.

Dr Nyan Win Myint thanked WHO, UNICEF and other partners for their kind technical support as well as procurement of needed commodities and supplies.

He ended the presentation with listing the upcoming planned activities:

- After Action Review of Seasonal Influenza and Flooding (October and November)
- ASEAN Health Cluster Meeting (October 2019)

- GMS Regional Simulation Exercises with WHO and US CDC (November 2019)
- MBDS Risk Assessment Workshop (December 2019)

For more information kindly see the full presentation here:

https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=3.+Update+on+Emergencies.pptx

Discussion Points

- The Chair mentioned that presentations slides must be self-contained. Hence for example photos need to have captions with indication of people featured, time and place (what, when, where). He also emphasised that strong synchronized coordination and strategic communication are important in cases of health emergencies and that sharing of experience on outbreaks are vital.
- The Chair stressed that rehabilitation after disasters needs to receive further support and emphasis.
- Health Cluster partners have been key in addressing the three mentioned emergencies. Continued strong surveillance including increase in number of sentinel surveillance points, will be key in future dealings with disasters.
- WHO highlighted the success of bringing MoHS into the Health Cluster two years ago, which has strengthened coordination and collaboration on disasters.

Action Points

- The Chair asked WHO to review what happened in the past when MoHS had to return a significant amount of disaster funding from WHO regional office (SEARO) – the WHO funding was provided in 2015.

9) Updates on Access to Health, ADB, World Bank, UK AID, JICA, USAID

Updates from Access to Health Fund

Mr Oren Ginzburg Director of Access to Health Fund gave a brief update on the Fund including its focus, vision and current status. The Fund is fully committed for 2019-2020. It has 40 grants in Kachin, Shan, Kayin, Kayah, Mon, Rakhine, Chin, and Yangon. Six grants have been signed with MOHS – CHD, MRH, NIMU, NNC, NAP, NTP. It was noted that grants have been signed with seven State Health Departments to strengthen systems and improve access to health. About 2/3 of money goes to implementing partners who are working to support Township Health Departments and Ethnic Health Organizations. Another big part goes to MoHS. Access to Health funds directly six departments and indirectly through implementing partners some Ethnic Health Organizations. The Fund had a forum this year bringing EHOs together with MoHS to identify ways to improve coordination between these partners.

Mr Ginzburg also gave an indication of the next steps. A new strategy is now with the Fund's Board. Implementing Partners are developing blueprints for identification of vulnerable populations and specific approaches to reach them.

For more information kindly see the full presentation here:

[https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+\(A\).+A2HUpdates.+pptx](https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+(A).+A2HUpdates.+pptx)

Discussion:

- The Minister mentioned that it would be important to assess the capacities and capabilities of EHOs in different States. MoHS guidelines and strategies should be taken into consideration along with the implementation activities by EHOs. The Community Health Workers Policy has to be submitted to Cabinet. His Excellency encouraged programme managers to take action on the six grants: NAP, NTP, Nutrition, Child Health, Maternal and Reproductive Health, NIMU.

Updates from Asia Development Bank (ADB)

Dr Kyi Thar, Public Health Specialist, provided the update on ADB. ADB health initiative is part of the Greater Mekong Sub-Region Health Initiative (GMS). Currently, ADB is developing the strategies for six countries in the region and Myanmar has its own strategy. This includes three main pillars 1) Health Security 2) Health Impact, Connectivity and Mobility 3) Health Workforce Development.

Based on the strategies, ADB is supporting capacity building and strengthening management system for stronger country ownership. A regional development framework has been established and that framework is being implemented at country level in collaboration with technical partners and other development partners for strengthening the health system.

There are seven projects in Myanmar, two projects have been completed: Regional Malaria Trust Fund and Regional Capacity Development TA for Malaria Project. The ongoing three projects are capacity building for HIVAIDS Prevention, GMS Health Security project, GMS Regional Health Cooperation TA. Two projects have been approved: Improving NCD Prevention and Treatment Project (2020-2025), and Healthy Special Economic Zones Project (Migrant Health) (2021-2026). Dr Kyi Thar further elaborated on the three on-going projects.

For more information kindly see the full presentation here:

[https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+\(B\).+ADB+Update.pptx](https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+(B).+ADB+Update.pptx)

Updates from the World Bank

Ms. Hnin Hnin Pyne provided the update on the World Bank programme in Myanmar. World Bank support is divided into two: one consists of credits and the second is support through analytic capacity building. The World Bank essential health services access projects has gone into Year 4 and the World Bank is preparing an additional loan of 100 million through International Development Association (IDA) and a 10 million grant through the Global Financing Facilities (GFF).

The objective of the additional loan (second tranche – previous tranche also at USD 100 mill) is to increase coverage of essential health services of adequate quality, with a focus on maternal, new-born and child health. It has three components: Strengthening Service Delivery at Primary Health Care Level; Systems Strengthening, Innovation, and Project Management. In addition, the World Bank has a separate component on Contingent Emergency Response.

Investments are to be complemented with system strengthening efforts. The IDA loan will possibly help support scale up of MoHS innovation such as the provision of tablets for basic health staff.

One aspect is improving the capacity of MOHS to engage in and manage public-private dialogues. Other aspects include supporting the use of score cards, patient safety, infection control, waste management systems of hospitals across the country. Also, to be supported is a Public Financial Management system to help track how funds are being spent and where. Finally, support is provided to the MoHS supply chain management system.

For more information kindly see the full presentation here:

[https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+\(C\).WB+Updates.pptx](https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+(C).WB+Updates.pptx)

Updates from UK AID

Dr Mya Thet Su Maw provided an update on UK AID. UK is a long standing supporter and one of the largest donors in health in Myanmar. UK AID is the third largest public donor in the Global Fund. The priorities of the programme of support include: equitable delivery and quality of public services; building stronger and more inclusive systems for delivery of services for state and non-state actors; working with a range of partners to enhance relationships between ethnic groups, civil society and public service providers.

UK AID has several channels of funding including DFID. DFID manages the Myanmar UK Health Partnership (MUHP) Programme, which is a 5-year programme running from January 2019 to December 2023 with a total budget of £97million (US\$ 126 million). £89 million is allocated to Access to Health; £7 million to the UK Health Partnership Fund with the objectives to strengthen health systems and improve practices for patient safety. 1 million are allocated for Monitoring and Evaluation. In addition, DFID manages the Yangon General Hospital Reinvigoration (RGHR) Fund with a total of £ 3 million (2014-2020).

UK AID supports Myanmar through three additional sources:

- The Prosperity Fund Better Health Programme, with the objectives to reduce premature mortality and morbidity from NCDs and to reduce avoidable mortality and morbidity from sub-optimal and unsafe care. The programme includes Health System Strengthening. It has a budget of £4.5m and is being implemented from July 2019 till September 2022.
- International Health Regulations Strengthening programme, which has the objectives to strengthen country-level implementation of the International Health Regulations (IHR 2005) core capacities of Myanmar so that the country is ready to prepare for health and humanitarian emergencies.
- The Fleming Fund, which among other things aims to increase the quantity and quality of data on AMR and Antimicrobial Use (AMU) at country level and increase the use of AMR and AMU data to change policy and practice. It has three main components: Animal Health Grant with the Food and Agriculture Organization (FAO); Human Health Grant (to be agreed with MoHS); and a regional grant with the International Vaccine Institute.

Over a 5-year period UK AID supports Myanmar's health sector with more than £100 million.

For more information kindly see the full presentation here:

[https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+\(D\).UK+aid+Updates.pptx](https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+(D).UK+aid+Updates.pptx).

Updates from JICA

Mr. Ichikawa Kensaku provided update on JICA's cooperation in Myanmar. The programme has three pillars: 1) Health System Strengthening; 2) Human Resource Development; 3) Infectious Disease Control. Under the Health System Strengthening, JICA has from 2014 to 2018, been supporting health planning and hospital management. The training of 559 medical record technicians was particularly highlighted. JICA has collaborated with DoMS in upgrading Magway, Lashio, Dawei and Loikaw General Hospitals and constructing New Yangon Specialist Hospital. The support provided to Loikaw Hospital using the 5S-KAIZEM-TQM approach under the technical cooperation project for Health System Strengthening has been especially successful and the programme activities could possibly be upscaled to other venues.

Under the Human Resource Development pillar, JICA is implementing two projects: Enhancement of Medical Education with support to 55 short and 12 long term trainees; and Human Resource Development of Medical Engineering with 18 graduates in 1st batch graduated and the 2nd batch on-going.

JICA also supports national strategic plans under Disease Control. JICA is assisting Malaria elimination activities in Bago, Yangon, Magway and Mandalay with focus on capacity building of community health workers including on early diagnosis and treatment. JICA also has provided QGIS training to all townships in Myanmar. Japan has been a long-time partner in malaria control.

For HIV and TB, JICA has provided technical support in developing operational plans of the National Strategic Plans on HIV and TB as well as on improvement of data management system in the TB program using QR codes and on establishing a blood bank in Rakhine State.

JICA recently started 2 new projects: The Adviser for infectious disease control and laboratories services and the technical cooperation project for rural health development through strengthening basic health services in Magway. The adviser covers Antimicrobial Resistance (AMR) in addition to HIV/AIDS and TB. The project in Magway is aiming at building a Basic Health Service model through life course approach with focuses on MNCH, nutrition and diabetes/hypertension.

For more information kindly see the full presentation including annexes here:

[https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+\(E\).+JICA%E2%80%99s+Updates.pdf](https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=4+(E).+JICA%E2%80%99s+Updates.pdf).

Updates from USAID

Mr. Ben Zinner provided the update on USAID. The top three global USAID health goals are: 1) Preventing maternal and child deaths; 2) Controlling the HIV epidemic & working towards the 90-90-90 goals; and 3) Combating infectious diseases including Malaria, TB and emerging pandemic threats.

Over a 5-year programme period running until next year, USAID estimates that the total support to the Myanmar health sector will amount to around USD 160 million. This year's distribution is 35% for Malaria, 20% for HIV, 27% for TB and 18 % for MCH (excluding Humanitarian Assistance and nutrition funding).

Within 'Maternal and Child Health' there have been three main funding streams: 1) The USAID's four-year Maternal and Child Survival Program with support to seven States and Regions which was concluded in April; 2) Support on MCH through Access to Health Fund particularly at community level; 3) Essential Health Project which now will have more focus on communities and more work will be done in Yangon.

USAID and US CDC lead on the President's Malaria Initiative, which has an annual budget of around USD 10 million for Myanmar. Geographical coverage is now being expanded to also include townships in Sagaing. An additional 500,000 LLIN will be provided to NMCP beyond the regular activities and new support will be provided to FDA.

For the USD 10 million annual PEPFAR funding, 2/3 are programmed by USAID and 1/3 by US CDC. The development of plans for the introduction of PreP this year, jointly funded by USAID and GF under the leadership of NAP, was particularly highlighted.

For TB funding a significant part went through Access to Health Fund in 2019. The successful 5-year programme Challenge TB project implemented by FHI 360 was concluded in July 2019. The evaluations and studies supported by CTB will help inform the development of the National Strategic Plan. In addition, continuing support to an MDR TB Adviser and strengthening of laboratory capacities are also programmed.

Of other activities mentioned were support to the next Myanmar Demographic and Health Survey (DHS); supply chain technical assistance to MoHS through Chemonics; direct and indirect support to the NSPs and GFATM Concept Notes development; and the upcoming development of the new 5-year USAID health strategy (2021-2015).

10) Updates from NIMU on NHP and discussion

Dr Thant Sin Htoo, Director of the National Implementation and Monitoring Unit (NIMU), provided an update on the National Health Plan, with a focus on health financing.

MoHS has made significant progress in strengthening health financing. Of the 13 activities related to health financing outlined in the Annual Operation Plan 2019, 12 have been completed. The remaining work is related to the establishment of a strategic purchasing agency, which will require parliament's endorsement.

Multiple versions of the UHC law has been drafted. In the final version, the team outlined Myanmar's long-term vision to develop a national health purchasing agency in Myanmar. Based on studies and assessments, the NIMU team proposes 3 options to do so. The first option is to expand the Social Security Board. The second option is to develop a national health purchasing agency. And the third option is to form a public-private partnership to manage purchasing of essential health services.

After considerable discussions and review of evidence, the NIMU team recommends the public-private partnership option. It is the most feasible option given the country's health system and current regulatory set-up.

For more details about progress in the health financing strategy and overall progress vis a vis the National Health Plan, please refer to the presentation here:

https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=5.+NIMU+Updates.pptx

Discussion Points

- Dr Jost, WHO Representative, requested further explanation of the three purchasing options given the complexity and importance of this topic to MoHS and stakeholders.
- Dr Thant Sin Htoo emphasized that for MoHS to achieve UHC goals, a strategic purchasing mechanism to purchase services from other service providers including private providers, EHOs, and NGOs/ INGOs is necessary. Given the limited capacity of the SSB (option 1) and difficulty of setting up an independent public purchasing agency (option 2), a not-for-profit public-private-partnership is likely the most

recommendable option (option 3). However, the decision is to be made by cabinet or parliament.

- Dr Myo Thant, Representative of the Chamber of Commerce advised that before submitting the UHC law to the Parliament, MoHS should seek broad consensus and discuss aspects of each option. Once the law is passed, it will be difficult to change.
- The Vice Chair, Professor Dr Rai Mra stated that the MHSCC cannot at this stage advise on how to proceed with the process. More time, consideration and consultation will be needed particularly on the 3 financing options being proposed.

11) Updates from TSGs

Health Systems Strengthening TSG

On behalf of Permanent Secretary and Chair of the Expanded HSS TSG Dr Thet Khine Win Daw Aye Aye Sein, DDG, DoPH and Chair of the HSS Core Group provided a summary of key achievements in each of the four subgroups: HIS, HRH, Health Financing and Procurement and SCM since last MHSCC meeting.

The focus of the next core group will be to explore strengthening interlinkages among the four subgroups as well as ways to work with, and support service delivery to achieve Universal Health Coverage.

For more information including updates from each subgroup, kindly see the full presentation here:

[https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=7+\(3\).HSS+TSG+Updates.pptx](https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=7+(3).HSS+TSG+Updates.pptx)

Updates from RMNCAH TSG

Dr Hnin Hnin Lwin, Deputy Director Maternal & Reproductive Health Division, provided an update on progress in the RMNCAH TSG on behalf of Dr Myint Myint Than, DDG, DoPH and Chair of the RMNCAH TSG.

Per recommendations from the previous MHSCC meeting, the Lead Child Health TWG met on May 2019 to discuss and finalize research topics to inform policy development. The Maternal and Reproductive Health TWG will meet in October to conduct a similar exercise.

Other key developments include the on-going work on developing the RMNCAH scorecard, the drafting of the GFF investment case, and capacity strengthening of quality improvement framework and tools.

For the RMNCAH TSG presentation including highlights of key activities in each TSG subgroup please see:

[https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=7+\(2\)+RMNCAH.pptx](https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=7+(2)+RMNCAH.pptx)

12) Update from the Communities

There were two updates from the constituencies of communities. The first on the Myanmar Health CSO network was provided by Daw Nwe Zin Win of PGK. She explained that state and regional health CSO forums have been set-up in 12 states and regions where state and

regional health directors were involved. A total of 729 health CSO and 1,187 representatives were reached. In September 2019, the Myanmar Health CSO network had a workshop with NIMU on NHP/AOP Consultation to help define communities' role in the NHP implementation. On 22 and 23 October, 320 Myanmar Health CSO Forum representatives from states and regions will meet in Nay Pyi Taw. The theme will be social accountability. In December, a UHC public awareness event will be organized in Yangon and Mandalay.

U Thawdar Htun from Myanmar Positive Group (MPG) presented on behalf of the constituency of people living with diseases. Communities request MHSCC members to provide continuous guidance and support to ensure progress in the development process and awareness activities of HIV related legal framework for creating an enabling environment to achieve zero discrimination of People Living with HIV, affected communities and families in Myanmar. The legal framework includes the HIV Law, Sex Worker Law, Drug Law, Intellectual Property Law and other related laws.

U Thawdar Htun went on to mention that the HIV National Strategic Plan III includes a target that "At least 30% of all services delivery is community led by 2020". In this regard, communities would like to know the status of the current amount of actual investment in 2018 and 2019 under this target. The communities believe that a significant increase of investments are needed for community-led service delivery to secure the sustainability of the HIV response in Myanmar.

Finally, U Thawdar Htun outlined the findings of the field visit of MHSCC's PLWD constituency representatives (20-21 June 2019) to Tachileik, Eastern Shan State:

- Due to the burden of transportation costs, PLHIV Clients from Tarlay Township request the opening of a decentralize site at their township because there are nearly 200 ART clients living in Tarlay Township and nearby villages.
- Some clients transferred from Thailand have to buy ART from outside because their prescribed regimen is not available in Tachileik ART Centre.
- Some clients have to go Thailand for dialyses for kidney related problems because that service is not available in Tachileik.

For more information kindly see the full presentations here:

https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=9+.+Comunity+Updates.pptx

and here

https://www.dropbox.com/sh/kpsazbj3ce1xg5a/AABDZ2_sm7CP61zR28bc8WwZa?dl=0&preview=9.Community+Update+for+MHSCC+for+18.9.2019+meeting_MST.docx

13) Closing

Professor Dr Rai Mra, M-HSCC (Vice Chair) thanked all the meeting attendees for their active participation, presentations and interactive discussions and declared the 16th MHSCC meeting successfully concluded.

Annex 1

**Opening remarks by MHSCC Chair
H.E. Dr. Myint Htwe, Union Minister,
Ministry of Health and Sports
16th MHSCC Meeting,
18.09.2019**

Meeting Hall at Office No. 4, MOHS, Nay Pyi Taw

Good Morning to all my friends, M-HSCC members, my staff from MoHS departments, development partners and Dr. San Shwe Win from Pyithuluttaw.

- First, I would like to express thanks to development partners who are helping us in responding to floods and landslide situation in Mon State and Bago Region.
- I would like to ask the responsible units to do a quick post-mortem analysis and review for what we did in this situation, are we successful or are we continuing many issues successfully or not? And this will make us understand about the further situation that we need to improve.
- Regarding the flood situation, when I look at the activities, mental health services are not there such as providing the adequate mental health care and support to the flood affected victims. This is important. We tend to focus on those who are suffering from mental stress to get relief from it especially reviving from post-traumatic stress disorder.
- Another area we should emphasize is that those patients who are on the drugs for HIV and TB in these areas should not be stopped in supply. On top of that, when concerning to the flood, not only the acute state of flood as well as for the possible relapse. In that case, it needs reviewing the situation. In reviewing the situation, it is important to let State Health Directors know the situation how it goes, and we may need to divide the responsibilities and timeline for Central level and States and Regional level. And SOPs need to be adjusted and action plan need to be updated.

- The second thing is that as you all know that we have the joint program review mission for HIV, TB and Malaria. Malaria was already conducted 2 or 3 month ago. These review mission findings, I myself sat in the pre-meeting session and these are very important to look at our activities which are going well or not.
- We have formulated or recruited very good, technically top-notch strategies that reflect all the implementation and activities that we are able to carry out through these strategies. These review mission results will give us to some extent. This will be useful for further development and fine tuning the process of our national health program strategies. These strategies should not be static, and it should be dynamic. Strategies will have to be aligned and changed with the current epidemiological condition. Each States and Regions has their own epidemiological data and that is why strategies must be in line or fine-tuned that go along with States and Regions. Moreover, each states and regions must have their own strategic plan and then each priority must be established. I would like to thank to these review missions because many stakeholders did involve very well in it and it will be supportive for concept note and fund application for Global Fund regarding with timeline to be finished on March 2020.
- As you all know, we have influenza H1 N1 pdm 009 outbreak and we have responded well to this and contained the situation and there is now descending epidemic curve and we did the appropriate measure successfully on H1 N1 pdm 009. As you all know, we have provided the mass polio vaccination in Hparpon Township in Kayin State. The reason is that vaccine coverage in that township is very low because of its geographical remoteness and security concern and we cannot easily enter. (10000) children will have to be vaccinated. As an outbreak, there are number of cases we have detected and we have given the vaccination in four areas of the Hparpon Township and also surrounding states and regions such as Bago, Kayin and Mon state. Both first and second round of immunization were conducted, and the coverage was very high. By the way, we are going to do the big second round of MR vaccination in October and November. We tend to cover 1.2 million children in (98) priority townships. This is very important for us. All the relevant partners and stakeholders should be involved in this vaccination launching activities held in October and November. It is important to note that we need to strengthen the central surveillance system in relation to all communicable diseases as soon as we can see. The most important thing

is that we have to analyze the data coming out from central surveillance system. Otherwise, it is impossible to do the real time data analysis. If the real time data is observed, they have to inform the CEU without any delay and this will be the prime action of this unit to be taken.

- For this reason, Deputy Director Generals must be requested to have at least once in a month for teleconferencing with State and Regional Health Directors. We have started to do this which is very important so that they can easily give the idea and get the suggestions, and this will accelerate the cohesiveness with State and Regional Health Directors. Otherwise, we will be detached. Actually, we are trying to re-attach and this will be the case to see what they are working hard for coordination with us.
- I would like to mention that we have just joined ASEAN EPI Program Manager Meetings where the latest updates in the field of vaccines and its effectiveness and that is really good. I want all the Program Managers to relook at the presentations and give it to me as well as States and Regions Directors. This will be the first time that I would like to see the Program Managers to give such important updates. Many people from all over the world who are top-notch technical experts in there, and we have also participated in Seventh ASEAN vaccinology conference last week also, and about (300) international participants and (400) local participants attended the session. If you look at the agenda, there are top-notch agenda items in the field of vaccinology, and I have made the speech about it which was posted in the website and I would like you to read it.
- As you know we are spending millions of kyats on buying the medicines, (30) billion kyats for 3 years concerning to rabies vaccines which is a huge sum of money we have to spend. That is why we had a big meeting with Union Minister of Agriculture, Livestock and Irrigation for how to work together with the department of Veterinarian Sciences and Ministry of Health. We are developing the effective strategies by the end of this year and this is the area which is very important. So, if there are not dog bite cases, we do not need to buy rabies vaccines anymore. To reduce the number or amount of vaccines requirement, we have developed the dog bite centers in Thinganyan, Yangon, North Okkalapa and Insein townships with the necessary resources and we have opened (13) dog bite centers and there must be the intradermal vaccine injection rather than intramuscular to save up the amount of vaccines.
- Another important area we should notice is about the prisoner's population who may be neglected from some health care services and that is why we had coordination meeting with Ministry of Home Affairs

and Deputy Minister of Home Affairs attended the meeting held at Naypyitaw last two months ago. Then we will develop the workplan and assessment the health of the prisoners and the report will be come out soon.

- Under the public health domain, exercise medicines should be promoted as well as in the prison must be done to improve the health of the prisoners in coming months or years.
- Please bear in mind that new staffs that we have recruited since 1st April 2016 and we have recruited additional 471 doctors and another 723 doctors will be recruited and they will be entering the service. We have recruited 3000 public health staffs and additional 300 Health Assistants will be recruited. We have also recruited 5600 trained nurses and we hope that we are able to catch up the gaps in the human resources. We have also appointed 3844 midwives and they will be attached for 6 months training in the hospitals before sending them to Station Hospitals to acquire the knowledge and fine tune the skills etc. We are also increasing the number of paramedical staffs including laboratory technicians, X ray technicians which could be 2400 in total. But we need to fill up the required number of paramedical staffs.
- This morning, we launched the National Strategic Plan of rehabilitation services (2019-2020) and we are also going to make the way in terms of promoting rehabilitation services. We have recruited engineer staffs, 27000 new staffs from Ministry of Health and Sports starting from April 2016. I would like to mention that we are now holding the Basic Health Service Professionals Assembly and it will be the good opportunity for them to discuss and raise about the challenges and issues.
- There are three areas that we are emphasizing in coming one and half year. One is school health and State Counsellor gave us guidance to emphasize on (7) areas to be emphasized together with 9 areas that we are already implementing. This will be further implementation at states and townships in terms of sub-national level and this will become the very big area to work. Third area is that patient safety and 17th September should be patient safety day according to WHO assembly. I attended the Global Assembly of Patient Safety in Tokyo in 2018. As the patient safety is very important area, I request WHO to bring on some experts to review it in my country. And they have reviewed, and they have finished one workshop regarding this. Patient safety is very wide spectrum starting from the time when taking the patient history, blood investigations for diagnosis purposes and treatment throughout. But the main issue is medicines. I asked the Director from FDA for that. All medicines and

antibiotics that we buy anywhere, and any shops and they issue and order them. But, for some medicines, they have to get prescriptions and it is illegal without the prescriptions. This issue will be put up to cabinets and these medicines should not be sold out without prescriptions.

- I would like to thank to GAVI and UNICEF. The issue is GAVI has given us the money for procuring 40000 tablets for 8 months ago. I talked with UNICEF especially the regional director from UNICEF for buying tablets which are to be the latest ones. The process is slow down and we would like to get these tablets as soon as possible. The reason is that we are not requiring them for high level statistics, and we are just using it for very simple thing and so we want the tablets as soon as possible.
- I would like to mention that we are revamping the whole thing about MPH courses including teaching methodologies and curriculum etc. Last 10 days ago, I asked staff from the department of public health from university management team from US, Thailand, Korea, Indonesia and they presented how they are taught, how the curriculum is developed, how is the assessment system and we are taking the good things from all these universities and we are changing the way that we are managing the training programs for MPH students. This is also important to introduce the lunch time talk at public health schools which is so compulsory, and these lunch time talks must be strengthened with a good approach for like 6month schedule.
- I would like to let M-HSCC members know that starting from 2020 M.B.B.S intake, a new teaching method will be applied and integrated into the existing curriculum such one-year course of microbiology, pharmacology and pathology will now be integrated. It will be started in January 2020. If we are not doing this, at global level, we are not honored, and many countries will not be accepting M.B.B.S. So, this is the right time that we have to make changes on our medical education system. We are going to finish 9-storied skill labs near the University of Medicine (1) and this will probably be opened in November. This is the skilled training center for all the undergraduates and training modules and materials will be there.
- One important issue is that M-HSCC has the capacity of Global Fund governing body will need to go through the Eligibility and Performance Assessment. If we are not passing this, we are not accepted the proposal for next grant application and M-HSCC needs to work out for this. I think Dr. Thandarlwin and Dr. Thar Tun Kyaw will be sharing about the information relating to this.
- Dr. Rai Mra has also successfully reelected for the next 3-year term as the Vice Chair and his excellent contribution and top-notch jobs and many

things he did to us. I sincerely say that Dr. Rai Mra will be serving for his service as M-HSCC Vice Chair for the next term. For M-HSCC members, when you are giving suggestion, please be free to make the most critical points with constructive criticism for further improvement. I am very receptive. We have to work together for the sake of the benefits of our people in my country.

Thank you very much.

Annex 2

Action Points	Status
INGOs working with MOHS on health are requested to review their work and last 3 years of achievement with the aim of optimizing the support provided to the country.	In progress. Letters sent out by IRD to collect information.
Review the modus operandi of conducting MHSSC meeting with regard to time, agenda setting, background documents.	Modus Operandi reviewed, and a draft meeting guideline endorsed by the Permanent Secretary (2) has been issued. Presenters have been informed.
British Embassy on behalf of Foreign and Commonwealth Office to work closely with NCD unit on ensuring the Better Health Funds activities are in line with prioritised parts of the National NCD Strategy	Price-Cooper-Waterhouse (PCW) selected as regional partner and Help Age selected as local partner. Workshop to identify activities planned for last week of September 2019
The WHO developed measurement tool for tobacco control MPOWER should be used for tobacco control.	Being implemented. In addition, the treaty "WHO Framework Convention on Tobacco Control (WHO FCTC)" is being followed.
The Vice-chair to chair an ad-hoc MHSSC meeting on restructuring including next steps for formation of ExWGs and TSGs and make decision on number of MHSSC members.	Meeting held 6 May in MMA, Yangon. Recommendations on reform made (incl 4 ExWGs and a revised structure). Number of members to remain 35.
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.	The service provision at prisons is being implemented under the leadership of the National AIDS Programme (NAP). The interventions cover training of prison staff in HIV Testing & Counselling (HTS), recording and reporting, adherence counselling, referral linkages after release etc. The required medicines and commodities are provided as part of the prison service interventions and the budget cost are allocated to NAP. Monitoring visits are planned and conducted according to the work plan. For TB, pre-entry TB screening is being implemented in two Central Prisons (Insein Central Prison, Yangon and Mandalay Central Prison) by the National TB Programme (NTP) in collaboration with the Prison Health Department. In addition, regular mobile team visits are carried out annually to all Prisons and worksites with Global Fund support. To ensure unhindered programme implementation, regular coordination meetings are also held with Prison Health Department and the MoHS together with NTP and NAP. The Prison Health staff are similarly involved in the full range of TB intervention activities and capacity building covering (TB diagnosis, treatment and prevention, MDR-TB management including recording and reporting) TB/HIV collaborative activities and laboratory trainings which specifically cover sputum microscopy and Gene Xpert)
UNOPS to work closely with partners and NMCP to hold a Malaria workshop that further explores, among other topics (1) vector	NMCP conducts vector surveys and applied the findings as part of the overall malaria elimination and control strategy. The surveys that NMCP regularly conducts include: study of vector bionomics, longitudinal and seasonal

<p>control strategy, (2) RDT, and (3) mandatory reporting.</p>	<p>entomological surveys, monitoring of insecticides resistance and vector sample collection at endemic areas by field staff and identification by central entomological staff. NMCP procured SD Biolines, mRDTs because the sensitivity of this product is high which are 99.7% (for Pf) and 95.5% (for Pv) and specificity is 99.5%. NMCP has already prepared the SOP for mandatory reporting of malaria - awaiting approval from MoHS and subsequently, Parliament.</p>
<p>MoHS to give supportive guidance to communities on how to proceed with passage of the HIV law.</p>	<p>Consultations with communities organised Hpa-An (Sep 2018) and NPT (June 2019). HIV law discussed with Attorney General twice and submitted to MoHS in August. MoHS submitted to "Security, Peace and Stability and Rule of Law Working Committee".</p>