



Photo: H.E Minister Dr. Myint Htwe delivering opening speech at 14<sup>th</sup> M-HSCC Meeting, 17<sup>th</sup> January, 2019 in office No. (4), MOHS meeting hall, Nay Pyi Taw.

## M-HSCC Activities in Q1- Q2 - 2019

- 14<sup>th</sup> M-HSCC Meeting, 17<sup>th</sup> January 2019
- 15<sup>th</sup> M-HSCC Meeting, 29<sup>th</sup> April 2019
- Ad-Hoc committee meeting 6<sup>th</sup> May 2019
- The M-HSCC Executive Working Group (ExWG) conducts periodic oversight Visit to Sagaing Region, 13-19 July 2019

## Regional Activities

- 13<sup>th</sup> RAI Regional Steering Committee meeting in Phnom Penh, Cambodia - March 26<sup>th</sup> – 27<sup>th</sup>
- Executive Committee meeting of the RAI Regional Steering Committee in Bangkok, Thailand - July 10<sup>th</sup>
- Regional Coordination Mechanism (RCM) meeting Tuberculosis Interventions among migrants and mobile population in the Greater Mekong Sub-region in Ngamwongwan, Nonthaburi, Thailand - 13 June 2019

## Up-coming events

- 16<sup>th</sup> M-HSCC meeting
- M-HSCC oversight visit to Bago Region

## 14<sup>th</sup> M-HSCC Meeting Highlights

(17<sup>th</sup> January 2019)

- Union Minister of Health and Sports, H.E Dr. Myint Htwe delivered the opening speech. He highlighted on Schistosomiasis problem in Rakhine State, MoHS distribution of more than 10,000 tablets to Basic

Health Service Workers, Health Assistants, Midwives, PHS 1 and 2 and also to station medical officers and township officers. He also appreciated the National Leprosy Conference that was conducted in December 2018. He again highlighted the importance of research in the health field that MoHS has a reserve of 1.5 billion kyats for research.

- After the opening speech by the Union Minister (Ministry Health and Sports), Dr. Thandar Lwin, Deputy Director General (Disease Control) provided updates on the ExWG and 7 TSGs. She also highlighted the key discussion points of the last ExWG meeting provided; the LFA recommendations on ART transition and MMT following their spot check. In addition, the achievement of the 3 GFATM grants were discussed and performance indicators were highlighted.
- The Multi-Country Funding Request on TB among Migrants in the Greater Mekong Sub-region was endorsed.
- Dr. Myint Myint Than, Deputy Director General, Department of Public Health reported on the RMNCAH TSG.
- Mr. Billy Stewart of DFID presented on behalf of the British Embassy on the Prosperity Fund worth **£1.2 billion until 2023** that aims to reduce poverty through inclusive economic growth to achieve the **Sustainable Development Goals** (SDGs) and the Better Health Programme (BHP) worth £79 million which covers 8 countries: Brazil, Mexico, South Africa, Vietnam, Malaysia, Philippines, Thailand, Myanmar.

The BHP Programme will run from 2019 to 2022. He also highlighted the themes, strategies and expected long term impacts of the BHP.

- Dr. Than Lwin Tun, Deputy Director General (Training), presented on the CBHW Policy Brief. The MoHS CBHW Core Group & Working Group guided the policy development process.
- Dr. Nang Mo Kham from the World Bank presented on the second tranche of World Bank loan. The objective is to increase coverage of essential health services of adequate quality, with a focus on maternal, newborn and child health in alignment with the National Health Plan. The funding is composed of a loan of **\$100 million** with three components: Component 1- Expanding Access to Basic Essential Health Services (USD 65 million), Component 2 - Systems Strengthening, Innovation, and Project Management (USD 35 million) and Component 3 - Contingent Emergency Response. In addition, there is a Global Financing Facility (GFF) Grant of **USD10M**.
- Under the AOB, Dr. Si Thu Aung, Director (Disease Control), explained that the M-HSCC had been asked to nominate M-HSCC representatives to the Regional Coordination Mechanism (RCM) for the Multi-country grant on TB. The RCM is hosted by the Thai CCM. The M-HSCC endorsed that Professor Dr. Rai Mra will be the M-HSCC CSO representative and Dr. Thandar Lwin will be the M-HSCC representative representing all other constituencies, while Dr. Si Thu Aung will be the non-voting member representing the National TB program.
- The Director (Disease Control) also presented the reinvestment plans of the two PRs on the National Programs. The plans have been discussed at TSG level and then with GFATM in the fourth quarter of

2018. For the UNOPS PR managed part of the HIV grant the reinvestment amount is USD 1,709,957, while it for the TB grant is **USD 2,943,064**. For the Save the Children PR managed part of the HIV grant the proposed reinvestment amount is USD 3,854,659 and for the TB grant, it is **USD 1,216,960**. Lists of reinvestment activities were provided.

## Report from Communities

### (1) CSO Forum Updates

Ms. Khawn Taung from Myanmar Council of Churches (MCC) presented the updates on the 4<sup>th</sup> CSO Forum. Briefings on UHC were given to all attendants in the CSO forums to contribute to UHC implementation in line with NHP. A total of 35 CSO health representatives have been selected as focal points to strengthen coordination across all States and Regions.

### (2) National PLHIV Forum Updates

U Thawdar Htun from Myanmar Positive Group (MPG) presented updates on the MPG organized National PLHIV Forum held 2-3 December 2018. A total of 164 participants including representatives from PLHIV Self-Help Groups across Myanmar, key population networks, government officials, UN agencies, international and local Non-Government Organizations and Media attended the forum. Discussions on the current progress in HIV programs, and challenges and concerns of the PLHIV community were made. Statements were also drafted and discussed by the participants for advocating to local, regional and international stakeholders.

For more information kindly see the full meeting minutes here: <https://www.myanmarhsc.org/wp-content/uploads/2019/10/15th-MHSCC-Meeting-Minutes-29-April-2019.pdf>



Photo: 14<sup>th</sup> M-HSCC Meeting, 17<sup>th</sup> January, 2019 in office No. (4), MOHS meeting hall, Nay Pyi Taw.



Photo: 15<sup>th</sup> M-HSCC Meeting, 29<sup>th</sup> April, 2019 in office No. (4), MOHS meeting hall, Nay Pyi Taw.

## 15<sup>th</sup> M-HSCC Meeting Highlights

(29<sup>th</sup> April, 2019)

- Union Minister of Health and Sports, H.E Dr. Myint Htwe delivered the opening speech. He highlighted on these issues; MoHS is developing an electronic memo system and The State Counsellor has made school health a top priority in the coming year. He also highlighted the findings of the Nation-Wide Micronutrient and Food consumption survey and National TB Prevalence survey.
- Dr. Faisal Mansoor, Head of Programme - UNOPS PR, presented the 2019 and 2020 reinvestment plans of UNOPS PR. In HIV a total of **USD 4,795,761** were identified from the 2018 budget as available and have been reprogrammed; In TB a total of **USD 2,522,730** were identified from the 2018 budget as available and have been reprogrammed; in Malaria a total of **USD 1,510,343** were identified from the 2018 budget as available and have been reprogrammed.
- Dr. Myo Set Aung, Deputy Director of Save the Children (StC) PR presented the reinvestment of savings from the StC PR managed budget. Under HIV grant, after discounting a total of **USD 2,476,746** as committed costs and **USD 323,254** as budgetary gain, **USD 1,255,178** was identified as the net savings. Under TB grants, after discounting **USD 306,247** as committed costs and **USD 194,134** as budgetary gain, there is no next savings. Under Malaria grant, after discounting a total of **USD 1,291,328** as committed costs and **USD 112,253** as budgetary gains, **USD 158,561** was identified as the net savings under the country component. For the regional component: committed costs was **USD 27,923**, amount from budgetary gain was **USD 50,903** and **USD 510,928** was identified as the net savings.
- 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.
- 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).
- MHSCC Secretary, Deputy Director General Dr. Thandar Lwin, proposed the restructuring of the MHSCC. In the presentation, 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. The proposed new structure has a broader coverage over the health sector. It was suggested that all donor-funded activities (GF, Access to Health, JICA, ADB, World Bank, USAID, etc.) participate through the relevant ExWGs according to the thematic areas they are supporting.
- Both UNOPS PR and StC PR presented the updates on annual implementation progress. They also discussed the HIV, TB and Malaria programming statuses, challenges and achievements.

- Dr. Thant Sin Htoo, Assistant Permanent Secretary (NIMU) 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. The 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.
- Daw Aye Aye Sein, Deputy Director General (Admin & Finance) 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.
- Dr. Si Thu Aung Director of Disease Control presented key progress in HIV, TB and Malaria TSGs while Dr. Myint Myint Than presented updates from the RMNCAH TSG. Updates were provided on the Reproductive Health TWG, the Family Planning TWG, the Child Health TWG, and the Adolescent and Youth Health TWG respectively.
- 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. Minutes, membership composition, and TOR has been submitted to MoHS for review. Per request, the membership list will be revised and resubmitted.
- Dr. Khin Nan Lon provided updates from the Health Cluster. DPHRD is facilitating regular meetings to discuss Rakhine Advisory Commission (RAC) health-related recommendations. Since April 2018, two RAC focused meetings has been held, along with 7 health cluster meetings. Second, DPHRD, in collaboration with WHO has worked to strengthen MoHS health emergency operations center (HEOC) and prepared quarterly health cluster bulletin with inputs from all partners.
- Dr. Thandar Lwin, Deputy Director General (Disease Control), provided an update from the The Regional Steering Committee of the RAI Malaria Grant (RSC) meeting held in Phnom Penh from March 26 –

27, 2019. 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. 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, 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 all IPs, and all must follow the existing rules and regulations of MoHS and the Ethical Review Committee (ERC).

- Under AOB, M-HSCC endorsed the appointment of the new MHSCC Secretary, Permanent Secretary Dr. Thar Tun Kyaw, the new MoHS MHSCC members and newly suggested M-HSCC ExWG members.

## Update from the Communities

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 is 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



Photo: 15<sup>th</sup> M-HSCC Meeting, 29<sup>th</sup> April, 2019 in office No. (4), MOHS meeting hall, Nay Pyi Taw.

availability of free or low-cost medicine. Community members urge MHSCC members to develop a financing strategy that takes into account the on-going treatment cost (even if essential medicines are patented in Myanmar) .

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 State, Region and National levels. A total of 37 Key Discussion Points were obtained from the last meeting of community leaders with the Union Attorney General’s Office in NPT on 19th of February 2019 and received guidance from MoHS.

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. MOHS is requested by the CBOs to fill the vacant posts in Tanintharyi Region.

## M-HSCC Oversight Visit to Sagaing Region (13<sup>th</sup> to 19<sup>th</sup> May 2019)

M-HSCC Executive Working Group’s Oversight Visit to Sagaing Region was undertaken on 13<sup>th</sup> to 19<sup>th</sup> May 2019. Under the leadership of Dr. Thandar Lwin, Deputy Director-General (Disease Control) and Chair of the Executive Working Group (ExWG), seven other members of the ExWG or their representatives participated in the visit as well as staff from the national programmes on HIV/AIDS, TB and Malaria and the MHSCC Secretariat. The Oversight Visit encompassed Monywa, Ye-U, Shwebo, Pinlebu, Indaw, Katha, Tigyaing, and Saigang Townships. Thirty-four venues were visited in the one-week period during which discussions were held and interviews conducted with health care workers and volunteers, primarily through a pre-established interview schedule and facility checklist developed for this purpose. Hospitals, health centers, warehouses and other relevant facilities were also inspected. The scope of the Oversight Visit was to review current progress and challenges in the implementation of the HIV, TB and Malaria programmes. A particular focus was given to harm reduction strategies for people who inject drugs (PWID) and their partners given the importance of this problem in northern Myanmar. Observations and findings were also considered on Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) and cross-cutting public health issues.



Photo: M-HSCC ExWG members at the Katha Township Methadone site, Sagaing Region.

The region represents Myanmar’s largest geographical area with around 5.6 million inhabitants and a population growth rate of 1.16 in 2018. Sagaing is composed of 10 districts and one self-administered area accounting for a total of 37 townships, including three townships under the Naga Self-Administered Zone. In terms of health facilities, the region has 37 Township Hospitals, 102 Station Hospitals, 2 Urban Centers, 37 Maternal Child Health (MCH) units, 5 School Health Teams, and 248 Rural Health Centers (RHC) and 1,193 sub-RHCs. Out of the 1,872 sanctioned Midwife positions for the region, 1,731 are currently in place with less than 8% vacancies. Overall, however, there is 40% vacancies across different health staff categories. Strengthening human resources in health is essential to ensure effective implementation of public health programmes, prevention and service-provision.



Photo: During the M-HSCC Oversight visit, Dr. Thandar Lwin DyDG (Disease Control) looking at the store of Thar Si RHC, Monywa Township, Sagaing Region.

This region has its own specific trends in communicable diseases. It is facing a significant drug use problem with added burden on blood-borne diseases as well as other psycho-social and economic consequences. While in general



Photo: BHS from Khattatkan Sub-Center, Monywa Township, Sagaing Region using mobile tablets supported by MoHS.



Photo: M-HSCC ExWG members at MMA- Q GP clinic, Katha Township, Sagaing Region.

there is a decreasing trend of HIV, TB and Malaria in Southern Sagaing, the disease burden for HIV and TB is possibly increasing in parts of Northern Sagaing either because of more limited access to healthcare in the hard-to-reach and remote areas or because of specific determinants such as high rate of injecting drug use. EPI coverage in the Northern Sagaing Region has improved. However for TB, in Pinlebu and Indaw Townships, there was low case detection rate for TB, however Katha Township is experiencing an increase in TB. For its part, the situation in Nagaland is hampered by poor logistics and communication problems as well insufficient human resources. Mobility and work-related migration in the population to and from other parts of Myanmar also lead to additional challenges in coverage of prevention and adherence to health care. For more information, please kindly see the oversight visit report: <https://www.myanmarhsc.org/wp-content/uploads/2019/11/Oversight-Visit-Summary-Report-May-2019.pdf>

### Background on the M-HSCC

The Myanmar Development Cooperation Forum in 2013 formalized the establishment of the Myanmar Health Sector Coordinating Committee (M-HSCC) as the Health Sector Working Group to promote sector coordination and development effectiveness. M-HSCC is chaired by the Union Minister of Health and Sports and has 35 member representatives from different constituencies, including the Ministry of Health and Sports (MoHS) and other ministries, the UN, development partners, non-government and community organizations, and people living with or affected by diseases. The M-HSCC is the main health sector coordination body for partners and stakeholders to provide technical, financial and strategic oversight of the implementation of health sector activities; and to advise the Ministry of Health in strengthening the Health Sector. The M-HSCC was established as an expansion of the scope of work and areas of oversight of the former M-CCM, a Global Fund Country Coordinating Mechanism in charge of overseeing the national response to AIDS, malaria, and tuberculosis.

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

#### M-HSCC Secretariat Office -

No. 137/1, Thanlwin Road, Kamayut Township, Yangon.

Tel: +95-1-534498, 538087, 504832



Photo: M-HSCC ExWG members at Khattatkan (N) Subcenter, Monywa Township, Sagaing Region.

