



Myanmar Health Sector Coordinating Committee

M-HSCC Newsletter

May-June 2014, Issue 1

Update on the second M-HSCC meeting: Commitments to Universal Health Coverage

The second M-HSCC meeting on 14 May 2014 focused on the Government of Myanmar's commitment to Universal Health Coverage (UHC) and the support shown by development partners to assist the government with carrying out this plan.

With UHC at the top of the agenda, Deputy Minister and Dr Yin Thandar Lwin, shared with M-HSCC members the government's Strategic Directions towards UHC and presented the Health System Goals to improve health outcomes, enhance satisfaction among recipients of health services, and financial protection.

The support for UHC from development partners will focus on the government's strategies and programs, and strengthen country systems with strong accountability and transparency. The funding will be for health systems strengthening (HSS) at all three levels – national, Region/State and township – levels.

The World Bank, 3MDG and JICA, illustrated their support for the government's strategic plan for UHC.

The World Bank highlighted their commitment of US\$ 200 million IDA credit to the health sector out of a total pledge of US\$ 2 billion for Myanmar that is aimed at having an impact on economic growth, ending poverty and boosting shared prosperity.

The 3MDG Fund is working towards UHC through their maternal, new born and child health program; HIV, TB and Malaria programs; and Health Systems Strengthening (HSS) with funding from seven different donors amounting to US\$ 334 million. Plans to build capacity for human resources for health, training of midwives, and prisoner health are being developed.

The primary aim of JICA's support to the health sector is strengthening existing mechanisms and supporting the MoH with new programs in the form of technical assistance, training, health infrastructure development, equipment and materials provision. JICA committed approximately US\$ 100 million to date in funding, material and human resources to work with the government of Myanmar in achieving their UHC goals through improving managerial capacity and medical

M-HSCC Activities

- 28 Apr: TB TSG meeting
- 14 May: M-HSCC meeting
- 18 May to 13 June: Global Fund OIG visit
- 12-13 June: OIG audit debriefing
- 6 May: HIV TSG meeting
- 16 June: HSS TSG meeting

Upcoming Activities

- 29 July: RMNCAH TSG meeting
- 18-22 Aug: Core TSGs will review savings identified by PRs
- 5-12 Sept: Core TSGs again review and endorse the savings and send to ExWG for final approval
- Sept-Oct: M-HSCC reviews draft OIG audit report
- Aug-Dec: TA for development of PR Transition Plan

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. Chaired by the Union Minister of Health, the M-HSCC has 35 member representatives from different constituencies, including the Ministry of Health and other ministries, the UN, development partners, and non-government and community organizations. The M-HSCC is the main health sector coordination structure 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.

Highlighted health sector issue – Universal Health Coverage

The Myanmar government has embarked on a major reform of the health system with the Health Sector Reform Plan and its eleven task forces. Part of these reforms includes a commitment to move towards Universal Health Coverage by 2030. The government has prepared a Universal Health Coverage strategy and presented it to the global health community at the World Bank's Spring meeting in Washington D.C. in April 2014. This strategy outlines health sector changes that are necessary and gaps that should be filled within the timeframe.

Other international development partners will also contribute to the government's Vision 2030 through various means to strengthen the health sector and support the government to meet its goal. In May and June, the government held national-level discussions on the priorities for UHC and its nine Strategic Directions.

Nine strategic areas to achieve the UHC goals

1. Identify an essential health package
2. Enhance HRH management
3. Review the existing health policies
4. Develop alternative health financing methods and risk pooling mechanisms
5. Strengthen community engagement
6. Strengthen evidence-based information
7. Ensure the availability of quality drugs, equipment and technologies
8. Enhance public-private partnerships
9. Intensify governance and stewardship for UHC

Technical Strategy Group updates

The M-HSCC oversees and coordinates seven Technical Strategy Groups (TSGs) that ensure a coherent national response to all health sector issues. Four TSGs are active and held meetings during the months of May and June, including the TSGs for HIV, Tuberculosis (TB), Malaria and the Health System Strengthening (HSS). However there remain three TSGs in the process of being established, including for Reproductive, Maternal, Newborn, Child, Adolescent Health; Public Health Emergency & Disaster Preparedness TSG; and Monitoring, Evaluation and Research TSG that will hold their first meetings soon.

Achievements for the active TSGs during May and June include that the HIV TSG saw an increase in spending by the MoH, an expansion of treatment and care, a revised NSP, scale up of methadone maintenance treatment, and the initiation of a one-stop service model. The TB TSG has also experienced an increase in government funding, accelerated TB case finding, scale up of TB/HIV collaborative activities, and treatment assurances for MDR-TB patients. The Malaria TSG has a new grant agreement with the Global Fund under the Regional Artemisinin Initiative (RAI) grant, revised Malaria area designation (zonation), updated national treatment guidelines, and NSP revisions are in progress. The HSS TSG saw increased funding for HSS, prioritization of HSS activities within divisions of public health and disease control, discussions on short- and medium-term plans.

Key issues for the active TSGs such as HIV includes creating a better enabling environment, ensuring adequate human resources, and financial investments necessary to fill resource gaps. The TB TSG is aiming to scale up MDR-TB and TB programmes, improving TB-HIV collaborative activities, and case finding in urban areas. Key issues for the Malaria TSG are the steep decline in malaria cases and national capacity building for labs.

The other TSGs are in the process of developing member lists, terms of reference, and discussing when their meetings could take place.

Message from the Chair

"As Myanmar's health sector coordination entity, the Health Sector Coordinating Committee that I created is the national structure for decision making about health interventions, progress towards meeting goals, and planning for the future of the health sector. This is a unique time for Myanmar and the Ministry of Health with many new international partners, so the importance of this coordination body should not be understated. The strength of the M-HSCC comes from the many involved health partners that contribute to improving the health and well-being of Myanmar's people through strategic discussions and advising the Ministry of Health on decisions to strengthen the health sector."

Executive Working Group updates

In May and June, the Executive Working Group (ExWG) of the M-HSCC reviewed the achievements and challenges of the Global Fund's Principal Recipients (PR) (UNOPS-PR and Save the Children-PR), and in September the ExWG will meet to review the PRs Global Fund workplans for 2015-2016.

Key activities of UNOPS-PR has been to support the MOH through training of State Health Directors and Township Medical Officers in planning, budgeting, budget control, implementation and government financial rules; and setting up a transport system for sending TB sputum samples. Key activities for Save the Children-PR includes NAP and NHL trainings for over 200 NGO staff to decentralize and scale-up HIV counselling and testing (HCT) services; Sub-Recipients (SRs) are ensuring 100% of suspected malaria cases are tested and 100% positive cases treated; and starting organizational capacity building for local SRs. Issues for both PRs include delays in customs clearance for some medicines or equipment, human resource gaps, the unclear decentralization guidelines and SOPs for HCT, and the enabling environment to reach people who inject drugs.

The ExWG also drafted a proposal for technical assistance to perform an initial structure analysis of the Ministry of Health to determine when the Ministry can transition to perform PR roles and responsibilities for GF grants. The national HIV, TB and Malaria programmes within the Department of Health (DoH) are currently SRs of funding from the Global Fund, but under the Global Fund's grant agreement a phased transition should occur from UNOPS-PR to the DoH by the end of 2016. A team of experts will perform an initial assessment of the DoH structure to determine the best strategy for transitioning the funds management.