**Three Millennium Development Goal Senior Consultation Group (SCG) Meeting**  
5 March 2014 (9.00 – 12.30 hrs)  
Amara Hotel, Nay Pyi Taw

**SCG Chair:** Dr Soe Lwin Nyein (chair), Deputy Director General of Disease Control, DoH, and Dr Thar Thu Kyaw, Director of Disease Control, DoH

**SCG Members participating:** alphabetical ranking by categories of Donor, MOH, NGOs, UN

- DFID (FB Chair) - Mr Billy Stewart
- USAID - Mr William K Slater
- Independent Experts - Mr Stewart Tyson
- Independent Experts - Mr Tom Kramer
- Independent Experts - Mr Toomas Palu

**Ministry of Health:**
- Dep. Dir (MNCH), DoH - Dr. Theingi Myint
- National AIDS Programme, DoH - Dr. Myint Shwe
- National TB Programme, DoH - Dr. Si Thu Aung

**INGO Forum:**
- PACT (SCG Focal) - Richard Harrison
- Marie Stopes – Ms Moe Moe Aung

**LNGO Forum:**
- Seven HIV networks - U Myo Thant Aung
- Accountability & Learning Working Group - U Nyi Nyi Aung

**UNAIDS -** Mr Eamonn Murphy
**UNFPA -** Ms Janet Jackson
**UNICEF -** Mr Bertrand Bainvel
**WHO -** Dr Salma Burton
**WHO -** Ms Eva Nathanson

**Observers:**
- AusAID – Ms Linda O’Brien
- AusAID – Ms Aye Sanda Aung
- JICA - Mr. Kyosuke Inada
- JICA - Mr. Kohei Isa

**Fund Management Office resource persons:**
- Fund Director, 3MDG – Dr Paul Sender
- Senior National Advisor- Dr Kyaw Nyunt Sein
- MNCH Component Consultant – Mr Markus Bühler
- HIV, TB and malaria Component Public Health Officer – Ms Aye Yu Soe
- Urban Health Services consultant – Mr Azam Ali
- FB Secretary & 3MDG Communications Officer – Mr James Howlett

**Apologies:**
- AusAID (Mr Michael O’Dwyer, Ms Amber Cernovs), Denmark, EU, Norway, Sweden, Switzerland, UNOPS.

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>INFORMATION/DISCUSSION</th>
<th>DECISION/ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction of Chair of SCG</td>
<td>Dr Soe Lwin Nyein, Deputy Director General, Disease Control Department of Health (DoH), Chaired the meeting. In his opening remarks, he outlined the country’s stated health sector priorities, especially emphasizing the importance accorded to MDGs by the President. Current MoH thinking was outlined and which focuses upon increasing emphasis accorded to Regional planning – to be achieved through “bottom-up” planning and with the goal of linkage to and to inform the National Health Plan. The current health reform initiative is being actioned through 11 Health Taskforces and will, through a consultative process, lead to a review of the HSS plan through both a short-term perspective (through to 2015) as well as a longer-term perspective (beyond 2015). A major current focus is upon gaps in HSS coverage across Rakhine, Kachin and Kayin and consideration is being given as to how to address identified gaps. Alongside the substantial increase in the Government budget for health, the MoH is also assumed increasing ownership and along with responsibility for identifying solutions. The example was given of international procurement of MDR-TB drugs through a UN facility, but</td>
<td>Decision: The agenda was agreed as read; minutes of 11 September 2013 SCG meeting were approved.</td>
</tr>
</tbody>
</table>
**AGENDA ITEM** | **INFORMATION/DISCUSSION** | **DECISION/ACTION**
--- | --- | ---
using the national health budget. Fund Board Representatives welcomed the outlined work of the MoH and also committed to improving partnership and transparency, including in the form of reporting of results will provide evidence of impact through partnership.

**3. Overview of 3MDG**

An overview of the current status of delivery of the 3MDG Fund was provided by the Fund Director.

The SCG Chair emphasized the MoH’s concerns around the need to minimize duplications and to cover gaps in service coverage. It was agreed that coverage planning at the level at which service delivery is planned would address these concerns, whilst the review of plans by the MoH at the central level would provide the necessary additional level of oversight required to provide a guarantee of good planning.

SCG Representatives encouraged the Fund to consider undertaking wider 6-monthly reviews, especially to focus upon both governance as well as management issues and as a means of addressing bottlenecks in delivery and challenges. There was broad consensus as to the importance of instituting more regular reviews of progress. Noting that the ExWG-HSSC has already taken on responsibility for supporting MoH’s role in terms of sector oversight, it was also recommended that establishment of MNCH-TSG and MSS-TSG would offer the opportunity for linking the 3MDG to wider sector planning.

A discussion followed regarding the FFM which had been outlined in the presentation. The Chair highlighting risks and challenges faced by the MoH in terms of Township level disbursement, and recommended that oversight be structured so as to ensure involvement of the central MoH as well as at the State/Region level. The relative merits of central level as compared to Township level disbursement were discussed more widely. Whilst evidence from across other countries highlights frequent delays in disbursement from a central level, it was reported by WHO and also from the experience of the GAVI-HSS that delays are not being encountered in Myanmar.

**4. Update on the current ongoing work:**

In addition to regular reporting of scale-up of Component 1 service delivery coverage, a number of decisions were reported to the SCG including:

- The selection of JHPIEGO to support the nationwide strengthening of midwifery training and deployment
- The use of the GF managed cash flow systems to enable direct financing of the NTP for active case finding
- In response to a request from the Minister of Health, the commencement of scoping work to support the scale-up of urban healthcare provision (to be outlined in a subsequent presentation). It is estimated that an additional population of 2 million would be covered through this programme and through the use of funds not currently allocated under Component 1.

The MoH highlighted available capacity within the NTP and recommended increasing financing through the NTP to address gaps in TB case-finding. The 3MDG noted that whilst direct financing of the NTP was not new for the GF, it represented a significant change in direction for the 3MDG as compared to the 3DF. Also that establishment of a direct financing mechanism (FFM) remains a priority for the 3MDG, with benefits not limited to enabling 3MDG financing of the MoH but also in terms of the eventual goal of transitioning the GF PR role to the Government.

SCG members also highlighted and recommended that 3MDG consider a) financing against GAVI-HSS plans where additional financing through established planning processes offers opportunities for “quick-wins”; b) the importance of building capacity not only within Government but also within local NGOs and CBOs; c) the need to review HIV prevention as the HIV inception report of the Fund had not done justice to the needs and importance of this area of work.
<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>INFORMATION/DISCUSSION</th>
<th>DECISION/ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Joint UN proposal</td>
<td>This agenda item as well as the remaining of the meeting was Chaired by Dr That Htun Kyaw, Director of Disease Control. The scope of proposed work under the joint UN proposal was presented by WHO. The proposal was recommended by SCG Representatives who in general noted a) its linkages to Government commitments to the MDGs and the MoH commitment to UHC by 2030; b) the targeted focus upon a number of critical and clearly defined deliverables. Communication followed around possible modalities for financing of the joint UN proposal (en-bloc financing vs financing to individual agencies) as well as the oversight mechanism for this work which would ensure accountability to both the MoH and the 3MDG FB. In particular that an efficiently run Steering Committee would ensure flexibility and complementarity in terms of financing and approaches. The subsequent discussion highlighted current gaps in sector capacity and in particular between policy and planning. The range of challenges specific to RMNCH was drawn to the Fund Board’s attention and in particular the areas of unmet need for contraception and adolescent sexual health issues. The importance of establishment of the MNCH-TSG was agreed upon as it would provide both a policy dialogue platform as well as a necessary means for engagement for the 3MDG Fund with a wider group of stakeholders.</td>
<td></td>
</tr>
<tr>
<td>6. MDR-TB gap analysis</td>
<td>Following earlier communications between the 3MDG Fund and the TB-TSG, an updated MDR-TB gap analysis and operational plan had been shared with the 3MDG Fund and which would be the subject of a Fund Board financing decision. This analysis was presented to the SCG by WHO on behalf of the TB-TSG. New evidence was also shared around MDR-TB rates amongst patient cohorts both newly presenting with TB as well as amongst relapse cohorts. An update was also shared around the forthcoming MDR-TB mission in March which would consider with the in-country expert group the possibility of trialling of the MDR-TB short-course regimen. It was reported that at the present time, on average 10,000 new cases of MDR-TB occur each year in Myanmar. Also that with the scale-up of TB case-finding and increasing MDR-TB diagnostic capacity that the number of identified cases each year will also increase. The SCG recommended that a number of issues be considered by both 3MDG as well as the TB-TSG, namely a) reasons underlying the significant MDR-TB burden, also including any contribution/causality attributable to the private sector; b) review of the use of second-line drugs. The SCG recommended to the Fund Board that financing should be provided against the identified gap.</td>
<td></td>
</tr>
<tr>
<td>7. Urban health programming</td>
<td>A briefing was provided upon scoping currently underway to support healthcare provision within urban areas in Myanmar, with a current focus upon Yangon. Preliminary recommended interventions to bridge the current gap in terms of access to healthcare were presented. These focus upon the need to develop capacity including strengthening the capacity of the Yangon Regional Health Department, scale-up of service provision through a focus upon PPPs and the need for the approach to be tailored to the context eg use of outreach services, operating outside of normal clinic operating hours. The SCG Chair commended the initiative commenting upon the relevance of the programme and also that such externally financed initiatives are currently lacking in Myanmar. Also that services need to consist of a comprehensive package, delivered through an integrated approach and should be inked to other city initiatives – whether those tackling communicable diseases eg MDR-TB or cross-sectoral initiatives eg WATSAN.</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEM</td>
<td>INFORMATION/DISCUSSION</td>
<td>DECISION/ACTION</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>8. Prison Health Rapid Assessment</td>
<td>The findings of the Prison Health Rapid Assessment were presented by the 3MDG, also the approach which is to be pursued through the programme. The programme will include addressing the current lack of health policies and standard operating procedures in prisons. The service package will consist of integrated delivery of HIV, TB, MDR-TB, drug dependence, malaria and MNCH interventions. The target date for dissemination of the report is early April, with the report findings currently being reviewed by MoH and MoHA.</td>
<td></td>
</tr>
<tr>
<td>8. AOB</td>
<td>Fund Board Representatives thanked the MoH and also SCG Representatives for their participation and emphasized the importance and relevance of the feedback received and which would be taken into consideration during the Fund Board meeting on 6th March. It was agreed that at the next SCG meeting that a) a 2 pager briefing note would be shared in advance of the meeting and b) that presentations from the 3MDG would be limited to 4-5 slides. This is with the intention of providing the opportunity for greater discussion and more in-depth feedback to the 3MDG Fund Board from SCG stakeholders.</td>
<td></td>
</tr>
<tr>
<td>9. Agreement on timelines, next steps and closing of meeting</td>
<td></td>
<td>Decision: Next SCG meeting planned for second week June.</td>
</tr>
</tbody>
</table>