

MINUTES OF THE SECTOR WORKING GROUP FOR HEALTH OPERATIONAL LEVEL /SWG
(O) MEETING
HELD ON 10th SEPTEMBER 2008 AT THE MINISTRY OF HEALTH (MOH) 3rd FLOOR
CONFERENCE ROOM

PRESENT: Please see the attachment (List of participants)

ABSENT: Please see the attachment (List of participants)

RAPPORTEUR: Dr. Chandavone PHOXAY / Mr. Kenichi TSUNODA

SUMMARY	ACTION	DEADLINE
<p>Opening: The meeting was opened by Dr. Khamphet MANIVONG, Acting Director of Department of Planning and Financing, who Chaired the meeting, at 9.20 am.</p> <p>The Chairperson welcomed and thanked all participants who could make it despite the urgent call of the meeting with short notice and requested for continuous support and cooperation for the preparation of the GAVI HSS proposal. The following agenda of this meeting was confirmed:</p> <ol style="list-style-type: none"> 1. To endorse GAVI HSS Proposal; and 2. Any other business (AOB). <p>1. Endorsing the revised GAVI HSS proposal</p> <p>WHO who has been providing the MOH with major technical assistance in this proposal development also thanked the participants for their active attendance despite the short notice and for their valuable inputs into the draft proposal.</p> <p>Dr. Ron, WHO Consultant for GAVI HSS proposal development made a brief presentation, which summarizing the essence of the proposal contents developed so far.</p> <p>As the context of this GAVI HSS fund application, Dr. Ron addressed there were some identified barriers in the present Lao health system, such as inadequate specification of the Lao government's strategy of "Model Healthy Villages," on-going development of MNCH Package which requires additional support for its implementation, and weak monitoring, management and supportive supervision capacity.</p> <p>Then, Dr. Ron shared with the participants the developed initiative of the MOH to be implemented with GAVI HSS fund assistance. The basic idea of this initiative is to prepare for and facilitate the roll-out of the</p>		

MNCH Package, which is also thought as a core of "Model Healthy Villages" promotion nationwide. This initiative is designed to strengthen management capacity of under District level by complementing, harmonizing and synchronizing with existing development partners' support. It will measure management skills and capacity of health staff under the District level in view of strengthening local/community level health system in terms of the HSS Building Blocks, then develop appropriate training programs and conduct the training programs for local health personnel. This initiative is expected to facilitate the delivery of MNCH Package including immunization services and help achieving the MDG 4 & 5. It is noted that improved communication between communities and higher levels of the health sector would be a key for realizing the expected outcomes.

Following the presentation the Chairperson opened the floor for comments and discussion.

2. Discussions

Lux Dey first reiterated his comments made at an MCH/EPI TWG meeting last month that "Outpatient care of sick child (IMCI) at Health Center level must be mandatory service, not optional. He also shared his concern about EPI's relatively minor attention compared to the other MCH services in the developed MNCH Package(, which was later corrected by some of the other participants that the service provision structure had been developed based upon EPI service structure and immunization services were absolutely essential part of the Package). He also questioned about this proposal's implementation site selection, which coincided with only 3 Districts of the MNCH Package pilot implementation sites. He further called for inclusion of important aspects of logistic support and commodity delivery assistance which enable essential service reach to the populations in needs.

WB proposed to have a budget resource allocation outlook which clarifies proposed activity items and their proportion in the whole picture. He also made a comments on the proposed "performance based participation incentives" saying that the introduction of a new incentive scheme need to consider its sustainability and to avoid any confusion, given the current circumstances of no government incentive policy (The Chair commented that the government would issue a revised guidelines on incentives in October 2008). He furthermore drew participants' attention to the needs for harmonization and coordination between this GAVI HSS proposal activities and currently on-going activities supported by other partners in this country in order to avoid confusion among local staff.

<p><u>UNICEF</u> inquired about how to measure the outcomes of this intervention once it is implemented.</p> <p><u>JICA SWC</u> requested for further clarification of the proposed Activity 1.1. And also queried if any internationally recruited technical assistance will be provided or not.</p> <p><u>SCA</u> questioned whether the proposed improvement of communication in the community level would be realistic or not, considering presently experiencing difficulties with information sharing and limited capacity of local human resources in utilization of available information, its analytical aspects, and problem solving. It also needs to clarify exact target group in the management improvement.</p> <p><u>UNFPA</u> requested for a clarification with the term "participation" in the addressed "performance based participation incentives. She remarked that when a new incentive scheme is introduced it needs to set up clear criteria who can get an incentive with what sort of participation.</p> <p><u>ADB</u> also reserved her comments on the necessity of budget itemization, as WB earlier pointed out. She also called for well coordinated implementation arrangement for the proposed activities in the North where ADB project had been on-going. She stated that ADB supported projects such as HSDP would accommodate government's request for cooperating with this proposal and other government initiatives.</p> <p><u>WHO</u> responded to those comments been made by stating that the clear answers and guides by the MOH would be appreciated, as this is a Lao government's proposal application, not a WHO project or so. He also extended his comments to an expectation for the MOH for taking the initiative and leadership in coordination between existing interventions and upcoming new supports.</p> <p><u>Cabinet</u> shared her experience with the participants that it was difficult to set up clear indicators measuring outcomes and impacts of HSS intervention, as it would be difficult to differentiate from effects resulted from other supporting or related initiatives.</p> <p><u>WB</u> summarized some comments that all issues come back to government's coordination of existing initiatives and activities. Then, he proposed to address this present situation and transitional process of the present Lao health system in this proposal. The MOH had set up a TWG on MCH/EPI and steadily been developing MNCH Package in</p>		
---	--	--

cooperation with DPs. Meanwhile, there had been some other related activities supported by other DPs including WB supported project, and they were waiting for government's leadership, request, and coordination for harmonizing and integrating all into government's policy guidance and initiative.

JICA SWC informed the participants that MCH/EPI TWG would shortly begin developing Standard Operational Procedure (SOP) of MNCH Package and called for DPs' active participation and contribution in that process.

WHO requested for the meeting to decide how we conclude this proposal, given the time constraint. If this proposal will be completed by reflecting comments made in this meeting and submitted to GAVI by 12 Sep. 2008, then if it's approved, the fund will be released to Lao in early next year and we have one and a half year implementation time. If we miss this deadline and opt to the next, a proposal needs to be submitted by March 2009 and we have only one year implementation time.

WB shared his view that he principally agree to the proposed draft just presented in front of us, therefore this proposal will be endorsed, assuming those said comments will be reflected in a coming revised proposal which will be done in next 48 hours.

There was no objection, therefore the meeting agreed to endorse this proposal with a condition of incorporating those given comments into a revised proposal.

Chairperson, once again thanked all participants for the active participation, constructive and cooperative comments on the proposal, and their collective efforts.

The meeting was closed at 11:20 am.



CHAIRPERSON

Dr. Khamphet MANIVONG
ACTING DIRECTOR
DEPARTMENT OF PLANNING AND FINANCING
MINISTRY OF HEALTH

Vientiane, 10 September 2008
RAPPORTEUR

Dr. Chandavone PHOXAY
DEPUTY HEAD OF SECRETARIAT
CABINET
MINISTRY OF HEALTH