

# Health Sector Coordination Meeting

Meeting Notes

Date: 26/07/2023



Agenda	Discussion/Update	Action/ Follow-up
<b>Health Sector Updates</b>	<ul style="list-style-type: none"> <li>• <b>Birth Notification Process:</b> There was a meeting with the RRRRC regarding the issue and RRRRC is preferring a letter/ written document regarding this which will come with clear instructions to mitigate this problem.</li> </ul>	Health Sector to circulate the letter to the partners once it is shared by the RRRRC.
<b>Health Information Management</b>	<p><b>Health Systems Performance and Public health update</b></p> <ul style="list-style-type: none"> <li>• Thanked health sectors for the significant improvement in the 4W reporting in June 2023 with only 4 facilities pending reports- with a 95% cumulative report completeness in 2023. Health Sector expressed its gratitude to the partners for this improvement.</li> <li>• OPD consultations and Inpatient Admissions remain stable. In January -June 2023, Skin diseases top as the common causes of morbidity in DHIS-2 recording more than 500K consultations in the last 6 months. ARI, Gastroenteric problems/ PUD, Musculo Skeletal problems, Hypertension, Diabetes, and AWD are on the list of the top 10 causes of morbidity.</li> <li>• Mortality indicators have recently been added to the 4W Dashboard.</li> </ul>	
<b>MSF: Progress on the OPD transition at KTP hospital</b>	<ul style="list-style-type: none"> <li>• MSF KTP field hospital is gradually phasing out selective services in OPD to strengthen specialized care. Some of the OPD patients will be redirected (green cases/non-priority cases) to the nearest PHC where such services are available. The transition began on 16th July 2023. Community sensitization and health education to the patients regarding this change are ongoing.</li> <li>• However, they will continue the services such as ANC, PNC, Maternity and delivery unit, Mental Health, IPD, emergency room, and referral to other actors. They will refer patients to other actors for family planning services and Epilepsy cases.</li> </ul>	MSF to coordinate with CHWG to ensure camp-wide sensitization  MSF to coordinate with MHPSS WG to define a clear mechanism for referrals around Epilepsy cases
<b>Rationalization: Progress and 2024 priority setting</b>	<ul style="list-style-type: none"> <li>• The Health Sector rationalization exercise aim is to ensure the allocation of health resources and services/ delivery platforms in the most efficient and equitable way.</li> <li>• The Health Sector also clarifies the one-camp approach of having one partner in one camp delivering a particular sector service is not universally applicable. Instead, the sector will ensure strict and clear demarcation of responsibilities to avoid duplication of services at a facility level</li> <li>• A comparative analysis of all health cluster HRPs- looking at the estimated cost per person found Cox's Bazar with the highest rate at USD 75 per person per year</li> <li>• Noted that with current coverage, there is very limited scope for quantitative reduction of service delivery units (10-18) keeping a 10-15% buffer for fire, floods, funding, etc.</li> <li>• A brainstorming/consultative session was conducted to identify potential sources for achieving further efficiency in the health sector. Suggestions included                         <ul style="list-style-type: none"> <li>• Need for a better partnership                                 <ul style="list-style-type: none"> <li>• Partners emphasized the challenges of the one partner-one camp approach and concluded that it was not given the multidisciplinary nature of health services that requires a large funding/resource and multidimensional expertise. The group expressed its concern that it might be difficult to find partners who have both the funding and expertise in all the components. They suggested a predictable partnership to avoid as more sustainable, accountable, and feasible as we have some partners with proven expertise.</li> <li>• Whether there are some donors who may prefer to fund one partner for the entire health service package, partners expressed its often not the case, with some donors only interested to fund components of the service package that is pertinent to the donor mandate.</li> </ul> </li> </ul> </li> </ul> <p>Maximizing efficiency: Issues driving the cost of delivery</p> <ul style="list-style-type: none"> <li>• staff travel costs and referral expenses by hiring more local personnel and designating specific duty stations in certain areas.</li> <li>• Irrational drug use and hence contribute to reducing costs.</li> <li>• Recurrent capacity-building initiatives, acknowledging staff turnovers</li> <li>• Many facility structures are temporary and constructed with easily damaged materials, frequent maintenance, and reconstruction become necessary, contributing to higher costs.</li> <li>• Duplication of prescriptions, same beneficiaries with similar prescriptions going to different facilities is also observed which may reduce after the deployment of health cards.</li> <li>• Another aspect affecting expenses is the lengthy procurement process</li> <li>• lack of adherence to the referral mechanism, resulting in a back-and-forth referral process</li> <li>• Additionally, the storage capacity for medicines in the field is often inadequate, especially concerning the proper temperature control of medications.</li> <li>• Frequent revisits by patients with chronic morbidities</li> </ul>	

	<p>Suggested action points to improve efficiency</p> <ul style="list-style-type: none"> <li>• Prioritize local staff recruitment strategy and establish fixed duty stations in key areas close to the camps to reduce staff travel costs and referral expenses.</li> <li>• Use health sector guidelines for medication, the list of essential medicine by facility type while procuring medicine</li> <li>• For training, working groups to identify learning priorities. Training should be pre-allocated to partners in the year.</li> <li>• Conduct a comprehensive evaluation of equipment needs before making any purchases, ensuring rationalization and cost-effectiveness.</li> <li>• Develop a streamlined medication plan for chronic cases, ensuring an adequate supply of medicines for the required duration to reduce unnecessary consultations.</li> <li>• Implement and enforce the referral mechanism to minimize back-and-forth referrals and improve the efficiency of patient care.</li> <li>• Review the Joint Response Plan (JRP) project costing by updating the estimated unit costing for the service delivery platforms</li> </ul>
<b>A.O.B</b>	

**Next Meeting:** Tentative Date- 9<sup>th</sup> August 2023, Tentative Time- 10:30 am- 12:30 pm **Location:** TBA