

## **M-HSCC Executive Working Group Meeting**

**9:00 AM - 11:00 AM, Monday, 7 July 2014**

**Disease Control Meeting Room, Nay Pyi Taw**

### **Summary of Discussion**

#### **1. Welcome by Chair of M-HSCC Executive Working Group**

Deputy Director General Dr. Soe Lwin Nyein welcomed the members. He noted that the M-HSCC and its Executive Working Group (ExWG) are now well established, and this ExWG meeting is important to discuss activities that have occurred recently. The first HSS TSG meeting was conducted on 16 June 2014 and the chair: Deputy Minister H.E., Dr. Thein Thein Htay gave an overview about future plans for the health sector based on the needs for health system strengthening. Although the HSS TSG is now established, there remain some TSGs that are not yet established. He hopes that with the strengthening of the M-HSCC Secretariat further support could be provided to the respective focal persons in the establishment of the remaining TSGs.

The agenda of today's ExWG meeting has updates from the HIV, TB, Malaria and HSS TSGs, as well as updates on the process for review of the Global Fund's 2015-16 budgets and reporting on preliminary findings from OIG's audit mission. Dr. Soe Lwin Nyein requested that all ExWG members freely discuss the issues on today's agenda to aid in improving health sector coordination.

#### **2. Update on the HIV TSG by Deputy Director and Programme Manager, Dr. Myint Shwe, NAP**

Dr. Myint Shwe presented a summary of the past two HIV TSG meetings held in January and May of 2014. He also added an update on progress of activities undertaken by the National AIDS response, specifically:

- Treatment and care expansion is occurring nation-wide;
- HIV counseling & testing services are scaling up to increase coverage and achieve better access for HIV positive patients to prevention, treatment, care and support services;
- Methadone maintenance therapy scale up plan in place with a strategy to ensure quality and sustainability as part of harm reduction services;
- Legal reform efforts underway through multi-stakeholder engagement;
- Series of working group discussions held among partners for a prevention programme gap analysis;
- Member selection for Core Group is underway and will be finalized at the next meeting;
- 2012 Progress Report is finalized and disseminated and 2013 Progress Report is being finalized with collaboration of UNAIDS;
- IBBS surveillance and population size estimation for people who inject drugs completed and data analysis is underway;
- Pre-assessment for coming IBBS for MSM and FSW will begin in October 2014, and the actual survey period will begin in 2015;
- National Strategic Plan II interventions and targets were revised and costed and the plan extended to include 2016 after successful completion of the Mid-Term Review in 2013;

- Global Fund OIG audit completed with minor issues for review.

The agenda of the next HIV TSG meeting scheduled for 30 July 2014 includes a discussion on the development of SoP for transferring ARV clients between NGO and public sector facilities; timeline and process for review and finalization of 2015-2016 Workplan for GF HIV Grants; and guidelines and SoP for decentralized HIV Counseling and Testing.

### **3. Update on TB TSG by Deputy Director Dr. Si Thu Aung, NTP**

Dr. Si Thu Aung presented on the discussions at the last extended TB TSG on 28 April 2014, in which there were 4 main topics:

- 3MDG Fund support to MDR-TB: With new funding commitments of US\$19 million from 3MDG in addition to government and other partners contribution, funding will be available to manage 6547 MDR-TB patients out of 9795 patients from 2014-2016 and there is a gap remains of 3248 MDR-TB patients. It is likely that WFP will provide nutritional support to all MDR-TB patients starting from July 2014. So that, about US\$2 million will be available for re-programming from the US\$19 million.

This funding will cover MDR-TB patients around Yangon by the end of 2014. The support is particularly for community-based activities including referral, DOT, health education, infection control, renovation/infrastructure, distribution of WFP food packages etc. In terms of partners to support this work, 3MDG would prefer to select partners based on TB TSG recommendations.

- Global Fund has pledged an additional US\$ 18.6 million for TB in 2015-2016. Notice of this pledge was announced at the TB TSG meeting in March 2014. The funding will not be limited to MDR-TB and is for additional activities not covered with 3MDG funding. This additional funding will need to be merged with the existing 2015-2016 grant, and grant negotiations will take place in October and November 2014. The proposed start date is 1 January 2015. The end-date is most likely December 2016 but the additional allocation can also be used for 2017.
- Dr. Saw Saw, Department of Medical Research, Lower Myanmar (DMR-LM) gave an update on TB-related research activities in 2013, which focused on costs of alternative strategies for TB control, TB infection control among health staff and MDR-TB patients, management of TB by public and private health care providers in hard-to-reach areas, and an assessment of effectiveness of active case detections using mobile teams.

DMR-LM would like to compile research work conducted by all partners from 2002-2012 in Myanmar, including reports, articles, conference presentations, evaluations, assessments and lessons learned from partners that would be useful for TB control.

- Main recommendations from the recent MDR-TB expert mission were:
  - Redesign a national system for keeping track of all drug resistant TB patients.
  - Implement multiple strategies to eliminate the “waiting list” of MDR-TB patients.

- In light of the additional funding from 3MDG and Global Fund, review the strategic plans, MDR-TB scale-up plan and operational plan.
- Maximize capacity of the current laboratory network, and continue to strengthen the capacity to diagnose and treat MDR-TB patients, and those resistant to 2<sup>nd</sup> line drugs.
- Increase detection of MDR-TB cases, and in light of the 3rd drug resistance survey, consider introducing Xpert of all TB cases registered in Yangon Region.
- Implement a series of interventions to improve the management of MDR-TB cases.

#### **4. Update on Malaria TSG by Deputy Director Dr. Thaug Hlaing, NMCP**

Dr. Thaug Hlaing presented about the Malaria TSG that held its last meetings in February and June 2014. He then presented about the progress of activities undertaken by the NMCP and partners, specifically.

- Updating of the GFATM Regional Artemisinin Initiative (RAI) project implementation (country component)
- Proposed revision of zonation of ART resistance and its budget implications
- Application of molecular markers for detecting spreading of Artemisinin resistance
- WHO network on Emergency response on ART resistance in Mekong Region (ERAR) and its contribution to Myanmar
- Revision of Treatment policy and plan for revision of NSP
- Work assignment for 2 Working Groups
- Report forms for case investigation from M&E working group
- Expansion of RDT coverage
- Progress of GFATM NFM by 2 PRs, GFATM RAI, 3MDG and PMI project implementation
- Plan for Malaria survey and DHS in 2015
- Assessment of malaria surveillance system and plan for strengthening of Surveillance system
- Briefing on Global Technical Strategy (GTS) and Global Malaria Action Plan 2 (GMAP-2) and introduction country consultation.

A specific update about RAI and the Inter-Country Component for the Global Fund was then presented. For RAI, 5 GMS countries got 100 million US\$ from GF for 2014-2016. Myanmar received US\$14 million from RAI grant. Out of US\$ 100 million, US\$ 15 million is for the inter-country component.

- GF RAI- RSC selected 3 IPs (CPI, MAM, SMRU) for ICC pilot programme (3.3m this year out of 15m for ICC).
- ICC implementations along Thai-Myanmar border include identification of hot spots, asymptomatic parasitemia, K13 mutations, pilot programme on TPE/TME (in line with RAI country component to intensified/accelerated malaria control and elimination efforts).
- On 27-6-2014: Discussion on project agreement, programme design and methodology, for ethical review and community engagement.

#### **5. Update of the HSS TSG by Director Dr. Thandar Lwin, Director, Disease Control**

Dr. Thandar Lwin presented on the Health System Strengthening (HSS) TSG which had its first meeting on 16-June 2014 and is chaired by Deputy Minister H.E. Dr. Thein Thein Htay. The member

list was approved at the last M-HSCC meeting, and there are 52 members in the extended HSS TSG and 22 members in the Core Group.

The agenda of the first HSS TSG meeting included a presentation by the Deputy Minister on concepts of HSS and international agency perspectives of Myanmar's health system, which highlighted some of the weaknesses of the health sector. The Deputy Director General, Public Health then presented about HSS priorities within the Public Health Division; and the Director, Disease Control presented about HSS priorities in the disease control division based on the WHO health system building blocks.

The formation of the HSS TSG Secretariat was agreed in the meeting, which includes the Director of Planning, DOH; Director of Public Health, Director of Disease Control, Public Health Administrator from WHO, and the Senior Human Development Specialist from the World Bank. The Deputy Director General of Medical Care was added to the government members list instead of Deputy Director General of Administration.

### **Discussion Points**

An ExWG member mentioned that there are three other TSGs that are not yet operational. The RMNCAH TSG proposed a membership and is waiting for the first meeting to be called. The Public Health Emergency and Disaster Preparedness TSG was initially proposed to merge with the existing Health Cluster but this is pending final decision from MoH. For the taking place of M&E and Research TSG, it should be discussed with Department of Health Planning. M-HSCC secretariat Liaison Officer can follow up with DHP on forming a member list and holding a first TSG meeting.

Dr. Thandar Lwin highlighted that the Department of Health is now forming a PSM task force and the Deputy Director General of Medical Care wants to have this as a sub working group of HSS TSG which should get approval after discussions with the Ministry of Health.

ExWG member noted that the Global Fund has allocated US\$ 200,000 for M&E system strengthening at the township level. It's come through the HIV grants but is not limited to HIV and is intended for M&E strengthening across all three diseases at the township level. Dr. Thandar Lwin, Director of Disease Control and the three Programme Managers confirmed that they intend to use the funds for a joint M&E strengthening activity at the township level and that they will put together a proposal for how the budget will be used.

An ExWG member remarked that there is a data inconsistency issue with the globally reported HIV-TB co-infection rate. The two programs will agree on one number.

Dr. Soe Lwin Nyein suggested all SRs and National Programmes to report at least quarterly to the ExWG or HSCC so that we can discuss existing surveillance data and plan strengthening all activities. Currently there are some SRs that only report annually to the National Programmes, and this results in gaps. He requested all SRs and National Programmes to work together on strengthening the M&E system.

Dr. Soe Lwin Nyein shared some issues from his recent visit to Myitkyina. Some challenges include poor access to ART; MDR-TB patients are putting hospital staff at risk. These are important challenges that need to be overcome. Dr. Soe Lwin Nyein suggested the M-HSCC ExWG members

have these types of visits to all states and regions and meet with the stakeholders to assess these issues and challenges.

Dr. Myint Shwe explained that there are some changes to the new ART patient enrollment system. From 2014, new patients will be initiated from the public sectors so that the workload in ART centers will increase and the demand of staff will be higher. This should be the same in Myitkyina with MSF-H. In Yangon, MSF-H suggested that they will provide some help with data management and PSM to the ART centers.

Dr. Soe Lwin Nyein mentioned that with the recent health sector reform; there will be decentralization of activities to States/Regions including the recruitment of staff. Each State has different challenges that must be addressed. Dr. Soe Lwin Nyein asked if it is possible to get some money from the Global Fund for staff salary, and the Ministry of Health can recruit temporary staff to the difficult areas that require immediate health workers.

#### **6. Process for Review of Global Fund Grant 2015-2016 by Mr. Eamonn Murphy, UNAIDS**

Mr. Eamonn Murphy presented the proposed timeline for finalization of GF grants for 2015-2016. He pointed out that TSGs for the 3 diseases should have meetings around 18-22 August to review and give feedback on the PR's grant savings. After PRs and SRs revise their inputs, they should then resubmit to the TSG Chairs after 5-Sept for review and approval, and the Chairs will then send to the ExWG for endorsement on behalf of the MHSCC. After this, PRs will incorporate any changes and finalize in order to submit to the LFA in late September and then to the Global Fund by 29-Sept.

#### **7. Overview of Global Fund OIG Audit Mission Results by Mr. Eamonn Murphy, UNAIDS**

Mr. Eamonn Murphy presented about the next steps for GF's OIG audit mission findings:

- The OIG will provide a draft report to the M-HSCC secretariat and PRs after it is circulated to the Global Fund Secretariat.
- The Global Fund Secretariat will propose management actions to address the findings.
- After the OIG agrees upon actions needed based on the comments received, the report will be distributed to the HSCC for formal consultation and review of the final draft report. HSCC will look at the overall nature of the report and not the facts alone.
- OIG will then finalize the report based on feedback from M-HSCC and publish the final report with in-country partners through the M-HSCC.

Mr. Eamonn Murphy noted that the National Programmes could preemptively take some corrective actions on issues related to the findings for PSM and data management.

#### **Discussion Points**

Dr. Soe Lwin Nyein advised that National Programmes should do some immediate corrective actions like fire protection in the warehouses and regular M&E oversight visits to implementation sites for data quality management.

Dr. Myint Shwe shared some findings from the OIG visit around PSM and service delivery for the ART scale up plan, and that the NAP will need to strengthen the LMIS in weak areas. In regards to ARV drug expiry, the NAP made changes to the ART regimen per the WHO 2013 guidelines, and an SR-

NGO decided to switch regimens immediately instead of using the drugs already on the shelf. This resulted in an expired amount of ARVs amount to more than US\$ 100,000. As a result, the NAP has plans to change the procurement system to "pooled procurement" for all SRs in order to not have this problem occur again.

Dr. Soe Lwin Nyein commented that in the future, if there is the same issue, an investigation should be done. He also recommended that for expiry of drugs, all SRs should inform the respective TSGs one year prior to the drugs' expiry date so that the TSG can discuss how to utilize the medicines.

An ExWG member suggested that the PSM task force and MSH, who is leading the task force, to work with the national Programme Managers to help with coordination among implementing partners on this issue which would help with transparency in the quantification process.

## **8. AOB**

ExWG members recommended that staff of SRs in the States and Regions should help the DOH with some activities. These SR staff can even help to recruit staff for DOH positions in States and Regions. This topic should be discussed at the next HSS TSG meeting.

Dr. Thandar Lwin noted that the 2<sup>nd</sup> meeting of HSS TSG should focus on human resources issues. The decentralization and change of MOH facilities will affect the disease control units as there are some Regional Officers from disease control that will become District Medical Officers and will result in a loss of some disease control efforts. Even in Yangon where there is a good salary for health providers, it is difficult to get staff to work in centers for MDR-TB patients.

Dr. Si Thu Aung commented that for MDR-TB, TB programmes will receive 50,000 N95 masks that are 25% of total quantity ordered in 2013 from PR procurement. The SCMS can help with the remaining N95 mask procurement. The DOH will collect the remaining N95 masks from SRs and re-distribute to MDR-TB centers urgently in need while awaiting additional masks from donors.

### **Recommendations:**

- The two remaining TSGs, Public Health Emergency & Disaster Preparedness and M&E and Research, should be operationalized by the next M-HSCC meeting. (MHSCC Secretariat).
- The ExWG should undertake site visits to all States and Regions to meet with stakeholders and better understand the challenges and gaps in the health sector. (MHSCC Secretariat).
- The data inconsistency issue between the HIV and TB programmes should be worked out so that one number is reported globally. (HIV and TB Programme Managers).
- Proposal should be drafted to Global Fund for joint M&E strengthening activities at the township level. (Director Disease Control and 3 Programme Managers).
- ExWG will have to meet in September to endorse the PRs revised budgets for 2015-2016 after they've been revised by the TSGs. (HIV, TB, Malaria TSG Secretariats).