M-HSCC Executive Working Group Meeting

TB Office Latha, Yangon

Friday, 16th of March 2018

10:30 - 14:30 hr

1. Welcome and Introduction

Dr. Thandar Lwin, Chair of the M-HSCC Executive Working Group (ExWG), welcomed the ExWG members and the GFATM OIG team members, the LFA team and other observers. She presented the meeting agenda and asked the members to review, comment on and eventually endorse it. After review of the agenda, no CoIs were declared and it was endorsed. The Chair then mentioned that this is the 3rd time that Myanmar is experiencing an OIG audit and during the 4 weeks of the audit period Myanmar stakeholders have learned a lot from the OIG team. The OIG's recommendations and feedback is important for the improvement of the Myanmar's health system.

It was also noted that 7 out of 10 ExWG members attended the meeting, representing government and non-government constituencies, and that the meeting hence reached quorum.

2. Debriefing by OIG Team on GFATM audit findings

The OIG team led by Inspector General presented on their main findings. They were as follows:

Positive observations

- Strong political commitment as seen by government financial contributions.
- Good collaboration with Government and NGO/UN agencies/Partners in the implementation of the programs.
- National Health Plan and transition towards universal health coverage.
- Active inclusion of Ethnic Health Organizations and key & affected population in the planning processes.
- An integrated CCM/MHSCC which is one of the best practice of CCMs models worldwide.
- Roll out of DHIS2.
    - Initial attempts to push supply chain issues forward through government and partner initiatives incl. the Supply Chain Management System (SCMS) baseline study (2014) and the National Supply Chain Strategy (2015).
- Leveraged the presence of INGO supply chains to distribution health products to hard to reach communities despite conflict and access issues.
- mSupply (eLMIS) system rolled out to 65 regional/state warehouses.
- Global Fund investment in HMIS is beyond the three diseases to ensure sustainability and integration.

- Significant reduction of malaria morbidity and mortality rates.
- 64% decline in national malaria cases (205,658 in 2014 vs 73,682 in 2017)
- 66% decline in national Annual Parasite incidence (API) (4.09 in 2014 vs 1.39 in 2017).*
- 70% decline in national malaria deaths (92 in 2014 vs 28 in 2017).*
- 38% increase in national number of PLHIV on ART from 106,490 at the end of 2015 to 146,826 at the end of 2017. 64% of ART coverage as at December 2017.*
- Universal coverage of HIV diagnosis among pregnant women in all of Myanmar: 85% in 2016 and 90% in 2017 knew their HIV status.*
- 22% increase in HIV testing services to Key Populations and vulnerable populations from 2016 to 2017 (988,773 vs 1,208,830) nationwide.*

* *Please note that these numbers have since been updated as additional information has become available after this meeting. The updated numbers are expected to be incorporated in the final OIG report.*

Overall Findings (cross cutting)

- Supply chain arrangements (storage, distribution and LMIS)

  - Supply chain for health commodities fragmented along program funding lines (HIV, TB & Malaria), with multiple parallel program supply chains in existence.

  - Supply chain arrangements incl. warehouse, distribution and LMIS under GF supported programs are driven by/linked to the number of SRs.

  - National Supply Chain Strategy was established by USAID funded programme but the strategy hasn't been implemented (yet). There is no operational plan, insufficient task force and inadequate human resource (sanctioned > 100 and only hired 20). Furthermore, public health and medical services departments have their own supply chain arrangement and a coordination gap was noticed.

- Sub-optimal integration of HIV, TB and malaria services

  - Of the 17,031 CHVs funded by GF grants that deliver malaria services none undertake any HIV or TB services even where it makes sense for them to do so based on local disease epidemiology

  - Although grant is supporting 3,874 community outreach workers to deliver TB screening services, it is only symptom based and they refer suspected cases for further diagnosis: they do not collect sputum. Only 22% of MMT centers is providing comprehensive HIV services despite of high HIV prevalence among people who inject drugs in these sites. Only 56% (42/74) of sites that identify MDR-TB initiated MDR-TB treatment. 49% of the facilities offering ART do not initiate patients on ART. The root causes were found as insufficient HR capacity across all service delivery areas across all diseases. Lack of assessment to explore utilisation and optimization of CHVs in HIV, TB and malaria interventions. Lack of national community health worker strategy and investment plan was noticed although a literature review had been undertaken to inform strategy and investment plan development.

- Data management

  - No sustainability plan with clear timelines and steps for HSS investments of US$3m in place.

- An interoperability framework, Blueprint is yet to be finalised.

- Health Information Policy (HIP) is yet to be developed.

- Capacity building

  - An overarching Capacity Development Plan was developed by the MHSCC in February 2016. However, plan not operationalized/implemented yet.

- Funding gap

  - Heavy reliance on donor funding was noted (77% of available funds). (HIV: 81%, 220 million USD; TB: 70%, 145 million USD; and Malaria: 78%, 162 million USD). An unmet gap of 355 million USD for the three diseases (HIV: US$98; TB:US$ 103 m and malaria: US$163.8 m) from 2018 to 2020. Additional workload on government was also recognized due to transition of ART services from civil society to the public facilities. Inclusion of ART in the basic package of universal health coverage to ensure sustainability was noted.

The Chair of the ExWG, made the following comments: MHSCC is a best practice worldwide. However, while the Core HSS TSG met in August 2017, it is noted that the main HSS TSG has not met for about one year. The next main HSS TSG meeting will be held on 3 April where the new structure with 4 sub-groups and their Chairs and Vice-chairs will be endorsed. The four subgroups are: HIS; Health Finance; HRH; Infrastructure, PSM & Procurement.

She also commented on the OIG's concern regarding the sustainability of the current ATM achievements. The sustainability plan is related to the NHP (2017-2021) and the basic essential health care package will cover the TB and Malaria related care and preventive package for HIV. However, ART has not yet been rolled out to achieve total coverage, and the national programme needs to consider how to get to universal access.

Dr Stephan Jost, WHO, mentioned that the OIG mission seemed to take on a mandate larger than an audit of the Global Fund grants. He pointed out that a number of global health reviews are already being conducted in Myanmar on a regular basis and he warned of review, audit and evaluation fatigue and cautioned that the OIG audits should not crowd out other existing health reviews.

For further details on the debriefing of the OIG please see:

https://drive.google.com/open?id=1mvJSQkDtKk4ENcWec08BFylPC4SvpM8e

3. TB Regional Concept Note process

Dr Si Thu Aung, the National TB programme, and Dr Ikushi Onozaki, WHO, presented on the TB regional grant for migrants. The ExWG guided Dr Si Thu Aung and Dr Onozaki to review:

- The current NSP
- MMR Thai cross-border plan
- Migrant health policy framework
- The previously prepared gap analysis

On the basis of these documents as well as inputs and proposals received from partners, the Myanmar part of the Regional Concept Note should be drafted and justified. The concept note needs to be vetted by the TB TSG or the Core TB TSG and finally endorsed by the ExWG on behalf of the MHSCC. The MHSCC should also be informed. The note is to be submitted to GFATM by 30 of April, so the timeline is very tight.

Kindly see the presentation for more detailed information:

https://drive.google.com/open?id=1RaFVvZTXwiE9Okq5e6HHPwmsYkOihmu5.

4. RAI2-E Proposal for Package #2

The recommendation of the RAI2-E, Regional component SR panel for Package 2 (Operational Research) were discussed by the ExWG. Two proposals with relevance to Myanmar had been recommended by the panel for M-HSCC feedback: one proposal was submitted by MAM (in China and Kachin State) and one was submitted by the Malaria Consortium (in Mandalay Reguib).

While the ExWG acknowledged that the proposal were technically sound seen in isolation, they noted the following:

- The Malaria Consortium proposal has already been submitted to the Myanmar Ethical Review Committee. The committee found that the research proposal was similar to on-going research including research done by Malaria Consortium in Sagaing region and hence did not approve the research. It was also noted that the Myanmar member of the RAI2-E SR selection panel for Package 2 (Operational Research) during the deliberations of the panel had pointed out that the proposed research was duplication.
- The MAM proposal has not yet been submitted to the Myanmar Ethical Review Committee. However, it was found that three existing research projects very similar to that of MAM were in progress in Rakhaine State, Sagaing and Mandalay Regions.

The ExWG could hence not endorse the two proposals. For the Malaria Consortium's proposal, suggestion was that the Malaria Consortium is requested to redesign the proposal based on the outcomes and lessons learned of the very similar research that they already conduct in Sagaing region. It was agreed, that the MHSCC Secretariat would share the recommendations of the ExWG to the RAI2-E Secretariat.

Kindly see the presentation for more detailed information here:

https://drive.google.com/open?id=1pgPyGlNaK5gFeom8VwmXvluYe8tjX2xi

5. AoB

Finally, a proposal to transfer a bit less than USD 45,000 from NTP to the Karen health organization KDHW was tabled by Dr Si Thu Aung. The proposal had been endorsed by the TB TSG. The ExWG asked the NTP to seek the guidance of the Minister for Health and Sports and MHSCC Chair prior to tabling the proposal at the ExWG for discussions. The ExWG discussion of the proposal was hence postponed.