

2nd Communicable Disease Executive Working Group

(CD ExWG) Meeting Minutes

Meeting room of Disease Control, Ministry of Health and Sports, 6th of February 2020

Opening

Mr Oussama Tawil of UNAIDS opened the meeting on behalf of Dr Thar Tun Kyaw, Director General, Office of the Union Minister, Ministry of Health and Sports. Eight members were represented in the meeting and hence quorum was reached. Mr Tawil welcomed all members and asked for the endorsement of the agenda that had been shared in advance of the meeting. After the approval of the agenda, he asked all members to declare any potential conflict of interest with regards to the agenda items.

The following declared a conflict of interest due to their role of SR of the Global Fund grants with regards to discussion of Global Fund concept notes under agenda item 1 and 2: Dr Stephan Paul Jost of WHO and the representative of MoHS. The members with a declared COI committed to recuse themselves in case discussions during the meeting would touch on issues directly related to their funding or other key interests of their organization or person and that they would not vote or try to influence the decisions in such cases.

1) Review of Malaria Concept Note

Dr Aung Thi, National Malaria Control Programme Manager presented the draft malaria funding request (Concept Note).

He provided some background on the Myanmar malaria trends since 2005 and listed the background for the prioritization of the activities done for the Concept Note. The latter was done on the basis of the following:

- The Global Technical Strategy (2016-2030)
- The Greater Mekong Sub-regional malaria elimination Strategy (2015-2030)
- The National Strategic Plan 2021-2025, which was reflected by the following matters.
 - SDGs
 - Myanmar Sustainable Development Plan (2018-2030)

- National Health Plan 2017-2021
- External Malaria Programme Review 2019
- RAI IMP recommendations
- Global Fund Allocation (US\$ 90.1) and guidelines
- Achievements, lesson learnt, issues/challenges and gaps
- Country Dialogue meetings
 - Ethnic and Community Health Organizations (7-8 November 2019)
 - Government bodies incl MoHS, MoDS, other ministries and departments (19 Dec 2019)
 - Civil society organizations (14 Oct 2019)
 - Private sectors - health and non-health (14 Oct 2019)
 - Corporate sector (15 Oct 2019)
 - Gender and Human Rights Groups (15 Oct 2019)
 - RAI RSC country dialogues with CSOs (24 Jan 2020)

Activities were prioritized in three categories as: absolute (within allocation), high (Prioritized Above Allocation Request - PAAR) and medium and low (remaining gap). The budget for absolute (USD 90,119,602) and PAAR (USD 32,465,783) were presented. It is divided into the following modules:

- Case management (absolute 33% and PAAR 41.7%)
- Program management (absolute 22.7% and PAAR 16.2%)
- RSSH: Human resources for health, including community health workers within allocation only (absolute 11.9%)/RSSH: Community systems strengthening – PAAR only (PAAR 1.1%)
- RSSH: Health Management Information Systems and M&E (absolute 10.6% and PAAR 30.4%)
- RSSH: Health products management systems (absolute 0.1% and PAAR 0.1%)
- RSSH: Health sector governance and planning (absolute 5.1% and PAAR 1.6%)
- Vector control (absolute 33% and PAAR 8.9%)

The prioritised activities for each of the seven modules within allocation (i.e. the fully funded budget or absolute) were briefly explained. Finally, Dr Aung Thi presented the Performance Framework impact and outcome indicators.

For further information please refer to the presentation here:

<https://drive.google.com/open?id=132S1UA3tggpdJAqvujl53o3lHS8l3tLE>.

Discussion

- Daw Khin Myo Su representing the constituency of People Living with Diseases pointed out that there are 2.3 million people living with a disability (physical, intellectual) in Myanmar. They currently do not have equal access to health services. The health services including malaria should also be accessible to these groups. Dr Aung Thi agreed that programme needs to be coordinated with disability groups to develop special IEC/BCC messages for people living with disabilities.
- Dr Stephan Paul Jost of WHO suggested that the Concept Note should make:
 - Explicit what referral systems are or will be put in place for people living with disabilities.
 - Link between protection of forest goers and Malaria elimination efforts
 - More explicit how addressing gender and human rights helps expand rights to health
 - Clarify that malaria elimination efforts reaching everybody everywhere are at the forefront of rights to health and underscore the importance of working with ICMVs Integrated Community Malaria Volunteers and EHO Ethnic Health Organizations in this regard.
 - The point that the integration of the ICMVs task contribute widely to moving from a vertical to a horizontal public health programme
- Ms Karen Cavanaugh of USAID complimented the proposal that she found well written and well structured. She requested MoHS to clarify its position on the CBHW policy and if possible, finalise the policy so that it can go into the proposal given that CBHWs are a critical part of the implementation. She also suggested to:

- Try to leverage resources from companies in the formal sector employing forest goers to cover part of the funding gap.
- Consider if part of the government contribution could be supported to volunteers' phone top-up.
- Review whether it was necessary to keep administration cost ratio as it is as she found that the share of costs going to administration was rather high.
- Consider if amount allocated for product management is sufficient
- Work with consumer action groups to educate consumers regarding the importance of not using monotherapy
- Consider carefully how to integrate the HSS work across all the proposals

Action Point

- Malaria drafting group to take the comments into consideration and adjust the Concept Note where necessary.

2) Review of TB/HIV Prioritised Activities for Concept Note

Dr Cho Cho San, National TB Programme Manager presented on the strategic elements of the TB/HIV Concept Note currently being drafted. She gave some background on TB and TB/HIV Co-infection in Myanmar and illustrated the recent disease trends showing the good progress made in the last 10 years. She went on to describe the process and basis for the prioritization of key activities and strategies. It is included:

- The development of the TB NSP 2021-2025
- JMM and review missions' recommendations and key areas
- Joint ATM country dialogue with EHOs in Nov 2019
- Joint ATM country dialogue with Civil Society Organizations and private partners in Nov 2019
- Joint ATM country dialogue with government in Dec 2019
- Technical consultation meetings on HIV, TB and RSSH Funding Request and Priorities Setting Activities (2021-2023) in Jan 2020

The NSP is organised into three objectives with four strategic directions plus one cross-cutting strategic direction. Dr Cho Cho San explained that the NSP 2021-2025 activities were prioritized with scoring (1-25) considering importance with focus on vulnerability, cost effectiveness, impact and feasibility by NSP core group members. Then reprioritization was done according to GF allocation (USD 99 million) by the core working group led by the Programme Manager with guidance from the Deputy Director General and the Director of Disease Control.

Dr Cho Cho San listed the joint TB/HIV essential interventions and the funding request to GF within allocation according to module including TB (27%), MDR (29%), co-infections (3%), RSSH (14.2%) and programme management (26%) and according to strategic direction in the NSP.

Finally, the impact, outcome and coverage indicators of the Performance Framework were listed and explained.

Please see the presentation here:

https://drive.google.com/open?id=1KYfzdbt7xrguvLQWIK6jdGIX3_a1I6WE

Discussion

- Ms Karen Cavanaugh of USAID asked that the proposal includes the improvement of the connection between people with MDR and appropriate treatment as there seem to be a loss to follow-up or an information problem.
- Dr Jost of WHO mentioned the importance of linking TB and HIV services to the essential package of health services and prepare for closer integration of services by showing pooling of donor funds at state and regional level to help managers at state and regional as well as township level to manage funds and programmes.
- Daw Nu of the EHO constituency explained that there is no treatment of MDR cases in Wa Region. Patients must be sent to Lashio or elsewhere at very high costs. Health volunteers are trying to help diagnosing MDR, but there are insufficient resources and capacity. Daw Nu also mentioned that some patients do not follow treatment correctly

and for example only follow the prescribed regimen for 2 months. She therefore asked for the budgeting and planning of mobile clinics to help support EHO areas.

Dr Htun Nyunt Oo, National AIDS Programme presented the HIV elements of the joint TB/HIV Concept Note. The funding request will be "Tailored for NSP", and therefore based on the NSPs, which for HIV has 5 strategic directions. The budget summary for within allocation was provided according to module including prevention (34.9%), differentiated testing (3.5%), PMTCT (4.8%), treatment care and support (33.2%), TB/HIV (1%), programme management (13.7%), and RSSH (8%). Additional explanation was provided on ART need, cohort and annual enrolment. Finally, the Performance Framework includes impact, outcome and coverage indicators were presented in some details.

Please see the presentation here:

<https://drive.google.com/open?id=1q9IZneBk7mEQXSVCF0zXERRiEfPYi0J>

Discussion

- Dr Thandar Lwin, DDG of Disease Control and MHSCC Secretary pointed out that the ART enrolment target of 90% were not achieved in the current grant, so the ambitious targets in the Concept Note needs to receive special attention. She also said that only targets were presented but no outlining of the activities were explained. It would be good to understand better the focus of the interventions including the use of community-based preventive strategies. Finally, Dr Thandar Lwin also suggested that Hepatis indicators need to be added.
- The National Programme manager explained that there are currently difficulties in integrating services at township level. For example, non-HIV specific staff are reluctant to provideservices to people on ARVs. This will be addressed through training of township medical officers. In low burden townships where there is little to no external funding, MoHS will work with communities and civil society under township officer's leadership to address HIV with small amounts of MoHS funding. It was also explained that due to the funding gap, hepatitis activities and targets/indicators have not been included in the 'within allocation' portion of the Concept Note.

- Ms Karen Cavanaugh pointed out that it seems that the number of PWID is growing. She also pointed out that PEPFAR cannot fund needles and syringes. Hence, Ms Cavanaugh suggested that the Concept Note take these aspects into the consideration. With regard to the community-based strategies, she also stressed the importance and urgency of getting clarity from MoHS on the draft CBHW policy as this should inform the Concept Notes.
- Dr Jost mentioned that the Out-of-Pocket (OOP) health expenditure is high in Myanmar, but low for AIDS, TB and Malaria. For sustainability purposes it is necessary to think in terms of designing horizontal health programmes , not vertical ones. Hepatitis can be a good test case on decreasing OOP and delivering more integrated and horizontal programmes.

Action Point

- TB/HIV drafting group to take the comments into consideration and adjust the Concept Note where necessary.

3) Next steps for Concept Note submission

Mr Ole Hanse presented the timelines for the concept note submissions based on current available information. It was stressed that there is a need for an agreed deadline for the Malaria and TB/HIV concept note submissions that are in line with both drafting groups and CD ExWG work processes – particular given the complexities around the alignment between the country component and the regional component of the RAI Concept Note. The following timelines were agreed:

Malaria

Date	Action	Version
17/18 Feb	Full and consolidated RAI Malaria CN incl MMR country component submitted by RAI drafting group to RSC which in turn submits to CD ExWG the consolidated regional Concept Note	2 (version 1 reviewed by CD)

		ExWG 6/2/2020)
24-27 Feb	GF Country Team to review and discuss Malaria Concept Note draft (RAI Drafting Team – not MMR Country Drafting Team)	
26-28 Feb	Mock TRP review in Bangkok (only NMCP)	
3 (or) 4 March	3 programmes present to the Minister for approval and submit to CD ExWG with clear indications of difference between version 2 and version 3	3
6 March	Review and Endorsement of Malaria Concept Note by CD ExWG (by email)	
8 March	Malaria Concept Note including MMR country component submit to RSC	4
10-11 March	RSC meeting in Hanoi – comments and eventual endorsement	
23 March	RAI Concept Note submission to GF by RAI Secretariat	5

TB/HIV

Date	Action	Version
10 Feb	Draft submitted to HIV and TB TSGs for desk review	0
13 Feb	Deadline for comments from TSGs	
17 Feb	Submission to GF Country Team and CD ExWG*	1
21 Feb	Deadline for mail comments from CD ExWG*	
24 Feb	Review by HIV and TB TSGs	
26-28 Feb	Mock TRP review in Bangkok	
3 (or) 4 March	3 programs present to the Minister for approval	2
9 March	Full and final draft Concept Note submission to CD ExWG	3
13 March	CD ExWG Meeting and Endorsement of CN	
23 March	<u>TB/HIV CN submission to GF by CD ExWG</u>	4

* Post-meeting decision and communicated by mail on 11 February 2020.

4) Brief update on 2019 n-CoV

On request the presentation on the Coronavirus 2019 n-CoV was moved up. Dr Nyan Win Myint (Deputy Director, Central Epidemiology Unit) gave an update on the following major points:

- MoHS' preparedness and response
- Internal coordination measures taken
- Collaboration with international and external partners including Chinese authorities
- Surveillance at State and Regional level
- Point of Entry measures already in place with the support of WHO and others
- Update on suspected cases and their investigations
- External relations and communications with the press
- Logistical requirements including those for the National Health Laboratory.

Please see the full presentation here:

<https://drive.google.com/open?id=1IOVEQONtID87bN5i6qVJW7A6Yiznt2TX>.

Discussion Points

- Dr Thar Tun Kyaw, Chair of the CD ExWG and DG of the Union Minister's Office explained that MoHS holds daily morning meetings chaired by the Union Minister to discuss the 2019 n-CoV. He emphasised the importance of regional and global coordination platforms and particularly inter-country collaboration along the Myanmar-China Border which is 1200 km long.
- Dr Jost announced the 3rd partners' meeting on 2019 n-CoV organised by WHO on Friday 7 February. He concurred with the importance of coordination at all levels and the wide sharing of information.

5) PR Selection

Mr Ole Hansen explained that following the decision of the CD ExWG 19 December 2019, a request was sent to the current PRs (UNOPS and SCI) to submit within a two-weeks deadline an Expression of Interest (EoI) to act as the PRs for the period of 2021-2023. The EoI should include:

- Motivational statement for taking on PR role.
- Brief list of organization's past experiences and key results relevant to the PR role.
- Main reasons why organization believes it is the best suited for the role of PR and a brief description of its comparative advantages given the Myanmar market.
- Brief overview of how organization intend to fulfil the PR role for 2021-2023.
- Brief overview of how organization plan to do risk management both with regard to financial issues as well as political issues.
- For UNOPS specifically, a short-outlined plan for how PR transition to MOHS will take place, how capacity will be built in order for MoHS to take on the PR role at the on-set of the potential next grant cycle 2024-26.
- An estimated budget overview of PR costs

Both PRs submitted on time and the EoIs were sent to CD ExWG members on 24 January with deadline for comments by EoB 31 January. No comments were received by the Secretariat.

For more information kindly see here:

<https://drive.google.com/drive/folders/1H68ydVdnXjHeJKoOBYCGRs-HbY0amMDY?usp=sharing>

Discussion Points

Dr. Thandar Lwin raised about PRs cost to be expressed in the Concept Notes. It is observed that the total ceiling for TB HIV and Malaria Programmes is 318 million USD. For UNOPS PR 1, the allocation is 78.8% and this will be 250.6 million USD and for SCI PR2 is about 68 million USD. With regard to Programme Management Cost, 29 million USD for UNOPS PR1 and 8.8 million for SCI PRs. In making Concept Notes endorsement, it is necessary to check it whether the same costs are applied in the Global Fund Proposal. In the past, PRs presented 15 to 16% for the Programme Management Costs. However, when the Prioritization Workshop for ATM Programmes were done, they were asked to put up the cost around 12 or 13%. Before the final endorsement, it has to be thoroughly checked.

- The Secretariat asked for an endorsement of the CD ExWG of the continuation of the current PRs. The CD ExWG endorsed the continuation of the PRs in 2021-2023 with the following comments:
 - Overhead costs listed in the EoI should be checked against the budgets of the Concept Notes submitted on 23 March.
 - The Concept Notes should take into account the capacity building needed for the transfer of PR role from UNOPS to MoHS.
- For the use of funds current allocation for capacity building of MoHS to become PR, it was mentioned that there were some delays in recruitment of 200 accountants from outside and 200 accounts from MoHS and other government institutions. Ms Cavanaugh suggested that support from a recruitment company should be included in the budget.

Action Point

- Secretariat to record the decision of the CD ExWG in the meeting minutes and inform PRs of the endorsement with the above-mentioned comments.

6) Selection of CCM Ethical Focal Point

Further to the CCM training conducted 27 January 2020, Mr Ole Hansen reminded the members that the CD ExWG as the Myanmar CCM needs to have either an ethical focal point or an ethical subgroup. This is required as part of the Eligibility and Performance Assessment (EPA).

Discussion

- The Chair nominated Professor San San Myint Aung as the Ethical Focal Point for the CD ExWG. There was consensus among members to support the nomination. It was noted that she was not present at the meeting and hence her concurrence would be needed.

Action Point

- Secretariat to get acceptance from Professor San San Myint Aung to serve as Ethical Focal Point for the CD ExWG for a period of two years.

7) Eligibility and Performance Assessment

Mr Ole Hansen presented the update on the Global Fund Eligibility and Performance Assessment (EPA) and the need for a CD ExWG endorsed improvement plan. With some minor adjustments and additional documentation pending, the requirements and minimum standards for the EPA are now nearly fulfilled with the CD ExWG expecting to be fully compliant with all indicators and targets well in advance of Concept Note submission to the Global Fund. With regards to the improvement plan, the secretariat had prepared a draft where the main focus of improvement was on a communication plan and its implementation.

For more information kindly see here:

https://drive.google.com/open?id=1ZMrNLmGAOGOLYCOZPwqI4_BmrVlsMuQQ

Discussion Points

- The CCM improvement plan including the need for a communication plan was endorsed and signatures were provided by present members. For strengthening the communication, it was suggested that a focal point was identified among the MoHS communication team to help with the internal approval processes for communication products such as website updates and newsletters. Ms Karen Cavanaugh suggested that the press could be invited to the CD ExWG meetings to cover the work and discussions.
- In addition to the improvement plan of the CD ExWG, the reform of the MHSCC was discussed. Mr Oussama Tawil suggested that further technical assistance on the set-up of the MHSCC Secretariat would be needed. A proposal would be needed for all donors to discuss and decide who would fund what and to what degree. Ms Cavanaugh mentioned that Tony Blair institute had been recommended to her. Dr Thandar Lwin asked that Ms Cavanaugh help contact Tony Blair institute to request technical assistance in making a proposal on the MHSCC reform. Mr Oussama Tawil offered that UNAIDS could work with PEPFAR and USAID to support this process.

- The CD ExWG Chair asked for information on how other countries manage the rule of rotation of the chairmanship of the CCM.

Action Points

- CD ExWG Secretariat to finalize and submit the CCM improvement plan as per comments received.
- MoHS to explore possibility of appointing a focal point among its communication team and if agreeable then communicate the name of the focal point to the CD ExWG Secretariat.
- USAID and UNAIDS to explore opportunities for TA on MHSCC reform.
- CD ExWG Secretariat to contact the CCM refreshment trainer to ask how other countries manage the rule of rotation of the chairmanship of the CCM.

Main Decision

Chair of CD-ExWG endorsed Malaria Concept Note (Country Component) to send to RSC.

Annex: 1**2nd Communicable Disease Executive Working Group Meeting Agenda****Meeting Room, Disease Control, MoHS, Nay Pyi Taw****6th Feb 2020 (9:00-13:10)****Registration starts at 8:30 am.**

Time	Agenda Item	Decisions & Actions
09:00 – 09:05	Welcome and opening by CD ExWG Chair, Director General, Office of the Union Minister's Office, MoHS, Dr Thar Tun Kyaw	
09:05 – 10:30	1. Review of Draft Malaria Concept Note for Myanmar – <i>25 min max presentation by NMCP PM Dr Aung Thi</i>	Provision of comments to Malaria drafting group
10:30 – 11:15	2. HIV/TB Prioritised Activities for HIV/TB Concept Note – <i>2 x 15 min max presentation by NTP PM Dr Cho Cho San and NAP PM Dr Htun Nyunt Oo</i>	Provision of comments to TB/HIV drafting group
11:15 – 11:45	3. PRs' Expression of Interest (<i>discussion</i>)	Selection of PRs
11:45 – 12:00	4. Selection of CCM Ethical Focal Point (<i>discussion and selection</i>)	Focal Point(s) selected
12:00 – 12:30	5. EPA update and CCM improvement plan – <i>10 min presentation by Secretariat (Ole)</i>	Improvement Plan approved and signed
12:30 – 12:45	6. Next steps for Concept Note submission – <i>5 min presentation by Secretariat (Ole)</i>	Next steps agreed
12:45 – 13:05	7. AoB – Brief update on 2019 n-CoV – <i>by Dr Htun Tin</i>	
13:05 – 13:10	Closing by the Chair	