3rd Communicable Disease Executive Working Group (CD ExWG)

Meeting Minutes

Meeting Room of Disease Control, Ministry of Health and Sports, 13th March 2020

Opening

Chair Dr Thar Tun Kyaw, Director General, Office of the Union Minister, Ministry of Health and Sport opened the meeting. Ten members were represented in the meeting including two through Skype and hence quorum was reached. The agenda was approved with the caveat that several important meetings were being held in parallel and that key members' early departure might necessitate changes to the order of agenda items. It was also noted that the agenda item on PUDRs would be postponed till next meeting and that the agenda item on reinvestments would be done per mail. The Chair 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 the Global Fund HIV/TB Concept Note, the SR Selection process and other related topics: Dr Stephan Paul Jost of WHO, Dr Sid Naing of MSI, Daw Nwe Zin Win from PGK 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.

It was also noted that the meeting minutes of the previous CD ExWG meeting had been shared through e-mail and had been approved.

1) Review of HIV/TB Concept Note

Tuberculosis

Dr Cho Cho San, National TB Programme Manager presented on the strategic elements of the TB component of the HIV/TB Concept Note. She explained the recent changes as per the feedback from Global Fund Country Team in Geneva, the TB TSG, the CD ExWG, the mock Technical Review Panel meeting in Bangkok and the briefing with HE the Union Minister of Health. They were among others:

- MDR-TB
    - Significant increase in detection and treatment targets
    - Use of all-oral treatment regimens as per the latest guidelines from WHO
    - Increase in treatment success rate
    - Enhanced management of adverse events
- TB preventive treatment
    - Earlier scale-up of new WHO recommended treatment regimen (3HP) incl. for Children and PLHIV
- Changed priority in PAAR
- The changes in budget due to increased MDR-TB targets were:
    - Removal of several operational research studies and training in financial management
    - Reduction in microscopes, supervision, technical assistance and training, X-ray equipment and films
    - Additions or increases of nutritional therapy to MDR-TB patients with low BMI; PPM in hospitals and among pharmacies; patient allowances; volunteer incentives

The within-allocation Funding Request to GF is hence as follows:

Module	**Amount in USD**
TB care and prevention	29,659,812
MDR-TB	31,635,916
Program management	27,161,544
RSSH: Laboratory systems	114,139
RSSH: HMIS and M&E	5,370,953
TB/HIV	2,693,438

Removing human rights and gender related barriers to TB services	79,834
RSSH: Community systems strengthening	1,740,150
RSSH: PSM	628,042
RSSH: governance and planning	42,731
Total	**99,126,560**

This translates into the following distribution according to NSP strategic directions:

Strategic Direction	**Amount in USD**
I. Progress towards achieving universal access to TB care and prevention	51,601,325
II. Reach the unreached populations and accelerate a coordinated TB response	10,586,320
III. Expand partnerships and community engagement, and improve communication	13,150,744
IV. Strengthen systems and update policies for a multisectoral TB response	18,401,404
V. Promote research and innovation and strengthen surveillance for program monitoring and evaluation	5,386,766

In addition, Global Fund will provide Matching Funds in the amount of US$ 6 million for TB for "Finding Missing People with TB" supporting the NSP Strategic Direction Two:

- Targeted actions to reach marginalized and at-risk population
- Accelerate a coordinated response to tackle TB in Yangon region

With Global Fund support, 33,800 TB patients will be found in urban slums, hard-to-reach areas, prisons, workplaces and IDP camps through mobile team activities. This will have significant impact on the TB epidemic.

Dr Cho Cho San also presented the Performance Framework Indicators and the Prioritized Above Allocation Request (PAAR) totaling US$ 37 million in seven intervention areas.

For further information please refer to the presentation here:

https://drive.google.com/open?id=13jap3u3M02qCi18zTD7w-GiT7kW7U34X.

Discussion

Ms. Karen Cavanaugh of USAID submitted a number of questions (Q) by email. They were answered (A) by NTP as follows:

- Q: How will MOHS address HRH constraints to more rapid scale-up of Dx and Tx capacity, especially for MDR TB?
- A: NTP have 4 task forces for HRH strengthening – 1. MDs (RO, D TL, MO) 2. Lab technicians (crucial for Dx) 3. Basic health professionals working in the community and 4. Community volunteers. MOHS is collaborating with all implementing partners to strengthen HRH. To address HR challenge - by task shifting from existing HR to new HR taskforce like new generation of MDs, from midwife to public health supervisors for DOTs, counselling and treatment monitoring. And also by strengthening of community volunteers – by strengthening of community based activities within GF funding request with collaboration with implementing partners.
- Q: MDR TB - how could targets be more aggressive, particularly with more rapid scale-up of diagnostics? Better not to postpone to PAAR.
- A: Field data and TIME model suggest that RR TB burden has been overestimated as WHO estimates include sub-clinical or mild TB that has lower bacteriological load than GeneXpert sensitivity (which we cannot diagnose with currently available diagnostic tool). To detect MDR TB, we should detect TB. Due to those conditions and uncertainty, having more budget allocation to MDR-TB put case detection of TB and patients' support in risk (of underfunding). We will review and revise after 4th DRS survey result come out (2021).
- Q: Can all-oral short course be expanded nationwide?

- A: Yes, all oral shorter treatment regimen will be expanded. Transition will start with both all oral longer and shorter regimen, but all oral shorter treatment regimen will be in higher proportion in the long run.
- Q: How can full transition to injectables be accelerated? We support the WHO global recommendations for a more rapid phase-out of injectables across the board.
- A: The plan was already revised to phase out injectable quickly. It is just kept for exceptional cases for treatment with individualized regimen were other medicines can't be used sufficiently.
- Q: Could MOHS achieve more rapid expansion of PMDT sites by working with general hospitals (state/regional level public hospitals)?
- A: Yes, NPT is planning to work together with department of medical service for this - starting from state/regional level hospitals.
- Q: How will molecular diagnostics be introduced in EHO and other hard-to-reach areas?
- A: NTP will work with NGO partners to introduce new molecular diagnostic tests such as TB Nat and TB LAMP to EHO and hard-to-reach areas.
- Q: Will providing transport be the policy? If so, 50% of those eligible seems too low.
- A: Regarding transport, NTP already planned in the funding request for specimen transportation system (from RHC level to higher laboratories to improve access to diagnostic services from remote areas). The question is regarding patient transportation – to reach RHC or microscopy center, which is new. Due to limited funding available, we cannot prioritize this 100%. That is why we are focusing more on hard-to-reach areas, EHO and high-risk patients.

HIV

Consultant Dr Khin Zarli presented on behalf of NAP. As with TB the recent changes to the Concept Note were the result of the feedback from Global Fund Country Team in Geneva, the HV TSG, the CD ExWG, the mock Technical Review Panel meeting in Bangkok and the briefing with HE the Union Minister of Health. The changes were among others:

- Updated Program Data to 2019 - shows significant increase of coverage and HIV testing targets for Female Sex Workers (FSW) and People who Inject Drugs (PWID)
- Keep 6-month retention of OST as 75% by 2023 and to adjust retention in 2021 as 72%, in 2022 as 74% and to be 75% in 2023

- PrEP targets for MSM and PWID were adjusted, and additional targets of PrEP totaling of 11,496 reached for FSW, MSM and PWID by the year 2023 were added to PAAR
- Clarified activities and targets in Matching Fund—Catalytic Funding and elaborate on activities for high risk youths in Section 2.2.d

The Performance framework indicators were presented in some details.

The within-allocation Funding Request to GF is hence as follows:

Module	**Amount in USD**
Treatment, care and support	29,649,471
RSSH: Lab support	828,669
RSSH: HMIS ad M&E	4,391,309
RSSH: Health product management systems	6,449,397
Programme Management	33,166,927
Prevention	39,875,658
PMTCT	4,419,098
Differentiated HIV testing services	5,363,086
TB/HIV	969,844
Reducing HR-related barriers to HIV/TB services	1,692,900
RSSH: Health sector governance and planning	1,396,101
RSSH: Community systems strengthening	233,100
RSSH: HRH incl community health workers	300,000
Total	**128,708,560**

In addition, Global Fund will provide Matching Funds in the amount of US$ 6,466,366 for HIV for “Scaling up Community-Led Key Populations Programs” supporting:

- Increase scale of effective combination prevention interventions for priority populations and promote community led approaches/initiatives
- Maximize HV testing and strengthened linkages to ART among priority populations and their sexual partners
- Maximize efficiency in service delivery and enhance integration opportunities with other health services – including grants to EHOs for capacity building and service delivery in high priority, hard to reach areas
- Improve the quality of care maximizing retention and viral suppression (Community assisting in viral load transportation)
- Strengthen the community to be engaged in service delivery – such as capacity building, mentoring & supervision
- Improve Community Health Workforce – including institutionalization of the community workforce, advocacy, training, and meetings

Six key proposed activities are proposed under Prioritized Above Allocation Request (PAAR) and Targets (HIGH Priority) at a total of USD 40,541,207.

For further information please refer to the presentation here: https://drive.google.com/open?id=1VGz_gCZqvDVLJqjD_ko-7d4IJxmwLVn7.

Discussion

- Daw Nwe Zin Win of PGK asked who was intended to implement activities under the Matching Funds in HIV for "Scaling up Community-Led Key Populations Programs". Would this only be current SRs or would communities be further included?
- Dr Khin Zarli responded that this would vary a little according to geographical area. Networks of communities would be involved. This would preferably be existing implementers (SRs and SSRs), but communities will surely be further involved.
- Dr Mo Kham of the World Bank suggested that as Myanmar transitions in the near future there is a need for stronger heatlh governance of public sector and programme management. This could possibly be further strengthened in the Concept Note.
- Dr Thandar Lwin, DyDG of Disease Control agreed that Myanmar needs to go from vertical approach to an integrated approach to reach UHC. This could be reflected stronger in the Concept Note – i.e. how TB, HIV and Malaria will be taken care of by

the system in the future. The three diseases will be in the Essential Package of Health Services for diagnosis and treatment, but other support elements are not part of the package and this needs to be accounted for in planning for the future.

- Additional questions were raised by Ms. Karen Cavanaugh in writing. The CD ExWG Secretary asked that NAP responds to those in writing after the meeting.
- Dr Thandar Lwin, DyDG of Disease Control mentioned that the current Hepatitis national plan ends in 2021 and the programme is now preparing a national prevalence survey for Hepatitis B and C. After that a new 5-year plan will be prepared. However, there are very limited resources and primarily relying on government budget and there are few implementers in Myanmar beyond MoHS such as the Liver Foundation and MSF Holland. However, those implementers are currently not linking with the national strategic plan – though they are expected to be part in the future. Global Fund encouraged to include diagnosis and treatment of co-infections (with HIV and TB) in the Concept Note. This has now been included under PAAR.

Action Points

- The Concept Note was endorsed by the CD ExWG. The CD ExWG Secretariat is to ensure all members sign off on the endorsement sheet and share this with the Global Fund.
- HIV/TB drafting group to take the comments into consideration and adjust the Concept Note where necessary before final submission.

2) Feedback from CD ExWG representative to the RAI Steering Committee on 12-13 March meeting and Myanmar Component of the RAI Malaria Concept Note

Dr Thandar Lwin, DyDG of Disease Control represented the CD ExWG on the RAI Steering Committee. She mentioned that the Myanmar country component of the Malaria Concept Note was reviewed and endorsed by the CD ExWG and sent to the RAI Secretariat, which compiled the Myanmar country component with components for the four other countries as well as the regional component. The RAI Steering Committee meeting then reviewed and endorsed among others the Myanmar Country Component during a video conference. One strong point made by Global Fund on the Myanmar malaria proposal was that it need to

provide a better understanding on how EHO and areas not covered by the government will be covered.

Action Point

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

3) SR Selection Process

Mr Ole Hansen presented first the SR selection process used for the current grant. He explained that with the MHSCC ExWG's approval, Malaria, TB and HIV TSG Secretariats released a Call for Proposals (CfP) for each disease, and they were advertised in English and Myanmar language newspapers and through mailing lists. Three weeks' deadline were given. TSG Secretariats then held public information meetings (malaria, joint TB & HIV) in Yangon with Q&A for applicants. The TSG Secretariats developed scoring sheets for the proposal evaluations. Electronic copies of all applications were sent to members of each selection committee. Each member then scored the relevant proposals prior to selection committee meeting. Information on past performance, target achievement, financial expenditure and program quality was shared by PRs (for current SRs), 3MDG, National Programs, and Director of Disease Control, EHO representatives, Civil Society representatives, and technical agencies. Based on members' scoring, discussion and additional information provided at the meeting, the committee reached a consensus on the following:

- Organization selected/not selected.
- Recommended changes in geographic coverage to minimize overlap and get maximum value for money; and
- Recommended changes in technical implementation (e.g., prevention vs. treatment activities for HIV applicants) to minimize overlap and ensure best possible service quality for key affected populations.

Results were submitted to the MHSCC Secretariat, which informed all applicants of results and facilitated communication between selection committees and applicants. Particularly those who were not successful requested more information and reasons for not being selected.

It was pointed out that the PRs carry the legal responsibility with regard to engaging in contracts with the selected SRs and ensure that they perform as per plans.

While there is the possibility of enlarging the number of SRs being commissioned as opposed to going through the application process, it was pointed out that this could be a rather difficult process to document in a fair and transparent manner.

For further information please refer to the presentation here:

https://drive.google.com/open?id=1-yZHmaoI_-PCt7aCnNbHbcY2HwCMW41E.

Discussion

- The Vice-Chair Dr Sid Naing of MSI mentioned that the Chair had advised with regard to timeline that the CfPs should only be issued after comments from the TRP had been received and taken into account in the finalisation of the CfPs.
- Ms Karen Cavanaugh of USAID recommended that the CfPs for the three diseases were strongly aligned and/or integrated to foster further integration of the three programmes and that a further simplified process was introduced.
- Dr Mo Kham of the World Bank and Daw Nwe Zin Win recommended that there should be no further expansion of the use of commissioning for SRs.

Action Points

- On the selection of SR's for the next GFATM grant, all the existing SR's will go through selection process, except MoHS and WHO that are to be commissioned as in the past
- The CD ExWG Secretariat is to consult the Chair on the final decision on timeline for the process and especially the timing of issuing CfPs and further integration of the SR selection process.

4) CD ExWG Secretariat Activities and Budget approved by GF

Dr K Zar Yu of the CD ExWG Secretariat presented on the CD ExWG Secretariat budget for 2020-2022. The budget proposed to the Global Fund was as follows:

Activity costs for three years (USD):

Cost Grouping	**Year 1**	**GF Changes**	**Year 2**	**Year 3**
CD ExWG Meeting	3,555		3,555	3,555
Constituency Engagement	3,209	-1,209	3,209	3,209
Oversight Visit	8,672	- 4,588	8,672	8,672
Capacity Building for CD ExWG members (CBO, PLWD, EHO)	1,448	+ 512	1,448	1,448
Comm Materials & Publication	4,700		4,700	4,700
Others as needed apart from main activities (15% of the activities cost)	3,000		3,000	3,000
Total requested	**24,584**		**24,584**	**24,584**

Total (fixed costs and activity costs combined for three years (USD):

Cost Grouping	**Year 1**	**GF Changes**	**Year 2**	**Year 3**
HR cost	50,760	- 10,285	50,760	50,760
Office rental and supplies	15,100		15,100	15,100
Office Equipment	4,700		2,000	2,000
Indirect & Overhead Cost (Itemized fees to manage CCM Funding)	5,886		5,886	5,886
Total requested	76,446		73,746	73,746
Total activities cost (as per table above)	24,584	- 5,285	24,584	24,584
Grand total requested	101,030		98,330	98,330
Grand total after changes from GF	**85,500**			

Global Fund made changes as per the above tables and approved the budget for year 1. Budget for year 2 and 3 will be decided after review of budget implementation of year 1, but same changes as for year 1 are expected.

For further information please refer to the presentation here:

https://drive.google.com/open?id=1Jts2lgHQdhQAY4v8y6x6QrpJyVutU8mg.

Discussion

- Dr Stephan Jost of WHO commended the efforts to put together the budget but mentioned that the Secretariat rental costs seemed rather high at more than 15% of the total budget. He suggested that the amount is reviewed and the efficiency savings that might be identified could be channeled back into oversight or other CD ExWG activities.
- Dr K Zar Yu mentioned that the Secretariat costs for rent in UNAIDS office in Yangon was at a bit more than 12,000 USD plus other extra charges for internet and maintenance totaling USD 15,100. She explained that with the move to the UNAIDS space in NPT there are additional costs.
- Ms Karen Cavanaugh of USAID asked if an overall budget of the MHSCC Secretariat could be provided in addition to the budget for the CD ExWG and its Secretariat. She also asked that if Global Fund is funding the CD ExWG as it is fulfilling the function of CCM, and hence not funding the MHSCC, then who is funding the MHSCC?

Action Points

- CD ExWG Secretariat and UNAIDS to explore if any savings can be made on rent and channeled to activities.
- CD ExWG Secretariat to provide an overall budget also for the MHSCC activities and its Secretariat.

5) Comments on Oversight Visit to Bago

Dr K Zar Yu of the CD ExWG Secretariat presented on the CD ExWG Oversight Visit to Bago. She explained that members and MoHS staff visited public health and medical services programmes in Bago, Nyaung Lay Pin and Oak-Twin Townships Bago (East) Region. Six venues were included within a two-days visit and preliminary discussions and recommendations were made. She listed the findings according to the three diseases, cross cutting issues, HIS, HRH, Management and Administration and Service Delivery. The overall recommendations were:

- Some CD ExWG members suggested spending a few days more in the next CD ExWG oversight visit as more time is necessary to access the needs at grass-root level. It was found that there is not enough time for detailed data collection as the visit time for

each venue was limited. Data collection from central level prior to visit was recommended.

- Most of basic health staff need transportation support to perform their daily activities especially on outreach programmes. Investment in transportation support is to be considered to strengthening the health system.
- Malaria volunteers (ICMV) need to be further integrated into other services e.g. finding active TB cases.
- Shortage in human resources for health should be a priority in planning for Bago Region with attention to specific type of professionals and certain geographical areas.
- Lessons learnt from the positive experience of using ICMVs in Bago should be documented so that the positive experience could be followed in other States and Regions. The obtained insight can also be used for policy advocacy in training and utilization of health volunteers.
- Ability to do effective data interpretation and careful analysis is much needed in the public health programmes. Situational analysis and presenting the findings and data should be part of the training (maybe continuing professional development programmes) for public sector workers.
- Increasing prevalence of HIV among migrant populations should be investigated and verified further.
- Ways to increase effective use of frontline workers – community health volunteers, sub-rural and rural health centers – for the implementation of health promotion, provision of commodities and referrals and certain other tasks in the community should be identified. To this effect, it is essential to determine what are the best models of integrating better the frontline workers into the health system.

For further information please refer to the presentation here:

https://drive.google.com/open?id=1Zy53faPSh0OV45Wa8_MoHT_nqyOcILYV.

Discussion

- Dr Stephan Jost of WHO commended the findings and stressed the importance of integration and move past vertical systems. He suggested that oversight visits like

these can help identify innovative ways to strengthen integration, the right to health and a move toward UHC.

- Mr Kensaku Ichikawa of JICA mentioned that it might be necessary to stress further to the private sector health service providers the importance of following national guidelines.

6) AoB – Follow-up on Action Points from previous meetings

Mr Ole Hansen presented briefly on the follow-up to the last two meetings' action points. By far most action points had been dealt with successfully. A few were however pending. They were:

- MOHS to work towards a solution to get faster approvals of procurement of particularly methadone and ARVs, but also commodities within the TB programme.

For further information please refer to the table of action point follow-ups here:

https://drive.google.com/open?id=1n0UJSx71P-oriQN_sqTBto-BheIq9IFw.

The meeting has successfully ended on 15:00.

3rd Communicable Disease Executive Working Group Meeting Agenda

Disease Control Meeting Room, MoHS, Nay Pyi Taw

9:00-14:30, 13 March 2020

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 – 09:15	Quorum, Agenda, CoI and Endorsement of 2nd CD ExWG meeting minutes	Approval of agenda and meeting minutes
09:15 – 10:45	1. Review of Draft HIV/TB Concept Note for Myanmar – *40 (2 x 20) minutes max presentation by NAP and NTP PMs Dr Htun Nyunt Oo and Dr Cho Cho San* – *TB* – *HIV*	Endorsement of HIV/TB Concept Note, approval and signature on program budget split and approval sheet
10:45 – 11:00	2. Feedback from CD ExWG representative to the RAI Steering Committee on 12-13 March meeting and Myanmar Component of the RAI Malaria Concept Note	
11:00 – 11:30	3. SR Selection Process – *15 min presentation by Ole Hansen*	
11:30 – 12:00	4. PUDRs for the last 6 months – *15 min presentations by PRs*	Decision on SR Selection Process
12:00 – 12:45	5. Review of reinvestment plans for 2020 – *15 min presentation by PRs*	Comments and endorsement of reinvestment plans
12:45 – 13:15	Lunch	
13:15 – 13:25	6. Workplan and Budget approved by GF - *5 min presentation*	Secretariat
13:25 – 13:50	7. Comments on Oversight Visit final report Bago Region - *15 min presentation by* Secretariat	Comments on mission report provided

13:50 – 14:30	8. AoB - Follow-up on Action Points from previous meetings *– 10 minutes presentation by Secretariat*	Decision on follow-up on any Action Points not yet completed
14:30	Closing by the Chair	