

6th Communicable Disease Executive Working Group

(CD ExWG) Meeting Minutes

Virtual Meeting, 27th May 2020

1. Opening

Dr. Thar Tun Kyaw, the Chair of CD ExWG and also the Director General, Office of the Union Minister, Ministry of Health and Sport delivered the opening remarks. A total of 14 out of 15 (93.3%) of the Communicable Disease Executive Working Group (CD ExWG) members attended the video conference and, hence, the quorum was reached. Programme Directors of NAP, NTP and NMCP, Programme Manager (NTP), Technical Experts from WHO, PWC and PCE also joined the meeting as observers.

Dr Stephan Jost, WHO Representative; Daw Nwe Zin Win, Pyi Gyi Khin (PGK); and Dr Sid Naing from MSI declared COI due to being Sub-Recipients (SR) in the Global Fund grants.

The agenda was presented and endorsed by the Chair. In the opening remarks, the Chair of the CD ExWG thanked to all the participants and briefly referred to the important purpose of this meeting. The main goal was to review and endorse the C19RM proposal by the members of CD ExWG for timely submission to Global Fund and to have updates from technical strategy groups (TSGs) on SRs selection and call for proposals.

2. C19RM Final Application Review and Endorsement

Dr. Badri Thapa, pen holder of the writing team of C19RM proposal has shared the presentation which covered the overview of followings.

- Process of development of the C19RM
- Key Timelines Ahead
- Summary Budget Shared by Modules and Priorities
- Budget split by Programmes and Priorities
- Interventions by P1 and P2 where total of 14 interventions with several activities are detailed which are mostly related to preventive measures of Covid-19

Summary Budget Shared by Modules and Priorities			
Moduled	Priority 1	Priority 2	Total

	\$	%	\$	%	\$	%
M1. Mitigating COVID 19 impact on HIV, TB, Malaria programmes	3,259,053	33	4,188,501	31	7,447,554	32
M2. Reinforcing national COVID 19 response	5,490,895	55	7,738,462	57	13,229,357	56
M3. Urgent improvements in health and community systems	1,183,821	12	1,704,710	13	2,888,531	12
Grand Total	9,933,769	100	13,631,673	100	23,565,442	100

Dr. Htun Nyunt Oo, Programme Director of NAP presented HIV summary budget by modules and priorities as in the table follows.

Modules	P1	P2	Total
M1. Mitigating COVID 19 impact on HIV, TB, Malaria programmes	1,355,803	956,882	2,312,685
M2. Reinforcing national COVID 19 response	1,428,696	2,975,965	4,404,661
M3. Urgent improvements in health and community systems	20,536	3,276	23,812
Grand Total	2,805,035	3,936,122	6,741,157

As of M1 (mitigating Covid-19 impact on HIV, TB, Malaria programmes), a total of 9 interventions and activities were detailed in HIV programme which include prevention related activities, renovation and adaptations of facility settings, activities related to continuation of ART services and MMT services, activities related to HIV Prevention adaptation, activities related to linkage to care and other services, HIV testing (facility, community, self-testing), food support to PLHIV and KP, optimization of diagnostic network, viral load services/transportation and lastly, training, HR and other costs such as PSM cost, PR cost and SR cost.

Afterward, the activities and budget breakdown of HIV component, CEU component and NHL component were explained in detail according to the interventions under each Module and each Priority. There were 2 intervention and activities under CEU: the sustainable HSS and community system strengthening, HRH and capacity building. Those are accounted as M2 (reinforcing national Covid-19 response) and M3 (urgent improvements in health and community systems). As part of NHL, only sustainable HSS and community system strengthening were considered as key intervention under M3.

Dr. Aung Thi, Programme Director of NMCP presented Malaria summary budget by modules and priorities as in the table follows.

Modules	P1	P2	Total
M1. Mitigating COVID 19 impact on HIV, TB, Malaria programmes	1,033,710	1,576,937	2,610,647
M2. Reinforcing national COVID 19 response	1,946,752	2,601,727	4,548,479
Grand Total	2,980,462	4,178,664	7,159,126

The activities and budget breakdown were explained in detail according to the interventions under each Module and each Priority.

As of M1 (mitigating Covid-19 impact on HIV, TB, Malaria programmes), 3 interventions and activities were detailed in the portion of Malaria programme that include digital technology, communication and ACSM activities, sustainable HSS and community system strengthening and Malaria case management and surveillance. As part of reinforcing national Covid-19 response, M2, intervention and activities like prevention related activities, and sustainable HSS and community system strengthening were accounted.

Lastly, **Dr. Cho Cho San**, Programme Manager of NTP presented on TB summary budget by modules and priorities as in the table below.

Modules	P1	P2	Total
M1. Mitigating COVID 19 impact on HIV, TB, Malaria programmes	363,727	912,426	1,276,153
M2. Reinforcing national COVID 19 response	2,028,704		

		2,195,270	4,223,974
M3. Urgent improvements in health and community systems	58,083	278,312	336,395
Grand Total	2,450,514	3,386,008	5,836,522

The activities and budget breakdown were explained in detail according to the interventions under each Module and each Priority. As in the components of TB programme, prevention related activities, sample transportation, digital technology, communication and ACSM activities, HRH and capacity building, and sustainable HSS and community system strengthening were the 5 major interventions accounted for M1 (mitigating Covid-19 impact on HIV, TB, Malaria programmes).

For further information, please refer to the presentation here: [Covid-19 Response Mechanism Proposal](#)

Discussion

The Chair of CD ExWG appreciated the TSG-HIV, TB, Malaria, Secretariats, Proposal Writing Group and pen holder for the well written COVID-19 Response Mechanism proposal to submit to Global Fund. The Chair opened the floor for the discussion.

- Dr. Stephan Paul Jost, WHO Representative, expressed his thanks to the Chair, the implementing partners, the National Programmes, WHO colleagues and proposal writing team of C19RM for the excellent work-done on top of the many other tight timelines. He recognized that the attention was paid to move the activities of National Programmes (HIV, TB and Malaria) forwards in the context of Covid-19 and he highlighted the statement of Chair about catastrophic impact that Covid-19.
- He stressed the importance of the support, particularly to health workers from all sectors (government, NGO, CBO, EHO, etc.) as part of the proposal, essential in the Health Services and Lab Services. He suggested that National Programmes should prepare for the possibility of the second wave of Covid-19 although the confirmed cases are relatively low, so far.
- He brought up the current condition of testing the specimen (20,000 for 6 weeks of time) as an example and imposed that having additional cartridges for co-working with GeneXpert machine and additional test kits available for a month is good for the

proposal, as of additional support. It has been noted that health system components was included in the proposal in the aspect of NHL, CEU, central medical store and others important components because it is very important to have the extra support and supplement for the management function on overarching. He finally commended that the proposal is good to proceed considering the remarks given prior.

- Dr. Thandar Lwin, Deputy Director General (Disease Control), Department of Public Health, Ministry of Health and Sports appreciated everyone for their effort, contribution and technical assistance provided in developing of C19RM proposal. First, it needs to mention clearly that among two PRs in country, only one i.e. UNOPS has been selected by TSGs (Technical Strategy Groups) and endorsed by Communicable Diseases Executive Working Group as per the guidelines of Global Fund and Save the Children became a co-PR. Secondly, she referred the information from the Global Fund, which said the country proposal does not require to send to the regional committee. Thus, Regional Steering Committee (RAI grant) communicated to Secretariats to share the proposal, does not have the role to influence on our proposal development and submission process. Thirdly, supporting to the comments of Dr. Stephan Jost from WHO, she mentioned that in covid-19 outbreak era, it is important that health care staff are well protected and the setting of the clinics have to be modified, renovated and all infection control measures must be in place. Moreover, these have to apply constantly because we have to live with Covid-19 from now on and we have to start thinking about health care setting. Fourthly, she has raised her concern about HIV self-testing and asked about the further process on confirmation and treatment if the person is self-tested as positive. For that, the specification and the linkage have to be clearly mentioned. She has then asked to set the eligibility criteria to avoid any discrimination on providing nutrition supply to PLHIVs which was proposed with two intervention and it seems unfair if it does apply only to the HIV patients. The same consideration to be made for risk allowance of health care staff and volunteers as the discrimination should not be created among health workforce because the general health care staff and volunteers may not be getting this kind of allowance. However, it was agreed and supported the consideration of harm risk allowance for the laboratory technicians who are dealing with infectious materials as they are in high risk. The last point was related to the

waste management which should be carefully considered on disposing of infected sputum specimens.

- Dr. Htun Nyunt Oo, Programme Director of NAP, MOHS responded on the concerns and observation points made by Dr. Thandar Lwin as following.
 - For the HIV self-testing, it is undertaking the demonstration as a pilot project in Yangon and Mandalay region with private funding. He has the same concern as training may be required for self-tester and the needs of linkages. The proposal is still under preparation for the submission to MOHS and designated IRD. It will be reviewed in detail following to the guidance and only put under priority 2.
 - Regarding food supply to PLHIVs, six months nutrition support was once received from Global Fund during 2017-18. The eligible criteria were developed since then and it was practiced in the Regions and States. He agreed to carefully consider not to have any discrimination.
- Dr. Mya Thet Su Maw from DFID has shared two comments relating the proposal. First, the same observation as Dr. Thandar Lwin, the nutrition supply to vulnerable persons who are suffering due to the impact of Covid-19 should be considered to apply for TB and MDR-TB patients as well. Second is testing strategy as there is the increase in demands of reagent due to the new strategy. Some amount was covered in the proposal, but it need to consider on how to cover in case of higher requirement. She has confirmed her assumption that this proposal is covered for EHOs area.
- Dr. Htun Nyunt Oo replied that TB and MDR-TB patients are receiving nutrition support from current grant. It is planned to provide two months nutrition support for PLHIVs who fit with eligible criteria.
- Mr. Oussama Tawil from UNAIDS provided general remarks acknowledging the exceptional work-done of proposal writing team, National Programmes and technical experts. He has stated that the introductory has solid overview and the template is quite complete in term of activities and budget. The needs and gaps in the fields were identified by implementing partners although it would have been better if time allowed to conduct the field level assessment. He acknowledged the excellence inclusion made with the involvement of CEU and NHL for the whole process especially for module 2 and 3. Since each programme is having different context in

reality, it is noted that the implementation period was considered differently. Forecast on lockdown area and quarantine area were considered. He then acknowledged Dr. Badri to statement about the discrimination for the people being suspected to have Covid-19 and the involvement of community. And he added that it is worth to rethink the matter of nutritional support with an aspect of eligibility criteria, expansion to other vulnerable population with TB and MDR-TB. Priority 1 seems quite rationalized and not much time was given to Priority 2 to be rationalized since this is just an additional resource we may probably get. In term of HIV aspect, the point of edition was also shared to pen holder of writing team, Dr. Badri. He then strongly endorsed the proposal.

Decision Points

- To clearly mention the fact that among two PR in country, only one i.e. UNOPS has been selected by TSGs and endorsed by CD ExWG as per the guidelines of Global Fund and co-PR is Save the Children
- The proposal is not required to share with Regional Steering Committee since this is the country proposal.
- For HIV self-testing, in demonstration phase, the confirmation and the linkage for treatment have to be clearly mentioned
- To set the eligibility criteria to avoid any discrimination on providing nutritional support to PLHIVs and it is supported the consideration of risk allowance for the laboratory technicians
- To carefully consider the waste management that is on disposing of covid-19 infected sputum specimens.
- To include the statement about the discrimination for the people being suspected to have Covid-19 and the involvement of community

3. Endorsement of C19RM proposal by members

It was announced by Chair that C19RM proposal is endorsed by CD ExWG to proceed for timely submission to Global Fund since no objection or rejection received.

4. Signing process _ PRs signature

The CD ExWG members has signed on the endorsement of funding request form provided by Global Fund.

5. AOB (any other business), GF new grants - Updates from TSGs on SR selection

Dr. Thandar Lwin, DyDG (Disease Control), Department of Public Health, MOHS has briefly explained on how the process and timelines of SRs Re-Selection for Global Fund next grant (2021-23) was shared and have endorsed by CD ExWG following to the communication of Global Fund which states; **“The CD ExWG is encouraged to retain those well performing SRs for the next cycle for all disease components. If the activities are included in the FR and the geographical areas match, and, if their performance is solid, a re-selection process is not necessary that countries do not need to conduct a reselection process for well performing SRs”**. In the previous CD ExWG meeting, the Chair of the CD EXWG(CCM) has also consulted with the programme directors and it was claimed that the performances of existing SRs are satisfactory and well-performing. Thus, CD ExWG had agreed not to conduct SRs Selection. However, PRs suggested some SRs (TB and Malaria Programme) under RG to take under country grant. The discussion was opened to have clear understanding and guidance on that matter.

Discussion

- Dr. Aung Thi confirmed that in Malaria Programme, no SRs under Regional Grant are allowed to apply the call for proposals of country grant.
- Dr. Si Thu Aung has informed that it was discussed among the members of TB-TSG as there are 3 SR (SMRU, ARC and World Vision) which are working under Regional Grant. However, it was noted that Regional Grant will be ended in December 2021 and the next country grant starts from January 2021. Thus, TB-TSG has no objection on SMRU only to apply the Country grant although they are Regional SRs.
- Dy DG Dr. Thandar Lwin commented that SMRU will only be considered as a Country SR only after 2021 as they are receiving 80% of the Regional grant of TB. Or either when the current grant savings are enough to support their proposal beyond 2021.
- Dr. Oussama from UNAIDS commented on the C-19 RM proposal- the decision is clear and project proposal was developed. As UNOPS will be working together with SC- PR (as a Co-PR) in particular prevention aspects of all three diseases, it would be good to mentioned in the proposal so that everybody aware of the MOU agreements and channels between UNOPS and SC-PR.

- He also commented on the SR selection that, given the very short time frame and due to COVID-19, the SR expansion can be done with some SSRs put under existing SRs, because of the geographical coverage and community involvement. As some of the strategies proposed in the Global Fund Funding request (HIV), we should consider involvement of new actors (local NGOs) and task shifting to public sector.

Action Points

- No regional SRs are allowed to apply the Malaria call for proposals.
- CD ExWG agreed on updates from TB TSG has no objection on SMRU only to apply the Country grant although they are Regional SRs. And TSG decided that American Refugee Committee (ARC) and World Vision Myanmar (WVM) are not entitled to apply.
- SMRU, ARC and World Vision will only be considered for application as Country SRs only after 2021 or either when the current grant savings are enough to support their proposal.
- Can consider SRs/SSRs if there is saving by end of 2021.

6. Closing

Dr. Thar Tun Kyaw appreciated the attendees and collected the votes from members and endorsed the proposal. He also appreciated the C-19RM writing team, three diseases TSGs and National Program Directors for their valuable contribution to this proposal. Because of this funding proposal, there are hopes of relieving the COVID-19 impacts on Myanmar health system.

The meeting has ended at 12:00 PM.

Annex: 1

6th Communicable Disease Executive Working Group (CD ExWG) Meeting Agenda

27th May 2020

10:00-11:50 AM via Skype for Business

Please join Skype at least 10 mins before the meeting.

Time	Agenda Item	Presenter
10:00-10:10	Welcome by the Chair	Dr Thar Tun Kyaw (Director General, Office of the Union Minister, MoHS)
10:10-10:55	C19RM Final application review and endorsement (45 mins presentation)	National Programme Directors (NAP, NTP, NMCP) Dr Badri Thapa, pen holder of C19RM proposal writing team
10:55 – 11:30	Discussion	CD ExWG members
11:30-11:35	Endorsement of the C-19 RM proposal by members	The Chair and CD ExWG members
11:35 – 11:40	Signing	The Chair and CD ExWG members
11:40 – 11:45	AOB GF new grants - small updates of TSGs on SR selection – SRs from regional grant want to put up their proposals to get country grant (TB and Malaria)	Dr Thandar Lwin (DyDG, Disease Control, DoPH, MoHS)
11:45-11:50	Closing remarks by the Chair	Dr. Thar Tun Kyaw (Director General, Office of the Union Minister, MoHS)

Annex:2

Participant List of 6th CD ExWG Virtual Meeting (27 May 2020)				
No.	Name	Role	Title	Organization
1	Dr. Thar Tun Kyaw	Chair	Director General, Office of the Union Minister	MoHS
2	Dr. Thandar Lwin	Secretary	Deputy Director General (Disese Control), DOPH	MOHS
3	Dr. Htin Linn	Member	Deputy Director General (Public Health), DOPH	MOHS
4	Dr. Stephan Paul Jost	Member	Country Representative	WHO
5	Dr. Oussama Tawil	Member	Country Director	UNAIDS
6	Mr. Kensaku Ichikawa	Member	Representative	JICA
7	Dr. Mya Thet Su Maw	Member	Health Adviser	DFID
8	Dr. Nang Mo Kham	Member	Senior Health Specialist Health, Nutrition and Population	World Bank
9	Dr. Sid Naing	Vice Chair	Country Director	Marie Stopes International (MSI)
10	Daw Nwe Zin Win	Member	Executive Director	PGK
11	Daw Htwe Htwe Myint	Member	Chair Person	Myanmar Positive Women Network (MPWN)
12	Prof. Dr. San San Myint Aung	Member	President	Myanmar Maternal and Child Welfare Association (MMCWA)
13	Daw Khin Myo Su	Member	EC Board Member	Myanmar Federation of Persons with Disabilities (MFPD)
14	Daw Nu	Member	Deputy Head	Wa Health Department, Representative for Alliance of Northern EHOs
15	Dr. Aung Thi	Observer	Programme Director (NMCP)	MoHS
16	Dr. Cho Cho San	Observer	Programme Manager (NTP)	MoHS
17	Dr. Nwe Nwe Aye	Observer	PCE	PCE
18	Jan de Jong	Observer	LFA Team Leader	PWC
19	K Zar Yu	Secretariat	Communications Officer	UNAIDS
20	Walar	Secretariat	Liaison Officer	UNAIDS
21	Yu Yu Win	Observer	CD-Assistant	UNAIDS
22	Dr. Badri Thapa	Observer	TSG Secratariat, Malaria	WHO

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23	Rahman.MD	Observer		WHO
24	Ole Hansan	Observer		WHO
25	Yin Mon	Observer	NPO, Malaria	WHO