



*Oversight Visit to Bago (East) Region*

*20 - 21 January 2020*

*Report*

***MHSCC***

***Communicable  
Diseases***

***Executive***

***Working Group***

***(CD ExWG)***

## Contents

<b>Acronyms .....</b>	<b>2</b>
<b>Section-1: Executive Summary .....</b>	<b>3</b>
1. Introduction .....	3
2. Cross-cutting, systemic issues and recommendations .....	4
2.(a). Health Information Systems (HIS) .....	5
2.(b). Human Resources for Health (HRH) .....	5
2.(c). Health Financing .....	6
2.(d). Service delivery.....	6
3. Overall recommendations .....	7
<b>Section-2: Field Visit Notes .....</b>	<b>8</b>
Day 1, Venue 1: Regional Health Department (RHD).....	8
Day 1, Venue 2: PSI TB & Malaria Clinic, Nyaung Lay Pin Township.....	10
Day 1, Venue 3: Nyaung Lay Pin Township Hospital.....	11
Day 1, Venue 4: Myanmar Medical Association- Quality Assured General Practitioner TB Clinic, Nyaung Lay Pin Township.....	13
Day 2, Venue 1: Oktwin Township Hospital.....	14
Day 2, Venue 2: Bawdikone RHC.....	16
<b>Annex - 1: Oversight Visit Agenda .....</b>	<b>18</b>
<b>Annex - 2: List of Participants.....</b>	<b>20</b>

## Acronyms

ACF	Active Case Finding
AMW	Auxiliary Midwife
API	Annual Parasite Index
ART	Anti-retroviral Therapy
ASV	Anti-Snake Venom
ATM	AIDS, TB and Malaria
BHS	Basic Health Staff
CD ExWG	Communicable Diseases Executive Working Group
CHW	Community Health Worker
CPT	Cotrimoxazole Prophylaxis treatment
CXR	Chest X-Ray
DC	Decentralized Centre
EID	Early Infant Diagnosis
FSW	Female Sex Worker
GFATM	Global Fund on AIDS, Tuberculosis and Malaria
GP	General Practitioner
HA	Health Assistant
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
ICMV	Integrated Community Malaria Volunteer
INGO	International Non-Governmental Organization
IPT	Isoniazid Preventative Therapy
MDR-TB	multi-drug resistant tuberculosis
MHAA	Myanmar Health Assistant Association
MMCWA	Myanmar Maternal and Child Welfare Association
MHSCC	Myanmar Health Sector Coordinating Committee
MMA	Myanmar Medical Association
MO	Medical Officer
MOHS	Ministry of Health and Sports
MSI	Marie Stopes International
MSM	Men who have Sex with Men
NAP	National AIDS Programme
NGO	Non-Governmental Organization
NMCP	National Malaria Control Programme
NTP	National Tuberculosis Programme
PGK	Pyi Gyi Khin
PMTCT	Prevention of mother-to-child transmission
PPM	Public Private Mix
PSI	Population Services International
RDT	Rapid Diagnostic Test
RHC	Rural Health Centre
RHD	Regional Health Department
TB	Tuberculosis
TMO	Township Medical Officer
TSR	Treatment Success Rate

## Section-1: Executive Summary

### 1. Introduction

Within the framework of the Myanmar Health Sector Coordinating Committee (MHSCC), an oversight visit was conducted by the Communicable Diseases Executive Working Group (CD ExWG) to Bago Region (East) on 20-21 January 2020. Under the guidance of Dr. Thar Tun Kyaw, Director General, Office of the Union Minister, Ministry of Health and Sports (MOHS) as chair of the CD ExWG, 12 members of the CD ExWG participated in this visit, alongside Programme Managers of the National TB Programme (NTP), National AIDS Programme (NAP) and National Malaria Control Programme (NMCP) – *Annex-2*. The CD ExWG Secretariat also participated in and supported this oversight visit.

The oversight visit covered Nyaung Lay Pin and Oktwin Townships in Bago Region (East). Six health care facilities were covered in the two-day visit – *Annex-1*. It should be noted that preparatory steps and contacts were undertaken by the CD ExWG Secretariat with each of the health care services during a pre-oversight visit conducted earlier in January 2020. Assessment tools, including pre-developed check-lists and key informal interview schedules, were shared in order to gather all of the necessary information relating to Global Fund on AIDS, Tuberculosis and Malaria (GFATM) supported implementation in public health facilities covering a District, two Township Hospitals, one Station Hospital and two local health implementing partners working closely with the Regional Health Department (RHD). Thematic discussions were held on health in the region and the CD ExWG members constructively contributed to raising issues and suggesting recommendations in terms of technical and programmatic needs as well as in addressing challenges.

Bago Region is divided into two parts, East and West, with a total population of 5.2 million of which nearly four-fifth (4.2 million) are rural inhabitants. The Region is composed of 28 townships and has 6,500 villages. In terms of health facilities, the Region has 30 Township Hospitals, 82 Station Hospitals, 30 Maternal and Child Health Units, four Urban Health Centers, five School Health Centers and 161 Rural Health Centres (RHC). Out of 1,423 approved regional midwife positions, 1,402 were appointed amounting to nearly 99% of the approved positions. Regarding the appointment of Public Health Staff, 109 and 232 vacancies were observed for Types I and II staff, respectively, accounting for 40% and 81% of the posts being filled against the total number of approved posts. From this perspective, there was agreement that recruiting the approved health workforce is essential to ensure effective implementation of public health programmes.

When looking at the **Tuberculosis (TB)** Programme in the Bago Region, there has been a steady decline in sputum positivity rates over time, recorded at 11% out of 848 TB examinations/tests per 100,000 population in 2018 with the peak having been at 29.9% out of 251 TB examination/tests per 100,000 population in 2003. However, in 2019, the percentage was at 18%. In 2019, TB case notification per 100,000 population was 213 cases. The active coordination and partnership efforts with Population Services International (PSI) and Myanmar Medical Association (MMA) played a pivotal role in reaching more TB cases and providing prevention services to vulnerable groups in the community. The annual

Treatment Success Rate (TSR) of bacteriological confirmed cases (2011-2019) reached 85% in 2019. The number of Isoniazid Preventative Therapy (IPT) registrations in children under 5 years was low at 41% in 2019 as compared to 68% in 2016. Having investigated TB-HIV collaborative activities in 2019, 423 were found to be HIV positive out of 10,755 registered TB patients (new and relapse). Of those found to be living with HIV, only 56% received antiretroviral therapy (ART), signaling that more advocacy is needed to emphasize the timely provision of ART by TB service-providers. Notably, as well, there remains a gap between multi-drug resistant tuberculosis (MDR-TB) case notification and treatment, as 9% of all notified cases did not get timely treatment in 2019. However, more positively, MDR-TB case finding by Gene Xpert testing in the Region has increased to 8,936 in 2019 from 3,645 in 2016.

As for overall coordination, the Region has several implementing partners including Myanmar Maternal and Child Welfare Association (MMCWA), Myanmar Health Assistant Association (MHAA), maternal newborn and child health centres, PSI and MMA. There are wide ranging activities and services through passive case finding and case holding due to the Public Private Mix (PPM) scheme for TB prevention and care and Active Case Finding (ACF) strategy.

Turning to the **HIV** Programme, the regional data shows that men who have sex with men (MSM) account for the highest population size estimate (12,094) among risk or key populations. In terms of service coverage, prevention services are provided in all townships, outreach services to six townships, Prevention of mother-to-child transmission (PMTCT) services to all townships and ART to 17 townships (through 10 ART centres and 13 ART Decentralized Centre [DC] Sites). In 2019, 4.4% of female sex workers (FSWs) and 7.5% of MSM were HIV positive. In 2019 (January-November), 93% ART coverage was reported for those testing HIV positive among over 80,000 pregnant women. In regard to early infant HIV diagnosis (within two months after delivery), 50 HIV exposed babies were tested in 2019, and only two babies were detected as HIV positive. The Region did very well in aligning to the national ART scale-up plan in terms of maintaining an upward trend in the provision of ART, with a total of 8,706 on ART in 2019. However, challenges continue to be faced in increasing viral load monitoring for ART patients, IPT provision for people living with HIV and ART initiation in cases of TB-HIV co-infection.

Regarding the **Malaria** Programme, the Region is on track with the implementation of the National Malaria Elimination Strategy, the Annual Parasite Index (API) was 0.10 in 2019 compared to its highest of 0.65 in 2015. This major success needs to be continued with the implementation of all malaria elimination activities. For example, health authorities, such as Township Medical Officers (TMOs), need to increase attention to the implementation of the National Malaria Elimination Strategy.

## **2. Cross-cutting, systemic issues and recommendations**

Despite progress made by the Region's GFATM supported programmes, there remain significant geographical coverage issues - for example, for those working in the gold mine areas as they are unable to reach health services in a timely manner. This issue further highlights difficulties of service provision in hard-to-reach forest, hilly and dam areas and in relation to internal labor migration. On a positive note, local implementers including MMA, Pyi Gyi Khin (PGK) and PSI work closely with local health authorities like TMOs and there has been a regular coordination and engagement in terms of reporting and

partnership activities. Nevertheless, a major concern is the continuity of health professionals who work in the private sector, such as general practitioners (GPs) working in PSI and MMA clinics for TB, HIV and Malaria services, as this does not guarantee further expansion and collaborative activities in the future. Health professionals regularly find better employment opportunities elsewhere as well as run their own private businesses.

Further observations, challenges and key recommendations are presented below in the section on health information systems (HIS), human resources for health (HRH), health financing and service delivery.

### **2.(a). Health Information Systems (HIS)**

It was noted that the regional health team has undertaken an impressive exercise in gathering and managing the Region's programme data. However, caution is required in analyzing and interpreting the data for programme planning efforts so as to reflect actual needs and how to best address programmatic gaps. From the aspect of data quality management training, the Region is expecting to have a shared joint training workshop on the three Programmes (TB, HIV and Malaria), and this could be an opportunity to involve basic health staff (BHS) in training due to low numbers of public health staff across vertical health programmes.

#### **Recommendations**

Data analysis and interpretation: Effective data interpretation and analysis is much needed in the public health programmes. Data presentation and analysis of findings should be a part of training (possibly through a continuing professional development programmes, such as continued medical education) for public sector workers. In addition, it was noted that evidence on higher prevalence of HIV among migrant populations should be further assessed.

### **2.(b). Human Resources for Health (HRH)**

As a common finding from previous oversight visits, one of the key observations in this visit was the shortage in human resources at least in some staff categories. Across the Region, the number of medical doctors and nurses, as well as X-ray and lab technicians is still insufficient. This is specifically pointed in the recruitment of laboratory technicians for the TB programme where only six townships have staff to perform the assigned tasks. It is apparent that the number of appointed Public Health Staff I and Public Health Staff II is also insufficient. Concerning Health Volunteers, only 1,336 (52%) out of 2,585 Community Health Workers (CHWs) are currently active.

#### **Recommendations**

The shortage in health workforce is a priority to be addressed for the Bago Region with attention to prioritizing specific type of professionals and for certain areas. The lessons learnt from the positive experience of using Integrated Community Malaria Volunteers (ICMV) in Bago should be documented so that it could be followed in other States and Regions as well. The obtained insight can also be used for policy advocacy in the training and utilization of health volunteers. It is also recommended to move forward on the community health volunteer policy addressing specifically the role and responsibilities of health volunteers in public health and implementation.

### **2.(c). Health Financing**

Although the GFATM disease programmes are functional in terms of implementation and resource utilization, the implementers (regional and local health authorities, including TMOs) are not always aware of resource planning, grant management or the forecasting of actual expenditures of the field level interventions. They have limited awareness of the GFATM envelope amount across the three disease programmes, how the cost categories were developed and budgeting of activities. CD ExWG members underlined the point that the current financial management capacities of programme staff should be upgraded including through the establishment of operational guidelines and Standard Operation Procedures (SOPs). Therefore, it is necessary to support the development of inclusive health plans at regional/township levels.

### **2.(d). Service delivery**

In general, the visited MOHS facilities seem to provide the range of prevention, diagnosis and treatment service delivery options, but scope and quality is partially hampered by limitations in human resources. In specific reference to Malaria, the National Malaria Elimination Strategy is well in progress in the Region and more case investigations were able to be done in 2019 while more foci investigations were needed to meet the targets. Currently, Malaria elimination activities are conducted by the Malaria Focal Person. TMOs are not yet trained on Malaria elimination strategies. ICMVs seem to be working well in some areas of the Region, showing that they are active in delivery of services and expanding the scope of health services.

With respect to TB, the timely referral of sputum examination and diagnosis are being offered to TB suspect clients in close collaboration with local INGO partners, including PSI and MMA clinics. MDR-TB patients follow up is carried out through the respective TB programme staff and field volunteers supported by INGOs. However, diagnosis of MDR-TB on timely basis is certainly required to set up the Gene Xpert machine at township levels to get speedy testing results and give on-time appropriate treatment to MDR-TB confirmed cases. The IPT strategy still meets resistance from service providers (GPs, MOs and Specialists) due to the need to exclude active TB infection in the children, and the significant possibility of loss to follow up after initiation of treatment.

For HIV, ART coverage is in 17 townships and is made up of 10 ART centres and 13 DC sites. There is no methadone maintenance therapy (MMT) centre in the Bago Region as drug use has not been identified as a major problem in this Region, despite the fact that the HIV rate increased this last year in internal migrant populations in the gold mine areas. An additional challenge remains to reach the target in the provision of ART in TB-HIV coinfecting cases - the ART coverage among TB-HIV coinfecting cases was 51% in 2019 and viral monitoring among all ART clients was 46%. The viral suppression rate was above 90% for all tested cases in the same reporting year. DC sites are not initiating ART for TB-HIV coinfecting cases. To expand Early Infant Diagnosis (EID), attention is still needed to cover all HIV exposed babies through the HIV team in the Region.

### **3. Overall recommendations**

- It was suggested that the next CD ExWG oversight visit should be given more time to assess the needs at the field and grass-root levels. There was also limited time for interaction at each venue.
- As the Bago Region has considerable tropical forest and hills, transportation is an area of investment to consider for strengthening health systems. Most of the BHS need transportation to perform their daily activities, especially their outreach activities.
- Malaria volunteers (ICMV) need to be integrated into other services, e.g. active finding of TB cases.

## Section-2: Field Visit Notes

### Day 1, Venue 1: Regional Health Department (RHD)

*Activity: Meeting with the Bago Regional Health Director, Regional Focal Persons for AIDS, Tuberculosis and Malaria (ATM) and discussion on issues and challenges.*



#### **Findings:**

- **GFATM management** - It was observed that there is need for more interaction with GFATM Principal Recipients, United Nations Office for Project Services (UNOPS) and Save the Children International, and RHD on performance targets and on funds allocated to the Region.
- **Data flow and management** - There is substantial amelioration of data gathering, reporting and management by the regional health team. More attention must be given to data presentation and analysis by the respective programmes.
- **Human Resources** - The appointment of health professionals in the Region is less than the number of approved posts. The human resource recruitment gap has been partially addressed by: i) appointing a public health supervisor and ii) conducting ATM related activities.
- **Coordination with implementing partners** - PSI has been providing a strong incentive for health care providers when it comes to having access to quality assured medicine supplies and services. One key challenge is that the number of young medical doctors who run GP clinics with integrated PSI activities is declining and this warrants urgent attention.
- **HIV** - Among key affected, risk and vulnerable populations, the HIV positive rate among FSW and MSM accounts for 4.4% and 7.5% respectively in 2019. It is also noted that internally displaced

and internal migrants are also requiring HIV prevention and testing services. In one selected group of migrants, an HIV positive rate was recorded of 7% in 2019 out of 169 tested individuals. This latter finding requires further understanding on the risk and vulnerability contexts.

- Regarding PMTCT, out of 163,151 pregnant women, 81,757 were tested and ART coverage was as high as 93% for pregnant women who were found to be HIV positive in 2019 (Jan-Nov). Out of 139 HIV exposed babies, 50 babies underwent EID within two months.
- **TB** - Both passive and accelerated case findings are being carried out in close collaboration with PSI, MMA, MMCWA and MHAA. In 2019, there was an 18% TB positive rate detected out of 506 people tested for possible TB. There is a high number of childhood TB cases (over 20%). A decline in case notification rate (CNR) per 100,000 population was observed with 213 cases in 2019. TSR was revealed as at 85% in 2019. There was a total of 41 IPT registrations in the same year. The IPT strategy still meets resistance from service-providers (GPs, MOs and specialists) due to the need to exclude active TB infection in candidates, and the significant possibility of loss to follow up after initiation of treatment.
- **Malaria** - In 2019, in the whole of the Bago Region there were 222,238 people tested for Malaria and 498 people were found to be Malaria positive. More case investigations were done in 2019 but more foci investigations are needed.
- **TB-HIV** - For registered TB-HIV coinfecting cases, Cotrimoxazole Prophylaxis Treatment (CPT) coverage was noted at a rate of 73% and ART coverage was at a rate of 56%. For MDR-TB cases, 200 people were treated against the total of 220 notified cases.
- **Training** - Given the participation of BHS, the integrated GFATM training on HIV, TB, and Malaria related programmes were necessary.
- **Laboratory** - Some improvement to systems (e.g. ability to send sample for viral load to National Health Laboratory) were observed.
- **Procurement and Supply** - The supply chain is still a challenge, for example delayed procurement and delivery to facilities in some areas.

### ***Recommendations:***

- To establish a GFATM funding envelope for programming at regional or state level to improve ownership and planning.
- At regional/township level, the measures of involving all stakeholders is recommended when developing health plans. Remote and hard-to-reach areas should be covered with an emphasis on equity. Resource planning should be strengthened.
- Situation analysis and presentation of data findings should be a part of trainings (possibly also continuing professional development programmes, such as continued medical education) for public sector workers. Some assumptions, such as the increasing prevalence of HIV among migrant populations working in the gold mine industry, should be assessed and verified.
- A way to extract detailed financial data for a township, state or region should be devised in order to inform on GFATM contribution and results. However, a first step should be improving the current status of the availability of budget allocations and expenditures incurred by a specific area (a township, for instance).

- Lessons learned from the positive experience of using ICMVs in Bago should be documented so that the experience could be followed in other Regions and States as well. The insights obtained can also be used for policy advocacy in training and utilization of health volunteers.
- As pharmacies provide medicines, goods and services, it is necessary to also include them and to analyze the gap in service availability especially in rural areas.
- To support health system strengthening especially in the areas of e-Health and CHW policy.

### **Day 1, Venue 2: PSI TB & Malaria Clinic, Nyaung Lay Pin Township**

*Activity: Meeting with the Medical Doctor and a discussion on issues and challenges.*



#### ***Findings:***

The Working Group met with the PSI GP doctor, Dr. Khin Maung Aye, who has been in the SUN clinic network for over 30 years.

- Dr. Khin Maung Aye received trainings on the updated treatment guidelines for TB and malaria. Free anti-TB treatment was provided to all TB positive patients.
- At the clinic, Dr. Khin Maung Aye provided Malaria Rapid Diagnostic Test (RDT) and HIV testing for all TB patients, and sputum testing and chest X-ray (CXR), was sent to Nyaung Lay Pin Township hospital. For MDR-TB and Gene Xpert, the patients are sent to Bago Hospital.
- The clinic is well maintained. Medical supplies and the drugs available are stored. The clinic receives the TB drug supply monthly. Information on expired or nearly expired drugs was not available.
- The doctor reports monthly and annually to PSI. Mandatory reporting for TB has been practiced since 2018. For malaria reporting, a phone application was installed, and a mobile number was available for positive malaria cases but the number of malaria cases is declining.

- **Challenges** - i) Most of the TB defaulters are due to migration to other places. ii) There is still stigma and discrimination around TB. iii) There are only a few GP clinics in the township. iv) Most patients are still reluctant to receive the anti-TB treatment and a low health literacy rate is noted.

**Recommendations:**

- The space for the clinic should be wider and with more privacy.

**Day 1, Venue 3: Nyaung Lay Pin Township Hospital**

*Activity: Meeting with the Township Medical Officer and Focal Persons for AIDS, Tuberculosis and Malaria (ATM) and a discussion on issues and challenges.*



**Findings:**

- **GFATM support:** The presence of GFATM support is visible in ART provision, TB and Malaria related services and laboratory support.
- **Training and Capacity Building** - The capacity of Malaria outreach volunteers still needs to be developed by addressing resource and training needs.
- **Coordinated work** - The Township ATM services depend on the additional support from MMA, PGK, PSI and Marie Stopes International (MSI).
- **Data management and resource planning** - Capacity to analyze data and to make programmatic adjustments is necessary at the Township level. Planning on resource allocation should be done at the central level to Regions/States based on disease epidemiology, demography, local contexts, and vulnerability of patients.

- **Human Resources** - There are no major gaps in human resources: Health Assistant (HA) (nine out of 13), PHS I (four out of six), PHS II (48 out of 65) were appointed with respect to the approved number of posts.
- **Specific situation of key and vulnerable populations on HIV** - Situation assessment is needed including for migrant population (in gold mines) - HIV testing and prevention services are being addressed progressively.
- **HIV** - There is still a human resource gap in promoting comprehensive HIV services in the context of outreach care, adherence support and referrals. Among HIV testing of clients and partners across all populations, 74% of HIV positive cases were discovered in 2019 showing an upward trend even though testing targets are modest. Very few pregnant women were HIV positive and all had pre-test counselling in 2019 (Jan-Nov). Relating to the PMTCT cascade, no early infant HIV diagnosis cases were detected due to the substantial coverage of infant prophylaxis ART cases in the same reporting period. A total number of 188 ART patients were recorded in 2019. For 2019, ART coverage among TB-HIV coinfecting patients improved to 67% compared to 29% in 2018.
- **TB** - A total of 335 bacteriological confirmed and clinically diagnosed cases were reported in 2019. CNR for TB cases has been on a declining trend with 152 cases per 100,000 population in 2019 from a peak of 207 cases per 100,000 population in 2015. A treatment success rate of 85% was observed in 2018.
- Regarding MDR-TB cases, a total of 223 Gene Xpert MTB/RIF tests were performed. There were seven transferred cases of Rifampicin Resistance TB cases in 2019. 50% of TB-HIV positive cases were given ART in 2019.
- **Malaria** - In 2019, 35 patients were found to have Malaria out of 8,644 people tested. Mostly, they were Plasmodium Viva cases. In 2019, the annual bacterial examination rate was 3.80 and the API was 0.15. The reported cases did come from different sources including BHS, Village Health Volunteers and INGOs (PSI). A mass Long Lasting Insecticidal Nets distribution (31,983) was carried out in 2019 in the Nyaung Lay Pinbin township in the Bago East Division.
- **Training**
  - 1) **TB** - Contact tracing training was undertaken on 19 December 2019. An advocacy meeting and training for mandatory TB case notification at Township level was completed on 15 November 2019.
  - 2) **HIV** - A refresher training at Township level was successfully completed on 5 December 2019.
  - 3) **Malaria** - Two evaluation meetings (were held on 18 March and 25 September 2019). ICMV refresher trainings were conducted in July and September 2019.

### ***Recommendations:***

- Experienced HAs should be assigned to TB-related activities.
- Treatment guidelines should be adequately distributed to ATM Teams. For instance, ART treatment guidelines.
- Adequate human resources who are well experienced and skillful in contributing to public health programmes such as HIV should be provided.
- ART coverage should be improved although there has already been good progress made.

- There are five NMCP volunteers who are recommended to conduct monitoring visits to catchment villages, along with a quarterly based reimbursement.
- TMOs in the whole of the Bago Region should be given Malaria elimination training in order to know the strategic and implementation focus of the National Malaria Elimination Strategy plans and priorities.

### **Day 1, Venue 4: Myanmar Medical Association- Quality Assured General Practitioner TB Clinic, Nyaung Lay Pin Township**

*Activity: Meeting with the Medical Doctor and discussion on issues and challenges.*



#### **Findings:**

- Dr. Myint Zu Kaung is the clinical doctor who has been participating in MMA PPM project since late 2017. Two-thirds of her clients come from the rural part of Nyaung Lay Pin.
- The project is named “scheme 1” which encompasses only TB case finding and referral to NTP for TB testing.
- Patient Support - Transportation costs (based on travel distance) and CXR fees (10,000 to 13,000 MMK) for poor patients (CXR in public hospital is often of questionable quality and out of service) are initially paid by the GP and reimbursed by MMA later.
- In 2019, a total of 12 suspected patients were referred. Of those, there were two sputum positive TB cases and three clinically diagnosed TB cases.
- GPs are routinely informed about the results of the cases that are being referred to township NTP Team.
- Dr. Myint Zu Kaung received only one training at the beginning of the project which was jointly organized by NTP and MMA.
- Dr. Myint Zu Kaung uses the standard referral form which is easy to use and gets feedback from MMA field staff on the diagnosis of referral cases.

- Healthcare waste and residues from the clinic are collected by the Township Municipal Department as the clinic has no capacity to use like incinerator or dump pit etc.

## Day 2, Venue 1: Oktwin Township Hospital

*Activity: Meeting with Township Medical Officer and Focal Persons for AIDS, Tuberculosis and Malaria (ATM) and discussion on issues and challenges.*



### **Findings:**

- **HIV** - PMTCT data does not appear to be internally consistent: six, three, two and two HIV+ pregnant women were detected in 2016, 2017, 2018 and 2019, respectively. Yet live births of HIV exposed babies were three, zero, zero and three live births over the same years.
- HIV programme has two staff (midwives) to care for 57 patients who are generally coming four times per year. This accounts for four patient visits per staff member per week.
- The programmatic elements of multi-month-dispensing and viral load testing should be combined. With very infrequent patient contact, it may be difficult to get patient uptake of viral load.
- Township staff articulate the following as being helpful for the GFATM resources to fund: renovation of space, support for peer counseling, office stationery and funds/vehicles for counseling visits.
- **ART DC site findings** - Spouse testing rates increased. The total number of ART cohort cases are 57. Viral load testing was still low (14%) in 2019. All TB HIV cases received ART. MMA is the only partner in this township. All PMTCT cases received ART.
- **TB** - Case notification is 163 per 100,000 population in 2018 and TSR is 85%. As PSI has stopped its activities at the beginning of 2020, presumptive TB case finding rate is low in early 2020. Gene

Xpert testing is improving but not all TB-HIV patients do Gene Xpert. The MDR-TB case finding rate is also low. Partner contribution on TB is low.

- **Challenges in TB** - The increase in the number of TB-HIV coinfection and the increase in the number of MDR-TB cases is a challenge. Low socio-economic status, health literacy and high number of internal migrant workers makes it difficult to implement TB case finding activities in the township.
- **Possible solutions for TB challenges** - i) early case detection and prompt treatment according to the categories of TB. ii) HIV testing for all TB positive cases and vice versa. iii) contact tracing. iv) health education and counselling for all TB patients especially MDR-TB patients. v) TB preventive therapy for all HIV positive patients.
- **Strengths** - i) Station Health Unit and RHC are at an easily accessible distance to clients. ii) All staff received training. iii) Good coordination with community-based organizations and NGOs. iv) Adequate availability of Anti-TB drugs. v) Gene X-Pert Examination performed in Taungoo. vi) All TB patients who have been screened for HIV, have access to ART if they test positive.
- **Malaria** - Still 5-10 cases per year reported in RHCs. 16 cases in 2019 and case investigation was done by the malaria team.
- **Human resource Issues** - scarce human resources, one TMO, one township health assistant and two midwives. Proposal to provide motorcycles for convenient transportation as the RHC is covering hilly and hard-to-reach areas. ICMVs mainly focused on malaria. Although they helped in TB strategies, participation by the community is still weak.

***Recommendations:***

- To improve viral load testing and EID.
- To improve TB case findings; PPM with partners and ACF activities should be conducted regularly.
- Special interventions will be required for migrants, health literacy promotion will also be required with an emphasis on IPT initiation.
- Vehicle support should be well planned with support from government or GAVI, the Vaccine Alliance.
- New volunteers need to be recruited and an integrated approach is recommended.
- Improve Gene Xpert testing among TB-HIV patients according to NTP guidelines.
- Advocate for IPT and training if necessary.

## Day 2, Venue 2: Bawdikone RHC

Activity: Meeting with RHC staff and discussion on issues and challenges.



### Findings:

- **Malaria** - previously a high prevalence area, but recent years it is declining as there were only three cases in 2019.
- Staff received malaria training on control activities, RDT and treatment. In September 2019, they received malaria elimination training.
- An average of 20-25 persons are tested at each sub-centre per month and some sub-centres have tested 40-50 people each month. Monthly reporting is used. When positive malaria cases are diagnosed, a microscopy is sent for and a referral is made to the township hospital. Last year there were 13 cases of sputum (+) TB cases.
- **Challenges** - as the RHC is located by a forest reservation, transportation is required to drive through.
- **Reproductive Maternal, Newborn, Child and Adolescent Health** - there are 16 auxiliary midwives (AMWs) in this area and three CHWs are functioning. Home delivery rate is 50%.
- AMWs are doing outreach activities independently and need transportation charges of up to 20,000 MMK per outreach visit. Previously, World Bank money was used and now they are using local resources for contact tracing of TB and other outreach activities like the Expanded Programme on Immunization.
- There were no anti-snake venom (ASV) supplies in the RHC and last year although they had three snake bite deaths.

### Recommendations:

- To provide the required vehicle and transportation costs to continue activities.
- To provide capacity building for malaria volunteers.
- Avoid the overlapping of trainings including advocacy training provided to clinicians and pediatricians.

- Recommend keeping the ASV in the RHCs.
- Recommend promoting hospital delivery and skilled birth attended deliveries.

## Annex - 1: Oversight Visit Agenda

Myanmar Health Sector Coordinating Committee  
 Communicable Diseases Executive Working Group  
 Oversight Visit Agenda to Bago Region (East part)  
 20-21 January 2020

Starting Point: UNAIDS office, Yangon, 07:15 AM

Ending Point: UNAIDS office, Yangon

Venues: Bago, Nyaunglaypin, Oak-Twin

Day	Venues No.	Venues	Time	Other	Night Stop
Day 1 (20.1.2020) Monday		Yangon to Bago	07:30 -10:15	By car	Royal Katu Madi Hotel (Taungoo)
	1	Bago Regional Health Department Presentation Q & A session	10:15 - 12:00		
		Lunch	12:00 -13:00	Kyaw Swar Restaurant (Nyaung Lay Pin)	
		Bago to PSI (Nyaung Lay Pin) TB & Malaria Clinic	13:00 -14:45		
	2	Meeting with PSI GP Doctor Q & A session	14:45 -15:15		
		PSI Clinic to Nyaunglaypin Township Hospital	15:15 -15:40		
	3	Township Hospital Presentation by TMO Hospital visit	15:40 -16:00		
		Meeting with ATM focal person and interview Divide into two teams: HIV & TB (Team 1) Malaria (Team 2)	16:00 -17:00		
	4	MMA TB GP Clinic (Nyaung Lay Pin)	17:15 -18:00		
		Nyaung Lay Pin to 115 miles	18:00-19:30	By car	
		Dinner	19:30-20:00	Feel Restaurant (115 miles)	
	115 miles to Taungoo	20:00-21:45			
Day 2 (21.1.2020) Tuesday		Taungoo to Oak-Twin	08:30-09:00	By car	
	5	Oak-Twin Township Hospital Presentation by TMO	09:00-10:00		

Day	Venues No.	Venues	Time	Other	Night Stop
		Hospital Visit Meeting with ATM Focal Person and interview Divide into two teams: HIV & TB (Team 1) Malaria (Team 2)	10:00-11:00		
		Oak-Twin to Baw Hti Kone RHC	11:00-11:20		
	6	Baw Hti Kone RHC Meeting with ATM focal person	11:20-12:00		
		Baw Hti Kone to Taungoo	12:00-12:30		
		Lunch	12:30-13:30	Royal Kaytu Madi Hotel (Taungoo)	
		Taungoo to Yangon	12:30-17:00	By Car	

## Annex - 2: List of Participants

No.	Name	Title	Organization	Contact	Email
<b>CD Ex WG Members</b>					
1	Dr. Thandar Lwin	Deputy Director General (Disease Control), DOPH	MOHS	(067) 411389, 095145080	<a href="mailto:thandarlwin@mohs.gov.mm">thandarlwin@mohs.gov.mm</a> <a href="mailto:tdarlwinn@gmail.com">tdarlwinn@gmail.com</a>
2	Mr. Oussama Tawil	Country Director	UNAIDS	095018997	<a href="mailto:tawilo@unaids.org">tawilo@unaids.org</a>
3	Mr. Kensaku Ichikawa	Senior Health Adviser	JICA	095018991	<a href="mailto:ichikawa.kensaku@jica.go.jp">ichikawa.kensaku@jica.go.jp</a>
4	Ms. Karen Cavanaugh	Director (Office of Public Health)	United States Agency for International Development (USAID)	095419652	<a href="mailto:kcavanaugh@usaid.gov">kcavanaugh@usaid.gov</a>
5	Dr. Mya Thet Su Maw	Health Adviser	Department for International Development (DFID)	09428206787	<a href="mailto:mts-maw@dfid.gov.uk">mts-maw@dfid.gov.uk</a>
6	Dr. Nang Mo Kham	Senior Health Specialist Health, Nutrition and Population	World Bank	095005552	<a href="mailto:nkham@worldbank.org">nkham@worldbank.org</a>
7	Dr. Sid Naing (Vice Chair, CD ExWG)	Country Director	Marie Stopes International (MSI)	095012578	<a href="mailto:sidnaing@mariestopes.org.mm">sidnaing@mariestopes.org.mm</a> <a href="mailto:sidnaing@gmail.com">sidnaing@gmail.com</a>
8	Prof. Dr. San San Myint Aung	President	Myanmar Maternal and Child Welfare Association (MMCWA)	095341138	<a href="mailto:sansanmyintaung@gmail.com">sansanmyintaung@gmail.com</a> <a href="mailto:presmmcwa@mptmail.net.mm">presmmcwa@mptmail.net.mm</a> <a href="mailto:mmcwapresident@gmail.com">mmcwapresident@gmail.com</a>
9	Daw Nwe Zin Win	Executive Director	Pyi Gyi Khin (PGK)	095031246	<a href="mailto:windfd3@gmail.com">windfd3@gmail.com</a>
10	Daw Khin Myo Su	EC Board Member	Myanmar Federation of Persons with Disabilities (MFPD)	09972466581	<a href="mailto:ddkmyosu1959@gmail.com">ddkmyosu1959@gmail.com</a>
11	Daw Htwe Myint	Chairperson	Myanmar Positive Women Network (MPWN)	09799623417	<a href="mailto:htwemyint62@gmail.com">htwemyint62@gmail.com</a>
12	Daw Nu	Deputy Head	Representative of Wa EHOs	09677243233	<a href="mailto:wabangwsc@163.com">wabangwsc@163.com</a>

No.	Name	Title	Organization	Contact	Email
<b>MOHS National Programmes</b>					
1	Dr. Htun Nyunt Oo	Programme Manager, National AIDS Programme	MOHS	095141251, 09785141251	<a href="mailto:tunnyntoo@mohs.gov.mm">tunnyntoo@mohs.gov.mm</a> <a href="mailto:dr.tunnyntoo@gmail.com">dr.tunnyntoo@gmail.com</a>
2	Dr. Aung Thi	Programme Manager, National Malaria Control Programme	MOHS	095600129	<a href="mailto:aungthi@mohs.gov.mm">aungthi@mohs.gov.mm</a> <a href="mailto:aungthi08@gmail.com">aungthi08@gmail.com</a>
3	Dr. Cho Cho San	Programme Manager, National TB Control Programme	MOHS	09420705258	<a href="mailto:chochosan@mohs.gov.mm">chochosan@mohs.gov.mm</a> <a href="mailto:drchochosan.mph@gmail.com">drchochosan.mph@gmail.com</a>
<b>CD ExWG Secretariat</b>					
1	Mr. Ole Hansen	Technical Support to Secretariat	WHO, CD ExWG Secretariat	09787661227	<a href="mailto:hansenh@who.int">hansenh@who.int</a>
2	Dr. Tun Tun Naing	Program Officer	UNAIDS, CD ExWG Secretariat	095052853	<a href="mailto:NaingT@unaids.org">NaingT@unaids.org</a>
3	Dr. K Zar Yu	Communication Officer	UNAIDS, CD ExWG Secretariat	095090631	<a href="mailto:yuk@unaids.org">yuk@unaids.org</a>