8th Communicable Disease Executive Working Group

Ad hoc Meeting Minutes

Virtual Meeting, 29th July 2020

1) Opening

Dr. Thar Tun Kyaw, the Chair of CD ExWG, the Director General, Office of the Union Minister, Ministry of Health and Sports chaired this ad hoc meeting. Eleven out of 15 members (73%) were present and 'reach of quorum' was announced. Directors of NAP, NTP and NMCP, Representatives from Principal Recipients (PR – UNOPS & SCI), PwC/LFA, and PCE also attended the meeting as observers (Annex 1).

Dr. Stephen Jost (WHO), Dr. Sid Naing (MSI) and Ms. Nwe Zin Win (PGK) declared COI due to being Sub-Recipients (SRs) of the Global Fund grants.

The agenda items (Annex 2) were then presented and endorsed by the Chair.

Opening Remark by Dr. Thar Tun Kyaw, Director General, Chair of CD ExWG

Dr. Thar Tun Kyaw, the Chair of CD ExWG delivered the opening remark. The highlighted points are as follows.

- The Chair informed about the completion of draft responses to the comments made by the Technical Review Panel (TRP) on the Global Fund Grant Request Proposal for 2021-2023 and expressed his appreciation to the National Programmes, and all TSG members.
- The Chair conveyed the Global Fund's message received on 14th July 2020 that Myanmar is eligible to access an additional 7.7 million USD for Covid-19 related activities under the Priority 2 section.
- The Chair encouraged to find the solutions together while acknowledging the unmet need for the service coverage and available funding to manage the HIV response effectively and efficiently.
- The Chair announced declines in HIV prevalence among certain key populations including female sex workers and MSM as per the preliminary IBBS 2019 result.
- The Chair reiterated the agendas of the meeting and invited for productive discussion.

2) Presentation on draft responses to TRP comments by Dr. Htun Nyunt Oo, Chair of HIV-TSG and Dr. Si Thu Aung, Chair of TB-TSG

The original presentations are attached in Annex 3. The presented points are highlighted below.

- Dr. Htun Nyunt Oo recapped that among 8 comments received from the Global Fund TRP, three issues are HIV specific, another three issues are related to TB and remaining two are cross-cutting issues.

Issue 1: Insufficient differentiation and coverage of underserved people who currently inject drugs"

- He explained the request from TRP to differentiate services by sub-populations prioritizing risk, high burden, and insufficient coverage, and to develop operational plan for expansion of OST for PWID across high burden areas considering coverage.
- The response is based on recognition of requiring adapted harm reduction strategy, ongoing undertaken geographical prioritization for PWID by MoHS, implementation plan of Essential Package of Health Services (EPHS) in all 330 townships, and Comprehensive Package of Health Services (CPHS) in 167 high priority townships for HIV, and developing operational plan for Opioid Substitutional Therapy (OST).
- He shared that the preliminary information on declining of HIV prevalence among two key populations including MSM and FSW (IBBS 2019), mapping plan for programmatic

gaps by sub-population, geography and service coverage, and revision plan of harm education strategy are outlined in the response.

Issue 2: Insufficient differentiation of services for transgender people

- He reiterated the issue 2 which requested to prioritize developing differentiated services for transgender people based on IBBS and needs assessment, and to initiate differentiated model during grant implementation and funded through efficiencies gained during grant-making.
- The following points have been formulated in the response to issue 2.
    - Prioritization of differentiated services for transgender people and set target of 95% coverage of prevention services by 2025 in the fourth NSP on HIV
    - Ongoing initiation of the development of adapted HIV related service package for transgender (transgender women in particular) services
    - Ongoing analysis on transgender sub-population in IBBS 2019
    - Plan to conduct TGW specific PSE together with MSM/TGW IBBS in 2023
    - Need to identify funds for suggested survey through efficiencies.

Issue 5: Limited programming to address legal and human rights barriers for key populations

- The issue 5 illustrated the effect of law enforcement and discriminatory practices on key populations' access and scaling up health services and TRP requested to provide strategy for addressing legal and human rights barriers for key populations.
- The response is formulated on current status of policy and legal reforms which includes submission of draft HIV Law to Parliament in 2020, ongoing review on Law on Sex Work, parliament endorsement on decriminalization of drug use in 2018, and ongoing dialogue to introduce non-discriminatory policy for LGBTI community to increase access to services.
- Ongoing and planned strategies such as undertaking comprehensive legal review, rolling out of Community Feedback Mechanism, and developing road map to guide prioritized actions are described in the response.

Issue 3: Inadequate implementation plans for TB case finding

- Dr. Si Thu Aung restated the issue 3 which indicated unclear timing for Computer Aided Diagnosis (CAD) for TB, stressed importance of maintaining bacteriologic confirmation of pulmonary TB cases as a high priority, and insufficient funding request to implement a robust communication strategy.
- The TRP requested to move the CAD pilot early into the implementation, to submit a 2-page implementation plan that describes linkages between radiology and GeneXpert testing access, and to identify cost savings during grant-making to fund the communication plan for case finding.
- The response is based on chest X-ray interpretation, and radiographer trainings plan, provision of X-ray equipment in township by MoHS, and by NTP for mobile teams, establishment of remote CXR reading in Yangon, and existing plan to launch pilot use of CAD in 2020.
- Detail transition plan of chest X-ray diagnosis followed by GeneXpert testing including service expansion description are outlined in the response.
- The response to robust communication plan issue is grounded in explanation of prioritization in GF budgeting, recognizing the importance of multisectoral engagement, collaboration with MOI for free airing time, utilization of existing social media pages, planned free broadcasting through Television in YBS, and continuing interpersonal communication during different ACF activities.

Issue 4: Delays in advancing community-based health worker program

- Dr. Si Thu Aung continued presenting this crosscutting issue from TB point of view which requested to outline implementation and financing plan of CBHW program, and address issues delaying progress on adoption of the CBHW policy.
- Current progress of CBHW policy-making process, ongoing implementation of CBTBC with CBHW, existing mapping of CBHW, application of curriculum for CBHW, sustainable financing strategy and implementation plan of CBHW policy by NIMU are articulated in the response.
- Dr. Htun Nyunt Oo later complemented that planned initiation of CBHW mapping by NAP, expansion plan of community peer-support and advocacy plan are also described for HIV part.

Issue 6: Lack of analysis and programming to address gender and human rights barriers to TB

- The issue 6 requested to determine gender, age and key population disparities by analyzing the existing TB data which should lead to differentiated approaches for service delivery and implementation in the first year.
- The response is developed on existing analysis of TB data and further analysis plan, adaptation of TB mobile team operation schedule to service utilization, availability of other funding sources for vulnerable population, plan for NTP's new sentinel surveillance system, and ongoing case based online system.

Issue 8: PAAR activities to be included in the allocation

- The TRP requested to find efficiencies to integrate a list of high priority activities in PAAR into the allocation.
- Dr. Si Thu Aung presented TB specific issue which requested to integrate budget for MDR-TB Treatment (7.5 million USD) into the allocation from PAAR.
- In the response, strong justifications are formulated to express unfeasibility to integrate it into the allocation in the expense of other essential activities such as piloting new algorithm, ACF activities, procurement of essential consumables, and requirement of additional international funding to reach NSP targets.
- Dr. Htun Nyunt Oo added that justifications are given for inability to cover HIV activities in the PAAR within the grant because additional resources through efficiencies are limited. Revision on costing of certain interventions, and resource mobilization plan on technical assistance and policy support by partners are also described in the response.

Issue 7: Limited progress towards long-term sustainability and phased transition that goes beyond the funding period

- Dr. Htun Nyunt Oo described the issue 7 in which the TRP requested to develop a roadmap for long-term sustainability with a comprehensive capacity building plan, and to find efficiencies in program management to be invested in the priorities in PAAR.
- The plan to prioritize phased transition in next grant implementation, planned development of road map on capacity building of CBOs, procurement and supply management, financial management and social contraction are articulated in the response.

Discussion

The Chair thanked Programme Directors, recapped the issues, and opened the floor to the members of CD ExWG for suggestions and discussion.

Dr. Stephan Jost (WHO) highlighted the importance of recognizing capability of NTP and partners against demand of the Global Fund in consideration to reaching the set targets, human resources constraints and investment in Health System Strengthening (HSS) for long-

term sustainability. He suggested to underline increasing availability of HIV and TB services in the response. He commented the excellent work done by National Programmes and partners and encouraged to safeguard the pressure on HSS and Human Resources which may be created as a result of unachievable work demanded by the Global Fund.

Dr. Thandar Lwin (DDG, Disease Control) complemented the importance of HSS and suggested:

- to reflect the updated situation of strengthening hospital and public health settings such as laboratory and X-ray equipment taking opportunity out of Covid-19 Pandemic,
- to include the needs to have more human resources, and carry out more intensive works to accelerate ACF in the response to TRP.

Dr. Sid Naing (MSI) highlighted the importance of linkage between legal reform, harassment, and service delivery, for instance, contributing to decreased HIV prevalence. He also pointed out that it is beyond the health sector to fully influence the legal reform citing the example of delays in Prostitution Act needing more resources, technical strategy, and other contribution.

Dr. Htun Nyunt Oo responded that the requirement of coordination and cooperation from the related ministries and other sectors is part of the response.

Decision points and Endorsement

- The CD ExWG endorsed the principles outlined in the responses to TRP comments.

3) Additional Funding for C19RM by Dr. Badri Thapa, Pen holder

Dr. Badri informed about the Global Fund allocation of additional **7.7 million USD** to Myanmar and presented the additional activities outlined under the allocation. During the meeting held on 21st July 2020 with HIV, TB and Malaria Programme Directors, and PRs (UNOPS+SCI), activities proposed under the C19RM P2 submission were reviewed and necessary revision on activities was taken in relevance to current context (Annex 4). He presented the overall budget split as follows.

- To highlight, the new budget lines added are procurement of 15 GeneXpert machines **(255,000 USD)** under HIV programme, and virtual conferencing system **(**in the HSS budget **of 54,889 USD)** under Malaria programme.

Table 1. Budget Summary by GF Categories

GF Categories and Programmes		Budget ($)	$(%)
A.	**Mitigating COVID 19 impact on HIV TB Malaria Programmes**	**2,961,223**	**38**
	Malaria	1,506,995	
	TB	319,584	
	HIV	715,337	
	PR	419,307	
B.	**Reinforcing national COVID 19 response**	**4,130,267**	**53**
	Malaria	1,071,236	
	TB	1,402,107	
	HIV	1,656,925	
C.	**Urgent improvements in health and community systems**	**686,274**	**9**
	TB	278,312	
	HIV	3,276	
	NHL	404,686	
	Grand Total	**7,777,764**	**100**

Table 2. Budget Summary by Programmes

Programmes	Budget ($)	%
Malaria	2,578,231	33
TB	2,000,003	26
HIV	2,375,538	31
NHL	404,686	5
PR	419,307	5
Total	**7,777,764**	**100**

Discussion

The Chair thanked Dr. Badri and invited all members for discussion.

Dr. Mya Thet Su Maw (DFID) inquired if the proposal has the explicit budget line for supporting EHO's areas as Access to Health Fund is also working on Covid-19 response in EHO areas.

Dr. Badri responded that the C19RM fund would contribute to EHO's areas through the proposed activities.

The Chair complemented that attention is given to EHO's area and conflict affected area under the GF and possibility of overlapping in Covid-19 response activity.

Dr. Jost highlighted the importance of improving communication around delivery of central services, and of linking nutrition to this additional support.

Dr. Thandar Lwin acknowledged the efforts done by Dr. Badri and the team for C19RM proposal and mentioned following points.

- She inquired what would be the plan for proposed staff recruitment activity under the TB programme.
- She explored the reason for TB programme being the lowest allocation among the programmes despite considerable (50%) reduction in ACF activities and needs to fulfill the gap impacted by Covid-19 Pandemic.
- She responded that although the amount of funding under the GF grant going to the EHO area is not so visible, funding is purposely placed for providing services and activities in EHO area under 3 programmes, for instance, under NTP and IOM in TB, NMCP and SMRU in Malaria.
- She asked what is the proportion of procurement under this 7.7 million USD.

Dr. Badri responded that human resources have been proposed under TB as well as some for HIV, and responsibility of hiring remains to discuss whether PR or WHO. He conveyed the message of GF that recruiting human resource for one year is possible under this C19RM grant.

- He explained that the budget split for TB programme is as per the need from the programme.
- He provided that estimated proportion of procurement is around 70%.

Decision point and Endorsement

- The CD ExWG endorsed the C19RM budget proposal for the additional funding of 7.7 million USD.

4) Update on HIV SRs Budget Split

Dr. Htun Nyunt Oo introduced that the HIV SRs budget split has been revised and agreed in the TSG meeting on 27th July 2020.

- He explained that although HIV SRs budget split was already endorsed by CD ExWG, the revision was made because some SRs raised the issue of insufficient budget allocated for harm reduction activity, and subsequent request made by the Global Fund to revise it. Thus, intensive exercise was carried out again and some LOHP (List of Health Product/Procurement) budget allocation under PR-1 has been decided to move to PR-2 during the grant making process.
- He invited representatives from PRs to make the presentation.

Dr. May Thinza Kyi (PR-UNOPS) presented HIV budget split for SRs under UNOPS which is based on 120% scenario budget exercise as follows.

Table 3. HIV SRs Budget Split under PR-UNOPS

SR Name	Budget Ceiling Provided by Committee	2021-2023 Total SR Submitted Budget*	% of provided ceiling
NAP	15,507,076	15,507,076	100%
PGK	6,119,171	8,179,042	134%
MANA	4,985,371	6,474,238	130%
UNION	5,568,299	9,083,040	163%
MAM	1,600,323	1,973,117	123%
WHO	3,847,459	3,847,227	100%
UNOPS	12,060,000	12,679,999	105%
Total	**49,687,699**	**57,723,739***	**116%**

- She suggested that 16% of activity gap can be anticipated in 2023 which can be covered through reprogramming and savings from the previous years.
- She also presented the budget planning by activity modules under UNOPS. She highlighted that nearly 70% of budget is planned for prevention activities, 17% is planned for treatment and care support activities, nearly 10% is planned for RSSH: HMIS and M&E.
- Overall, the planned budget under UNOPS is 57.7 million USD, and she indicated that this budget is only activities related budget and not finalized yet.

Dr. Faisal (UNOPS) added that total gap of 12 to 13 million USD including PSM cost can be anticipated under the PR-UNOPS. He indicated the need to draw this budget gap from government or more allocation by the GF from some other source of funding they have, especially fund portfolio optimization. Given his personal experience and current high absorption rate of National Programmes, he is not confident that this amount of saving will be gained from Year-1 and Year-2 to cover the gap in Year-3.

- He requested to find any possibility of increasing government contribution while the GF will find more funding if we reach 100% budget absorption.

Dr. Thandar Lwin reiterated that since last meeting, it was not agreed on 120% scenario because the scenario is not easily understandable and uncertain. She stated that no commitment was made for government contribution to fill the funding gap. She requested to receive more clarification as more funding from government is now requested.

Dr. Faisal responded that we would try to reach 100% budget absorption and push the GF for fund portfolio optimization. He continued that overall, **7.8 million USD** (**1.3 million** for MSF-H

& MSF-CH, **2.5 million** for harm reduction programme, and **4 million** for own ARV procurement of SCI for Year-1) will be reduced from LOHP/PSM budget allocation.
Ms. Tara Chattery started her presentation with grant making timeline and indicated that PR-SCI is on time with the schedule.

- She highlighted that additional 2.5 million pending for endorsement of CD ExWG today is equally allocated to AHRN and MDM.
- Changes on the budget allocation has been made based on target distribution and geographical area coverage. The HIV SRs budget split under PR-SCI was presented as follows with the total SR budget of 29.9 million USD.

Table 4. HIV SRs Budget Split under PR-SCI

Partner	Indicative budget (Review committee)	Indicative budget (+ 2.5M)	Indicative budget (re-located by PR)
AHRN	3,338,712	4,588,712	5,936,112
Alliance	6,125,783	6,125,783	4,344,123
IOM	1,438,428	1,438,428	1,041,595
Malteser	125,930	125,930	125,930
MDM	2,060,084	3,310,084	5,232,881
MPG	6,147,552	6,147,552	5,995,861
MSI	1,607,836	1,607,836	1,099,849
PSI	4,683,094	4,683,094	4,376,998
PUI	508,310	508,310	508,310
MSF-CH	1,300,0000	220,000	220,000
MSF-OCA		1,080,000	1,080,000
TOTAL	**27,335,729**	**29,961,659**	**29,961,659**

- She stated that total deficient budget now is 4.5 million USD which stands well below 120% scenario.

Dr. Htun Nyunt Oo complemented to combine two PRs presentation. He highlighted the challenges in HIV budget split by comparing the overall grant allocation between upcoming and current grant cycle.

Table 5. Comparison of overall budget allocation – HIV Grant

No.	HIV Grant	2018-20 Total	2021-23 Total	Adjusted budget by PRs	Variance
A	Grant ceiling	130,010,839	128,708,561	128,708,561	(1,302,278)
B	LOHP	33,156,119	46,785,133	44,159,202	11,003,083
C	PR UNOPS	12,829,431	12,060,000	12,060,000	(769,431)
D	PR SC	5,730,137	4,900,000	4,900,000	(830,137)
E	Ceiling for SRs	78,295,152	64,963,428	67,589,358	(10,705,793)

- Total grant allocation by the GF for upcoming grant cycle is **1.3 million USD** lesser than current cycle. He presented the overall budget figure adjusted together with two PRs that **11 million USD** more has been added to LOHP allocation for upcoming grant cycle due to increase in both prevention and treatment targets. Additionally, there is **10.7 million USD** deficit in overall SRs budget.
- He indicated that NAP needs to cover high targets despite small increase (2 million USD) in budget.
- He mentioned that negotiation and bargaining exercise were carried out through the meetings with SRs who raise the issue, alongside two PRs.

- He presented the revised SRs budget split which is accepted by all SRs (Table 7). He highlighted that budget increase can be seen in AHRN and MDM while other SRs compromised their budget.
- He compared the percentage of budget allocation between the grant cycle by activity components as follows.

Table 6. Percentage of Budget Allocation by activity components

Components	Budget allocation (%) in Current Grant	Budget allocation (%) in Grant Proposal	Budget allocation (%) Final Adjusted
Prevention	26	39	47
Care and Treatment	39	29	22
Programme Management (PRs+SRs)	26	26	24
Other strategic directions	9	6	7

Discussion

The chair acknowledged complexity of budget exercise under HIV grant, appraised for producing more reliable result with increased allocation for prevention, and opened the floor for discussion on HIV budget split.

Dr. Jost expressed that the result is reasonable and proportionate, and stressed the importance of relating the results from epidemiological reviews to budget distribution.

Mr. Oussama Tawil (UNAIDS) highlighted the importance of balancing between targets and immediate needs coverage which usually happened with the GF not only in Myanmar but also in the other countries.

- He acknowledged the complex situation around PWID population and high prevalence among PWID and reassured cost effectiveness and sustainability were taken into consideration while exercising the budget.
- He also stressed the importance of focusing on transition and sustainability during this 3-year grant cycle by human resources planning, involving community organization, and task shifting.
- He acknowledged the flexibility given by SRs, PRs and MoHS in this grant negotiation at the interest of population and endorsed the spirit of compromise.

The Chair complemented that this negotiation process showed flexibility between partners and government.

Dr. Htun Nyunt Oo responded that total 48 million can be expected from government for NAP funding during the next 3-year grant cycle. Nearly 80% of ART cohort (140,000) is placed under the public sector. For 140,000 PL HIV, the government contribution is covering more than 85% in terms of ARV, viral load test kit and other commodities. In addition, NAP will need to absorb additional 20,000 HIV cohort from MSF-H and MSF-CH.

- He continued that one limitation to use the domestic funding in HIV intervention is that it is being able to plan and disburse for procurement of commodities only, and there is no mechanism in place to outsource and disburse for the HIV prevention activity implemented by community groups and peers, and hiring additional human resources (seconded staff) etc.

Dr. Thandar Lwin highlighted the importance of emphasizing on funding gap for the next grant cycle and to advocate other potential donors as NAP must accommodate treatment for 10,000 Hepatitis C patients.

Dr. Htun Nyunt Oo added that additional resources are also needed to demonstrate Buprenorphine in the next 3 year.

Decision point and endorsement

- The CD ExWG endorsed the adjusted HIV SRs budget split as follows.

Table 7. SRs Budget Split under HIV Grant

No.	PR/SR	2018-20 Grant	2021-23 Grant	Adjusted (proposed) by PRs	Variance
1	NAP	13,163,835	15,507,076	15,507,076	2,343,241
2	WHO	3,641,367	3,847,459	3,847,459	206,092
3	PGK	7,922,730	6,119,171	6,119,171	(1,803,559)
4	UNION	7,851,778	5,568,299	5,568,299	(2,283,479)
5	MANA	6,125,913	4,985,371	4,985,371	(1,140,542)
6	MAM	1,995,622	1,600,323	1,600,323	(395,299)
7	AHRN	6,488,779	3,338,712	5,936,112	(552,667)
8	Alliance	5,699,750	6,125,783	4,344,123	(1,355,627)
9	IOM	1,940,779	1,438,428	1,041,595	(899,184)
10	Malteser	1,043,459	125,930	125,930	(917,529)
11	MDM	6,820,634	2,060,084	5,232,881	(1,587,753)
12	MPG	1,639,621	6,147,552	5,995,861	4,356,240
13	MSI	1,837,630	1,607,836	1,099,849	(737,781)
14	PSI	3,963,161	4,683,094	4,376,998	413,837
15	PUI	1,189,537	508,310	508,310	(681,227)
16	MSF-CH	1,964,483	300,000	220,000	(1,744,483)
17	MSF-OCA	5,006,074	1,000,000	1,080,000	(3,926,074)
	Total	**78,295,152**	**64,963,428**	**67,589,358**	**(10,705,793)**

5) AOB

5.1 Introduction to Guideline for CD ExWG Virtual Meeting Security

Kyi Chit Ko (CD ExWG Secretariat) informed about the development of guideline for the CD ExWG virtual meeting security. He stressed the importance of considering security and privacy aspects of the virtual meetings and stated that a set of SOPs have been developed to protect the security and privacy of CD ExWG meetings and enable a secure meeting environment.

- He sought to receive agreement from CD ExWG on applying the guideline to virtual meetings and for circulating the draft guideline to CD ExWG members for review and endorsement.

Action point

- It is directed that the guideline be distributed via email for suggestions and observations from CD ExWG members.

5.2 Presentation on Assessment of HIV Prevention and Treatment Cascade Services for PWID in Kachin State, Shan (N), Sagaing Region by Dr. Nwe Nwe Aye (PCE)

Dr. Nwe Nwe Aye (PCE) presented the objectives, scope of assessment and timeline of the PWID assessment. Please refer to the Annex 5 for the original presentation. The summary of presented points is outlined below.

- She informed that the PCE received acknowledgement from TWG and TSG on this assessment.
- The objectives of this assessment are to review quality, delivery models and identify service gaps in provision of current HIV prevention and treatment services for PWID. The scope of assessment is along the HIV prevention and treatment cascade.
- She sought for the guidance to receive endorsement from CD ExWG on design of the assessment.

Discussion

The Chair thanked for the presentation and expressed his concern over the set timeline regarding data collection time being in August and September which is a raining season and effect on geographical accessibility.

- The Chair guided to submit the summary of assessment to MoHS for approval, and if needed for the ethical clearance at Institutional Review Board.
- The Chair congratulated PCE for its extension by the GF for next grant cycle and indicated that CD ExWG would require any documentation of the GF for extending PCE.

Dr. Nwe Nwe Aye responded that PCE will follow necessary steps and submit the summary to MoHS.

- She requested to reconsider requirement for submission to IRB given that only Focus Group Discussion (FGD) with PWID through service providers will be conducted.
- She assured to submit the requested documentation on extension of PCE.

Action point

- The CD ExWG guided PCE Myanmar team to submit the summary of the assessment to MoHS and to share official documentation on extension of PCE by the GF with CD ExWG.

6) Closing remark by the Chair

The Chair in his closing remark appreciated the productivity of the meeting today and stressed the importance of timely submission of TRP responses and additional C19RM budget proposal.

The Chair thanked the CD ExWG members and participants for their active participation and valuable time, suggestions, and contributions.

The meeting has successfully ended at 13:30.