

## Objective 2:

**Strategic Direction 3:  
Bold policy and supportive system**

# Strategic Direction 3: Bold policy and supportive system

Under objective 2

It was SD 2 under objective 2 in NSP III

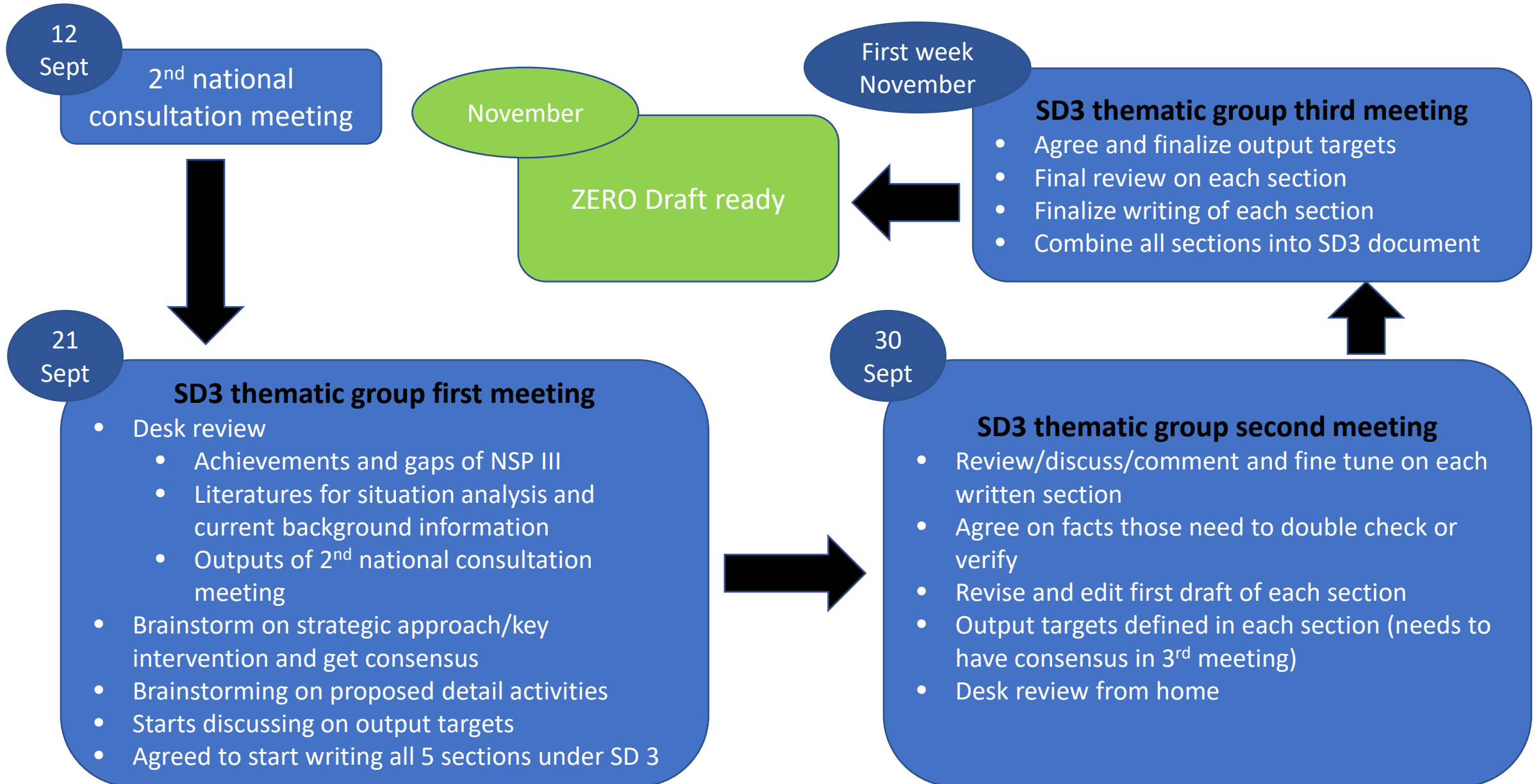
But becomes SD 3 under developing NSP IV after 2<sup>nd</sup> consultation meeting

Objective 2:

Edited after 2<sup>nd</sup> Consultation

**“Fully integrate essential TB control services in UHC and health system strengthening”**

# Process and progress to date



# **Strategic Direction 3: Bold policy and supportive system**

2.5 Human resource for health

## **3.1 Human resources for Health**

2.1 Secure human and financial resources for implementation of the NSP

## **3.2 Secure financial resources for implementation of the NSP**

2.2 Promote a coordinated and multi-sectoral response and policy development

## **3.3 Promote a coordinated and multi-sectoral response and policy development**

## **Strategic Direction 3: Bold policy and supportive system**

2.3 Ensure inclusion of TB in UHC and wider economic development plans and activities

**3.4 Ensure inclusion of TB in UHC and wider economic development plans and activities  
(social protection)**

2.4 Ensure a stable and quality assured supply of drugs, diagnostic tests and commodities

**3.5 Improving access to quality assured, safe, effective and economical medicines,  
diagnostics and supplies for prevention, treatment and care of TB in Myanmar**

# Areas need further discussion

- Facts check for accuracy
- Revise and set some of the output targets
- Get consensus on proposed detail activities
- Language consistency
- Combine all sections together
- Final review on “ZERO” draft

## **Proposed activities**

## 3.1 Human resources for Health

1. Develop a detailed sub National Operational Plan for Human Resource Allocation, Management, Development and Retention in year one.
2. Decentralize HR Management at Regional & State Level.
3. Strengthen a pre-service & in-service capacity building mechanism to ensure continuous supply of skills in HR. (skill transfer/knowledge transfer and e-based learning)
4. Roll-out formal training through a cascade system with the central NTP maintaining its normative roles for the development of training materials and the R/S maintaining responsibility for prioritizing and disseminating new technical norms through training.
5. Mobilize task sharing/task shifting of BHS and relevant cadre (eg.PHS2)
6. Monitor HR resources in eHRH database at all levels
7. Ensure increasing government contribution for HRH in TB prevention and care



## 3.2 Secure financial resources for implementation of the NSP

1. Sustain and increase government contribution for financing of TB operational budget, including drugs , **commodities** and human resources, from the government.
2. **Mobilize funding from additional donors and philanthropists ,cooperated private sectors to increase TB budget.**  
**Ensure** reimbursement for TB services in national health insurance policy.
3. **Strengthen MOHS capacity in public financial management and grant management.**
4. Nurture existing donor relationships; and leverage non-TB-specific donor funding for health. Support NGOs and INGOs for mobilization of own resources; track and coordinate with all sources of funding.
5. Establish and monitor a TB sub-account within the national health accounts.
6. **Conduct National Annual TB Expenditure Assessment (at least once per two years)**
7. **Regional/National TB conference (at least once per two years)**

## 3.3 Promote a coordinated and multi-sectorial response and policy development

### Engagement and Coordination

1. Fully engage with
  - Parliamentarians (politic commitment & resource mobilization)
  - local government (sub national plan)
  - Inter-ministry, Inter-departmental, Intra-departmental
  - Informal Health Care Providers
  - local pharmaceutical industries,
  - Related NGOs, EHOs and maintain regular coordination.
2. Expand PPM coordination (Corporate sector, GPs, private hospitals, polyclinics,..)
3. Strengthen coordination with elderly/charity clinics for presumptive referrals

## 3.3 Promote a coordinated and multi-sectorial response and policy development

### Policy & Law

4. Develop a National TB Control Policy and to amend TB in Infection Control Law (HCW screening policy, migrants health policies and cross border policy)
5. Support for TB patients (Social welfare) (to include regulation around high risk workers (migrants) occupational health - job protection and job security, patients' rights)
6. Strengthen mandatory TB case notifications
7. Strengthen policy on TB drug safety and antimicrobial resistance in line with National Medicine Policy (promote coordination with FDA, NHL and partners)

### Promotion and Awareness

8. Ensure Enabling environment and secure financial resources for TB health literacy promotion
9. Use media and telecommunication for TB awareness

### 3.4 Ensure inclusion of TB in UHC and wider economic development plans and activities (social protection)

1. Promote coordination and joint planning with NIMU for UHC and ITHP (to ensure the proactive engagement of TB actors).
2. Include TB service and control activities as an integral part of the essential health package of National Health Plan (UHC) 2017-2021.
3. Realign NTP activities within UHC and restructured MOHS framework.

# Output targets

Standard Indicators	Denominator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Percentage of Townships having PHS-I and PHS- II trained on TB Management	All townships	60%	80%	85%	90%	95%	100%
Number of centers of excellence designated and operational	3-Central, 15 R/S, 3 BSL-3	16TBCs	17TBC	18TBC	18TBC	18TBCs	18TBCs
		2 BSL-3	3 BSL-3	4BSL-3	4BSL-3	4BSL-3	4BSL-3
No. of COEs developed and operated in Private Sector with MMA	R/S MMA branch + Private Hospital	0 and 0	1 + 1	2 + 2	3+ 3	4+ 4	5 + 5
Percentage of TB and TB Related Staff (All Categories) posted	TB-HRH(all) 1849	30%	40%	45%	50%	55%	60%

# Output targets

Standard Indicators	Denominator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Number of NTP guidelines updated		Need to update					
Multisectoral Accountability Framework established		No	Yes	Replicated and applied	Replicated and applied	Replicated and applied	Review
Yangon region Multisectoral Coordination Committee specific for TB formed and functioning			Formed	4 coordination meetings minutes with action plan	4 coordination meetings minutes with action plan	4 coordination meetings minutes with action plan	4 coordination meetings minutes with action plan
National TB Control Policy to amend in Infection Control Law		No			Yes		
TB drug safety and antimicrobial resistance in line with National Medicine Policy		No			Yes		
Meeting notes and action plan of coordination meeting with school health, NCD Program, NIMU, HIV, MNCH, DCC, FDA		NA	2	2	2	2	2

# Output targets

Standard Indicators	Denominator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Government contribution to TB as a percentage of the total expenditure on TB	Total spending on TB	14%	20%	20%+	20%++	20%+++	20%+++
Proportion of approved posts filled	total number of approved posts	30%	50%	60%	70%	75%	80%
Percentage of total TB budget requirements not filled (financing gap as percentage of total costed budget)	Total NSP budget	37%					

## **Strategic Direction 3.5:** Improving access to quality assured, safe, effective and economical medicines, diagnostics and supplies for prevention, treatment and care of TB in Myanmar

### **1. Harmonization and Standardization** of TB medicines, diagnostics and supplies at all TB health facility levels

1.1 Review and revise the standard lists of TB products periodically

1.2 The standard lists are in-cooperated into EPHS at various health care levels

### **2. Strengthening and institutionalization** of forecasting, supply planning, stock monitoring and early warning methodologies, practices and tools at all levels of TB supply chain

2.1 Institutionalization of well-established forecasting and supply planning methodologies, tools and practices by developing SOP, guideline and periodic training mechanisms

2.2 Set up the stock monitoring and Early Warning System and comprehensive stock management at central, regional and up to TB treatment facilities (this activity is linked with mSupply expansion plan)



## Strategic Direction 3.5: Improving access to quality assured, safe, effective and economical medicines, diagnostics and supplies for prevention, treatment and care of TB in Myanmar

### **3. Strengthening TB procurement and integration into central procurement of MoHS**

3.1 Strengthen the current international procurement of TB medicine & TB laboratory products: includes custom clearance infrastructures and procedures, procurement structure and process

3.2 Comply the procurement strategies and plan of National Supply Chain Operation plan

### **4. Gradual integration with other health program storage places and transport and distributions at central, regional and township levels**

4.1 Improve storage space and storage conditions of TB products at central, regional and TB treatment facilities

4.2 Integration of storage spaces, transport and distribution of TB products into common ATM storage and distribution system at central, regional and TB treatment facilities

4.3 Comply the storage, transport and distribution strategies and plan of National Supply Chain Operation Plan

4.4 Increase the frequency of transport and distribution from central to regional and regional to TB treatment facilities to decrease the storage space demand and to ensure the uninterrupted supply

## **Strategic Direction 3.5:** Improving access to quality assured, safe, effective and economical medicines, diagnostics and supplies for prevention, treatment and care of TB in Myanmar

### **5. Expansion of eLMIS up to service provision level for data visibility and availability**

5.1 Expansion of mSupply to township TB treatment facilities

5.2 Establishment of an electronic requisition system in mSupply from TB treatment facilities to regional and central levels

5.3 Periodic customization of mSupply to improve its utilities in forecasting, ordering, stock monitoring and Early Warning System

5.4 Lists of TB medicines, ancillary drugs and TB lab products will be integrated into MoHS EML data dictionary system in mSupply

### **6. Collaboration with DHRH of MoHS for HR and HRCD in supply chain workforce development**

6.1 Collaborate with DHRH in implementation of the Supply Chain HRCD plan to deliver the competent and skill supply chain workforces in TB supply chain activities

6.2 Deploy certified and competent supply chain staff at central, regional and TB treatment facilities

## Strategic Direction 3.5: Improving access to quality assured, safe, effective and economical medicines, diagnostics and supplies for prevention, treatment and care of TB in Myanmar

### 7. Quality assurance, safety and rational use of TB medicines and health technologies

7.1 Collaboration with Myanmar FDA and Private sector manufacturer, importers and whole sellers to **ensure the in-country availability of economical, safe & quality assured/SRA approved/WHO prequalified and innovative TB medicines and health technologies** for public and private sectors

7.2 Collaboration with Myanmar FDA to strengthen **post marketing surveillance, quality control and assurance of TB medicines** and health technologies to regulate the country market for substandard, counterfeit, falsified, unsafe treatment & diagnostic commodities

7.3 Coordinate with Myanmar FDA, Regional/state Health department, National Program, development, private and community sector partners to **control irrational promotion, prescribing, dispensing and use of TB medicines** and health technologies

7.4 Strengthen adverse event monitoring, investigation and management systems in public and private sectors to **improve treatment adherence and patient safety** for TB medicines and health technologies

**Strategic Direction 3.5:** Improving access to quality assured, safe, effective and economical medicines, diagnostics and supplies for prevention, treatment and care of TB in Myanmar

## **8. Waste Management of TB medicines, health technologies, unusable and hazardous material**

**8.1 Comply and adopt the National waste management policy and guideline**

**8.2 Identify, link, strengthen and operationalize existing/new infrastructure in public and private sectors to manage the waste from public, development and private sector service providers**

# Output targets

Standard indicators	Deno- minator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Annual quantification process	1	1	1	1	1	1	1
Quarterly stock review meeting	4		4	4	4	4	4
TB Supply Chain Management Guideline			Review & Revised			Review & Revised	
# of TB stores and treatment canters reported via mSupply system	24+330	24+0	24+50	24+100	24+150	24+240	24+300
# of TB stores and TB treatment canters where requisition is done electronically	24+330	0+0	10+50	15+100	19+150	19+240	19+300
Stock out rate at TB treatment facilities	330	NA	<5%	<5%	<3%	<3%	<3%
Stock kept according to plan (optimum stock) at central and regional stores reported via mSupply	24	xx	>80%	>80%	>90%	>90%	>90%
# of certified and competent supply chain staff currently working in TB supply chain works (at all levels)		0	2	2	3	3	5

# Output and outcomes reported by narratives

- Activities related to Standard lists of TB products
- Strengthening procurement structure and procedures and status of compliance to National SCOP
- Status and progress of ATM integration on storage, transport and distribution
- Quality assurance, safety and rational use measures
- Waste management measures