

Objective 2:

Strategic Direction 3:
Bold policy and supportive system

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Under objective 2

It was SD 2 under objective 2 in NSP III

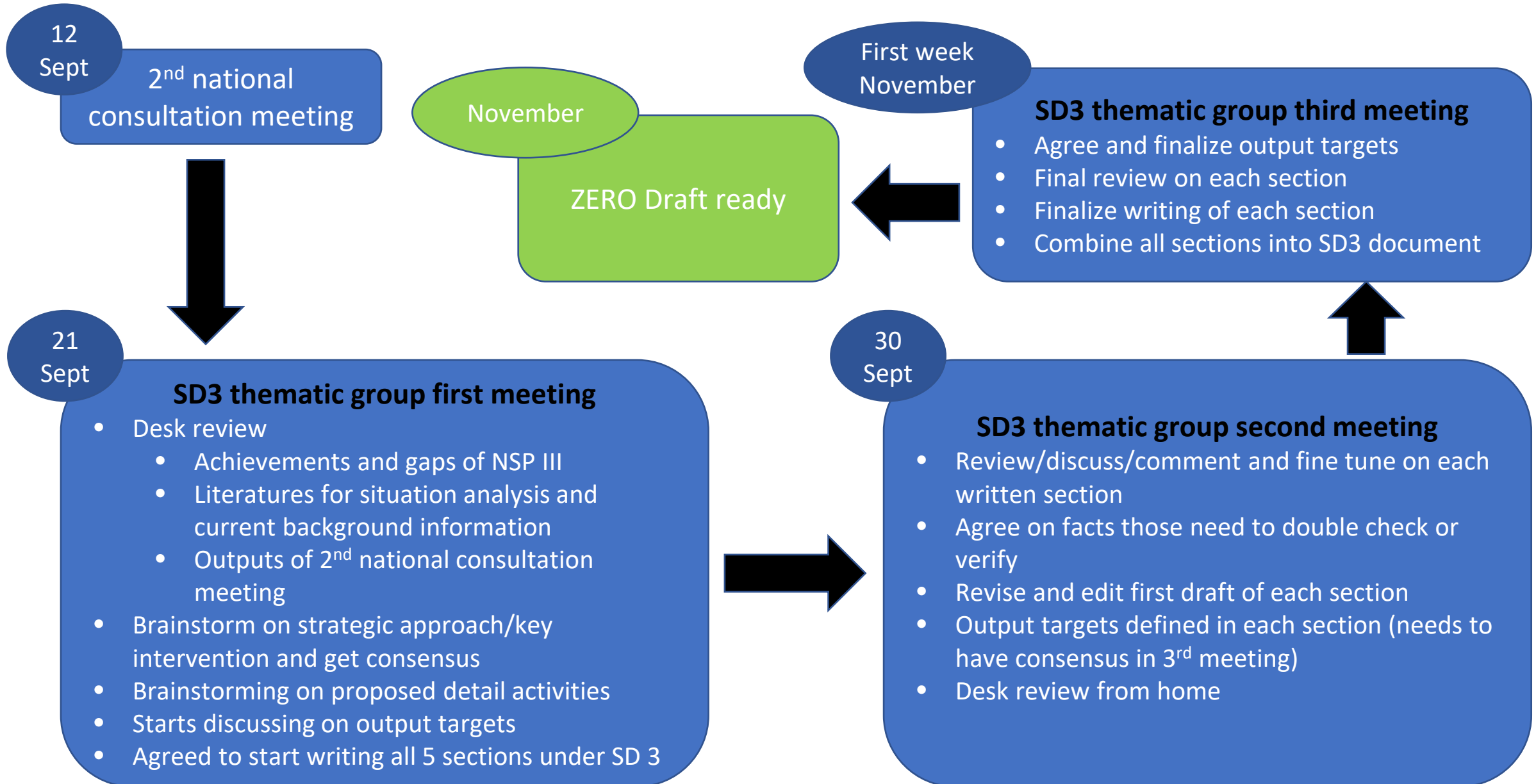
But becomes SD 3 under developing NSP IV after 2nd consultation meeting

Objective 2:

Edited after 2nd 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.
1. Decentralize HR Management at Regional & State Level.
1. 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)
1. 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.
1. Mobilize task sharing/task shifting of BHS and relevant cadre (eg.PHS2)
1. Monitor HR resources in eHRH database at all levels
1. 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 cooperated private sectors to increase TB budget.**
Ensure reimbursement for TB services in national health insurance policy.
3. **Strengthen MOHS capacity in public financial & grant management to serve as a PR for GF and/or other external funding sources.**
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
5. Support for TB patients (Social welfare)
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

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

Key Activities From old NSP: (2016-2020)

- ~~Steward a multi-sectoral approach, engaging other government Ministries (e.g. Labour, Education, Social Welfare).~~
- ~~Engage and ensure coordination of partners in civil society and NGOs.~~
- ~~Maintain updated normative guidelines and policies; adapt for various audiences and constituents~~

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.

- **Intervention 3.5 Ensure a stable and quality-assured supply of drugs, diagnostic tests and commodities**

Key Activities From old NSP: (2016-2020)

- ~~Establish standard forecasting methods and tools for quantification of TB medicines and related commodities (e.g. laboratory products);~~
- ~~Design and roll-out Logistic Management Information System (LMIS) linked to TB case management systems.~~
- ~~Establish a dynamic Procurement System which can respond to an Early Warning System of TB medicines.~~
- ~~Improve storage and distribution practices of TB commodities~~
- ~~Build HR capacity across NTP Supply Chain~~

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

Supply Chain

1. Optimize the supply chain system for TB medicines and related commodities in line with National Supply Chain Operational Plan (2019-2021)
 - a. Strengthen the existing forecasting methods and tools
 - b. Strengthen the public sector procurement system for TB medicines and related commodities
 - c. Gradual integration of TB medicines and related commodities at central, regional and townships level storage sites
 - d. Improve the inventory management of TB medicines and related commodities
 - e. Integration of transport and distribution of TB commodities
 - f. Expand the LMIS data visibility up to the township TB health facilities

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

Quality and Safety

2. Ensure quality of TB medicines and lab commodities in public and private sectors
2. Ensure the safety of TB medicines and diagnostics in public and private sectors
3. Establish the waste management system for expired and damaged commodities
4. Ensure dedicated HR for supply chain management and build capacity.
5. Ensure the availability of WHO prequalified medicines in public & private sectors

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						
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	5%	<10%	<10%	<10%	<10%	<10%

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

1.3 Adoption of standard list of medicine and health technologies in PSD procurement list/Index

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 & health Technologies: includes custom clearance infrastructures and procedures, procurement structure and process

3.2 Transitioning and integration of TB medicines & technologies into central MoHS procurement when the central Procurement and Supply Division has setup an efficient international procurement with its own supply chain workforces

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

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

3.2 Gradual two step integration of storage spaces, begins with ATM storage integration and final integration with other health products of MoHS

3.2 Gradual two step integration of transport and distribution of 3 disease products

3.3 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 from TB treatment facilities to regional and central levels

5.3 Improve mSupply by customizing on 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 into the TB supply chain activities

6.2 Deploy dedicated supply chain staff at central and regional levels

6.3. Define & harmonize responsibility of SC tasks at township and SDP levels

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 Coordinate with stakeholder to adopt and optimize waste management (collection, storage, transportation, replacement, writing off, safe disposal, payment and environmental compliance) policies, procedures and mechanism for TB medicines, health technologies, unusable and hazardous materials.

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	Baselin e 2018	Targets				
			2021	2022	2023	2024	2025
Activity #1. the progress will be reported annually by qualitative/narrative indicators							
Activity #2.							
- Annual quantification process		1 time	1	1	1	1	1
- Quarterly stock review meeting		4 times	4	4	4	4	4
- Guideline for Quantification of TB products			Maintain	Maintain	Maintain	Maintain	Maintain
- Guideline for quarterly stock review			/review/ revise	/review/ revise	/review/ revise	/review/ revise	/review/ revise
- Stock management Guideline							
Activity #3.							
Improvement in procurement and status on transition to MoHS procurement will be reported by narrative report (Qualitative indicator)							
Activity #4.							
- Improvement of storage spaces and storage conditions will be reported by narrative report (Qualitative indicator) – to set the target			Narrative	Narrative	Narrative	Narrative	Narrative

Output targets

Standard indicators	Deno- minator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Activity #4.							
- Improvement of storage spaces and storage conditions will be reported by narrative report (qualitative indicator) – to set the target			Narrative	Narrative	Narrative	Narrative	Narrative
- Gradual integration process on storage spaces (by Qualitative indicator) – to set the indicator			ATM integration	ATM integration	ATM integration	MoHS integration	MoHS integration
- Gradual integration process on transport and distribution (by Qualitative indicator) – to set the indicator			ATM integration	ATM integration	ATM integration	MoHS integration	MoHS integration
- Increase the frequency of distribution (Qualitative indicator)			Progress	Progress	Progress	Progress	Progress

Output targets

Standard indicators	Deno- minator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Activity #5.							
- # of TB stores and treatment canterers where LMIS data is reported by mSupply	24?+330		24+xxx	24+xxx	24+xxx	24+xxx	24+xxx
- # of TB stores and TB treatment canterers where requisition is done electronically	24?+330		24+xxx	24+xxx	24+xxx	24+xxx	24+xxx
- mSupply is customized for stock monitoring and Early Warning System			Yes	Yes	Yes	Yes	Yes
- Lists of TB medicines, ancillary drugs and TB lab products standardized, maintained and in cooperated into EML data dictionary of mSupply			Yes	Yes	Yes	Yes	Yes

Output targets

Standard indicators	Deno- minator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Activity #6.							
- Cumulative # of TB supply chain focal persons who received the Supply Chain certificate from UPH and are working for TB supply chain system in the reported year			xx	xx	xx	xx	xx
- # of dedicated supply chain staff who are working for TB supply chain in the reported year			xx	xx	xx	xx	xx

Output targets

Standard indicators	Denominator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Activity #7.		0% or unknown	20%	40%	60%	80%	100%
1: Number of WHO prequalified/SRA approved TB medicine & health technologies registered and available in country against no of products in standard TB medicine and health technologies list							
2: a) %age of TB medicines/ reagent samples withdrawn, tested and verified for quality assurance from public and private sectors as per National TB medicines/reagent sampling Plan			95%	95%	95%	95%	95%
2: b) %age of instruments tested, serviced and calibrated as per National TB instrument calibration plan			95%	95%	95%	95%	95%
3: No. of NTP facilities in public & private sectors following standard TB medicine list and treatment guidelines for prescribing and dispensing of medicines for DOTS and MDR TB		Unknown	All	All	All	All	All

Output targets

Standard indicators	Denominator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
<p>Activity #8.</p> <p>No of TB facilities with available waste management policies, standard operating procedures and information management tools</p> <p>No of TB facilities with adequate waste collection and storage facilities and transportation plan for damaged, expired, unsafe and hazardous material.</p> <p>No of fully functional incinerators vs total available incinerator</p>							