

STRATEGIC DIRECTION V

**Intensified Research, M&E and
Innovation**

ESSENTIAL INTERVENTIONS

- 5.1. Strengthen research culture and capacity at different levels
- 5.2. Implement updated prioritized research agenda
- 5.3. Strengthen TB surveillance system and programme monitoring & evaluation
- 5.4. Promote evidence-based policy, decision making, planning and implementation

5.1. STRENGTHEN RESEARCH CULTURE AND CAPACITY AT DIFFERENT LEVELS

Programmatic emphasis

- Strengthen evidence-based for further policy and practice through OR
- Create atmosphere and build capacity to conduct OR at different levels
- Enable the use of programmatic data and OR for decision-making

Summary of Approaches

- Provide technical and financial support to NTP staff and Partners at different levels
- Create opportunities for NTP staff and Partners (esp. young officers)
- Establish supportive environment for NTP staff and Partners at different levels

5.1. STRENGTHEN RESEARCH CULTURE AND CAPACITY AT DIFFERENT LEVELS

Situational Analysis

- Rich history of employing OR
- 2007-2014 – 242 TB-related ORs (2015 annotated bibliography)
- No. of TB publications and presentations = 210 (2015-2019)
- MoHS has allocated more funding for IR and OR since 2017
- MoHS allocated three billion kyats for Health Research Grant (2019-2020 budget year)
- Research Training Center in Pyin Oo Lwin Branch by DMR
- Initiation of SORT IT in 2015
- 4 cycles of SORT IT trainings have been conducted by to 2019
- 12 NTP Staffs have been trained
- DMR provides regular research training s/a Research Methodology workshops, Qualitative Methods for Health Research, etc.

5.1. STRENGTHEN RESEARCH CULTURE AND CAPACITY AT DIFFERENT LEVELS

Challenges

- Limited number of studies initiated by NTP staff
- To secure funding sustainability
- Retention of trained staff within NTP
- Limited utilization of research findings in decision making and planning at different levels
- Understanding of the benefits of research to service/programmes and profession is limited
- Although skills and capacity are present, confidence to do research is still weak

5.1. STRENGTHEN RESEARCH CULTURE AND CAPACITY AT DIFFERENT LEVELS

Target

Standard Indicators	Denominator	Baseline	Targets				
		2018	2021	2022	2023	2024	2025
Percentage of districts that have at least one TB staff trained in operational/ implementation research	N=75	15% (need to be updated)	40%	60%	80%	100%	100%
Number of TB staff trained for operational/ implementation research	NA	10 (need to be updated)	15	15	15	15	15

SUMMARY OF INTERVENTION AREAS AND KEY ACTIVITIES

Intervention areas	Key activities
5.1. Strengthen research culture and capacity at different levels	<ul style="list-style-type: none">• 5.1.1. Promote research culture by providing support for research and participation in International/Regional/National research conference• 5.1.2. Strengthen research capacity on implementation and operation research in collaboration with DMR and Partners

5.1. STRENGTHEN RESEARCH CULTURE AND CAPACITY AT DIFFERENT LEVELS

Detail activities

5.1.1. Promote research culture by providing support for research and participation in International/Regional/National research conferences

Provide supports for implementation and operation research

- Induce available financial supports
- Advocate additional funding for research and trainings
- Strengthen the existing research sub-group under TSG

Organizing the National TB Research Symposium in Myanmar Health Research Congress, MMA Conference or other opportunities

- Organize National TB Symposium (NTP, DMR, IPs)
- Encourage and support young researchers to present their research findings at national level

Support young researchers from NTP and academic institutions to attend and present their research findings at international forum

- Arrange for them to receive technical, financial and administrative support to participate

5.1. STRENGTHEN RESEARCH CULTURE AND CAPACITY AT DIFFERENT LEVELS

Detail activities

5.1.2. Strengthen the research capacity on IR and OR in collaboration with DMR and Partners

Provide short courses on basic research methodology at all levels

- At least 3-5 days courses
- Encourage newly recruited team leaders

Provide training on qualitative research methods

Provide intensive training and mentor throughout the continuum of proposal development, research implementation, data analysis and paper writing

- Establish a similar domestic model as SORT IT
- NTP will support to accelerate research implementation

5.2. IMPLEMENT UPDATED PRIORITIZED RESEARCH AGENDA

Programmatic Emphasis

- Regular update of research agenda
- Prioritized research implementations based on level of relevance and importance

Summary of approach

- Identify, develop and implement new prioritized research agenda in line with End TB Strategy and NHP
- Systematically evaluate for new tools/technologies adoptions through pilot projects and TSG reviews
- Conduct nationwide periodic impact assessment surveys

5.2. IMPLEMENT UPDATED PRIORITIZED RESEARCH AGENDA

Situation Analysis

- NTP developed prioritized research agenda in 2017 together with DMR and IPs
- Agenda includes 38 OR topics across 8 themes
- 23 priority research have been completed
- 5 are ongoing
- 8 remain to be finished
- Other TB related research studies have been conducted in Myanmar and published in peer reviewed National and International Scientific Journals
- Periodic surveys that have been conducted
 - Patient Cost Survey (2015-2016): 60% of TB-affected households surveyed faced catastrophic costs
 - Mortality Survey (2016-2017): Overall TB mortality 13.31 (11.21-15.68)/100 000 pop (higher in male over 15 years)
 - National TB prevalence Survey (2017-2018): Annual reduction of TB incidence by 4.9%

5.2. IMPLEMENT UPDATED PRIORITIZED RESEARCH AGENDA

Challenges

- Limited number of research conducted by NTP staff as principal investigators
- Long duration of approval process and mechanism of TB research protocols
- Weakness in proper monitoring to track research process

5.2. IMPLEMENT UPDATED PRIORITIZED RESEARCH AGENDA

Target

Standard Indicators	Denominator	Baseline	Targets				
		2018	2021	2022	2023	2024	2025
Number of TB related OR/IR conducted and disseminated	NA	10 (To be updated)	10	12	14	16	18
Number of TB related OR/IR published through local or international publication	NA	4 (To be updated)	5	6	7	8	9

SUMMARY OF INTERVENTION AREAS AND KEY ACTIVITIES

Intervention areas	Key activities
5.2. Implement updated prioritized research agenda	<ul style="list-style-type: none">• 5.2.1. Implement remaining and new prioritized research agenda• 5.2.2. Promote pilot studies for new tools/technologies adoptions and implementation in the local context• 5.2.3. Conduct nationwide periodic impact assessments as a supplement of routine surveillance information

5.2. IMPLEMENT UPDATED PRIORITIZED RESEARCH AGENDA

Detail activities

5.1.2. Implement remaining and new prioritized research agenda

Identify main focus areas for new prioritized research agenda

Develop and implement new prioritized research agenda in line with End TB Strategy and NHP

- New agenda should include both new and remaining priorities and to update annually through TSG

5.2. IMPLEMENT UPDATED PRIORITIZED RESEARCH AGENDA

Detail activities

5.2.2. Promote pilot studies for new tools/technologies adoptions and implementation in the local context

New tools

- TB LAMP
- Xpert MTB/XDR
- WGS

E-Health

- Electronic data management system
- Artificial intelligence for diagnosis (e.g. digital chest X-ray reading)
- Electronic aid monitoring system (e.g. GIS for contact tracing, culture & sensitivity test, Video observed treatment)

New Treatment Regimen

- Injection free shorter MDR-TB regimen
- Injection free longer MDR-TB regimen
- Preventive therapy with Isoniazid and Rifapentine

5.2. IMPLEMENT UPDATED PRIORITIZED RESEARCH AGENDA

Detail activities

5.2.3. Conduct nationwide periodic impact assessments as a supplement of routine surveillance information	NTP will plan to conduct the following surveys: <ul style="list-style-type: none">• KAP Survey (2021-2022)• Patient Cost Survey (2022-2023)• TB specific mortality Survey (2023-2024)• DRS Survey (2024-2025)
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5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Programmatic Emphasis

NTP will focus on –

- Accelerating the transition of paper-based to electronic-based data capture and management systems
- Strengthening of TB surveillance system at various levels of different sectors
- Ensuring systematic linkage between components of open Health Information Exchange and integration to eHealth platform of MOHS;
- Strengthening of vital registration for more consistent recording of TB-related deaths
- Enhancing M&E capacity of staffs at all level

5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Summary of Approaches

- Apply data use policy and guideline developed by MOHS (HMIS department)
- Implement revised National TB M&E plan including DQAs tools
- Strengthen the existing TB surveillance system and develop new ones (TBDM, Regional Migrants, etc)
- Implement transition from paper-based to electronic-based data management system
- Ensure systematic linkage between components of open HIE
- Review and improve vital registration
- Enhance the M&E capacity of staff at all levels
- Establish TB M&E team consisting of focal persons from different areas and levels

5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Situation Analysis

- NTP is responsible for M&E of all TB control activities within the country
- Standardization of new recording and reporting formats in 2014
- ATM has begun to integrate their data to HMIS and e-Health of MoHS
- NTP began aggregate data entry in DHIS2 in 2017
- Data extraction and official reporting using DHIS2 conducted fully in 2019
- Reports are verified and evaluated at Central NTP
- Performance and Impact of TB activities of the country are assessed at Central NTP
- Case-based reporting system for DSTB piloted in Mon State in 2019 and expanded to Mon and Shan (S)
- OpenMRS is being used for MDR-TB
- 10,000 tablets distributed to BHS all over the country and NTP have distributed mobile tablets to TB coordinators

5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Challenges

- Need to strengthen sub-level national data
- To link TB related data to other systems for more comprehensive monitoring
- Integration of other TB related data (eg: CBTBC, TBDM) into DHIS2.
- Weak capacity for data analysis and use of electronic data especially in BMU
- Burden of staff (double entry of data in paper register and electronic system)
- Human Resource Limitation
- Delay in expansion of Case Based Recording and Reporting

5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Targets

Standard Indicators	Denominator	Baseline	Targets				
		2018	2021	2022	2023	2024	2025
Percentage of township using DSTB case based electronic data management system	N=330	NA (Started in 2019)	80%	85%	90%	95%	100%
Percentage of township implementing quarterly data quality assessment using WHO DQA tools	N=330	NA (will start in 2020)	75%	80%	85%	95%	100%
Percentage of TB reporting units submitting timely reports according to national guidelines	number of TB reporting units in respective year	97%	97%	97%	97%	98%	100%

SUMMARY OF INTERVENTION AREAS AND KEY ACTIVITIES

Intervention areas	Key activities
5.3. Strengthen TB surveillance system and programme monitoring & evaluation	<ul style="list-style-type: none">• 5.3.1. Strengthen TB surveillance system at all BMUs• 5.3.2. Strengthening electronic –based data management system• 5.3.3. Strengthening of Vital Registration for more consistent recording of TB related deaths

5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Detail activities

5.3.1. Strengthen TB surveillance system at all BMUs

Implement revised National TB M&E Plan in line with End TB Strategy

- Clear definitions and data source for core indicators
- Update R&R forms with essential information
- Disseminate of updated R&R forms and ensure usage

Ensure DQA at all levels

- Review and standardized existing tools
- Incorporate DQA into cascade of supportive supervisions
- Regularly conduct data validation and review meetings

Strengthen M&E and DQA capacity at all BMUs

- Revise M&E and DQA training curriculum
- TOT, multiplier and refresher trainings for new forms and tools
- Supportive supervisions visits
- Data quality assurance workshop at least once a year
- Send staff to participate in Local/international workshops/trainings

5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Detail activities

5.3.1. Strengthen TB surveillance system at all BMUs

Establish TB M&E Team to oversee all aspect of data management

- Team includes focal persons from different areas/levels
- Oversee aspects of TB data management and system
- Revitalize national task force for M&E and Research

Develop new sentinel surveillance system

- Continue basic approach for TB prevention and control
- Consider special approach for high-risk groups
- Establish new sentinel surveillance system for TB among high-risk groups

5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Detail activities

5.3.2. Strengthening electronic-based data management system

Implement transition from paper-based to electronic-based

- Plan transition and disseminate to all stakeholders

Nationwide roll-out of eR&R for DSTB case-based data management system down to BMU

- Facilitate roll out in phased-manner that enables real time evaluation of programme performance
- Review consistency among existing systems (NTP and partners)
- All systems should satisfy the national minimum requirement for a national standardized case-based data management system

Systematize linkage between components of HIE

5.3. STRENGTHEN TB SURVEILLANCE SYSTEM AND PROGRAMME M&E

Detail activities

5.3.3. Strengthening of Vital Registration for more consistent recording of TB related deaths

NTP will make further advocacy to improve quality and coverage of vital registration system

5.4. PROMOTE EVIDENCE-BASED POLICY, DECISION MAKING, PLANNING AND IMPLEMENTATION

Programmatic Emphasis

- Effective data utilization and analysis will be decentralized to sub-national level
- NTP will prioritize capacity building of staff
- Findings from routine surveillance and research will be used as advocacy tools
- Use proper dissemination strategy to encourage utilization of outputs and findings of research and surveys

5.4. PROMOTE EVIDENCE-BASED POLICY, DECISION MAKING, PLANNING AND IMPLEMENTATION

Summary approaches

- Strengthen inter-sectorial collaboration in conducting research
- Disseminate and apply TB research findings and publish a bibliography of TB research findings
- Translate research and programmatic data into policy and utilize for evidence-based decision making
- Develop sub-national operational plan
- Develop standardized monitoring tool for effective data analysis and utilization of routine data
- Enhance capacity building of staff (computer literacy and analysing & interpretation of routine data)
- Encourage application and utilization of routine data and research findings for developing township micro plan in line with an inclusive township health plan (ITHP)

5.4. PROMOTE EVIDENCE-BASED POLICY, DECISION MAKING, PLANNING AND IMPLEMENTATION

Situation Analysis

- Automatic production of aggregate data from regular reports
- Several OR and periodic surveys also complement routine surveillance – long term aspect of programmatic impact
- Outputs and findings of previous nationwide surveys are referenced and used for SOP, guidelines and Strategic plan development
- NTP is able to track its inputs, activities, outputs, outcomes and impact of this strategic plan according to the M&E framework
- Sub-national plan development process have started for Yangon, Ayeyarwaddy, and Bago Regions in 2019

5.4. PROMOTE EVIDENCE-BASED POLICY, DECISION MAKING, PLANNING AND IMPLEMENTATION

Challenges

- Low data utilization and management at sub-national level – limited HR, capacity and frequent staff turnover
- Need for standardized monitoring tool s/a dashboard
- Limited number of operational and qualitative research

SUMMARY OF INTERVENTION AREAS AND KEY ACTIVITIES

Intervention areas	Key activities
5.4. Promote evidence-based policy, decision making, planning and implementation	<ul style="list-style-type: none">• 5.4.1. Promote utilization of available data and research evidence for policy development and decision making• 5.4.2. Empower data utilization and ownership at all levels

5.4. PROMOTE EVIDENCE-BASED POLICY, DECISION MAKING, PLANNING AND IMPLEMENTATION

Detail activities

5.4.1. Promote utilization of available data and research evidence for policy development and decision making

Promote dissemination and application of research findings

- Publish national bibliography of TB research findings
- Organize dissemination workshop on TB research findings

Strengthen inter-sectorial collaboration in conducting research

Improve capacity of translating research into policy and practice

- Facilitate staff to participate in “Translation Research and Programmatic data into policy and practice” and “D2P” trainings

Develop sub-national operational plan based on local epidemiological data and research findings

- Encourage and assist sub-national level staff in developing operational plan
- Mobilize possible funding to implement sub-national operational plan

5.4. PROMOTE EVIDENCE-BASED POLICY, DECISION MAKING, PLANNING AND IMPLEMENTATION

Detail activities

5.4.2. Empower data utilization and ownership at all levels

Capacity building for data utilization

- Provide technical support to township level in analyzing and interpretation of routine surveillance data

Develop standardized monitoring tool (WHO DQA tool/dashboard) for analysis, evaluation and utilization of routine surveillance data

Encourage application or utilization of routine data for planning township micro-plan and inclusive township health plan

Thank you