

**PREPARATORY SURVEY REPORT  
ON  
THE PROJECT FOR  
EQUIPMENT PROVISION FOR  
THE NATIONAL TUBERCULOSIS PROGRAMME  
IN  
THE UNION OF MYANMAR**

**FEBRUARY 2010**

**JAPAN INTERNATIONAL COOPERATION AGENCY**

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**INTERNATIONAL TECHNO CENTER CO., LTD.**

<b>HDD</b>
<b>JR</b>
<b>10-003</b>

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## **Preface**

Japan International Cooperation Agency (JICA) conducted the preparatory survey on the Project for Equipment Provision for the National Tuberculosis Programme in the Union of Myanmar.

JICA sent to Myanmar a survey team from September 13 to October 2, 2009.

The team held discussions with the officials concerned of the Government of Myanmar, and conducted a field study at the study area. After the team returned to Japan, further studies were made. Then, a mission was sent to Myanmar in order to discuss a draft outline design, and as this result, the present report was finalized.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

I wish to express my sincere appreciation to the officials concerned of the Government of Myanmar for their close cooperation extended to the teams.

February, 2010

Nobuko Kayashima  
Director General,  
Human Development Department  
Japan International Cooperation Agency

February, 2010

### **Letter of Transmittal**

We are pleased to submit to you the preparatory survey report on the Project for Equipment Provision for the National Tuberculosis Programme in the Union of Myanmar.

This survey was conducted by International Techno Center Co., Ltd., under a contract to JICA, during the period from August 2009 to February 2010. In conducting the survey, we have examined the feasibility and rationale of the project with due consideration to the present situation of Myanmar and formulated the most appropriate outline design for the project under Japan's Grant Aid scheme.

Finally, we hope that this report will contribute to further promotion of the project.

Very truly yours,

Chiharu Abe  
Project Manager,  
Preparatory Survey Team on  
The Project for Equipment Provision for the  
National Tuberculosis Programme  
in the Union of Myanmar  
International Techno Center Co., Ltd.

## Summary

## Summary

In the Union of Myanmar, the National Tuberculosis Programme (NTP) was launched in 1966. The DOTS strategy was adopted in 1997, and its coverage reached 93% in 2003. Currently, some 130,000 patients are treated annually under the programme.

The government budget for NTP increased gradually to 475 million kyats in 2008-2009, of which 74.7 million kyats were used for purchases of anti-TB drugs. The national budget amount, however, hardly covers the national requirement, and most anti-TB drugs have been provided by the Global Drug Facility (GDF), the Three Diseases Fund (3DF) and others. As a result, the country's requirements for first-line anti-TB drugs up to 2010 has been secured. In November 2009, the government's application for Round 9 of GFATM was approved, and anti-TB drugs in 2012 and following years can be procured with a part of the GFATM grant. On the other hand, the first-line anti-TB drugs for 2011 have been not secured and this is a critical issue for TB control in Myanmar.

In these circumstances, the government of Myanmar made a request for Japan's grant aid to secure the first-line anti-TB drugs for the treatment in 2011. In response to this request, the Japanese government decided to conduct a preparatory survey, and the Japan International Cooperation Agency (JICA) sent to Myanmar a preparatory survey team from September 13 to October 2, 2009. Further examination was made after the team returned to Japan, and JICA sent the team again from December 8 to 15, 2009 for the explanation of the draft report of the survey.

The survey team carefully examined the result of the field survey and discussions in Myanmar, continued discussions on the Japanese side, and developed the outline design shown in this report. The project has been designed to maintain the level of TB treatment, with the overall goal of improving TB control in Myanmar. The first-line anti-TB drugs for 2011, other than the drugs which can be procured with other resources, shall be provided under Japan's grant. Consequently, four items of first-line anti-TB drugs for adult patients are targeted in the project. Out of six items confirmed in the final request by the recipient government, two types of paediatric drugs were excluded from the project, in order to avoid an overlap with the paediatric grant by GDF in 2011 and following years.

The items and amounts of first-line anti-TB drugs to be procured in the project are shown in the table on the next page.

The procured drugs will be transported in three shipments or every four months to the central, lower and upper Myanmar TB stores in the project. Onward delivery to the township TB stores through the state/division TB stores will be done by NTP, and some 20 million kyat will be borne by the budget of NTP.

### Items and quantities to be procured in the project

No.	Items	Contents	Q'ty	Remark
1	Patient Kit (4FDC (H75mg + R150mg+Z400mg+ E275mg) / 2FDC(H75mg+ R150mg))	1. 4FDC: Isoniazid 75mg, Rifampicin 150mg, Pyrazinamide 400mg, Ethambutol 275mg 28 tabs/sheet x 6sheets (168tabs) in 1 box 2. 2FDC: Isoniazid 75mg, Rifampicin 150mg, 28 tabs/sheet x 12 sheets (336 tabs) in 1 box 3. Outer box A box to store boxes of 1. and 2. Column of patient information and record of medication shall be printed or attached	128,131 kits	New cases (Cat. I&III) 128,131
2	4FDC (H75mg+R150mg +Z400mg +E275mg)	Isoniazid 75mg, Rifampicin 150mg, Pyrazinamide 400mg, Ethambutol 275mg 28 tabs/sheet x 24 sheets (672 tabs)/box	3,463 boxes	Relapse, re-treatment cases
3	2FDC (H75mg+R150mg)	Isoniazid 75mg, Rifampicin 150mg 28 tabs/sheet x 24 sheets (672 tabs)/box	5,771 boxes	(Cat. II) 9,234
4	E400mg	Ethambutol 400mg 28 tabs/sheet x 24 sheets (672 tabs)/box	3,848 boxes	

The period of implementation of the project will be about 14 months. It is significant that the project is implemented so that the procured anti-TB drugs are ready for treatment in 2011. The executing agency of the government of Myanmar is requested to facilitate the relevant procedures with full understanding of the latest system of Japan's grant aid. It is preferable to commence the tender stage immediately after signing of an Exchange of Notes and a Grant Agreement between the governments in order to secure the first transportation on time.

When the project is implemented, the country's requirement of the first-line anti-TB drugs in 2011 will be fulfilled, all 325 townships throughout the country will be supplied with enough drugs, and 130,000 patients will be treated under the DOTS programme. The project indirectly contributes to improvement of TB treatment in Myanmar complementing the outcome of MIDCP, and to mitigate the risk of a sudden increase of multi-drug resistance in 2011 which could occur without this project.

In January 2010, an extension of MIDCP was agreed and it will be continued until January 2012. It is expected that the drug provision through this grant aid project and technical cooperation through MIDCP will complement each other and have a greater effect on enhancing TB control in Myanmar.

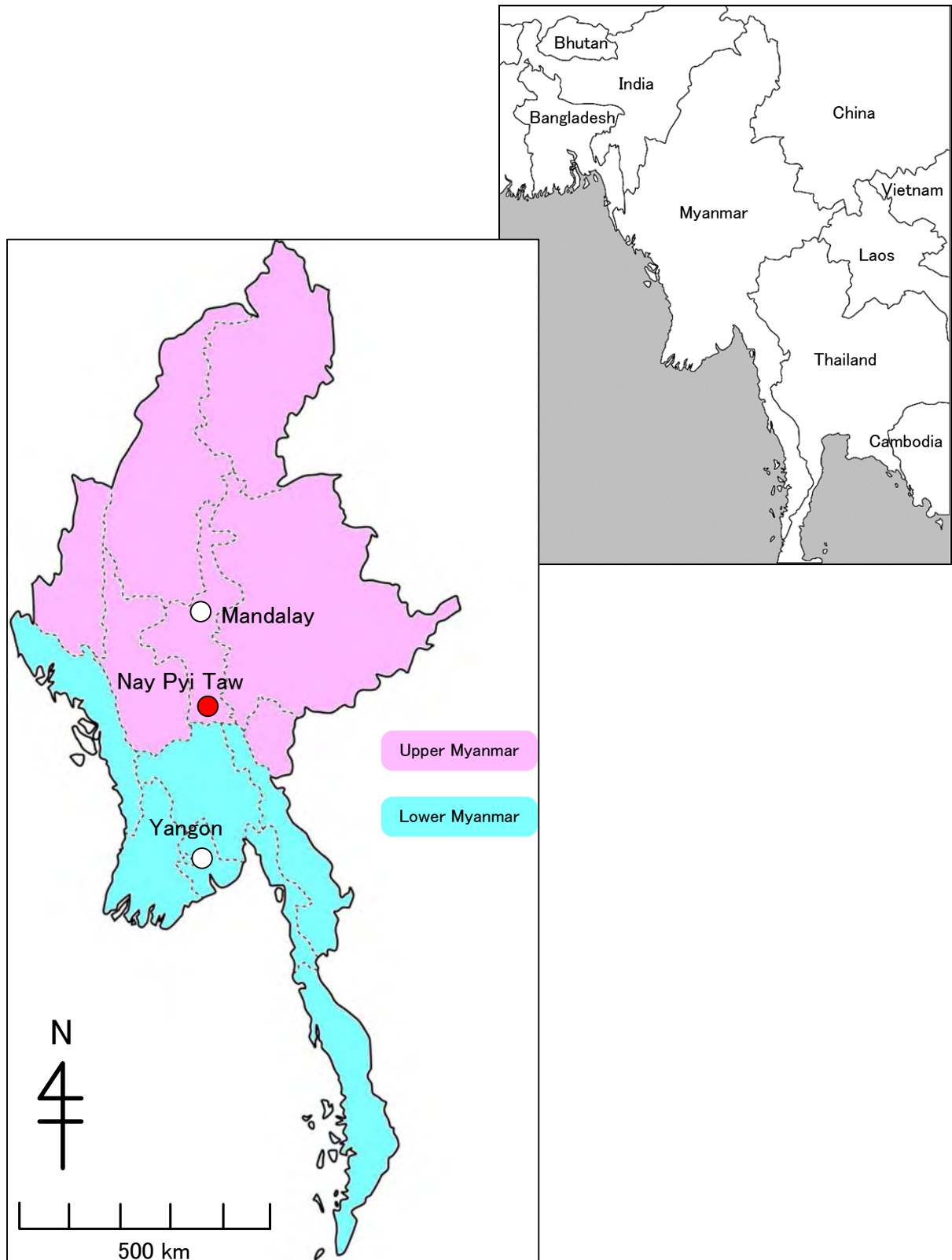
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## Abbreviations

A/P	Authorisation to Pay
B/A	Banking Arrangement
DOH	Department of Health
DOTS	Directly Observed Treatment Short Course
E/N	Exchange of Notes
FDA	Food and Drug Administration of the Ministry of Health of Myanmar
FDC	Fixed Dose Combination
G/A	Grant Agreement
GDF	Global Drug Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
JICA	Japan International Cooperation Agency
NTP	National Tuberculosis Programme
3DF	Three Diseases Fund
MIDCP	Major Infectious Diseases Control Project
TB	Tuberculosis
WHO	World Health Organization

## Chapter 1 Background of the Project

## Chapter 1 Background of the Project

In the Union of Myanmar, the National Tuberculosis Programme (NTP) was launched in 1966. The Directly Observed Treatment Short Course (DOTS) strategy recommended by the World Health Organization (WHO) was adopted in 1997. The DOTS coverage increased gradually, starting at 60% in 1997, to reach 93% in 2003. NTP was running at 13 State and Divisional TB Centres with 101 TB teams at district and township levels in 2007. Currently, some 130,000 patients are treated under the programme every year. In 2008, 27,260 patients out of a total of 131,367 were children under the age of 15.

**Table 1-1: Number of cases treated under NTP (2004 - 2008)**

Type of TB		2004	2005	2006	2007	2008
Cat. I	New ss +	31,551	38,598	40,742	43,230	41,839
	Severe, new ss —	21,098	23,164	30,031	29,177	27,725
	Severe, new EP	2,938	6,234	5,620	6,602	6,364
	Total Cat. I	55,587	67,996	76,393	79,009	75,928
Cat. II	Relapse	4,820	4,817	5,229	4,750	4,509
	Treatment after default	1,293	976	1,007	757	633
	Treatment after failure and others	1,522	2,024	2,852	4,003	4,094
	Total Cat. II	7,635	7,817	9,088	9,510	9,236
Cat. III	Less severe, new ss —	13,627	13,309	13,924	13,077	17,306
	Less severe, new EP	23,704	26,158	30,644	33,986	28,897
	Total Cat III	37,331	39,467	44,568	47,063	46,203
Total		100,553	115,280	130,049	135,582	131,367
Adult >15						104,107
Children <15						27,260
Total						131,367

Source: NTP

The government budget for NTP increased from 21 million kyats in 1997-1998, when the DOTS strategy was adopted, to 475 million kyats in 2008-2009, of which 74.7 million kyats were used for purchases of anti-TB drugs. The amount of the national budget, however, hardly covers the national requirement, and most of the anti-TB drugs, which are not produced in Myanmar, have been provided through international assistance.

Actually, first-line anti-TB drugs have been granted by the Global Drug Facility (GDF) since 2002, covering about 80% of the country's requirement. GDF extended the second three-year grant from 2005 to 2008 and then another year to 2009. GDF also started another three-year grant from 2008 to 2010 for paediatric drugs covering all the requirements and 20% buffer stock. GDF sends a monitoring mission to Myanmar in February 2010. If the mission does not find any particular problem, the second grant from 2011 to 2013 will be committed. In January 2005, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) initiated a five-year grant totalling 17 million USD in Round 2, but the GFATM

secretariat decided to terminate their grants in Myanmar in August of that year. The Three Diseases Fund (3DF), which was established by a group of six donors to address the critical gap caused by said termination by GFATM, pledged 102 million USD for five years (2006-2011), with a disease-specific allocation of 60% HIV/AIDS, 20% TB and 20% malaria, respectively. As a result, the country's requirement of first-line anti-TB drugs up to 2010 has been secured.

In November 2009, the government's application for Round 9 of GFATM was approved, and a part of the GFATM grant can be used for drug purchases. The drugs, however, will only reach Myanmar at the end of 2011 or later. Consequently, the first-line anti-TB drugs for 2011 have been a critical issue for TB control in Myanmar.

In these circumstances, the government of Myanmar made a request for Japan's grant aid to secure the first-line anti-TB drugs for the treatment in 2011, in order to keep the activities of TB control in Myanmar going without any interruption to the treatment of some 130,000 patients. The six items, shown in Table 1-2, were confirmed as the final request by the recipient government. Among first-line anti-TB drugs, Streptomycin is not included in the request, because it is manufactured in Myanmar and local products can be purchased with the government's resources.

**Table 1-2: Final request by the government of Myanmar**

Item	Quantity	Target patients
Patient Kit of 4FDC (H75mg+R150mg+Z400mg+ E275mg) and 2FDC (H75mg+R150mg)	128,131 kits	Cat I & III 128,131 (adults)
4FDC (H75mg+R150mg+Z400mg+E275mg)	2,326,905 tabs	Cat II
2FDC (H75mg+R150mg)	3,878,175 tabs	9,234 (adults)
E400 mg	2,585,450 tabs	
CH-3FDC (H30mg+R60mg+Z150mg)	6,211,968 tabs	Children under 15
CH-2FDC (H30mg+R60mg)	12,423,936 tabs	36,976

FDC: Fixed Dose Combination

H: Isoniazid R: Rifampicin Z: Pyrazinamide E: Ethambutol

The figures after H, R, Z, and E indicate a dose in mg, e.g., H75 means 75mg of isoniazid.

These abbreviations and figures hereafter indicate ingredients and doses in the same manner.

## Chapter 2 Contents of the Project

## **Chapter 2 Contents of the Project**

### **2-1 Basic Concept of the Project**

It is most important to bridge the gap between current and expected procurements of first-line anti-TB drugs with the purpose of maintaining TB treatment under the DOTS strategy in Myanmar. Naturally, drug provision is significant in avoiding any interruption of the treatment of some 130,000 TB patients in the country, and a sudden increase of incidences of multi-drug resistant TB which may be caused by such interruptions and by the situation in which patients are treated with drugs of uncertain quality or with fewer numbers or doses of drugs than the standardised regimen requires. In addition, an uninterrupted supply of anti-TB drugs complements the outcome of the Major Infectious Diseases Control Project (MIDCP) under technical cooperation by the Japan International Cooperation Agency (JICA). The supply system of anti-TB drugs is well-managed by NTP. The physical condition of the central, upper Myanmar and lower Myanmar TB stores is satisfactory. The anti-TB drugs supplied under Japan's grant will be properly kept and delivered to patients through the existing system throughout the country. The delivery of supplied drugs can be monitored with the current reporting system of NTP. For all these reasons, the project has been designed to maintain the level of TB treatment in Myanmar, with the overall goal of improving TB control in Myanmar as well as to secure the outcome of MIDCP. In order to achieve these objectives, the first-line anti-TB drugs for 2011 shall be provided under Japan's grant, and all the activities of NTP shall be continued.

### **2-2 Outline of Japanese Assistance**

#### **2-2-1 Design Policy**

The project is designed with the policies shown below.

1. Scope of the project: The project provides first-line anti-TB drugs to be used in 2011, other than the drugs which can be purchased by resources of the government and other donors.
2. Drugs to be procured: First-line anti-TB drugs to be procured shall be adequate for the TB control programme under the DOTS strategy recommended by WHO. At the same time, the drugs shall be legally used in Myanmar.
3. Adequate transportation: Transporting frequency and destination of procured drugs shall be determined considering the situation of the current supply system of NTP.
4. Packages of drugs: Some of the drugs to be procured in the project shall be ones which are provided in the form of a patient kit recommended by



WHO, in which all that is required to treat one patient is pre-packed, as the kit has been introduced in Myanmar.

5. Schedule: The first transportation of procured drugs, which will be used in 2011, shall be completed by the end of December 2010.

## 2-2-2 Basic Plan

The project provides first-line anti-TB drugs for adults in Myanmar in 2011 under Japan's grant aid. The transportation of procured drugs to the central TB store, the lower Myanmar TB store and the upper Myanmar TB store will be included in the scope of the project under Japan's grant aid. Onward delivery to the state/division TB stores and to the township TB stores will be the responsibility of the Myanmar side. The drugs will be transported to the TB stores in three shipments, or every four months. The first transportation will be completed by the end of December 2010. The delivery of procured drugs after handing them over at the three major TB stores will be monitored through the activities of NTP, and the result will be reported by NTP to the Embassy of Japan and the JICA Office in Yangon.

The project targets a pre-packed patient kit of 4FDC (H75mg+R150mg+Z400mg+ E274mg) and 2FDC (H75mg+R150mg) for the treatment of adult cases in categories I and III, i.e., adult new cases, and respective items of 4FDC (H75mg+R150mg+Z400mg+E274mg), 2FDC (H75mg+ R150mg) and E400mg for category II, i.e., adult cases of relapse and treatment after default or failure. Two items of patient drugs in the final request are not included in the project under Japan's grant aid, in order to avoid an overlap with the paediatric grant by GDF which covers 2011 and following years.

**Table 2-1: Items to be targeted**

No.	Items in final request	Plan
1	Patient Kit of 4 FDC (H75+R150+Z400+E275) and 2 FDC (H75+R150)	to be procured
2	4 FDC (H75+R150+Z400+E275)	to be procured
3	2 FDC (H75+R150)	to be procured
4	E 400	to be procured
--	CH-3FDC (H30+R60+Z150)	Excluded
--	CH-2FDC (H30+R60)	Excluded

The numbers of patients in 2011 shown in the final request or some 137,000 is considered reasonable against the prediction with the past records of the number of patients treated in the programme. Accordingly, the necessary amount of Nos. 1, 2, 3 and 4 calculated based on 128,131 new adult cases and 9,234 adult cases of relapse and treatment after default or failure will be procured in the project.

The drugs shall be blister packages with 28 tablets per sheet. A box of six sheets of 4FDC and a box of 12 sheets of 2FDC shall be pre-packed for the patient kit, while a box containing

other items, or Nos. 2, 3, and 4 in the above table, shall contain 24 sheets or 672 tablets.

128,131 patient kits shall be procured for new cases. For 9,234 patients of relapse and relapse and treatment after default or failure, 3,463 boxes or 2,327,136 tablets of 4FDC for the initial phase and 5,772 boxes or 3,878,784 tablets of 2FDC and 3,848 boxes or 2,585,856 tablets for the continuation phase shall be procured.

**Table 2-2: Items and quantities to be procured in the project**

No.	Items	Contents	Q'ty	Remark
1	Patient Kit (4FDC (H75mg + R150mg+Z400mg+ E275mg) / 2FDC(H75mg+ R150mg))	1. 4FDC: Isoniazid 75mg, Rifampicin 150mg, Pyrazinamide 400mg, Ethambutol 275mg 28 tabs/sheet x 6sheets (168tabs) in 1 box 2. 2FDC: Isoniazid 75mg, Rifampicin 150mg, 28 tabs/sheet x 12 sheets (336 tabs) in 1 box 3. Outer box A box to store boxes of 1. And 2. Column of patient information and record of medication shall be printed or attached	128,131 kits	New cases (Cat. I&III) 128,131
2	4FDC (H75mg+R150mg +Z400mg +E275mg)	Isoniazid 75mg, Rifampicin 150mg, Pyrazinamide 400mg, Ethambutol 275mg 28 tabs/sheet x 24 sheets (672 tabs)/box	3,463 boxes	Relapse, re-treatment cases
3	2FDC (H75mg+R150mg)	Isoniazid 75mg, Rifampicin 150mg 28 tabs/sheet x 24 sheets (672 tabs)/box	5,771 boxes	(Cat. II) 9,234
4	E400mg	Ethambutol 400mg 28 tabs/sheet x 24 sheets (672 tabs)/box	3,848 boxes	

## 2-2-3 Implementation Plan

### 2-2-3-1 Implementation Policy

The project will be implemented within the framework of grant aid by the Japanese government. After the Japanese cabinet has approved the project, an Exchange of Notes (E/N) will be signed by the governments of Japan and Myanmar, and a Grant Agreement (G/A) will be signed by JICA and the government of Myanmar. And then, the implementation of the project starts. A Japanese consulting firm recommended by JICA will sign a consultant agreement with the Department of Health (DOH) of the Ministry of Health of Myanmar. This agreement will come into effect on verification by JICA. On the basis of this agreement, the consultant will carry out tender-related works and supervision of the implementation of the project. A Japanese supplier chosen by tender will conclude a contract with DOH, which will come into effect on verification by JICA. The Japanese supplier will procure the drugs and transport them to the three major TB stores in Myanmar.

### **2-2-3-2 Implementation Conditions**

The annually required amount of drugs can hardly be transported at one time because of the physical capacity of the central TB store of NTP, while transportation many times may decrease the efficiency of the project cost. In this context, it is thought adequate to include the upper and lower Myanmar TB stores, which are in good condition and well managed, as well as the central TB store in the transportation destinations in the scope of the project under Japan's grant aid, so that a transported amount can be installed in these three major stores. Given the total capacity of the destinations, it is estimated that the whole amount can be transported in two or three shipments. If the transportation to the upper Myanmar TB store in Mandalay is covered under Japan's grant aid, the cost of truck transportation from Yangon to Mandalay can be reduced from the burden of NTP in 2011.

For these reasons, three major TB stores, namely the central TB store, the lower Myanmar TB store and the upper Myanmar TB store, have been determined as the transportation destinations of the project. The total amount of the drugs shall be transported three shipments or every four months.

### **2-2-3-3 Scope of Work**

#### **(1) Expenses to be born by the Japanese government**

- Costs of drug procurement in the project
- Costs of international transportation of procured drugs to Myanmar
- Costs of inland transportation to the central TB store, the lower Myanmar TB store and the upper Myanmar TB store

#### **(2) Responsibilities of the recipient side**

- Provision of information and materials necessary for implementation of the project
- Obtaining of relevant permission needed in the project implementation
- Permitting fast track registration of procured drugs, when necessary
- Securing physical condition of the TB stores with regard to unloading, carrying-in and storing drugs procured.
- Keeping the drugs in an adequate condition at the TB stores
- Delivering the drugs to state and divisional TB stores and townships.
- Monitoring and reporting of drugs delivered to the state and divisional TB stores.

### **2-2-3-4 Consultant Supervision**

The consultant will supervise drug procurement and relevant works after a supplier is selected by tender. Procurement consistent with the conditions of contract, adequate inspection of

goods and packaging before shipment, timely action for procedures regarding transportation and customs clearance, and final inspections before handing over will be ensured during the supervisory procedure. If drugs are procured in a third country, the consultant will assign a third-party inspection organisation for pre-shipment inspection. The consultant will continually monitor the implementation situation, provide proper advice to DOH/NTP, and report the progress to JICA.

### 2-2-3-5 Quality Control Plan

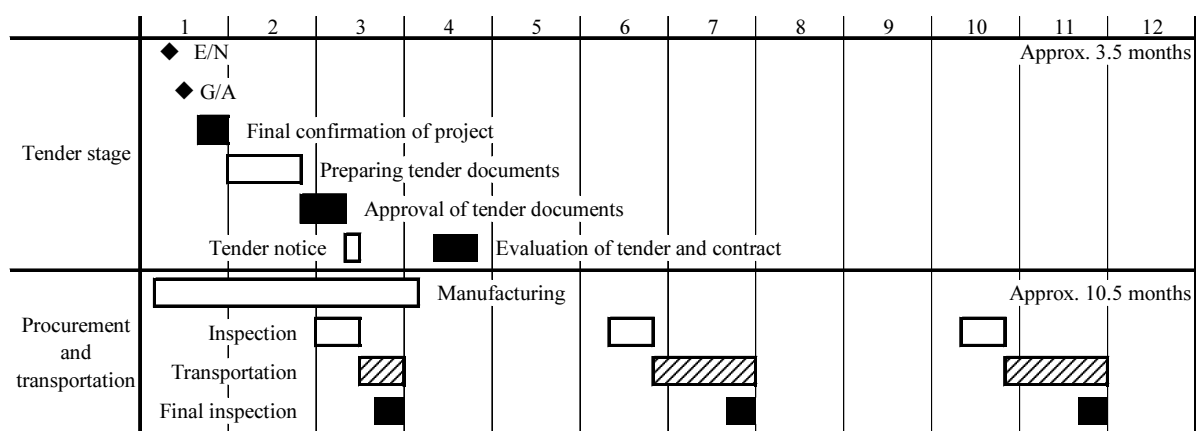
The anti-TB drugs to be procured in the project shall satisfy the conditions of international standards. A pharmaceutical product prequalified by the prequalification programme of WHO, listed in the tuberculosis pharmaceutical products according to the quality assurance policy of GFATM, or currently procured by GDF is considered to be eligible for procurement in the project.

### 2-2-3-6 Procurement Plan

The first-line anti-TB drugs produced in third countries will be procured in the project, because these are not produced in Japan and the recipient country. Because most of the eligible products are produced in India, the route, cost and duration of transportation to Myanmar is planned on the assumption that the drugs are shipped from Mumbai, India.

### 2-2-3-7 Implementation Schedule

The implementation of the project consists of two stages: tender procedure and drug procurement. The tender stage takes about three and a half months after the G/A is signed. The stage of procurement and transportation will be approximately ten and a half months. Consequently, the period of implementation of the project will be about 14 months in total as shown below.



**Figure 2-1: Implementation schedule**

## **2-3 Obligations of Recipient Country**

The responsibilities of the Myanmar side in the project implementation are shown in "2-2-3-3 Scope of Works, (2) ". DOH and NTP are requested to pay particular attention to the following for the smooth implementation of the project:

- To facilitate prompt processing of official documents for implementing the project,
- To facilitate administrative procedures for the signing of the Banking Arrangement (B/A) with a Japanese bank, for issuing Authorisation to Pay (A/P) for the consultant agreement and supplier contract, and for bearing commissions of a bank,
- To issue travel permission for the consultant and the supplier of the project,
- To take timely and prompt action to obtain import permission for the drugs to be procured,
- To ensure the preparedness of TB stores at every arrival of the procured drugs, and
- To facilitate the process of certification, or a fast track registration, by FDA on a drug to be procured, when necessary.

Immediately after signing the contract, the supplier and manufacturer, or the supplier's sub- contractor, shall register the drug if it is yet be registered in Myanmar. In such case, the drug, which satisfies international standards as described in "2-2-3-5 Quality Control Plan" and applied with fine dossiers, shall be certified by FDA before the completion of the first transportation without delay.

## **2-4 Project Operation Plan**

The project under Japan's grant aid will be implemented with the purpose of maintaining the TB treatment under the DOTS strategy continued up to now in Myanmar, and it does not require any additional activities, personnel or costs to be borne by the recipient side. The cost of delivery to townships through TB stores in the states and divisions is not incremental in the budget of NTP as the drugs have been delivered in the same manner up to now. It is required that the Myanmar side reports to the Embassy of Japan and the JICA Office in Yangon the result of delivery to the states and divisions, though it is not an additional activity because NTP already has monitoring abilities. NTP completed the training on the introduction of patient kits in December 2009, whereby all 325 townships had been covered. Accordingly, additional training regarding the procured drugs is not necessary in the project.

## **2-5 Project Cost Estimation**

### **2-5-1 Initial Cost Estimation**

#### **(1) Cost borne by the Myanmar side**

The project cost to be borne by the Myanmar side, when the project is implemented as a Japan's grant aid project, is estimated as shown below.

**Table 2-3: Project cost to be borne by the Myanmar side**

Contents		Cost
Transportation	Delivery to state/divisional TB stores <sup>1</sup>	7,800,000 kyat
	Delivery to township levels <sup>2</sup>	13,000,000 kyat
	Sub total	20,800,000 kyat 4,462,000 yen
Bank commission		162,000 yen
Total		4,624,000 yen

<sup>1</sup>: Estimated on the assumption average 150,000 kyats per one transportation, to 13 state/divisional TB stores, and 4 shipments (quarterly)

<sup>2</sup>: Estimated on the assumption average 10,000 kyats per one transportation, to 325 townships 4 shipments (quarterly)

## (2) Estimate conditions

Time of calculation: October 2009

Exchange rate: 1 USD = 96.53 yen,  
1 kyat = 0.214 yen (1 USD=450 kyat and 1 USD=96.53yen)

Implementation period: Approx. 14 months as shown in "2-2-3-7 Implementation Schedule"

Other: Cost is estimated within the framework of Japan's grant aid

## 2-5-2 Operation and Maintenance Cost

The concept of the project is to provide first-line anti-TB drugs to be used in 2011 for the treatment activities of TB control. In other words, it is an ad hoc input to the existing programme that does not cause any new operation and/or maintenance costs to be borne by the recipient side after completion. The cost of delivery by persons mentioned above will be managed with the budget of NTP as it has been done in recent years. NTP's budget, funded by the government and donors, is spent on anti-TB drugs, staff exclusively for TB control, routine programme management and supervision activities, laboratory supplies and equipment, and others. Some 800,000 USD is expected to be used for programme management and supervision activities including the cost of staff transportation in 2009.

Because a Japanese supplier will transport the drugs to the upper Myanmar TB stores in Mandalay as well as the major stores in Yangon in 2011, NTP will not have to bear the expenses of truck transportation from Yangon to Mandalay in that year. Onward delivery will be managed by the Myanmar side as usual. The cost is estimated at some 20 million kyats, or around 5.7% of the expenses for programme management and supervision activities, on the assumption that deliveries to state/divisional TB stores costs approximately 150,000 kyats per one transportation, and 10,000 kyats from state/divisional levels to township TB centres. Consequently, the procured drugs, after being handed over to the Myanmar side, will be delivered by staff members of TB control to the treatment sites.

## **2-6 Other Relevant Issues**

It is significant that the project is implemented so that the procured anti-TB drugs are ready for treatment in 2011. It takes approximately three months after an order before shipping. Given the time required, a supplier shall be selected by September at the latest in order to complete the first delivery to the TB stores by the end of 2010.

In cases of projects under Japan's grant aid implemented in the past, the signing of E/N between governments took two months or more because of governmental procedures in of Myanmar. The project can be implemented after the signing of G/A which has been added to the new system of Japan's grant aid, and is the first instance in the health sector of Myanmar. DOH, the executing agency, is requested to facilitate the relevant procedures with the government with full understanding of the latest system of Japan's grant aid.

The project implementation may be influenced by a general election expected in Myanmar in 2010, and therefore, it is preferable to commence the tender stage immediately after the signing of E/N and G/A in order to ensure that the first shipment will be on time.

## Chapter 3 Project Evaluation and Recommendation



## Chapter 3. Project Evaluation and Recommendation

### 3-1 Project Effect

The effect of the project can be expected as follows.

**Table 3-1 Effect of the project under Japan's grant aid**

Problems to be solved	Some 130,000 patients treated annually in the DOTS programme throughout the country, while TB remains a big problem in the county. The country requirement of first- line anti-TB drugs up to 2010 has been secured, and that of 2012 and following years will be funded by GFATM Round 9. The drugs for 2011, however, have not been secured and TB treatment in 2011 maybe hindered. A sudden increase of incidence of multi-drug resistant TB which could occur without an adequate supply of drugs would be a great concern.
Scope of project	First-line anti-TB drugs, other than drugs procured with other resources, will be procured and transported to three major TB stores in Yangon and Mandalay in the project under Japan's grant aid.
Direct effect	First-line anti-TB drugs are provided throughout the country in 2011 so that 130,000 adult TB patients can be treated.
Indirect effect	Outcome of TB component of MIDCP can be complemented, and TB control in Myanmar improves. Risk of sudden increase of multi-drug resistant TB can be mitigated.

If the project is implemented, the country's requirement of first-line anti-TB drugs for adult patients in 2011 will be fulfilled, all 325 townships throughout the country will be supplied with enough drugs, and 130,000 patients will be treated under the DOTS programme. These are the direct effects of the project. Since the project is designed to maintain TB treatment under DOTS programme in Myanmar in 2011, the actual number of patients treated in the year will indicate achievement of the goal. Namely, 137,000 adult TB patients or more actually treated in the DOTS programme in 2011 is the goal of the project.

The project will indirectly contribute to improvement of TB treatment in Myanmar complementing the outcome of MIDCP and mitigating the risk of a sudden increase of multi-drug resistance in 2011.

### 3-2 Recommendations

The considerable progress of the DOTS programme made in Myanmar is worth mentioning. The annual number of TB cases, however, has not yet decreased, but is expected to increase in the years to come. The challenges going forward include the further improvement of laboratory services, collaboration with HIV/AIDS control programmes, and treatment of

patients with multi-drug resistant TB.

In January 2010, an extension of MIDCP was agreed upon and it will be continued until January 2012. It is expected that the drug provision of this grant aid project and technical cooperation through MIDCP will complement each other and have a greater effect on enhancing TB control in Myanmar.

## **【Appendices】**

1. Member List of the Study Team
2. Study Schedule
3. List of the Parties Concerned in Myanmar
4. Minutes of Discussions
5. References

## **1. Member List of the Study Team**

### **Preparatory Survey**

Naoko UEDA, Ms.

Team Leader  
Director,  
Infectious Disease Control Division,  
Human Development Department, JICA

Yukari HORII, Ms.

Program Coordinator  
Program Officer,  
Infectious Disease Control Division,  
Human Development Department, JICA

Chiharu ABE, Ms.

Project Management / Equipment Planning  
International Techno Center Co., Ltd.

Masaki OTA, Dr.

Infectious Disease Control / Donor Coordination  
Research Institute of Tuberculosis,  
Japan Anti – Tuberculosis Association

Satoru FUKUNAGA, Mr.

Equipment Procurement / Cost Estimation  
International Techno Center Co., Ltd.

### **Explanation of Draft Report**

Hideo MIYAMOTO, Mr.

Team Leader  
Chief Representative,  
JICA Myanmar Office

Tomoya YOSHIDA, Mr.

Program Coordinator  
Assistant Director,  
Grant Aid Project Management Division 2,  
Financing Facilitation and Procurement Supervision  
Department, JICA

Chiharu ABE, Ms.

Project Management / Equipment Planning  
International Techno Center Co., Ltd.

Satoru FUKUNAGA, Mr.

Equipment Procurement / Cost Estimation  
International Techno Center Co., Ltd.

## 2. Study Schedule

### (1) Preparatory Survey September 13 – October 3, 2009 (21 days)

No.	Date		Schedule
1	Sep 13	Sun	Narita→Bangkok→Yangon [Abe, Ota, Fukunaga]
2	Sep 14	Mon	Discussion with Dr. Okada, chief advisor of MIDCP Meeting in JICA office and Courtesy visit to EOJ Meeting with NTP in Yangon TB Centre
3	Sep 15	Tue	Site survey : Central TB Store, Lower Myanmar TB Store and Yangon Division TB Store Meeting with Director of CMSD
4	Sep 16	Wed	Site survey : North Okkalapa Township TB Centre Discussion with WHO Research of drug market
5	Sep 17	Thu	Site survey : Thanlyin Township Hospital, North Dagon Township Hospital [Ota, Fukunaga] Move to Nay Pyi Taw, and discussion with NTP, Courtesy visit to DOH [Abe]
6	Sep 18	Fri	Interview with forwarding company [Fukunaga] Discussion with NTP [Abe]
7	Sep 19	Sat	Move to Mandalay [Abe, Ota, Fukunaga]
8	Sep 20	Sun	Report work
9	Sep 21	Mon	Site survey : Maha Aung Myae Township Health Centre, Pyi Gyi Ta Gun Township Health Centre [Abe, Ota, Fukunaga] Narita→Bangkok→Yangon [Horii]
10	Sep 22	Tue	Site survey : Patheingyi TB Hospital, Mandalay General Hospital [Abe, Ota, Fukunaga] Move to Mandalay [Horii]
11	Sep 23	Wed	Site survey : Pyin Oo Lwin township district hospital
12	Sep 24	Thu	Move to Yangon Discussion with 3DF [Horii, Abe, Ota] Interview with forwarding company [Fukunaga]
13	Sep 25	Fri	Discussion with USAID [Horii, Ota] Interview with pharmaceutical company and forwarding company [Abe, Fukunaga]
14	Sep 26	Sat	Report work [Horii, Abe, Ota, Fukunaga] Narita→Bangkok→Yangon [Ueda]
15	Sep 27	Sun	Internal meeting among Mission team members
16	Sep 28	Mon	Meeting in JICA office Site survey : Central TB Store, Lower Myanmar TB Store and Yangon Division TB Store
17	Sep 29	Tue	Move to Nay Pyi Taw Discussion with DOH/NTP
18	Sep 30	Wed	Discussion on Minutes of Discussion
19	Oct 1	Thu	Signing on Minutes of Discussion Move to Yangon Interview with forwarding company
20	Oct 2	Fri	Report to JICA office and EOJ Interview with forwarding company Yangon→Bangkok→
21	Oct 3	Sat	→Narita

**(2) Explanation of Draft Report**    December 8 – 16, 2009 (9 days)

No.	Date		Schedule
1	Dec 8	Tue	Narita→Bangkok→Yangon [Abe, Fukunaga]
2	Dec 9	Wed	Discussion with WHO [Abe, Fukunaga] Meeting in JICA office Move to Nay Pyi Taw [Abe, Fukunaga]
3	Dec 10	Thu	Report work
4	Dec 11	Fri	Move to Nay Pyi Taw [Yoshida] Discussion with NTP and FDA
5	Dec 12	Sat	Report work
6	Dec 13	Sun	Discussion on Minutes of Discussion Move to Nay Pyi Taw [Miyamoto] Internal Meeting among Mission team members
7	Dec 14	Mon	Signing on Minutes of Discussion Move to Yangon
8	Dec 15	Tue	Discussion with WHO and 3DF Report to JICA office and EOJ Yangon→Bangkok→
9	Dec 16	Wed	→Narita

### 3. List of Parties Concerned in Myanmar

#### Department of Health, Ministry of Health

Dr. Win Mying	Director General, DOH, MOH
Dr. Saw Lwin	Deputy Director General, Disease Control, MOH
Dr. Kyee Myint	Deputy Director General, Public Health, MOH
Dr. Win Maung	Director, Disease Control, MOH
Dr. Kyaw Lin	Director, Food and Drug Administration, MOH

#### National Tuberculosis Programme

Dr. Thandar Lwin	Programme Manager, NTP
Dr. Moe Zaw	Assistant Director, NTP
Dr. Si Thu Aung	Assistant Director, NTP
Dr. Htar Htar Oo	Assistant Director, NTP
Dr. Win Win Mar	Assistant Director, NTP
Dr. Tin Mi Mi Khaing	Lower Myanmar TB Officer / Yangon Division TB Officer

#### Yangon Division

Dr. Oo Oo	Township Medical Officer (TMO), North Okkalapa Township, Yangon Division
Dr. Daw Than Hla	TMO, North Dagon Township, Yangon Division
Dr. Myint Myint Thein	TMO, Thanlyin Township, Yangon Division

#### Mandalay Division

Dr. Tun Aung Kyi	Deputy Divisional Health Director, Mandalay
Dr. Than Than Myint	Deputy Divisional Health Director, Mandalay
Dr. Myint Aye	Medical Superintendent, TB Hospital, Mandalay
Dr. Yu Yu Wai	Medical Superintendent, TB Hospital, Mandalay
Dr. Yadana Aung	TMO, Maha Aung Myae Township, Mandalay Division
Dr. Nu Nu Sain	TMO, Pyi Gyi Gun Township, Mandalay Division
Dr. La La Thyi	TMO, Madaya Township, Mandalay Division
Dr. Tin Nyo	Senior Medical Superintendent, Pyin Oo Lwin District, Mandalay Division
Dr. Tin Myo Ay	TMO, Pyin Oo Lwin District, Mandalay Division

#### Central Medical Store Depot

Dr. Myo Win	Deputy Director, Central Medical Store Depot
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#### WHO

Dr. Leonard Ortega	Acting WHO Representative to Myanmar
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Dr. Michael Voniatis

TB Officer

Dr. Myint Thoung

National Consultant (TB)

Dr. Moe Zaw

National Consultant (TB)

Dr. Ye Myint

National Consultant (TB)

Dr. Thin Thin Yee

National Consultant (TB)

3DF

Mr. Mikko Lainejoki

Chief Executive Officer

Mr. Attila Molnar

Public Health Officer, Three Diseases Fund

Ms. Aye Yu Soe

Public Health Officer, Three Diseases Fund

USAID

Mr. Marc Porter

Economic Officer, U.S. Embassy Rangoon



#### 4. Minutes of Discussions

##### (1) Preparatory Survey

**MINUTES OF DISCUSSION  
ON THE PREPARATORY SURVEY (BASIC DESIGN)  
ON THE EQUIPMENT PROVISION  
FOR THE NATIONAL TUBERCULOSIS CONTROL PROGRAMME  
IN THE UNION OF MYANMAR**

In response to the request from the Government of the Union of Myanmar (hereinafter referred to as "Myanmar"), the Government of Japan decided to conduct a Preparatory Survey (Basic Design) on the Equipment Provision for the National Tuberculosis Control Programme (hereinafter referred to as "the Project") and entrusted the survey to the Japan International Cooperation Agency (hereinafter referred to as "JICA").

JICA sent to Myanmar the Preparatory Survey Team (hereinafter referred to as "the Team"), headed by Ms Naoko UEDA, Director, Infectious Disease Control Division, Human Development Department from 13<sup>th</sup> September to 2<sup>nd</sup> October, 2009.

The Team held discussions with the officials concerned of the Department of Health, Ministry of Health (hereinafter referred to as "DOH") of Myanmar and conducted a field survey.

In the course of discussions and field survey, both parties confirmed the items described on the attached sheets, based on which the Team will proceed to prepare a Preparatory Survey Report.

Nay Pyi Taw, 1 October, 2009

上田 直子

Ms. Naoko Ueda  
Leader  
Preparatory Survey Team  
Japan International Cooperation Agency  
Japan

Dr. Win Myint  
Director General  
Department of Health,  
Ministry of Health  
The Union of Myanmar

DR. WIN MYINT  
DIRECTOR GENERAL  
DEPARTMENT OF HEALTH.

## ATTACHMENT

### 1. Objective of the Project

The objective of the Project is to meet the crucial needs of the first-line tuberculosis (hereinafter referred as "TB") drugs for the National Tuberculosis Control Programme (hereinafter referred as "NTP").

### 2. Project site

The site of the Project is throughout the country.

### 3. Responsible and Implementing Agency

3-1. The Responsible Agency is the Ministry of Health.

3-2. The Implementing Agency is NTP, DOH.

### 4. Items requested by DOH

Based upon the discussions with the Team, DOH submitted the list of items to be used for the year 2011 in Annex-1 as final request.

Upon the return of the Team to Japan, JICA will assess the appropriateness of the request and recommend it to the Government of Japan for approval.

### 5. Japan's Grant Aid Scheme

5-1. The Myanmar side has understood the Japan's Grant Aid Scheme explained by the Team, as described in Annex-2.

5-2. Both sides will take necessary measures as described in Annex-3 for the smooth implementation of the Project on the condition that the implementation of the Project is approved by the Government of Japan.

### 6. Schedule of the Survey

6-1. Based upon the Minutes of Discussion and technical examination of the survey results, JICA will prepare a draft report in English and dispatch a mission to Myanmar in early December 2009 to explain its contents.

6-2. With the consent of the Myanmar side, JICA will finalize the report and send it to Myanmar by April, 2010.

### 7. Other relevant issues

7-1. The Myanmar side revised the list of items for request. All the other items not included in the Project for the first-line TB drugs will be secured by the Myanmar side.

7-2. The Japanese side will examine the request and draft a list of drugs to be procured in the Project based upon the Preparatory survey and analysis in Japan. The Japanese side has explained that not all the items and quantity requested might be approved.

7-3. The Myanmar side has expressed that patient kits are preferred over blisters. The Myanmar side

will complete providing trainings to the health personnel for introducing patient kits all over the country before the drugs arrive.

- 7-4. The highest priority is given to a pre-packaged patient kit for Category I patients. The next priority is 4 Fixed Dose Combination (FDC) including pyrazinamide (Z), isoniazid (H), rifampicin (R) and ethambutol (E), 2FDC including H and R, and E for Category II patients, followed by drugs for pediatric TB (HRZ and HR). The Myanmar side requested that drugs for pediatric TB be included in the list of items.
- 7-5. The Myanmar side has requested that the drugs procured for the Project be handed over to Myanmar at three major stores in the country; the central TB store, the lower Myanmar TB store, both of which are in Yangon, and the upper Myanmar TB store in Mandalay.
- 7-6. From the three major stores to the state/division level and onward, the Myanmar side will be responsible for distribution, including securing the budget for domestic transportation.
- 7-7. The Myanmar side has agreed to submit a quarterly report on the distribution of the TB drugs to Embassy of Japan and JICA Myanmar Office in implementing the Project.
- 7-8. The Myanmar side has agreed to allocate necessary budget at the implementation of the Project, such as;
  - 1) Commissions to the Japanese bank for banking services based upon the B/A and A/P, and
  - 2) Tax exemption and custom clearance of the medicines at the port of disembarkation.
- 7-9. Both sides discussed that given the crucial needs of the drugs and the importance of their timely arrival in Myanmar, both sides should make every effort to minimize the time for administrative procedures to implement the Project. The Japanese side requested that the Myanmar side facilitate the process of administrative procedures officially for Japanese personnel concerning the Project.

Annex-1. The list of items requested

Annex-2. Japan's Grant Aid Scheme

Annex-3. Major Undertakings by Each Government

3

**Annex-1. National TB Programme, Myanmar**  
**First Line Anti-TB Drugs Proposal to Japan Grant Aid**

2011	Category I			Category II			Childhood TB			Total kits or tabs	Packing Size	Total boxes	Unit Cost USD	Total cost USD	Priority
	Items	Case	Factor	Total kits	Case	Factor	Total tabs	Case	Factor	Total tabs					
	Cat I kit	128,131	1	128,131							128,131	1	128,131	18.15	2,325,582
	4FDC				9,234	252	2,326,905				2,326,905	672	3,463	35.95	124,482
	2FDC				9,234	420	3,878,175				3,878,175	672	5,771	17.79	102,668
	E 400mg				9,234	280	2,585,450				2,585,450	672	3,847	14.82	57,018
	CH- HRZ							36,976	168	6,211,968	6,211,968	90	69,022	3.18	219,490
	CH- HR							36,976	336	12,423,936	12,423,936	90	138,044	2.37	327,164
	<b>Total</b>														<b>3,156,404</b>

**Category I - New Smear Positive, New Smear Negative, Extrapulmonary (2HRZE/4HR)**

\*Factor 1= One kit for one patient

**Category II - Relapse, Treatment After Default, Treatment After Failure, Other (2HRZES/1HRZE/5HRE)**

\*Factor 252 = 3 tabs/day\*28days\*3months

\*Factor 420 = 3 tabs/day\*28days\*5months

\*Factor 280 = 2 tabs/day\*28days\*5months

**Childhood TB (2HRZ/4HR)**

\*Factor 168 = 3 tabs/day\*28days\*2months

\*Factor 336 = 3 tabs/day\*28days\*4months

**Fixed Dose Combination**

4FDC (H=75mg, R=150mg, Z=400mg, E=275mg)

2FDC (H=75mg, R=150mg)

Child-HRZ (H=30mg, R=60mg, Z=150mg)

Child-HR (H=30mg, R=60mg)

**Packing Size**

672 = 24 x 28T

90 = 15 x 6T

## **Annex-2 : JAPAN'S GRANT AID SCHEME**

### **1 . Japan's Grant Aid**

The Government of Japan (hereinafter referred to as "the GOJ") is implementing the organizational reforms to improve the quality of operations of the Official Development Assistance (ODA), and as a part of this realignment, a new JICA law was entered into effect on October 1, 2008. Based on this law and the decision of the GOJ, JICA has become the executing agency of the Grant Aid for General Projects, for Fisheries and for Cultural Cooperation, etc.

The Grant Aid is non-reimbursable fund provided to a recipient country to procure the facilities, equipment and services (engineering services and transportation of the products, etc.) for its economic and social development in accordance with the relevant laws and regulations of Japan. The Grant Aid is not supplied through the donation of materials as such.

### **2.1 Grant Aid Procedures**

The Japanese Grant Aid is supplied through following procedures:

- Preparatory Survey
  - The Survey conducted by JICA
- Appraisal & Approval
  - Appraisal by the GOJ and JICA, and Approval by the Japanese Cabinet
- Authority for Determining Implementation
  - The Notes exchanged between the GOJ and a recipient country
- Grant Agreement (hereinafter referred to as "the G/A")
  - Agreement concluded between JICA and a recipient country
- Implementation
  - Implementation of the Project on the basis of the G/A

## **2.2 Preparatory Survey**

### **(1) Contents of the Survey**

The aim of the preparatory Survey is to provide a basic document necessary for the appraisal of the Project made by the GOJ and JICA. The contents of the Survey are as follows:

- Confirmation of the background, objectives, and benefits of the Project and also institutional capacity of relevant agencies of the recipient country necessary for the implementation of the Project.
- Evaluation of the appropriateness of the Project to be implemented under the Grant Aid Scheme from a technical, financial, social and economic point of view.
- Confirmation of items agreed between both parties concerning the basic concept of the Project.
- Preparation of a basic design of the Project.
- Estimation of costs of the Project.

The contents of the original request by the recipient country are not necessarily approved in their initial form as the contents of the Grant Aid project. The Basic Design of the Project is confirmed based on the guidelines of the Japan's Grant Aid scheme.

JICA requests the Government of the recipient country to take whatever measures necessary to achieve its self-reliance in the implementation of the Project. Such measures must be guaranteed even though they may fall outside of the jurisdiction of the organization of the recipient country which actually implements the Project. Therefore, the implementation of the Project is confirmed by all relevant organizations of the recipient country based on the Minutes of Discussions.

### **(2) Selection of Consultants**

For smooth implementation of the Survey, JICA employs (a) registered consulting firm(s). JICA selects (a) firm(s) based on proposals submitted by interested firms.

### **(3) Result of the Survey**

JICA reviews the Report on the results of the Survey and recommends the GOJ to appraise the implementation of the Project after confirming the appropriateness of the Project.

(2) Explanation of Draft Report

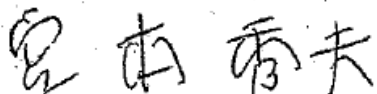
**MINUTES OF DISCUSSION  
ON THE PREPARATORY SURVEY (BASIC DESIGN)  
ON THE PROJECT FOR THE EQUIPMENT PROVISION  
FOR THE NATIONAL TUBERCULOSIS PROGRAMME  
IN THE UNION OF MYANMAR  
(EXPLANATION OF THE DRAFT REPORT)**

In September 2009, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Preparatory Survey Team (hereinafter referred to as "the Team") on the Project for the Equipment Provision for the National Tuberculosis Programme (hereinafter referred to as "the Project") to the Union of Myanmar (hereinafter referred to as "Myanmar"). Based upon the discussions, field survey, and technical examination of the findings, JICA prepared a draft report of the survey.

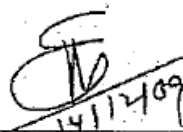
In order to explain and to consult the Government of Myanmar on the components of the draft report, JICA has sent to Myanmar the Draft Report Explanation Team (hereinafter referred to as "the Team"), which is headed by Mr. Hideo Miyamoto, Chief Representative of JICA Myanmar office, from 8 December to 15 December.

As a result of discussions, both parties confirmed the main items described on the attached sheets.

Nay Pyi Taw, 14 December, 2009



Mr. Hideo Miyamoto  
Leader  
Draft Report Explanation Team  
Chief Representative of JICA Myanmar  
Japan



for Director General  
Dr. Kyee Myint  
Deputy Director General  
Department of Health,  
Ministry of Health  
The Union of Myanmar

DR. KYEE MYINT  
DEPUTY DIRECTOR GENERAL  
(MEDICAL CARE)

## ATTACHMENT

### 1. Components of the Draft Final Report

The Government of Myanmar has agreed and accepted in principle the components of the draft final report explained by the Team and the list of items targeted by the Project described in Annex-1.

### 2. Japan's Grant Aid scheme

Myanmar side has understood the Japan's Grant Aid Scheme and the necessary measures to be taken by the Government of Myanmar as explained by the Preparatory Survey Team in September 2009.

### 3. Schedule of the Study

JICA will complete a final report based upon the findings of this mission and send it to the Government of Myanmar by the end of April, 2010 unless anything unexpected happens.

### 4. Confidentiality of the Project

Both sides have agreed that all information related to the Project including detailed specifications of the requested items and other technical information shall not be released to any outside parties before the signing of all the Contract(s) for the Project.

### 5. Other relevant issues

#### 5-1. Confidentiality of the Project Cost Estimation

The Team has explained the cost estimation of the Project as described in Annex 2. Both sides have agreed that the Project Cost Estimation should never be duplicated or released to any outside parties before signing of all the Contract(s) for the Project. Myanmar side has understood that the Project Cost Estimation attached as Annex-2 is not final and is subject to change.

#### 5-2. Paediatric Drugs

Both sides agreed that the paediatric drugs, which the Global Drug Facility plans to provide in 2011 and following years by its second grant, are excluded from the list of items to be procured under the Project.

#### 5-3. Global Fund

Given the fact that the proposal for Global Fund Round 9 has been approved, both





sides agreed that the Myanmar side will avoid unnecessary overlap in the supply of anti-TB drugs for the year 2011.

#### 5-4. Registration of drugs to be procured in the Project

The Myanmar side confirmed that the fast track registration will be taken when an anti-TB drug, which satisfies the international standards described in the draft final report explained by the Team, will be applied to FDA for the registration by the supplier/manufacturer after the contract with the government of Myanmar. Myanmar side also confirmed that the fast track registration will be completed by the first delivery when all necessary documents are submitted immediately after the signing of the contract.

#### 5-5. Undertakings by the Myanmar Side

The Government of Myanmar has committed itself to taking every necessary measure to conduct the undertakings in a timely manner, including the signing of the E/N and G/A, in accordance with the tentative schedule in Annex-3.

Annex-1. Equipment List

Annex-2. Cost Estimation for the Project

Annex-3. Tentative Schedule of the Project

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2

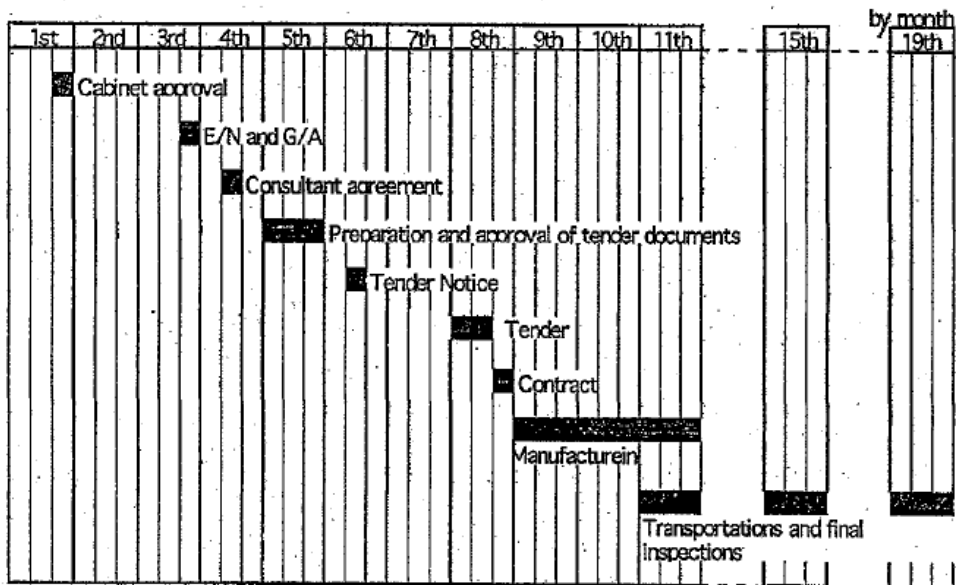
# Annex-1. Equipment List

No.	Items	Package	Quantity
1	Patient Kit of 4 FDC (H75+R150+Z400+E275) and 2 FDC (H75+R150)	4FDC 1box 168 tabs (24 tabs x 6 sheets) 2FDC 1 box 336 tabs (24 tabs x 12 sheets)	128,131 kits
2	4 FDC (H75+R150+Z400+E275)	672 tabs (28 tabs x 24 sheets) / box	3,463 boxes
3	2 FDC (H75+R150)	672 tabs (28 tabs x 24 sheets) / box	5,771 boxes
4	E 400	672 tabs (28 tabs x 24 sheets) / box	3,848 boxes

FDC: Fixed Dose Combination H: Isoniazid R: Rifampicin Z: Pyrazinamide E: Ethambutol

The figures after H, R, Z and E indicate a dose in mg. e.g., H75 means 75mg of isoniazid.

### Annex-3. Tentative Schedule of Implementation



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## 5. References

No	Title	Form	Original •Copy	Source	Issue Year
1	National Tuberculosis Programme Myanmar Annual Report 2007	Document	Original	National Tuberculosis Programme	2008
2	DOTS Profile Yangon Division (2008)	Leaflet	Copy	Yangon Division TB Centre	2009
3	TB Control Situation of Yangon Division	Handout	Copy	Yangon Division TB Centre	2009
4	Township DOTS Profile North Okkalapa Township, Yangon Division	Leaflet	Copy	North Okkalapa Township TB Centre	2009
5	Township DOTS Profile Thanlyin Township 2009	Leaflet/ Handout	Copy	Thanlyin Township Hospital	2009
6	Township DOTS Profile North Dagon Township, Yangon Division	Document	Copy	North Dagon Township Hospital	2009
7	200 Bedded Tuberculosis Hospital Mandalay Profile	Leaflet	Copy	Patheingyi TB Hospital	2009
8	2008 Township DOTS Profile Maha Aung Myae Township, Mandalay Division	Leaflet	Copy	Maha Aung Myae Township Health Centre	2009
9	2008 Township DOTS Profile Pyi Gyi Ta Gun Township, Mandalay Division	Leaflet	Copy	Pyi Gyi Ta Gun Township Health Centre	2009
10	Drug Management of National Tuberculosis Control Programme, Myanmar	Handout	Copy	WHO Myanmar	2009
11	CMSD Profile	Leaflet	Copy	Central Medical Store Depot	2009
12	List of registered TB drugs, FDA Myanmar	Handout	Copy	Food and Drug Administration	2009
13	STOP TB KIT Instruction	Brochure	Copy	WHO Myanmar	2009
14	Stop TB Patient Kit A Instruction / Control Card	Brochure	Copy	WHO Myanmar	2009

