

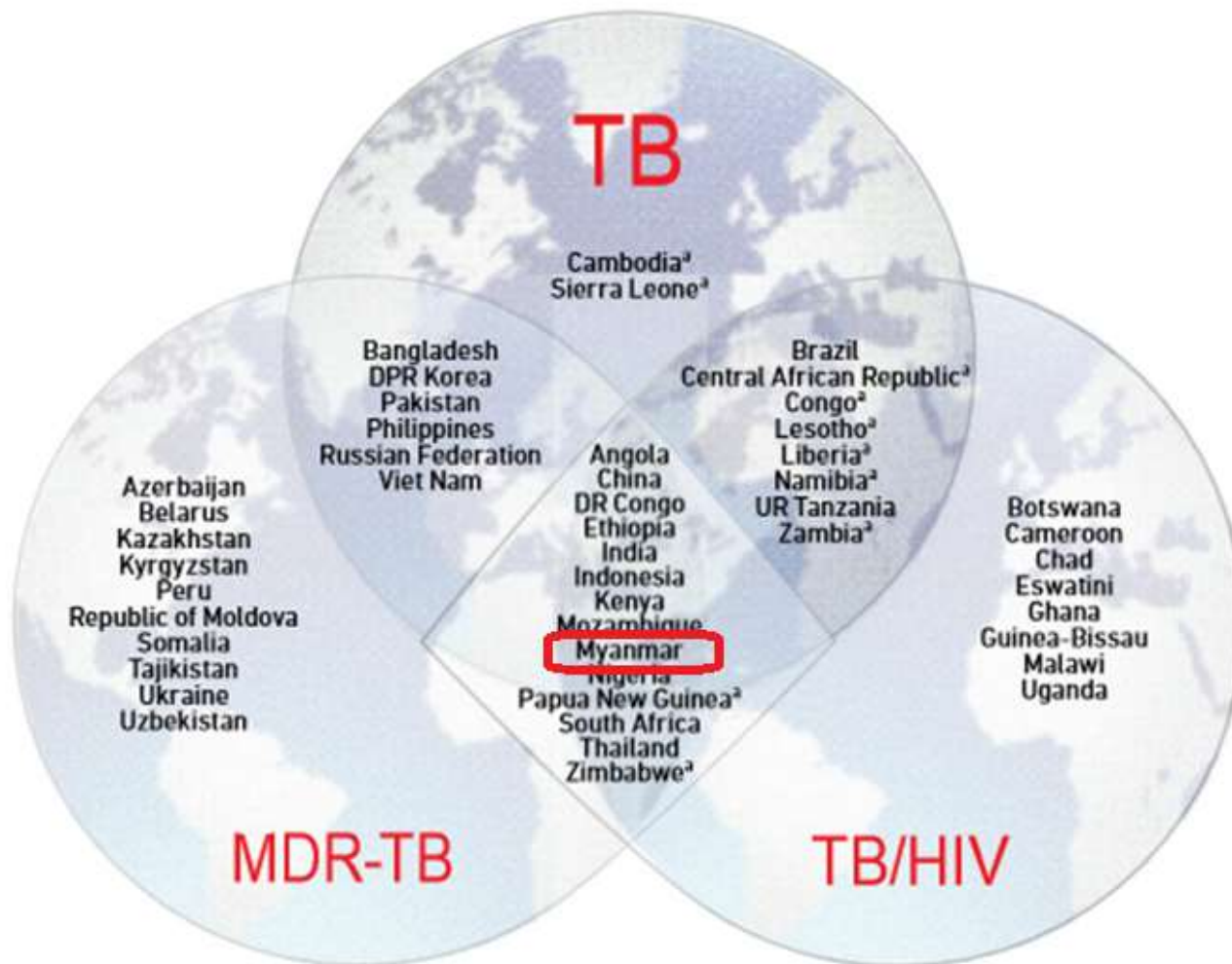


Development of TB National Strategic Plan (2021-2025)

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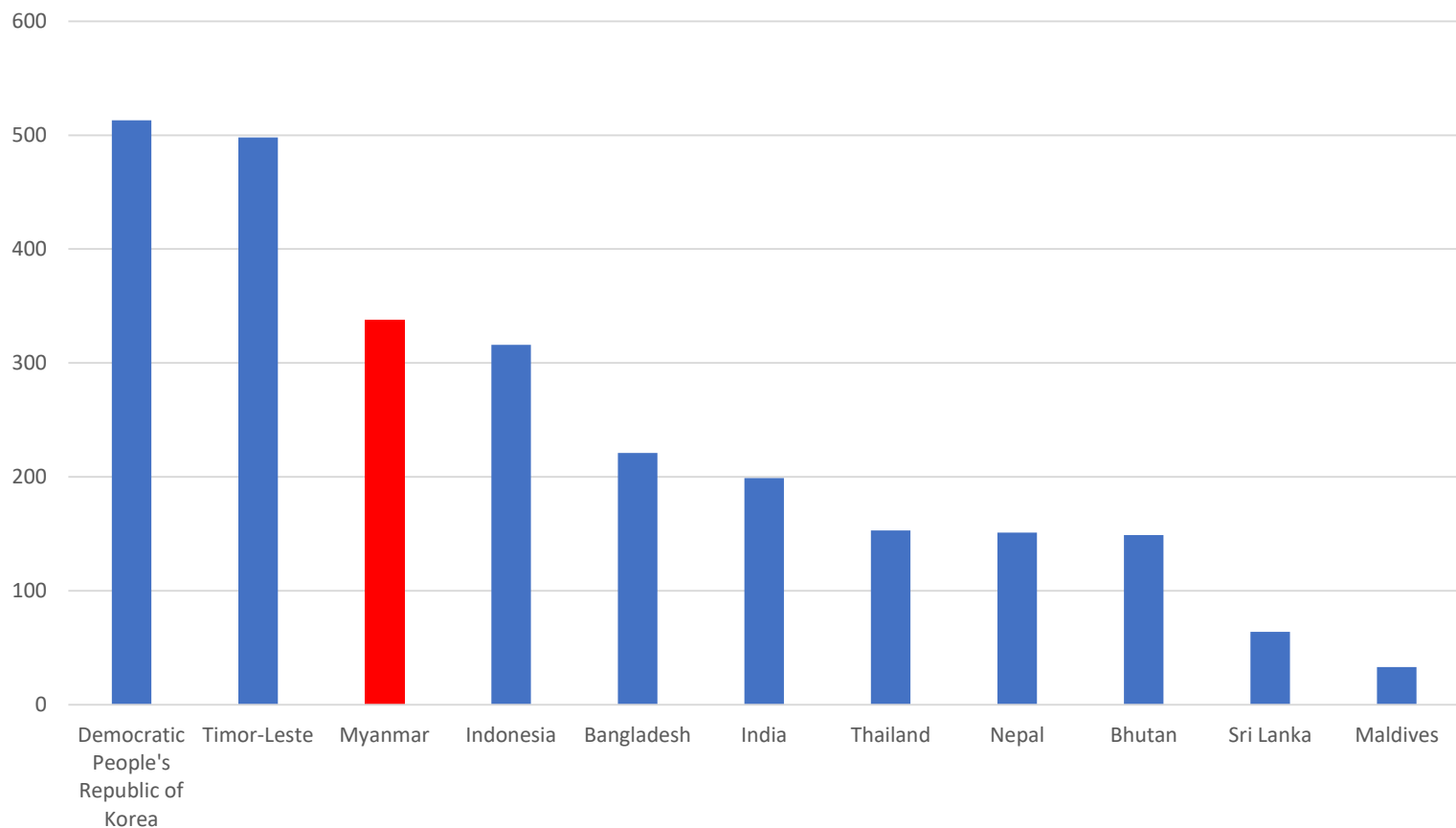


One of the high-burden countries for TB, TB/HIV and MDR-TB



^a Indicates countries that are included in the list of 30 high TB burden countries on the basis of the severity of their TB burden (i.e. TB incident cases per 100 000 population per year), as opposed to the top 20, which are included on the basis of their absolute number of incident cases per year. Also see

Estimated TB burden (per 100,000 population) among SEARO countries in 2018

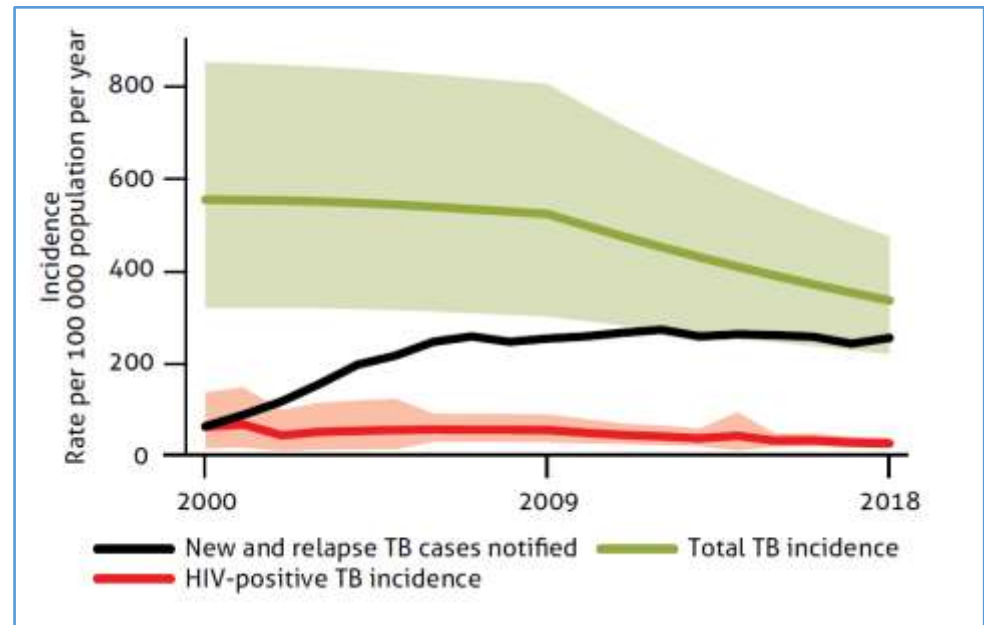


***2019 Global TB report



Country TB Burden (2018) and Trend – Global TB Report 2019

	Number (K)	Rate (/100K)
Incidence	181 (119-256)	338 (222-477)
HIV + Incidence	15 (10-22)	29 (19-41)
MDR (RR) TB	11 (7.4-16)	21 (14-30)
HIV (-) Mortality	21 (12-31)	39 (23-58)
HIV (+) Mortality	3.7 (2.5-5.2)	6.9 (4.6-9.7)



Annual Decline of Incidence: 4.9%
Case Notification Gap: 24%



Overview of progress, challenges & urgent actions needed to achieve high-level End TB commitments and targets

including 40 million people on treatment & 30 million people on preventive treatment by 2022

Strengths

- Government commitment: Increase funding support
- Mandatory Case Notification: Detect under reported cases
- Accelerated Case Finding Activities: Detect missing cases

Challenges

- Human Resource Limitation
- Funding sustainability beyond 2020

Key Actions for 2020

- Decentralization of diagnosis service to Station Hospitals
- Expand X-ray facilities in collaboration with Department of Medical Services
- Introduction of new diagnostic tools: GeneXpert Ultra, TB LAMP after pilot period
- High level advocacy meeting for TPT, New TPT regimen

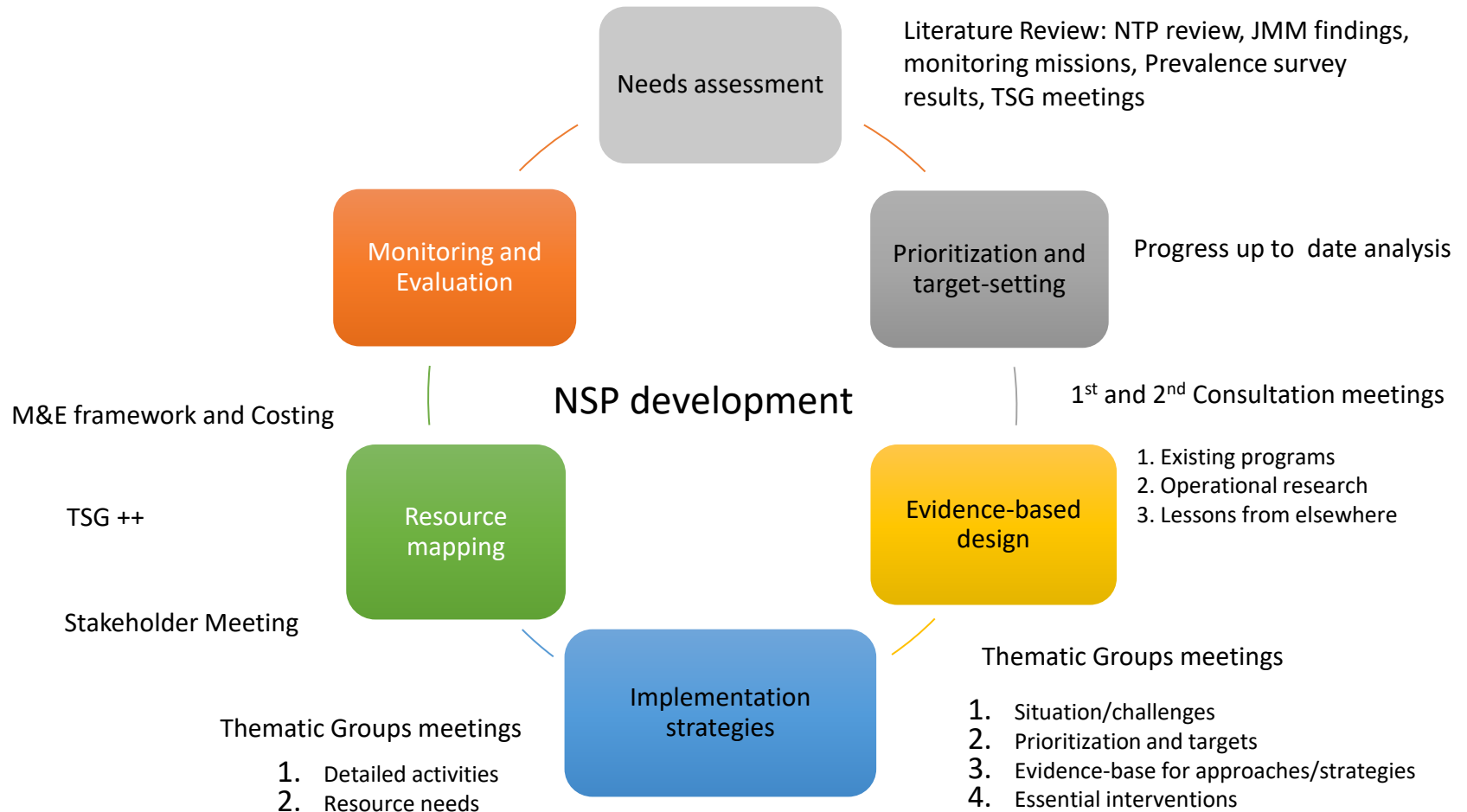


Multisectoral Accountability

- TB is a **priority disease** of the country
- Government **funding** contribution **increased** for TB care & control
- Policy statement on **Mandatory TB Case Notification** by MoHS (24th Sep 18)
- Consultation workshop on **Multi-Sectorial Action to End TB** was conducted with related Ministries, Donors, UN, WHO, EHO & Implementing Partners
- **Better engagement & collaboration with civil society** for TB case finding, case holding & health education
- **Engagement with MMA & Myanmar Private Hospitals Associations** for mandatory TB case notification



Strategic Planning Framework





TB NSP development timeline

First consultation meeting	31, July 2019
Second consultation meeting (timeline, core group, focal persons and thematic groups, draft target settings)	12 Sep 2019
Series of consultations with thematic groups to Refine strategic directions and Explore key interventions & detailed activities	Sep-Oct 2019
Third consultation meeting (consensus on essential interventions, key activities and output targets from each thematic group)	23-24 Oct 2019
Writing up NSP (Draft NSP: Situational analysis, Challenges, Strategic directions, Essential interventions)	1 st -2 nd week Nov 2019
Draft M&E framework with targets and key indicators	1 st -2 nd week Nov 2019
Stakeholder meeting and resource mapping	1 st or 2 nd week Nov 2019
First draft of NSP and M&E framework	2 nd week Nov 2019
Costing of NSP	3 rd -4 th week Nov 2019
Present draft costed NSP to expanded TSG to get feedback	2 nd week Dec 2019
Revise the draft NSP according to feedback and funding gap analysis	2 nd week Dec 2019
Present final draft costed NSP, M&E plan	3 rd -4 th week Dec 2019
MOHS approval on NSP and GF CN (TB) 1 st draft complete	Jan 2020
Printing all documents	Feb- Mar 2020



Vision, Goal and Objectives of NSP

Vision: Myanmar free of TB

Zero deaths, disease and suffering due to TB by 2050

Goal: End the TB epidemic in Myanmar

Fewer than 10 cases per 100,000 population by 2035

Objective 1: accelerate response for further decline in the prevalence of drug-sensitive and drug-resistant TB

Objective 2: fully integrate essential TB control services* in UHC and health system strengthening

Objective 3: Enhance effort for infection control and prevention of TB, particularly for marginalized and high risk populations

* Diagnosis, treatment and effective preventive services

11/14/2019



Objective 1:

Accelerate response for further decline in the prevalence of drug-sensitive and drug-resistant TB

Strategic Direction I: Integrated patient-centred care and prevention

Strategic Direction II: Communication, community engagement and partnership

Objective 2:

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

Strategic Direction III: Bold policy and supportive system

Objective 3:

Enhance effort for infection control and prevention of TB, particularly for marginalized and high risk populations

Strategic Direction IV: Reaching the unreached

Cross-Cutting:

Strategic Direction V: Intensified Research, M&E and Innovation



First Draft NSP

Objective 1: Accelerate response for further decline in the prevalence of drug sensitive and drug-resistant TB

Strategic Direction I: Integrated patient-centred care and prevention

- 1.1. Accelerate the appropriate diagnosis of TB
- 1.2. Identify and treat all forms of TB, among all ages and including drug-resistant and drug-sensitive
- 1.3. Joint TB and HIV programming to enable decentralized and integrated services for TB and HIV
- 1.4. TB collaborative activities
 - 1.4.1 TB and NCD
 - 1.4.1 (1) TB and DM
 - 1.4.1 (2) TB and Tobacco
 - 1.4.1 (2) TB and Mental Health
 - 1.4.2 TB and Hepatitis

Strategic Direction II: Communication, community engagement and partnership

- 2.1. Implement a robust communication strategy, extending from policy makers to patient education
- 2.2. Engage all care providers, including NGOs and the private sector, in appropriate TB diagnosis and care
- 2.3. Promote and strengthen community engagement



First Draft NSP

Objective 2: Fully integrate essential TB control services* in UHC and health system strengthening

Strategic Direction III: Bold policy and supportive system

- 3.1. Human resources for health
- 3.2 Secure financial resources for implementation of the NSP
- 3.3 **Promote a coordinated and multi-sectoral response and policy development**
- 3.4 Ensure inclusion of TB in UHC and wider economic development plans and activities (social protection)
- 3.5 Ensure a stable and quality-assured supply of drugs, diagnostic tests and commodities



First Draft NSP

Objective 3: Enhance effort for infection control and prevention of TB, particularly for marginalized and high risk populations

Strategic Direction IV: Reaching the unreachable

- 4.1. Prevent transmission and the emergence of active TB
- 4.2. Intensify targeted action(s) to reach marginalized and at-risk populations

Cross-cutting

Strategic Direction V: Intensified Research, M&E and Innovation

- 5.1. Building research culture capacity within program
- 5.2. Implement the prioritized research agenda and promote evidence based interventions
- 5.3. Strengthen TB surveillance system and programme monitoring and



Involvement of NGOs and CSOs in Community-based TB Care (CBTBC)

ACTIVITIES

- Among 330 townships, 245 are covered by Community Based TB Care in 2019
- Activities carried out by Community volunteers from INGOs & NGOs
- Malaria volunteers from some NGOs also perform Community Based Activities
- Four partners implement Community-based DR-TB Care

CBTBC Activities

- **Community-based TB Care (CBTBC) & Integrated Community Malaria Volunteers (ICMV) activities**
 - Capacity building for community volunteers
 - Health Education & community mobilization
 - TB Case finding and contact investigation
 - Treatment support (DOT) and sputum transportation



NGOs, INGOs & EHOs involved in Community-Based TB Activities (2018)

Local NGOs		International NGOs
Myanmar Women's Affairs Federation		Asia Harm Reduction Network
Myanmar Maternal & Child Welfare Association		International Organization for Migration
Myanmar Medical Association		International Union Against Tuberculosis and Lung Disease
Myanmar Health Assistants Association		Malteser International
Myanmar Red Cross Society		Medical Action Myanmar
Pyi Gyi Khin		Population Services International
Ethnic Health Organizations (EHOs)		World Vision International
Karen Department of Health and Welfare		Health Poverty Action
EHO – Special Region 2		Burnet Institute
EHO – Special Region 4		RIT/ JATA (Japan Anti-Tuberculosis Ass.)
		Community Partners International

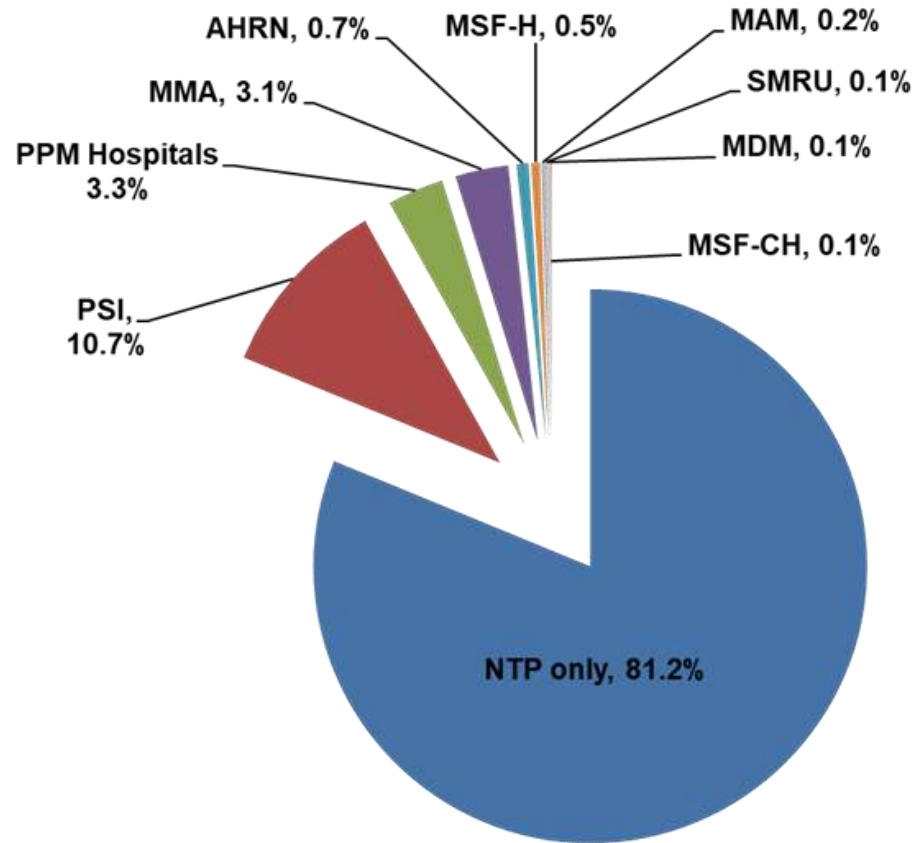


Public-Private Mix

Type of care provider		Engagement strategy	Target for engagement & contribution to notification	Cases notified in 2018	Contribution to national TB case notification (%)
Public non-NTP		Engage all care providers, including NGOs and the private sector, in appropriate TB diagnosis and care	Percentage of notified TB cases (All Forms)	4495	3.3%
	Private			18777	13.8%
Public non-NTP	Private		TSR among PPM partners		83%
	Private		No. of registered GPs		2634
Public non-NTP			No. of public hospitals in PPM		29
11/14/2019	Private		No. of private hospitals in PPM		12 ¹⁶



% contribution of TB case notification by Public-Private Mix activities of PSI and MMA in 2018



THANK YOU