

# Conclusion

TB Groups

# CSO Discussion

- Inclusion of high risk groups for TB service:
  - Poor population (urban, rural)
  - HIV key populations (Drug users, sex workers)
  - High risk workers (including miners)
- CSO empowerment
  - Sufficient capacity building
  - Protection from infection (integrated screening in facilities or mobile team)
  - Integrated volunteers with other disease
- Expansion of TB services to the all population
  - Integrating practical diagnostic tools (GeneXpert, TB LAMP)
  - TB service (mostly CXR and sputum microscopy) up to station levels in hard to reach and EHO areas

# Priorities proposed by CSO

- All interventions are considered important
- High priority of the activities that:
  - Enabling environment for high risk group for improving access to care
  - Improve access to TB service: ACF mobile team to high risk area
  - TB preventive treatment
  - More efficient service delivery by integrating CSO: community based TB and MDR TB service
  - Communication to the population to improve awareness:
    - Identification of communication key message for targeted population
    - Mass media campaign
  - Protection to health workers and community workers dealing with patients (high screening target proposed)

# Private sectors: Key Discussion Points

- Stronger coordination body for communication between private, public sectors including representatives from CSO.
- Communication strategy and channels (consider cost-effective approaches and also consider to reach hard to reach and different ethnic populations)
- Effective use of digital technology in recording and reporting and sharing technical updates in private sector. Standardize data definition and central data system (architecture)
- Workplace policy (advocacy to law makers, union level)
- Support of private sector in community mobilization, community awareness campaign
- Outsourcing services in the private sector

# Priority interventions for private sector

- Workplace policy
- Improve collaboration and communication between public and private sector (SOP to improve linkages between private and public sector, regular coordination meeting at the field level)
- Central level – data system with **standardized data definitions** (to be defined by the central level government)

# TB-HIV

- Integration plan for high burden areas up to township level
- HIV testing proposed for presumptive TB cases, because of limitation of resource, we need to focus in high burden areas: Kachin, Shan North, Yangon
- Analyse high mortality among TB-HIV
- Early ART initiation in township, DMO will be trained.
- Capacity building for GP for TB-HIV treatment and care
- Establish agreement on common target(e.g. ART among TB patients)