Objective 1:

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

Strategic Direction II

Communication, Community engagement and partnership

Strategic Direction II: Communication, Community engagement and partnership

Intervention areas
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

2.1. Implement a robust communication strategy, extending from policy makers to patient education

(All are read)

Sr. No	Key interventions	Detailed Activities
1	Identify target groups and set communication objectives for each group	Primary Target Groups: TB high-risk population, TB patients and health care providers Secondary Target Groups: General population Influencer Groups: Political leaders, local authorities and Donors.
2	Define the desired behavior of each group, develop key communication messages and determine the communication channels and tools for each group	P: TB awareness, reach to Dx & TX center, apply updated treatment guidelines S: TB awareness, support to TB patients, infection control I: political and financial commitment Advocacy workshop, various media, social media, web page, mobile app
3	Secure/allocate funding for communication and execute communicate activities	- Allocate funding for communication activities - Advocate media agencies to support free airing at specific period - Implement communication activity regularly

Primary target groups (Group work)

No.	Targeted interest groups	Desired actions from each target groups	Communication Objectives	Key messages	Communication Tools
1	Primary Target Groups				
1.1	Patients and high-risk populations	Aware of TB symptoms, know the available services for TB and seek early diagnosis and treatment from a qualify provider Increase empowering TB patients in TB control	To increase awareness on TB symptoms, and that TB is curable among high risk people To improve the awareness on the availability of TB diagnosis and treatment services among high risk groups To seek care early from qualify provider - To adhere and complete treatment once it is started	Are you suffering these symptoms? Go to nearest health facility! TB treatment is totally free. Completing TB treatment is the best way to protect your family from TB infection.	Outreach actions Peer to peer health talks Posters/Pamphlets Social media campaigns Mobile app for patient/families including directory for TB facilities
1.2	Healthcare providers	Improve case findings and treatment outcomes Provide standardized quality diagnosis and treatment Protect themselves from TB infection	- To enhance patient centre care approach (To ensure quality of care and diagnosis?) - To strengthen PPM or PPP collaborations - To remove stigmatization when treating TB clients	Myanmar aims to end TB by 2030 and you are part of team making this happen. We are against the discrimination to TB patients. They deserve the quality treatment Protect yourself from TB infection	Develop and disseminate training materials/job aids Trainings Coordination Meetings Advocacy workshops

Secondary target groups (Group work)

No.	Targeted interest groups	Desired actions from each target groups	Communication Objectives	Key messages	Communication Tools
2.	**Secondary Target Groups**				
2.1	General populations	Aware of TB symptoms, and support to people with TB symptoms to be able to seek care early Aware of how TB is transmitted People with TB infection are supported and treated with respect	To reduce stigma to the TB patients To improve awareness on TB symptoms To support TB patients and treat them with respect -	No one is left behind to end TB Anyone has the risk of being infected, thus go and check if you have the symptoms Anyone can get infected, and thus please treat TB patients with respect	Visual aids (posters, pamphlets) Big events such as World TB day Social media campaigns Communication campaign through traditional media channel such as TV, radio etc

Influencer groups (Group work)

No.	Targeted interest groups	Desired actions from each target groups	Communication Objectives	Key messages	Communication Tools
3.	Influencing Groups				
3.1	Political leaders, Administrative bodies and Donors	Increase political commitments on ending TB disease by increasing governmental expenditure on TB Build policies, regulations and supportive systems to protect TB patients from financial hardships and stigmatization; Secure safe and supportive environment of the TB patients through legal actions against stigmatization and discrimination; Increase funding and ensure the resources being properly allocated to most-needed	To advocate for increased political commitment for increased funding and development of enabling policies To put spotlight on TB and its devastating health and socioeconomic impacts to the nation To eliminate the institutional stigma against TB patients through legal actions protecting ~~ongoing~~ current TB patients and family members To increase HRH for TB and universal access to quality diagnosis and treatment	TB hampers productivity of the nation. Multi-drug resistance TB is a national health threat. Let us stand against stigma and discrimination. Access to TB treatment, prevention, care and supports are fundamental human right. It is time for action, it is time to end TB.	Publications/policy papers Advocacy meetings One pager with key messages Organize community activities (World TB Day) Social Media
3.~~3~~2	Industrial and private institutions, corporates	Improve social and health protection over workers suffering TB disease; Develop and execute policies against discrimination at workplace to the TB patients	To eliminate the discrimination and stigmatization to TB patients at workplace To empower TB patients through providing social supports to complete their TB treatment	Stigmatizing against TB patients is socially devastating Providing care and support to your co-worker to complete treatment is the best way to protect yourself from TB infection Providing care and support to your employee to complete treatment is the best way to enhance the productivity	Advocacy meetings with employers/senior management team Communication events for workers at workplace/factories Social Media Campaigns

Output indicator & target (Group work)

Indicators	Denominator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
No. of BHSP who access to up-to-date technical guidance through tablet		??	?	?	?	?	?
No. of multisectoral advocay workshop for TB at central, and selected states and regions			6	6	6	6	6
No. of FB page and webpage (State/regions, partners, UN agencies, donors) used for dissemination of TB messages throughout the year			20	20	20	20	20

2.2. Engage all care providers, including NGOs and the private sector, in appropriate TB diagnosis and care

Key interventions	Detailed Activities
1. Develop and implement a national scale-up plan for involving all private care providers in TB services, diagnosis and treatment or referral	1. Through PPM, PPP approach and mandatory TB case notification 2. Area prioritization in high TB burden Regions, workplace 3. Simplify tools, recording and reporting, Electronic medical recording and reporting (EMR) 4. Provider incentive 5. Patient support package 6. Enhance targeted intervention a/to 6 groups
2. Find innovative ways to improve public-private partnership models	1. Social enterprise model for young generation GPs 2. Use technology to facilitate activity: mobile app, call center for recording and reporting especially for MTN, scheme 1 referral 3. Use of digital adherence tools (VOT, 99DOTS, digital pill box) to improve quality of services
3. private practitioners are updated regularly on new programmatic aspects of TB and technical updates	Using new learning methods, through State and Region wise dissemination workshops, regular CME in public and private hospital, MMA CME sessions and online dissemination through Webinar, Social media, etc.

2.2. Engage all care providers, including NGOs and the private sector, in appropriate TB diagnosis and care

Key interventions	Detailed Activities
4. Enhance capacity of all PPM partners (through TB specialized center: Center of Excellence)	1. Establish TB specialized center (TSC) for a) GPs, b) public hospitals, c) private hospital 2. Use TSC to sensitize, train and promote quality TB service delivery among a) GPs, b) public hospitals, c) private hospitals engaged in quality TB service delivery 3. Update national guidelines for PPM to reflect NTP guidelines and International Standards of TB care (ISTC) 4. Develop training/orientation computer based seminars for use on individual tablets or computers and train private providers using updated training materials and guidelines. 5. Revise M&E tools for PPM partners 6. Design supervision structure and network, using established PPM sites and partners to ensure routine supervision and quality assurance.

2.2. Engage all care providers, including NGOs and the private sector, in appropriate TB diagnosis and care

Key interventions	Detailed Activities
5. Strengthen referral network and coordination between the NTP and partners, especially at the field level.	Update, annually, the inventory and referral network including all PPM and NTP partners providing quality TB care. Disseminate contact information for referral partners, potentially in an electronic format, through township disease control teams. Create forum for better coordination between the NTP and partners, especially at the field level.
6. Establish strategic purchasing as a sustainable model for PPM engagement.	Engage with (NIMU) and partners to ensure that private sector TB care is included in the plans for financing UHC through strategic purchasing approaches, provider payment mechanisms, etc. Consider strategic purchasing of private sector curative services, e.g. lab tests, X-ray, treatment services, etc.

Enhance targeted intervention according to subgroup of private and public sectors (Group work)

6 Target Groups
1. General Practitioners
2. Public and private hospitals
3. Drug sellers and Traditional medicine practitioners
4. Corporate sectors and large employers
5. Non-governmental organizations, Charity Clinics, polyclinics (including CBOs, EHOs, CSOs)
6. Partnerships with related ministries

1. General Practitioners

1. Scale up mandatory case notification of GPs through TMOs focusing in peri urban area. Advocate GPs practicing or interesting TB treatment and care to link with existing PPM partners (MMA and PSI). Strengthen referral mechanism for GPs who prefer case detection and referral by using mobile technology and providing performance based incentive.
2. Establish and scale up innovative model of private GP engagement for sustainability.
3. Ensure quality of standardized services provided by GPs: PPM-Subgroup
4. Support for poor patients
5. Provider support
6. Integrate TB services to strategic purchasing pilot project. Yearly review the results for further improvement to have a realistic and scalable model.

2. Public and private hospitals

1. Develop and implement a scale up plan for engagement of public hospitals in all Region and State level and district level including specialist hospitals, military hospitals and private hospitals.

2. Develop and scale up patient center care model like **“DOTs corner”** at PPM hospitals to facilitate the patient flow and infection control.

3. Strengthen medical recording and reporting system of both public and private hospitals.

4. Enhance engagement of private hospitals through intermediary organization like MMA .

5. Scale up engagement of hospital attached laboratory and X-Ray services for TB diagnosis

6. Systematize routine supervision and quality assurance from Centres of Excellence (other hospitals) and NTP.

Regular coordination meetings with other hospitals are also planned, to address technical and managerial challenges

3. Drug sellers and Traditional medicine practitioners

1. Based on ACF cost effectiveness survey result, define prioritized townships and cities for drug seller activity and scale up
2. Review & revise current tools and job aids including training package, referral and reporting forms and revised them to meet with new national guidelines and program requirement. Promote provider knowledge on TB, provider support package and recognition to motivate them.
3. Advocate traditional medicine practitioners (TPs) to involve in TB case detection and referral mechanism. Develop a standardized package for TPs and pilot in selected areas where TPs have an important market especially where they serve rural area. (Assume that TPs situation analysis finish in 2020, if it is not sure to happen, needed to start with situation analysis in 2021 or advocacy in 2021)

4. Corporate sectors and large employers

1. **In collaboration** with the Ministry of Labor, corporate sector institutions like **UMFCCI, MWEA ,** identify the leading employers in the formal, for-profit sector in different levels. (National level, State and Regional level and Township level
2. **Advocacy workshop** with stakeholders of corporate sectors, respective State and Regional administrative bodies, social security board, social warfare and NTP to have **commitment on inclusion of TB services in their health care system , ensure sustained employment and paid leave** for defined period of treatment etc that has to be included in their MoU.
3. Define a special package of service according to nature of work and workplace to provide effective services. Eg. **Engage mining companies in the delivery of TB care and prevention services for mining communities.** This may need a comprehensive approach including addressing dust, silicosis, screening, diagnosis, treatment, rehabilitation and migration and employment-related issues
4. Establish **regulatory body** including local government to ensure providing services according to **MoU** and it is also linked with work permit, company registration and renewal process.
5. Develop and disseminate targeted awareness raising and advocacy activities to promote an understanding of the curable nature of TB, **w**orker rights, and the availability of NTP services for workers.

5. Non-governmental organizations, Charity Clinics, polyclinics (including CBOs, EHOs, CSOs)

1. Map CBOs, EHOs, special administrative zones and Charity clinics, considering their capacity and potential for TB ACF, community based TB care and treatment services based on the national program's needs.
2. Advocate them to involve in the TB control activities through township coordination meeting.
3. Develop standardize training package, job aids and IEC for CBOs, EHOs and charity clinics in line with National guidelines and provide necessary trainings.
4. Develop standardize incentive scheme for CBOs and provide monitoring and supervision support to CBOs, EHOs and charity clinics.
5. Provide monitoring and supervision support

6. Partnerships with related ministries

1. Organize a stakeholder meeting at national level and subnational level in needed area to advocate engagement of related ministries for TB diagnosis, treatment and care services. (SSB, Socal welfare, MOE, MOIndustry , Myanmar Railway MOHA Prison, Military hospitals & bases) .
2. Update training package, job aids & IEC in line with National guidelines and specific area needs.
3. Conduct training according to the needs of related ministries.
4. Provide monitoring and supervision support

Output target (Group work)

Indicators	Denominator	Baseline	Targets				
		2018	2021	2022	2023	2024	2025
The no. of cases notified by PPM providers		25,601	24,058	23,121	22,673	21,827	20,974
% of notified TB cases (all forms) contributed by non-NTP providers – private facilities	All notified cases	15%	14.7%	14.7%	14.7%	14.9%	15.1%
Public hospital sectors	All notified cases	3.30%	3.5%	3.8%	4.1%	4.4%	4.7%
TSR among PPM (Public-Private Mix & Public-Public Mix)	All registered cases under PPM	83%	90%	90%	90%	90%	90%
% of all new cases notified by PPM partners that are loss to follow up	All registered cases under PPM	6%	<5%	<5%	<5%	<5%	<5%
Engage 50% of all registered GPs in PPM-DOTs	All GPs (n=10000)	2965	3404	3604	3804	4004	4204
Engage public hospitals at R/S level in PPM		29	39	44	49	54	59
Engage private hospitals in PPM		12	32	47	62	77	92
No. of detected TB cases referred by private sectors (drug sellers, GPs, Hospitals)		9178	9400	9960	10125	10300	10300

2.3. Promote and strengthen community engagement

Sr. No	Key interventions	Detailed Activities
1	To scale up Community-based TB Care (CBTBC) and Community-based DR-TB Care (CB-DRTB) and Integrated Community-based Health Workers activities, engaging with other disease programs	▪ **Define** high DS-TB and DR-TB high burden areas for community based TB care ▪ Expansion of community based DS-TB and DR-TB Care activities to fully cover high burden area ▪ Strengthen integrated volunteers (CBHWs): DS and DR TB, other health area
2	To review and revise CBHWs guidelines for community-based DS/DR-TB Care and integrated activities	▪ Reducing stigma through community approach and strengthening health education activity of CBHWs Community mobilization and counseling for early case detection, awareness, treatment adherence and prevention ▪ Active case findings in the community ▪ Support DR TB initiation and follow DR-TB initial LTFU ▪ Strengthening DOT provision/ ??supervision ▪ Community DOT as well as Digital DOT (E.g. 99 DOT) ▪ Scale up DOT and patient support to DR-TB patients in line with update DR-TB management ▪ Strengthen Contact investigation for case finding, TB treatment and TPT among contacts

2.3. Promote and strengthen community engagement

Sr. No	Key interventions	Detailed Activities
3	To establish and strengthen linkage of CBHWs with township health department, ACF-mobile team and PPM through partners	▪ Township Health Department: Strengthen coordination mechanisms to provide leadership and technical guidance including supervision to CBHWs through partners; Integration of CBTBC activities in Township-level microplan ▪ ACF-mobile team & PPM: Establish and strengthen referral system of CBHWs to ACF-mobile team and PPM networks for TB diagnosis and treatment

4	To establish and strengthen township/village-based support groups and self-help groups of TB with community engagement, working together with volunteers, and supported by BHSP and NTP	▪ Village health committee: To advocate and strengthen village health committee for engaging in TB control activities
		▪ Role of Peer/Self-Help groups:
		  ▪ Scaling up and strengthen role of peer groups to support TB case finding, treatment adherence, counseling and health talk
		  ▪ To develop and modify linkage of peer groups with community, volunteers, BHSP and NTP based on existing models

2.3. Promote and strengthen community engagement

Sr. No	Key interventions	Detailed Activities
5	Enhance capacity of CBHWs through training including on-job training and regular refresher training	▪ Use of standardized and updated training module in line with national guidelines ▪ Community mobilization as part of training module ▪ Annual refresher training
6	Strengthening recording and reporting, and printing of adequate of registers and forms are planned.	▪ Review and revise R&R forms of Community-based DS/DR-TB care as well as integrated care based on new indicators ▪ Strengthen R&R of integrated CBTBC

Output targets

Standard indicators	Deno-minator	Baseline 2018	Targets				
			2021	2022	2023	2024	2025
Percentage of notified TB patients (All forms) who were referred by CBHWs	All notified cases	14%	15%	16%	17%	18%	19%
Percentage of TB patients who received treatment adherence support from CBHWs	All notified cases (in reported townships)	16%	17%	18%	19%	20%	21%
Percentage of TB patients (All forms) who were successfully treated (Cure plus completed treatment) who received support for treatment adherence by CBHWs	TB patients who received treatment adherence support by CBHWs	80%	90%	90%	90%	90%	90%
No. of CBHWs engaged in CBTBC		10219	10898	11576	12255	12933	13612


Thank
you