

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

**Strategic Direction 4: Reaching the unreached**

# Strategic Direction 4: Reaching the Unreached

## 4.1 Prevent transmission and emergence of active TB

4.1.1 TB infection prevention and control

4.1.2 TB preventive treatment **for all TB contacts** and PLHIV

## 4.2 Intensified targeted actions to reach marginalized and at risk population

4.2.1 Improve the quality and coverage of active case finding: mobile teams, CBTBC, contact investigation

4.2.2 Promote and strengthen accelerated case findings among people attending community health clinics (NCD, **elderly**), ANC, PNC and U5 clinics, **strengthen sputum transportation system**

4.2.3 **Improve treatment success among high risk groups**: elderly, prison inmates, urban poor population, rural poor population, high risk workers, ethnic minorities, migrants, **IDP camps**, drug users

## 4.1 Prevent transmission and emergence of active TB

Key activities	Detailed Activities
<b>4.1.1 TB infection prevention and control</b> Scale up the implementation of TB infection control (TB IC) measures in all health facilities	<ul style="list-style-type: none"><li>• Disseminate TB infection control manuals to all health facilities</li><li>• <b>Integrate TB infection control intervention into the Hospital Infection control guidelines</b></li><li>• Advocate the implementation of TB infection control guidelines in private hospitals</li><li>• Improve monitoring of TB infection control implementation progress in all health facilities by applying simple checklist, visit scheduling, and assign township team to conduct the monitoring</li><li>• Conduct TB infection control training to the responsible/focal person/team in health facilities, prioritizing health facilities delivering DR TB and TB treatment</li><li>• Collaborate with different donors or organization to renovate health facilities to be conformed with TB IC principles, ex. Isolation ward</li></ul>

## 4.1 Prevent transmission and emergence of active TB

Key activities	Detailed Activities
<p>4.1.1 TB infection prevention and control</p> <p>Protect health workers from getting TB disease by promoting early TB detection and prompt treatment</p> <p>Collaborate with MOHS EPI program to maintain high BCG vaccination coverage</p>	<p>Conduct annual CXR and six-monthly symptomatic TB screening to all health workers in health facilities, with priority on those who work directly with TB patients.</p> <p>Regular coordination to obtain BCG vaccination coverage data</p>

## 4.1 Prevent transmission and emergence of active TB

Sr. No	Key activities	Detailed Activities
	4.1.2 TB preventive treatment for all TB contacts and PLHIV	<ul style="list-style-type: none"><li>• Update LTBI management intervention in various TB guidelines to incorporate latest evidence-based recommendations</li><li>• Training on latent TB infection management to<ul style="list-style-type: none"><li>• Doctors/clinicians</li><li>• Basic health staffs</li><li>• Community health workers/treatment supporters</li></ul></li><li>• Stepwise increase of TB preventive treatment coverage for under 5 years old household contacts, PLHIV, ≥ 5 years old household contacts (strengthen &lt;5 and PLHIV until 2021, start 5-30 yo 2022, start above 30 2024)</li><li>• Introduction of shorter TB preventive treatment regimen to improve adherence and reduce side effects</li><li>• Provision of IEC materials for health workers, community workers, and general population</li><li>• Coordinate with NAP to achieve high coverage of TB preventive treatment among PLHIV</li><li>• Update recording and reporting system on LTBI treatment cascade and strengthen its implementation</li></ul>

# Output targets

Indicators	Denominator	Baseline 2018	Target				
			2021	2022	2023	2024	2025
4.1.1 Infection prevention and control							
Percentage of centers delivering DR TB treatment comply with TB IC standards <sup>1</sup>	Number of centers delivering MDR TB treatment, will be increased each year		100%	100%	100%	100%	100%
Percentage of townships TB centers comply with TB IC standards <sup>1</sup>	330		60%	70%	80%	90%	100%
Percentage of health workers in TB/DR TB centers undergo annual CXR screening	Number of health workers working in TB services, will be increased by year		50%	75%	85%	90%	95%

Indicators	Denominator	Baseline 2018	Target				
			2021	2022	2023	2024	2025
4.1.2 TB preventive treatment for all TB contacts and PLHIV							
Percentage of eligible < 5- year-old TB household contacts starting TB preventive treatment	Number of estimated eligible <5 year-old TB household contacts	534 (2%)	70%	75%	80%	85%	90%
Percentage of eligible 5- 30 year-old TB household contacts starting TB preventive treatment	Number of estimated eligible 5- 30 year-old TB household contacts	0	0	10%	25%	50%	75%

Indicator and target of new enrolled PLHIV starting TB preventive treatment will be followed by NAP

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
4.2.1 Improve the quality and coverage of active case finding: mobile teams, CBTBC, contact investigation	<ul style="list-style-type: none"><li>• Strengthen volunteer network, by providing adequate training, mentoring, and support (financial or non financial), and protection from TB disease</li><li>• Promote community involvement, by increase awareness among community and religious leaders</li><li>• Strengthen collaboration with partners, NGOs, private sectors, to increase capacity and coverage of active case finding activities</li><li>• <b>Prioritize mobile clinics and CBTBC on high risk populations:</b> elderly, prison inmates, rural and urban poor population, high risk workers, migrants, ethnic minorities, IDP camps, drug users</li><li>• Provide adequate training and support to basic health workers in conducting TB contact tracing for all TB cases and MDR TB cases</li><li>• <b>In the view of partners commitment and limited number of human resource in TB program, delegation to partners seconded staffs is needed to ensure the high coverage implementation of active case finding</b></li></ul>



## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
4.2.2 Promote and strengthen accelerated case findings among people attending community health clinics (NCD, elderly), ANC, PNC and U5 clinics, sputum transportation system	<ul style="list-style-type: none"><li>• Develop capacity of staffs in diabetes, NCD, AN, PN, under-5-year-old clinics, and elderly clinics in township and station hospitals and RHC to conduct TB screening</li><li>• Implement systematic TB screening to patients above 50 years old in different services, especially NCD and elderly clinics</li><li>• Strengthen collaboration with MNCH to continue TB screening on women visiting the service and recommend grandparents to participate in TB screening in the service nearest to their area</li><li>• Strengthen sputum collection in rural health centers, especially in rural poor area and link with mobile clinics when possible</li><li>• Strengthen sputum transportation system, to connect sputum collection RHC and station or township hospitals where TB diagnostic laboratory operates</li></ul>

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
4.2.3 Improve case finding and treatment success rate among high risk population: <b>elderly</b>	<ul style="list-style-type: none"><li>• Strengthen the participation of people above 50 years old in mobile clinic service, including mobile clinic to visit home for aged persons</li><li>• Develop IEC materials on TB among elderly to promote their participation in TB screening and family support for the completion of their treatment</li><li>• Strengthen CBTBC referral of elderly persons for CXR screening</li><li>• Advocate and engage private practitioners to conduct symptom screening or refer people above 50 years for TB screening</li></ul>

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
4.2.3 Improve case finding and treatment success rate among high risk population: prison inmates	<ul style="list-style-type: none"><li>• <b>Scale up pre entry screening of TB</b> in step-wise manners in collaboration with prison department, MoHA.</li><li>• Strengthen the TB mobile team services to inmates and <b>staff in prisons</b></li><li>• <b>Provide the TB training to health staff in prisons and work sites</b> by inviting them to participate in regional township level trainings.</li><li>• <b>Engage peer volunteers among inmates: to refer inmates with TB symptoms to prison clinic, support inmates taking TB treatment</b></li><li>• Advocate to MOHA for infection prevention and control activities including <b>regular screening of prison staff for TB</b></li><li>• Incorporate TB screening, diagnosis, and treatment into the Prison Health SOP</li><li>• Strengthen referral mechanism for post release treatment, by providing referral to the nearest TB service, coordinating with community TB volunteers or mobile clinics.</li></ul>

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
4.2.3 Improve case finding and treatment success rate among high risk population: urban poor population	<ul style="list-style-type: none"><li>• <b>Scale up PPM activities by engaging all private hospitals and GPs</b> to engage in one of the PPM options</li><li>• Strengthen PPM activities by engaging drug seller and pharmacies to firstly recommend patients with long cough to visit TB facilities.</li><li>• Increase frequency of mobile clinics to cover most of the urban slums</li><li>• Strengthen CBTBC in identified urban congested area, use <b>TB case address mapping to identify hot spots</b></li><li>• <b>Innovative approaches to increase the demand generation and integration with other disease control activities.</b></li><li>• Train health care providers who are already working in poor urban settings to improve service delivery and infection control.</li></ul>

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
4.2.3 Improve case finding and treatment success rate among high risk population: rural poor population	<ul style="list-style-type: none"><li>• Bring TB diagnostic and treatment closer to the population<ul style="list-style-type: none"><li>• In collaboration with NIMU to apply and scale up essential health package, including setting up TB treatment service in station hospitals</li><li>• Adopting easy-to-install and practical diagnostic tools to set up in station hospitals or rural health centers such as GeneXpert omni or TB LAMP</li></ul></li><li>• Strengthen community health workers network to enable: referral of presumptive TB cases, sputum transportation, and treatment support to TB patients in their area</li><li>• Coordinating with mobile clinics, CBTBC, and basic health staff to enable active case detection and ensure service deliveries to the population in difficult area to access</li></ul>

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
<p>4.2.3 Improve case finding and treatment success rate among high risk population: <b>high risk workers</b></p>	<ul style="list-style-type: none"><li>• <b>High level advocacy meeting</b> with different related ministries, factories and industries societies and owners.<ul style="list-style-type: none"><li>• Highlight on current situation of TB in Myanmar and near to crisis situation in Yangon</li><li>• Encourage to act an actions upon labor law and social protection</li></ul></li><li>• Coordinate with other ministries to <b>generate and strengthen the policy</b> for workers protection, routine TB screening, infection control in workplaces, job security and supportive activities for TB cases.</li><li>• <b>Strengthen the existing network of social welfare services</b> with the support of MoHS, ILO, MoSWRR and MoL.</li><li>• Enhance TB IEC in workers</li><li>• <b>Conduct health seeking behaviour study or patient pathway analysis</b> to inform the programs and policy makers to enhance policy makers' decision.</li><li>• <b>Advocate TB screening as a compulsory testing in driver's license renewal</b> for public transport drivers, express driver</li></ul>

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
<p>4.2.3 Improve case finding and treatment success rate among high risk population: ethnic minority groups</p>	<ul style="list-style-type: none"><li>• <b>Increase coverage and decentralization of TB diagnostic and treatment services in NSA areas</b> where high risk, hard to reach populations reside.</li><li>• Engage EHO, NGO partners, and the community and improve linkage between the community and health facilities, including network of sputum collection, diagnostic, treatment, contact investigation</li><li>• <b>Pilot special arrangement</b> such as Shelter based treatment (SMRU model) in EHOs area</li><li>• Ensure culturally appropriate service and specific needs of ethnic communities are addressed</li><li>• <b>Collaboration on certifications and capacity- building programs in appropriate language between the NTP and EHO</b> allowing EHO providers to implement TB services,</li><li>• Better and regular coordination and trust building between NTP and EHO, at central-, state-, and township- levels; as well as between MOHS focal and EHO focal.</li><li>• Strengthen case recording and reporting to NTP</li></ul>

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
<p>4.2.3 Improve case finding and treatment success rate among high risk population: migrants</p>	<ul style="list-style-type: none"><li>• <b>Establish a plan to reach migrant populations in different contexts</b></li><li>• Promote active case finding in collaboration with mobile clinics and take advantage of sputum transportation and sputum collection activities</li><li>• Promote migrant sensitive health system</li><li>• Expand cross-border collaboration and networks with multi-country frameworks<ul style="list-style-type: none"><li>• Build on the current cross- border initiatives and activities and the Twin City arrangement to ensure full coverage of border populations and migrant workers</li></ul></li><li>• <b>Enhanced Surveillance and Monitoring of TB</b></li><li>• <b>Strengthen policy and legal frameworks</b></li></ul>



## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
<p>4.2.3 Improve case finding and treatment success rate among high risk population: internally displaced population</p>	<ul style="list-style-type: none"><li>• Advocate and strengthen multi sectoral coordination including GAD , camp authorities, States and Township health department, Ethnic Health Organizations and local CBOs.</li><li>• Integrate TB services with essential health care services by efficiently utilizing the available human resources in camp setting</li><li>• Establish and strengthen volunteers' health network for referral of presumptive TB cases and treatment support</li><li>• Regular scheduled mobile clinics for TB screening and treatment in IDP camps</li><li>• Strengthen referral mechanism for sputum transportation and treatment delivery.</li></ul>

## 4.2 Intensified targeted actions to reach marginalized and at risk population

Key activities	Detailed Activities
<p>4.2.3 Improve case finding and treatment success rate among high risk population: drug users</p>	<ul style="list-style-type: none"><li>• <b>Collaborate with NAP and DDTRU</b> in integrating TB screening among drug users</li><li>• Integrate TB information on the IEC materials developed for drug users</li><li>• Ensure referral and friendly service to drug users with TB disease</li><li>• Develop capacity of community health workers, harm reduction clinic staffs, and NGO staffs dealing with drug users to recognize TB symptoms, conduct TB symptoms screening, and refer presumptive TB cases to TB services.</li></ul>

Indicators	Deno minat or	Baseline 2018	Target				
			2021	2022	2023	2024	2025
4.2.1 Improve the quality and coverage of active case finding: mobile teams, CBTBC, contact investigation							
Number of mobile clinic visits to different high risk groups	NA						
- Prisons		75	90	140	190	240	290
- Urban / peri urban		70	300	400	450	500	550
- Hard to reach		269	500	600	700	750	800
- Workplaces		13	20	30	40	50	60
- IDP camps		4	10	15	20	25	30

Indicators	Denominator	Baseline 2018	Target				
			2021	2022	2023	2024	2025
4.2.1 Improve the quality and coverage of active case finding: mobile teams, CBTBC, contact investigation							
Number of presumptive TB patients referred by CBTBC		170,298					
Percentage of bacteriologically confirmed TB patients whose household contacts evaluated	Bacteriologically confirmed notified TB patients	40%	50%	70%	80%	90%	100%

Indicators	Deno minat or	Baseline 2018	Target				
			2021	2022	2023	2024	2025
4.2.2 Promote and strengthen accelerated case detection among high risk groups attending health services							
Number of notified TB cases aged > 50 years old referred by different services (NCD, elderly, DM)	NA						
Number of presumptive TB cases referred by ANC/ PNC	NA	15,369	18000	20000	22000	24000	26000

Indicators	Denominator	Baseline 2018	Target				
			2021	2022	2023	2024	2025
4.2.3 Improve treatment success rate among high risk population*							
Treatment success rate among notified TB cases > 50 years old	Notified TB cases aged >50 years old		80%	85%	90%	90%	90%
Treatment success rate among prison inmates notified with TB	Notified TB cases, prison inmates		80%	85%	90%	90%	90%
Treatment success rate among urban poor notified with TB	Notified TB cases, urban poor		80%	85%	90%	90%	90%
Treatment success rate among rural poor notified with TB	Notified TB cases, rural poor		80%	85%	90%	90%	90%

\*From sampled township, sentinel, or projects or implementation research

Indicators	Denominator	Baseline 2018	Target				
			2021	2022	2023	2024	2025
4.2.3 Improve treatment success rate among high risk population*							
Treatment success rate among high risk workers notified with TB	Notified TB cases, high risk workers		80%	85%	90%	90%	90%
Treatment success rate among ethnic minorities notified with TB	Notified TB cases, ethnic minorities		80%	85%	90%	90%	90%
Treatment success rate among migrants notified with TB	Notified TB cases, migrants		80%	85%	90%	90%	90%
Treatment success rate among IDP camps inhabitant notified with TB	Notified TB cases, IDP camps inhabitants		80%	85%	90%	90%	90%
Treatment success rate among drug users notified with TB	Notified TB cases, drug users		70%	75%	80%	80%	85%

\*From sampled township, sentinel, or projects or implementation research