National Hepatitis Control Program

Central Epidemiology Unit
Department of Public Health

Dr. Than Tun Aung
Deputy Director General (Disaster/ Epidemiology)
Goal 3 – Ensure healthy lives and promote well-being for all at all ages

Target 3.3 – Combat Hepatitis
History of National Hepatitis Control Program

• In Myanmar, viral hepatitis prevention and control activities have been enhanced since 2014 after the 67th WHA.

• Guidance from the Ministry to establish national program for provision of comprehensive services for viral hepatitis – November, 2014.

• Myanmar National Strategic Plan for Viral Hepatitis is in line with the Global Health Strategy with the focus on UHC, the continuum of hepatitis services and PH approach.
Simplified programmatic approach follows 4 recommended key axes

- **Axis 1**: Increasing awareness for policy makers, health professionals, donors and stakeholders
- **Axis 2**: Evidence based policy and advocacy
- **Axis 3**: Prevention of transmission: Primary, Secondary & Tertiary
- **Axis 4**: Screening, care and treatment
# Disease Burden of Viral Hepatitis

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>Population</th>
<th>Prevalence rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mono-infection of HBV</td>
<td>* General population (2015)</td>
<td>6.51%</td>
</tr>
<tr>
<td></td>
<td>**Among blood donors (2015)</td>
<td>3.7%</td>
</tr>
<tr>
<td></td>
<td>* Multi-transfused patients</td>
<td>6.1%</td>
</tr>
<tr>
<td></td>
<td>* Patients undergoing haemodialysis</td>
<td>4.9%</td>
</tr>
<tr>
<td></td>
<td># PWID</td>
<td>8.2%</td>
</tr>
<tr>
<td>Mono-infection of HCV</td>
<td>* General population (2015)</td>
<td>2.65%</td>
</tr>
<tr>
<td></td>
<td>**Among blood donors (2015)</td>
<td>0.71%</td>
</tr>
<tr>
<td></td>
<td>* Multi-transfused patients</td>
<td>3.1%</td>
</tr>
<tr>
<td></td>
<td>* Patients undergoing hemodialysis</td>
<td>12.8%</td>
</tr>
<tr>
<td></td>
<td># PWID</td>
<td>58.9%</td>
</tr>
<tr>
<td>Co-infection</td>
<td># HIV/ HBV</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td># HIV/ HCV</td>
<td>20.1%</td>
</tr>
<tr>
<td></td>
<td># HIV &amp; HBV/ HCV</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

# IBBS study among PWID (2014)
Myanmar’s approach to elimination of VH

- The global goal – to eliminate viral hepatitis as a public threat by 2030
- Public Health approach in the treatment and care of VH treating both mono-infection and co-infection with HIV, in line with WHO strategic directions and the National Clinical Guidelines
- **Four strategic directions** -
  (i) Prevention of transmission of VH
  (ii) Diagnosis, treatment and care
  (iii) Development of the health workforce
  (iv) Strategic information
Simplified Treatment Guidelines for Hepatitis C Infection
Vision: To free from viral hepatitis by halting transmission while those living with hepatitis have access to safe, affordable and effective treatment.

Goal: To work within a health system framework and use effective public health approach within the premises of Universal Health Coverage.

Target: Reduce incidence of viral hepatitis
- Reduce mother to child transmission of HBV
- Reduce the mortality due to viral hepatitis
- Reduce the socioeconomic impact of viral hepatitis at individual, community and population levels


Strategic Direction 1
Prevention of transmission of Viral Hepatitis

Strategic Direction 2
Diagnosis, Clinical Care and Treatment

Strategic Direction 3
Workforce development

Strategic Direction 4
Surveillance and Research/Strategic Information

Strategic Implementation: Leadership, Partnership, Accountability, Monitoring and Evaluation

Drafted
Hepatitis C Treatment Plan

• Now, starting the treatment for 2,000 HCV infected patients (1,200 mono-infected and 800 HIV/ HCV co-infected) – from June, 2017

• With combination therapy of oral direct acting anti-virals (DAA)
  – Daclastasvir (30 mg/ 60 mg) – donated by BMS through CHAI
  – Sofosbuvir (400 mg) – purchased from the government budget (2016-2017)
Preparation for treatment phase 1

- Drugs and RDT distribution – already started by the procurement section of DOPH
- Diagnostics distribution - Two 4 modules GeneXpert machines are already installed (NHL & PHL), cartridges – already purchased
- Two Ice Line Refrigerators (supported by cEPI) – to NHL and PHL
- Infection status confirmation (Viral Load testing) and APRI scoring - carrying out at NHL and PHL

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Preparation for treatment phase 1 (cont:)

Samples will be sent to **NHL (Yangon)**
- Monday - Mingalardon Specialist Hospital
- Tuesday - Yangon Specialty Hospital, Tharketa Specialist Hospital
- Wednesday - North Okkalapapa General Hospital
- Thursday - Waibargi Specialist Hospital

Samples will be sent to **PHL (Mandalay)**
- Thursday - Mandalay General Hospital and 1000-bedded Nay Pyi Taw Hospital
Preparation for treatment phase 1 (cont:)

- Blood sample transportation cost – will be borne by CHAI
- For pre-treatment assessment, Renal Function Test (Urea & Creatinine) and basic investigations (CP, ESR) are necessary – request for FOC at on-site lab
- For recording & reporting – necessary registers are already prepared by the aid of WHO & CHAI
- Open MRS, developed by CHAI will be used, 3 computers and IT equipments already supported at each site, training carried out on 18th & 19th May 2017
Preparation for treatment phase 1 (cont:)

- Patient’s program registration number –
  
  Center code/ infection status/ Reg: no/ Year code

(C-01 to 09)  Mono – M  2 digits no.

Co-infection – Co (17)

4 digits no.

(0001)

Example:  C-01/ M/ 0001/ 17
## Treatment quota for each hospital in Phase 1

<table>
<thead>
<tr>
<th>Hospital</th>
<th>M/ Co</th>
<th>Centre Code</th>
<th>No. of patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yangon Specialty Hospital</td>
<td>M</td>
<td>C-01</td>
<td>300</td>
</tr>
<tr>
<td>North Okkalapa General Hospital</td>
<td>M</td>
<td>C-02</td>
<td>300</td>
</tr>
<tr>
<td>Mandalay General Hospital (Liver Unit)</td>
<td>M</td>
<td>C-03</td>
<td>300</td>
</tr>
<tr>
<td>1000-bedded Nay Pyi Taw Hospital</td>
<td>M</td>
<td>C-04</td>
<td>200</td>
</tr>
<tr>
<td>Waibargi Specialist Hospital</td>
<td>Co</td>
<td>C-05</td>
<td>180</td>
</tr>
<tr>
<td>Mingalardon Specialist Hospital</td>
<td>Co</td>
<td>C-06</td>
<td>180</td>
</tr>
<tr>
<td>Tharketa Specialist Hospital</td>
<td>Co</td>
<td>C-07</td>
<td>180</td>
</tr>
<tr>
<td>Mandalay General Hospital (Medical Ward)</td>
<td>Co</td>
<td>C-08</td>
<td>180</td>
</tr>
<tr>
<td>1000-bedded Nay Pyi Taw Hospital</td>
<td>Co</td>
<td>C-09</td>
<td>50</td>
</tr>
</tbody>
</table>

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Strengths in Program Implementation

• Strong government commitment
• Strong partnership – government and INGO and local NGO and UN organizations
• Stand on the government contribution
Partnership

• WHO, UN agencies

• Local and International NGOs
  – Liver Foundation (Myanmar) in hepatitis networking
    • Global networking & collaboration with World Hepatitis Alliance
  – Clinton Health Access Initiative (CHAI)
  – MSF
  – Burnet Institute
  – The Foundation for Innovative Diagnostics (FIND)
  – Others
Constraints in Program Implementation

- **Budget** for program implementation
  - not included in (2017-2018) fiscal year government budget
  - (2018-2019) WHO work plan, in combination with NAP
- **Dedicated team members**
- **Health workforce** for the program
- **Phase by phase manner** in Hepatitis C treatment program
- **Quota system** for treatment
Ways Forward of NHCP

- To expand the public sector Hepatitis C treatment program in a phase by phase manner
- To set up international procurement and importing mechanism for hepatitis drugs and diagnostics
- To start the public sector Hepatitis B treatment program
- To strengthen the capacity building on health workforce in public sector for Hepatitis C and B treatment
- To conduct operational research in the future in collaboration with DMR, DPH

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Thank you for your kind attention!