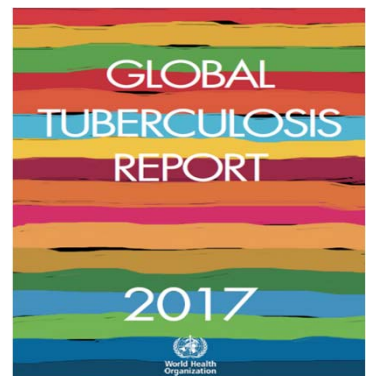


64th Myanmar Medical Conference
20th January, 2018

***TB Situation
&
Overview of NTP***

Dr. Tin Mi Mi Khaing
Sr. NTO, WHO (TB Unit)



The global TB situation

Estimated incidence,
2016

Estimated number of
deaths, 2016

All forms of TB

10.4 million

1.3 million

HIV-associated TB

1.4 million

374,000

MDR/RR- TB

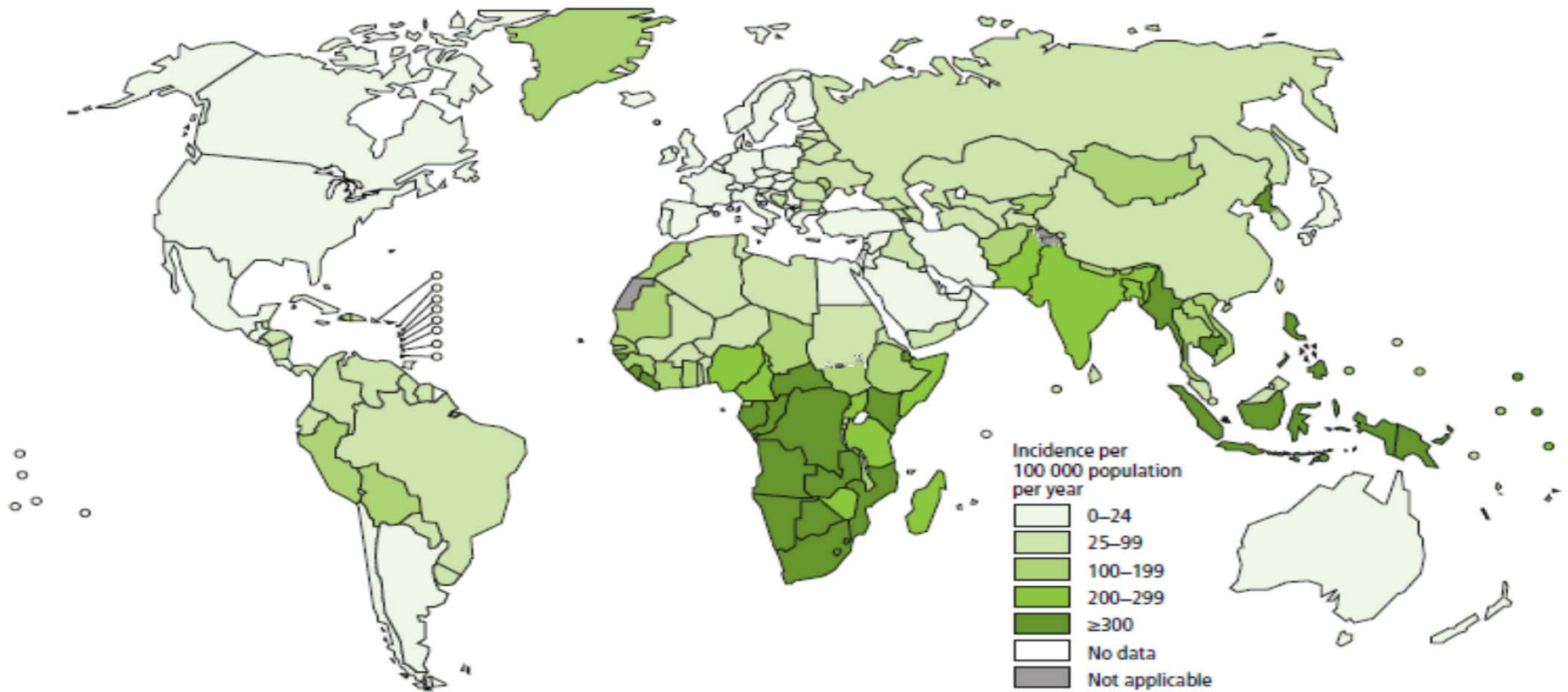
600,000

240,000

Source: WHO Global Tuberculosis Report 2017

Estimated TB incidence rates, 2016

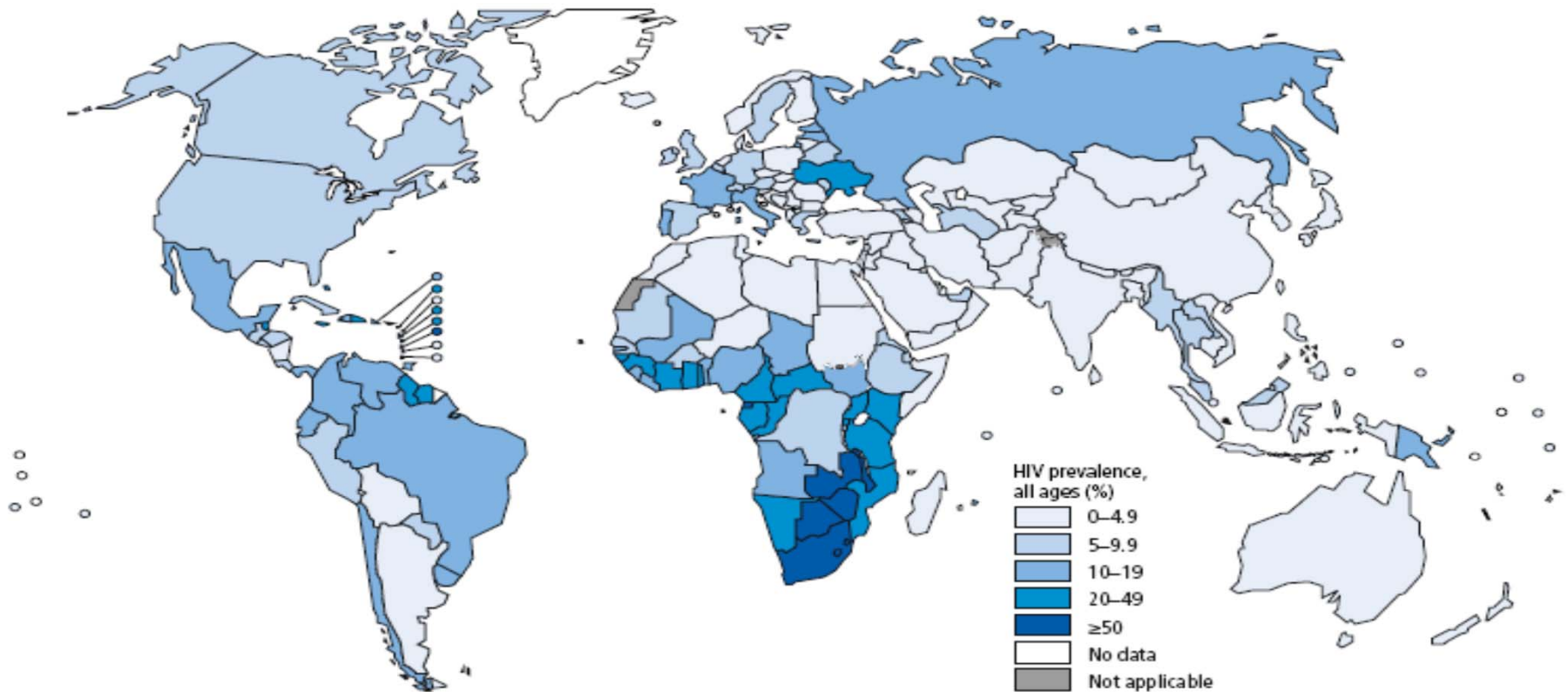
Estimated TB incidence rates, 2016



Source: Global TB Report 2017

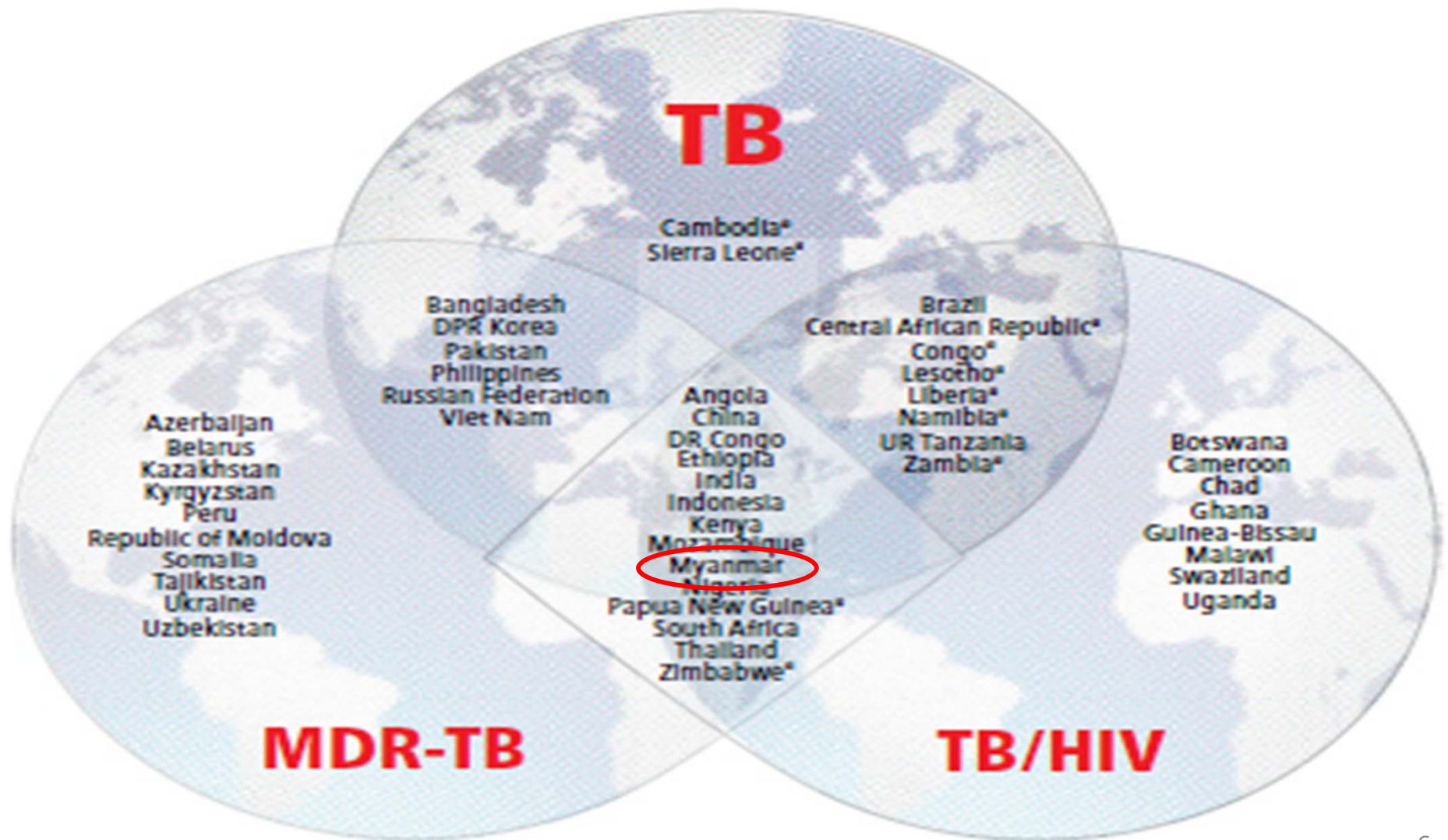
Estimated HIV prevalence in new and relapse TB cases, 2016

Estimated HIV prevalence in new and relapse TB cases, 2016



Treatment coverage (new and relapse), 30 TB HBC, in 2015





TB situation in Myanmar

■ TB is a major public health problem

■ One of the world's

■ 30 high TB burden countries

■ 30 high MDR-TB burden

countries

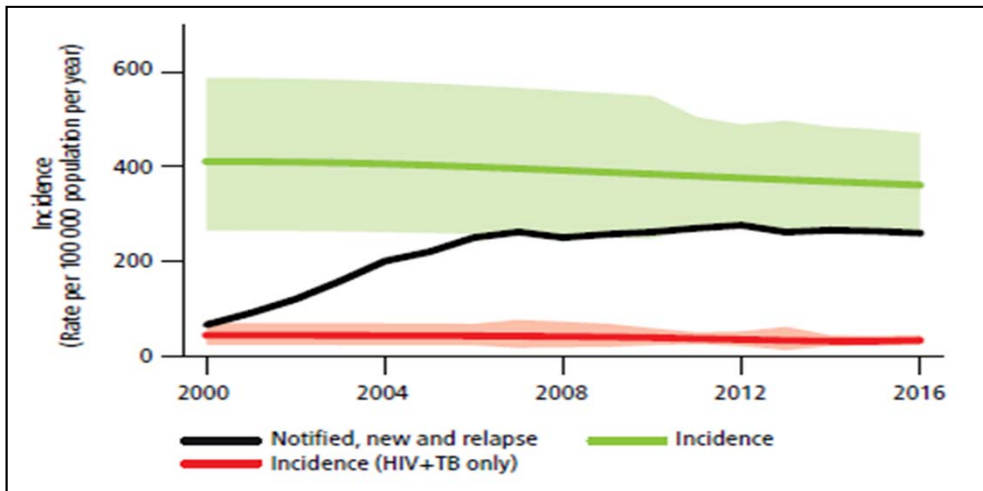
■ 30 high TB/HIV burden

countries
Estimates of the TB burden , 2016 (source: Global TB Report 2017)

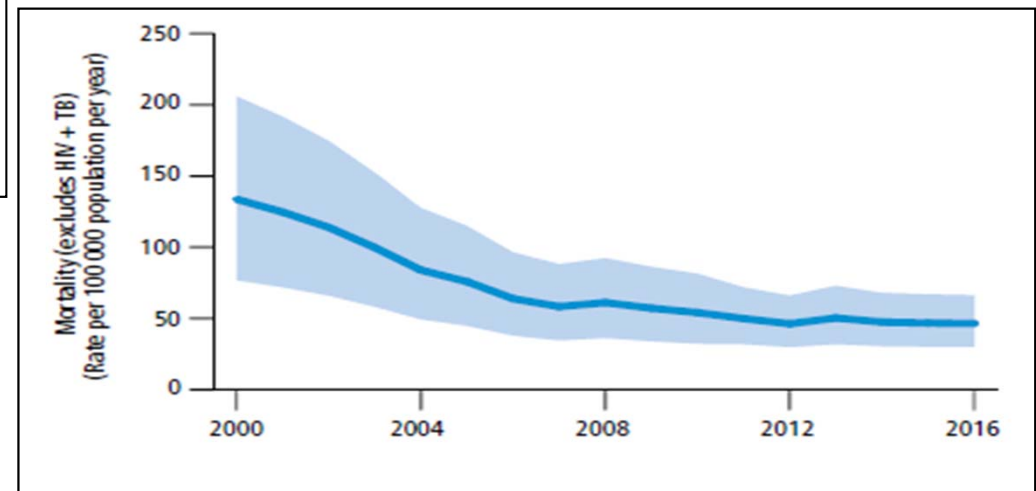
Population	53 million
Estimated incidence all forms	361
Estimated TB Mortality	47
Gap in overall case detection (53 Millions Pop.)	27%
MDR-TB among new TB patients (3 rd DRS, 2012-2013)	5.0%

TB Epidemiology, Myanmar (2016)

Incidence & Notification trend

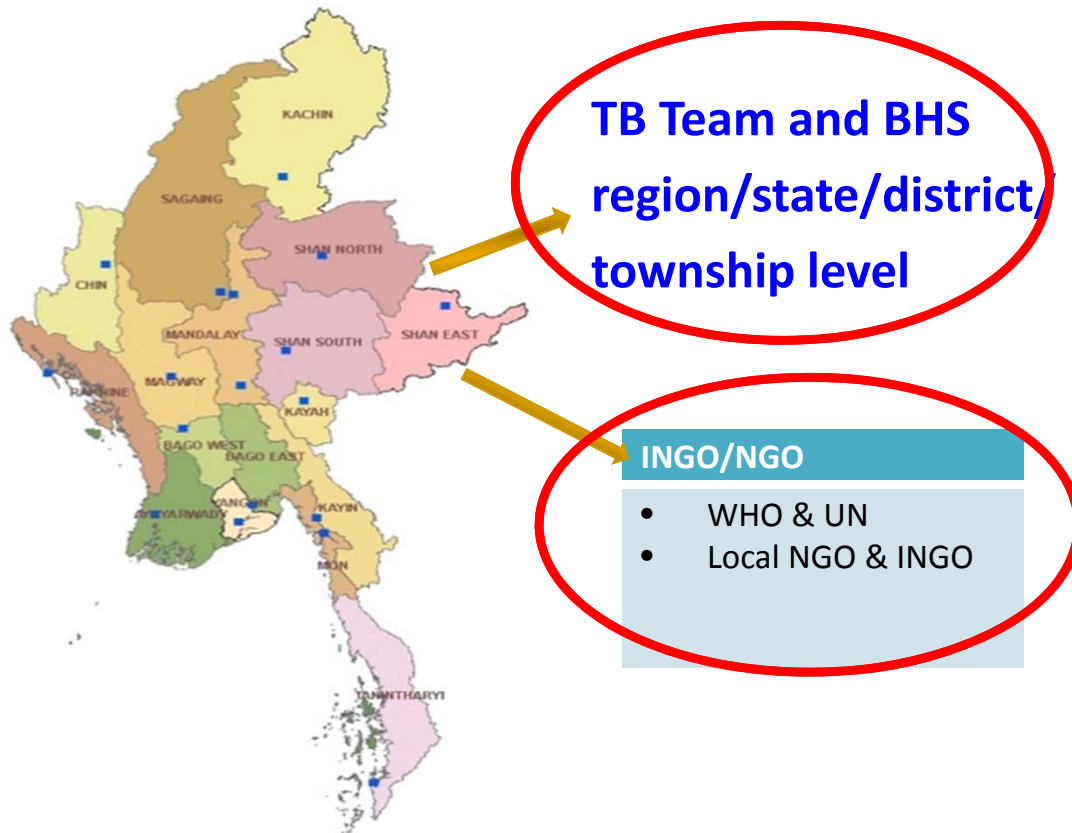


Mortality trend



Data source: Global TB Report (2017)

NTP Activities



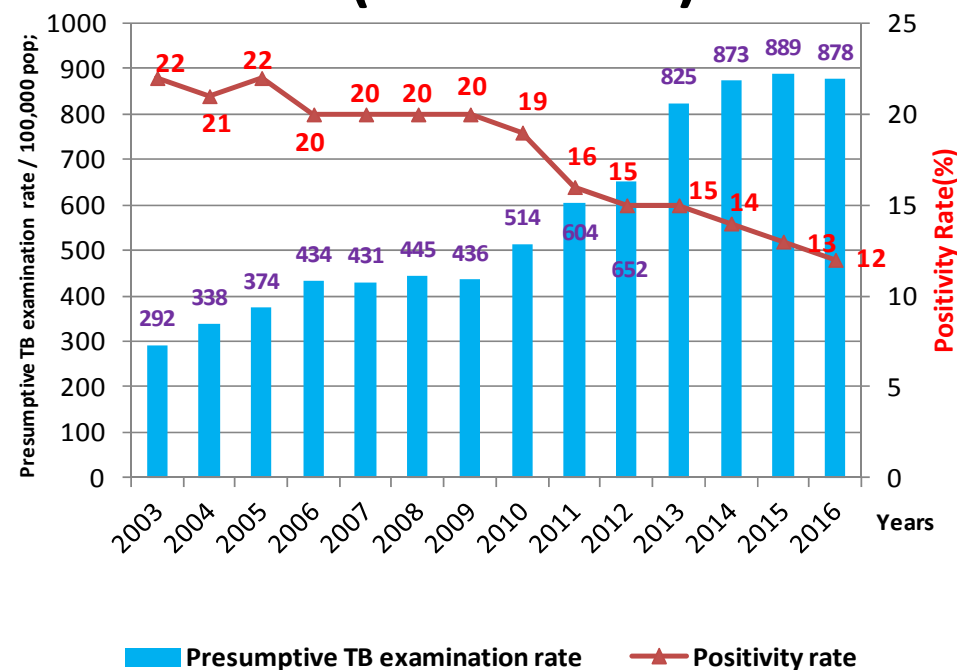
Activities

1. Advocacy
2. Awareness raising (Health Education)
3. DOTS implementation
4. Capacity building (training) at all levels
5. Contact screening
6. Programmatic Management of DR-TB
7. Collaborative TB/HIV activities
8. Public- public mix and public-private mix DOTS
9. Coordination between INGOs and NGO
10. Intra and inter Departmental coordination
11. Coordination between other Ministries
12. Accelerated TB Case finding activities
13. Community based TB Care
14. Supervision, monitoring ,evaluation and research

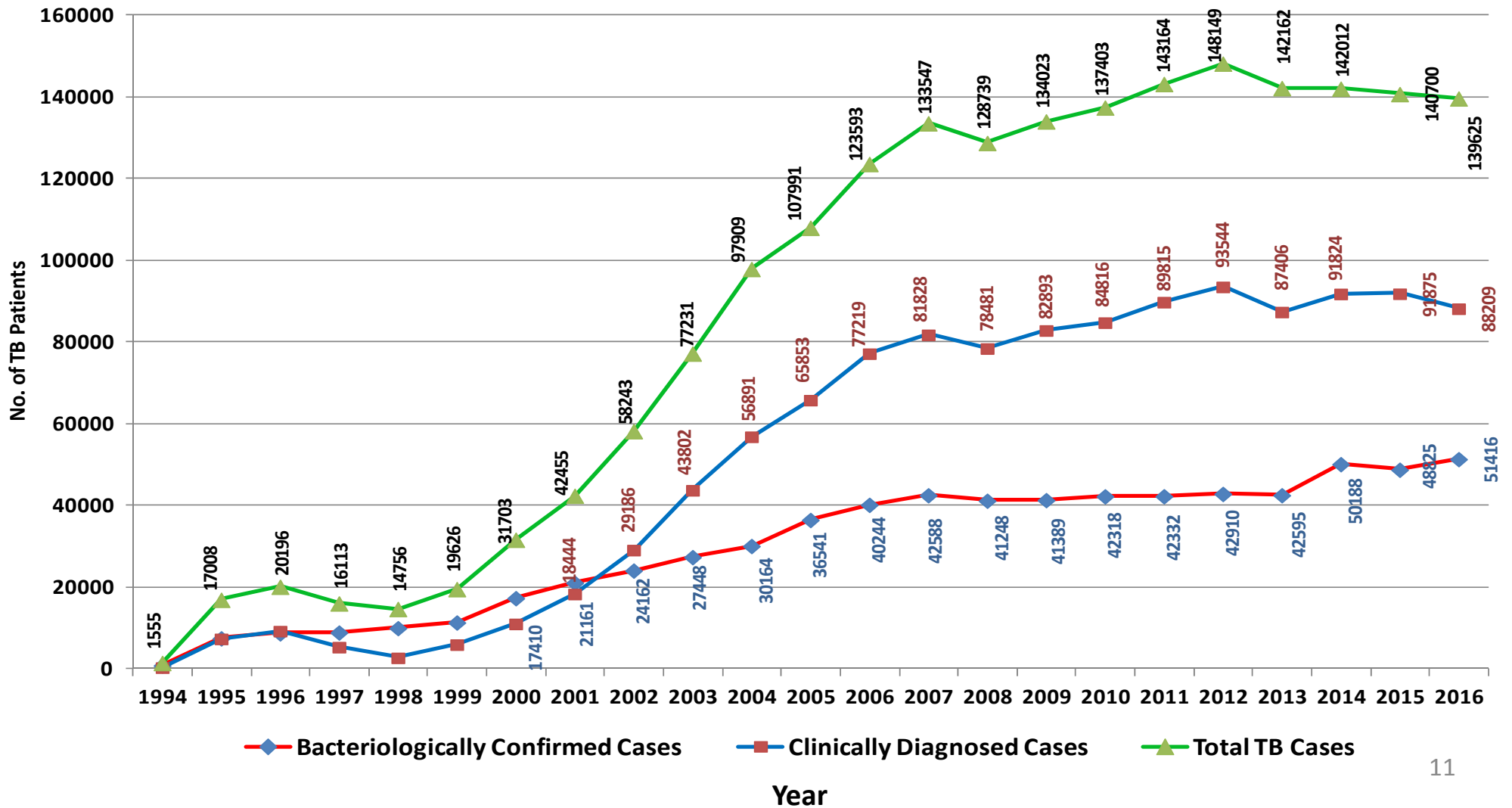
Activities and achievement

- TB services are standardized nationwide, except for a few targeted interventions in selected townships or population groups
- Basic TB care and prevention services cover all 330 townships.
- First-line anti-TB drugs, laboratory reagents and supplies are available all over the time to 330 townships.

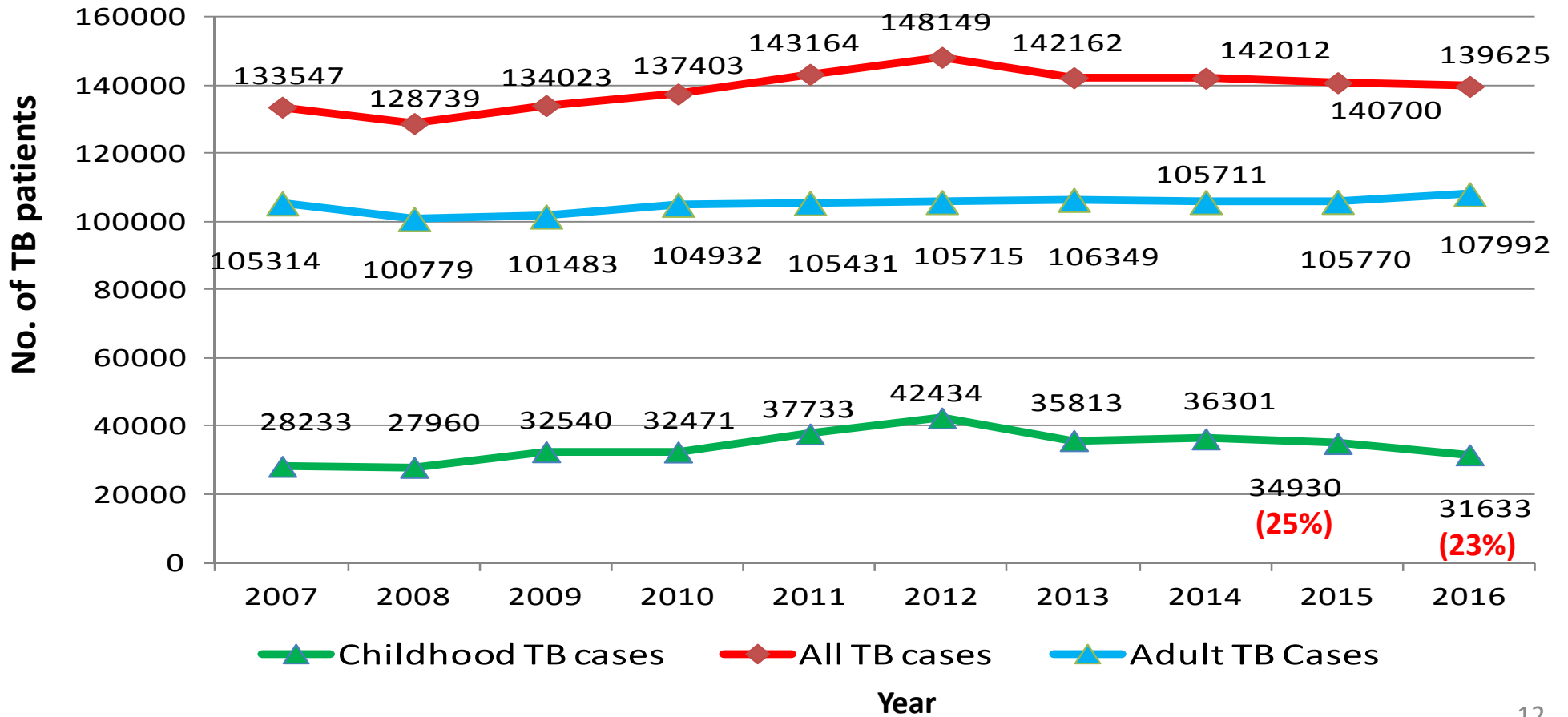
Trend of Presumptive TB examination rate & sputum positivity rate (2003-2016)



Trend of Total TB Case Notification (1994-2016)




Trend of Childhood TB (2007-2016)

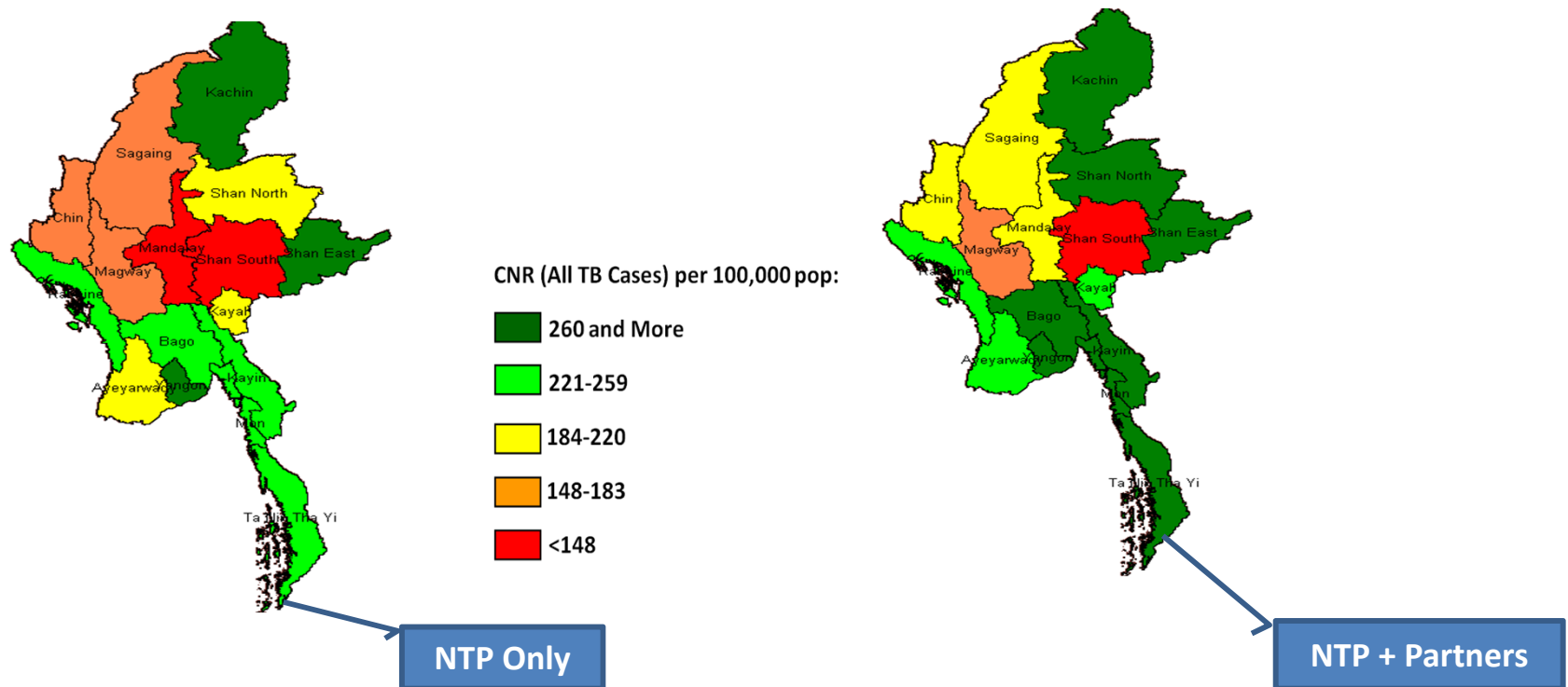


Partners' coordination and collaboration

- Coordination through TB-TSG including non-GF supports such as 3MDG and USAID
- Public Private Partnership (with GP and hospitals) is very essential part of TB service

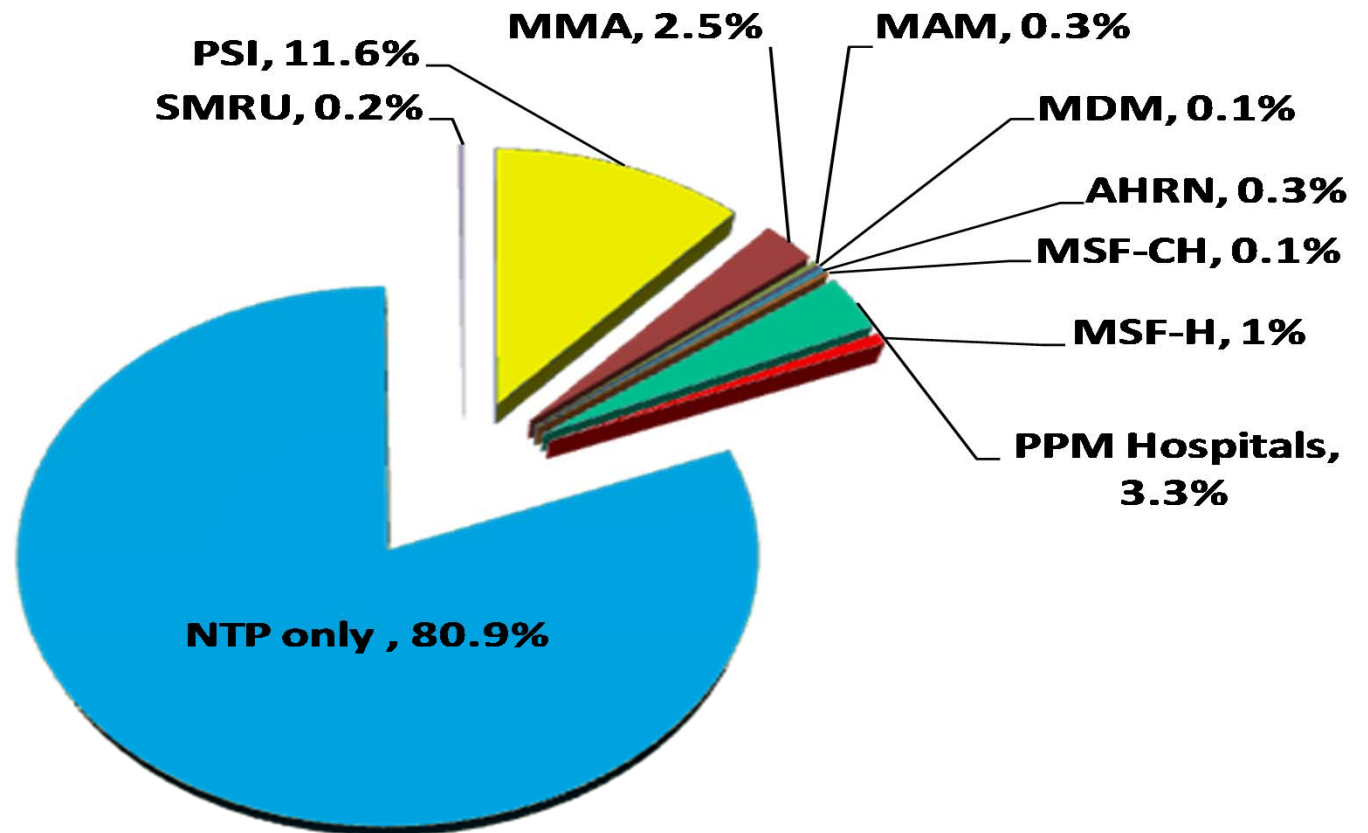
Local NGO	International NGO
Myanmar Women's Affairs Federation	Asia Harm Reduction Network
Myanmar Maternal & Child Welfare Asso	Burnet Institute
Myanmar Medical Association	Clinton Health Access Initiative
Myanmar Health Assistants Association	CESVI
Myanmar Red Cross Society	Family Health International
	International Organization for Migration
Bilateral agency	International Union Against Tuberculosis and Lung Disease
Japan International Cooperation Agency	Medecins du Monde
<h1>Partners of NTP</h1>	Malteser International
	Medecins sans Frontieres (Holland)
	Medecins sans Frontieres(Switzerland)
	Medical Action Myanmar
	PACT Myanmar
	Population Services International
	World Vision International
	SMRU
	Health Poverty Action
	Progetto
World Health Organization	
UN Office for Project Services	
WFP World Food Programme	
	

Case Notification Rate (CNR) (All TB Cases) per 100,000 pop. according to Region & State (2016)

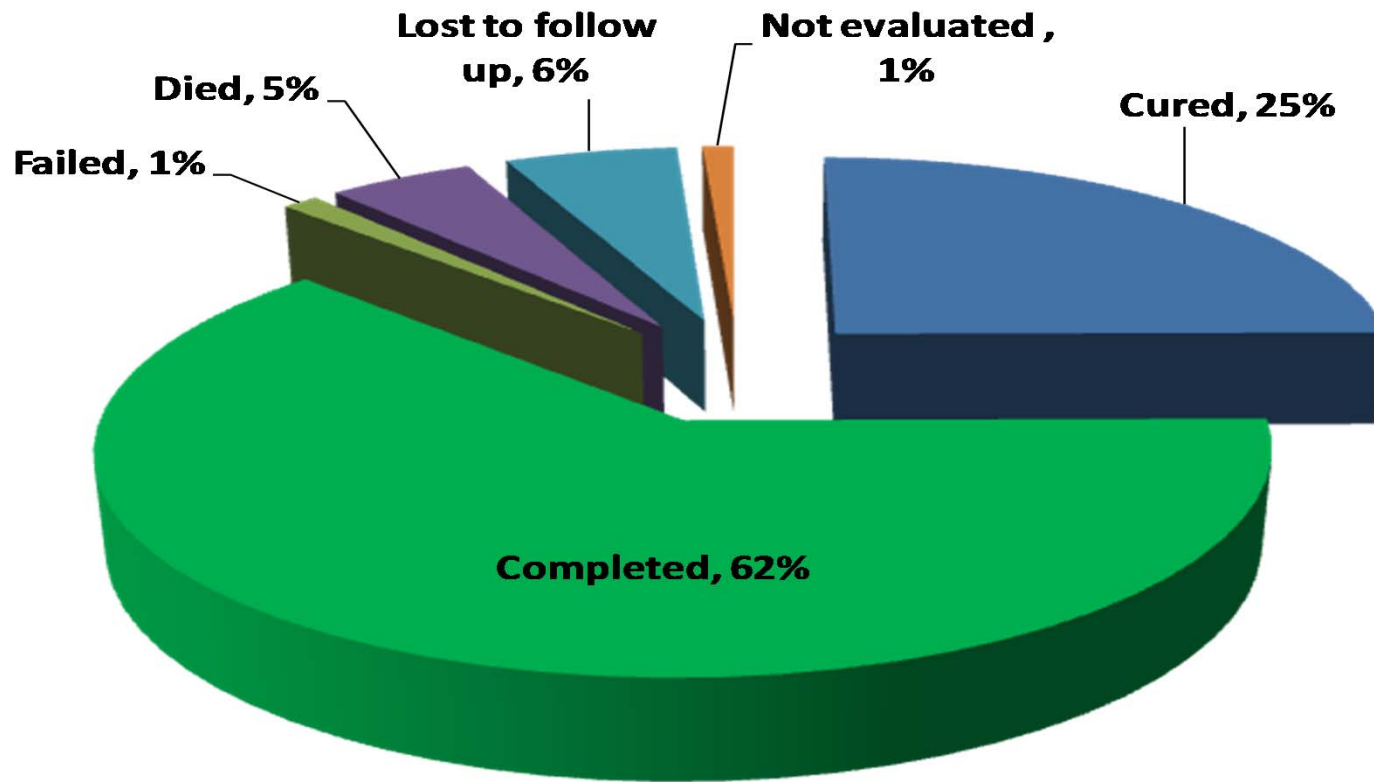


Country CNR (All form) = 272/100000 pop

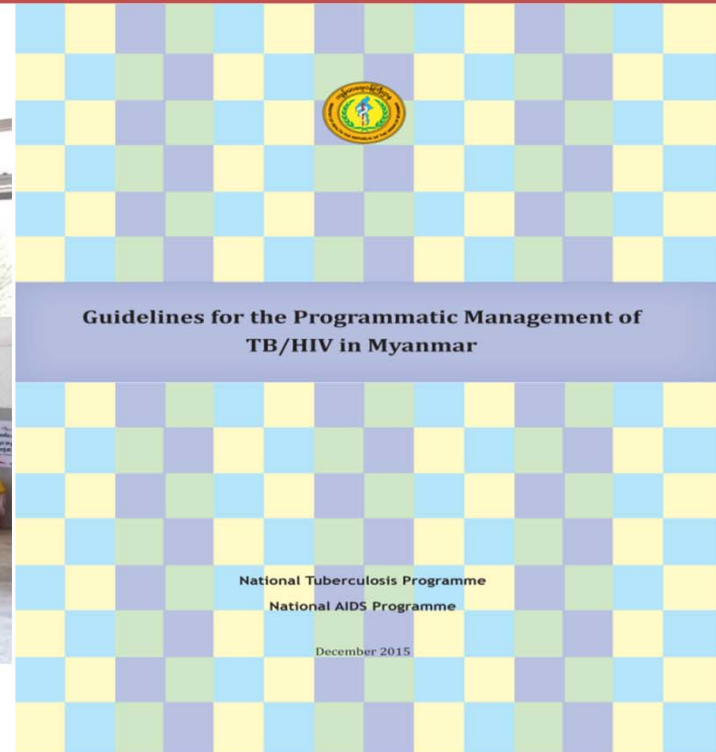
Proportion of Total TB cases contributed by NTP & Other units (Annual 2016) (N=139,625)



Treatment Outcomes of All form TB Cases (2015 Cohort) (N=138423) (TSR 87%)



TB/HIV Collaborative Activities



2012: 12 points policy package: **What's new?**

A. Establish the mechanisms for integrated TB & HIV services

1. Set up **or strengthen** a TB/HIV coordinating body effective at all levels
2. Conduct HIV **and TB** surveillance **among TB and HIV patients respectively**
3. Carry out joint TB/HIV planning
4. Conduct monitoring and evaluation

5. Intensify TB case finding **and ensure quality TB treatment**

6. Introduce TB pre

6. Introduce TB prevention with IPT and ART

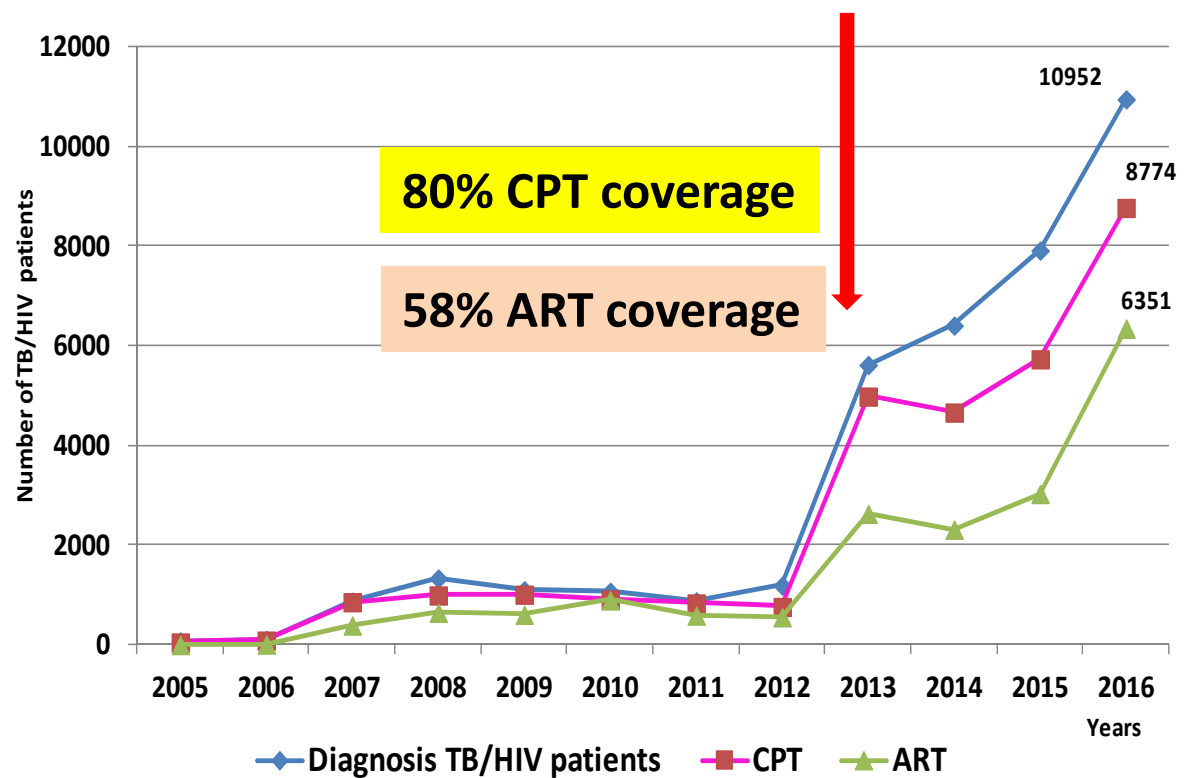
7. Infection control

C. Decrease the burden of HIV in patients with presumptive and diagnosed TB

8. Provide HIV testing & counselling to patients with **presumptive** and diagnosed TB
9. Introduce HIV preventive methods patients with **presumptive** and diagnosed TB
10. Provide CPT for TB patients living with HIV
11. Ensure **HIV prevention, treatment & care for TB patients living with HIV**
12. Provide Antiretroviral therapy to TB patients living with HIV

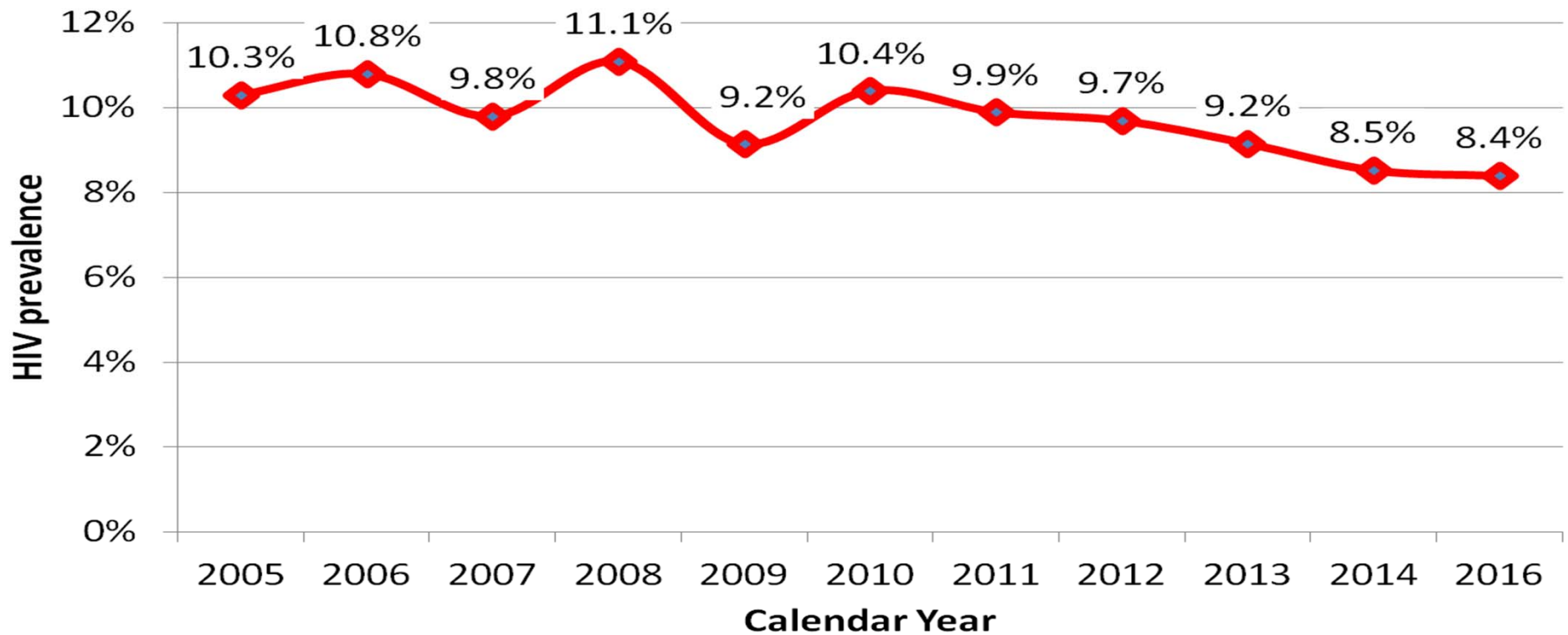
Expansion of TB/HIV collaborative activities (2005-2016)

- ❖ initiated in 7 townships since 2005
- ❖ expand to 28 townships gradually up to 2013
- ❖ scale up 108 townships in 2014; total--- 136 townships
- ❖ scale up 100 townships in 2015; total--- 236 townships



12 years

Trends of HIV prevalence among new TB patients, HSS 2005-2016



Source: HSS 2006-2016

Strengthen early TB diagnosis among PLH

HCWs need to think of TB!

Policy guidance on LF-LAM,
WHO/HTM/TB/2015.25,
2015



Point-of-care urine **TB-LAM**
in severely
immunosuppressed PLH

Laboratory Service Expansion from Smear to Molecular Technologies

2 Reference Lab
for second line
LPA

3 Culture and DST
Lab

71 Gene Xpert Sites

516 sputum smear microscopy centers
under EQA system (including 158 iLED
Fluorescent microscope)



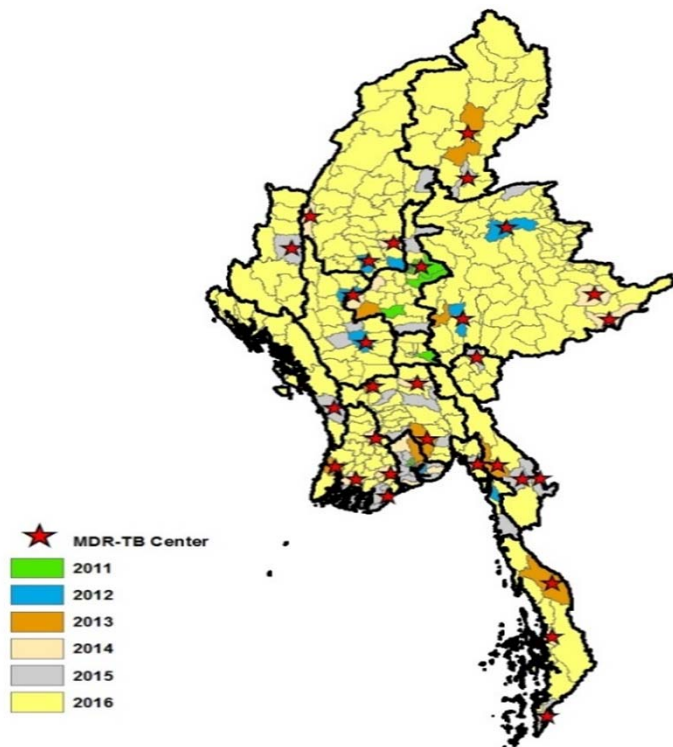
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Geographical coverage for MDR-TB Management



Year	townships
2009	10
2011	22
2012	38
2013	53
2014	68
2015	108
2016	330

Entire Yangon Region is covered by MDR-TB management in 2015

All 330 townships became MDR-TB townships since Q1, 2016.

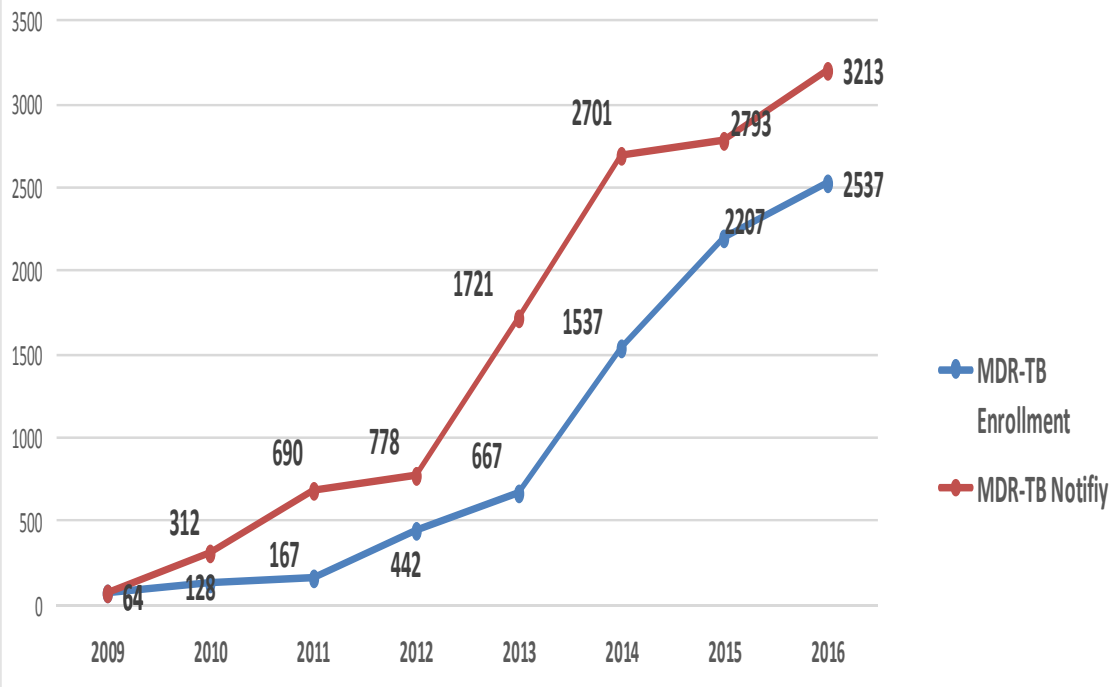
8 years

Rifampicin resistant TB cases detected by Gene Xpert (2012-2016)

	2012 (5) machines	2013 (11) machines	2014 (22) machines	2015 (48) machines	2016 (66) Machines
Total cases done	3136	14246	26240	41957	69558
Total MTB detected	833	5351	10210	17692	29169
TB with Rif-resistant	259	1689	2631	2719	3095
Proportion “Rifampicin resistant TB cases”	9%	12%	10%	6%	5%

Programmatic Management of Drug Resistant TB

MDR-TB Notify Cases and Treatment enrollment (2009 - 2016)



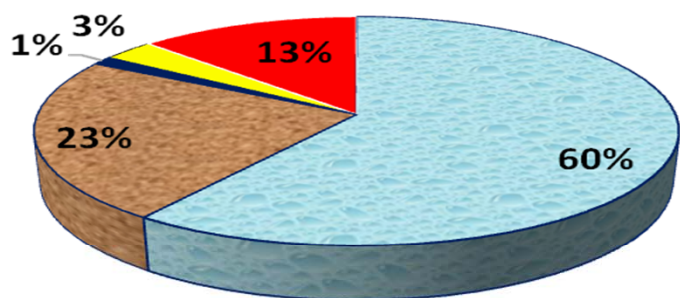
Treatment coverage 79%

Activities

- DR-TB case finding
- 20 month standardized treatment regimen
- Model of care (Ambulatory, clinic based and hospital based care)
- Counseling and Health education
- Provision of Directly Observed Treatment
- Patient support (FOC baseline investigations, ATM card and nutrition support)
- DOT provider support

MDR-TB treatment outcomes of 2013 cohort
(N= 666 evaluated)

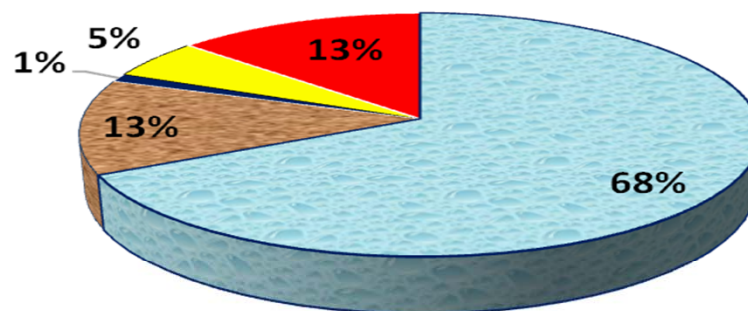
Treatment Success Rate = 83%



- Cured
- Failed
- Died
- Completed
- Lost to follow-up

MDR-TB Treatment outcomes of 2014 cohort
(N= 1495 evaluated)

Treatment Success Rate = 81%



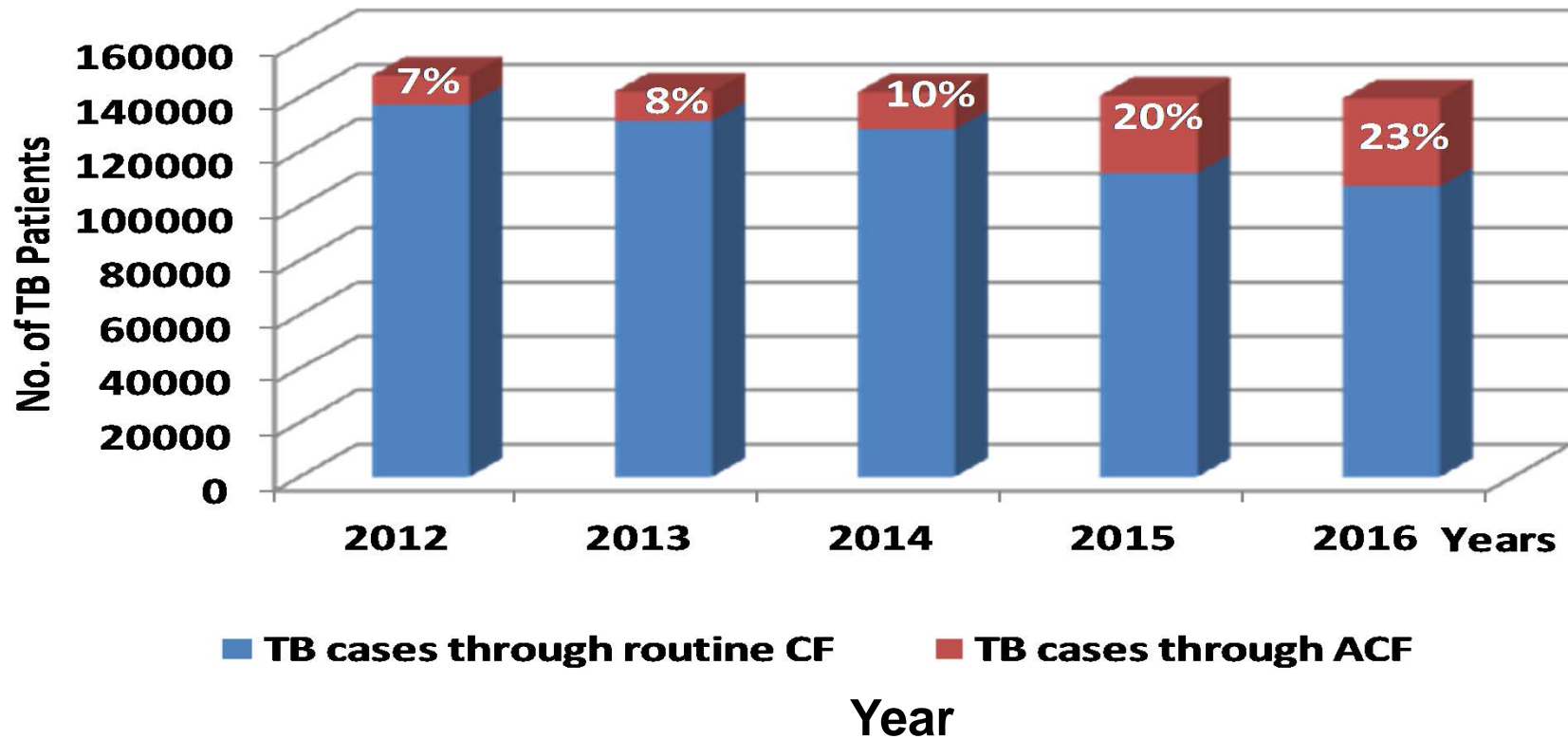
- Cured
- Failed
- Died
- Completed
- Lost to follow-up

Update on Shorter Regimen

- Approved from National Expert DR-TB Committee
- Pilot programme started in June 2017 (200 patients)
- Second line LPA and first line DST for Ethambutol and Pyrazinamide
- Regimen

Accelerated Case Finding

Contribution of ACF to total Case Notification (2012-2016)



Contribution of ACF (2016)

Activities	Number of TB Patients
CBTBC	19769
Initial home visit & contact tracing	890
Sputum Collection Centre	180
Mobile Team	5004
TB screening in PPM hospital (OPD)	756
TB screening in Pregnant and lactating mother	985
TB screening in under 5 children	4585
Total	32169

**National contribution --- 23%
(32169/139625)**



TB mobile team activity at hard-to-reach area



**Launching Ceremony on
“End TB strategy & National TB Strategic Plan (2016-2020)”
13th October 2016**

Vision, Goal and Objectives on Ending TB in Myanmar

Vision: Myanmar free of TB

Zero deaths, disease and suffering due to TB by 2050

Goal: End TB epidemic in Myanmar

Fewer than 10 cases per 100,000 population by 2035

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

Objective 2:
fully integrate TB prevention and care in Universal Health Coverage

Objective 3:
enhance the prevention of TB, particularly for high-risk populations

Strategic Directions and Key Interventions of National Strategic Plan (2016-2020)

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. Prevent transmission and the emergence of active TB
- 1.4. Intensify targeted action(s) to reach marginalized and at-risk populations
- 1.5. Implement a robust communication strategy, extending from policy makers to patient education
- 1.6. Engage all care providers, including NGOs and the private sector, in appropriate TB diagnosis and care
- 1.7. Promote and strengthen community engagement
- 1.8. Joint TB and HIV programming to enable decentralized and integrated services for TB and HIV

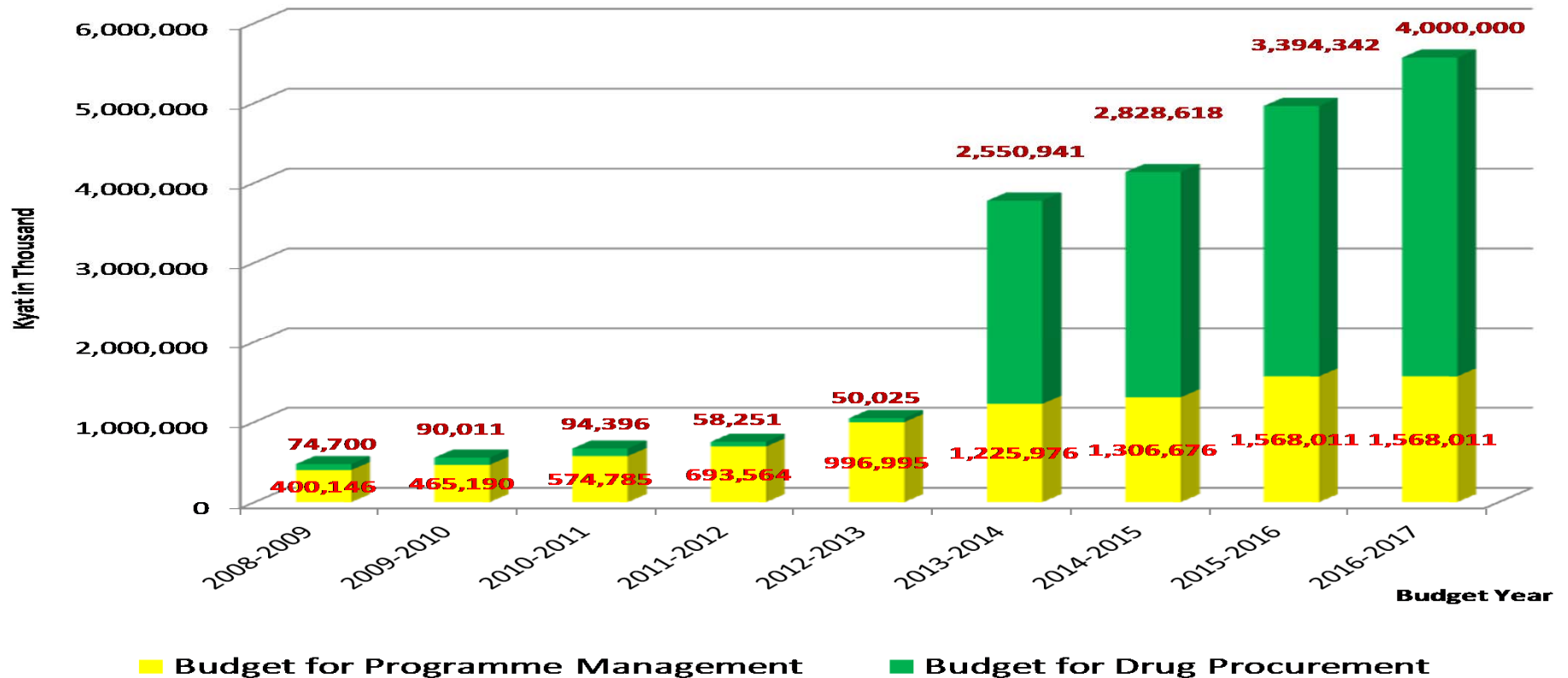
Strategic Direction II: Bold Policies and Supportive Systems

- 2.1. Secure human and financial resources for implementation of the NSP
- 2.2. Promote a coordinated and multi-sectoral response and policy development
- 2.3. Ensure inclusion of TB in UHC and wider economic development plans and activities (social protection)
- 2.4. Ensure a stable and quality-assured supply of drugs, diagnostic tests and commodities
- 2.5. Human resources for health

Strategic Direction III: Intensified Research and Innovation

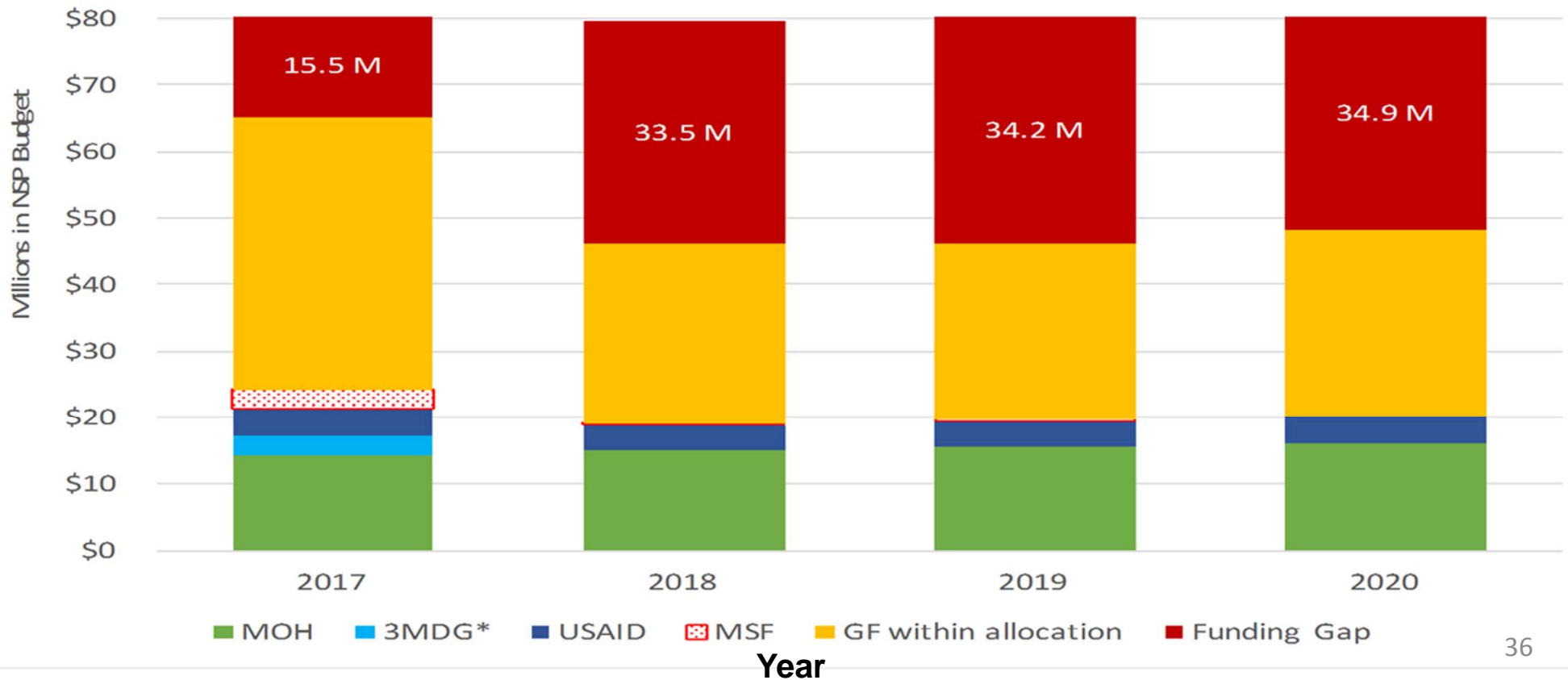
- 3.1. Implement the prioritized research agenda
- 3.2. Enhance evidence-based programme monitoring and implementation

National Response: Government Budget for NTP (2008-2009 to 2016-2017)



Funding Gap (2017-2020)

Estimated contributions of major funding agencies and funding gap against NSP budget 2017-2020



Challenges

- Funding sustainability beyond 2020
- HR necessity and staff motivation
- Gap in overall case detection for Drug Sensitive TB (26%)
- Gap between notified and enrollment of MDR-TB (21%)
- Lab Capacity & additional infrastructure/maintenance
- Infection control measures
- Reaching to the un-reached – Accessibility (UHC)

Future Plan

- Strengthening existing activities including ACF, TB/HIV & PMDT
- Strengthening TB laboratory capacity & Infection control measures
- Implementation of e-based R & R system for both DSTB & DRTB
- Epidemiological surveys (National TB Prevalence Survey & 4th Nationwide DRS)
- Implementation research after identifying prioritized research areas



THANK YOU