



National Hepatitis Control Program

Central Epidemiology Unit

Department of Public Health

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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.

National Hepatitis Control Program

Simplified programmatic approach follows
4 recommended key axes

**Axis 1: Increasing awareness for policy makers,
health professionals, donors and stakeholders**

Axis2: Evidence based policy and advocacy

**Axis 3: Prevention of transmission:
Primary, Secondary & Tertiary**

**Axis 4: Screening, care and
treatment**

Disease Burden of Viral Hepatitis

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

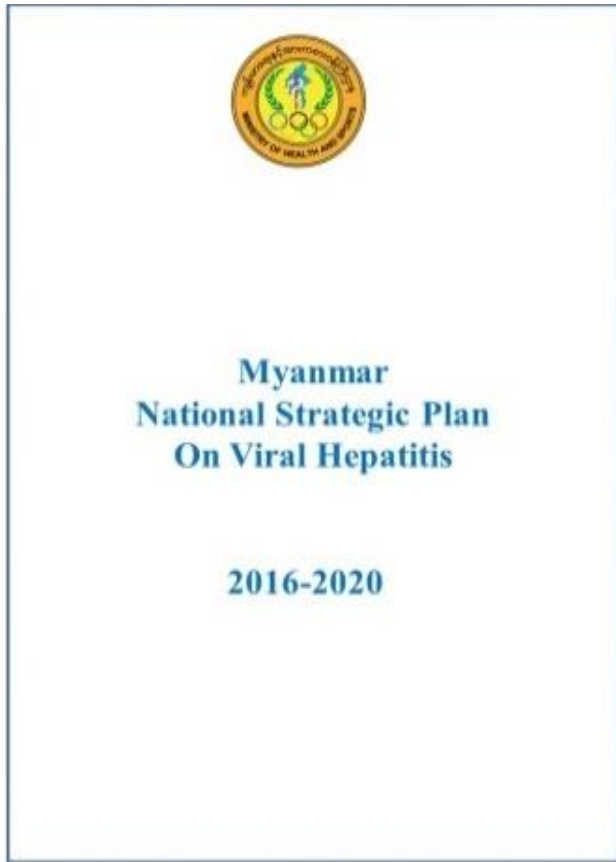
* DMR National survey (2015)

** Annual report of National Blood Bank (2015)

IBBS study among PWID (2014)

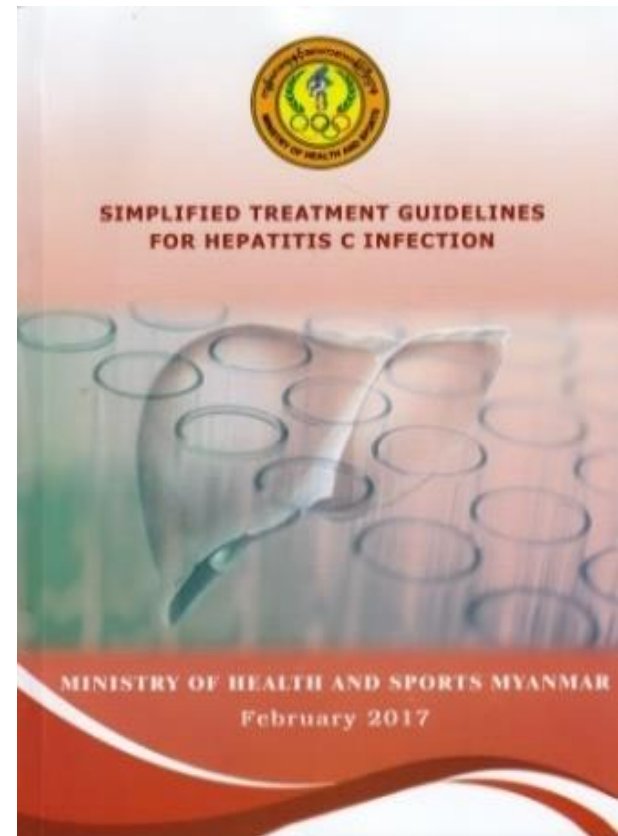
Myanmar's approach to elimination of VH

- 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



Myanmar National Strategic Plan on Viral Hepatitis

Simplified Treatment Guidelines for Hepatitis C Infection



National Strategic Framework

Vision: To free from viral hepatitis by halting transmission while those living with hepatitis has 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

Framework for action: Universal Health Coverage, Continuum of Care and Public Health Approach

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

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

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 Okkalapa General Hospital
- Thursday - Waibargi Specialist Hospital

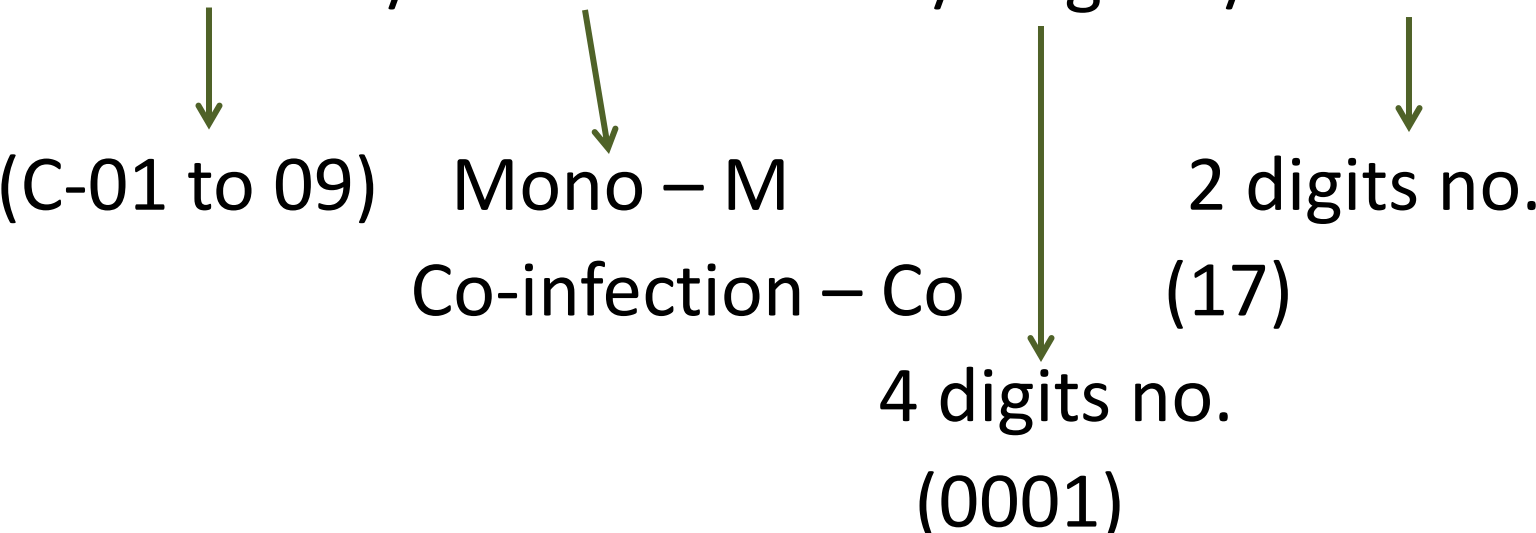
Samples will be sent to PHL (Mandalay)

- 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
Co-infection – Co 2 digits no.
4 digits no. (17)
(0001)

Example: **C-01/ M/ 0001/ 17**

Treatment quota for each hospital in Phase 1

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

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 as 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

Thank you
for your
kind attention!