NATIONAL TUBERCULOSIS PROGRAMME

MYANMAR

ANNUAL REPORT

2015

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Abbreviations

ACSM	Advocacy, Communication and Social Mobilization
AD	Assistant Director
AFB	Acid-Fast Bacilli
AIDS	Acquired Immunodeficiency Syndrome
ARTI	Annual Risk of Tuberculosis Infection
BCG	Bacille Calmette Guerin
BHS	Basic Health Staff
CBTC	Community-based TB Care
CDR	Case detection rate
CNR	Case notification rate
DD	Deputy Director
DOH	Department of Health
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment Short Course
DST	Drug Sensitivity Testing
ELISA	Enzyme-Linked Immuno-solvent Assay
EPI	Expanded Programme of Immunization
ETB	Ethambutol
EQA	External Quality Assessment
FDC	Fixed-dose combination
FLD	First Line Anti-TB Drug
FHI 360	Family Health International 360
FM	Fluorescence Microscope
GDF	Global Drug Facility
GF	Global Fund
GLC	Green Light Committee
GPs	General Practitioners
HIV	Human Immunodeficiency Virus
HA	Health Assistant

HSS	HIV Sentinel Surveillance
HFN	High False Negative
HFP	High False Positive
IEC	Information, Education, Communication
INH	Isoniazid
IOM	International Organization for Migration
IPT	Isoniazid Preventive Therapy
IUALTD	International Union Against Tuberculosis and Lung Disease
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitude and Practice
LHV	Lady Health Visitor
LQAS	Lot Quality Assurance Sampling
LFN	Low False Negative
LFP	Low False Positive
LPA	Line Probe Assay
MDR-TB	Multidrug- resistant tuberculosis
MDGs	Millennium Development Goals
MGIT	Mycobacterium Growth Indicator Tube
MMA	Myanmar Medical Association
MMCWA	Myanmar Maternal and Child Welfare Association
MO	Medical Officer
MOHS	Ministry of Health and Sports
MHSCC	Myanmar Health Sector Coordinating Committee
MWAF	Myanmar Women's Affair Federation
MRCS	Myanmar Red Cross Society
MSF	Medecins Sans Frontieres
MWs	Midwives
NGOs	Non Governmental Organization
NAP	National AIDS Programme
NHL	National Health Laboratory
NTM	Non-tuberculous Mycobacteria

NTP	National Tuberculosis Programme
NTRL	National Tuberculosis Reference Laboratory
PHS II	Public Health Supervisor II
PSI	Population Services International
QC	Quality Control
RHC	Rural Health Centre
SCC	Short Course Chemotherapy
SOP	Standard Operational Procedure
STLS	Senior Tuberculosis Laboratory Supervisor
SDGs	Sustainable Development Goals
TL	Team leader
TOT	Training of Trainers
TSG	Technical Strategic Group
TMO	Township Medical Officer
TMOs	Township Medical Officers
UTI	Union Tuberculosis Institute
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	Extensively Drug Resistant Tuberculosis
3MDG	Three Millennium Development Goal Fund
3DF	Three Diseases Fund

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1. INTRODUCTION

Tuberculosis (TB) is one of the major public health problems in the world including Myanmar. Myanmar is one of the 30 high TB/TB/HIV/MDR-TB burden countries.

Taking the results of a nationwide TB prevalence survey (2009-2010) into account, World Health Organization (WHO) estimated in its Global TB Report 2015 that TB incidence in Myanmar was 369 per 100,000 population and TB prevalence was 457 per 100,000 population in 2014.

National Tuberculosis Programme (NTP) is functioning with 17Regional/State TB centers and 101 vertical TB teams. The NTP covered all 325 townships with DOTS strategy in November 2003 and all 330 townships including five new townships established in NayPyiTaw Union Territory in 2011. "Stop TB Strategy" was introduced in 2007 aiming to achieve the targets linked to the Millennium Development Goals (MDGs) by 2015.

The diagnosis of TB is primarily based on direct sputum smear microscopy. External Quality Assurance System (EQAS) for sputum microscopy has been introduced in Myanmar since 2006. At the end of 2015, 516 public and private laboratories were under EQA. NTP has introduced Fixed Dose Combinations (FDC) of first-line anti-TB drugs since 2004 and started using patient kits in 2010, as per WHO recommended treatment guidelines. Basic Health Staffs (BHS) closely supervise TB patients to take anti-TB drugs.

A pilot project for the management of MDR-TB was begun in July 2009 and has experienced great success. In order to address the high burden of MDR-TB in the country, the pilot project was expanded with the support of the Global Fund to fight AIDS, Tuberculosis and Malaria. By the end of 2015, MDR-TB diagnosis, treatment and care services were scaled up to 108 townships and entire Yangon Region was covered by MDR TB management. The rapid diagnostic test known as Gene-X-pert was introduced in 2011 and by the end of 2015 operational in 48 sites, mainly at Regional/State and District TB centers.

Regarding TB/HIV collaborative activities, the National TB/HIV coordinating body, organized in 2005, was reformed in 2012. TB/HIV collaborative activities were initiated in 7 townships in 2005 and scaled up to 236 townships in 2015. Under the surveillance system of National AIDS Programme (NAP), HIV sentinel surveillance (HSS) among new TB patients has been initiated in 5 townships since 2005. HSS townships are gradually expanded and reached to 28 in 2014. According to 2014 HSS, HIV prevalence among new TB patients was 8.5%. HSS has been planned to carry out once every two year since 2014.

Public-Public Mix DOTS activities have been implemented in four public general hospitals since 2007 with the support of Three Diseases Fund (3DF). NTP gradually scaled up to 24 public hospitals in 2015 with the support of the Global Fund (GF). Public-Private Mix DOTS activities have also been initiated since 2004-2005 in collaboration with NTP, Myanmar Medical Association (MMA) and Population Services International (PSI). Till the end of 2015, PSI implemented PPM DOTS activities with scheme III in 199 townships and MMA in 37 townships across the country.

Community-based TB care (CBTC) activities have been implemented by four local non-governmental organizations (NGOs) and six international NGOs (INGOs) since 2011 with the support of the GF. The Three Millennium Development Goals Fund (3MDG) has funded CBTC activities through 4 INGOs and 2 local NGOs since 2014.

NTP implemented TB control activities in line with the five-year National TB Strategic Plan in order to achieve the global targets and the MDGs. In 2015, NTP achieved a Case Detection Rate (CDR) of 81% and a Treatment Success Rate (TSR) of 85%. Myanmar NTP also achieved the MDG goals of halving TB prevalence and TB mortality in 2015 from 1990 situation.

2. OBJECTIVES OF NTP

General objectives

- To reduce the mortality, morbidity and transmission of TB, until it is no longer a public health problem
- To prevent the development of drug resistant TB
- To have halted by 2015 and begun to reverse incidence of TB

Specific Objectives

The objectives are set towards achieving the MDGs, 2015.

- To reach the interim targets of halving TB deaths and prevalence by 2015 from the 1990 situation. (MDGs, Goal 6, Target 6.c, Indicator 6.9)
- To reach and thereafter sustain the targets - achieving at least 70% case detection and successfully treat at least 85% of detected TB cases under DOTS (MDGs, Goal 6, Target 6.c, Indicator 6.10)

NTP applied the five-year Strategic Plan (2011-2015) according to the National Health Plan and Stop TB Strategy with financial and/or technical support of the government as well as WHO, the Global Drug Facility (GDF), UNITAID, the Global Fund, Japan International Cooperation Agency (JICA), United States Agency for International Development (USAID),the Union and 3MDG.

There are **six components** in the Stop TB strategy:

1. Pursue high quality DOTS expansion and enhancement
2. Address TB/HIV, MDR-TB and the needs of poor and vulnerable populations
3. Contribute to health system strengthening based on primary health care
4. Engage all care providers
5. Empower people with TB and communities through partnership
6. Enable and promote research

The end of 2015 marks the end of the MDG and Stop TB Strategy eras. In 2016, NTP is planning to set up the post 2015 development framework of Sustainable Development Goals (SDGs) and End TB Strategy. Its vision is a world free of TB and goal is to end the global TB epidemic. There are three pillars and 10 components in The End TB Strategy as follow;

1. **Integrated patient-centered care and prevention**
    A. Early diagnosis of TB including universal drug-susceptibility testing, and systematic screening of contacts and high risk groups
    B. Treatment of all people with TB including drug-resistant TB and patient support
    C. Collaborative TB/HIV activities, and management of co-morbidities
    D. Preventive treatment of persons at high risk, and vaccination against TB

2. **Bold Policies and supportive systems**
    A. Political commitment with adequate resources for TB care and prevention
    B. Engagement of communities, civil society organizations, and public and private care providers
    C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
    D. Social protection, poverty alleviation and actions on other determinants of TB

3. **Intensified Research and Innovation**
    A. Discovery, development and rapid update of new tools, interventions and strategies
    B. Research to optimize implementation and impact, and promote innovations