

## BURMA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Burma FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 budget. It was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

Burma is one of thirty countries designated as high-burden for TB, multidrug-resistant TB (MDR-TB), and coinfection of TB/HIV by the World Health Organization (WHO).<sup>1</sup> The most recent TB prevalence study, conducted in 2017-2018, indicates that the overall TB incidence declined by 35 percent since 2009-2010. Burma is one of the countries that is on track to achieve the WHO 2020 End TB strategy milestone of reducing TB incidence by 21 percent and has already exceeded the milestone of reducing the absolute number of TB deaths by 42 percent between 2015 and 2020.<sup>2</sup> While great progress has been made on TB elimination efforts, TB remains a leading cause of morbidity and mortality in Burma. In 2020, of the estimated 167,421 TB cases, 103,373 cases (61.7 percent) were notified to the NTP; and of the estimated 10,000 MDR-TB cases, only 2,368 were notified.<sup>3</sup> Of the total notified TB cases, 13 percent were children, 31 percent were women, 56 percent were men, and 8.5 percent (among those with known HIV status) were TB/HIV co-infected.<sup>4</sup> According to data available from the NTP, the Yangon region continues to have a higher prevalence of TB than the rest of the country. Additionally, while the number of MDR-TB cases detected remains far below the estimated incidence, more than 40 percent of new MDR-TB cases are being detected in Yangon.

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent decline. In Burma, there was a 23 percent decline in TB case notifications and a 19 percent decline in DR-TB case notifications in 2020, compared to 2019. Further, as a result of COVID-19-related restrictions, health services including TB resources were redirected and people with TB, including undiagnosed people, were unable to seek diagnosis and care. As outlined in this Roadmap, USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time, and to build more resilient TB programming.

---

<sup>1</sup> World Health Organization. *Global Tuberculosis Report, 2021*.

<sup>2</sup> Ibid.

<sup>3</sup> World Health Organization. *Global Tuberculosis Report, 2021*.

<sup>4</sup> Ibid.

In addition to the COVID-19 pandemic, the February 1, 2021, coup d'état also compromised health service delivery writ large in Burma, including the provision of TB services. The current political situation has dramatically altered the TB landscape. This year's TB Roadmap responds to the current situation, assuming persistence of a status quo that will reduce U.S. Government support for, and partnerships with, public sector institutions and facilities. This poses a challenge in a country where TB diagnostics and care have historically been provided mostly through the public sector. This also presents a serious challenge for DR-TB care, as the vast majority of DR-TB testing and treatment services were previously provided by public sector clinics. Diversification of service delivery is a top priority, both in the for-profit private sector and through non-governmental organizations (NGOs). In light of the political situation in Burma, the Mission will expand its support for service delivery through NGOs, including local and international NGOs, ethnic health clinics, and private providers. Limited technical assistance will be provided to governmental facilities and institutions.

The proposed FY21 USAID TB budget for Burma is \$12 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB diagnosis*

Rapidly expanding the diagnostic network for both drug susceptibility and DR-TB, including scaling-up access to Xpert<sup>®</sup> MTB/RIF (GeneXpert), Truenat<sup>®</sup> (Truenat), and Chest X-ray (CXR), is a key priority highlighted in the country's National Strategic Plan (2021-2025). Since 2016, USAID has provided support to the National TB Reference Laboratory (NTRL) to expand implementation of drug-susceptibility testing (DST) and the Laboratory Quality Management System (LQMS), while also providing technical assistance (TA) to improve quality of CXR across the country, and pilot new diagnostic algorithms for testing all individuals with presumptive TB with GeneXpert in the high MDR-TB burden townships of Yangon. Moving forward, USAID will prioritize TB case detection to recover progress lost due to the COVID-19 pandemic and coup d'état.

With FY 2021 funds, USAID will support the expansion of the TB diagnostic network through NGOs and the private sector, including the scaling-up of TrueNat, GeneXpert machines, CXR, and computer-assisted diagnostics (CAD) in remote and hard to reach areas as well as in highly urbanized areas. USAID will also support activities aimed at increasing pediatric TB diagnosis through the scaling-up of stool-based GeneXpert testing. Special focus will be placed on expanding the private, for-profit sector's role in TB diagnosis with the creation of a network of private

laboratories and hospitals that perform GeneXpert testing and forging agreements with mining companies to facilitate active case finding (ACF) among employees and the surrounding community.

To address the decrease in TB case notification, USAID will scale up ACF social mobilization campaigns in large cities; reintroduce Finding TB cases Actively, Separating safely, and Treating effectively (FAST) strategy activities in hospitals, and mobile outreach testing. To further address the impact of COVID-19 on TB services, USAID will expand dual and integrated diagnostic networks including establishing simultaneous testing for COVID-19 and TB, optimizing the sample transport system, particularly in remote areas, for both diseases, and developing a system for monitoring laboratory instruments in remote areas and reporting instant results. Supporting continuity of safe access to diagnostics amidst the COVID-19 emergency and political unrest will be a key crosscutting focus.

### *Engaging all care providers*

Given the expansive private sector in Burma, engaging non-government and private providers, including ethnic health organizations (EHOs) and ethnic and community-based health organizations (ECBHOs), in the provision of TB service delivery is a priority, as is partnering with the private sector to increase mandatory case notification and to explore opportunities for expanding diagnostic access. Moving forward, USAID will capitalize on past successes and further expand partnerships with local pharmacies (including private pharmacies and drug sellers) and pilot a new digital tool for TB referrals. With FY 2021 funds, USAID will improve access to, and help reduce costs of, diagnostics (including GeneXpert, TrueNat, and CXR) in the private sector by establishing a private sector consortium to create bargaining power among members for the procurement of TB laboratory instruments and reagents. USAID will support consortium members to establish connectivity solutions and will help build the capacity of private sector laboratories through TA for quality control and establishment of a digital monitoring system.

### *Community TB care delivery*

In 2022, USAID will continue strong partnerships with community-based organizations in large cities and hard-to-reach, underserved areas, support the provision of resources to community-based clinical service providers, including charity clinics and EHOs, to improve case finding and referrals, care-seeking behavior, address stigma, and empower people living with or affected by TB to demand quality services. USAID will continue to support the implementation of ACF in hard-to-reach, conflict-affected areas across nine states and regions through community-based case

finding, mobile teams, and engagement with EHOs. USAID will integrate COVID-19 and TB screening and testing, through EHOs and local NGOs, by establishing a new, integrated TB-COVID-19 diagnostic algorithm, promoting ACF and contact investigation for both diseases.

## **CURE**

### *Drug-susceptible TB (DS-TB) treatment*

In 2022, due to persisting challenges posed by COVID-19 and the coup, donor-funded TB programs will rely more on NGOs and private providers to provide TB services directly to those with TB and ensure availability of medications and other commodities. USAID will expand opportunities for DS-TB care in NGOs and private sector facilities by expanding the number of NGO-run clinics that offer TB care; expanding digital training platforms to provide training to field-based and clinical staff; assisting NGO clinics with recruitment for providers; and supporting the implementation and strengthening of a TB monitoring and evaluation (M&E) system in the private sector. To improve treatment completion and support in the private sector, USAID will scale up digital treatment adherence technologies and assist in piloting new technologies including SMS reminders and video-based Directly Observed Treatment (VDOT). Further, USAID will provide limited support to the public sector, including TA for dissemination of treatment guidelines, training for providers to support decentralized service provision, and TA and support to scale up use of digital treatment adherence technologies.

### *Multidrug-resistant TB (MDR-TB) treatment*

Burma has made significant progress in scaling-up access to MDR-TB diagnosis and treatment, however, a persistent gap in treatment enrollment continues. In Burma, the majority of DR-TB testing and care services are provided by the public sector. Given the current political situation, most clinics are not operational. To address the general treatment enrollment and other gaps, USAID will provide limited support to the NTP to update and disseminate DR-TB guidelines, policies, and strategies at national and sub-national levels; complete the transition to oral regimens (shorter and longer) nationwide; adopt recent WHO treatment guidelines; provide capacity building on clinical and programmatic management of DR-TB; assist the NTP in implementing the bedaquiline, pretomanid, and linezolid (BPAL) regimen; scale up digital adherence technologies (DATs); and strengthen the M&E system. To strengthen TB, including DR-TB, care, and service delivery in the private sector, USAID will support NGOs and private healthcare providers to increase their DR-TB capacity through training and mentoring of staff. To improve adherence to DR-TB treatment, and overall quality of care, USAID will: scale up and strengthen aDSM

implementation nationwide, assist with implementation of the approved DR-TB care package, strengthen linkages and communication between diagnostic and DR-TB sites, implement all-oral regimens in the private sector, and scale up DATs in the non-governmental sector.

## **PREVENT**

### *Prevention*

TB Preventive Treatment (TPT) coverage continues to remain at an unacceptably low level. In 2020, national policy expanded TPT target groups to include all adolescents and adult household contacts of bacteriologically-confirmed TB cases, but providers require training to properly implement this policy change. In the public sector, USAID will support: a pilot for implementing a TB infection (TBI) screening algorithm and contact investigation at the township level; awareness and education campaigns through community- and civil-society organizations for TBI screening and TPT demand creation; and provide TA to the NTP in rollout and scale up of TPT, improving contact investigation protocols, and strengthening national reporting systems. In the private sector, USAID will: promote TBI screening and TPT provision among private providers through training and education on TBI screening algorithms; pilot contact investigation and TPT initiation activities; and assist in the development of a M&E system to better track TBI and TPT activities.

## **SUSTAINABLE SYSTEMS**

### *Commitment and sustainability*

A key USAID priority is to support a more inclusive and accountable Burma, including through efforts to strengthen the health system, by empowering health system actors (i.e., public and private sectors and civil society, including faith-based organizations) and supporting responsive goods and services targeting underserved and marginalized groups. USAID has made key contributions toward engaging these actors to contribute to a cross-sectoral, national effort to end TB in Burma. Given the limitations of the current political situation, USAID is working diligently with in-country and international partners, as appropriate, to help countries mitigate and recover from the impact of COVID-19 and ensure equitable access of TB care and services to all.

### *Capacity and functioning systems*

To achieve the country's ambitious TB targets, strengthening of procurement and supply chain systems, health management information systems, and the health workforce are important priorities. USAID will continue to support the Ministry of Health and Sports (MOHS) in ensuring a secure supply chain of commodities at all levels by providing TA to support operationalization

of the supply chain strategy, including strengthening use of the electronic logistics management information system (LMIS) in the public and private sectors and regular supply monitoring and early warning stock-out systems. As is the case in the other technical areas, with FY 2021 funds, USAID will focus on strengthening monitoring, evaluation, and reporting systems for private sector providers. To strengthen the health workforce and address gaps in the workforce created by the coup, USAID will work with NGOs, the private sector, and international donors to fill the gaps. For example, USAID will build the capacity of private providers and EHO staff by providing training opportunities.