



BURMA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Burma FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. To ensure that the FY23 Roadmap appropriately addresses challenges in the TB program, USAID consulted Civil Society Organization (CSO) members and private sector providers to understand their perspectives on issues and problems they face, to gather ideas on new approaches, and to discuss the feasibility of potential partnerships.

In 2021, the estimated TB incidence in Burma was 194,000 and an estimated 36,000 people died from TB in 2021. In 2021, Burma notified 64,410 incident TB cases, of which, a total of 1,679 individuals were diagnosed with drug-resistant TB (DR-TB), and 1,448 (86 percent) were put on treatment.

Burma's national TB control strategy (NSP) is aligned with the World Health Organization's (WHO) End TB Strategy and is outlined in the NSP for TB 2021-2025. The NSP aims to end the TB epidemic in Burma by reducing TB incidence to fewer than ten cases per 100,000 by 2035 and reducing TB incidence by 50 percent by 2025.

The NSP clearly defines five strategic directions. The strategic direction outlines approaches and interventions to achieve universal access to high-quality TB diagnosis, treatment, care, and prevention services for all, including high-risk populations. A key strategy is advancing affordable health care, decentralization, and integrating basic TB services into primary care facilities. The strategic direction also focuses on strengthening health systems to support expansion and eliciting a multisectoral response, including financial and social protection for people with TB and their families. It also includes plans to enhance program performance through innovation and research, in addition to program monitoring and evaluation to measure progress for each of the five strategic directions. The National TB Control Program (NTP) prioritizes TB prevention through outreach to high-risk populations, early detection, and treatment, scale-up of TB Preventive Treatment (TPT) among all eligible populations, and a focus on the Yangon region to address the multidrug-resistant TB (MDR-TB) crisis.

The proposed FY2022 USAID TB budget for Burma is \$12 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Burma has yet to regain its case detection levels from 2019. In FY23, USAID will support the following activities to regain the case detection level:

- Prioritize TB case finding and treatment initiation and allocate a significant portion of funds to these activities.

- Program activities at the national level to provide limited support to the NTP and for Yangon, given the opportunity for recovery and the epidemiological significance for the region.
- Scale-up TB case finding activities in the public and private sectors by supporting intensified TB case finding (ICF) in health facilities and active case finding (ACF) in communities via mobile and outreach teams. Support will focus on updating national guidelines, providing training and site supervision, and scaling up best TB case finding practices in remote areas in partnership with Ethnic Health Organizations (EHOs).
- To improve TB diagnostic capacity, support expansion and adaptation of a new diagnostic algorithm that uses Chest X-Ray (CXR) and GeneXpert TB test (GX MTB/Rif) among presumptive TB cases.
- Assist the NTP in piloting the use of computer aided detection/artificial intelligence (CAD/AI) technologies for CXR as a screening and diagnostic tool; expand the installation of digital CXR machines.
- Provide training and capacity building to NTP and non-governmental organization (NGO) staff and assist with TB/DR-TB case detection among children by piloting GX testing of stool samples and nasopharyngeal and gastric aspirates.
- Engage with public hospitals outside the NTP network and private facilities for CXR referrals; supplement referral activities with active case finding and treatment initiation through mobile teams in high TB prevalence townships.
- To increase TB case finding, support mobile outreach teams will provide screening and testing via CXR and GX, expand the installation of CXR, including portable ones, and pilot the implementation of TrueNat tests.

Engaging all care providers

USAID's extensive engagements with NGOs resulted in more individuals being screened for TB in NGO clinics and private facilities and referred for TB treatment in public facilities or enrolled in appropriate care outside of the public sector in 2021 and early 2022. With FY22 funds, USAID will continue advocating for and providing technical assistance (TA) to public facilities to implement enhanced ACF, scale-up CXR and GX for all individuals presumptive of TB, improve symptom screening, and consider a "screen all" approach in selected sites pending cooperation from the national and regional authorities. In addition, USAID will provide TA and work with the Myanmar Private Hospital Association (MPHA) to increase DR-TB screening by installing DR-TB diagnostic tools in member hospitals. USAID will work with private pharmacies to continue referrals of suspected TB cases and scale-up in additional sites.

Through collaboration with the Myanmar Medical Association (MMA) and Myanmar Anti-TB Association (MATA), USAID will support independent general physicians (GPs) and private hospitals to provide screening for TB and initiate treatment for drug-susceptible TB (DS-TB) cases. USAID will also work with CSOs to increase patient referrals and expand advocacy



campaigns. USAID has already identified promising partners to drive scale-up in the private sector, including the MPHA and the Sea Lion Group, a large commercial sector player, to expand TB diagnosis services. USAID will strengthen these relationships throughout the remainder of 2022 to lay the groundwork for this Roadmap.

Community TB care delivery

Community-based interventions for TB case finding and delivery of TB care have long been prominent features of Burma's national TB response. In selected sites, up to a third of all TB cases have historically been diagnosed via community health clinics, local NGOs, and community and ethnic groups. During the FY23 Roadmap development, consultations with CSOs identified the key activities to strengthen community-based interventions during FY23 implementation:

- USAID will work with health CSOs and charity clinics to introduce community-led TB service packages, including peer outreach, adherence counseling, and psycho-social support to improve access to services for patients and to find missing cases.
- Identifying peer outreach counselors to mobilize for TB and DR-TB contact investigation and facility referrals.
- USAID will continue to support and expand TB screening and delivery of DS- and DR-TB care by deploying mobile health teams to remote and rural areas of the Yangon region.

CURE

Drug-susceptible TB (DS-TB) treatment

Systems for TB drug quantification, distribution of commodities, and delivery of TB care also experienced disruptions in operations because of COVID-19 and the ongoing political crisis. In FY23, USAID will build upon prior CURE activities to continue to scale-up services in non-government facilities, increase linkages with private partners, and procure GX XDR-TB diagnostics. USAID will expand digital training platforms to prepare field-based healthcare staff and volunteers, assist NGO clinics to recruit TB service providers, and support community-based clinics to expand services in remote areas for TB screening and treatment. Clinical staff will be trained on new TB policies and regulations in the private sector. Finally, the NTP's M&E system, which captures DS-and DR-TB treatment data, will be supported through limited and focused TA. USAID will also support decentralized TB care services at the community level and affected individual groups to improve adherence to treatment for their clients. USAID will continue supporting the application of digital treatment adherence technologies (DAT), such as 99DOTS, expand to new treatment sites, and pilot new tools when available.

Multidrug-resistant TB (MDR-TB) treatment

There are enrollment gaps in treatment regimens at many DR-TB sites across the nation and challenges with the delivery of DR-TB services and adherence support. Other challenges



identified include the implementation and scale-up of all-oral regimens outside of the Yangon region, expansion of Active Drug Safety Monitoring and Management (aDSM), and inconsistent quality of DR-TB services in NGOs and private sector facilities.

In 2023, USAID will provide limited TA to the NTP and public sector facilities to ensure all DR-TB patients receive appropriate all-oral regimens nationwide. With USAID support, the national DR-TB guidelines will be updated. USAID will also support three NGO-led DR-TB treatment centers in the Yangon region and one in Mandalay to improve access to DR-TB care for individuals in high-burden sites and increase treatment adherence and overall quality of care. USAID will raise awareness among community members and local NGOs of the importance of and options for DR-TB care; scale-up implementation of the DR-TB care package in hard-to-reach areas; and advocate for expansion of remote clinics and treatment sites at the community level to improve access to care.

PREVENT

Prevention

Despite the update of TB Infection (TBI) guidelines in 2020, TPT uptake continues to be low. In 2019, only 1,226 children under five were provided with TPT, increasing to 2,139 in 2020. In 2021, due to the COVID-19 pandemic and the ongoing political situation, TPT uptake reduced drastically to 543. USAID will address challenges and barriers related to TPT uptake; provide TA and capacity building to different TPT service cadres for scale-up in public and private sectors; advocate for the expansion of groups eligible for TPT; assist the NTP in updating national guidelines; conduct staff training and mentoring; advocate for annual screenings of health workers; support social media campaigns to raise TBI and TPT awareness among the community; and assist in symptom screening of all household contacts of index TB cases by symptom screening and CXR CAD.

SUSTAINABLE SYSTEMS

Commitment and sustainability

USAID has a long-standing commitment to supporting a more inclusive and accountable Burma by empowering health system actors, along with a public, private, and civil society that includes EHOs, and encourages more responsive goods and services targeting under-served and marginalized groups. After launching the Global TB Accelerator, USAID worked closely with the NTP to implement priority actions and necessary steps.

Capacity and functioning systems

USAID supported the Ministry of Health (MOH) by providing virtual trainings to NTP and National TB Reference Laboratory (NTRL) officials on the electronic Logistics Information Management System (eLMIS) for stock and commodity security. In 2023, USAID will continue



supporting the MOH, where possible, given staffing levels, to help first and second-line anti-TB drugs and laboratory commodity quantification, prevent stock-outs, and secure distribution of medicines, diagnostics, and supplies at all levels. USAID will support regular supply monitoring and stock out early warning systems for TB lab, DS-TB, and MDR-TB treatment commodities. Additionally, USAID will liaise with other NGOs, EHOs, and private sector providers to initiate the eLMIS system for the private sector, in line with the public national eLMIS system.

Research

During the 2023 TB Roadmap development process, USAID engaged with new potential private sector partners, including the MPHA and private healthcare investors such as the Sea Lion Group, to assess their interests in supporting TB control and discuss possible coordination with USAID and other TB stakeholders. To gain a greater understanding of the for-profit private sector, USAID will carry out a landscape analysis to identify engagement opportunities with the private sector; the information obtained from the analysis will be used to develop the five-year action plan on public-private mix (PPM) engagement. USAID will also conduct research and capture lessons learned on innovative treatment approaches and DR-TB treatment initiation in the private sector. USAID will also gather and analyze data and understand how sex and age differences might drive differences in TB diagnosis and treatment.