BURMA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Burma FY 2024 Tuberculosis (TB) Roadmap, implemented with the FY 2023 budget. The roadmap was developed in consultation with national and international partners involved in TB prevention and care in the country and donors.

In 2022, the World Health Organization (WHO) estimated TB incidence in Burma was 475 (312–675) per 100,000 population in 2022, translating to an estimated 257,000 individuals with TB, of which 118,311, or 46 percent, were diagnosed and notified, up substantially from 2021, when only 64,410 notifications were reported. Among those notified in 2022, 63 percent were tested with WHO-recommended rapid diagnostics at the time of diagnosis, and 45 percent were bacteriologically confirmed. In the same year, 2,456 people were notified with rifampicin-resistant/multidrug-resistant TB (RR/MDR-TB), and 234 people were notified with pre-extensively drug-resistant/drug-resistant TB (XDR/XDR-TB); among these, 86 percent and 97 percent, respectively, were initiated on treatment.

Burma's National TB Control Strategy (NSP) for 2021-2025, developed in 2019, aligned with global "End TB" goals and Burma's National Health Plan. However, from 2020-2022, COVID-19 redirected TB resources, and the military coup on February 1, 2021, exacerbated the situation, leading to health service disruptions, notably in TB care. The 2021 Global TB Report underscored the urgent need to revise the NSP, and recommendations from the Global Fund's Joint Program Review in 2023 prompted modifications to the NSP for 2024-2026, prioritizing feasible interventions. Adjusted targets reflect the post-coup challenges. USAID/Burma also adapted its strategies per the revised NSP during the FY 24 TB Roadmap development.

The proposed FY 2023 USAID TB budget for Burma is $15,878,000. With this level of funding, USAID will support the following technical areas:

REACH
TB diagnosis
In FY 2024, USAID/Burma will prioritize TB case finding, detection, laboratory confirmation, and drug susceptibility testing (DST) as continuing priorities, building on the implementation and scale-up of post-COVID achievements in 2022. USAID/Burma plans to provide technical assistance in the following areas:

- Strengthening the National Tuberculosis Program's (NTP's) diagnostic algorithm by prioritizing chest X-ray (CXR) screening followed by GeneXpert (GX) testing, supporting enhanced TB case detection.

- Collaborating with the Global Fund to introduce and scale up new diagnostic tools, including Truenat and whole genome sequencing (WGS), alongside community-led case-

finding models in remote areas, bolstering TB detection efforts. USAID will procure and install GX and Truenat in health clinics to improve access to rapid TB testing.

- Requiring partners to bundle the procurement of new laboratory tools with solar panels and battery sets, ensuring a stable energy supply for TB diagnostics in areas with limited electricity.

- Addressing connectivity issues among molecular WHO Recommended rapid Diagnostic (mWRD) instruments in collaboration with WHO to enhance the efficiency of TB testing.

- Expanding outreach to private providers to improve access to TB testing equipment while advocating for adopting the "Find cases Actively, Separate temporarily and Treat effectively" (FAST) Plus approach for comprehensive TB screening and contact investigation.

- Expanding Rif-resistance and Isoniazid (INH) testing, piloting WGS for those with DR-TB, and enhancing TB drug resistance monitoring and treatment.

- Conducting a thorough analysis of pediatric TB case detection to address gaps in pediatric TB diagnosis and treatment.

Engaging all care providers

In 2024, USAID/Burma will enhance partnerships with public and private healthcare providers, including hospitals, general practitioners (GPs), and diagnostic centers. With increased TB screenings in non-governmental organizations (NGOs), ethnic health clinics, and private facilities in 2022, individuals with TB were referred for treatment in public facilities or received care outside the public sector. However, limited screening and testing capacity persists in private and large public hospitals. Using FY23 funds, USAID will introduce a strategic health purchasing approach to contract private CXR facilities in Yangon for TB screening. Technical support will be provided to aid the expansion of engaging with private providers and establishing a consortium for improved TB detection and treatment. Additionally, USAID will bolster collaboration with private pharmacies to increase case referrals, enhancing capacity and reporting through a digital tool developed in conjunction with district health information system(DHIS) tracker and Viber chatbot for improved service linkage.

Community TB care delivery

To improve strategic partnerships with local, state/region-based health civil society organizations (CSOs) and NGOs, as well as self-help groups and TB-affected people, USAID will expand the TB community network in nine states and regions. USAID will work with local health CSOs, self-help groups, TB survivors, and charity clinics to build community stakeholders' capacity to advocate for individuals with TB's rights to access quality services and

deliver quality community-based TB services where possible. USAID will identify potential celebrity "TB Ambassadors" to improve TB awareness among the general population. USAID will continue collaborating with interested and responsible commercial entities for TB promotion, awareness, and social mobilization activities. USAID continues working closely with other development partners to find ways to support community-level health workers in locations with high-security risks. USAID/Burma will also work with the Bureau of Humanitarian Assistance (BHA) to find a way to collaborate to support internally displaced persons (IDPs).

CURE

Drug-susceptible TB (DS-TB) treatment

With FY 2023 funds, USAID/Burma will prioritize technical assistance and service delivery support to high-burden states and regions, including Yangon, Mandalay, Bago, and Ayawardy, as these regions comprise almost 50 percent of the DS-TB and 35 percent of the TB/HIV burdens in the country. Also, USAID will provide targeted technical assistance to the NTP at the national level for services related to drug quantification and diagnostic and treatment guideline development. For treatment delivery, USAID will expand digital adherence technologies in focused states and regions to include more partners in its implementation. USAID will initiate DS-TB care delivery for IDPs and mobile populations, focusing on townships in Yangon and border regions. USAID will support service delivery and program support for linkages to care for hard-to-reach areas.

Multidrug-resistant TB (MDR-TB) treatment

In 2024, USAID will continue providing technical assistance to NTP and partners for DR-TB care in the public sector. USAID will strengthen the scale-up implementation of short all-oral regimens, including Bedaquiline, Pretomanid, Linezolid, and Moxifloxacin (BpalM) and Bedaquiline, Pretomanid, and Linezolid (BpaL), and all-oral shorter treatment regimen (STR) as priority regimens among eligible individuals. For DR-TB care delivery, USAID will focus on Yangon, Mandalay, Bago, and Ayeyarwady, four regions accounting for almost 70 percent of the country's MDR-TB burden.

USAID will also continue supporting the development of DR-TB strategies, guidelines, policy updates, dissemination, and capacity building. In addition, USAID will support the further strengthening of the implementation of active Drug Safety Monitoring (DSM) for all individuals with DR-TB, including improving the recording and reporting of Serious Adverse Events (SAEs). Moreover, support will be provided for the Programmatic Management of Drug-Resistant Tuberculosis (PMDT) site expansion and to improve functionality status.

During 2024, USAID will continue supporting activities for TB/DR-TB referrals, strengthening linkage to treatment, supporting treatment adherence, and scaling up the DR-TB care package. USAID will specifically focus on townships, especially in Yangon and neighboring regions, with

highly mobile populations and will adopt strategic interventions to address mobility and displacement issues. USAID will continue efforts to initiate and scale up digital adherence technology for DR-TB (V-DOT). For 2024, USAID plans to enroll most individuals with DR-TB on BPaLM/BPaL or nine-month regimens and expand community-based care delivery for 2024.

PREVENT

Prevention

In FY 2024, USAID will strengthen systematic contact investigation among all household contacts through capacity building, technical assistance, and community-based activities, including TB screening among elders and women contacts. USAID will ensure contacts are screened with chest X-rays in both public and non-public sectors, regardless of symptoms, to diagnose TB in the sub-clinical stage. Technical assistance will be provided to introduce and scale up the tuberculosis antigen-based skin test (TBST), recently evaluated by WHO as an accurate, acceptable, feasible, and cost-effective test for TB infection.

In 2024, USAID will invest in awareness-raising and behavior change with community members, caretakers, family members, employers, and public and private service providers to ensure they are aware of the benefits and availability of TB preventive treatment (TPT). USAID will engage with community networks to promote TPT and extend the geographical coverage areas. USAID will ensure TPT initiation with a shorter rifampicin-based regimen (3HP) among adult close contacts, regardless of HIV.

SUSTAINABLE SYSTEMS

Commitment and Sustainability

In 2024, USAID will prioritize supporting WHO in advocating that the National TB Program commit to procuring the first- and second-line anti-TB medicines with domestic funding. USAID will implement and conduct learning for alternative financing mechanisms within the private sector to reduce catastrophic health expenditures, such as strategic purchasing and social contracting approaches. After launching the Global Accelerator to End TB, USAID worked closely with the NTP to implement priority actions and necessary steps. Such cooperation remains paused, given the ongoing political violence and the USG's position not to legitimize the military regime.

Capacity and functioning systems

USAID will continue supporting the Ministry of Health where possible, given staffing levels, to help quantify first- and second-line anti-TB drugs and laboratory commodities, prevent stock-outs, and secure distribution of medicines, diagnostics, and supplies at all levels. USAID will provide TA to support the implementation of the supply chain strategy, particularly the eLMIS, to strengthen data availability, quality, use, and visibility. A key goal will be to leverage the Global Fund and other donor resources to expand and sustain MIS systems. 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, ethnic health organizations (EHOs), and private sector providers to initiate the eLMIS system for the private sector, which aligns with the public national eLMIS system. In addition, USAID will prioritize making anti-TB medicines widely available to the partners' facilities throughout the country by providing TA and advocacy by the WHO to the NTP.

Monitoring and evaluation (M&E) and Health Management Information Systems (HMIS) [and implementation of the Performance-Based Monitoring and Evaluation Framework (PBMEF)]
In 2024, USAID will leverage its support in strengthening the NTP's monitoring and evaluation (M&E) capacity in Yangon, Mandalay, and Sagaing through technical assistance and program support activities. USAID will continue providing technical assistance to NTP in monitoring and supervising DR-TB treatment sites and monitoring and reviewing program data in the Yangon region. In addition, USAID will support M&E activities in three high-burden states and regions to assist with data collection, recording, developing, and managing local M&E databases, analyzing, and reporting every quarter.

Human Resources for Health (HRH)

USAID will provide technical assistance activities to prepare NGOs, EHOs, and CSOs to implement USAID-funded activities. These activities will strengthen the health human resource capital in the non-government private sectors and will support the community in the long run in a sustainable way.