

BURMA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Burma FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 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.

Among the 30 high TB burden countries, Burma is ranked tenth; and among the high multidrug-resistant TB (MDR-TB) burden countries Burma is ranked ninth.¹ The most recent TB prevalence study, conducted in 2017-2018, indicates that the overall TB prevalence declined by 35 percent since 2009-2010. Burma is the only Asian country on track to achieve the World Health Organization's (WHO) 2020 End TB strategy incidence reduction milestone of 20 percent, with an annual reduction of TB incidence of 4.5 percent between 2015-2020.² While great progress has been made on TB control efforts, according to the Institute for Health Metrics and Evaluation (IHME), TB remains a leading cause of morbidity and mortality in Burma. In 2019, of the estimated 174,000 TB cases, 134,501 cases (77 percent) were notified to the NTP; and of the estimated 10,000 MDR-TB cases, only 3,232 MDR-TB cases were notified, of which 2,915 MDR-TB cases were enrolled in treatment.³ Of the total notified TB cases, 18 percent are children, 29 percent are women, 53 percent are men, and less than one percent are TB/HIV co-infected.⁴ 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.

While case detection has increased in recent years to as high as 77 percent of the estimated incidence, the number of missing cases remains significant.⁵ An estimated 4.9 percent of the new TB cases and 18 percent of the retreatment cases are rifampicin resistant (RR-TB) or MDR-TB.⁶ The treatment success rate (TSR) in Burma is high, reaching 88 percent for drug-susceptible TB (DS-TB) and 79 percent for MDR-TB.⁷ Only 45 percent of TB cases notified were bacteriologically-confirmed cases in 2019.⁸ Overall, the TB case fatality ratio is 13 percent.⁹

¹ World Health Organization. Global Tuberculosis Report, 2019.

² Ibid.

³ World Health Organization. Global Tuberculosis Report, 2020.

⁴ Ibid.

⁵ World Health Organization. Global Tuberculosis Report, 2020.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

Burma's National Strategic Plan (NSP) 2021-2025 for TB aims to reduce TB incidence by 50 percent by 2025 and end the TB epidemic in Burma by 2035. This NSP clearly defines the strategies to be implemented and categorizes them within five strategic directions. Three of these strategic directions focus on finding ways to achieve universal access to high-quality diagnostics, treatment regimens, TB care, and prevention services. This will be achieved by providing disproportionately greater inputs into expansion and outreach to high-risk groups and populations through partnerships with all relevant stakeholders; advancing decentralization and integration of basic TB service into primary care level facilities; and addressing and reducing TB catastrophic costs. Another strategic direction focuses on strengthening health systems to support the expansion of a multisectoral response including offering financial and social protection for TB patients and their families. The final strategic direction concentrates on finding opportunities to invest in research and innovative approaches to improve program performance while also emphasizing the importance of establishing monitoring and evaluation systems to continuously measure progress and impact of all five strategic directions.

Additionally, the NTP is working to prevent TB transmission by reaching high-risk populations, ensuring early TB detection and treatment initiation, scaling up TB preventive therapy (TPT) among eligible populations, and focusing on addressing the MDR-TB crisis in Yangon. The NTP recognizes that in order to achieve the ambitious TB targets, an integrated, intersectoral, and multisectoral collaboration approach is crucial.

The proposed FY20 USAID TB budget for Burma is about \$10 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

As stated in the NSP, Burma aims to rapidly expand the diagnostic network for both drug susceptibility and DR-TB, including scaling-up access to both Xpert[®] MTB/RIF (GeneXpert) and Chest X-ray (CXR). Since 2016, USAID has provided support to the National TB Reference Laboratory (NTRL) to expand implementation of drug-susceptibility testing (DST) and 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 TB presumptive patients with GeneXpert in the high MDR-TB burden townships of Yangon. Moving forward, USAID will continue support to NTRL to advance toward accreditation and increase coverage of second-line DST, while also supporting diagnostic network strengthening in priority regions including Yangon and Sagaing. USAID will also expand investments in high-burden and underserved states and regions to strengthen the diagnostic network at the

lowest levels of the health system. Supporting continuity of safe access to diagnostics amidst the COVID-19 emergency will be a key crosscutting focus.

Engaging all care providers

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 for the NTP, as is partnering with the private sector to increase mandatory case notification and to explore opportunities for expanding diagnostic access. USAID has supported the engagement of drug-sellers in 15 townships of the Bago Region, near Yangon, for the past several years, complementing the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) investments, and has supported engagement of private General Practitioner (GP) clinics to support the introduction of mandatory notification and facilitate sputum transport. Moving forward, USAID will continue to support drugstore networks in 12 townships of the Bago Region and provide TA for improving access to CXR. USAID will also initiate an assessment of the private sector's role in TB case finding, treatment, and reporting.

Community TB care delivery

Active case finding (ACF) interventions, including community-based models such as community-based TB care (CBTBC), are contributing to an increasing share of newly diagnosed cases. USAID has made notable contributions to this increase, most recently by supporting ACF in 22 hard-to-reach townships across Kayah, Chin and Sagaing states and continuing to support TB ACF through integrated grants in conflict-affected townships. USAID will prioritize continued implementation of ACF and CBTBC in nine states and regions, including through support to EHOs and ECBHOs. USAID will also engage civil society organization (CSO) networks and provider organizations such as charity clinics in Yangon, Ayeyarwaddy, and Sagaing to improve case finding and referral. Moving forward, USAID will expand TA to NTP both at the central and local level in select geographic areas to refine and scale up CBTBC and ACF models that are more sustainable, cost-effective, and better integrated with local health systems.

CURE

Drug-susceptible TB (DS-TB) treatment

The NSP prioritizes increasing the availability of essential TB services at all levels, including strengthening management of pediatric TB, and through the implementation of new technologies and approaches for ACF and treatment adherence. In the past, USAID support for DS-TB treatment included community-based approaches through volunteers in 22 townships across three states and regions, and additional support across nine states and regions including Yangon. In 2018, USAID also began supporting the

99DOTS digital adherence tool pilot, initially with private GP clinics. Moving forward, USAID will continue to support access to TB treatment and will support the expansion of 99DOTS to selected public sector facilities, and will initiate learning activities to develop evidence on cost-effectiveness and scalability of the 99DOTS in Burma. In addition, USAID will develop programming to support further integration and strengthening of people-centric approaches through the capacity building of providers and community cadres in selected states and regions.

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. The gap is largely attributable to the limited number of DR-TB care facilities and sites. To address this gap, the NTP will expand the number of programmatic management of MDR-TB (PMDT) sites and while also increasing access to new drugs and regimens including the all-oral regimen. USAID plays a key role in supporting MDR-TB programming by: providing TA to develop and roll-out people-centered care models; supporting the introduction of new drugs and regimens including the shorter treatment regimens; and providing the DR-TB Care Package for MDR-TB in Yangon. Moving forward, USAID will continue supporting the Yangon MDR-TB emergency response plan while also building NTP capacity by sponsoring an embedded NTP Senior MDR-TB Technical Advisor. USAID will also support the introduction and piloting of additional patient support interventions including patient counseling services. In short, USAID's key priorities are to provide comprehensive TA to the NTP at the central level to support and accelerate the uptake of new regimens and diagnostic protocols; better analyze drivers of the persistent treatment gap; and support expansion of PMDT in selected states and regions.

PREVENT

Prevention

TPT coverage continues to remain at an unacceptably low level. To accelerate progress and uptake of TPT the NTP, under the auspice of the new NSP, will work to expand contact investigation and specifically focus on ensuring TPT enrollment for under-five children and adolescent and adult contacts. Additionally, the NTP will undertake implementation research to inform the introduction of the newer, shorter regimen options. USAID recently supported the updating of standard operating procedures (SOPs) for contact investigations, and the subsequent roll-out of new national guidelines nationally. Moving forward, USAID will support community and civil society-focused efforts to raise awareness and demand for screening for TB infections and TPT initiation for all eligible persons, including advocating for expansion of TPT to include adult contacts.

SELF-RELIANCE

Commitment and sustainability

A key USAID priority is to support a more inclusive and accountable Burma, including through efforts to develop the health system, by empowering health system actors – public, private, civil society, and ethnic health organizations (EHO) – and supporting responsive goods and services targeting underserved and marginalized groups. USAID has made key contributions toward private sector engagement and has supported civil society and EHOs TB efforts as part of a cross-sectoral response. Moving forward, USAID will continue to support cross-sector efforts including local organizations. Since 2014, USAID has also supported the development of the last two NSPs and the Global Fund concept notes, which have helped augur significant increases in government financing for TB. Under USAID’s Global Accelerator to End TB, USAID continued collaborating with the NTP to develop this first ever TB Roadmap and to provide input into the new multisectoral accountability framework (MAF), expected to be established under the new NSP. Moving forward, USAID will engage the NTP in developing a Partnership Statement to commit to further working together to end TB in Burma.

Capacity and functioning systems

To achieve the country’s ambitious TB targets, the NSP outlines key priorities in the supply chain, health management information systems, health workforce, and governance and financing. Strengthening and integrating national supply chain systems is identified as a key NSP intervention area; USAID will continue to provide TA to both the Procurement and Supply Management Unit in the Ministry of Health and Sports (MOHS) and to the National Health Laboratory. Under this TA, key priorities include leveraging the Global Fund and other donor resources to accelerate development of a national electronic logistics management information system (eLMIS) for better quantification, supply planning, and forecasting, and improve early warning systems for stock-outs of TB medicines and laboratory commodities. To support national priorities for strengthening TB surveillance and monitoring and evaluation (M&E) systems, USAID supported the completion and publication of more than nine operational research or evaluation activities over the past two years. Moving forward, USAID will support M&E systems for the national laboratory network, and will initiate learning activities to develop an evidence base around the 99DOTS digital adherence tool as well as document the introduction of patient counseling interventions for MDR-TB.

Improving human resources for health (HRH) is among the NTP’s top priority areas; the persistent shortages in HRH at all levels –as well as gaps in training and capacity – continue to limit the country’s ability to find, reach, and treat the missing cases. USAID will strengthen the EHOs and ECBHOs human resources and support longer-term efforts to develop Burma’s capacity in HRH. Increasing support for HRH training and capacity-

building activities as well as increasing task shifting to community cadres, in line with the new community health policy, are key priorities for new programming in selected states regions. Finally, to support NTP priorities in governance and financing, USAID will continue to support the implementation of TB services by supporting subnational planning and management through the development of state/regional and township level health plans. USAID will also provide support for civil society networking and increase understanding around TB and the broader demand creation and awareness of rights to health. Additionally, the provision of more integrated, comprehensive support for management and strengthening of TB services in selected states and regions will remain a key priority.