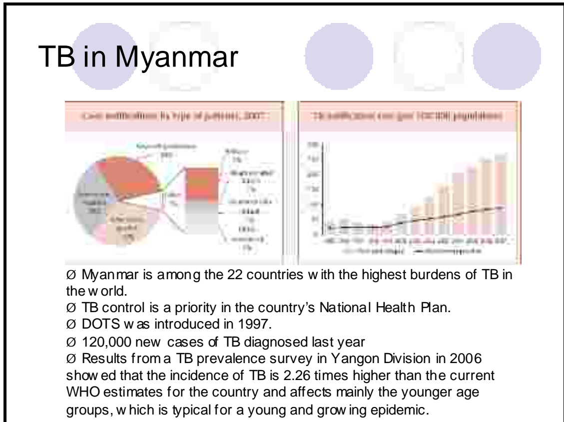
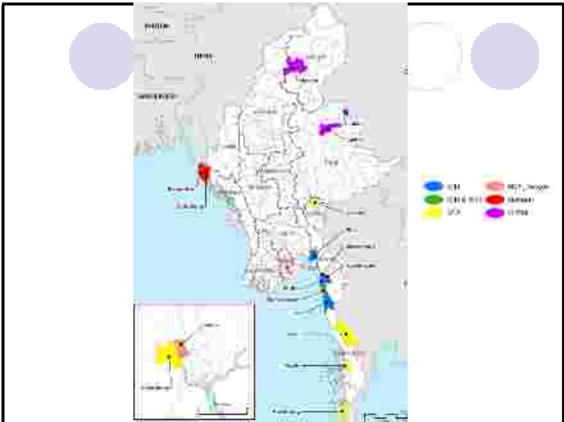
3DF - TB

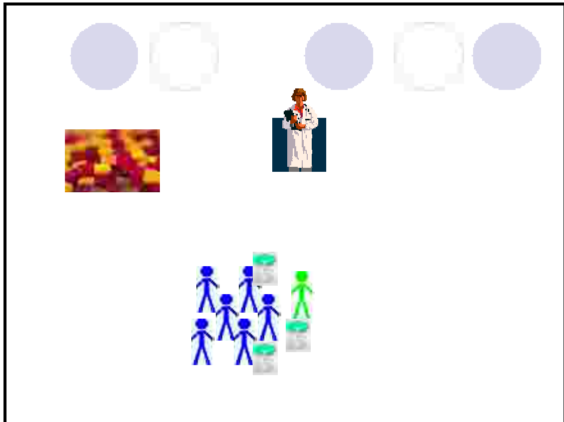
INGO Presentation
Community Based Approaches

TB in Myanmar



- Myanmar is among the 22 countries with the highest burdens of TB in the world.
- TB control is a priority in the country's National Health Plan.
- DOTS was introduced in 1997.
- 120,000 new cases of TB diagnosed last year
- Results from a TB prevalence survey in Yangon Division in 2006 showed that the incidence of TB is 2.26 times higher than the current WHO estimates for the country and affects mainly the younger age groups, which is typical for a young and growing epidemic.





Description Of Activities

- Awareness raising
- Case detection
- Referral facilitation and support
- Diagnosis (labs)
- Supervision of DOTS
- Patient support (eg nutritional support)
- Contact tracing
- Capacity building of health staff, DOTS providers, communities
- VCCT for HIV (referral)
- MDR-TB (new)

Summary of Results – Jul 08-Jun 09

No. of new ss+ cases detected (INGOs only)	**1470**
No. of TB suspect cases referred to health centre	**21,136**
Defaulters (INGOs only)	**40 (2.72%)**
No. of persons receiving supports	**29,717**
Pop reached by BCC	**107,974**
OHWs/CHWs/VHVs/DOTS Providers trained	**861**
Informal service providers trained (eg teachers, leaders)	**341**

Successes

- Very low defaulter rates even in areas with high migration or drug users
- Childhood TB detected through education based programmes
- Village committees formed to address TB in their own communities
- Put TB on the agenda among drug-using population
- Significant rise in community level awareness and subsequent reduction in stigma
- Initiation of MDR-TB program in collaboration with MOH

Challenges Faced

- Fees associated with visits to health centres (X-Rays, consultation fees etc – not covered by 3DF: can be $12-28)
- Difficult to cover entire population (access, staff, size)
- Population often very poor and vulnerable – these factors need to be addressed as well
- Collaboration with Health Staff, NTP and Health Authorities – can vary
- HIV Testing for TB patients
- Priority and training of treating childhood TB and MDR-TB by govt health staff

Lessons Learnt

- Need to include communities as well as families/households in DOTS
- DOTS more effective when linked with integrated services (nutrition support, psychosocial support etc)
- Close and frank collaboration with health authorities/TMO/NTP is necessary in terms of advocacy, coordination
- Community mobilisation is a powerful tool for addressing TB for detection, treatment, and support

What More Is Needed?

- All aspects of TB diagnosis and treatment need to be provided (eg X-Rays, consultation fees etc)
- Expansion and decentralisation of diagnostic/lab services - include Station Hospitals
- More focus on TB/HIV co-infection and MDR/XDR
- Focus on complementarity of IP and Govt services
- Increased coordination and collaboration with DoH/NTP at central and township level
- Scale up of programming – geographical coverage, population coverage, MDR facilities and supplies

Thank You