Diseases of National Concern

HIV/AIDS

HIV/AIDS prevention and care activities are being implemented in Myanmar as a national concern since 1989 with high political commitment. In accordance with Three ones principle: “One HIV/AIDS Action Framework, One National Coordinating Authority and One Monitoring and Evaluation System”, National response to HIV and AIDS is being implemented in the context of National Strategic Plan (2011-15) developed with the participatory inputs from all stakeholders, under the guidelines given by the multisectoral National AIDS committee which has been formed since 1989, and is monitored according to the National Monitoring and Evaluation Plan.

STRATEGIC PRIORITY I
Prevention of the transmission of HIV through unsafe behaviour in sexual contacts and injecting drug use

Female sex workers and their sexual partners
Clients of female sex workers and their sexual partners

Men who have sex with men, male sex workers and their clients and the sexual partners of all groups

Injecting drug users, drug users and their sexual partners

Prison/ rehabilitation facility pop.
Mobile & Migrant Populations and communities affected by population movement
Uniformed services
Young People
Workplace

STRATEGIC PRIORITY II
Comprehensive Continuum of Care for people living with HIV

VCCT, ART, community home-based care, health facility-based care for adults and children

PMCT and Reproductive Health

STRATEGIC PRIORITY III
Mitigation of the impact of HIV on people living with HIV and their families

Psychosocial, economic & nutritional support

Orphans and vulnerable children infected and affected by HIV

Health (including Private Health Sector), Non-Health & Community Systems Strengthening

Favourable environment for reducing stigma and discrimination

Strategic Information, Monitoring and Evaluation, and Research

National Strategic Framework
The National Strategic Plan (2011-2015) has a vision of achieving the HIV related MDG targets by 2015. Its main aims are to cut new infections by half of the estimated level of 2010; and to reduce HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact.

A mid-term review was done in last part of 2013 and with agreement of all implementing partners, it was decided to extend one more year to be in line with Global Fund New Funding Model.

**Current Activities of the National AIDS Programme**

The National Strategic Plan (2011-2015) has a vision of achieving the HIV related MDG targets by 2015. Its main aims are to cut new infections by half of the estimated level of 2010; and to reduce HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact. National level dissemination workshop on NSP (2011-2015) was conducted in Nay Pyi Taw during June 2011 followed by State and Regional level dissemination workshops.

The following **major activities** are being implemented in accordance with 3 Strategic Priorities:

- Advocacy
- Awareness Raising on HIV/AIDS for various population groups
- Prevention of sexual transmission of HIV and AIDS
- Prevention of HIV transmission through injecting drug use
- Prevention of mother to child transmission of HIV
- Provision of safe blood supply
- Provision of care and support
- Enhancing the multi-sectoral collaboration and cooperation
- Special intervention programmes
  - cross border programme
  - TB/HIV programme
- Supervision, monitoring and evaluation are being implemented by National AIDS Programme

**Achievement in Strategic Priority I**

As evidences have provided that the main mode of HIV transmission in the country is through heterosexual route, Myanmar has scaled up the implementation of 100% TCP programme which has been implemented since 2000. The Syndromic Management Training on STIs for BHS, Peer
Education and Awareness Raising activities are being conducted in project townships. There is an increase in access to condom with high condom use among risk groups has been achieved.

The progress was much more modest in scaling up of harm reduction services which are being implemented in (33) townships and Methadone Maintenance Therapy (MMT) which has started since 2005 has covered (35) Drug Dependence Treatment and Rehabilitation Centers in 2013 and nearly 7000 PWIDS are currently receiving MMT. The National AIDS Programme is working with the Ministry of Home Affairs to expand harm reduction programmes to new areas in need.


In order to reduce new infections among young people, HIV/AIDS prevention activities are being conducted with Ministry of Education and related programme under Ministry of Health such as School Health, Adolescent Health and NGOs both national and international. Workshop on development of communication messages and channels for HIV has been conducted with the aim to develop Myanmar HIV PMCT communication strategy and plan (2012-2016).

**Achievements in Strategic Priority II**

In order to enhance access to comprehensive continuum of care for people living with HIV, special emphasis is given to scaling up of HIV counseling and testing (HCT) services including Voluntary Counseling and Confidential Testing which is one of the most important public health interventions. Workshop on reviewing and revising HTC guideline was conducted in Nay Pyi Taw followed by training of trainer and multiplier training courses to all health care providers.

In Myanmar ART provision started since 2005 and has covered 139 ART Centers/ sites including government hospitals and AIDS/STD clinics in public sectors. Through coordinated efforts of (15) implementing partners, about 75,000 AIDS patients have been treated for ART in June 2014. Based on updated revised WHO consolidated ART Guidelines (2013) the fourth edition of National guidelines for the clinical management of HIV infection (2014) was developed and planned to disseminate before end of 2014. According to the eligible criteria (CD4 count < 500) in the new guideline, the need for ART in Myanmar is estimated to be more than 120,000 in 2014. Myanmar has planned to scale up over 100,000 patient in 2015 and over 111,000 patient
by end of 2016. In order to achieve the ambitious scale up plan National AIDS Programme has started countrywide ART decentralization since 2013 and has a plan to cover over 100 townships at the end of 2015. The aims to decentralized ART sites are to expand area coverage, decongestion of loaded ART center and facilitate easy accessibility for community by reducing the travel time and costs.

For achievement of comprehensive continuum of care (CoC), framework has been developed since 2009 and nationwide comprehensive HIV/AIDS prevention and care activities including Community home based care for AIDS patients and their families are being implemented with involvement of Basic Health Staff, National NGOs, and communities including PLHIVs.

Since 2005, TB/HIV joint program has been initiated in coordination and collaboration with National TB Programme covering (236) townships in this year. With prevailing Intimate Partner Transmission and Feminization of epidemic, HIV transmission now seen more in low risk population groups globally, and Myanmar is no exception. Thus, 4 prongs of prevention of mother to child transmission of HIV (PMCT) are being initiated since 2001 and have covered 265 townships and 38 hospitals including State and Regional hospitals in 2014. Multidisciplinary State/Regional PMTCT Training teams were formed and conducted Advocacy meetings, Township trainings, community mobilization at township level. In order to achieve the global target of eliminating HIV transmission to new born and congenital syphilis, 4 prongs of PMCT has been conducted through coordinated efforts of National AIDS Programme and related programmes under Department of Health such as Reproductive Health, Women and Child Health Development Programmes, National NGOs such as Myanmar Women’s Affairs Federation, Myanmar Maternal and Child Welfare Association, International NGOs and related Ministries such as Ministry of Social Welfare, Relief and Resettlement.

In order to minimize stigma and discrimination attitudes towards PLHIV (people living with HIV) and their families as well as to provide basic and correct information on HIV/AIDS, prevention, treatment, care and support activities are being implemented systematically for the community with special emphasis on men and women of reproductive age.

**Achievements in Strategic Priority III**

For mitigation of the impact of HIV on people living with HIV and their families, formation of PLHIV networks are being made so as to coordinate in HIV/AIDS prevention, treatment and care activities as peer counselors for ART adherence in ART and to strengthen the pre-test, post-test, couple counseling and follow up of mother-baby pairs in PMCT hospitals. In the community psychosocial, economic and nutritional supports are being provided to PLHIVs and their families.
After conducting baseline situational analysis on orphans and vulnerable children (OVC) infected and affected by HIV in 3 selected townships, dissemination workshops on findings were done followed by counseling training to service providers and OVC working group was formed with implementing partners such as Department of Social Welfare, Department of Education, Planning and Training, Child Protection and HIV & Children Section of UNICEF.

For **Cross Cutting issues**, such as Health System Strengthening, Donor deferral system for Blood Safety Programme has been introduced with JICA support and National External Quality Assessment Scheme (NEQAS) of HIV testing has been established.

For **Favorable Environment** for reducing stigma and discrimination, strengthening of multisectoral coordination has been made and legal reform workshops with related ministries, such as Ministry of Home Affairs, Central Committee for Drug Abuse Control, Attorney General’s Office and other related sectors has been conducted.

In order to enhance **Regional Coordination**, Cross Border HIV and AIDS prevention, treatment, care and support activities are being conducted with the neighboring countries as well as participating in ASEAN HIV/AIDS Work plan activities as a member country of ASEAN task force on AIDS.

**Strategic Information, Monitoring and Evaluation, and Research**

In order to provide strategic information to Technical and Strategy Group on HIV and Myanmar Country Coordinating Mechanism which was now changed into M-HSCC for planning and decision making, Strategic Information and Monitoring & Evaluation (SIM&E) working group chaired by National AIDS Programme with members comprising of representatives from Department of Health Planning, Department of Medical Research, UN agencies, and INGOs has been formed in early 2011. National M&E plan, finalized with inputs of the working group was approved by Ministry of Health and planned to conduct dissemination workshops followed by decentralized data collection with all implementing partners at State and Regional level on regular basis.

**Trends of HIV/AIDS in Myanmar**

The active surveillance of HIV/AIDS has begun in Myanmar since 1985. The first comprehensive surveillance system was developed in 1992 and HIV sentinel sero-surveillance survey among target groups has been carried out since then. Trends analysis of the HIV sentinel surveillance data revealed that HIV prevalence levels among low risk populations in 2013 continued general decline observed since their peak in the late 1990s.

Newly diagnosed TB patients has begun one of the sentinel groups since 2005, and the HIV prevalence has been fluctuating round about 1% above and below the 10% level since then.
Among high risk populations, a slight increase was observed among Men who have sex with Men, Female Sex Workers and Injecting Drug Users in 2013 compared to 2012 round of HSS.
Since early 2010, NAP with the technical support from Strategic Information and M&E working group and inputs from implementing partners has developed Asia Epidemic Model spreadsheet for Myanmar. With the model, the distribution of new cases (incidence) of HIV among populations was estimated and projected. Myanmar has gained the advantages of the concerted efforts of all implementing partners; the incidence of HIV has been declined yearly following its peak in late 1990s. However, the new infection is leveling out after 2011 indicating the need to intensify the momentum of prevention and control measures as well as to provide interventions tailored to MSM, IDU and female partners of these Most at Risk Populations (MARPs).

Globally 30 years has passed since AIDS was first reported and ten years since the landmark adoption of the 2001 declaration of commitment on HIV/AIDS at the United Nations Special Section on HIV/AIDS (UNGASS). In Myanmar, over 20 years has passed since the first reported case of HIV in 1988, but with limited resources various achievements have been gained with high political commitments also towards 2001 UNGASS declarations. Although Myanmar has successfully gained Global Fund Round 9 Grant for scaling up of activities in the coming years, the next NSP (2011-2015) need to be fully funded by both international and domestic sources for achievements of MDGs, Universal Access and getting to Three Zeros; Zero New HIV infections, Zero Stigma & Discrimination, and Zero Death.

Training of HIV Counseling and Testing
Malaria

Malaria is one of the priority diseases in Myanmar. Malaria is endemic in 284 out of 330 townships in Myanmar. It is a remaining public health problem due to climatic and ecological changes; population migration that means migrants who seek economic opportunities in rural economic frontier areas and the economic development activities such as forestry, mining, plantations and road-building and development of multi-drug resistant P. falciparum parasite.

Long-term trend shows decreasing malaria morbidity and mortality in Myanmar. Morbidity rate and mortality rate were 24.35/1000 population and 12.62/100000 population respectively in 1990 and 6.44/1000 population and 0.48/100,000 population respectively in 2013.

Specific Objectives
1. To reduce malaria morbidity and mortality by 60% in 2016. (baseline 2009)
2. To contribute socioeconomic development and achievement of health related MDG in 2015.
**National Malaria Control Strategies**

At Present, National Malaria Control Program is carrying out malaria control activities in line with the Global and National Malaria Control Strategies as following:

1. Prevention and control of Malaria by providing information, education and communication up to the grass root level
2. Prevention and control of malaria by promoting personal protective measures and/or by introducing environmental measures as principle methods and application of chemical and biological methods in selected areas depending on local epidemiological condition and available resources
3. Prevention, early detection and containment of epidemics
4. Provision of early diagnosis and appropriate treatment (EDAT)
5. Strengthening of surveillance system in malaria morbidity, local transmission, case investigation and completeness of the data a part of health information system
6. To promote capacity building and programme management of malaria control programme (human, financial and technical)
7. To strengthen the partnership by means of intra and inter-sectoral cooperation and collaboration with public and private sectors, local and international non-governmental organizations, UN agencies and neighboring countries for resource generation
8. To intensify community participation, involvement and empowerment
9. To promote basic and applied field research

**Activities of Malaria Control Program**

**1. Information, Education and Communication**

Dissemination of messages on malaria is carried out through various media channels with the emphasis on regular use of bed nets (if possible appropriate use of insecticide treated nets) and early (as soon as possible within 24 hours after onset of fever) seeking of quality diagnosis and appropriate treatment. Production and distribution of IEC materials is also carried out in different local languages for various ethnic groups and different target groups such as forest related travelers, pregnant women and general population. Advocacy activities are conducted to public and private sectors, NGOs, religious organizations and local authorities at different levels.
2. Preventive activities

Stratification of Areas for Malaria Control

Malaria area Micro-stratification up to village level was done in 180 townships.

According to the ecological changes, distribution of malaria morbidity patterns and results from the micro-stratification, the highest risk areas for the malaria was about 38.90% in the 1990 was reduced to 17.00% in 2013. And the malaria free areas in the country were increased from 8.60% in 1990 to 37% in 2013. Package of malaria control activity has been given according to the result of risk area stratification that ensures the effective resource allocation. Validation on micro-stratification process was done by malariometric survey in some targeted townships.

Insecticide Treated Mosquito Nets

Selective and sustainable preventive measures are carried out emphasizing on personal protection and environmental management. With limited resources, areas were prioritized for ITN Program either distribution of Long Lasting Insecticidal Nets (LLIN) or impregnation of existing nets. Altogether 788,866 LLINs were distributed and 638466 existing bed nets were impregnated in 2013.
Epidemic preparedness and response

Ecological surveillance and community based surveillance were implemented together with early case detection and management and preventive measures like indoor residual spray (IRS) in development projects and impregnation of existing bed nets in epidemic prone areas. One disastrous epidemic in 2001 was estimated to have caused nearly 1,000 deaths. However, the number of outbreaks decreased during last five years. No malaria outbreak was reported in 2007, 2012 and 2013.

3. Early diagnosis and Appropriate treatment

According to the new anti-malarial treatment policy, case management with ACT (Artemisinin based combination therapy) was practiced in all 330 townships.

Total 887,969 and 1,587,745 fever cases were tested by RDT in 2012 and 2013 respectively. Among them, 294,173 and 275,559 P.f. Cases were treated with ACT (Coartem) and 159,482 and 136,135 P.v. cases were treated with Chloroquine in 2012 and 2013 respectively. Supervision and quality control of malaria microscopy was done in 103 malaria microscopic centers by laboratory technicians from Central and State/Regional VBDC team in 2013. Monitoring
therapeutic efficacy of anti-malarial drugs particularly ACTs in collaboration with DMR (Lower Myanmar) and DMR (Upper Myanmar). Quality assurances of RDT were also done in collaboration with DMR (Lower Myanmar). Malaria mobile teams and malaria voluntary health workers reached up to rural areas, hard-to-reach and hardest to reach areas for improving access to quality diagnosis and effective treatment. Community based Malaria Control Program has been introduced and implemented in some selected townships of Eastern Shan State since 2006-2007 and expanded in total 182 townships. 3875 volunteers were trained in 2013.

4. Capacity building

Different categories of health staff were trained on different technical areas in 2013.

- Refresher training on malaria microscopy was conducted for 63 malaria microscopists.
- Different categories of 6000 health care providers were trained especially on skill development of malaria cases management.
- 580 VBDC Staffs were trained on malaria prevention and control emphasize on preventive measures, vector control, case management (diagnosis and treatment), recording and reporting.
Tuberculosis

Tuberculosis (TB) is still a major health problem in Myanmar. Myanmar belongs to the global list of 22 countries with the highest burden of TB, 27 countries with high MDR-TB problem and 41 countries with high TB/HIV problem.

WHO estimated that TB prevalence in 2013 was 473/100,000 population and TB mortality was 49/100,000 population. It is estimated that 230,000 new TB patients develop every year. According to the national TB prevalence survey conducted in 2009-2010, TB prevalence was higher in male than female, higher in urban than rural and higher in States than Regions. Prevalence of HIV sero-positive among new TB patients was 9.2% according to the sentinel surveillance conducted at 28 sites in 2013. Prevalence of multi-drug resistant TB (MDR-TB) was reported as 4.2% and increase to 5% among new TB patients in second and third nationwide drug-resistant TB surveys conducted in 2008 and 2013.

National Tuberculosis Programme (NTP) was established in 1966-1967. NTP is currently running with 14 Regional and State TB Centers with (101) TB teams at district and township levels. All townships in Myanmar have been covered with DOTS strategy since 2003 TB control activities are implementing at township level under the leadership of Township Medical Officer, through integration with primary health care.

The overall goal of the NTP is to reduce morbidity, mortality and transmission of TB until it is no longer a public health problem, to prevent the development of drug resistant TB and to have halted by 2015 and begun to reverse the incidence of TB.

Specific objectives are set towards achieving the Millennium Development Goals (MDGs) by 2015 as follows:

- To reach and thereafter sustain the targets-achieving at least 90% case detection and successfully treat at least 90% of detected TB cases under DOTS, (MDGs, Goal 6, Target 6.c, Indicator 6.10)
- To reach the interim targets of halving TB deaths and prevalence by 2015 from the 1990 situation. (MDGs, Goal 6, Target 6.c, Indicator 6.9)

In 2013, totally 142,162 TB patients (all forms) were notified in Myanmar (Case Notification Rate of 297/100,000 population) in which 42,595 patients were new smear positive cases. NTP achieved case detection rate (CDR) of 78.7% and treatment success rate (TSR) of 85% in 2013.
On the other hand, NTP is implementing TB control activities in line with the National Strategic Plan (2011-2015). This strategy covers the following six principle components:

1. Pursue high quality DOTS expansion and enhancement
2. Address TB/HIV, MDR-TB and the needs of poor and vulnerable population
3. Contribute to health system strengthening based on primary health care
4. Engage all health care providers
5. Empower people with TB and communities through partnership
6. Enable and promote research

The government increases the budget for TB control gradually, especially for anti-TB drug procurement. TB patients have been treated with WHO recommended regimens using Fixed Dose Combination of first line anti-TB drugs (FDC) since 2004. NTP started to use patient kits in April, 2010 and also changed Category III regimen to be used the same as Category I regimen in 2011. Treatment for drug resistant TB started in 2009 and the second line drugs procurement using government budget started in 2013-2014 budget year. Government supported 2 million USD equivalent local currencies for the 600 drug resistant TB patients.

Apart from government support, NTP was also funded by Global Fund Round 9 Grant, in (2011-2012) as Phase I, which was followed by Global Fund, New Funding Model (NFM) (2013-2016) started in July 2013 and will secure anti-TB drugs until 2016.

NTP strategies are prioritized according to the background epidemiological situation in 2012. NTP prioritized to accelerate the TB case finding in 2013-2016. Active case finding (ACF) strategies have been improved by conducting initial home visits and contact tracing, by setting up sputum collection centers (SCC) in hard to reach areas and by performing active case finding activities using mobile team equipped with portable X-ray facility. The External Quality Assessment System (EQAS) was introduced in 2006 and 464 laboratories including private laboratories are under EQA in 2013 to ensure the quality of sputum microscopy.

Active Case Finding Activities using Mobile Teams
Childhood TB Management is improved by adopting WHO Rapid Advice on TB Treatment in Children (to use high dose 4 drugs regimen) and trained all TB township coordinators and informed pediatricians at Regional/State, District and Township level. However, some adjustment on WHO recommendations was made on treatment of TB in children under 8 years of age (not HIV sero-positive and/ or not suffering from severe forms of TB) will be treated using 3 drugs regimen excluding Ethambutol.

Second prioritized area is combating TB/HIV co-infection. National TB/HIV coordinating body has been formed since 2005 and reformed in 2012. Collaborative TB/HIV activities are carried out in collaboration with National AIDS Programme (NAP). The TB/HIV collaborative activities are implementing where NAP could provide Anti Retro viral Therapy (ART) and technical assistance is provided by WHO. Total 28 townships are implementing TB/HIV collaborative prevention and control activities. Nationwide TB/HIV scale up plan was developed and funded by government and Global Fund (NFM). Currently 136 townships are implementing the collaborative TB/HIV activities and all townships will be covered by 2016. In 2013, Isoniazid Preventive Therapy (IPT) was adopted as a policy for people living with HIV without active TB. TB/HIV sentinel surveillance is continuing under routine sentinel surveillance of NAP.

Third priority area is Programmatic Management of Drug Resistant TB (PMDT). It is one of the integral parts of Five Year National Strategic Plan (2011-2015). National Drug Resistant TB committee was formed in 2006. Standard Operation Procedure (SOP) for management of MDR-TB was reviewed and revised in 2013. DOTS-Plus Pilot Project (2009-2010) concluded with treatment success rate of 71.3% among 303 enrolled MDR-TB patients. Funding for MDR-TB management is secured till 2016. Myanmar PMDT initiated community based model (ambulatory) for uncomplicated cases in 2011 in 22 townships. Townships implementing PMDT is expanded up to 38 townships in 2013. NTP developed the PMDT scale up plan and coverage expanded up to 68 townships in 2014. According to the plan MDR-TB management will be expanded up to 108 townships by 2016. NTP could enrolled 2200 MDR-TB patients on second line anti-TB treatment.

All the TB control activities are based on the strong health infrastructure. Two MDR-TB hospitals, general hospitals and 330 township TB clinics and partners’ TB clinics need to follow the infection control measures while dealing with TB, TB/HIV and MDR-TB.

For the diagnosis of TB, drug resistant TB, Bio-safety Level-3 (BSL-3) Laboratories are established in Yangon and Mandalay and they are functioning under proper maintenance. NTP is expanding
the culture facility to Taunggyi and it starts functioning in 2013. Laboratory expansion plan was developed in 2013, to expand the BSL-3 laboratory in 3 more laboratory in 2014 and 2015. NTP is developing the sputum specimen transportation system from periphery to 3 culture facilities for case detection of MDR-TB. The work load increases and man power in the TB laboratories are required to fill up to the full strength. NTP is implementing TB diagnosis with 65 iLED Fluorescent Microscopy at 65 districts.

As an innovative approach, new diagnostic tools were introduced in TB control activities. Rapid molecular test - GeneXpert test to diagnose TB and Rifampicin resistant TB was introduced in Myanmar since 2010. Two GeneXpert machines were installed at Upper Myanmar TB laboratory (Mandalay) and MGH (Mandalay General Hospital) in late 2011 with the support of PICT project (UNION). Up till now, altogether 27 machines have been using in Regional/State TB centers and selected district TB centers with the support of UNION, CIDA, Global Fund, USAID and UNITAID. In those laboratories confirmation is done by using either Line Probe Assay (LPA) or Liquid Culture (MGIT-Mycobacterium Growth Indicator Tube) and Drug Susceptibility Testing (DST).

For the capacity building, NTP is carrying out various kinds of trainings at different levels covering laboratory aspect, data management, MDR-TB management and TB/HIV collaborative activities. NTP co-ordinates with national NGOs such as Myanmar Womens’ Affairs Federation (MWAF), Myanmar Maternal and Child Welfare Association (MMCWA), Myanmar Medical Association (MMA), Myanmar Red Cross Society (MRCS) and Myanmar Health Assistant Association (MHAA) in DOTS implementation. International NGOs and Bilateral Agency cooperating with NTP are the UNION, Population Services International (PSI), International Organization for Migration (IOM), Pact Myanmar, Malteser, World Vision, Merlin, Asian Harm Reduction Network (AHRN), MSF (Holland), MSF (Switzerland), Cesvi, Family Health International (FHI-360), MEDECINS DU MONDE (MDM), Progetto, Medical Action Myanmar (MAM), Japan Anti-TB Association (JATA) and JICA (Major Infectious Disease Control Project (MIDCP).
GeneXpert machines for rapid diagnosis of MTB and Rif-resistant

Geographical coverage for MDR TB management

<table>
<thead>
<tr>
<th>Year</th>
<th>Project Name</th>
<th>No. of Townships</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2011</td>
<td>DPPP (DOTS Plus Pilot Project)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2011</td>
<td>PMDT (Programmatic Management of DR TB)</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td>16</td>
<td>38</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>15</td>
<td>53</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>15</td>
<td>68</td>
</tr>
</tbody>
</table>

Yangon, Mandalay, Sagaing, Magway, Shan (Lashio) and Shan (Taunggyi)
As an activity to know disease burden in hard to reach areas, NTP conducted active case finding using mobile teams in various Regions and States with the support of Global Fund. Health care services were provided by using mobile team activities aiming to detect missing and hidden TB cases, to provide proper treatment and to increase community awareness about TB.

Public-Private Mix (PPM) DOTS is implementing with MMA, PSI. Some Private Practitioners (PPs) use scheme I in which they educate about TB and refer Presumptive TB to diagnostic centers. Some PPs prefer to use Scheme II acting as DOT providers. PSI has organized the PPs and established the Sun Quality Clinics as DOT units, which is Scheme III. In 2013, PSI implemented PPM-DOTS using scheme III in 190 townships with 802 active PPs. MMA implemented PPM-DOTS in 116 townships with 1443 active PPs. Public-Private Mix DOTS was initiated at 4 general hospitals (New Yangon General Hospital, East Yangon General Hospital, West Yangon General Hospital and Thingungyun Sanpya General Hospital) in mid 2007, and expanded year by year. In 2013, NTP could work in collaboration with altogether (23) hospitals. Advocacy, communication and social mobilization (ACSM) activities play a role in TB control. With the guidance of Ministry of Health, ceremonies commemorating World TB Day are held on 24th March every year. Besides, Public Service Announcement (PSA), air campaign TV spot, communication materials and production of video clips were developed with Global Fund support. Public Service Announcement and air campaign TV spot were broadcasted through mass media channel like MRTV. Community-Based TB Care (CBTC) activity was introduced in 2011. All local NGOs and some INGOs take part in community TB care under the guidance and support of NTP. Workshop on evaluation of partners’ contribution on CBTC was conducted in February 2013. The guideline for community based TB care was developed in 2013 using the pilot experience of NTP implemented in Pyinmana with the technical support of JICA (MIDCP).

NTP also conducted the TB control related impact assessment surveys and numbers of operational research in collaboration with Departments of Medical Research. Moreover, Tuberculosis Mortality Survey was successfully conducted at Kawkareik township of Kayin State and Padaung township of Bago Region in 2013. The dissemination of the research findings provides NTP’s future direction of TB control activities and NTP effectively utilized the recommendations.
Progress of National Tuberculosis Control Programme (Myanmar)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DOTS Covered Population (%)</td>
<td>90</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>DOTS Covered Township (%)</td>
<td>80</td>
<td>95</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Case Detection Rate (%)</td>
<td>61</td>
<td>70</td>
<td>73</td>
<td>81</td>
<td>95</td>
<td>86</td>
<td>89</td>
<td>90</td>
<td>95</td>
<td>76</td>
<td>77</td>
<td>78.2</td>
<td>78.7</td>
</tr>
<tr>
<td>Treatment Success Rate (%)</td>
<td>82</td>
<td>82</td>
<td>81</td>
<td>84</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>86</td>
<td>85</td>
</tr>
</tbody>
</table>

# Based on results of National TB Prevalence Survey, estimated new smear positive cases were changed to 170/100,000 for Yangon Region, and 105/100,000 for other States and Regions.

Community Based TB Care at a Village,
Pyinmana Township