Multidrug-Resistant Tuberculosis
TB-TSG Gap and Needs Analysis

3MDG Senior Consultation Group Meeting
Nay Pyi Taw, 5 March 2014
Presentation outline

• Embargoed new drug resistance data – to be launched at high level meeting in Nay Pyi Taw 17 March 2014
• Current MDR-TB management
• Progress vis-à-vis the National MDR-TB Scale-Up Plan
• TB-TSG suggested scale-up based on health system capacity
• Operational plan, 2014-2016
• Funding shortfall
• Conclusions
With new data, more than 10,000 MDR-TB cases emerge in Myanmar each year.
% MDR-TB among new TB cases in high TB burden countries in Asia and global averages

- **China**: 5.7%
- **Myanmar**: 5%
- **WPR average**: 4.7%
- **High MDR-TB burden countries**: 4.2%
- **Philippines**: 4%
- **Global average**: 3.6%
- **Viet Nam**: 2.7%
- **SEAR average**: 2.2%
- **India**: 2.2%
- **Indonesia**: 1.9%
- **Bangladesh**: 1.4%
Current situation

• 2013:
  – 1,678 MDR-TB cases were diagnosed
  – 667 MDR-TB patients initiated treatment or 7% of the estimated MDR-TB cases

• The MDR-TB expansion plan, 2011-2015, targets management of 9,295 MDR-TB cases. With current commitments and capacity less than half of the target will be met.

• Number of MDR-TB cases diagnosed will increase with roll-out of Xpert MTB/RIF
  – Currently 27 machines up and running
  – By end 2014, at least 41 machines will be available

• MDR-TB management is available in 53/330 townships and by end Q1 2014 in 68 (all States/Regions except Kayah and Chin)
MDR-TB management

- From mid-2009, 1,468 MDR-TB patients have been enrolled on treatment
- MSF-Holland manages 10% of patients and supports HIV co-infected patients
- Approximately 350 MDR-TB patients have completed treatment and success rates are encouraging at 71%
MDR patients enrolled on treatment 2009-2013 (4thQ)

Cumulative number

Expansion phase with GF since Q4, 2011

End DOTS-Plus pilot project


43 64 92 125 158 192 247 287 309 359 381 431 528 801 866 1084 1308 1468
Number of MDR-TB patients enrolled for treatment (3Q 2009 - 4Q 2013)

Data are cumulative.

Yangon = 80%, not many waiting list in other R/S
## Geographic scale-up, 2011-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Reference laboratory with culture/drug susceptibility testing</th>
<th>No. of centers with Xpert MTB/RIF</th>
<th>No. of regions or states with MDR-TB treatment center</th>
<th>No. of townships with MDR-TB treatment center</th>
<th>Townships covered</th>
<th>Population covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2 and 2</td>
<td>0</td>
<td>2 (2)</td>
<td>10 (10)</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>2011</td>
<td>2 and 2</td>
<td>5 (2)</td>
<td>2 (2)</td>
<td>22 (22)</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>2012</td>
<td>5 and 2 (2 and 2)</td>
<td>7 (5)</td>
<td>5 (7)</td>
<td>37 (38)</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>2013</td>
<td>5 and 2 (3 and 2)</td>
<td>12 (19)</td>
<td>10 (13)</td>
<td>62 (53)</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>2014</td>
<td>5 and 5 (3 and 3)</td>
<td>12 (41)</td>
<td>10 (14)</td>
<td>72 (83)</td>
<td>24%</td>
<td>32%</td>
</tr>
<tr>
<td>2015</td>
<td>5 and 5 (5 and 5)</td>
<td>19 (49)</td>
<td>10 (14)</td>
<td>100 (108)</td>
<td>33%</td>
<td>42%</td>
</tr>
<tr>
<td>2016</td>
<td>5 and 5 (5 and 5)</td>
<td>&gt;67 (57)</td>
<td>14 (14)</td>
<td>100 (108)</td>
<td>33%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Number in brackets represents current situation/plan
Second-line drug availability, source and shortfall compared to the targets in the National Strategic Plan, 2014-2015 (2016 is TB-TSG target)

<table>
<thead>
<tr>
<th>Year</th>
<th>Shortfall</th>
<th>Government</th>
<th>MSF-H</th>
<th>UNITAID</th>
<th>Global Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>653</td>
<td>600</td>
<td>120</td>
<td>527</td>
<td>500</td>
</tr>
<tr>
<td>2015</td>
<td>2445</td>
<td>150</td>
<td></td>
<td>800</td>
<td>1000</td>
</tr>
<tr>
<td>2016</td>
<td>2850</td>
<td>150</td>
<td></td>
<td>1000</td>
<td></td>
</tr>
</tbody>
</table>
• Discussions held on 11 December 2013 and 27 January 2014
• 17-18 March 2014 a high-level meeting will discuss future of MDR-TB management in Myanmar with options to pilot alternative treatment regimens/new drugs
• TB-TSG suggests the below scale-up with focus on Yangon Region:

<table>
<thead>
<tr>
<th>Additional MDR-TB patients to be treated</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale-up of geographical MDR-TB management (townships)</td>
<td>15</td>
<td>25</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

• With the scale-up, MDR-TB treatment will be available to 5347 MDR-TB patients 2014-2016 compared to current 3547. There will still be a shortfall of 4598 MDR-TB patients if compared to the national strategic plan targets.
• In 2016, approximately 24% of MDR-TB patients will have access to adequate treatment compared to 7% in 2013.
Geographical expansion of MDR-TB

2013 (53 in total)
2014 (15 additional, total 68)
2014 and 2015 (40 additional, total 108)

Entire Yangon Region will be ready to manage MDR-TB by January 2015 (15 townships lacking)
MDR-TB Operational Plan, 2014-2016

• The operational plan takes into account activities planned for 2014-2016 to manage 5347 MDR-TB patients by the NTP and partners
• The operational plan is specific for MDR-TB diagnosis, treatment and care
• MDR-TB prevention by basic TB control activities, general laboratory strengthening, active TB case-fining etc. is not included in the operational plan
• The funding requirements for MDR-TB support, 2014-2016 are US$ 45 million
• It is estimated that US$ 26 million will be available mainly from the Global Fund (US$ 17 million)
• Based on the estimated available funds, the current funding gap for 2014-2016 is US$ 19 million
Funding sources, and amounts (US$) for MDR-TB management in Myanmar, 2014-2016, including gap

17,297,798

Global Fund

18,951,608

MDG

1,153,960

USAID

2,580,000

PEPFAR

1,684,700

1,153,960

3MDG

78,116

Gap

498,619

MOH

2,404,400

Other

8,78

UNITAID

1,684,700

2,404,400

PEPFAR
Conclusions

• Myanmar has more than 10,000 MDR-TB cases emerging each year
• Yangon Region is particularly affected
• Scale-up is urgently needed to:
  – Prevent MDR-TB transmission by treatment of patients
  – Prevent XDR-TB and incurable forms of TB as a result of haphazard self-treatment or treatment in the private sector
• Scale-up must go hand in hand with health system improvements (health workforce, laboratory strengthening) and expansion of community-based care
Thank you for your attention