



**USAID**  
FROM THE AMERICAN PEOPLE



HIV/TB Agency, Information and Services Activity

# Minimal Essential Package and Effective Messages for DS-TB Counseling and Tele Counseling



**Disclaimer:**

"This guideline is developed by PATH with CPI and made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of PATH and CPI and do not necessarily reflect the views of USAID or the United States Government."

# Contents

---

<b>Abbreviations</b>	<b>4</b>
<b>Acknowledgements</b>	<b>5</b>
I. Background	6
II. Objectives	7
III. Target Audience	7
IV. Target Beneficiaries	7
<b>Section A. Minimal Essential Package for Counseling</b>	<b>8</b>
1. Considerations for Implementation of Quality Assurance Counseling	9
2. Therapeutic Counseling Model	9
3. Summary of Counseling Steps	10
4. Phases of Counseling	13
5. DSTB Counseling Schedule	14
<b>Section B. Effective Messages for DS-TB Counseling</b>	<b>15</b>
1. Nature of the Disease	16
2. Signs and Symptoms of TB	17
3. Symptoms suggestive of childhood TB	18
4. How can TB be Diagnosed?	18
5. Treatment-related Information	19
6. Likely Side Effects of Anti-TB Drugs	20
7. Available Services and Cost-related Information	21
8. Confidentiality and Record-keeping	21
9. Infection Control Measures (To prevent the spread of TB)	21
10. Contact Investigation	21
11. Other Relevant Information	21
12. TB with Co-morbid Diseases and Special Conditions	21
<b>Section C: Tele Counseling</b>	<b>22</b>
1. What is Tele Counseling?	23
2. Benefits of Tele counseling	23
3. Limitations to be Considered	24
4. Brief Steps to Carry Out during Tele Counseling	24
5. Special Considerations for Tele Counseling	24
<b>References</b>	<b>25</b>

---

# Abbreviations

<b>DOT</b>	Directly observed therapy
<b>DS-TB</b>	Drug Sensitive Tuberculosis
<b>EPTB</b>	Extrapulmonary TB
<b>FOC</b>	Free of charge
<b>IR</b>	Initial Regimen
<b>MATA</b>	Myanmar Anti-Tuberculosis Association
<b>MMA</b>	Myanmar Medical Association
<b>PWID</b>	People who inject drugs
<b>RR</b>	Retreatment Regimen
<b>TB</b>	Tuberculosis
<b>TPT</b>	TB Preventive Treatment

# Acknowledgements

PATH would like to recognize and appreciate all those who contributed to this guideline, including those whose names may not be listed. Minimal Essential Package and Effective Messages for DS-TB Counseling and Tele Counseling was funded by the HIV/TB Agency, Information and Services Activity (AIS) consortium of the United States Agency for International Development (USAID). The objective is to promote community engagement in TB case finding and improve overcoming of barriers in TB treatment adherence by using the counseling technique through health care providers.

# I. Background

Tuberculosis (TB) is usually thought of as a disease of poverty, and most studies show that the level of education of the study population is strongly linked to their knowledge, attitudes, and practices regarding TB prevention and care. Regardless of which TB treatment regimen is in place, people with TB often find it difficult to complete their course of anti-TB treatment. The consequences of not completing drug therapy are serious and can include a prolonged period of infectiousness, relapse, emergence of drug-resistant *Mycobacterium tuberculosis* isolates, and increased morbidity and mortality. Poor adherence to drug treatment, therefore, poses a serious risk to the community and contributes to failure in eliminating tuberculosis globally. Limited educational programs and the poor quality of communication between people with TB and health care providers have been shown to be associated with non-compliance. It is, therefore, effective to educate not only people with TB but also their families about basic TB knowledge, TB related information and give them good advice. Helping people with TB overcome their barriers to completion of TB treatment is the foundation of effective counseling. Aiming to be one of the pillars for effective counselling, PATH together with CPI has prepared “Minimal Essential Package and Effective Messages for Counseling and Tele-counseling” that can meet the needs of the counselors and clients. On the other hand, tasks overload of health care providers, insufficiency of counselors and other human resources is possible limitation for implementing an effective counseling. Therefore, recruitment of counselors and expansion of counseling services in TB program activities also need to be considered.

# II. Objectives

## Main objective:

To promote community engagement in TB case finding and improve overcoming of barriers in TB treatment adherence by using the counseling technique through the health care providers.

## Specific objectives:

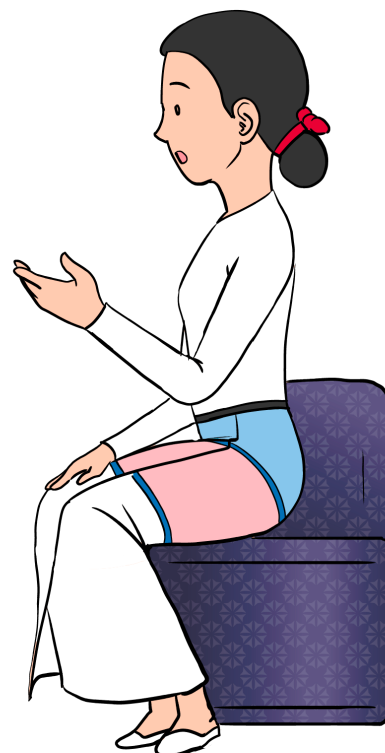
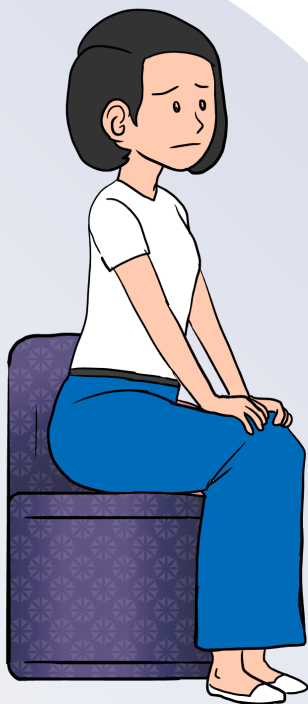
- 1 To provide basic counseling techniques to health care providers including peer educators and counselors
- 2 To support health care providers on utilization of drug susceptible tuberculosis (DSTB) effective messages depending on client needs (pre diagnosis, treatment initiation or treatment adherence)
- 3 To support health care providers in conducting effectual counseling/tele counseling that will increase client acceptance of TB diagnosis, enrollment, and treatment completion

## III. Target Audience

Health care providers under AISTB partners.

## IV. Target Beneficiaries

People including children with presumptive TB or DS-TB, their families and close contacts.





**SECTION A**

**Minimal Essential  
Package for  
Counseling**



# 1

## Considerations for Implementation of Quality Assurance Counseling

### 1.1 Essential attitude and skills needed for a counselor

- Specific characteristics - knowledge, positive attitude, skill
- Good interpersonal communication skills
- Problem identification/solving skills
- Facilitation skills on options for solutions
- Encouraging the decision-making skills of clients
- Enhancing skills for follow up
- Specific ethics (keeping records and reports confidential)
- Ability to follow the concept and technical aspects of counseling
- Self-stress management
- Completion of proper training in counseling

Before beginning counseling, the counselor should consider the following perspectives of TB clients:

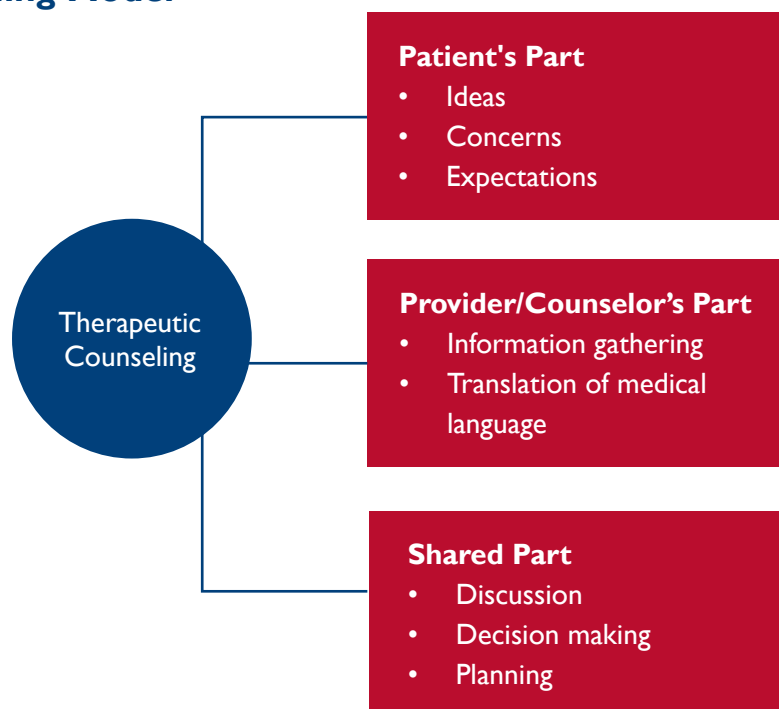
- Attitude
- Personality
- Perceptions
- Feelings and emotions
- TB related social problems
- Coping mechanisms
- Help-seeking behavior

### 1.2 Characteristics of quality assurance counseling services

- Standardized
- User-friendly
- Confidential

# 2

## Therapeutic Counseling Model





### 3 Summary of Counseling Steps

- 1 Take informed consent and initiate the session, establish rapport
- 2 Gather information: Get the clients to tell you what their knowledge and information upon TB disease
- 3 Explore and listen for what the client has not told you
- 4 Assess the physical, mental, and socioeconomic impact of the disease
- 5 Explain the problem and plan the management
- 6 Answer questions
- 7 Summarise
- 8 Safety netting
- 9 Close the session and make follow-up arrangements

### 3.1 Detailed steps to follow while counseling

No.	Steps	Purpose	What do you do as a counselor?
1	Take informed consent and initiate the session	Build a relationship and encourage the client to talk	<ul style="list-style-type: none"> <li>Greet the patient</li> <li>Asks open questions preferably: e.g:                             <ul style="list-style-type: none"> <li>“How can I help you today?”</li> <li>“How did you feel this week?”</li> </ul> </li> </ul>



**Do** look for non-verbal communication:

- Posture
- Body movements
- Use of voice
- Eye movement
- Companions (The companion is the one who might be a trusted person for the client and can support the client’s mental health)

**Do** pay attention to the client and avoid distraction (put the phone on silent mode, close doors)

2	Gather information	Get the clients to tell their knowledge and what they have suffered from	<ul style="list-style-type: none"> <li>The ‘<b>Golden Minute</b>’ is the first minute of the counseling.</li> <li>After your greeting, if the client remains silent, use body language to show that you are ready to listen, and let the client speak for as long as they can, without interrupting them.</li> <li>You should elicit important information in a short period of time.</li> </ul>
---	--------------------	--	--



**Do** be friendly and non-judgmental.

**Do** begin “by listening for as long as possible without interrupting the client.”

3	Explore and listen	Explore what they have not told you and listen	<p>Let the clients express</p> <p><b>Ideas</b></p> <ul style="list-style-type: none"> <li>• “Have you had any thoughts about what might be happening to you, or what may be wrong?”</li> </ul> <p><b>Concerns</b></p> <ul style="list-style-type: none"> <li>• “Were you concerned about anything regarding.....?”</li> </ul> <p><b>Expectations</b></p> <ul style="list-style-type: none"> <li>• “Is there anything you were expecting from today counselling session?”</li> </ul>
---	--------------------	--	---



**Do** Some useful techniques that can be used while listening.

- Nodding
- Echoing
- Reflecting
- Encouraging
- Summarising

No.	Steps	Purpose	What do you do as a counselor?
4	Assess impact	Ensure the client's acceptance: demonstrate that you recognize the situation and explain what you can do to support in the next step.	<ul style="list-style-type: none"> <li>Use open questions first. eg:            "Are there any other work-related, family-related, or finance-related concerns because of your disease?"            "How do these symptoms and disease affect your day-to-day life at work and/or at home?"</li> <li>Then use the closed questions to fill in any gaps. eg:            "Did you experience side effects of the drugs?"            "Does the treatment stop you from doing anything?"</li> </ul>



**Do** take time, encourage clients to tell their story and ask their questions.

**Don't** interrupt the clients while they are expressing their anxieties, fears, and expectations. If you do, the clients might get reluctant, and you may lose their trust and will not get enough information from them.

5	Explain	Explain the problem and plan management	<ul style="list-style-type: none"> <li>Discuss with the clients what are happening and what to be done based on the current knowledge they have.</li> <li>Choose the contents of your explanation depending upon the phase of counseling. <b>See Section A, topic 4.</b></li> </ul>
---	---------	---	---



**Do** give tailor-made information to respective clients

**Do** use a visual support such as the job aid (media-aided e.g., a video or pictorial)

**Don't** overload the patient with information (give the information in pieces)

6	Answer questions	Make sure you answer all the relevant questions that the clients asked	<ul style="list-style-type: none"> <li>Answer the question that the clients ask</li> <li>If you don't understand the question: ask the clients to clarify</li> </ul>
---	------------------	--	--



**Do** answer question on point

7	Summarize	<ul style="list-style-type: none"> <li>Check if you have understood the clients</li> <li>Check if the clients have understood the information, you have provided</li> </ul>	Correct misunderstandings and give information again in client-comprehensible language
---	-----------	---	--



**Do** summarize the key points

**Do** check by requesting the client to summarize the information that you have given

**Do** give the client a brochure as a reminder

No.	Steps	Purpose	What do you do as a counselor?
8	Safety netting	This means making sure the clients understand how and when to seek medical help if their condition worsens or if unexpected condition happens	Explain the possible side effects and what to do if they occur. e.g., “Over the next few days, I expect you to be relieved from the minor side effects of the anti-TB drug that you have suffered. However, if some serious side effects happen, please come, and see the health care provider without delay.”



- Do ask a question for clarification about when to see the health care provider urgently
- Do also look at the clients' body languages to see whether they understand well

9	Close and follow up	<ul style="list-style-type: none"> <li>Assure clients that the services they need are available</li> <li>Decide the next steps together</li> </ul>	Arrange for further diagnosis or treatment or follow up
---	---------------------	--	---



- Do give exact information and check that the client understands
- Do refer if further attention is needed (eg., If the clients need further psychosocial support, refer to mental health services)

## 4. Phases of Counseling

The counselor should verify the client's situation and conduct the specific phase of counseling.

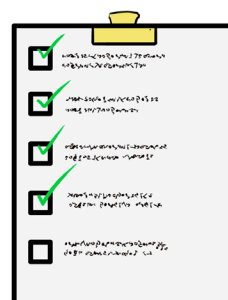
### 4.1 Counseling for people with presumptive TB who need to complete diagnosis

- Provide basic TB knowledge e.g., about the nature of the disease
- Provide information about TB diagnosis services (sputum transportation, sputum examination & chest X-ray) and all are free of charge (FOC)
- Explain the benefits of early diagnosis and treatment, and the consequences of late diagnosis
- Briefly explain the available TB treatment services which are also FOC if they are diagnosed with TB
- Explore the client's concerns and challenges and provide counseling accordingly



## 4.2 Counseling for people with TB before treatment initiation

- Explore who will be caretaker or DOT provider and provide counseling together if it is possible
- Explain the disease situation including investigation results, duration of treatment, and importance of regular follow-up
- Provide basic TB knowledge
- Explain infection control measures which need to be followed to prevent transmission
- Explain the benefits of early treatment
- Explain the available TB-related services sites (public/private) which are FOC
- Explain the importance of treatment adherence and consequences of poor adherence
- Explain the possible side effects (minor and major) and what to do if they occur
- Emphasize the importance of HIV testing and Diabetes screening
- Explain the importance of contact investigation and provision of TB preventive treatment (TPT) for eligible contacts
- Explore the client's concerns and challenges and provide counseling accordingly
- Provide additional information as needed depending on available time



## 4.3 Adherence counseling for people with ongoing TB treatment

- Explain the importance of treatment adherence and consequences of poor adherence
- Explain the importance of re-examining the sputum in accordance with the schedule and regular weight assessment
- Evaluate whether the client is suffering from any side effects and take necessary action
- Explore the client's concerns and challenges and provide counseling accordingly

**Remark:** In children with suggestive TB symptoms and childhood TB cases, counseling for all three phases should be provided to their caretakers (or) guardians.

## 5. DSTB Counseling Schedule

After diagnosed as DSTB, the counseling sessions should be conducted as following schedule:

- First session - Provide treatment initiation counseling
- Second session – Provide adherence counselling 7 days after initiation of TB treatment
- Third session and afterwards – Provide adherence counseling as needed during regular follow-ups



**SECTION B**

**Effective Messages  
for DS-TB  
Counseling**

## I. Nature of the Disease

### I.1 What is TB?

- TB is an airborne infection caused by a germ – Mycobacterium tuberculosis. TB usually affects the lungs but may affect other parts of the body as well.
- TB is a curable disease.

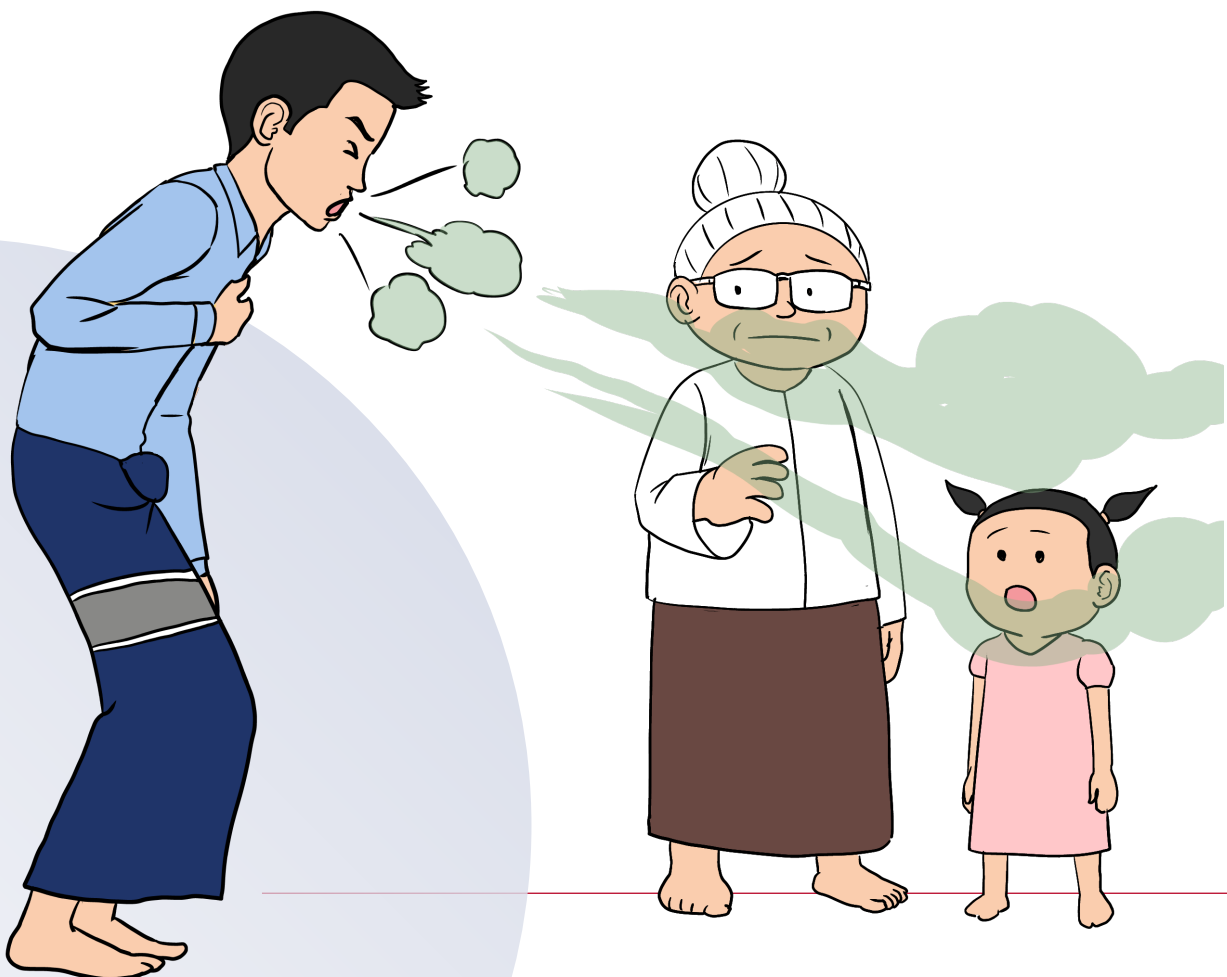
### I.2 How does the disease spread?

- Pulmonary TB spreads when an infected person coughs or sneezes.
- The germs pass through the air from the person who has pulmonary TB to other people who breathe them in.

### I.3 Who are the most vulnerable to TB?

People who have a higher chance of contracting TB if infected are:

- People with HIV
- People who are immunocompromised due to other medical conditions (e.g., persons receiving chemotherapy or radiation, or corticosteroids, and people with diabetes mellitus, etc.)
- Elderly people and children under five years of age
- Active smokers and people who abuse alcohol and/or drugs
- People with poor nutrition
- People belonging to socially vulnerable populations, such as the homeless, unemployed, or migrants
- People sharing residential accommodations with a person with TB (e.g., apartments, hostels, or social care homes)

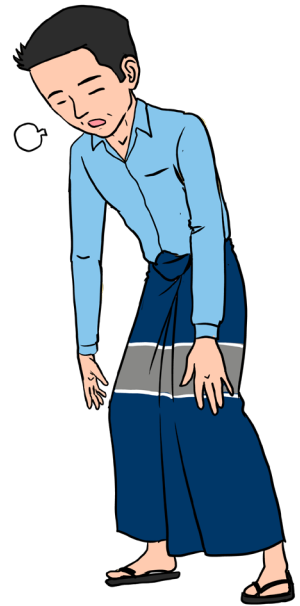
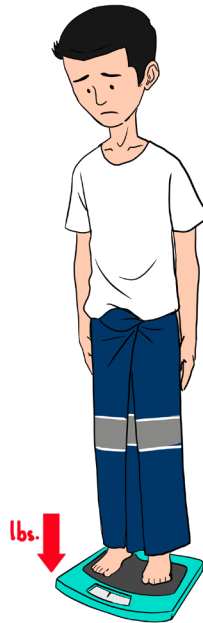




## 2. Signs and Symptoms of TB

### General signs and symptoms of TB

- Fever
- Night sweat
- Loss of appetite
- Loss of weight
- Frequent fatigue and tiredness



### Common signs and symptoms of pulmonary TB

- Cough (cough more than two weeks)
- Expectoration and/or coughing of blood
- Chest/ Back pain

*Note\* The clinical signs and symptoms of extrapulmonary TB (EPTB) may vary depending on the organs involved.*



### 3. Symptoms suggestive of childhood TB

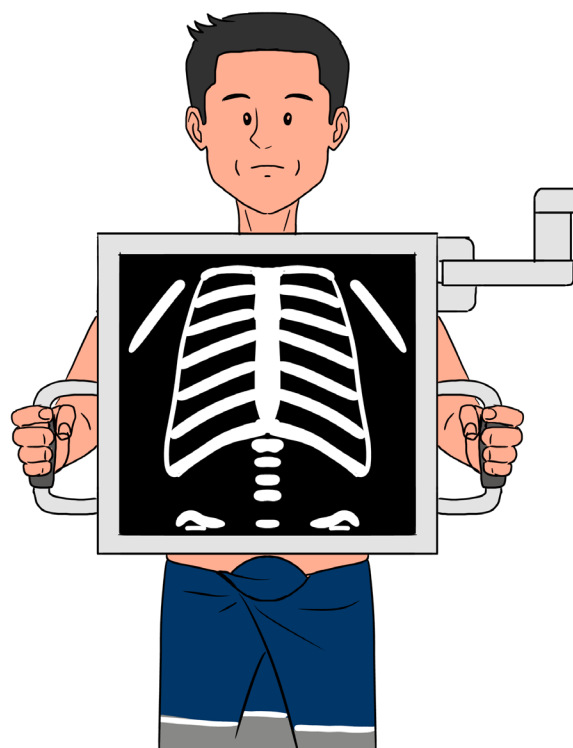
The child can be considered as a presumptive TB case if 2 out of 3 following features are present

- Persistent symptoms: cough for more than 2 weeks and/or fever for more than 2 weeks
- Failure to gain weight or weight loss
- History of contact with people with presumptive or diagnosed TB

### 4. How can TB be Diagnosed?

- Sputum examinations including microscopy and/or advanced molecular testing, and chest X-rays are necessary for the diagnosis of pulmonary TB.
- In children with signs and symptoms of pulmonary TB who are not able to produce sputum, nasopharyngeal aspirate, gastric aspirate, or stool specimen should be used for initial diagnostic testing.

*Note\* EPTB diagnosis depends on the site involved. e.g., for TB lymphadenitis, lymph node biopsy or fine needle aspiration for molecular testing is required.*



### 5. Treatment-related Information

All types of TB are curable if:

- It is diagnosed and treated as early as possible, which is the best way to prevent TB transmission to families and communities.
- The **right medicine** is taken in the **right doses**, at the **right time** and for the **right duration**.

#### 5.1 Treatment regimens and duration

TB treatment regimens

Type of TB	Treatment Regimen			Total duration
	Regimen	Intensive Phase	Continuation Phase	
New (A TB patient who is treated for TB for the first time)	Initial Regimen (IR)	2HRZE	4HR	6 months
Previously treated (A TB patient who has been treated for TB before)	Retreatment Regimen (RR)	3HRZE	5HRE	8 months
		6HRZE		6 months

## TB treatment regimens for children

Type of TB	Categories	Recommended Treatment regimen		Total duration
		Intensive Phase	Continuation Phase	
New (A TB patient who is treated for TB for the first time)	Children < 8 years of age	2HRZ	4HR	6 months
	<ul style="list-style-type: none"> <li>Children ≥ 8 years of age</li> <li>Children &lt; 8 years of age with sever forms of pulmonary/ EPTB or who are HIV infected</li> </ul>	2HRZE	4HR	6 months
	<ul style="list-style-type: none"> <li>TB meningitis</li> <li>Disseminated TB</li> <li>Osteoarticular TB</li> </ul>	2HRZE	10HR	12 months
Previously treated (A TB patient who has been treated for TB before)		3HRZE	5HRE	8 months
		6HRZE		6 months

\*H- Isoniazid, R- Rifampicin, Z- Pyrazinamide, E- Ethambutol

### 5.2 Schedule of follow-up sputum examinations

During treatment, the disease progress will be monitored by means of follow-up sputum examinations.

Types of TB	Regimens	Months of follow-up sputum examinations
New (Bacteriologically confirmed TB)	Initial regimen (6 months)	Month 2, Month 5, Month 6
New (Clinically diagnosed TB)	Initial regimen (6 months)	Month 2, Month 6
Previously treated	Retreatment regime (8 months)	Month 3, Month 5, Month 8

### 5.3 Consequences of late diagnosis and treatment

- People affected with TB can become very sick and very contagious
- Can transmit to family members, colleagues at work and the communities
- Might suffer more financial burden because of the consequences of the disease

### 5.4 Consequences of poor treatment adherence

- The patient cannot be cured and can increase the chance of TB transmission to others
- Can develop drug resistant TB which can lead to a longer duration of treatment
- The disease might be lethal

## 6. Likely Side Effects of Anti-TB Drugs

- All existing drugs including anti-TB drugs can have side effects. Not all people suffer from side effects of anti-TB drugs. Side effects of anti-TB drugs can appear at any time during the course of the treatment.
- Most side effects are minor and disappear over time.

Minor side effects (Monitor closely)	Notes for counselor
Orange/red colored urine and body fluids including sweat and tears	Reassure that this is normal during treatment
Nausea, vomiting, and abdominal discomfort	Recommend taking small meals with the drugs (or) Recommend taking anti-TB drugs before bedtime
Joint pain	Reassure and encourage the patient to drink more water and other liquids. If severe, recommend consulting with healthcare provider
Numbness or tingling sensation of hands and feet	Encourage patients to take pyridoxine (vitamin B6) regularly. If side effect persists, suggest seeking help from the healthcare provider

Major side effects	Notes for counselor
Yellowish discoloration of eyes and skin	<b>Stop anti-TB drugs</b> and consult with doctor immediately
Skin rash with or without itching	
Visual impairment	

Note\* Certain medications, including birth control pills, birth control implants, antiretroviral therapy (ART) and methadone treatment may interact with anti-TB drugs. In this situation, the clients have to consult the doctor and follow the doctor's instruction.



## 7. Available Services and Cost-related Information

- TB diagnosis services and the full course of treatment are available free of charge through the public and non-profit private sector, e.g., public hospital, public health centers, Sun clinics, MATA and MMA TB clinics etc.

## 8. Confidentiality and Record-keeping

- The client's confidentiality must be maintained: the client's information including HIV status must not be disclosed without consent. However, encourage the clients to disclose their HIV status to the treating clinicians for better management including treatment outcomes.
- Encourage clients to keep their records in a secure location and not reveal them to others.

## 9. Infection Control Measures (To prevent the spread of TB)

- Following Cough Hygiene – putting cloth/mask on nose and mouth while coughing or sneezing.
- Collecting the sputum in a well-covered cup and disposing properly at least once a day: in the toilet or buried or burned. (It is better to mix it with diluted hydrochloride solution. If that is not available, diluted detergent solution should be used)
- Keeping the room well-ventilated and getting direct sunlight. Sleeping in or near open spaces.

## 10. Contact Investigation

Conducting systematic screening for TB disease through symptoms screening and/or CXR is important for household contacts and close contacts.

## 11. Other Relevant Information

- Explain to people with TB that if they plan to move or travel for months, they need to inform a health care provider to prevent interruption of their treatment.
- Also provide information about the location of the clinics to issue anti-TB drugs and laboratories to send follow-up sputum samples.
- Provide linkage of care with partnered organization as required.

## 12. TB with Co-morbid Diseases and Special Conditions

People with TB who have one of the following conditions should be referred to the provider for further in-depth counseling and linkage of care.

- a. HIV
- b. Diabetes Mellitus
- c. Hepatitis B
- d. Hepatitis C
- e. Pregnancy
- f. Lactating mother
- g. Chronic alcoholic
- h. Active smoker
- i. Drug users including people who inject drugs (PWIDs)
- j. Mentally ill
- k. Chronic diseases e.g., chronic renal disease, chronic liver disease etc.
- l. Socially and financially vulnerable people

A person wearing a white face mask and glasses is looking down at a tablet device. The image is overlaid with a semi-transparent blue circle. The background is a dark blue gradient.

**SECTION C**

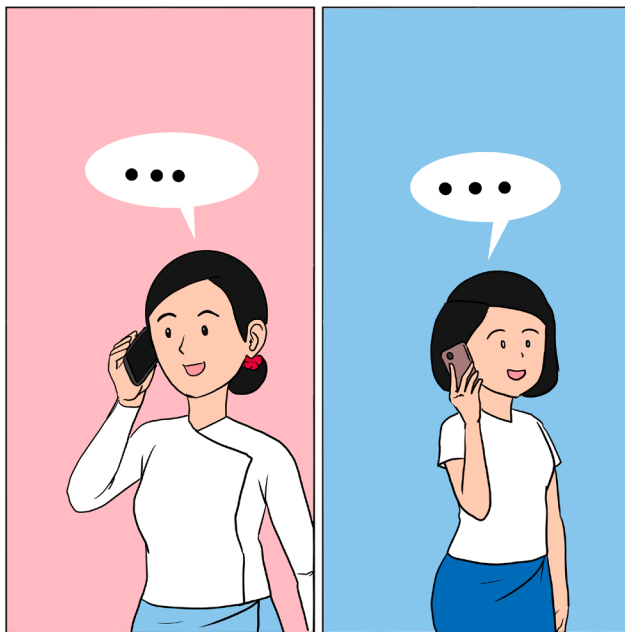
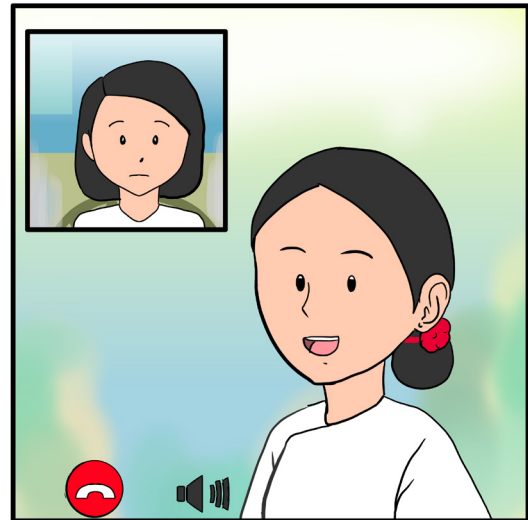
**Tele Counseling**

## I. What is Tele Counseling?

Tele counseling is a modern way to receive therapy through a secured platform by facilitating video sessions, call sessions, ongoing direct messaging therapy or a combination of both. Tele counseling can be convenient for both the client and the counselor. Most research reported that it worked just as well as in-person counseling.

In another way, any remote counseling that uses technology to help the counselor and client communicate is tele counseling. Some examples of tele counseling include:

- Conducting counseling sessions over the phone
- Having a group chat for group counseling
- Using video conferencing for individual, couples, or group counseling
- Receiving counseling via email or instant messenger
- Using apps that connect clients to counselors and offer counseling within the app

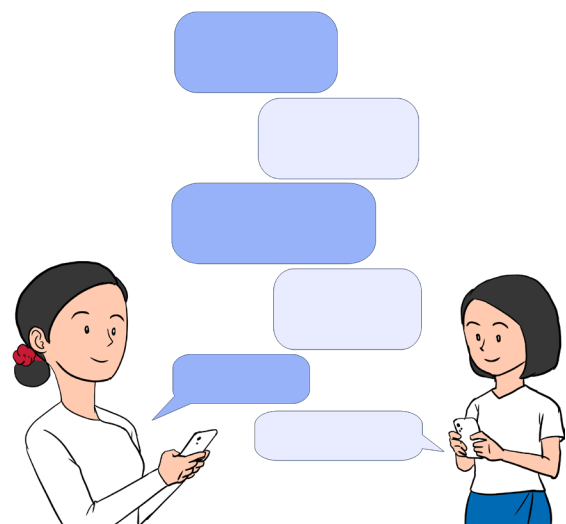


## 2. Benefits of Tele counseling

Tele counseling also provides a range of benefits in comparison with traditional in-person counseling:

- ➔ **Time saving:** Counselors can support clients from home; reducing or eliminating their commuting time. For the clients, there will be no waiting time at the health care facilities.
- ➔ **Public health aspect:** The ability to seek counseling at home causes lesser personal contact and thus can reduce the risk of transmission to others and vice versa.

- ➔ **Lower cost:** A tele counseling model can eliminate some of operational cost for counselors. On the other hand, it can also reduce travel expense of the clients.
- ➔ **Greater access to care:** Tele counseling improves access to therapy for people with disabilities, financial worries, transportation difficulties, and other barriers.



### 3. Limitations to be Considered

There are some possible limitations that the counselor might face while conducting tele counseling. They need to consider the best ways to overcome them.

- ➔ **Technical difficulties:** To choose right digital platform by considering the client's technological proficiency, client's availability, and security of client data.
- ➔ **Communication barriers:** It can take longer to establish a strong rapport with clients over digital platforms.
- ➔ **More client anonymity:** Counselors have a duty to warn the proper authorities if the clients are at risk of harming themselves or others, and clients' anonymity can make this more difficult, potentially interfering with the counselor's ethical obligations.
- ➔ **Ethical and legal issues:** Counselors must comply with regulations and this compliance can require significant legal knowledge.

### 4. Brief Steps to Carry Out during Tele Counseling

- Take informed consent and initiate the session
- Follow the detailed steps of counselling ([refer to Section A, Topic 3.1](#))
- Conduct tele-counseling according to the phase of counseling ([refer to Section A, Topic 4](#))
- Ensure confidentiality: The counsellor must follow the following steps to ensure the client's confidentiality.
  - logging in from a private network
  - accessing therapy via an encrypted digital platform
  - preventing third parties from viewing sessions or session notes
  - keeping their computers locked to prevent others from viewing documents which contain clients' information

### 5. Special Considerations for Tele Counseling

#### 5.1 Preparations before a tele-counseling session

1. Restart your computer. Close background programs.
2. Test your internet connection speed. (Minimum recommended speed -10mbps)
3. Confirm that webcam, microphone, and speakers are functioning.
4. Make sure the audio is not on mute.
5. Remove clutter and tidy the counseling room.
6. To prevent interruptions during the session, set your cell phone to silent and consider hanging a "Do not disturb" sign in front of the counseling room.

#### 5.2 Considerations during a tele-counseling session

1. Confirm that the client is in a safe and private place to talk.
2. Verify and document the client personal information such as name, age, address, etc.
3. Review the back-up plan in case the connection is interrupted. Confirm that the phone number on the file whether it is the client's current accessible phone.
4. Inform the potential risks and limitations of tele counseling to the client.
5. Remind the client that there are alternative, non-video tele-counseling options.
6. Emphasize the importance of consistent counseling attendance.



# References

1. Anon. *Telecounseling Fact Sheet - Benefits/Risks/Limitations*. n.d. [online] Available at: <https://www.neomed.edu/wp-content/uploads/Telecounseling-Fact-Sheet.pdf>.
2. Challenge TB, USAID. *Counseling TB patients by DOT Providers: Manual for DOT Providers | eToolkits*. 2022. Dghs.gov.bd. Available at: <http://etoolkits.dghs.gov.bd/toolkits/bangladesh-program-managers/counseling-tb-patients-dot-providers-manual-dot-providers>
3. Behara, I., Saran, K., Nanavati, A.G., Musale, D.C. What Counseling and Support Do Patients with Tuberculosis Need? *Let's Talk TB*. 2015. Available at: <http://www.letstalktb.org/what-counseling-and-support-do-patients-with-tuberculosis-need/>
4. Medical News Today. Teletherapy: What it is, benefits, and uses. *MedicalNewsToday*. 2020. Available at: <https://www.medicalnewstoday.com/articles/teletherapy>.
5. Ministry of Health and Sports, Myanmar (2017). *Standardized Health Messages*.
6. Nandhini and Karunagari, K. Strategies to Improve Tuberculosis Counseling Services. *Pondicherry Journal of Nursing*, 11(1), pp.31–36. 2018 .doi:10.5005/pjn-11-1-31.
7. National AIDS Control Organization. *Integrated 10 Points Counselling Tool on TB/Drug Resistant TB*. (n.d.) [online] Available at: [http://wbsapcs.wbhealth.gov.in/readwrite/files/Final\\_Ten\\_Point\\_Counselling\\_Tool\\_on\\_TB\\_revised.pdf](http://wbsapcs.wbhealth.gov.in/readwrite/files/Final_Ten_Point_Counselling_Tool_on_TB_revised.pdf).
8. National Tuberculosis Programme, Myanmar. *Counseling Manual (Burmese Version)*. Second ed. 2020a.
9. National Tuberculosis Programme, Myanmar. *Guidelines for Drug Sensitive TB Management in Myanmar*. 2020b.
10. PATH. *Interpersonal communication and counseling for clients on tuberculosis and HIV and AIDS. Handouts for training participants*. 2009. Available at: [https://media.path.org/documents/CP\\_ukraine\\_tb\\_hiv\\_ipcc\\_hnd.pdf](https://media.path.org/documents/CP_ukraine_tb_hiv_ipcc_hnd.pdf)
11. SimplePractice. *A Guide to Telehealth in Private Practice*. SimplePractice. 2019. Available at: <https://www.simplepractice.com/resource/a-guide-to-telehealth-in-private-practice/>
12. USAID, India. *Tuberculosis control and care, A patient-counseling job aid for healthcare providers and health workers, counseling flipbook*. n.d.
13. Zur, O. *Codes of Ethics on TeleMental Health, E-Therapy, Digital Ethics, and Social Media*. Zur Institute. n.d. Available at: <https://www.zurinstitute.com/resources/ethics-of-telehealth/>

