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HIV/TB Agency, Information and Services Activity

“Private Sector Engagement Practices for Achieving TB Control in Myanmar”

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(MMA TB)

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Speaker's Profile

Dr. Thet Naing Maung Program Manager (MMA TB)



- 12-year experience in GP/Family Medicine training /Teaching program under Post graduate Diploma (Family Medicine) course & Family Medicine CME package course under CME program , MMA.
- 3-year-experience in Primary Health Care (Community Cost Sharing Drug Scheme) and RH, STI, HIV/AIDS in collaboration with UNDP, UNFPA, UNICEF.
- 17-year experience in TB clinical & program management, PPM, Private hospital involvement in PPM, TB/HIV, TB/DM , TPT, MDR TB support , TB related operational/implementation researches.
- 3- year experience in engagement of CXR CAD/AI for TB screening process & Digital Adherence Tools (VDOT) in PPM settings

Speaking Topic – Private Sector Engagement Practices for Achieving TB Control in Myanmar

Private Sector Engagement Practices for Achieving TB Control in Myanmar

Outline

- 01 Background of organization (Vision, Mission, Objectives, Coverage)
- 02 Strategies, Approach and Activities related to PSE following AIS's Concept
- 03 Challenges for PSE
- 04 Key takeaways

Myanmar Medical Association (MMA)

Professional body of medically qualified doctors in Myanmar founded in **1949**

90 MMA offices/ branches in States/Regions, Districts and Townships throughout the country

Over 20,000 Members
Of Medical Graduates

44 Of Speciality Societies

12 Social Support Groups

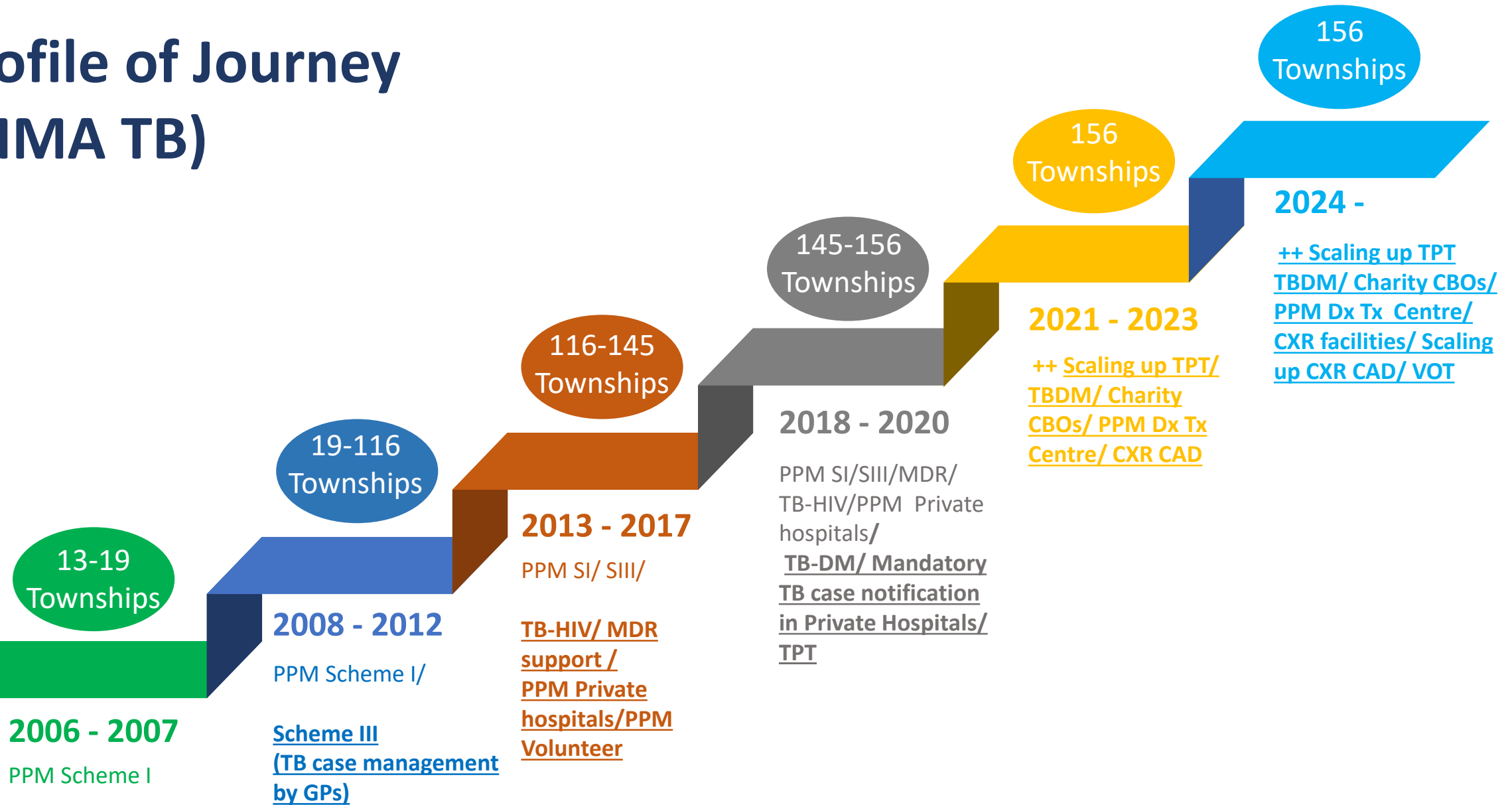
Vision

“To be instrumental in promoting the health of the people and enhancing the professionalism of the members”

Mission

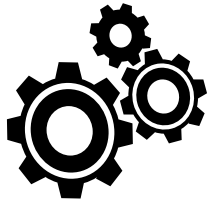
“working together, sharing responsibilities and experiences with strong commitment towards quality of health care”.

Profile of Journey (MMA TB)



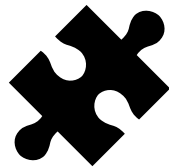


Strategic Approach for PSE (TB)



Integration

integrating academic,
organizational,
community service



Bridging

individual care,
community health and
disease control programs.



Enhancing Quality

Quality TB care at
private sector



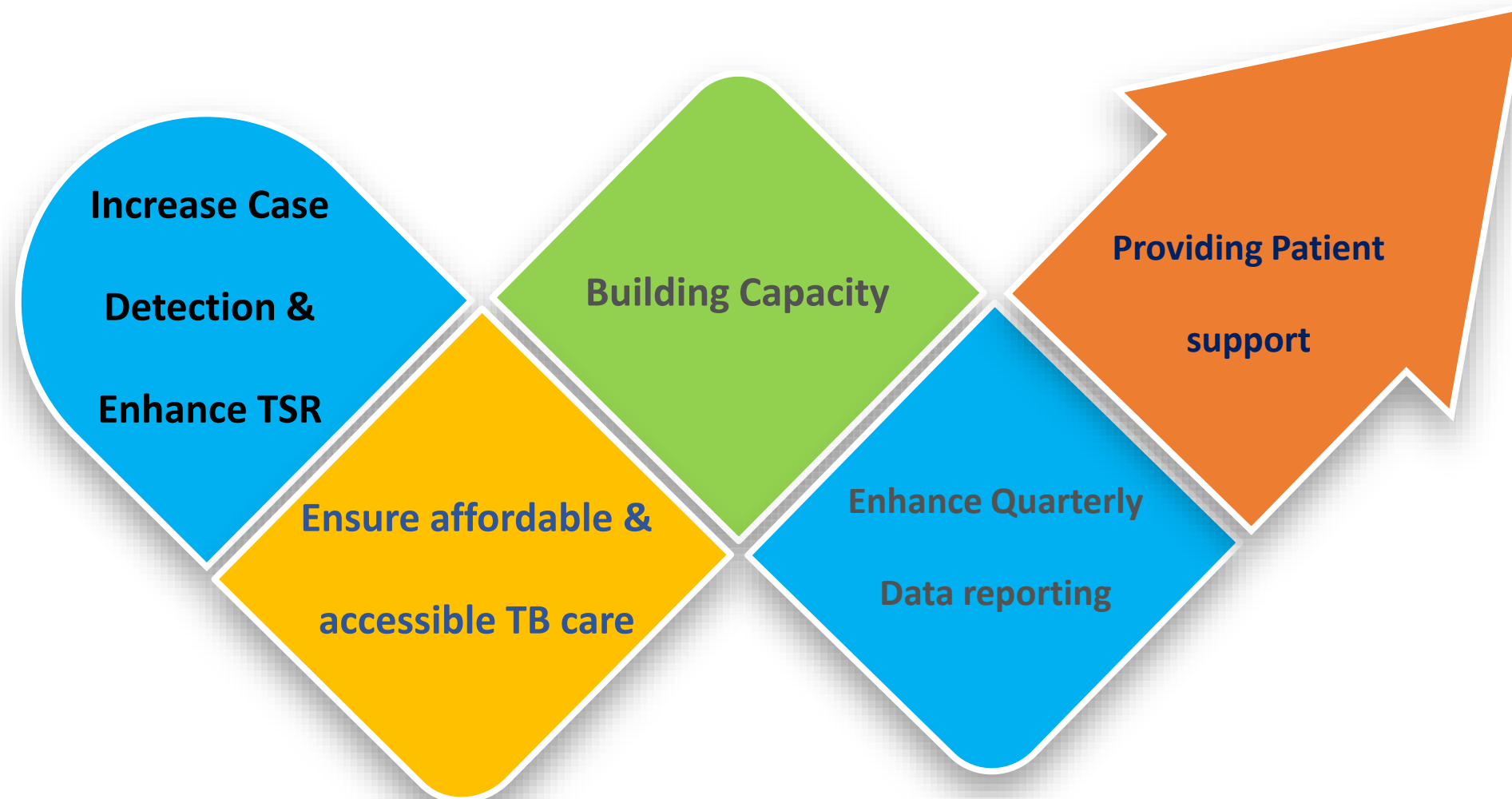
Scheme wise Approach

Engagement Models
at the Private Sector

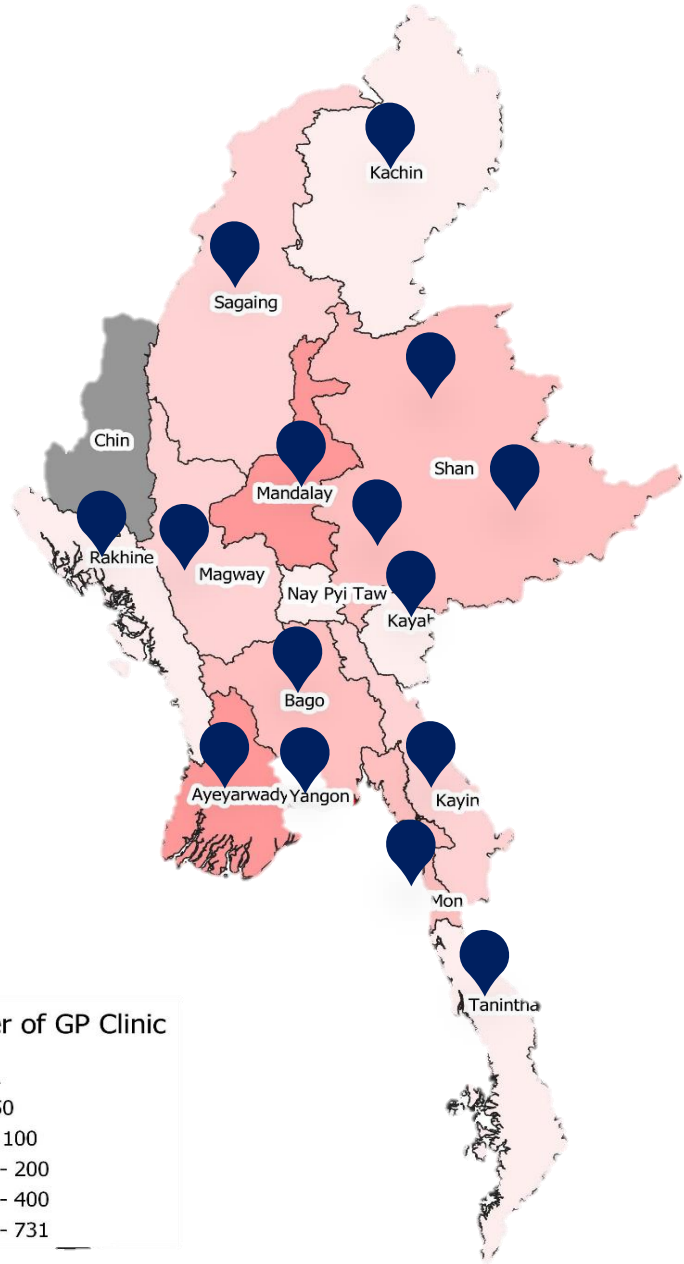


Strengthening Partnership and Collaboration

OBJECTIVES



Brief Summary



**Area Coverage (6 States & 7 Regions)
- 156 Townships**



Functioning PPM G.P Clinics - 1431



PPM TB centers in Private Hospitals - 19 Hospitals



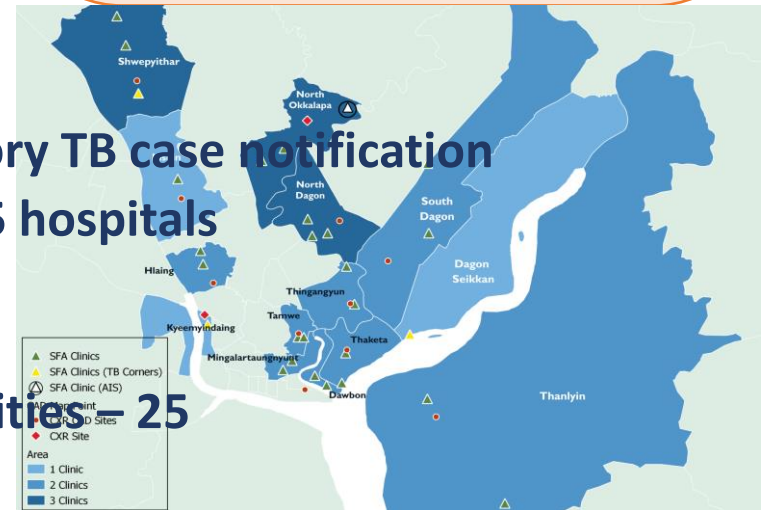
**Strengthening Mandatory TB case notification
in Private Hospitals - 25 hospitals**



Collaborating CXR Facilities - 25

AIS TB Project
Yangon (12 tsps.)

CAD facilities-10
SFA Clinics- 28
TBC/PPM Clinic- 4
Collaborated Charities- 4



Number of GP Clinic

- 0 - 1
- 1 - 50
- 50 - 100
- 100 - 200
- 200 - 400
- 400 - 731

Coordination

Coordinating mechanism at different levels of project implementation (township, state, region and central level).



PPM meetings

PPM Network at central and townships levels and Quarterly PPM meetings at every level (to exchange information, negotiate issues of common interest, to reach consensus with all stakeholders present in respective locality)

Partner Coordination Meeting

Partner Meetings at National, Regional and Local level

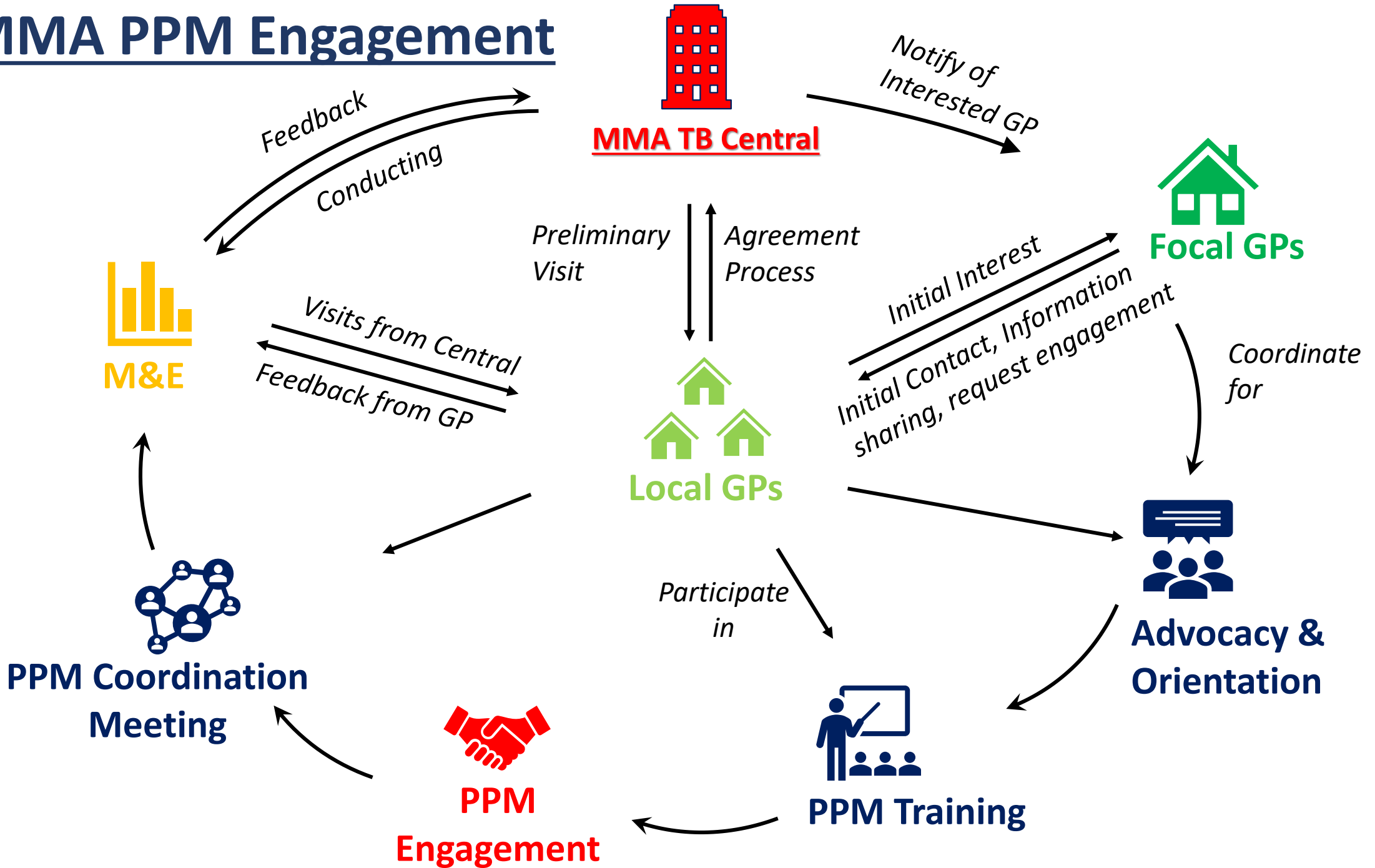
Monitoring and Supervisions

Monitoring and Supervisions are jointly performed by MMA & NTP with support of WHO from Central, State and Regional as well as at the township level.

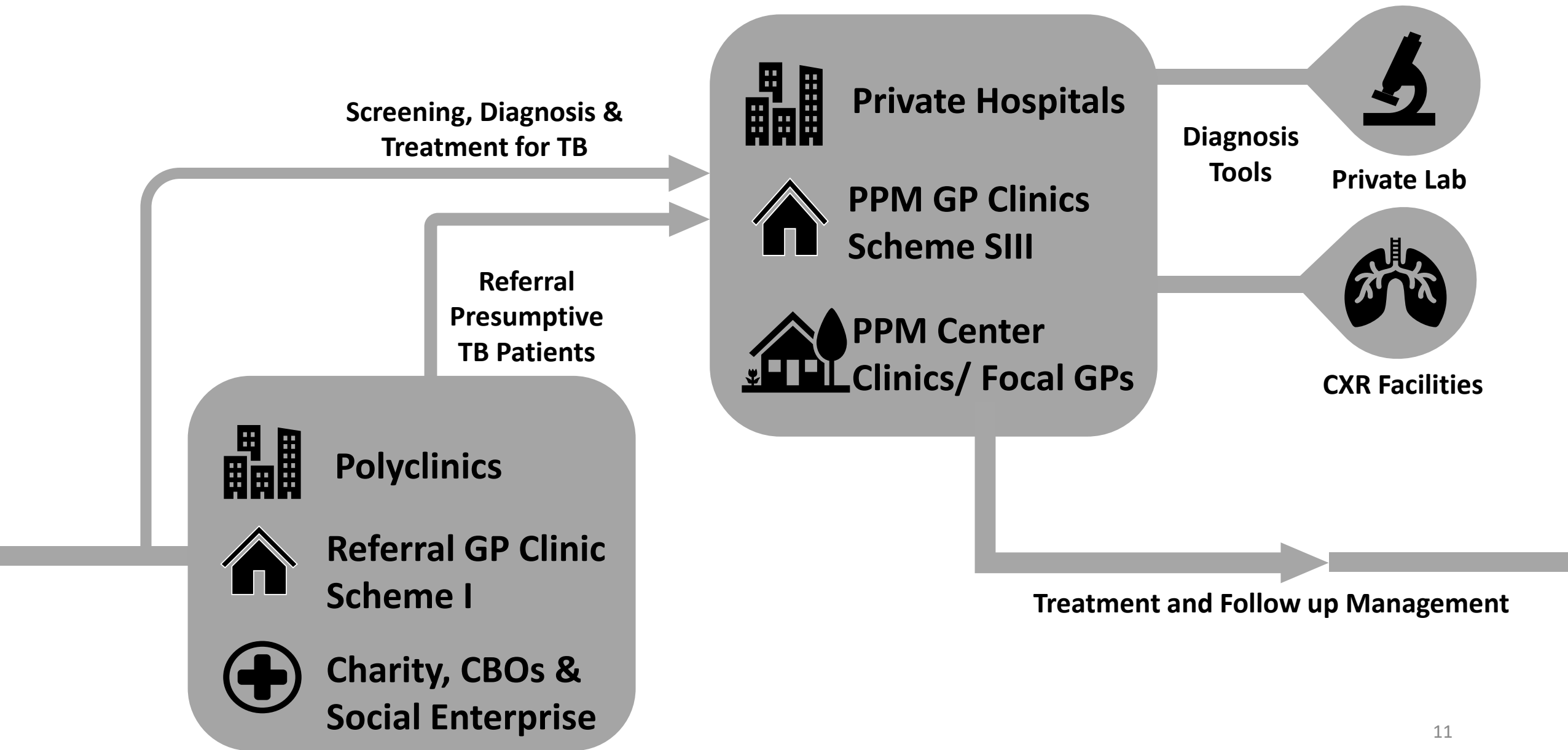
Evaluation/ Review meeting

Annual mid-term and end-year evaluation review meeting (MMA/NTP/PR/IPs)

MMA PPM Engagement



Scheme-wise approach: Engagement models



Preliminary meeting with focal GPs, Private facilities & Charities for upcoming MMA TB/AIS's activities (Dec,2021)



Private sector: Early Engagement & inclusion in planning & programming

Benefit for the Engaging PPM GPs



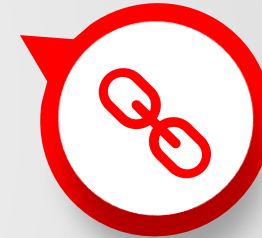
Knowledge Updating



Networking opportunities



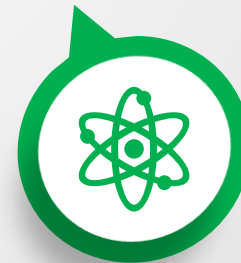
Improved Quality Services



Access to resources



Enhanced reputation and recognition



Service to the society

Tools for Engagement



Organization Meetings



Regional MMA Events



Coordinating Meeting



Advocacy Meeting



Preliminary Assessment Visit



CMEs, Case Review Session & Update Sharing



Seminars



Supervisory Field Visits

Incentives/enablers for PPM providers

Tangibles

- Non monetary support: In-kind support- IEC material, Infection control materials, Necessary items for Diagnosis and Management , In-kind award for outstanding PPM GPs
- Monetary support: GP incentives for case referral, case screening, case holding, Tx completion, DM screening & HIV screening

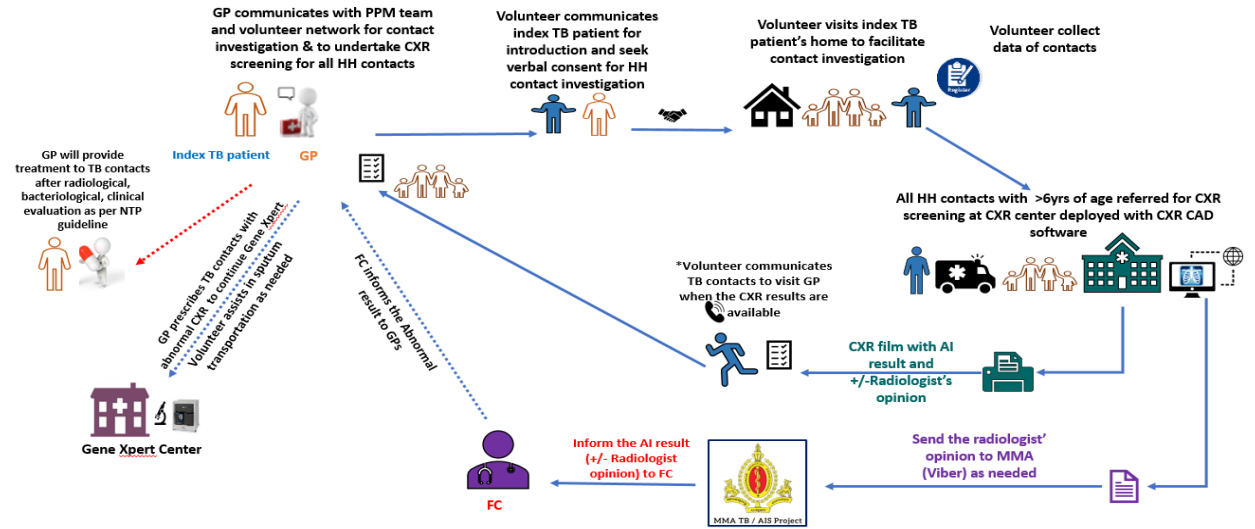
Intangibles

- CMEs
- Appreciation & acknowledgement for engagement
- Case review , Update Sharing
- On the Job training

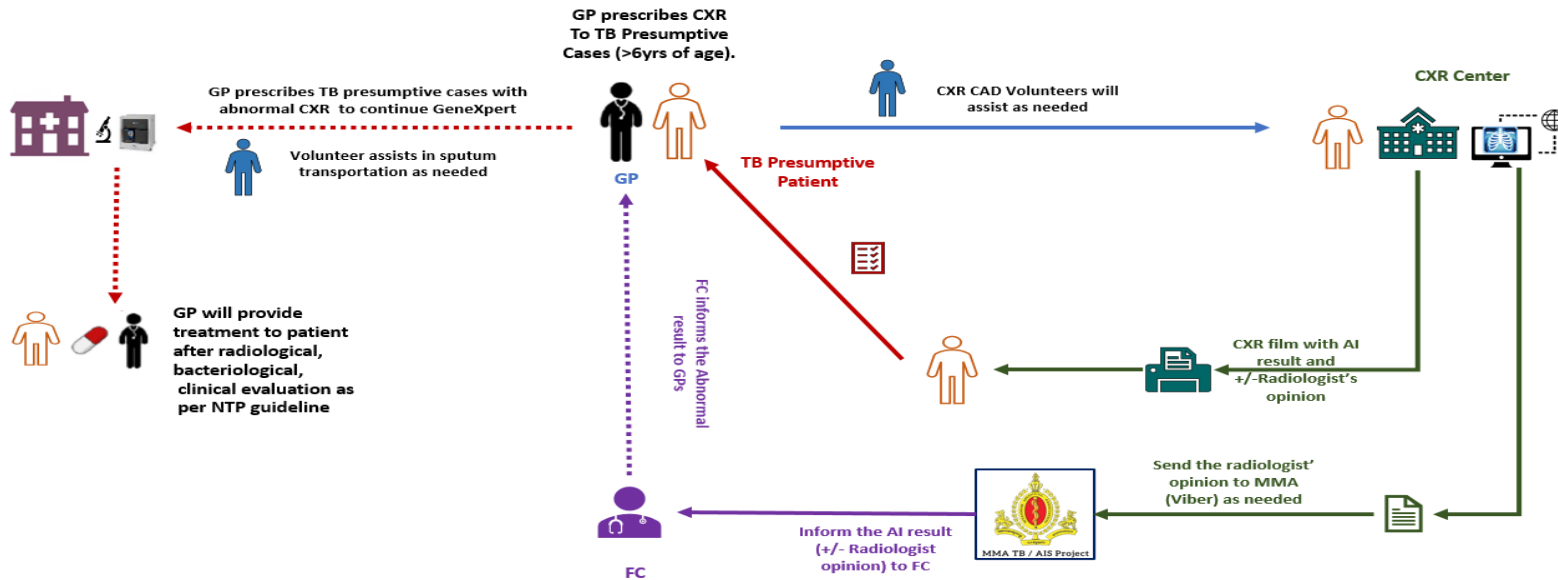


Updating tools & Approach (AIS)

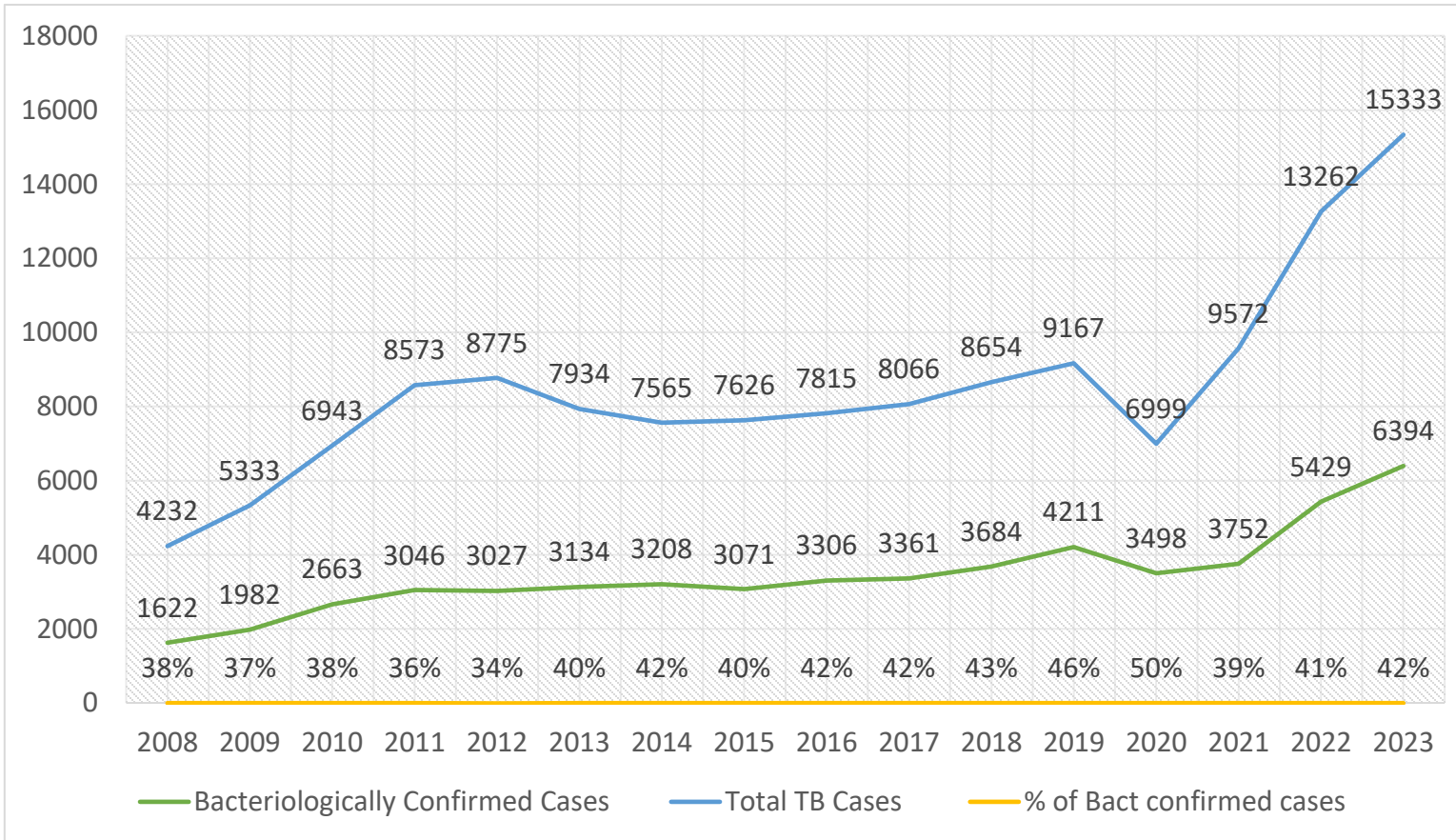
Workflow for Household (HH) Contact Investigation



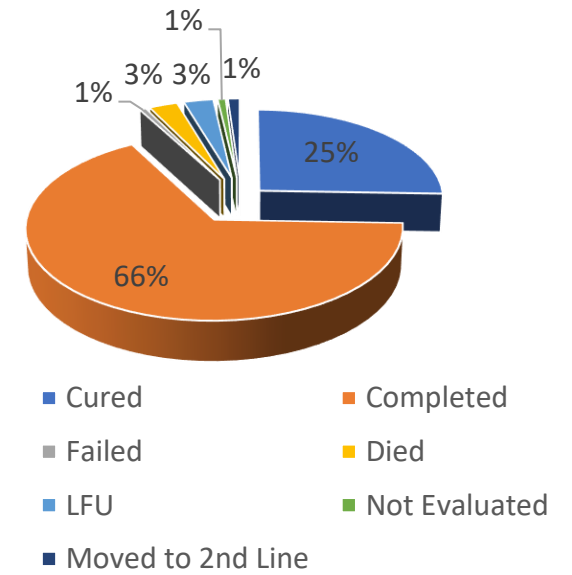
Workflow for TB Presumptive cases referral and CAD application



Achievements



Notified All TB Cases from the year of 2008 to 2023



Treatment Success Rate - 93%

Treatment Outcomes of All form of TB Cases (n=9677) (2022 Cohort)

Challenges for PSE

- Policy & administrative context
- Regulation & Quality control
- Building trust & Collaboration
- Initial reluctance and willingness for newer tools i.e. private CXR facility
- Engagement of Private facility staff (i.e. Motivation staff, work burden)

Lessons learnt

- Incentive schemes to be compatible.
- Recording/reporting requirements & burden.
- Training to be tailored with PCP needs.

Key takeaways

- **Art of building relationship:**
 - Different Context of Public & Private(Profit Vs Non profit) : ownership, funding, objectives, regulations, Efficiency, Accountability ...)
 - Key determinants for PSE: Market ,Economic (ROI), Gov initiatives on PPP, Regulatory environment, Financial Mx & Supply Chain Mx,
 - Leveraging advocacy to Private sector(Profit /Non-profit) partners for more collaboration for mutual benefit through PPDP .
 - Optimization of implementation schemes in line with local context. .
 - Recording & Reporting process to be adaptive according to context.
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THANK YOU.