Myanmar is one of the 22 TB high burden countries. In 2012, three TB REACH projects started active case finding activities to contribute to the National TB Program (NTP) effort to control TB. One of these is The Union, which has implemented PICTS: a Program to Increase Catchment of TB Suspects: a NTP, The Union and People Affected by TB (PATB) community collaboration in Mandalay, Myanmar.

The PICTS project reinforces case finding and access to diagnosis by increasing community awareness of TB through mass communications, decentralization of symptoms screening, sputum collection closer to the community, and referral to Township Health Centers (TSHC). The Union’s TB REACH project also initiated the use of new diagnostic technologies such as fluorescent microscopy and GeneXpert, in the public sector throughout the project area.

Through these efforts, 35,907 TB suspects were screened verbally, 8,098 TB suspects underwent sputum microscopy, 3,906 CXR were carried out and 871 TB suspects were screened by GeneXpert, during the first two quarters of 2012. As a result, 2,084 TB cases were diagnosed including 808 bacteriologically confirmed cases (40%).

The Gene Xpert system has also helped improve TB diagnosis in HIV positive patients and vice versa. The following story illustrates this synchronisation.

In April of 2012, a 32-year-old married man, his family’s breadwinner, was admitted to Mandalay General Hospital for a minor surgical intervention. As part of the routine counseling and screening for infectious diseases before his operation, he was discovered to be HIV-infected and was referred to the Integrated HIV Care (IHC) Program. At a follow up visit in the HIV clinic, he showed TB symptoms. His sputum smear was negative and a chest X-ray was inconclusive, but when the smear was tested using GeneXpert technology the result was positive for Mycobacterium tuberculosis without rifampicin resistance. He was enrolled in the NTP DOTS program and is now receiving treatment free of charge. Antiretroviral therapy was initiated during the intensive phase of his anti-TB treatment and he was made aware of the importance of preventing transmission to his family.

TB-HIV collaborative activities are well established in collaboration with the National AIDS Program, the NTP and township health centers in Mandalay. All HIV infected patients are systematically screened for TB at every HIV clinic. From January to September, 2012, 405 patients were sent from HIV clinics for TB evaluation. Among these, 133 were diagnosed with TB, using available tools including GeneXpert. During the same period, at 14 sites supported by The Union, among 4215 TB cases diagnosed, 3724 (88%) agreed to be tested for HIV. Among those tested, 762 (20%) TB cases were found to be co-infected with HIV.
More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly $50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US $0.15.