

National Hepatitis Control Program (NHCP)



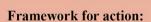
2017 July



Vision: To free from viral hepatitis by halting transmission while those living with hepatitis has access to safe, affordable and effective treatment

Goal: To work within a health system framework and use effective public health approach within the premises of Universal Health Coverage

Target: Reduce incidence of viral hepatitis
Reduce mother to child transmission of HBV
Reduce the mortality due to viral hepatitis
Reduce the socioeconomic impact of viral hepatitis at individual,
community and population levels



Universal Health Coverage Continuum of Care and Public Health Approach









"To Eliminate Viral Hepatitis as Public Health Threat by 2030"





Indicator 3.3_ "Combat Hepatitis"





Hepatitis is present worldwide*

It can be serious and even fatal but it is preventable!

May 2010 World Health Assembly Resolution



Dec 2011

Global Hepatitis Programme created Nov 2014

Myanmar National Hepatitis Control Program – Feb 2015

TWG on

Prevention of VH

Transmission

National Technical Strategic Group on Hepatitis Prevention and Control is formed May 2015

Technical Working Groups of NHCP

TWG on

Diagnosis,

Clinical Care &

Treatment

National Technical Strategic Group

on Viral Hepatitis Prevention

and Control

Nation-wide sero-prevalence survey for Hep B and C (DMR and DPH) MINISTRY OF HEALTH AND SPORTS MYANMAR February 2017

TWG on

Health

Work Force

Development

June 2015

Finalization of national simplified treatment guidelines for Hepatitis C Infection Myanın National Strat

TWG on

Surveillance,

Research &

Strategic

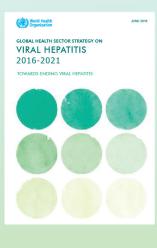
Information

Myanmar National Strategic Plan On Viral Hepatitis

2016-2020

Sep 2015

National
Consultation
on
Development
of National
Strategic Plan
on Hepatitis



Prevalence	Population	Prevalence rate
Mono-infection of HBV	* General population (2015) **Among blood donors (2015) * Multi-transfused patients * Patients undergoing haemodialysis # PWID	6.51% 3.7% 6.1% 4.9% 8.2%
Mono-infection of HCV	General population (2015) Among blood donors (2015) Multi-transfused patients Patients undergoing hemodialysis # PWID	2.70% 0.71% 3.1% 12.8% 58.9%
Co-infection	# HIV/ HBV # HIV/ HCV # HIV & HBV/ HCV	2.2% 20.1% 20.7%

* DMR National survey (2015) # IBBS study among PWID (2014) ** Annual report of National Blood Bank (2015)

4 Strategic Directions

Prevention of transmission of Viral Hepatitis

Diagnosis, Clinical Care & Treatment

Workforce Development Surveillance, Research and Strategic Information





April 2016

TOT on Treatment of Hepatitis C Oct 2016

Stakeholder's consultation meeting on Action Plan for Viral Hepatitis for Myanmar Jan 2017

Meeting of Update on Simplified Treatment Guidelines and Laboratory Diagnostics on Viral Hepatitis March 2017

Preparatory
Training Plan
for Hepatitis C
Quick Start
Treatment
Program

May 2017

Open MRS Training for Hepatitis C Quick Start Program June 2017

Launching ceremony on Viral Hepatitis C Treatment Program









A new beginning to end hepatitis in Myanmar



HCV Prevalence (all ages) 2.70 % i.e 1,455,223

Adult Viraemic Prevalence 1.88% i.e.1,004,104 Populations

Common Genotype is 3(39%), 6(49%) and 1(26%)

Drugs

Daclatasvir (30 mg/60 mg) – donated by American based BMS through CHAI Sofosbuvir (400mg) –purchased by the government budget

Diagnostics

Purchased by the government budget

Program Outline

- Start with treating total (2,000) Viral Hepatitis 'C' patients (1,200 monoinfection and 800 HIV co-infection) in June 2017
- Designated hosptitals

For Mono Infection For Co-infection Yangon Speciality Waibagi Infectious Hospital Disease Hospital North Okkalapa Mingalardon General Hospital Specialist Hospital Nay Pyi Taw 1,000 Tharkata Hospital bedded Hospital Mandalay General (Liver Unit) Hospital Mandalay General (Medical Unit) Hospital (Liver Nay Pyi Taw 1,000 Unit) bedded Hospital (Medical Unit)

We Have A Long Way To Go

Ways Forward of NHCP

To expand the public sector Hepatitis C treatment program in as phase by phase manner

procurement and importing mechanism for hepatitis drugs and diagnostics

To start the public sector Hepatitis B treatment program

To strengthen the capacity building on health workforce in public sector for Hepatitis C and B treatment

To conduct operational research in the future in collaboration with DMR, DPH



NOhep... is For All

ELIMINATE HEPATITIS





against Hepatitis **Fight**