Stop TB! Together, We Must Succeed. Together We Will Succeed.

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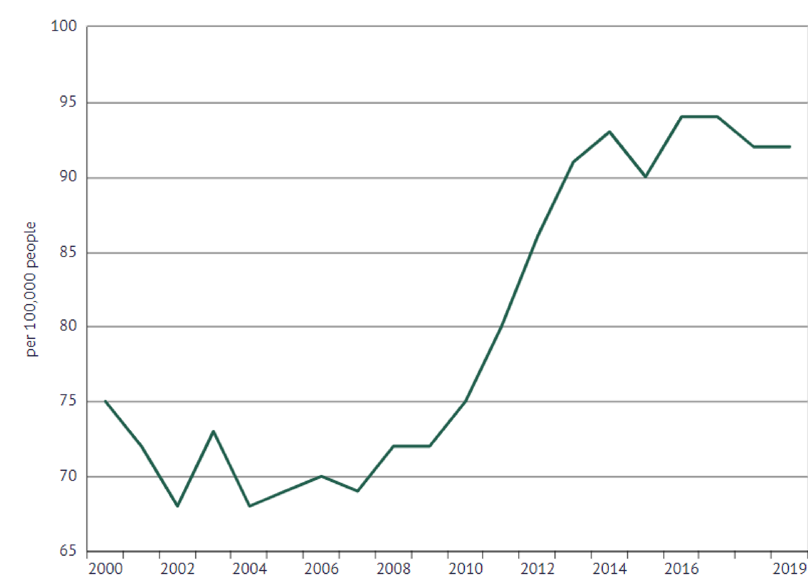
Background and Rationale

- Tuberculosis (TB) remains an important public health and challenges for control in Malaysia. The increasing number of TB poses a great challenge to control and reduce TB transmission in Malaysia. [1]
- Malaysia is classified as a country with an intermediate TB burden that is, notification rate (NR) for TB = <100 per 100, 000 populations. [1]
- The incidence of tuberculosis in Malaysia tended to increase through 2000 - 2019 ending at 92 cases per 100,000 people in 2019. [2]



Graph 1 showed an increasing trend of Tuberculosis incidence (per 100,000 population) in Malaysia (2000-2019)

Situational Analysis

- For the past six years, majority of TB cases reported were from working age group; for year 2015, percentage of TB cases for age group of 25-54 years old was 53% (Figure 2) [1]
- The increasing number of TB poses a great challenge to control and reduce TB transmission in Malaysia whereby interrupted treatment (defaulter) is one of the main contributor. [1]
- Malaysia's TB defaulter rate is consistently above 4% from 2009 until 2015, thus exceeding the national target of 2%. (Figure 3) [1]
- Default is influenced by interrelated factors such as patients' beliefs and personal factors, health system and service factors, economics including poverty and gender discrimination as well as the social context in terms of support and TB related stigma. [3]

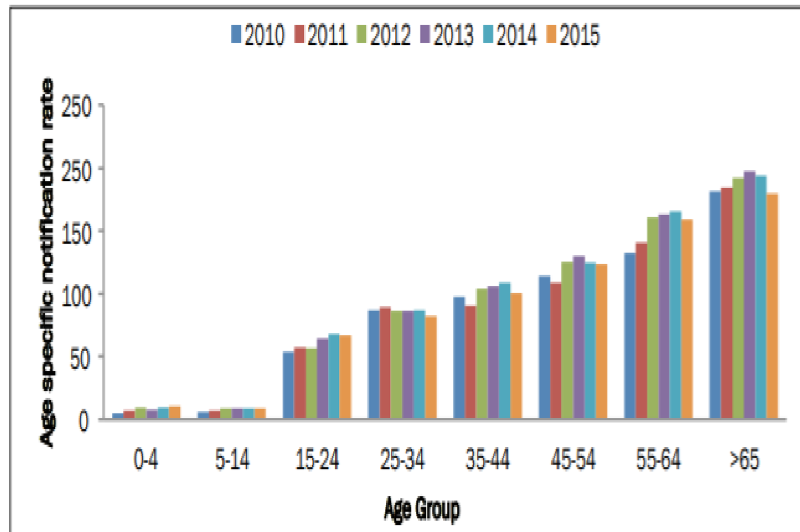


Figure 2.:Age Group Specific Notification Rate per 100,000 Age Group Specific Populations, (2010-2015)

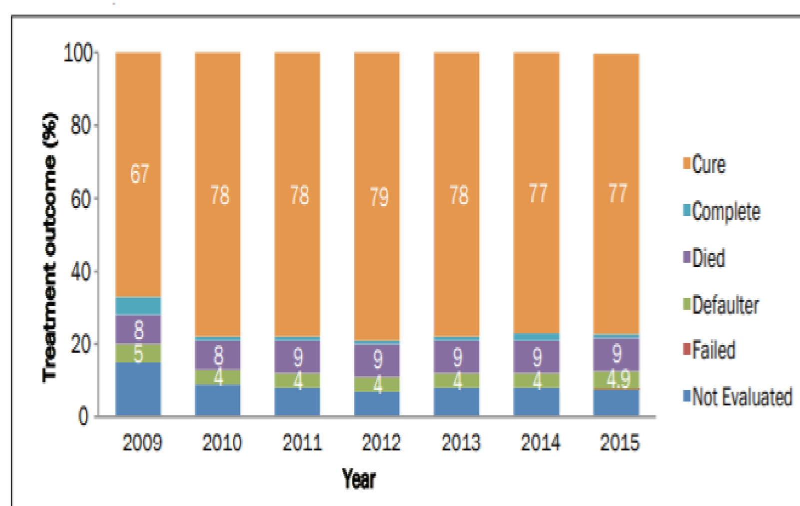
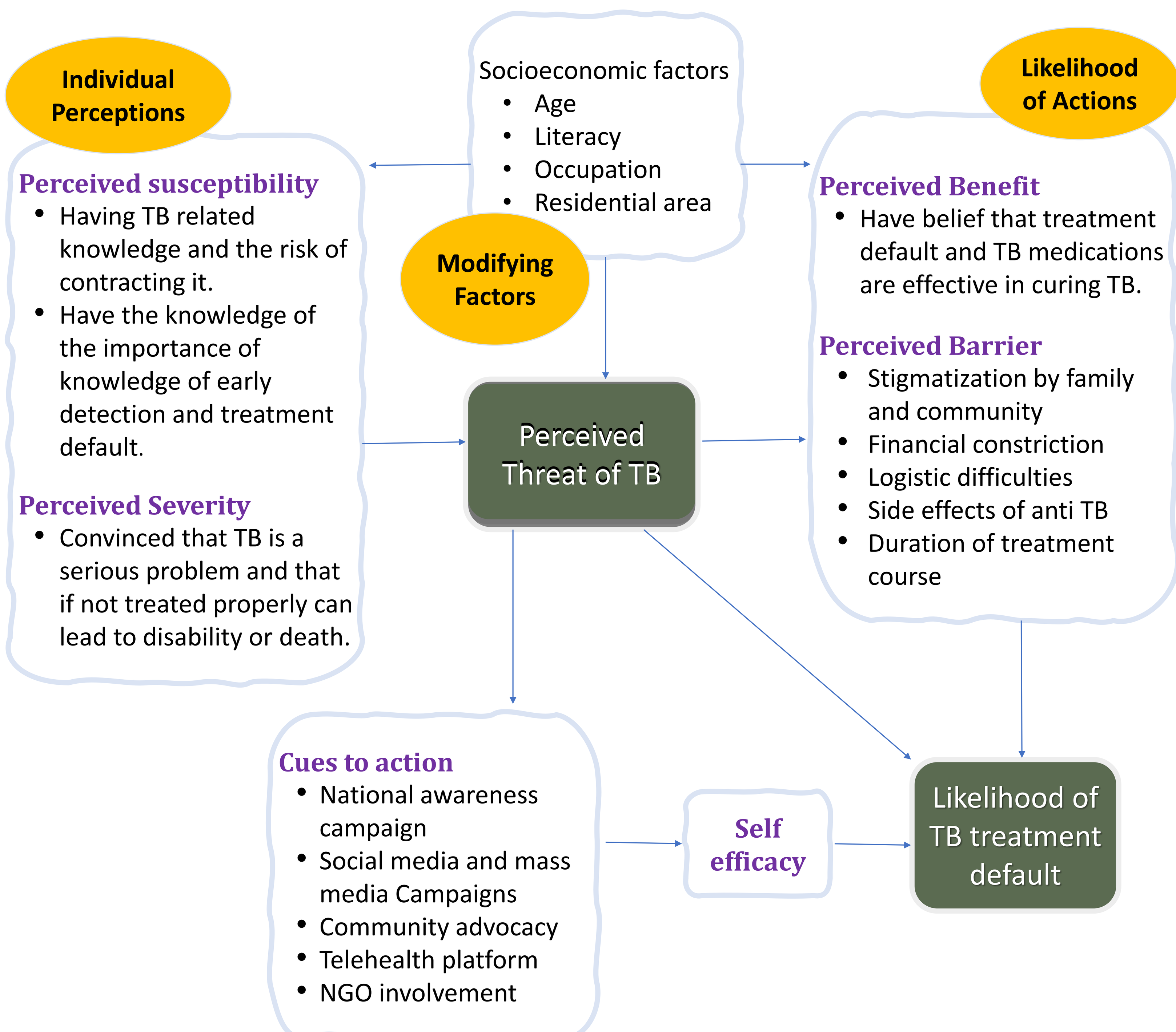


Figure 3: Treatment outcome of Pulmonary TB smear positive TB, Malaysia (2009- 2015)

Health Belief Model



Stakeholders

Ministry of Health (Primary Healthcare Institutes)	Policy making, Resources and capacity building, Monitoring & evaluation of the program
Ministry of Communication and Multimedia	Media advocacy, Dissemination of information via mass media and social media
Community based organizations and NGOs (MAPTB,ATAS,SATA)	Building community linkages, Collaboration and coordination, Delivery of community-based activities and services

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Objectives and Strategies (based on Ottawa Charter)

Target population:	**[Primary: Working Adult TB Patient] , [Secondary: Healthcare Provider]**
Setting:	One year pilot project at the Primary Health Care Facilities in Selangor.
Goal:	To reduce burden of TB by ensuring continuity of treatment among TB patients.
Specific objective:	1. To increase the knowledge and awareness on TB disease among TB patients. 2. To improve health seeking behaviors among the TB patients. 3. To improve healthcare system quality pertaining to TB management. 4. To strengthen stakeholders' engagement with TB program within community.

Strategies	Activities	Outcomes	Indicators
Develop personal skills	• Educational and awareness campaign using social media or mass media: Television, Radio and Billboards. • Pre & post testing of knowledge regarding TB.	Increase **knowledge and health seeking behaviour** of TB among patient	• No of programs conducted • Percentage of patients with improved knowledge (KAP survey)
Reorient health services	• Enhancement of TB knowledge via CMEs and provide soft skill training to give an effective counselling service. • Improvise guideline and workflow of defaulter tracing. • Incorporating TB services into other health programs.	Increase **treatment compliance** among TB patient	• Percentage of HCW with improved knowledge (KAP survey) • TB Success and Defaulter Rate (TB KPI) • No of TB programs incorporated in other health programs
Strengthen community action	• Educate public regularly through community leaders, celebrities, and media influencers. • Involvement of NGO aiding in terms of financial and logistically. • Involvement of stakeholders in providing support group and awareness campaign.	Increase **awareness and treatment compliance** among TB patient	• No. of programs conducted and participants involved • No. of TB patients registered under NGO TB aid program • No. of collaborations/ programs between NGO and government
Create supportive environment	• DOTS training for local community leaders and NGO. • Counselling and sharing sessions for TB patients via WhatsApp group with healthcare providers. • Collaborate with NGOs to provide incentives to patients coming for TB treatment.	Strengthen awareness and elimination of stigma among **community and healthcare providers**	• No of DOTS appointed officers among community • No. of TB patients involved in counselling/sharing sessions and registered for incentive programs
Build health public policy	• Enforcement of laws based on Act 342 (Prevention and Control of Infectious Diseases). • To include mandatory screening for TB in medical examination for working adults. • Increase funding for TB treatment programs/initiatives for communities, hospitals, workplaces.	**Empowerment** of TB program in community, workplace and healthcare system	• TB Success and Defaulter Rate (TB KPI) • No. of working adults screened for TB annually • No. of patients registered for incentive programs

Potential Impacts

Sustainability

- Enhancement of current TB programs in primary health care.
- Empowerment of knowledge, attitude and practice among TB patients.
- Overcome factors of defaulting among TB patients: Stigma, Awareness, Logistics, Financial Burden, Family Support.

Monitoring and Evaluation

- Evaluation of outcomes at 6 months and 1 year of implementation.
- Supervision of clinical and surveillance audits.
- Scheduled meetings among stakeholders to get input and solution for any issues related to implementation.

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