

Management of TB by public and private health care providers in hard-to-reach area, Laukkai Township, Northern Shan State, Myanmar

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42nd Myanmar Health Research Congress, 2014

Abstract

All GPs from Muse Township were medical doctors graduated from Medical University while GPs from Laukkai ranged from trained laboratory technicians, nurses, herbal medical practitioners to well trained medical doctors. There were Chinese GPs trained from China in Laukkai Township and TB patients usually sought treatment there. Exposure of NTP training was received more by GPs in Muse and total mean knowledge score on trained and untrained health care providers were significantly different. Overall mean knowledge score on TB of the BHSs was higher than of GPs in Laukkai, Non-project Township, but there was no difference among BHSs and GPs in Muse, Project Township. Record keeping and presence of TB health educating materials were still weak especially in Laukkai Township. Anti-TB was available in GPs of both townships especially in Laukkai. Available drugs were fixed dose combination from GPs in Muse and it was loose tablets or capsules in Laukkai. Diagnosis, treatment and follow up of TB patients by GPs were not in line with NTP guideline in Laukkai Township. Provision of health education on TB was still weak in both townships. GPs' role in TB control was regarded as important by most of health care providers in both townships. Promoting GPs to participate in PPM DOTS, providing TB information through existing CME in Muse Township and organizing GPs to participate in TB control through PPM DOTS in Laukkai were the recommended means for coordination among public and private health care providers in hard-to-reach areas. There were problems in diagnosis, treatment and follow-up of the TB patients especially among remote TB patients and cross-border migrating workers.