TUBERCULOSIS
TANZANIA

Tuberculosis (TB) closely follows HIV and malaria as a major cause of illness and mortality in Tanzania, which is among the 30 highest-burden countries for TB and TB/HIV coinfection. USAID’s tuberculosis strategy in Tanzania supports the National Tuberculosis and Leprosy Program (NTLP) to address systemic and operational challenges to preventing, detecting, and treating the disease. This includes improving access to quality, patient-centered care for TB, TB/HIV, and multidrug-resistant TB; preventing transmission and disease progression; and strengthening Tanzania’s TB platforms to reduce reliance on external financial and technical support.

USAID’s approach in Tanzania complements the priorities of the government, private sector, World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and other international agencies to support the NTLP. USAID provides this support through its flagship tuberculosis project, Challenge TB, integrated service delivery programs, and other partners under the U.S. President’s Emergency Plan for AIDS Relief.

In FY 2018, USAID partners are supporting the following activities:

- Scale up case detection using improved TB diagnostic and screening tools including the detection of multi-drug resistant TB.
- Initiating patients on TB treatment in partnership with community TB volunteers, civil society organizations, and local government
- Introducing new drugs and treatment regimens, as well as guidelines and training on their effective use, especially for drug-resistant TB.
- Integrating TB and HIV services in priority regions and working with facilities to establish one-stop shop models of care and treatment.
TUBERCULOSIS OVERVIEW

FUNDING LEVEL

- $5 million in FY 2018

MAJOR PARTNERS

- National TB Control Program
- The Global Fund to Fight AIDS, Tuberculosis, and Malaria
- KNCV Tuberculosis Foundation
- PATH
- Deloitte
- Elizabeth Glaser Pediatric AIDS Foundation
- John Snow, Inc.

GEOGRAPHIC LOCATION

Nationwide

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CHALLENGES

- High staff turnover of health care workers affects the continuity and quality of district- and facility-level coordination, supervision, and mentorship around TB
- Strong need for improved TB infection and prevention control measures to prevent transmission within health facilities and among health care workers
- Recurring shortages of laboratory TB supplies at the national level due to poor coordination and forecasting of projected need
- Inadequate advocacy for increased domestic investment in TB identification and treatment

IMPACT

- Initiated approximately 2,000 patients from 21 councils on TB treatment in FY 2017
- Supported decentralization of drug-resistant TB services around the country, dramatically reducing patient wait times and increasing the number of locations equipped to manage drug-resistant cases to 48 sites across 25 regions
- Increased identification and notification of TB-positive cases by six percent and identification and notification of pediatric TB cases by 12 percent in USAID-supported regions by providing improved diagnostic equipment, training in pediatric TB, quality-improvement initiatives, and an increase in private-sector involvement
- Maintained a TB treatment success rate of 90 percent
- Assisted the NTLP in tracking program performance and improving oversight of TB program implementation
- Assisted with the screening of over 40,000 sputum samples and identification of over 1,150 TB-positive samples through APOPO (we need to spell out), a non-profit organization that trains African giant pouched rats to sniff out and detect tuberculosis