



Addressing Tuberculosis

BACKGROUND

Since 2002, the USAID/EA Office of Regional Health and HIV/AIDS has been developing the capacity of African partners to improve and expand Tuberculosis (TB) prevention, diagnosis and treatment programs.

USAID/EA provides services to 12 client countries in the region including four “limited presence” countries (Burundi, Central African Republic, Djibouti and Somalia). Out of these, five are regarded as high burden TB countries (Democratic Republic of Congo, Ethiopia, Kenya, Uganda, and Tanzania). USAID/EA also provides technical assistance to USAID limited presence countries – Burundi, Central African Republic, Djibouti and Somalia. Treatment success rates (measured as a percentage of cases that are cured or in compliance with which a full course of treatment) in USAID-supported countries surpasses the average for Africa (estimated at 75%).

This region has both high and low HIV prevalence countries (a high prevalence country is defined as one with an adult prevalence of 4+ percent). Consistent with the policy recommendations of the Global Health Initiative, USAID/EA emphasizes evidence-based strategies “to do more of what works where it works”. Countries with high TB/HIV co-infection rates are priority countries. USAID/EA also focuses on high-risk settings such as prisons.

Challenges in the region include difficulties in delivering high quality DOTS Short Course, which has contributed to the spread of Multidrug Resistant TB (MDR-TB) in the region. As national TB programs changed drug regimens to include the recommended first-line drug (rifampicin), MDR-TB rates have been rising, forcing national health systems to employ the use of second-line drugs as well as to research the extent of the problem.

In recognition of the need to improve the quality of the treatment, Directly Observed Treatment Short Course (DOTS), USAID/EA is working with the Regional Center for Quality of Health Care (RCQHC) to strengthen the capacity of health workers to reduce pediatric TB and HIV.

One of the more important constraints to rapidly identify drug-resistant TB (DR-TB) is the lack of diagnostic laboratory capacity. In the East Africa region, USAID/EA has worked with U.S. government agencies such as the Centers for Disease Control and Prevention (CDC) to strengthen national TB reference labs in Kenya, Tanzania, and Uganda—resulting in Uganda’s designation as the most feasible candidate to take on the responsibility of a Supranational Reference Laboratory (SRL) on a par with any laboratory in the world.

Achievements

USAID/EA has supported the following achievements in TB programming:

- Improvements in quality testing of TB, leading to the establishment of Uganda's National TB reference laboratory as a designate 'Supranational Reference Laboratory' (SRL). The lab will be formally accredited after a final assessment in 2012.
- Establishment of a Center of Excellence for the management of MDR-TB in Rwanda. This center provides an opportunity for health staff in high MDR-TB burdened countries to study and implement the DOTS treatment of MDR-TB.
- Support for resolutions to implement Programmatic Management of Drug Resistant TB (PMDT) at the 50th and 52nd Health Ministerial Conferences for member states.
- Training of 1,082 regional participants in DOTS expansion, case management of MDR-TB, infection control and new laboratory techniques and approaches.
- Development of guidelines for measuring quality in TB services from the patient's perspective and how to integrate TB into Focused Antenatal Care clinics.
- Introduction of new programmatic approaches and guidelines for addressing pediatric TB, and development of standard operating procedures for national TB reference laboratories.