

Vietnam is ranked by WHO as 12th out of 22 TB high burden countries.

In 2009, Vietnam had an estimated 180,000 new cases and more than 290,000 people living with TB. The story of TB in Vietnam is closely linked to the prevalence of HIV. Looking at people who are at risk of being infected both with HIV and TB, it is evident that those who are living in closed settings such as prisons are among the most at-risk populations.

The possibility of spreading TB among malnourished populations in crowded and poorly ventilated places is very high, and this is the situation in closed settings not only in Vietnam, but also in many prisons globally. Inmates can be housed 40 to 50 people to a room, and spaces to isolate people who are infected with air born diseases such as TB are often not available, so the infection is easily spread.

According to the United Nations Development Program (UNDP) approximately 30 million people worldwide live in prisons during a given year. The prevalence of HIV, sexually transmitted infections, and tuberculosis in prison populations is two to ten times greater than that of the general population. Globally, access to TB detection and treatment programs in prisons is lacking or very limited. This is a risk not only for prisoners, but for the prison workers, their families and the entire community.

Nordic Assistance to Vietnam (NAV) has been working with HIV infected inmates in Vietnam since early 2000. In 2009, NAV decided to widen its scope and find ways of supporting sustainable responses to TB for prevention, early active detection and access to care. This work was approached both through advocacy and by supporting the functioning of existing systems in the prevention and detection of TB and in the provision of uninterrupted treatment. Wave 2 of TB REACH made this possible.



Vietnam

Nordic Assistance to Vietnam (NAV)

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NAV is now working in cooperation with Vietnam's National Tuberculosis Program to carry out active TB testing in 17 closed settings in Vietnam, including 16 prisons and one re-education center, involving more than 30,000 inmates. An active dialogue and exchanges with authorities on national, provincial and local levels to engage them in fighting TB has been born out of the TB REACH project.

The core activities of the ongoing project are to: develop active case finding and support early detection and treatment; raise awareness of the importance of early TB with prison staff and inmates; and establish health systems in the 17 closed settings targeted, for active, early and regular TB detection and uninterrupted care.

Through these efforts, NAV's ambition is to screen more than 25,000 inmates by the end of March 2013. The aspiration is that this model can be replicated in other closed settings in Vietnam as well as globally.



Stop TB Partnership
TB REACH



FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

TB REACH

The first wave of projects increased case detection by an average of 26% compared to the previous year

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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