Over the past 20 years, Inter Aide has acquired a substantial expertise in tuberculosis (TB) control in Southern Ethiopia, where food insecurity, high demographic density, and a low concentration of health facilities have led to a high incidence of TB. To meet the challenge of low detection rates due to inadequate accessibility and lack of information – at both institutional and population levels – a project was recently developed in Dawro with TB REACH Wave 1 Funding. The objective of the model was to reinforce the capacities of the health system to increase the detected TB cases among vulnerable populations. This project consists of four main interventions: 1) a referral system based on the mobilization of Government Health Agents; 2) a system that provides proactive information dissemination, demand generation, and identification of presumptive TB patients; 3) an upgrade of laboratories as well as the organization of sputum collection in specific high potential sites and; 4) advocacy activities to raise awareness of TB in the community. Results show that there has been an increase in case notification: +92% in the actual number of SS+ cases identified in Y1 compared to baseline, and 85% increase of SS+ cases identified to Y2 as opposed to baseline.

Inter Aide conceived and implemented the project as a support system to the institutional health sector. At field level, a team of 20 field facilitators is in charge of setting up the referral system, providing field training and coaching to government health agents, organizing Information Education Communication cluster meetings, and linking with local labs. At woreda (district) level, field supervisors oversee training activities, control data management, facilitate sputum collection outreach, and ensure regular communication with focal persons in Health Centers and Woreda Health Administration to reinforce awareness of and accountability for TB among these institutions. The screening strategy implemented was to visit every house and to set up sputum collection sites in areas deprived of diagnostic facilities. The project also aims to improve diagnostic services through the provision of microscopes and training. After one year, case detection increased by 50%. More than 100,000 people were trained and 8,200 symptomatic patients were referred to TB medical centers, among which 750 cases were found to be positive. Compared to the Wave 1 project, the drop in additional cases detected in the two regions compared is probably linked to a lower incidence of disease in Gamo Gofa, perhaps related to a lesser demographic pressure.
More than nine and a half 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 these people 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 identify people who have TB, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

TB REACH has supported a total of 142 projects in 46 countries. To date, 33 million people have been screened for TB in project areas, of which, 1.7 million have received TB treatment, accounting for 856,000 lives saved. Some projects have seen increases in TB notifications of more than 100%.

Our partners are providing evidence for new case finding approaches and are working with community and policy leaders as well as donors such as The Global Fund to integrate those approaches into national strategies that improve TB case detection.

TB REACH was launched in 2010 thanks to a CAD$ 120 million grant from Global Affairs Canada.

TB REACH acts as a pathfinder, providing fast track funding for innovative projects, monitoring effectiveness and leveraging funding for scale up.