

Finding and treating people with TB in

Zimbabwe

- Laboratory strengthening and decentralization of services leads to increased case detection
- Approximately 25% more TB suspects screened due to expansion of laboratory network
- Delays in diagnostic results have been drastically reduced, getting patients on treatment faster



Harare - In Zimbabwe the health care system has suffered greatly in the wake of the general instability and difficult economic conditions experienced in recent years. In the case of tuberculosis (TB), several fundamental problems are now being addressed by a TB REACH project implemented by the Harare City Health Department.

One of the major improvements has been the decentralization of laboratories which diagnose sputum smears. Because the samples previously had to travel back and forth between outlying health facilities and centralized labs before results could be delivered, the turn-around time could be as much as three weeks. While they waited anxiously to find out the cause of their symptoms, those affected not only continued to worsen, they were also inadvertently continuing to spread the disease through their communities.

Local collection centers are delivering results within 24 hours of collection and treatment can then begin immediately. Additionally, more people are being tested because they don't have to make what for many is a prohibitively expensive journey. One patient explains, "I had no money to travel for testing but at the collection center where I live they were able to help

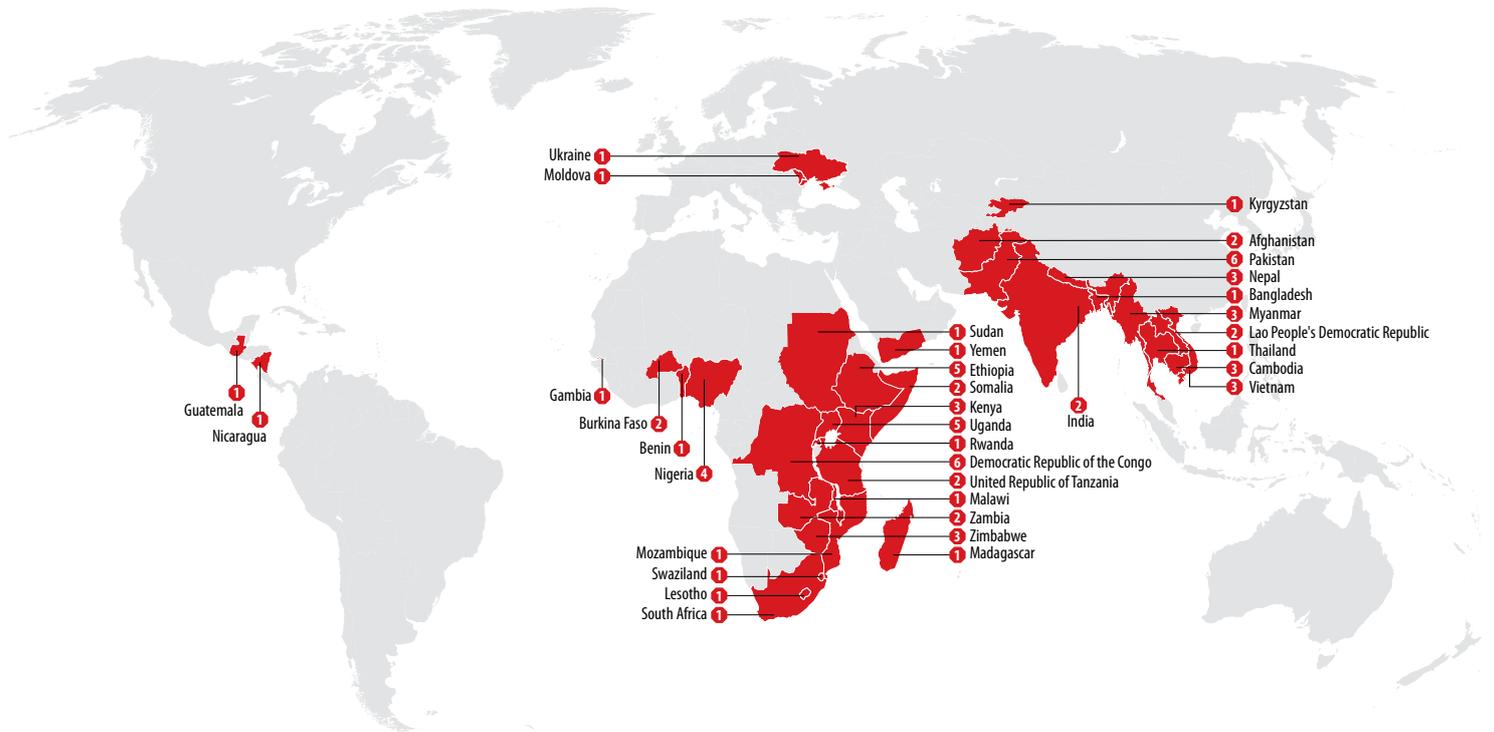
me. People had told me that the results might take as long as three weeks but I got my results in just one day and started treatment the same day."

The project is also actively initiating case detection among HIV positive patients. Zimbabwe has a high burden of HIV and the significance of TB as a common opportunistic infection among those affected by HIV had previously not been addressed in a systematic way. Testing now being carried out within that population is expected to dramatically increase the number of case detections.

Health personnel, many of whom received their formal training years ago and have lacked on the job training, are being educated to better their understanding of how to reach and treat TB patients, especially in the midst of the HIV epidemic. And as the problem of transport is alleviated by the establishment of decentralized facilities, follow-up and contact tracing have also improved. Even under difficult conditions, this TB REACH project has made huge strides and improved the way services are provided in Harare. With continued efforts, this model may be scalable to other parts of the city and beyond.

TB REACH

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



Finding 140,000 new cases means saving 70,000 lives and preventing 1.4 million new infections.

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. 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 projects with a very short turnaround time.
- In its first 18 months, TB REACH committed nearly **\$50 million to 75 projects in 36 countries** aiming to find and treat more than **140,000** people with TB who would otherwise have gone undiagnosed.
- Finding 140,000 new cases means saving 70,000 lives and preventing 1.4 million new infections. Scaling up successful TB REACH projects would multiply these figures.

Stop TB Partnership

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