

Finding and treating people with TB in

Afghanistan

- Mobile TB screening and incentivizing health facilities leads to increased case detection
- Case notification increased 100% in first six months of project activities
- Access provided to internally displaced populations, contacts of TB cases and other communities



Jalalabad – Despite the many challenges facing the people of Afghanistan today –almost 40% of the population has no access to health care services– an innovative project headed by the Anti Tuberculosis Association (ATA) Afghanistan Program is bringing care for tuberculosis (TB) to some of the most isolated communities.

One of the project's innovations has been to introduce a financial incentive to bolster case detection in health facilities which are over-worked and have had a reputation for not recognizing patients with TB symptoms. Health care facilities now receive a small monetary incentive for every TB case detected. This has had multiple benefits, affording support to underpaid health care workers, encouraging over-subscribed doctors to spend more time in consultation with patients and better and more timely diagnosis and treatment for TB patients. TB case detection in the six provinces targeted by the project has increased

dramatically since the program has been in place and both government and public awareness of TB has grown markedly in the same period. In the first six months of 2011, more cases were diagnosed in the project area than in a full year in 2010. The volume of cases detected has helped convince sometimes skeptical health care workers of the real magnitude of the problem in their respective areas. Now, the workers have formed mobile teams doing community outreach, going door to door to contact people with no previous access to TB services.

Recently, a mobile team from ATA visited an IDP camp in Jalalabad to screen people for tuberculosis. Forty-five year old Karim Khan is the sole support of his family. His coughing and other symptoms went undiagnosed after visits to private health facilities and he grew weaker and weaker. Before long he was unable to work and his two young children had to leave school in order to try to earn money for the family through street-vending. During their visit to the camp, the mobile team visited Karim in his home. They diagnosed Karim with TB and treatment began soon after. Now Karim has regained his strength and is once again able to support his family, enabling his children to resume their education.

Afghanistan's TB REACH project began in October 2010, under the leadership of Dr. Muhammad Zhian, "Even though tuberculosis is a major cause of suffering in Afghanistan, it still goes overlooked in many health care settings," says Dr. Zhian. "We are proving that simple innovations can make a huge impact in the lives of many people."

