

Progress of Implementing NTLP Activities in 2006

Presentation to NTLP meeting

Dar es Salaam

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NTLP - Tanzania

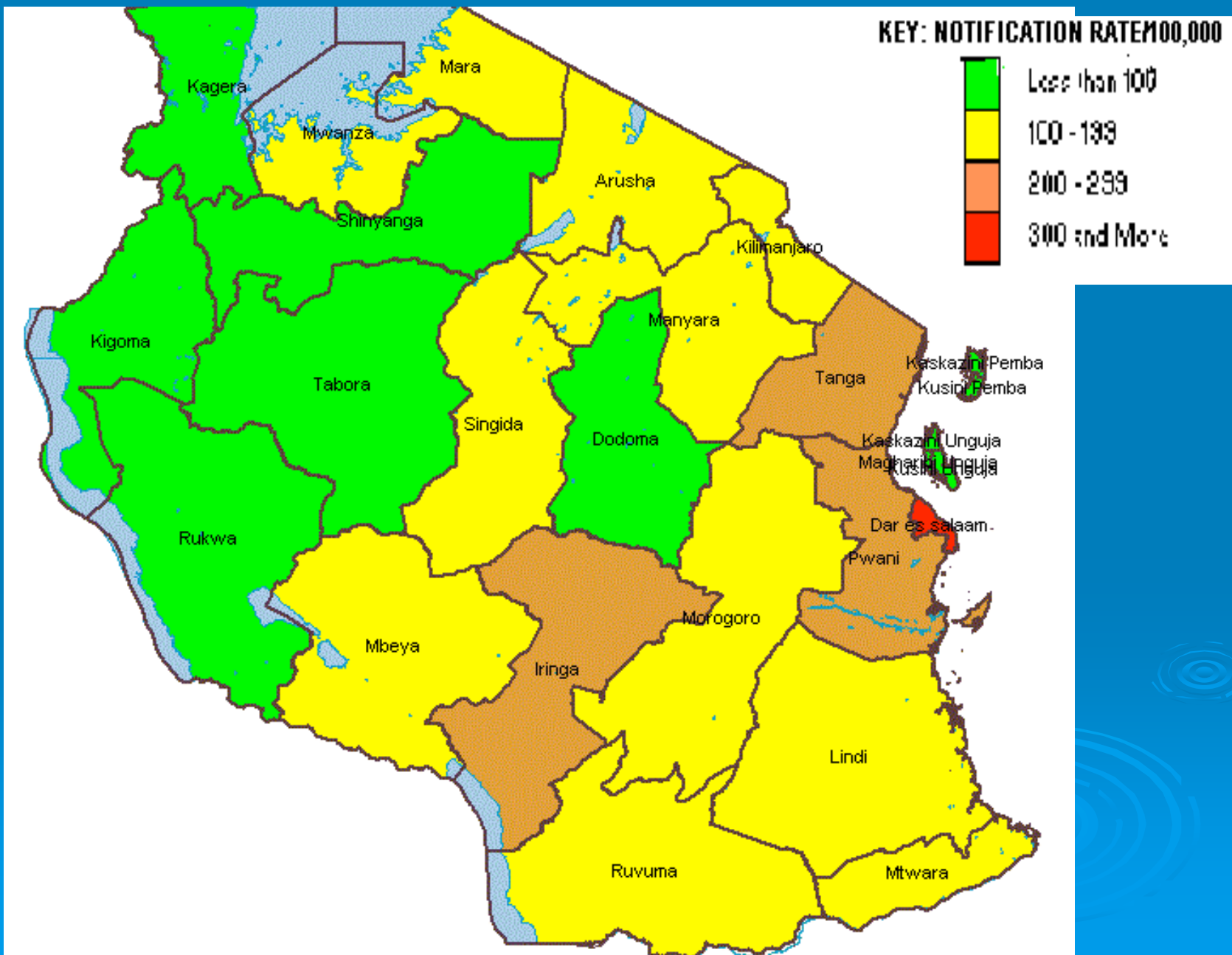
Acknowledgement

- All TB/leprosy coordinators
 - All TLCU staff
 - Development partners supporting the NTLP
 - GLRA
 - WHO
 - CDC
 - RNE
 - GF-ATM
 - IRELAND AID
 - SDC
 - KNCV
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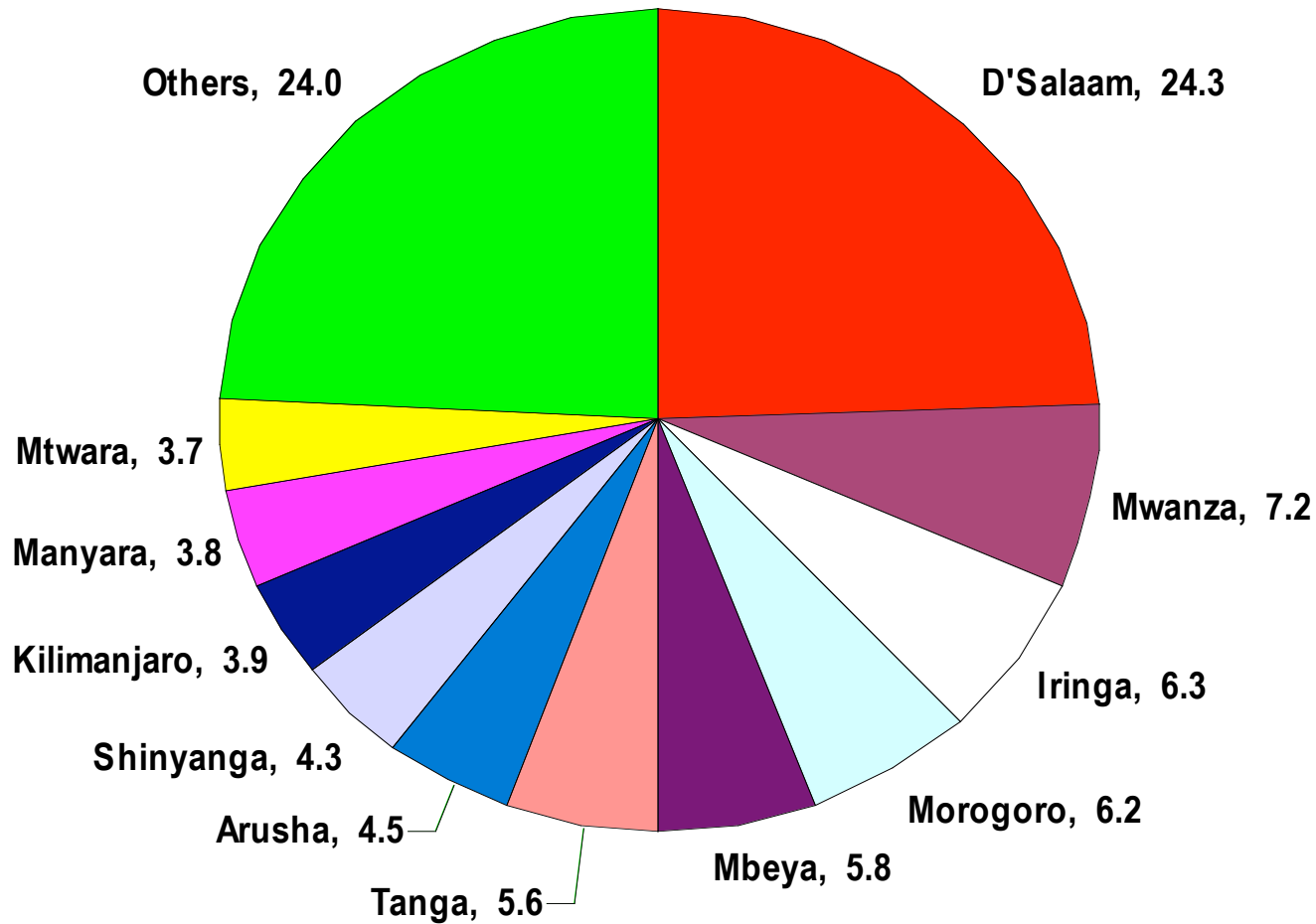
Progress in implementing TB control - summary

- Case notification in 2006:
 - All forms TB notified cases was 62,100
 - Smear positive – 24,724 (39.8%)
 - Smear negative – 20,120 (32.4%)
 - Extra-pulmonary – 12,621 (20.3%)
 - Relapses – 1,817 (2.9%)
 - Failures – 120 (0.2%)
 - Return to control – 227 (0.4%)
 - Others – 2,441 (3.9%).
 - MDR-TB - <1% according to DRS
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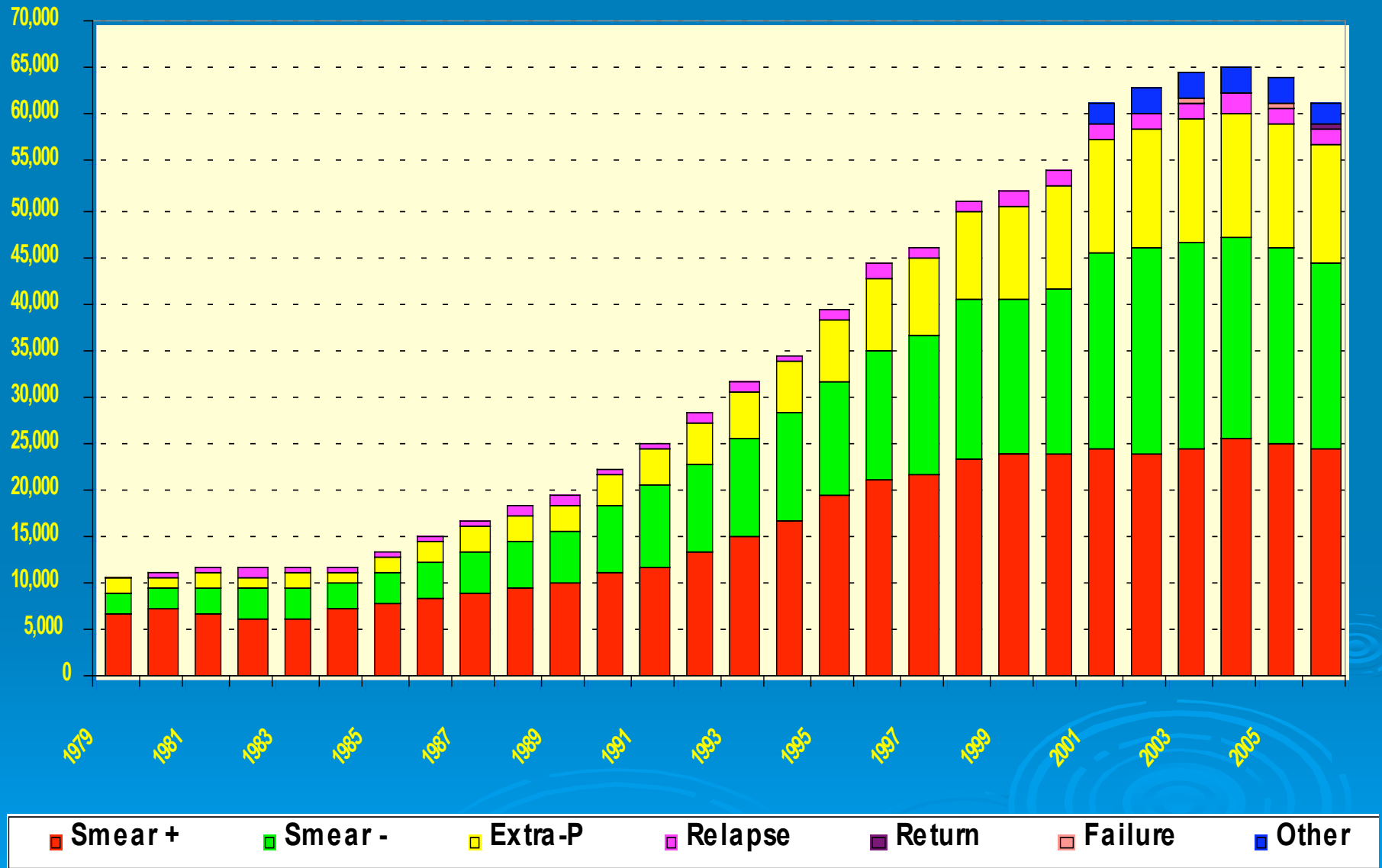
TB (all forms) notification rate per 100,000 population - 2006



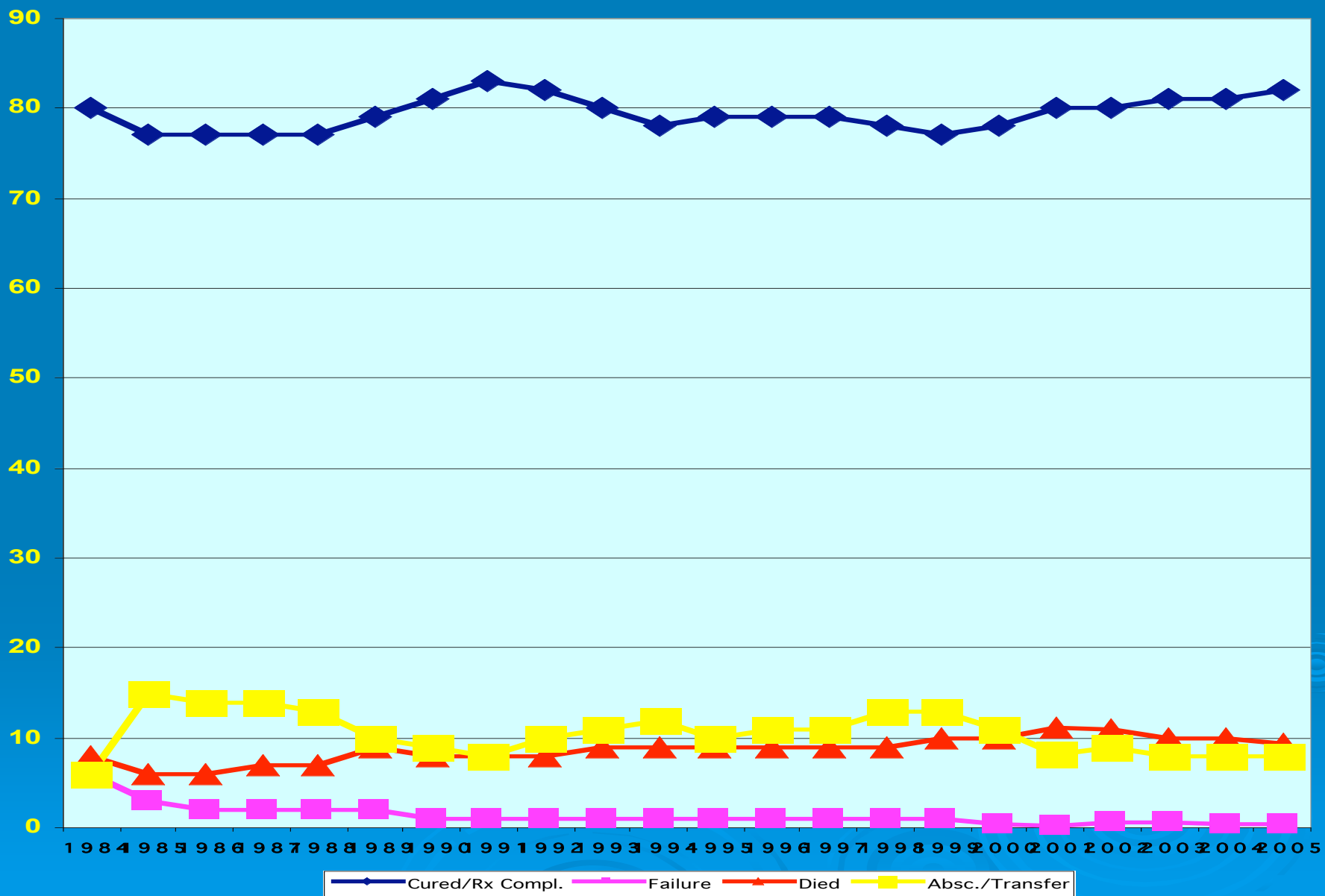
TB cases notified by regions in 2006



Trends of TB notification by categories 1979 - 2006



TREND OF TREATMENT OUTCOME OF SM+ TB CASES: 1984 - 2005



Progress in implementing TB control - summary

- Case notification in 2006:
 - All forms TB notified cases was 62,100
 - Notification Rate – 164 per 100,000 population
 - Smear positive TB cases 65.4/100,000
- WHO notification estimates:
 - All forms: 342 (269 – 416)/100,000 population
 - Smear positive: 147 (113 – 183)/100,000 population
 - Case notification rate: 48% of WHO estimate

Distribution of districts by TB notification rate (all forms) - 2006

Notif. rate/ 100,000 (all forms)	Number of districts	% of All districts
0 to 100	50	40%
101 to 200	42	34%
200 to 300	16	13%
301 to 400	6	5%
> 400	10	8%
Total	124	100%

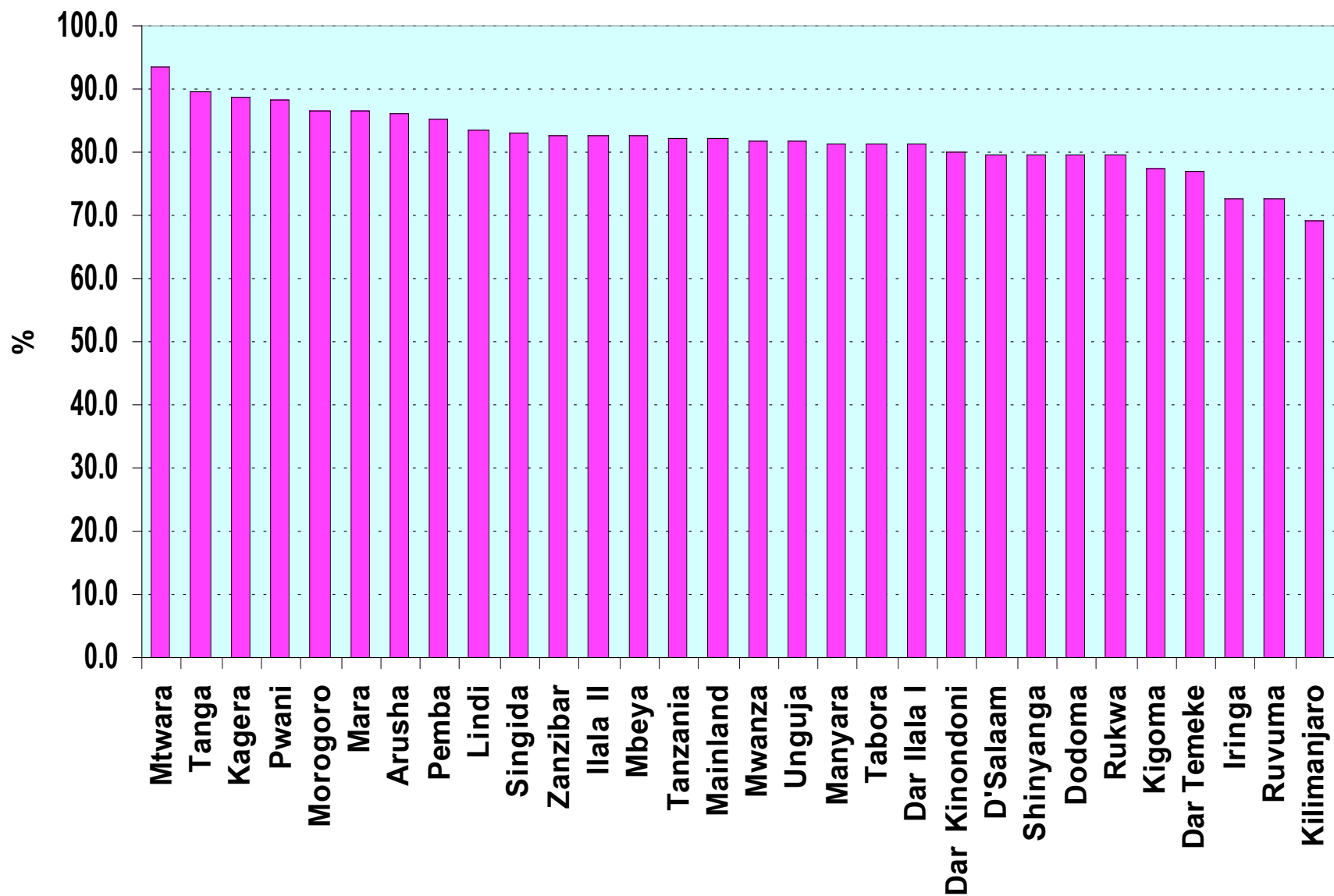
Distribution of districts by TB notification rate (Smear positive) - 2006

Not.rate/ 100,000 (new smear+)	Number of district	% of All districts
0 to 100	103	83%
101 to 200	18	15%
> 200	3	2%
Total	124	100%

Treatment outcome 2005 -1

- Case holding of cohort notified in 2005 - 99.9%
- The overall treatment success rate was 82.1% (cured -78.5% and treatment completed -3.6%).
- Regions with treatment success of 85% or more: Mtwara (93.5%), Tanga (89.4%), Kagera (88.6%), Pwani (88.3%), Morogoro (86.7%), Mara (86.6%) and Arusha (85.9%)

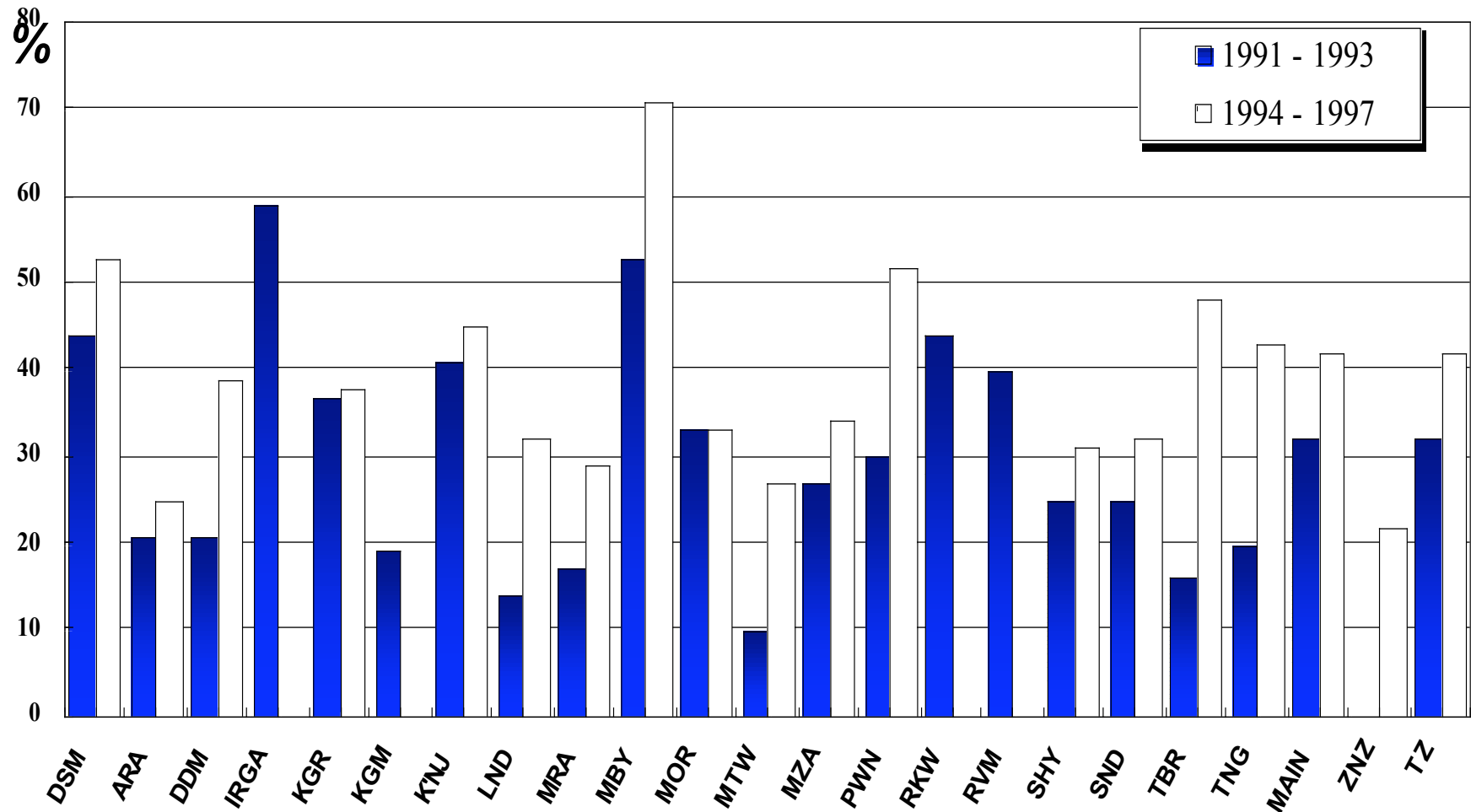
Treatment success of smear positive TB cases notified in 2005



Implementation of TB-HIV activities

- TB/HIV started with an earlier survey conducted by NTLP in collaboration with WHO between 1991 -1997
- Established that 44% of all TB patients co-infected with HIV
- Between 2000 – 2004 planning and learning from other countries
- Piloting in 3 districts: 2004 -2005
- Scaling-up started in 2006

Distribution of HIV co-infection among Smear positive TB patients:1991-97



TB-HIV implementation - contd

- Based on Global TB/HIV policy
- A national TB/HIV policy guidelines have been approved by MoHSW and other stakeholders
- Already conducted stakeholders meetings
- Developed training curriculum and materials
- Development of implementation guidelines in progress

Collaboration

- GF – ATM round 3 supports 45 districts
- GF – ATM round 6 supports 31 districts
- PEPFAR – under CDC – 30 districts
- PATH – 30 districts
- CHAI – 13 districts
- GLRA – 10 districts – training component
- Others – Harvard, Columbia, PHI, I-TECH

Collaborative TB/HIV activities

A. Establish mechanisms for collaboration

1. Developed a TB/HIV policy guidelines
2. Established PMU under GF Round 3 to coordinate joint TB/HIV planning
3. There is ongoing surveillance of HIV prevalence among people with TB disease
4. Revised TB registers and HIV registers to incorporate TB/HIV variables

Collaborative TB/HIV activities

B. Decrease the burden of TB among people living with HIV/AIDS

1. Developed a TB screening tool to help identify suspects among HIV/AIDS patients as part of intensified TB case-finding
2. Isoniazid preventive therapy included in the TB/HIV policy guidelines
3. TB infection control in health care and congregate settings – not much progress except for some administrative measures

Collaborative TB/HIV activities

C. Decrease the burden of HIV among people with TB disease

1. Almost half of registered TB patients now receive HIV counselling and testing
2. Provision of co-trimoxazole preventive therapy has been accepted in many health facilities
3. A system is now in place in all hospitals and health centres to refer TB patients to CTC for care and support including antiretroviral therapy

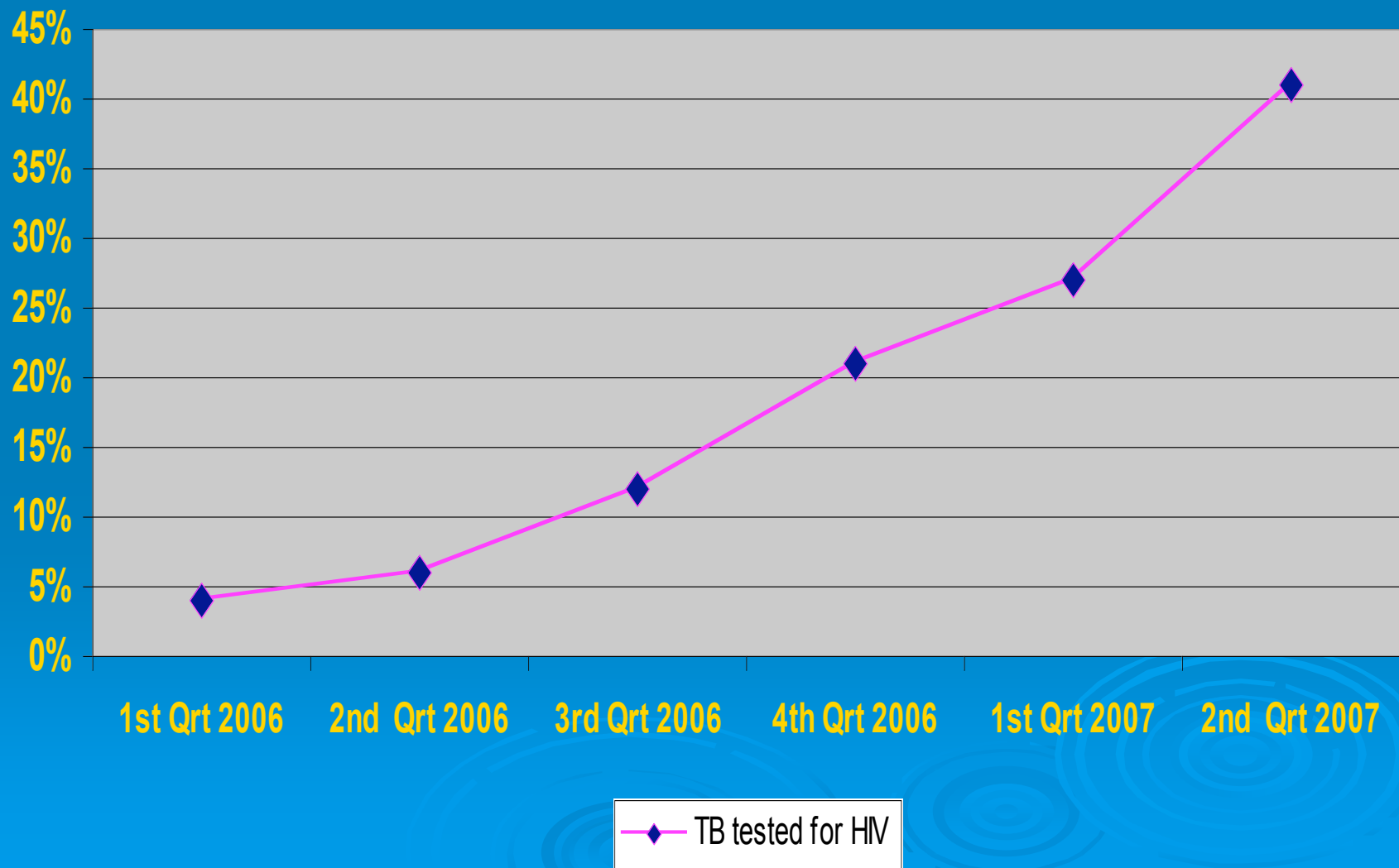
Progress of implementing TB/HIV activities - contd

- 25 districts by Dec, 2006
- By october,2007: 70 districts implementing
- 29 districts are currently in preparatory phase

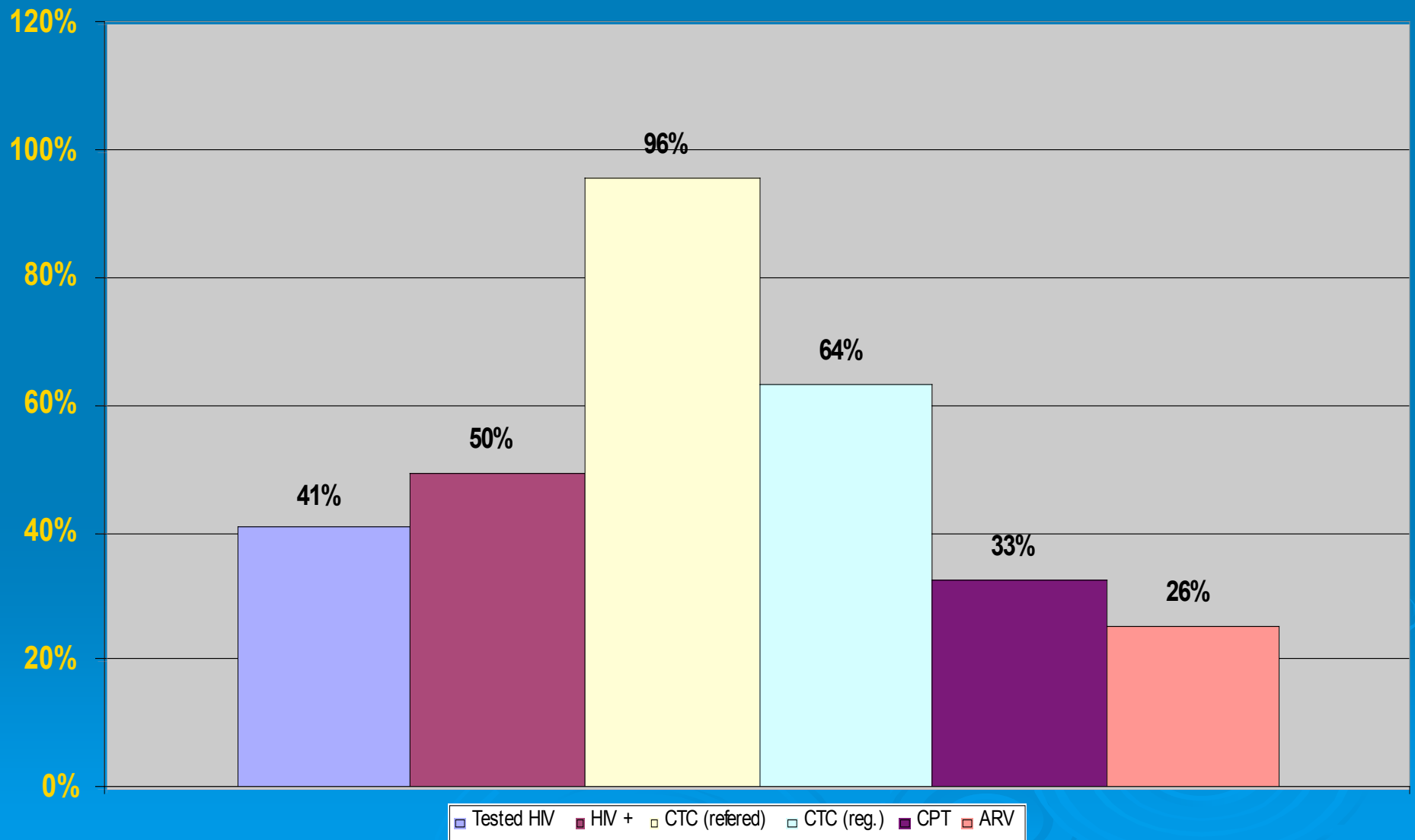
Progress of implementing TB/HIV Activities in Tanzania: 2007

QTR 2007	Reg. TB cases	Tested	HIV+	Ref to CTC	Reg. Care	CPT	ART
QTR 1	14,740	3980 (27%)	1861 (47%)	1769 (95%)	1231 (66%)	552 (30%)	512 (28%)
QTR 2	14,117	5788 (41%)	2869 (95%)	2751 (96%)	1823 (64%)	943 (33%)	736 (26%)
Total	28,857	9,768	4,730	4,520	1,946	1,495	1,248

Proportion of TB patients tested for HIV in Tanzania: 2006 - June 2007



TB/HIV in Tanzania 2nd quarter, 2007



Challenges -1

- Shortage of qualified human resource health care delivery and central levels
- The prevalence of TB in the country not yet established
- Excluding active TB among AIDS patients
- Scaling up IPT
- Irregular availability of HIV testing reagents especially at service delivery points

Challenges -2

- Weak partnership and its coordination esp. in TB/HIV activities
- Weak health systems to accommodate TB/HIV activities including indenting system
- Inadequate laboratory services – personnel, quality assurance,
- Harmonising TB and HIV/AIDS database and its computerisation including networking
- Old TB technology not suitable in HIV era– AFB microscopy and BCG, long treatment duration

Way Forward

- Conduct TB prevalence survey
- Adoption and implementation of the TB/HIV policy guidelines by all stakeholders
- Strengthening supportive supervision
- Strengthen indenting and logistics in collaboration with PSU and MSD
- Strengthening TB drug surveillance
- Call for new technologies

Thank you all for your
attention

