TB Control in Urban Settings: Urban DOTS contribution to treatment outcome of new sputum smear positive TB cases in Kabul city, 2008 – 2011

Kabul’s Poor Health Conditions
- Health infrastructure insufficient to reach 5 million residents
- Poor tuberculosis (TB) service delivery
- Low TB treatment success rate = 46%
- High TB treatment transfer out rate = 46%

TB CAP Responds
- USAID-funded Tuberculosis Control Assistance Program (TB CAP) introduced the urban directly observed treatment, short course (DOTS) program.
- The program engaged both the public and private sectors in DOTS implementation in Kabul.
- TB CAP conducted the following interventions:
  - Trained health facility staffs on DOTS
  - Conducted regular monitoring/supervision visits
  - Improved coordination and collaboration between the public and private sectors
  - Renovated facilities to provide a safer working environment for staff

TB CARE I Measures TB CAP’s Impact
- USAID-funded TB CARE I project is the follow-on to TB CAP.
- TB CARE I worked with National TB Program to measure the success of TB CAP’s urban DOTS intervention.
- Collected TB data from 56 health facilities
- Compared treatment outcomes from:
  - 2008: pre-intervention
  - 2009: intervention (began in July)
  - 2010/2011: post-intervention

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Conclusion
- Urban DOTS helped to significantly improve TB treatment outcomes in Kabul city (see table and graphs).

Recommendations
- Urban DOTS should be expanded in similar settings to improve TB case detection and treatment outcomes by engaging both the private and public sectors in DOTS implementation.


Trend of Treatment Success Rate of New Sputum Smear Positive TB Cases in Kabul 2007 – 2011

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For more information, please contact:
S. Mirza MD, Technical Advisor; TB CARE I, Afghanistan; Tel: +93 700 481 618; Email: smirza@msh.org