Saving Lives in Areas of Conflict or Disaster: Urban DOTS implementation in Kabul city, 2009-2012

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TB in Afghanistan

- Population: 24,987,700  
  CSO - Afghanistan, 2012

- Afghanistan is among the 22 high-burden TB countries

- TB Incidence: 189/100,000 population

- TB Prevalence: 352/100,000 population

- TB case detection rate: 46%
  
  WHO, Global Report, 2012

- Population directly observed treatment, short-course (DOTS) coverage: 97%

- Health facility DOTS coverage: 76%

- Donors:
  - United States Agency for International Development (USAID)
  - Global Fund (GF)
  - Japan International Cooperation Agency (JICA)
  - Canadian International Development Agency (CIDA)
TB in Kabul

• Population: 3,071,000

• Suffers from overcrowding and population density

• Unsanitary facilities

• Poor TB indicators (2008)
  ➢ Case detection rate: 26%
  ➢ Sputum smear conversion rate: 53%
  ➢ Treatment success rate: 46%

• Just 20 of 106 health facilities provide TB control services (2009)
Urban DOTS Implementation Strategies, 2009-2012

• Implemented standard operating procedures (SOPs) for TB case detection, treatment, and TB infection control (IC)

• Built partnerships between the National TB Program (NTP) and the public/private sector

• Engaged public and private sectors in DOTS implementation in Kabul city

• Trained health facility staff on TB case findings and treatment

• Improved communication, coordination, and regulation of supervisory visits to health facilities

• Conducted community awareness raising events at schools and municipalities
TB Student Awareness Event in Kabul, 2012
## Urban DOTS Outcomes in Kabul (2008-2011)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2008</th>
<th>2011</th>
<th>Percent increase</th>
<th>Projected 2012 outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health facilities implementing DOTS</td>
<td>20</td>
<td>53</td>
<td>165%</td>
<td>68</td>
</tr>
<tr>
<td>TB suspected cases identified</td>
<td>1,220</td>
<td>11,900</td>
<td>875%</td>
<td>13,000</td>
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<tr>
<td>TB sputum smear positive (SS+) cases notified</td>
<td>797</td>
<td>1,082</td>
<td>36%</td>
<td>1,200</td>
</tr>
<tr>
<td>TB cases of all form notified</td>
<td>2,012</td>
<td>2,728</td>
<td>36%</td>
<td>3,300</td>
</tr>
<tr>
<td>Treatment success rate</td>
<td>46%</td>
<td>70%</td>
<td>24%</td>
<td>74%</td>
</tr>
</tbody>
</table>
Urban DOTS Coverage in Health Facilities (HFs) in Kabul (2007-2012)
Role of Urban DOTS in Sputum Smear Conversion Rate in Kabul (2007-2012)
Contribution of Urban DOTS in Treatment Outcome in Kabul city (2007-2011)
Challenges

• Poor commitment and motivation of public and private health facility staff

• Poor public health infrastructure (e.g. 85% of health facilities supported by provincial health directorate and located in rental houses)

• Neglected basic health care service delivery inside Kabul city (no implementers)

• Kabul is the most populated city in Afghanistan
  ➢ Population: 3,071,000 (15% country population)
  ➢ High presence of internally displaced persons
Challenges (cont.)

- TB control activities not fully integrated into the general health system in Kabul city

- Low interest of community to seek health care services through the public sector

- Poor community awareness about TB and high stigma against TB patients
Recommendations

• Engaging all health care providers (public and private sectors) in TB DOTS services by:
  ➢ Training staff,
  ➢ Supervising and monitoring staff, and
  ➢ Providing health facilities with reagents and supplies.

• Improving referrals of TB suspects from private practitioners to DOTS centers

• Enhancing community awareness of free TB testing and treatment at health facilities

• Strengthening coordination and collaboration among the NTP, TB/HIV programs, and diabetes control centers
Lesson Learned

• Urban DOTS significantly improved TB indicators.

• SOPs implementation resulted in increased access to TB services and TB case detection.

• Public/private partnerships resulted in improved access to TB services.
Conclusion

• The impact assessment showed that urban DOTS contributed significantly to TB case finding and improved:
  - Case notification,
  - Sputum conversion, and
  - Treatment success rate.

• Urban DOTS should be scaled up in Kabul and expanded to other urban settings.
Thank You

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