Partners Strategize to Improve TB Services in Ethiopia

- Ethiopia is one of the world’s 22 high burden countries for tuberculosis (TB).
- According to the World Health Organization’s 2011 Global TB Report, Ethiopia has a TB incidence of 261/100,000 and prevalence of 394/100,000.
- The USAID-funded TB CARE I project and the Oromia Regional Health Bureau (RHB) are working together to improve TB case detection and TB/HIV care by implementing a package of interventions. The interventions include:
  - Improving TB operations within health facilities;
  - Improving health facility staff TB knowledge and skills;
  - Providing staff with standard operating procedures (SOPs) for TB diagnosis and treatment;
  - Improving records and reports of staff training, mentoring, client referrals, and TB treatment outcomes.

TB CARE I Identifies TB Service Gaps

- TB CARE I developed a joint action plan with the RHB. Together they:
  - Selected the pilot zone;
  - Conducted an assessment to identify TB service gaps in health facilities;
  - Developed SOPs to address identified TB case detection gaps and other TB service needs, including TB/HIV integrated care.
- TB CARE I’s facility interventions began in January, 2011:
  - Trained 98 health workers and 39 out-patient department staff on the new SOPs and basic TB clinical skills;
  - Distributed 1,000 SOPs to different service delivery units of 3 hospitals and 25 health centers;
  - Conducted quarterly supervisory and mentoring visits to all health facilities to ensure SOP implementation.

Results: Standard Operating Procedures Improve TB Suspect Identification and TB Case Notification Rate

<table>
<thead>
<tr>
<th>Month</th>
<th>TB CARE I Target</th>
<th>TB Suspect Identification Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-Jun 2011</td>
<td>2.9%</td>
<td>10%</td>
</tr>
<tr>
<td>Jul-Sep 2011</td>
<td>7.3%</td>
<td>10%</td>
</tr>
<tr>
<td>Oct-Dec 2011</td>
<td>7.0%</td>
<td>10%</td>
</tr>
<tr>
<td>Jan-Mar 2012</td>
<td>8.6%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Intervention started in the 3rd quarter (Jan – Mar 2011) and results documented as of April 2011.

Conclusion

Developing and distributing TB case detection SOPs, followed by staff training, mentoring, and supervision, minimizes missed opportunities and improves TB case detection in health facilities. TB CARE I strongly recommends scaling up this intervention to other zones and regions to improve TB case detection and TB/HIV care in the country.

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