Background

- Tuberculosis (TB) is a major public health problem in Ghana.
  - An estimated 21,000 people developed active TB in 2010.
  - Among these people, 6,393 (30%) were not diagnosed with TB or notified of their TB diagnosis.
- From 1990 to 2009, there was a wide gap between the estimated TB incidence and the number of TB cases notified in Ghana (see Figure 1).
- Weak organization and poor coordination of hospital-based TB case detection contributes to Ghana's low TB notification rates.

Intervention

- In 2012, to improve TB control in Ghana, the USAID-funded TB CARE I project, through its implementer, Management Sciences for Health (MSH), worked with Ghana’s National TB Program (NTP) to pilot test the use of standard operating procedures (SOPs) for TB case detection at six hospitals in the Eastern Region.
- Implementers aimed to improve TB case detection by 10% in the Eastern Region, from the 2011 baseline of 356 detected cases.
- To meet this goal, TB CARE I and the NTP:
  - Distributed TB case detection SOPs and presumptive TB case registers to all hospitals;
  - Trained 120 health workers to use the SOPs for TB case detection;
  - Helped each hospital develop a 2012 TB case detection work plan; and
  - Supported hospital managers in conducting in-service trainings for health workers who had not attended TB CARE I’s initial training on SOPs.
- TB CARE I, regional TB coordinators, and staff from the NTP’s central unit also conducted joint supportive supervision visits to each facility to collect data on SOP implementation and provide:
  - On-the-job refresher trainings for implementing staff;
  - Coaching and mentoring to implementing staff; and
  - Feedback to help hospital managers improve their facilities’ SOP implementation and case detection activities.
- TB CARE I and the NTP then assessed the impact of these interventions between March and May of 2013.

Results

- In less than one year, TB CARE I’s SOP implementation activities helped the six hospitals improve their case detection by 46%, from 356 in 2011 to 519 in 2012 (see Figure 2).
- SOP implementation activities also supported early TB case detection and quality clinical care, resulting in 38% reduction in the cumulative number of TB-related patient deaths (from 87 in 2011 to 54 in 2012) (see Figure 3).

Conclusion

- The SOP implementation activities should be sustained at these six hospitals and expanded at other health facilities in Ghana to increase TB case notification and decrease TB-related patient deaths.

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