TB News

1st Edition, April 2016

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Targeted Screening for TB in Mining Communities

Know your TB indicator definitions

Strengthening community involvement in TB Care and more...

From the Editor's desk

The Millennium Development Goals (MDGs) came to an end in 2015 paving way for the Sustainable Development Goals (SDGs) that have informed the new End TB strategy with more ambitious targets. We are happy to note that the country met its MDG target of reducing the TB incidence rate. Zimbabwe has successfully completed the National Tuberculosis prevalence survey which has given the country a true picture of the TB burden. All along we have been relying on estimates available from the World Health Organisation (WHO).

In our quest to share information and updates of the national response to TB, we are pleased to unveil the first edition of our TB newsletter 'TB News'. In this maiden publication we are focusing on projects currently under way, findings from completed researches, routine program implementation and upcoming events.

The newsletter will be a bi-annual feature and we will strive to make sure this remains as exciting as possible. We therefore would like to urge everyone to contribute to the newsletter by submitting articles on best practices, latest innovations and research work from your respective areas of work. A hearty thank you to all those who responded to the call for contributions. Without your valued input we would not have been able to put this together.

This newsletter is for you and intends to satisfy your information needs. Do give us feedback so that we improve as we go. It is our sincere hope that this newsletter will go a long way in informing you the reader on efforts in the fight against TB.

Enjoy the reading.

Editor

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The National Tuberculosis Control Program (NTP)

The NTP is housed within the Directorate of AIDS and TB unit in the Ministry of Health and Child Care which is headed by Dr Owen Mugurungi. It is responsible for providing policy guidance, resource mobilization, national program planning, coordination and supervision of program implementation including monitoring and evaluation. Other responsibilities include recruitment of relevant staff and program related training. The Central unit also liaises closely with other units within the Ministry of Health and Child Care, other government departments, including the National AIDS Council (NAC), Non-governmental Organizations (NGOs), the private sector, bilateral, and multi-lateral agencies.

The NTP is headed by the NTP Manager who is also the Deputy Director AIDS and TB Unit, Dr Charles Sandy who has been with the programme since 2006.

Dr Charles Sandy, the NTP Manager

THE TB NEWS TEAM

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April 2016

Data verification during support and supervision at Mutare Provincial Hospital, March 2016

The Zimbabwe and Uganda delegates at the TB-Diabetes Milletus stakeholders meeting

Members of the parliamentary portfolio committee on health take notes during a Parliament TB advocacy workshop

1 NTP awards Community TB grant to two new Sub Recipients

The National Tuberculosis Control Programme has awarded the Global Fund New Funding Model Sub-Recipient grants for Tuberculosis Community Systems Strengthening to International Union against Tuberculosis and Lung Disease (The Union) and National AIDS Council (NAC). The Global Fund grant will support the Sub- Recipients to carry out community-related interventions, such as conducting awareness campaigns at district level and training of civil society organisations on TB-HIV. The Union will facilitate implementation of activities in the Southern region while NAC will cover the Northern region.

We look forward to a fruitful working relationship with these two organisations.

2 Zimbabwe avails new technology for MDR and XDR TB diagnosis

The emergence and spread of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) are major medical and public health problems, threatening the gains the country has been making in controlling TB over the years. This is due to the fact that these two forms of TB have complex diagnostic and treatment requirements.

In response to the growing need to adopt effective strategies to quickly detect and treat MDR and XDR TB, Global Fund procured two Hain machines to support the National Tuberculosis Control Programme. The first machine was set up at the National Microbiology Reference Laboratory in Harare in 2013 while Challenge TB supported the installation of the second machine at the Bulawayo National TB Reference Laboratory (NTBRL) in December last year.

The Machines allow for rapid and reliable detection of MDR/XDR-TB.

It is hoped that through the optimal use of this technology the country shall record more cases of MDR/XDR-TB detected rather than missed.

3 Important breakthrough in MDR- TB treatment

On February 25, 2016, Otsuka Pharmaceutical announced that it had entered into an agreement with the Stop TB Partnership to make delamanid, its multidrug-resistant TB (MDR-TB) drug, available for procurement through the Global Drug Facility (GDF).

This will be the first time that delamanid whose trade name is Deltyba™, will be available for use in low- and middle-income countries. The medicine will be made available as part of second-line treatment for MDR-TB in countries that meet specific criteria: they are eligible for TB financing from the Global Fund, and they follow World Health Organization guidelines for treating MDR-TB within quality-assured programmes. Another new MDR-TB drug, bedaquiline manufactured by Janssen Pharmaceuticals, is also available through the GDF.

NTP launches media partnership and mentoring programme to increase TB awareness in Zimbabwe

The National TB Control Programme (NTP) has partnered with The Union Zimbabwe Office and the Health Journalists Association of Zimbabwe (HEJAZ) in launching a partnership and mentoring programme to increase awareness of TB, multidrug-resistant TB (MDR-TB) and TB-HIV, and to empower journalists to report on these and other related health issues correctly and effectively. Eight journalists have been selected from national print, broadcast and online news outlets to participate in the media mentoring programme, the first of its kind to be offered by the NTP with support from USAID Challenge TB.

Zimbabwe ranks on all three of the World Health Organization (WHO) lists of high-burden countries for TB, MDR-TB and TB-HIV. Media attention to these issues is an invaluable tool for community outreach, education and awareness of the diseases, as well as an important advocacy platform to get tuberculosis included in social, economic and political agendas.

The mentorship programme will run for six months, during which period each participating journalist will produce at least six articles on tuberculosis or related issues.

The NTP will continue to support the expansion of the mentorship program.

Joseph Munda, a media practitioner sharing his mentorship experience during the orientation meeting

Veteran journalists Philip Chidavaenzi (L) and Tatenda Chipungudzanye listen attentively to presentations during the TB mentorship orientation

Meanwhile...

The National Tuberculosis Control Programme (NTP) in partnership with Challenge TB held a two-day TB media advocacy workshop in Kadoma with members of the Health Journalists Association of Zimbabwe (HEJAZ).

...NTP launches media partnership and mentoring programme to increase TB awareness in Zimbabwe

Under the theme "Working with the media to eliminate TB" the workshop ran from the 24th to the 25th of February 2016. The workshop provided a platform to get buy in from the media to put TB on the agenda on all platforms which include social, economic and political, in the wake of new evidence that the disease has replaced HIV as the leading cause of death. A field visit was conducted to one of the Integrated TB-HIV Care site at Rimuka Poly Clinic where the journalists learned more about TB and integrated TB-HIV treatment and could observe how patient management works from start to finish.

The visit also gave the journalists an excellent opportunity to meet, interact and share stories with support group members of People living with HIV comprising ex-TB patients. Their stories were of hope, endurance and determination to fight the disease.

Representatives from The Union, the WHO, and two civil society organisations, Rehabilitation and Prevention of Tuberculosis (RAPT) and the Zimbabwe National Network of People Living with HIV (ZNNP+), spoke with the 19 journalists in attendance.

At the end of the workshop it was resolved that there should be more workshops and field visits of such nature to continuously expose the journalists to the program for informed reporting and advocacy.

Journalists and stakeholders who took part in the media advocacy workshop

TB champions pose for a photo after sharing their experiences with TB

Journalists and NTP staff listening attentively to TB champions sharing their experiences

Know your TB cases and Indicator definitions

The World Health Organisation revised some TB indicator definitions in 2013. Find below the revisions:

TB Case definitions

Presumptive TB: A patient who presents with symptoms or signs suggestive of TB *(previously TB suspect)*

TB CASE

A **bacteriologically confirmed TB case:** a biological specimen is positive by smear microscopy, culture or WHO recommended rapid diagnosis (WRD). All such cases should be notified, regardless of whether TB treatment has started *(previously Definite TB case; now includes explicit mention of WRD)*

A clinically diagnosed TB case: not bacteriologically confirmed but diagnosed with active TB by a clinician or other medical practitioner who has decided to give the patient a full course of TB treatment *(previously a case of TB, not considered Definite)*

Classification by previous TB treatment history

The focus is now on previous treatment history, independent of bacteriological confirmation or site of disease

- **New:** never been treated for TB or have taken anti-TB drugs for less than 1 month
- **Previously treated:** have received 1 month or more of anti-TB drugs in the past (changes for sub-category definitions)
  - Relapse
  - Treatment after failure
  - Treatment after loss to follow-up
  - Other previously treated
- **Patients with unknown previous treatment history (new group)**

Classification by previous TB treatment history (Previously treated)

- **Relapse:** previously treated for TB, were declared cured or treatment completed at the end of their most recent course of treatment, and are now diagnosed with a recurrent episode of TB (either a true relapse or a new episode of TB caused by reinfection); (reworded & removed mention of bacteriological positive TB)
- **Treatment after failure:** are those who have previously been treated for TB and *whose treatment failed at the end of their most recent course of treatment.*
- **Treatment after loss to follow-up:** have previously been treated for TB and were declared *lost to follow-up at the end of their most recent course of treatment. (These were previously known as treatment after default patients.)*
- **Other previously treated:** are those who have previously been treated for TB but whose outcome after their most recent course of treatment is unknown or undocumented.

Classification by HIV status

- **HIV-positive TB patient:** any TB case who has a positive result from HIV testing conducted at the time of TB diagnosis or other documented evidence of enrolment in HIV care1, such as enrolment in the pre-ART register or in the ART register once ART has been started.

...Know your TB cases and Indicator definitions

- **HIV-negative TB patient:** any TB case who has a negative result from HIV testing conducted at the time of TB diagnosis. (not previously defined)

- **HIV status unknown TB patient:** any TB case who has no result of HIV testing and no other documented evidence of enrolment in HIV care.

Treatment outcome definitions

Outcomes are assigned to all bacteriologically confirmed and clinically diagnosed TB cases **including those who die or who are lost to follow-up before starting treatment.**

Outcomes for TB patients

Cured: A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who was smear- or culture-negative in the last month of treatment and on at least one previous occasion.

Treatment completed: A TB patient who completed treatment without evidence of failure BUT with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable.

Treatment failed: A TB patient whose sputum smear or culture is positive at month 5 or later during treatment.

Lost to follow-up: A TB patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more.

Not evaluated: A TB patient for whom no treatment outcome is assigned. This includes cases "transferred out" to another treatment unit as well as cases for whom the treatment outcome is unknown to the reporting unit.

Died: A TB patient who dies for any reason before starting or during the course of treatment.

Treatment success: *The sum of cured and treatment completed*

(Source: ***Definitions and reporting framework for tuberculosis – 2013 revision (updated December 2014)*** World Health Organisation)

Understanding Data Quality issues in TB reporting

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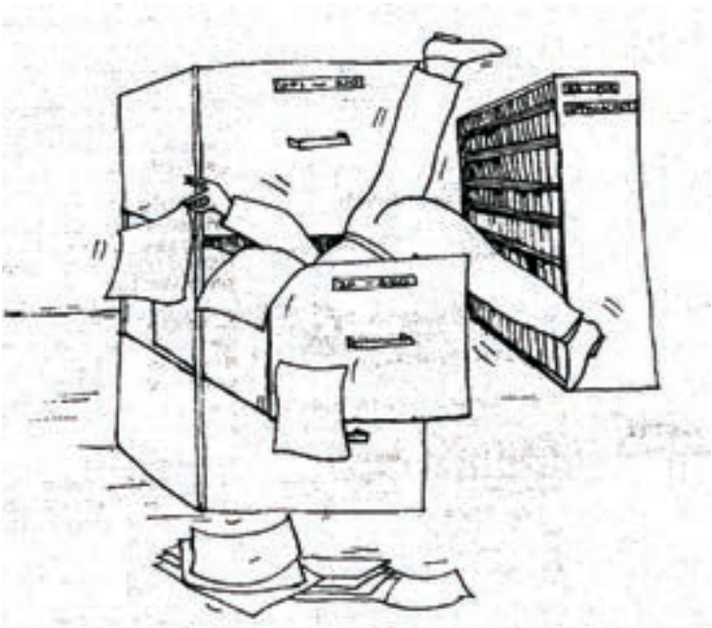

There are four Cs of good data quality. These are:

Current
- Use of up to date data

Correct
- Accurate data that represents TRUTH

Complete
- submission by all facilities

Consistent
- within normal ranges
- good population data
- definition changes

Avoid the common problems associated with data presentation such as

- unusual month to month variations
- duplication
- inconsistencies – unlikely values
- data present where there should not be
- typing errors
- maths problems – poor calculation
- data entered in wrong boxes

Keep in mind that good data quality enables

- Informed decision-making regarding the true circumstances of a situation
- Appropriate local planning, with ongoing monitoring and evaluation
- Improved coverage and quality of health care
- An accurate picture of health programs to services to be given

Remember good quality data are important for effective decision-making. No good decisions can be based on bad data

(an excerpt of a presentation on data quality- DHIS-2 training in Bulawayo, March, 2016)

DHIS-2 training in pictures...

…Participants familiarise themselves with the District Health Information Software

Zimbabwe holds first postgraduate course on innovative data management

The National Tuberculosis Control Program and the International Union Against Tuberculosis and Lung Disease (The Union) delivered a postgraduate course for the first time at the 46th Union World Lung Conference on Lung Health in Cape Town, South Africa in December, 2015

The course introduced a user-friendly, step-by-step guide for healthcare workers on the collection, analysis and use of routine TB data at all levels of the healthcare system. The guide was developed by The Union Zimbabwe Office in collaboration with the Ministry of Health and Child Care and the World Health Organization with support from USAID Challenge TB.

The postgraduate course focused on data tabulation and interpretation using practical examples from Zimbabwe. Data-driven supportive supervision using a standardised checklist was discussed, as well as the benefits of routinely collected TB surveillance data. Key outcomes from implementing the guide in Zimbabwe have been a clear improvement in the data management capacity at the primary healthcare level and an increased use of TB data for decision making.

Feedback on the course was very positive, and several participants in the course expressed keen interest in adapting the guide to their local contexts.

DID YOU KNOW?

For the first time ever, more people have died from tuberculosis (TB) than from HIV, making TB the biggest infectious disease killer globally, says the World Health Organisation's 2015 World Tuberculosis Report.

Targeted Screening for TB in Mining Communities

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The National TB Control Programme with support from University Research Company (URC) conducted targeted screening for TB among people living in small to medium mines and artisanal mining communities. The project was carried out in two provinces Mashonaland West (Kadoma District) and Midlands (Shurugwi District) from October to December 2015. The objectives of the project were to increase TB case finding through symptoms screening and diagnosis using Chest X-Ray and Gene X-pert instruments; establish linkages between the mining community and local health facilities for care and treatment and raise awareness on TB among the mining communities.

Those diagnosed with TB were immediately notified, registered and referred to their nearest clinic(s) for treatment. A total of 3598 people were screened during the implementation period among whom 81 were found with TB and put on treatment. From those tested for HIV, 59 were found to be positive and referred for HIV care at their nearest health facilities.

Even though the programme was targeting artisanal miners and their families, other members of the community participated in the screening, taking advantage of the free package.

Plans are now underway for the nationwide rollout of the targeted screening by NTP with support from Challenge TB and Global Fund.

People wait for their turn to be screened for TB

A woman leaves the van after being screened for TB

Addressing TB among irregular migrants and their host communities

The Ministry of Health and Child Care in partnership with the International Organization for Migration (IOM), aim to increase access to early TB case detection, rapid diagnosis and improved treatment outcomes among Zimbabwean migrants returning from South Africa and Botswana, and the communities they interact with in Matabeleland South Province. The migrants are highly mobile and are particularly vulnerable to tuberculosis (TB) because of the overcrowded living conditions in detention centers and their limited access to health services. On average, four thousand deportees are received from South Africa and Botswana at Beitbridge and Plumtree Reception and Support centers a month. In many cases, without the innovative TB diagnostic tests at the point of care, TB cases are missed.

Through support from TB REACH, IOM procured and installed two Gene Xpert instruments at the point of care for rapid diagnosis at Plumtree and Beitbridge Reception and Support centers. Between January 2015 when the project started, to December 2015, over 3 000 presumptive TB cases were tested with Gene Xpert instruments and LED microscopes, detecting 273 TB positive cases and 10 drug resistant TB cases.

This project which was supported by Stop TB Partnership/ TB REACH and Global Affairs Canada ended in March 2016. Updated statistics will be made available after completion of report writing.

For more information please contact
Blessing Kanengoni on +263772 565 898. Alternatively, email: bkanengoni@iom.int.

Women wait for their turn to be screened for TB

A TB nurse registers a patient in the TB register

TB-HIV patients receive better care in a primary health clinic: a retrospective study

The latest issue of Public Health Action includes a retrospective cohort study of 2013 records from a primary health care clinic, which showed that, of patients who were diagnosed with both HIV infection and tuberculosis (TB), 90 percent were initiated on antiretroviral treatment (ART) and 88 percent began receiving cotrimoxazole preventive therapy (CPT). However, of HIV-positive patients who did not have TB but who had presented as presumptive TB patients, only 38 per cent were started on ART and 40 per cent on CPT.

The study compared referral to and provision of HIV care among presumptive TB patients, including those who proved to have TB and those who did not, in a primary health care clinic in Bulawayo. It was conducted by researchers from The Union, the Health Services Department of the City of Bulawayo and the Ministry of Health and Child Care.

Other findings indicated:

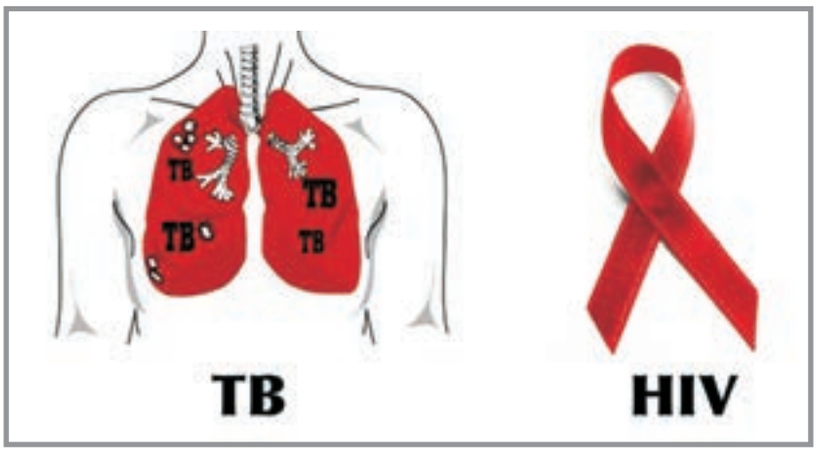
- one of five patients knew their HIV-positive status when they came to the clinic
- three quarters of those who consented to have an HIV test were HIV-infected
- of these newly diagnosed HIV-positive patients, 26 per cent also had tuberculosis

As a result, the research team recommended strengthening service linkages so that ART and CPT reach all patients who need these life-saving interventions. A 'test and treat' approach for initiation of ART could also be considered for patients who enter health services through a TB entry point even if they do not appear to have TB. This could be especially effective in southern Africa with its high burdens of HIV infection and TB.

This study was undertaken with support from the Structured Operational Research and Training IniTiative (SORT-IT).

Read the whole study: Are HIV-positive presumptive tuberculosis patients without tuberculosis receiving the care they need in Zimbabwe?

http://ingentaconnect.com/content/iuatld/pha/2015/00000005/00000004/art00006



Project piloting integrated TB - Diabetes Mellitus (DM) care kicks off in Zimbabwe and Uganda

The prevalence of diabetes has been on the increase in recent decades especially in low-and middle-income countries such as Zimbabwe and Uganda. Research has shown that people who have diabetes have high chances of being diagnosed with TB and those diagnosed with TB are more likely to get diabetes. If the country is to make any headway in halting the rise of TB-DM among its population, there is need to step up prevention and treatment of the two diseases.

The National Tuberculosis Control Programme in partnership with The Union offices in Zimbabwe and Uganda have begun work on integrated TB-DM care in the two countries through a two-year grant from the World Diabetes Foundation (WDF). High-level stakeholders from both countries met in February in Zimbabwe to strengthen collaboration and develop an operational work plan for implementing the project, which will consist of screening tuberculosis patients for diabetes in Uganda and bi-directional screening of TB and diabetes in patients from both groups in Zimbabwe.

The project will be piloted in the capital cities of Harare, Zimbabwe and Kampala, Uganda with the hope to expand its reach following positive results. The Union will serve as the secretariat for a technical working group that was established to coordinate implementation of the project.

Representatives from the national tuberculosis programmes as well as The Union offices in Zimbabwe and Uganda, the Uganda Diabetes Association, the Kampala Capital City Authority and the City Health Department from Harare attended the meeting.

Dr Mapuranga (NTP) and Dr Machekera (The Union) were instrumental in the planning of this stakeholders meeting

The Zimbabwe and Uganda delegates at the stakeholders meeting

Strengthening community involvement in TB Care

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Community participation is an important component in health care programme planning and implementation. Health problems directly affect communities hence the need to meaningfully involve communities in addressing their problems. Putting this into our context, TB develops and spreads in communities. Some of these communities reside in areas which are hard to reach for health care services providers. To address the problem of TB at community level, the Ministry of Health and Child Care (MOHCC) and its partners took a bold step to strengthen community involvement in TB control. To standardise the implementation of Community TB Care (CTBC), MOHCC developed guidelines for community involvement and training manuals for community based health workers. Monitoring and evaluation tools were developed and distributed to provinces to be used to capture CTBC activities.

In the implementation of CTBC there are Civil Society Organisations (CSOs) and Community Based Organisations (CBOs) who play a critical role as they have a presence in the community including the most remote areas. These organisations have volunteers at community level who implement their various activities. These community volunteers assist in the finding of TB cases at community level and referring them to health facilities for diagnosis and treatment. Their role also extends to health education to community members on TB and providing support to TB patients through treatment observation. At community level there are also other volunteers in the form of Village Health Workers (VHWs) who are aligned with MOHCC. Each district in the country has at least 120 VHWs which gives us more coverage at community level. In the northern region of the country (Mashonaland West, Mashonaland East, Mashonaland Central, Manicaland and Harare), ZNNP+ was the main implementer of community TB care activities in 2015 while in the southern region (Matabeleland North, Matabeleland South, Midlands, Masvingo and Bulawayo) it was RAPT. Apart from the above mentioned organisations there are many others operating in various districts and provinces.

For community health workers (VHWs and community volunteers) to execute their duties effectively it was deemed necessary for them to be trained in CTBC. A training of trainers on CTBC workshop was conducted to create a pool of trainers to cover the high number of community health workers in the country. Participants for this workshop were drawn from provinces and Civil Society Organisations and 29 people were trained. Cascade trainings on community TB care were then conducted by RAPT and ZNNP+ reaching approximately 360 community health workers. More trainings will be conducted in future to increase the number of trained community cadres to further improve community TB care delivery.

Community participation during World TB Day

13 Piloting Intensified contact investigation

Makakabule Clinic staff with Dr Mapuranga (green T-Shirt) and Mr Mutsvairo (RAPT) during the contact investigation baseline assessment in Beitbridge

Beitbridge and Seke districts have been selected to pilot a community driven TB contact investigation intervention supported through Challenge TB. These two districts were selected due to high TB case notification rates in 2013. This high notification reflects possibility of more TB cases which can still be detected using active case finding strategies in the community. Studies have shown that up to 5% prevalence of active TB can be yielded from contact investigation, an important high TB risk group among others.

Two community based civil society organizations (CSOs) namely ZNNP+ and RAPT were identified to spearhead the pilot. Each district will select 10 sites for implementation of this exercise. The pilot will run from April to September 2016.

It is envisaged that the successful implementation of this pilot will result in the increase in the number of TB cases notified in the pilot districts; establishment of a clear and systematic approach for implementation of intensified contact investigation at community level and documentation of the programmatic needs for a possible roll out of community based interventions for TB contact investigation.

Mat South PTBLC Mr Vuranda (Blue Shirt) stresses a point to the clinic Staff at Majini Clinic in Beitbridge.

Dr Mapuranga takes the Chamnangana Clinic Staff through the assessment tool.

UPCOMING EVENTS

Registration has opened for the 47th Union World Conference

The 47th Union World Conference on Lung Health will be held on October 26-29, 2016, in Liverpool, UK. Register early and benefit from discounted registration rates.
Follow this link for more details:
http://liverpool.worldlunghealth.org/

TB 2016 conference: July 16-17, 2016, Durban.
Follow the link for more details:
http://www.tb2016.org/

The 2016 TB Summit: June 21-23, 2016, London UK.
http://lifescienceevents.com/2016-tb-summit-21st-23rd-june-2016/

Belated World TB Day commemorations: Matabeleland South Province. Dates will be availed soon.

IMDP course in Strategic Planning and Innovation (July 11-15, 2016, Kuala Lumpur, Malaysia)
Deadline: 27 May
Visit this link for more details: http://www.union-imdp.org/courses/strategic-planning-and-innovation

TB SURVEYS IN PROGRESS

Drug Resistant Survey: Zimbabwe is in the middle of a DR-Survey whose findings shall give a true picture of the DR-TB burden in the country.

Knowledge, Attitudes and Practices (KAP) Survey: The results from this survey shall be used to develop evidence based Communication Strategy with activities that will enable effective community participation in TB control in Zimbabwe.

SUMMARY EVENTS

Data verification during support and supervision at Mutare Provincial Hospital, March 2016

Mr Sibanda (Midlands Provincial TB and Leprosy Coordinator) with staff at Driefontein Hospital after mentoring them on the new M & E tools

Members of the parliamentary portfolio committee on health take notes during a Parliament TB advocacy workshop

Utilisation of the microscopy at St Lukes Hospital in Lupane District

IN PICTURES

The Global Health Bureau, Office of Health, Infectious Disease and Nutrition (HIDN), US Agency for International Development, financially supports this newsletter through Challenge TB under the terms of Agreement No. AID-OAA-A-14-00029 This newsletter is made possible by the generous support of the American people through the United States Agency for International Development (USAID).

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The Union International Union Against Tuberculosis and Lung Disease *Health solutions for the poor*

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