

## Spotlight

# Partnerships are the way forward in the fight against TB

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An article from the HDN Key Correspondent Team

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New tuberculosis (TB) treatment and prevention tools are desperately needed, according to members of the Stop TB Partnership New Diagnostics Working Group convened during the 38th Union World Conference on Lung Health in Cape Town.

The working group aims to coordinate and facilitate the development of widely accessible diagnostic tests to help accelerate control of the global TB epidemic and has been expanded and restructured to allow it focus on a wider range of activities.

But as the working group focuses on restructuring, medical personnel around the world face the challenge of making antiretroviral therapy (ART) and TB treatment accessible to rural communities. The working group should be focusing on partnering with governments and other international stakeholders to make treatment, care, support and new diagnostics available in every rural and urban health centre.

An example of such a partnership is the relationship between the Japanese International Corporation Agency (JICA) and two district health centres in Mumbwa and Chongwe in Zambia. This partnership provides mobile ART and TB services to rural hospitals within the district so that ART and diagnostics are made available to even the most remote areas.

In the past, many people have dropped out of ART and TB treatment programmes because they could not afford the transport costs associated with getting themselves to treatment centres, but many people have been receptive to the mobile clinic. Through this partnership, JICA has provided District Health Management Teams (DHMT) with the vehicles needed to make these trips to rural areas on a fortnightly basis and has trained health centre and support staff in HIV management, diagnostics, testing and adherence counselling.

The DHMT provide the fuel for the vehicles and the allowances for members of staff who go to rural communities. Dr Christopher K Dube, the Director of Health at Mumbwa District Hospital, said the mobile clinic had helped decongest the district hospital.

The programme has also helped patients adhere to their medication and treatment regimes. But Dube said the programme still faced several challenges, particularly in the area of diagnostics, since blood specimens, for analyses such as CD4 tests, had to be taken to the district hospital for testing and results were only available after two weeks.

The district health facility still does not have the diagnostic facilities it needs to conduct liver function tests and full blood counts. Medical staff in the hospital's ART section rely on World Health Organization (WHO) staging and the CD4 count results, while the laboratory that controls TB testing still relies on lengthy tests using old Carl Zeiss Nielsens microscopes. Not only are there not enough staff to carry out the tests but there is also not enough room at the

facility for TB to be cultured.

The Global Plan to Stop TB highlights the need for the working group to bring together governments, other stakeholders and the manufacturers of testing equipment so that they can enter into agreements over the provision of equipment.

We have seen the success of partnerships in the fight against HIV and it is vital to replicate this in tackling TB. It is essential that communities are represented at the working group on diagnostics because these delegates are able to speak on behalf of the voiceless and tell decision makers what people really want in terms of treatment, care, support and diagnostics.

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