



Early in the morning a crowd has gathered around the local health center in Kamchay Mear, a poor rural area outside Phnom Penh. About 200 people will be screened today for tuberculosis using the newest and quickest diagnostic screening technology available. The National TB and Leprosy Control Programme (CENAT) is organizing these screening activities in 15 operational districts as part of a TB REACH project geared towards improving early and increased TB case detection. Using generators to power a mobile laboratory and radiology unit the CENAT team will spend the day providing free services to the local population.

Cambodia is one of the 22 high burden countries for tuberculosis globally and has the second highest prevalence of TB among these countries with 0.66% of the population with active TB disease. This is despite a 50% drop in the prevalence rate and about 60% reduction in death rates in the last two decades. Leading the fight against TB is the National TB and Leprosy Control Programme (CENAT) which has expanded DOTS coverage to a national level and has employed a community based approach for the last 10 years helping to greatly improve case detection rates and bring treatment success rates above 90%.

This new intervention brings state of the art TB diagnostic services to poor rural communities with inadequate access to health care. Generally, people will go to a health center when they are ill and may be suspected of having TB but diagnostic services are far away, the technology used is old, many cases are missed and delays in obtaining results can be long. Through this TB REACH project TB screening camps are held at rural health centres. Community volunteers systematically inform symptomatic inhabitants as well as contacts of TB patients to come to the screening camp. All people coming for the screening receive a symptom screen and a free chest X-ray which helps identify who will need further testing. Those identified as TB suspects then give a sputum sample which undergoes molecular testing in a mobile laboratory at the screening site, using Xpert MTB/RIF technology which gives results in less than 2 hours. With this approach patients are detected early and the results of the TB diagnostic process is available to the patients in a single visit.

Through these efforts, CENAT hopes to increase TB case detection across a large area of Cambodia, strengthening an already solid TB program to increase access to economically poor areas that have weak health services, to diagnose cases early, and to provide the latest advances in diagnostic technology to these populations. This active case finding approach builds on the experiences of prevalence surveys conducted in the country and addresses the known access issues related to passive case finding.

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The National TB and Leprosy Control Programme

Cambodia

Stop TB Partnership
TB REACH



FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

TB REACH

**The first wave of projects
increased case detection
by an average of 26%
compared to
the previous year**

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

Stop TB Partnership Secretariat
World Health Organization
HTM/STB/TBP
20, avenue Appia CH-1211 Geneva 27
Switzerland

Email: tbreach@who.int
Phone: + (41) 22 791 46 50
Fax: + (41) 22 791 48 86



Canadian International
Development Agency

Agence canadienne de
développement international

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