Zimbabwe



Population Services International (PSI)

In 1990, Zimbabwe had one of the lowest incidence rates of tuberculosis in Southern Africa. However, as the HIV epidemic began to affect Zimbabwe in the early 90s, the rate of new TB cases expanded exponentially. By 2005, the TB incidence rate had increased sevenfold, placing Zimbabwe among the 22 High Burden Tuberculosis (TB) Countries in the world. The TB case detection rate of 46% in 2010 was well below the WHO recommended 70%.

In 2004, in response to the high co-infection rate and the low case detection rate, Population Services International (PSI)/Zimbabwe began integrating tuberculosis symptom screening into its HIV testing and counselling (HTC) network, New Start, which tests approximately 400, 000 people for HIV each year. All clients accessing HIV testing are asked questions to detect tuberculosis symptoms. Through this simple process, PSI/Zimbabwe has been able to identify and refer thousands of men and women with suspected tuberculosis to clinics for treatment.

In October 2011, PSI/Zimbabwe received support from TB REACH to take this integrated approach to scale. With this support, PSI/Zimbabwe has improved its tuberculosis laboratory capacity through the integration of fluorescence microscopy into four of its 17 HTC centres and GeneXpert technology into two of its major HCT centres, reaching 120, 000 people annually, 15% of whom are HIV positive.

PSI/Zimbabwe screened more than 168, 862 people for tuberculosis, tested the sputum samples of 10, 210 TB suspects with smear microscopy and GeneXpert technology



At the same time, PSI/Zimbabwe has strengthened its outreach program, using community promoters to distribute leaflets and brochures in their communities to explain TB symptoms and to refer people with symptoms to the TB/HIV outreach team, or to the New Start centre, for tuberculosis testing. PSI's health workers are also reaching out to pharmacies, private sector doctors and local city health clinics without the capacity of TB laboratory diagnostics, to educate health care providers on TB screening and to refer any client with a persistent cough to the nearest New Start TB laboratory offering free TB screening. A direct referral system has been established between these partners and PSI TB/HIV screening centres. PSI has also expanded its TB/HIV outreach program to identify TB suspects at prisons and workplaces, such as mining communities.

To ensure that TB cases identified at PSI TB diagnostic centres went on to a treatment centre for appropriate therapy, PSI partnered with Interactive Research and Development (IRD) Pakistan to establish an interactive phone-based SMS reminder system, which supports transmission of pre-defined or custom text messages to clients or providers, also allowing text message replies from these clients and providers. The content of the text message is then incorporated in a database. Due to this reminder system almost all identified TB cases received treatment immediately after their diagnosis.

Between October 2011 and September 2012, PSI/Zimbabwe screened more than 168, 862 people for tuberculosis, tested the sputum samples of 10, 210 TB suspects with smear microscopy and GeneXpert technology, and identified and started on treatment 844 bacteriologically confirmed tuberculosis cases. The program has made a sizable contribution to increased case finding in Zimbabwe and has enabled the NTP to begin treatment for a large number of TB cases that were otherwise going unreported.







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.

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