

TB control and early detection among migrants and migration affected communities in Matebeleland

Of the 22 countries designated by WHO as high TB burden countries, Zimbabwe ranks 17th with an estimated TB incidence rate of 562/100,000. The TB epidemic in Zimbabwe is fuelled by the severe parallel HIV pandemic (adult HIV prevalence rate 15.2%), making TB the second leading cause of death. The TB mortality rate (excluding HIV+TB) is 33/100,000, increasing four-fold among patients with both TB and HIV (132/100,000). Seventy percent of people living with TB also have HIV.

While there is a low national case detection rate, currently pegged at 46%, the Zimbabwe NTP continuously strives to reduce transmission of the disease and mortality rate, through breaking the chain of transmission of infection and through free TB diagnosis at national laboratories. However, Zimbabwe has a low coverage of TB diagnostic services with only two TB laboratories offering TB sputum culture microscopy. The other available laboratory facilities are scarce and only conduct smear microscopy which has a lower sensitivity, especially in cases of TB/HIV co-infection and which cannot detect drug resistance.

Zimbabwean migrants often do not have access to these facilities due to their transient behavior. When cross-border Zimbabwean migrants live in neighboring countries such as Botswana and South Africa, they are particularly hard-to-reach. This is because of the many challenges they may encounter as they try to access health services. For instance: irregular migrants often avoid using public health facilities in host countries out of fear of being intercepted and deported; long distances between the health facilities and the main road network affects attendance; negative attitudes of health workers can impact turnout; lack of time, the cost of travel and health services, and opportunity cost also have a negative impact. In addition, poverty and a poor understanding of TB disease can cause migrants to put off care seeking. The overcrowded living conditions in host countries render them more susceptible to TB infection. In many cases, presumptive TB cases of this hard-to-reach group are initiated on TB treatment without the requisite diagnostic tests and with poor follow-up due to their mobility patterns.



Efficiently monitoring TB incidence and prevalence in this population requires innovative approaches and active case finding. With the support from TB REACH, several new interventions were designed, contributing to increased access to early TB case detection, rapid diagnosis and improved treatment outcomes among irregular Zimbabwean migrants returned from South Africa and Botswana, and for the communities they interact with in Matebeleland South Province.

These interventions include: systematic TB screening for irregular Zimbabwean migrants deported from South Africa and Botswana; improving access to TB screening and treatment services for migrants and host communities through the establishment of mobile clinics along the transport corridor and outreach activities; increasing awareness of TB and HIV/AIDS among migrants and high migrant-sending communities through door to door TB health messaging conducted by community health workers; distribution of educational videos for display on buses, as well as in schools and shops; and the use of m-health technology, which employs cellphones to transmit results to patients as well as to provide them with new information.

Zimbabwe

International Organization
for Migration (IOM)



Nine months into implementing the interventions, 20 445 people have been screened. 3 593 people have been reported to have presumptive TB and 113 of them were positive TB cases. 96 additional cases were recorded, which is a 20% significant change from baseline to the intervention period.



TB REACH

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



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More than nine and a half 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 these people 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 identify people who have TB, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

TB REACH has supported a total of 142 projects in 46 countries. To date, 33 million people have been screened for TB in project areas, of which, 1.7 million have received TB treatment, accounting for 856,000 lives saved. Some projects have seen increases in TB notifications of more than 100%.

Our partners are providing evidence for new case finding approaches and are working with community and policy leaders as well as donors such as The Global Fund to integrate those approaches into national strategies that improve TB case detection.

TB REACH was launched in 2010 thanks to a CAD\$ 120 million grant from Global Affairs Canada.

TB REACH acts as a pathfinder, providing fast track funding for innovative projects, monitoring effectiveness and leveraging funding for scale up.

Stop TB Partnership

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