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USAID Local Partner Health Services EC - Transition award to MJAP



Ending the TB epidemic by 2030; where are we as Busoga?

BUSOGA HEALTH FORUM

March 25th, 2022

Dr. Rodrigo Nyinoburyo





Presentation outline

- Global context and goals
 - Country context and goals
 - Busoga region picture
 - Ongoing interventions
 - Recommendations & way forward.
-



Tuberculosis; global context

- Apprx 9.9 million people fell in with TB globally in 2020 (TB Global report 2021)
 - Hirtherto the COVID-19 pandemic there were significant gains globally in reducing TB incidence and deaths.
 - The COVID-19 pandemic reversed the gains; (fewer TB cases reported in 2021, higher TB deaths....) affecting access to TB diagnostic and treatment services
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Global goals, strategies...

SDG Target 3.3	By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases
WHO End TB Strategy	80% reduction in the TB incidence rate (new and relapse cases per 100 000 population per year) by 2030, compared with 2015 2020 milestone: 20% reduction; 2025 milestone: 50% reduction
	90% reduction in the annual number of TB deaths by 2030, compared with 2015 2020 milestone: 35% reduction; 2025 milestone: 75% reduction
	No households affected by TB face catastrophic costs by 2020 ^a
UN high-level meeting on TB, 2018	40 million people treated for TB from 2018 to 2022, including: <ul style="list-style-type: none"> • 3.5 million children • 1.5 million people with drug-resistant TB, including 115 000 children
	At least 30 million people provided with TB preventive treatment from 2018 to 2022, including: <ul style="list-style-type: none"> • 6 million people living with HIV • 4 million children aged under 5 years and 20 million people in other age groups, who are household contacts of people affected by TB
	Funding of at least US\$ 13 billion per year for universal access to TB prevention, diagnosis, treatment and care by 2022
	Funding of at least US\$ 2 billion per year for TB research from 2018 to 2022



End TB strategy

Figure 1. POST-2015 GLOBAL TUBERCULOSIS STRATEGY FRAMEWORK

VISION	A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis
GOAL	End the global tuberculosis epidemic
MILESTONES FOR 2025	75% reduction in tuberculosis deaths (compared with 2015) 50% reduction in tuberculosis incidence rate (less than 55 tuberculosis cases per 100 000 population) – No affected families facing catastrophic costs due to tuberculosis
TARGETS FOR 2035	95% reduction in tuberculosis deaths (compared with 2015) 90% reduction in tuberculosis incidence rate (less than 10 tuberculosis cases per 100 000 population) – No affected families facing catastrophic costs due to tuberculosis
PRINCIPLES <ol style="list-style-type: none">1. Government stewardship and accountability, with monitoring and evaluation2. Strong coalition with civil society organizations and communities3. Protection and promotion of human rights, ethics and equity4. Adaptation of the strategy and targets at country level, with global collaboration	



End TB strategy

PILLARS AND COMPONENTS

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

- A. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups
- B. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support
- C. Collaborative tuberculosis/HIV activities, and management of comorbidities
- D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

- A. Political commitment with adequate resources for tuberculosis care and prevention
- B. Engagement of communities, civil society organizations, and public and private care providers
- C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
- D. Social protection, poverty alleviation and actions on other determinants of tuberculosis

3. INTENSIFIED RESEARCH AND INNOVATION

- A. Discovery, development and rapid uptake of new tools, interventions and strategies
- B. Research to optimize implementation and impact, and promote innovations



TB; Uganda contex

- Uganda is one of the 30 high TB/HIV burden countries and one of the 20 countries that contribute 83% of missing people with TB.
 - Apprx. 90,000 people fall ill with TB annually
 - About 75-80% are identified and started on treatment.
 - Missed TB cases about 20%; continue to fuel the epidemic.
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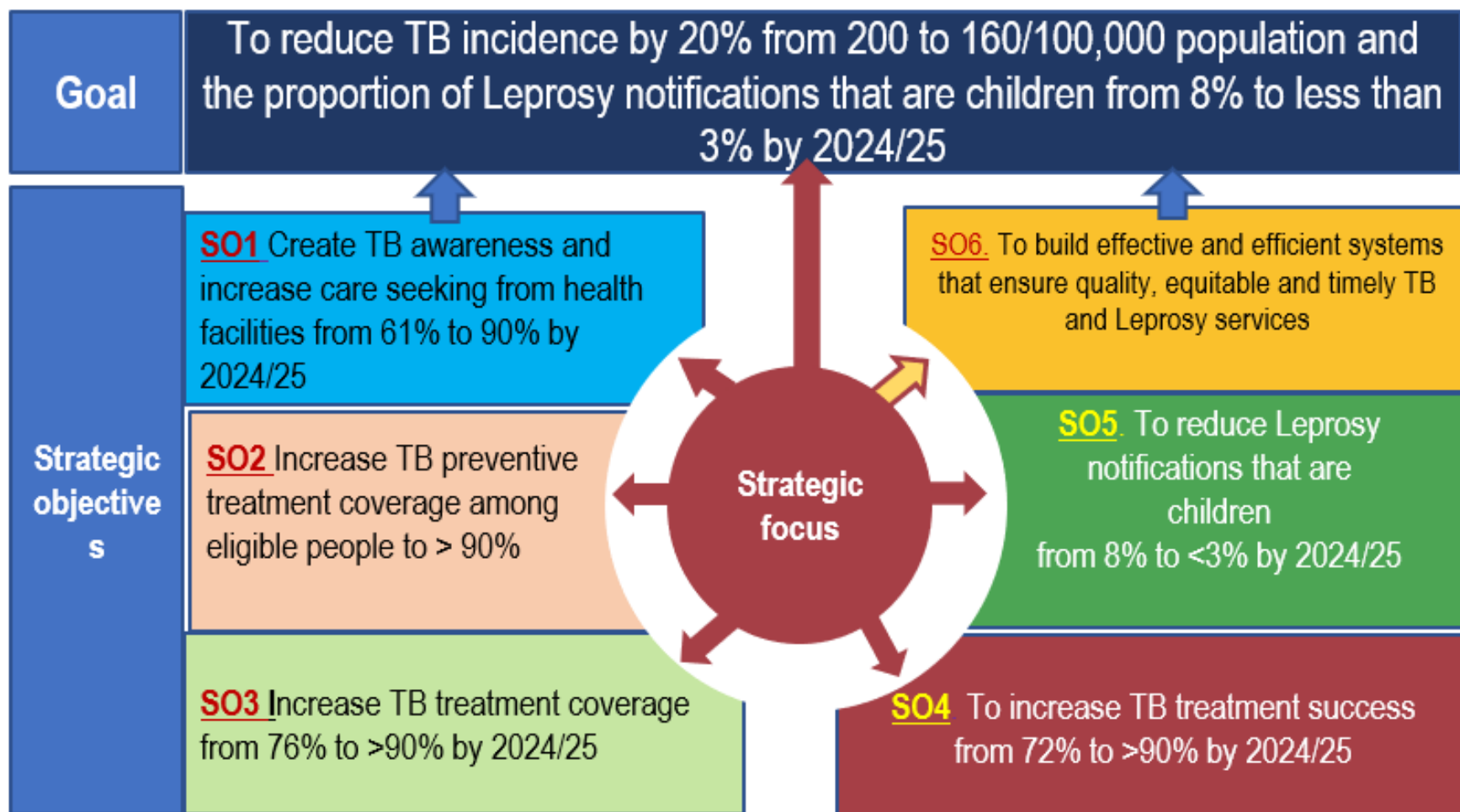


Country goals, strategies

- Implementing the National Strategic Plan for TB/leprosy control (2020/21-2024/25)



NSP Goals





TB Case identification; (Case Detection Rate)

Period	Jan to Mar 2021			Apr to Jun 2021			Jul to Sep 2021			Oct to Dec 2021		
District	Estimated TB cases (Target)	Number of incident TB cases notified	TB Case detection rate (%)	Estimated TB cases (Target)	Number of incident TB cases notified	TB Case detection rate (%)	Estimated TB cases (Target)	Number of incident TB cases notified	TB Case detection rate (%)	Estimated TB cases (Target)	Number of incident TB cases notified	TB Case detection rate (%)
Bugiri District	194	110	56.8	194	76	39.2	196	54	27.6	196	61	31.2
Bugweri District	76	36	47.2	76	82	107.6	76	32	42.1	76	34	44.7
Buyende District	168	83	49.5	168	90	53.6	170	59	34.6	170	81	47.6
Iganga District	161	200	124.4	161	177	110.1	173	151	87.2	173	184	106.2
Jinja City	416	331	79.6	416	397	95.5	341	533	156.5	341	699	205.3
Jinja District	40	29	72.9	40	43	108	28	23	81.9	28	55	195.7
Kaliro District	116	61	52.7	116	184	158.9	117	90	77.3	117	73	62.7
Kamuli District	222	140	63.1	222	143	64.4	221	104	47.1	221	132	59.8
Luuka District	106	76	71.9	106	108	102.2	105	44	42	105	63	60.2
Mayuge District	226	108	47.8	226	145	64.2	226	97	42.8	226	102	45.1
Namayingo District	94	60	64.2	94	68	72.7	92	31	33.6	92	84	91
Namutumba District	123	45	36.6	123	45	36.6	123	29	23.5	123	44	35.7
Total	1 942	1 279	65.9	1 942	1 558	80.3	1 868	1 247	66.8	1 868	1 612	86.3

Key

>89%

75-89%

<75%

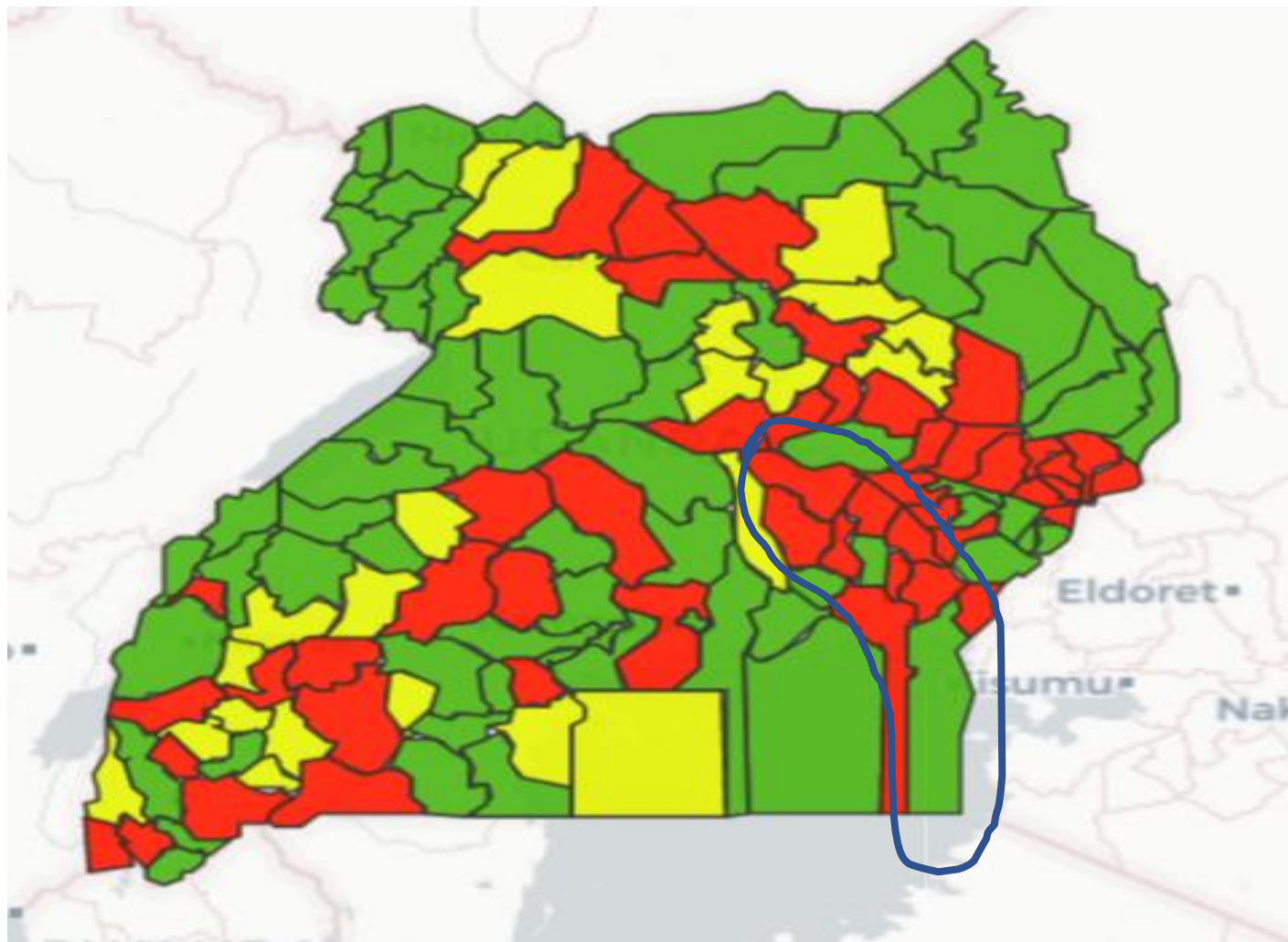


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How do we compare with other regions; TB Case Detection?
Oct-Dec 2021 (Target=90% of estimated cases in the popn)



Key

>89%

75-89%

<75%



What are the bottle necks to TB Case Detection in Busoga?

- Sub-optimal TB screening at health facilities
 - Low index of suspicion/limited knowledge.
 - Poor attitude of HCWs towards TB
 - Under utilization of GeneXpert technology.
 - Low community awareness about TB, low service demand.
 - Limited community TB case finding activities
-



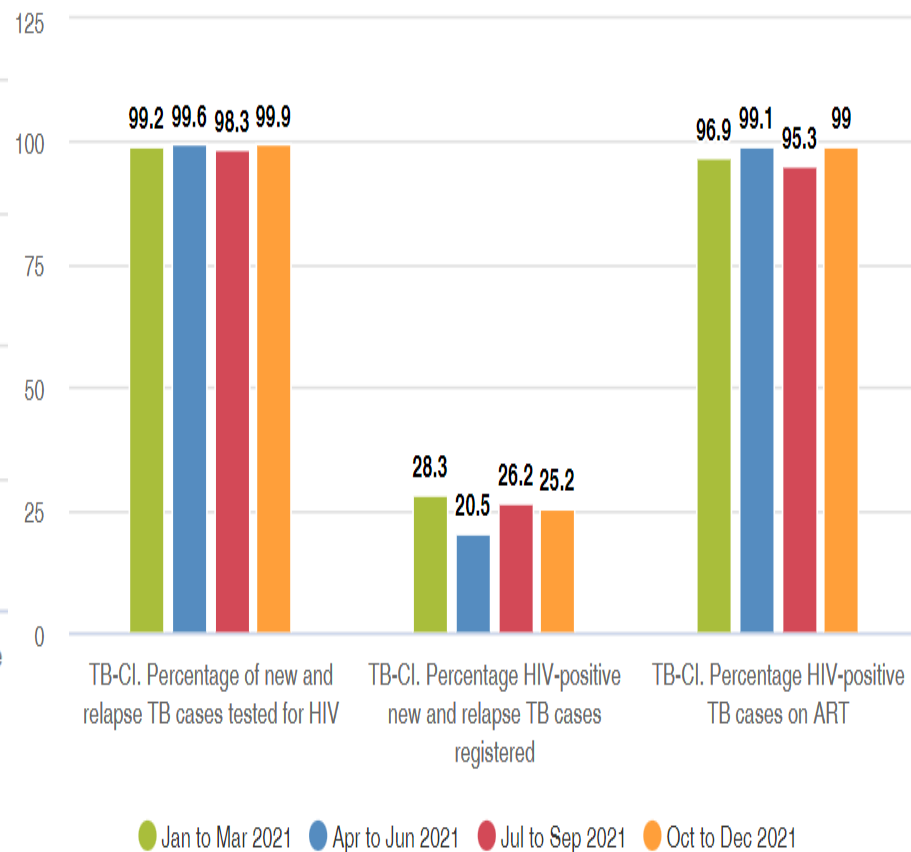
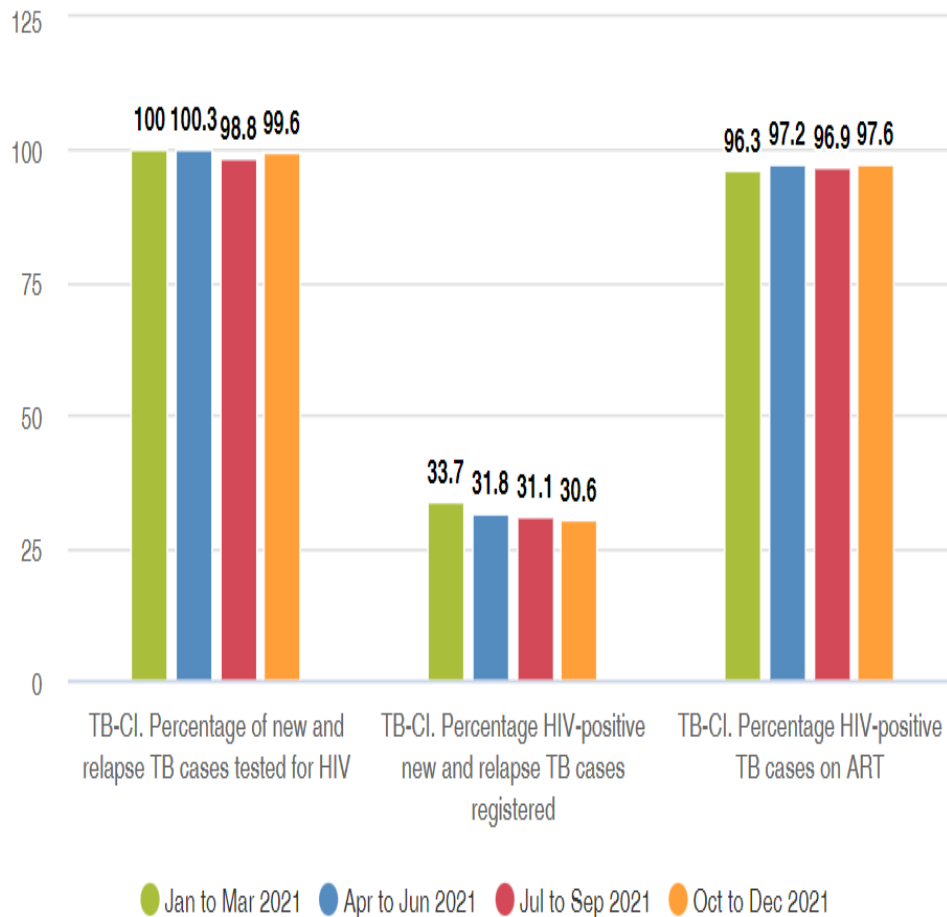
TB/HIV integration

MOH - Uganda

TB CI 01 : TB/HIV Cascade

Organisation Unit: Bu

Busoga

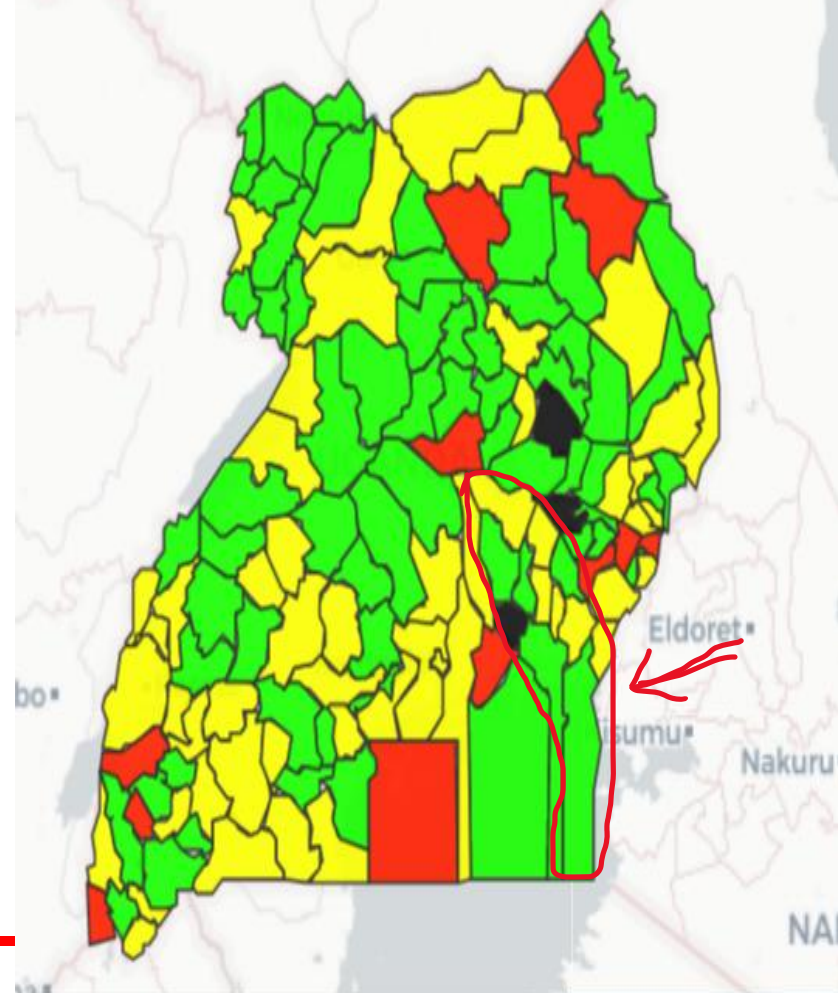


TB treatment Success Rate (Target=90%)

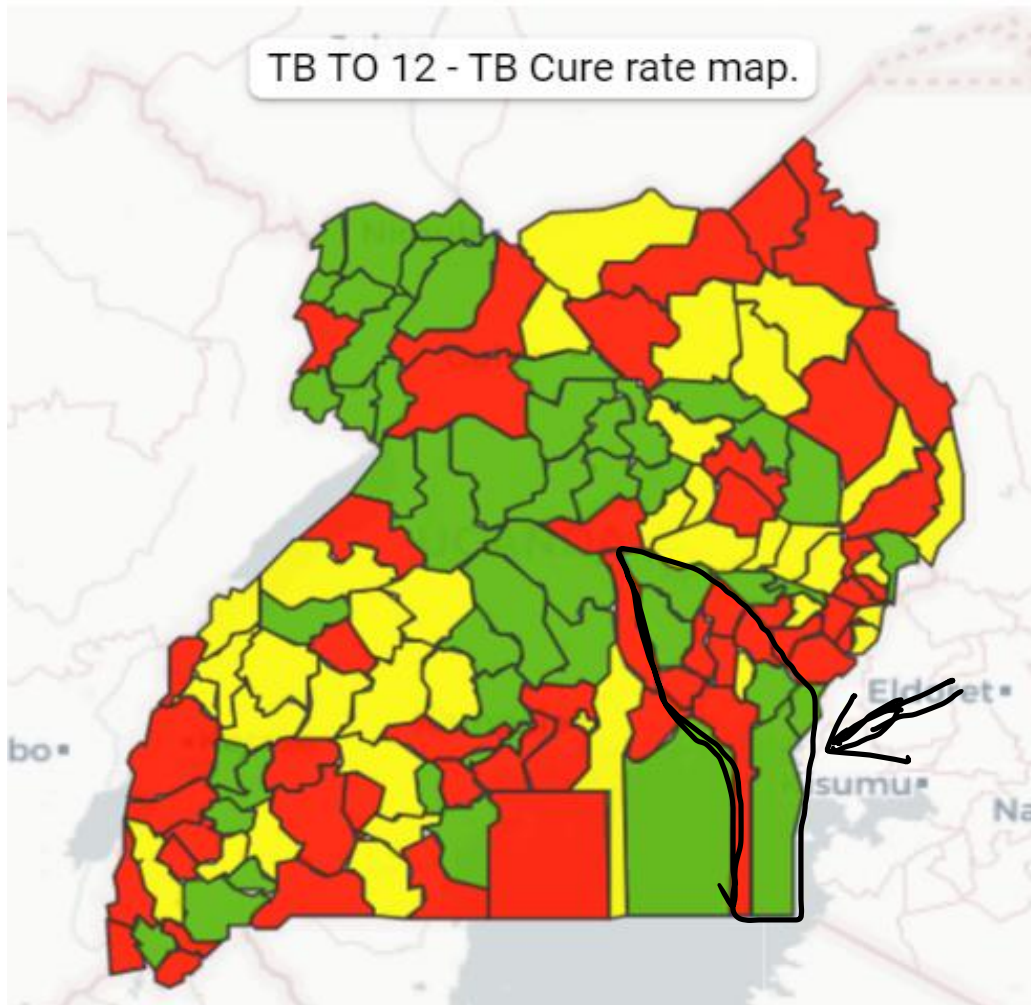
TB-TO. Percentage Treatment success rate for all DS-TB cases

District/ Period	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021
Bugiri	93.5	86.4	76.2	80.6
Bugweri	85.7	86.8	82.6	82.1
Buyende	87.3	82.1	78	78.3
Iganga	100	97	85.1	83.1
Jinja City	83.2	83	87.8	81.3
Jinja District	88.9	110.7	84.2	108.7
Kaliro	90.5	97.9	90.5	76.9
Kamuli	81	77.1	108.4	93.1
Luuka	82.1	61.5	222.2	90.2
Mayuge	82.4	70.1	80.6	94.5
Namayingo	76.1	83.3	86.8	88.7
Namutumba	90.6	94.3	76.1	90.5

TB TO 11 - TB Treatment Success rate map.



TB Cure Rate (target=85%)



- 65% cure rate as a region.
- An indictment on our laboratory systems.
- Most patients are completing treatment but their sputum follow-up monitoring at 2,5,6 months not done.



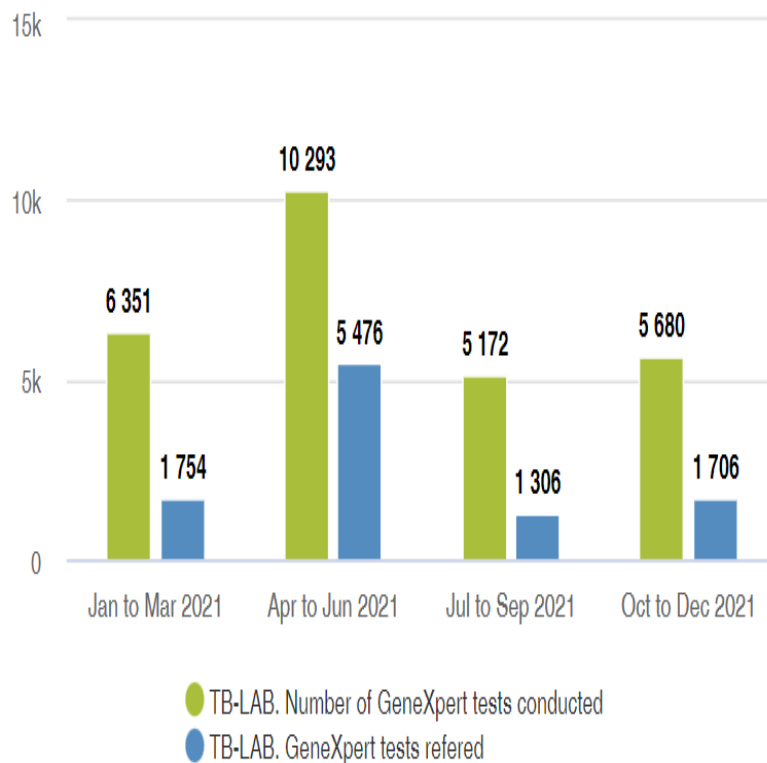
MDR-TB surveillance

TB-LAB. Percentage of presumptive TB cases that accessed a genexpert

Organisation unit / Period	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021
Bugiri	33.1	22.6	5.7	16.3
Bugweri	46.1	56	31.9	42.7
Buyende	16	21.4	18.1	19.8
Iganga District	86.6	79.5	38	64.3
Jinja City	50.2	73.5	64.8	78.8
Jinja District	55.4	26.2	37.2	24.2
Kaliro	63.7	42.8	89.1	73.5
Kamuli	55.6	47.2	5.6	26.7
Luuka	33.9	3.9	0.7	67.8
Mayuge	68.7	81.1	53.5	86.9
Namayingo	27.7	78.1	18.3	26.5
Namutumba	50	26.9	85.4	48.5

TB-LAB08. GeneXpert tests condu...

Bugiri District, Bugweri District, Buyende District, Iganga District, Jinja City...





MDR-TB Case detection rate

MOH - Uganda				
Data / Period	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021
TB-TGT. Estimated RR Cases (NSP)	360	360	356	356
TB-DR. Number of RR TB cases identified by diagnostic and treatment units	154	153	156	156
TB-DR. Number of cases with RR-TB and/or MDR-TB that began second-line treatment	130	122	131	121
TB-DR. Percentage of RR/MDR TB Cases identified by the DTUs	42.7	42.5	43.8	43.8
TB-DR. RR/MDR TB case detection rate	36.1	33.9	36.8	34

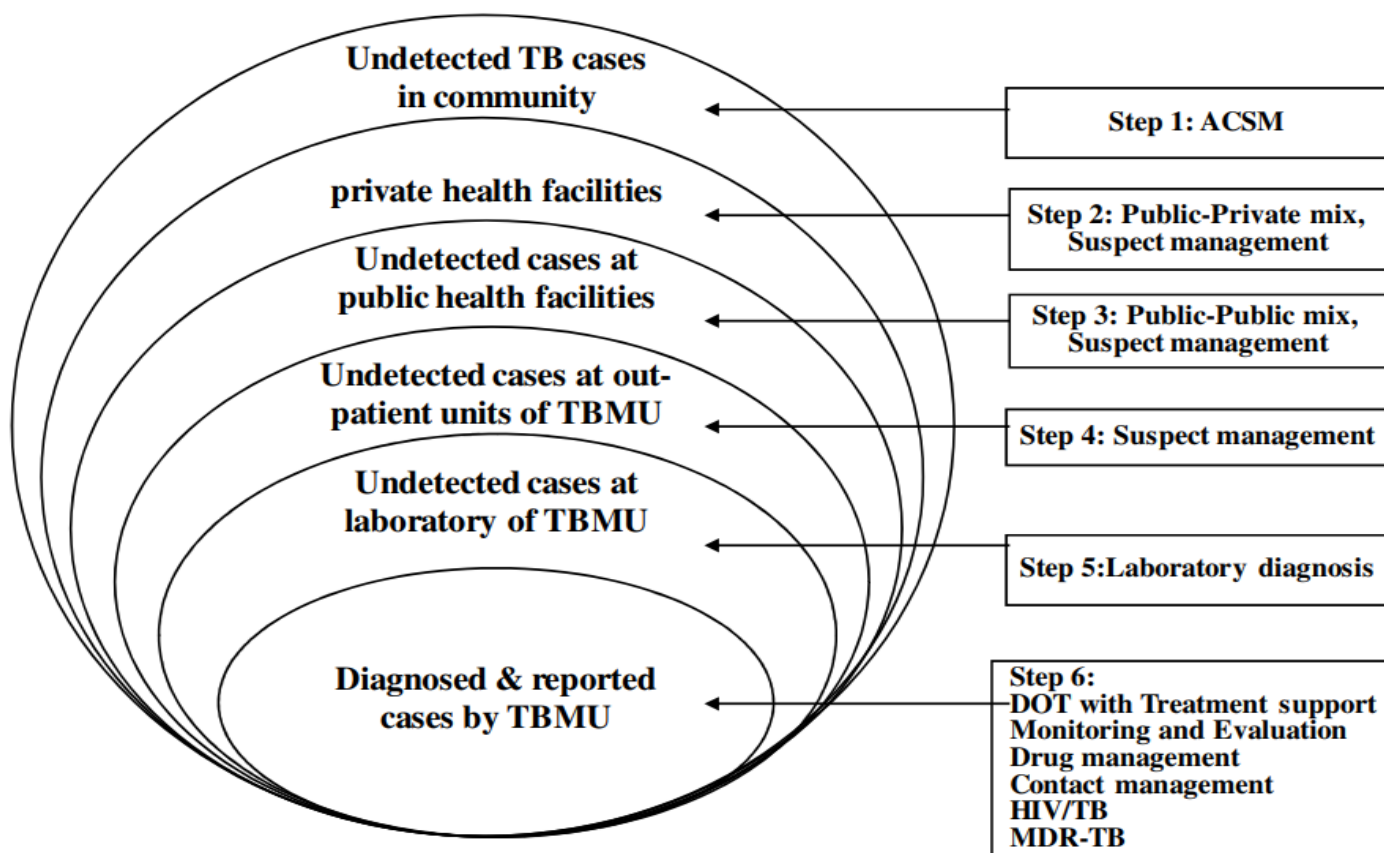
Busoga				
Data / Period	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021
TB-TGT. Estimated RR Cases (NSP)	34	34	33	33
TB-DR. Number of RR TB cases identified by diagnostic and treatment units	7	14	5	10
TB-DR. Number of cases with RR-TB and/or MDR-TB that began second-line treatment	11	17	16	9
TB-DR. Percentage of RR/MDR TB Cases identified by the DTUs	20.6	41.2	15.3	30.6
TB-DR. RR/MDR TB case detection rate	32.4	50	48.9	27.5

- Need to intensify MDR-TB surveillance
- GeneXpert access for all
- Drug susceptibility testing for at risk groups; retreatment cases



Community TB “We cannot end TB without combing the communities”

Onion Model of Missed TB Cases





TB patients that were community referrals

Bugiri District, Bugweri District, Buyende District, Iganga District, Jinja City, Jinja District, Kaliro District, Kamuli District, Luuka District, Mayuge District, Namayingo District, Namutumba District				
Data / Period	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021
TB-CM. Number of TB patients registered referred by community health workers and volunteers	76	244	52	257
TB-CN. Total TB cases registered (all cases, all forms)	1 286	1 567	1 258	1 627
TB-CM. Percentage of TB patients registered referred by community health workers and volunteers	5.9	15.6	4.1	15.8

Bugiri District, Bugweri District, Buyende District, Iganga District, Jinja City, Jinja District, Kaliro District, Kamuli District, Luuka District, Mayuge District, Namayingo District, Namutumba District				
Data / Period	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021
TB-TO. Percentage of TB cases on DOT both facility and community	98.3	94.8	88.7	96
TB-TO. Percentage of TB cases on community DOT	83.6	83.4	73.2	84.6
TB-CM. Percentage of TB cases assigned a treatment supporter	24	20.5	7.2	13.6
TB-CM. TSR for patients under community DOT	84.8	69	79.5	84.9
TB-TO. Percentage Treatment success rate for all DS-TB cases	86.7	84.9	89.2	85.2



TB Preventive Treatment for at most risk populations

- **PLHIV;**
 - 62,623 in LPHS-EC supported facilities, 56,299 (90%) ever had TPT by Jan 2022.
 - Health facilities being supported to cover the 10% gap by end of Sept 2022.
 - **Contacts of PBC TB patients;**
 - Only about 5% of eligible child contacts receiving TPT
 - Less than 1% of adult eligible contacts have received TPT.
-



TB Prevention among contacts of PBC TB patients

District	# under 5 TB contacts eligible for TPT	under 5 TB contacts started on TPT	% under 5 TB contacts started on TPT	# eligible TB contacts (5+ years)	# TB contacts (5+ years) started on TPT	# eligible TB contacts (5+ years) started on TPT
Busia	7			79		
Bugiri	6			38		
Bugweri	26	15	57.7	84		
Buyende	60	4	6.7	105	3	2.9
Iganga	106	15	14.2	239	16	6.7
Jinja City	250	4	1.6	461	2	0.43
Jinja District	8			40		
Kaliro	39	8	20.5	191	38	19.9
Kamuli	73	1	1.4	270	15	5.6
Luuka	20	5	25	38		
Mayuge	126	7	5.6	136		
Namayingo	26			19		
Namutumba	38			40		
Total	60.4	7.4	8.4	133.8	14.8	5.8

- TPT surge by MoH/USAID/CDC to catch up this underperforming cascade.
- Revised TPT guidelines
- 3 by 1 approach.
- Disseminated DG's letter on the same

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IN ANY CORRESPONDENCE ON



THE REPUBLIC OF UGANDA

Ministry of Health
P. O. Box 7272
Plot 6, Lourdel Road
KAMPALA
UGANDA

THIS SUBJECT PLEASE QUOTE NO: ADM.105/309/05

6th January 2022

To District Health Officer
Health Unit In-charge
TB Clinic In-charge
Implementing Partner

RE: SCALING-UP TB PREVENTIVE TREATMENT TO ALL CONTACTS OF PULMONARY BACTERIOLOGICALLY CONFIRMED TB PATIENTS.

The Minister of Health on 24th March 2021, launched guidelines for programmatic management of latent TB infection in Uganda. Among other recommendations, those guidelines state that;

All children aged < 5 years who are household contacts of people with bacteriologically confirmed pulmonary TB and who are found not to have active TB on clinical evaluation should be given TB preventive treatment (TPT).



What are we doing? (General approaches)

National TB/HIV QI collaborative

Activity	Sept21'	Oct21'	Nov21'	Dec21'	Jan22'	Feb22'	Mar22'	Apr22'	May22'	Jun22'	Jul22'	Aug22'
Regional entry meeting												
District coaches' selection												
District coaches' training												
Site baseline data assessments												
Monthly site coaching visits												
Quarterly site coaching by central teams												
Monthly district learning sessions												
Regional quarterly learning sessions												
Harvest meeting												

- 64 sites in the region.
- 25 district coaches
- 27 project clinicians.
- Tracking 28 indicators along the TB/HIV continuum of care.
- Monthly data entry into the national QI database



TB/HIV surge, weekly performance monitoring

- Implemented in all USAID IP's in the country.
- Tracking 6 key cascades in TB/HIV care
 - TB screening, notification and reporting (both health facility and community)
 - Contact investigation and TPT initiation and completion for both U5 and 5+ contacts
 - TB STAT & TB ART Cascade
 - TB PREV
 - TB LAM Cascade
 - Retention in care
 - Documentation

Frank's examination results - nyi X Frank examination results (2).pdf X Dashboard - DHIS 2 X TB - info X + Helicity Naharaba USAID RHITES-EC

tbinfo.net/dhis-web-dataentry/index.action

Apps Bookmarks PDMIS - PEPPAR Ug... TSheets - Online TI... Uganda eHIMS Uganda eHIMS Forex 4 Beginners... Forex Factory | Fore...

Reading list

TB - info Search apps RN

Bugiri District

- Budhaya Subcounty
 - Bugiri Town Council
- Bugiri Town council
- Bulesa Subcounty
- Bulidha Subcounty
- Buluguyi Subcounty
 - Busowa Subcounty
- Buwunga Subcounty (Bugiri District)
- Eastern Division (Bugiri MC)
- Iwemba Subcounty
- Kapyanga Subcounty
- Muterere Subcounty
- Nabukalu Subcounty
- Namayemba Subcounty
- Nankoma Subcounty
- Western Division (Bugiri MC)
 - BMK HC II
 - Bugiri Hospital
 - Bugiri Police HC II
 - URHB Medical Center Clinic
- Bugwiri District
- Busia District
- Buyende District

Data Entry ?

Bugiri Hospital - Week 4 - 24-01-2022 - 30-01-2022 - No Data Element Selected

Run validation
Print form
Print blank form

Organisation Unit: Bugiri Hospital

Data Set: Health Facility TB and TB-HIV weekly surge form

Period: Week 4 - 24-01-2022 - 30-01-2022 Prev year Next year

#	Data Source	Data Element	Total
a) TB Case finding in ART			
1	ART register/EMR	No. of clients on ART who attended the clinic within the week	148
2		No. of clients on ART who attended the clinic and screened for TB	145
3		No. of clients on ART screened for TB and identified as presumptive TB cases	1
4		No. of clients on ART diagnosed with TB within the week	0
5		No. of clients on ART diagnosed with TB and started on TB treatment	0
b) Contact screening & TPT cascade			
6		No. of contacts for TB patients elicited during the week	9
7		No. of contacts for TB patients screened for TB and identified as presumptive TB cases	9

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Community TB

- Contact Tracing, collaborating with UDHA
- Men alone sessions (Piloting in Namutumba district)
- CAST TB program/Community campaign, collaborate with NTLP campaign-March 2022 (World TB week)
- Community interventions, have good yield but quite costly





Challenges

- Lab.health workers industrial action affected TB testing (discarding of samples)
 - Poor attitude of some lab personnel towards TB samples.
 - Long TAT for referred GeneXpert samples; some results never returning to referring facility.
 - Delayed repair/servicing of GeneXpert machines
 - Limited access to X-ray services in the region.
 - Stock out of anti-TB meds, TB LAM kits
 - Underreporting of TB Cases in weekly surge/PIRS
-



Going forward

- Continuous awareness raising in the community to increase demand for TB services.
 - Ramping up prevention for at risk populations
 - Strengthening laboratory/diagnostic systems
 - Allocating resources for TB (especially community activities)
-



How far

- A lot of progress has been made compared to the past few years.
- A lot yet to be done.
- COVID-19 has reversed the gains





THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

NATIONAL TUBERCULOSIS AND LEPROSY PROGRAM

Certificate of Recognition

Awarded to

Iganga District

On the occasion of the

4TH ANNUAL NATIONAL TUBERCULOSIS AND LEPROSY STAKEHOLDERS' CONFERENCE 2021

as the Most Improved District (2020/2021)
in TB Control in Uganda.

10TH DECEMBER, 2021

Dr Staviah Turyahabwe
Assistant Commissioner Health Services,
TB LEPROSY CONTROL





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Together we can End TB, TB/HIV by 2030

Thank you
