CURRENT SITUATION

Tuberculosis (TB) is a major public health problem in Ghana.

- An estimated 20,000 people developed active TB in 2011, of these, around 22% were not detected and notified.
- The problem of case detection is a priority in Ghana’s National Tuberculosis Health Sector Strategic Plan, 2009–2013.
- The TB mortality rate remains high at about 7.5 per 100,000.

THE WHO-CIDA INITIATIVE IN GHANA

- The initiative began in 2009, with the aim of addressing the low case detection.
- The capital city of Accra is the focus for project activities.
- The initiative aims to detect 15% additional TB cases (3040 TB cases) over the period 2009 to 2013.

“Ghana has twin objectives of increasing case detection and linking hospitals to the national TB control programme through this initiative.”

Dr Frank Bonsu, National TB Control Programme Manager, Ghana

INTERVENTIONS

1. Intensified hospital engagement

- A large proportion of people with TB present themselves to hospitals. However many TB cases are missed because of: inadequate screening for TB; need for stronger links between hospitals and the national TB programme; and weak adherence to national diagnosis and treatment protocols.

2. Identify TB cases among persons living with HIV

- People living with HIV are not always screened for TB and TB cases are missed.

3. Identify TB cases among household contacts of known TB patients

- Increased and early detection of TB cases, especially among children, can be facilitated through systematic household contact investigation.

4. Involving pharmacies in identification and referral of people with symptoms of TB

- A large proportion of people with common symptoms of TB, present themselves to pharmacies and may be sent back with medicines that only address these symptoms.

5. Systematic screening of people with diabetes

- Like HIV, diabetes increases the risk of getting TB and systematic screening of patients in diabetes clinics can yield additional TB cases.
**INTERIM ACHIEVEMENTS**

- **1577 TB cases were detected and started on treatment in the first 18 months of implementation.**

- Over 50% of the target set for the project has been reached in **eighteen months** of operation.
- Over 70% of additional TB cases were contributed by ten engaged hospitals, there was also a 60% increase in the number of people screened for TB in hospitals.
- From a negligible number of contacts being investigated before the start of this initiative, 92% of index TB cases had their contacts listed and 76% of contacts listed were screened for TB between 2010-2011.
- Pharmacy engagement and screening of diabetics began in the fourth quarter of 2010 and show potential for scale-up.

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**IMPLEMENTATION STEPS**

To launch the interventions the following steps were taken:

- **Advocacy** within and across the ministry of health and metropolitan health authorities for political commitment and buy-in.
- Development of protocols and standard operating procedures.
- Sensitization, orientation and training for staff.
- Frequent and supportive monitoring and supervision.
- **Operational research** carried out on screening for duration of cough as a symptom to improve early detection of TB cases.

**SUSTAINABILITY AND SCALABILITY**

- This initiative focuses on building and strengthening sustainable linkages across the health system for TB care.
- The operational protocols developed for the initiative are being adopted nationally for scaling up hospital engagement, contact investigation and systematic screening of PLHIV.
- Outcomes from the operational research indicate amendments to enhance the national policy on identification of people with suspected TB.