COMMUNITY BASED INTERGRATION OF TB PREVENTION WITH CHRONIC LUNG DISEASES

Integrating NCDs into TB: experience and prospects from Tanzania

28th – 30th June 2017
JOHANESBURG, South Africa
Overview

Introduction
- Burden of NCDs in Tanzania
- Burden of TB in Tanzania
- NCDs and TB co-infection in the country

Integration of NCDs into TB: Experience and prospects from Tanzania
Burden of NCDs in Tanzania

- In Tanzania like many developing countries the burden of NCDs has been increasing steadily (Mayige M, 2012).
  - High prevalence of diabetes (9.1%) and hypertension (25.9%)
    - A total of 1.2 million Tanzanians affected by DM, Most are type II DM
    - Urban population more affected than rural due sedentary lifestyle
  - Between 2008 and 2012 the prevalence of tobacco smokers jumped from 7.9% to 14.1%.
  - High birth prevalence of sickle cell: Tanzania Ranks 4th globally with almost 11,000 births per year.
  - Cancer was established as the 5th cause of death among adult men and 2nd among female adults (WHO, 2004)
In 2008, it was estimated that NCD caused a total of 75.7 and 58.8 deaths per 1000 population, of which 42.8% and 28.5% were below the age of 60 years among males and females respectively.

WHO country estimates of 2010 showed that NCDs account for 27% of all deaths in Tanzania (WHO, 2011a).
Proportion of Mortality as a proportion of all deaths in Tanzania (WHO, 2011a)
THE TB BURDEN IN TANZANIA

- High TB and high TB/HIV burden country, among the 40 high TB/HIV burden countries globally

Incidence:
306/100,000

Mortality excl: HIV+ TB: 56/100,000,
HIV+ TB only 47/100,000
HIV/TB coinfection rater: 36% (on ART: 85%)
MDR: 1.3% new cases, 4.7% retreatment cases
Burden of TB in Tanzania

- 170,000 people become sick with TB each year.
- 65,000 people begin treatment.
- 56,800 people are cured.
- 98,000 people are missing in Tanzania each year.
NCDs and TB co-infection situation in the country

TB and Diabetes:

- The link between tuberculosis (TB) and diabetes is becoming prominent in developing countries including Tanzania.
- A study done in Mwanza in 2009 showed that the prevalence of diabetes among Pulmonary TB patients was 16.7% and 9.4% among community without TB.
NCDs and TB co-infection situation in the country

- In 2016 the Looming co-epidemic of TB - Diabetes revealed the Prevalence of Diabetes in TB Patients to be 17% in Tanzania

- However, more comprehensive national wide data on the burden of TB/diabetes

- Studies on TB and other NCDs are almost non existent
TB and Silica dust

Braitveitet et al (2003), Mamuya et al (2007), high exposure to silica dust and risk of CPDs among small scale miners Mererani high risk of chronic silicosis

Gotesfeld et al (2015) found silica exposure 337 fold greater than recommended limits among gold mining workers in five villages

Silica - TB COPD undetected?
What has been done for Integration

Strategic Documents to support the integration of TB into NCDs:

- Strategic and action plan for the prevention and control of non communicable diseases in Tanzania 2016 – 2020
- National Strategic Plan for TB and leprosy control 2016-2020
Strategic Documents

Ministry of Health, Community Development, Gender, Elderly and Children

STRATEGIC AND ACTION PLAN FOR THE PREVENTION AND CONTROL OF NON COMMUNICABLE DISEASES IN TANZANIA 2016 – 2020

May, 2016
### What has been done for Integration....

Implementation of NCD Strategic and Action Plan 2016-2020 (Areas related to integration into TB)

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<th>Priority actions</th>
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<td><strong>3.10.3.2.3.</strong> 2</td>
<td>Incorporate NCDs relevant component to be reflected in (RCH/PMTCT, NACP, NTLP, EPI ) training manuals</td>
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<td><strong>3.10.3.2.7.</strong> 1</td>
<td>Establish TWG for collaborative TB diabetes at all levels</td>
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<td><strong>3.10.3.2.7.</strong> 2</td>
<td>Review M&amp;E systems to include information on TB/diabetes</td>
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<td><strong>3.10.3.2.7.</strong> 3</td>
<td>Support Health facility to implement collaborative TB/activities</td>
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What has been done for Integration....

- National Policy Guideline for collaborative care and control of tuberculosis and diabetes (Final stage)
  - To enable effective plan, implement, and monitor collaborative TB/diabetes activities at different levels of health care delivery especially in TB clinics.
What has been done for Integration….

- A total of 212 health facilities are capable of offering DM services in the entire country, of which 146 (70%) have functional clinics (Total HF in the country = 7500)

- Tanzania Diabetes Association (TDA) has integrated TB services into some DM clinics. Services offered include:
  - Routine TB screening among DM patients attending clinics
  - Referral of presumptive TB cases among DM patients
What has been done for Integration....

Community based initiatives: Integration of TB and Cancer screening:

• **Collaboration between NTLP and Medical Women Association of Tanzania (MEWATA)**

• On going Project - Comprehensive community health service delivery project for screening cervical and breast Ca, TB and other NCDs (hypertension and DM) in Njombe, Ruvuma and Lindi regions
  
  o Funded by Bristol-Myers Squibb Foundation
  
  o to increase early diagnosis of major NCDs and tuberculosis cases through community awareness and screening services in select regions of Tanzania by December 2020
Challenges facing integration of NCDs and TB

- Lack of a clear understanding of the relationship between TB and other NCDs – Lack of research/evidence to inform policy

- No comprehensive training packages for HCW and CHWs on TB and NCDs

- Inadequate capacity (skills & infrastructure) of health care providers especially in primary health facilities on integrated management of TB and NCDs co-morbidities

- Orientation of HCWs, CHCWs at TB and Diabetic clinics on NCDs screening, close monitoring and mentorship, IEC materials etc
Prospects

- Finalization of collaborative TB/DM policy guidelines and training materials to include CHWs component
- Advocate for generation of local context evidence on other NCDs and TB
- Collaborate with NCD department at MoH
- Involve Tanzania Diabetes Association in planning joint interventions
- TIMS project establishing an OHC at a TB specialized hospital to diagnose and manage COPD. Dust control package for the mining sector
- Resource mobilization to support future interventions