CURRENT SITUATION

Tuberculosis (TB) is a high priority health problem in Viet Nam. Recent prevalence survey (2006-2007) findings showed higher TB prevalence than previously thought. Case detection rates which were previously estimated to be over 70% were revised downward to 56% for smear positive cases and 51% for all types of TB.

- An estimated 180,000 people developed active TB in 2011; of these, more than 90,000 are not detected or notified.
- The TB mortality rate remains high at 33 per 100,000 population.

THE WHO-CIDA INITIATIVE IN VIET NAM

- The project commenced activities in March 2010.
- The project targeted three large national hospitals located in Hanoi, Ho Chi Minh City and Hue as they were not notifying many cases to the national TB programme (NTP), while it was clear that they were diagnosing large number of TB cases.

“Through this initiative, Viet Nam hopes to detect 7000 additional TB cases from 2009 to 2013.”

Dr Dinh Ngoc Sy, National TB Control Programme Manager, Viet Nam

INTERVENTION

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 among clinicians; insufficient links between hospitals and the national TB programme; and weak adherence to national diagnosis and treatment protocols among hospital staff.
INTERIM ACHIEVEMENTS

- 3887 TB cases were detected and started on treatment in the first 15 months of implementation.

- Around 2-3% of the TB cases detected nationally were contributed by the three hospitals alone, engaged through the WHO-CIDA Initiative. This proportion should increase substantially when hospital engagement is scaled up further.

- In 2008, Bach Mai hospital in Hanoi, Hue National hospital in Hue and Cho Ray hospital in Ho Chi Minh city were not reporting any cases to the NTP (referrals were either informal, not recorded or not followed up). Since their engagement, Hue National hospital notified 1812 TB cases to the NTP, Bach Mai hospital notified 1247 TB cases, while Cho Ray hospital notified 828 TB cases (please refer to graph on the left) in 2011.

IMPLEMENTATION STEPS

To launch the interventions the following steps were taken:

- Advocacy within the ministry of health, across the public health department and the hospital administration to build commitment.
- Development of protocols and standard operating procedures for the interventions.
- Sensitization, orientation and training for staff.
- Setting up mechanisms for internal coordination among hospital departments and external networking with peripheral health centres.
- Frequent and supportive monitoring and supervision.

SUSTAINABILITY AND SCALABILITY

- This initiative focuses on building and sustaining linkages across the health system for TB care.
- The interventions in the WHO-CIDA Initiative will be scaled up to other parts of the country.