Progress towards TB Global and MDG targets in the African Region

TBTEAM Meeting – Harare 30 November-2 December 2011

Dr Daniel Kibuga

World Health Organization
MDG target for TB

• To have halted by 2015 and begun to reverse the incidence of TB Target 6 c
  – Reduce the incidence, prevalence and mortality to 50% of 1990 levels
Africa TB burden

- With 12% of global population, Sub-Saharan Africa notified 30% of Global TB cases (2.3m in 2010)
- About 35% were co-infected with HIV on average
- Over 600,000 deaths
Global trends in estimated rates of TB incidence, prevalence and mortality

Source: Global Tuberculosis Control 2011 report, WHO.
The global TB situation (2)
Africa case detection rate
1995 - 2010
Attainment of STOP TB targets (Global TB report 2011)

- **15 countries attained the CDR target of 70%:** Algeria, Angola, Botswana, Burundi, Cote d’Ivoire, Equatorial guinea, Ethiopia, Ghana, Kenya, Lesotho, Namibia, Sao Tome, South Africa, Tanzania and Zambia

- **20 countries attained the TSR target of 85%:** Algeria, Benin, Burundi, DR Congo, Eritrea, Gambia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Sao Tome and Principe, Senegal, UR Tanzania, Zambia

- **8 countries attained both CDR and TSR targets:** Algeria, Burundi, Ghana, Namibia, Kenya, Sao Tome and Principe, Tanzania, and Zambia.
DOTS Status in the WHO African Region 2010*

*Cohort which completed treatment in 2009 and patients detected in 2010 and data compiled in 2011

- **Attaining Both targets**
- **Attaining 85% Treatment only**
- **Attaining 70% case detection only**
- **Below targets**
The DOTS Strategy

**Political commitment**

Passive case detection of smear positive PTB using sputum smear microscopy

Standardized short course (6-8 months) treatment with direct observation of treatment

Regular and uninterrupted supply of anti-TB drugs

Standardized recording and reporting system
The Challenges

The critical challenge in tuberculosis programmes: are we thinking critically?

Blind adoption of the Stop TB strategy by NTPs

Risk of complacency when a CDR of 70% and TSR of 85% is achieved

Insufficient analysis of routine surveillance data by NTPs
Know your epidemic

- Although the Stop TB Strategy is comprehensive and saves lives, its application at country (sub national level) level should be based on local epidemiology of the disease.
- Fight and collaborate with others in dealing with Co-morbidities.
## HIV/TB activity coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion with known HIV status</th>
<th>% of tested HIV positive</th>
<th>% of positive on CPT</th>
<th>% of positive on ARVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>11</td>
<td>52</td>
<td>78</td>
<td>29</td>
</tr>
<tr>
<td>2006</td>
<td>22</td>
<td>52</td>
<td>82</td>
<td>44</td>
</tr>
<tr>
<td>2008</td>
<td>47</td>
<td>47</td>
<td>74</td>
<td>30</td>
</tr>
<tr>
<td>2009</td>
<td>56</td>
<td>45</td>
<td>77</td>
<td>36</td>
</tr>
<tr>
<td>2010</td>
<td>59</td>
<td>44</td>
<td>76</td>
<td>42</td>
</tr>
</tbody>
</table>
TB, diabetes, alcohol and smoking

TB should be a core function of NCD services

**TB and diabetes**

![Graph showing association between diabetes and active tuberculosis (TB) in observational studies.]

**Pooled RR = 2.52 (95% CI 1.53–4.03)**

**TB and smoking**

![Table showing associations between smoking and the relative risk of latent tuberculosis (TB) infection, progression to active disease and mortality from active TB disease.]

<table>
<thead>
<tr>
<th>Meta-analysis</th>
<th>Pooled relative risk (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TB infection</td>
</tr>
<tr>
<td>Studies n</td>
<td>~6</td>
</tr>
<tr>
<td>SLAMA [2]</td>
<td>~1.8 (1.5–2.1)</td>
</tr>
<tr>
<td>LIN [3]</td>
<td>1.7–2.2 (1.5–2.8)</td>
</tr>
<tr>
<td>BATES [4]</td>
<td>~1.7 (1.5–2.0)</td>
</tr>
</tbody>
</table>

**TB and alcoholism**

- Use of more than 40 g/m day is associated with increased risk of TB.

**Pooled RR = 2.94 (95% CI: 1.89–4.59).**
Post partum TB is associated with postpartum maternal and infant mortality

\[ \text{Mother Adj IRR} = 2.2 (0.6, 3.8) \]

\[ \text{Infant Adj IRR} = 3.4 (1.2, 10.6) \]

TB should be a core function of MNCH activities
Don't ever give up!!
THANK YOU ALL FOR LISTENING