



Africa Regional TB summit

4-6 March, 2019 | Kigali, Rwanda

Theme: *It's time for Africa to step up efforts to find all missing people with TB*



Nacional Tuberculosis Program - Mozambique

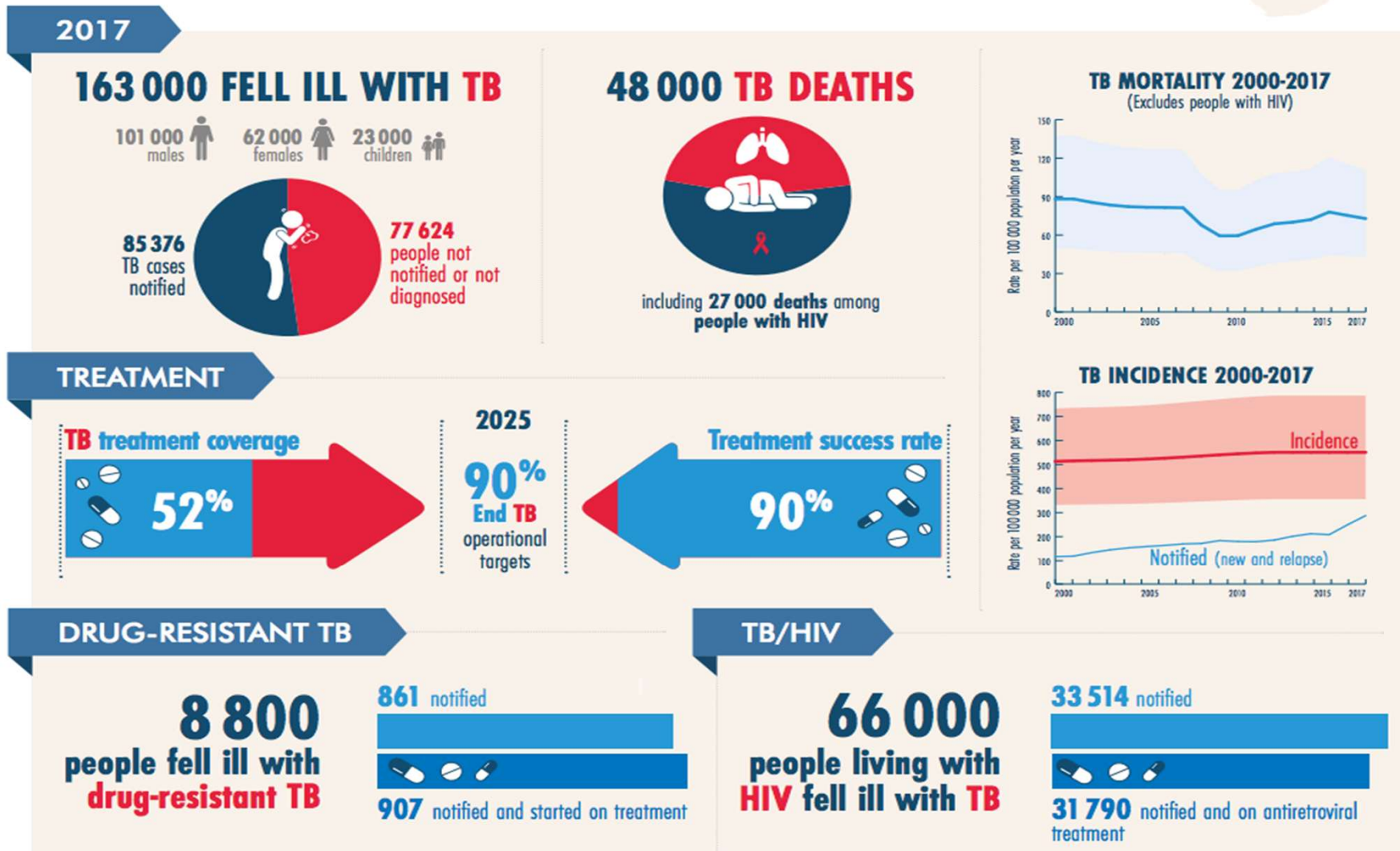
Finding the Missing TB Cases and Strengthening the TB Care Cascade: Successes and Challenges

Kigali, March 4, 2019

Presenter: Benedita José

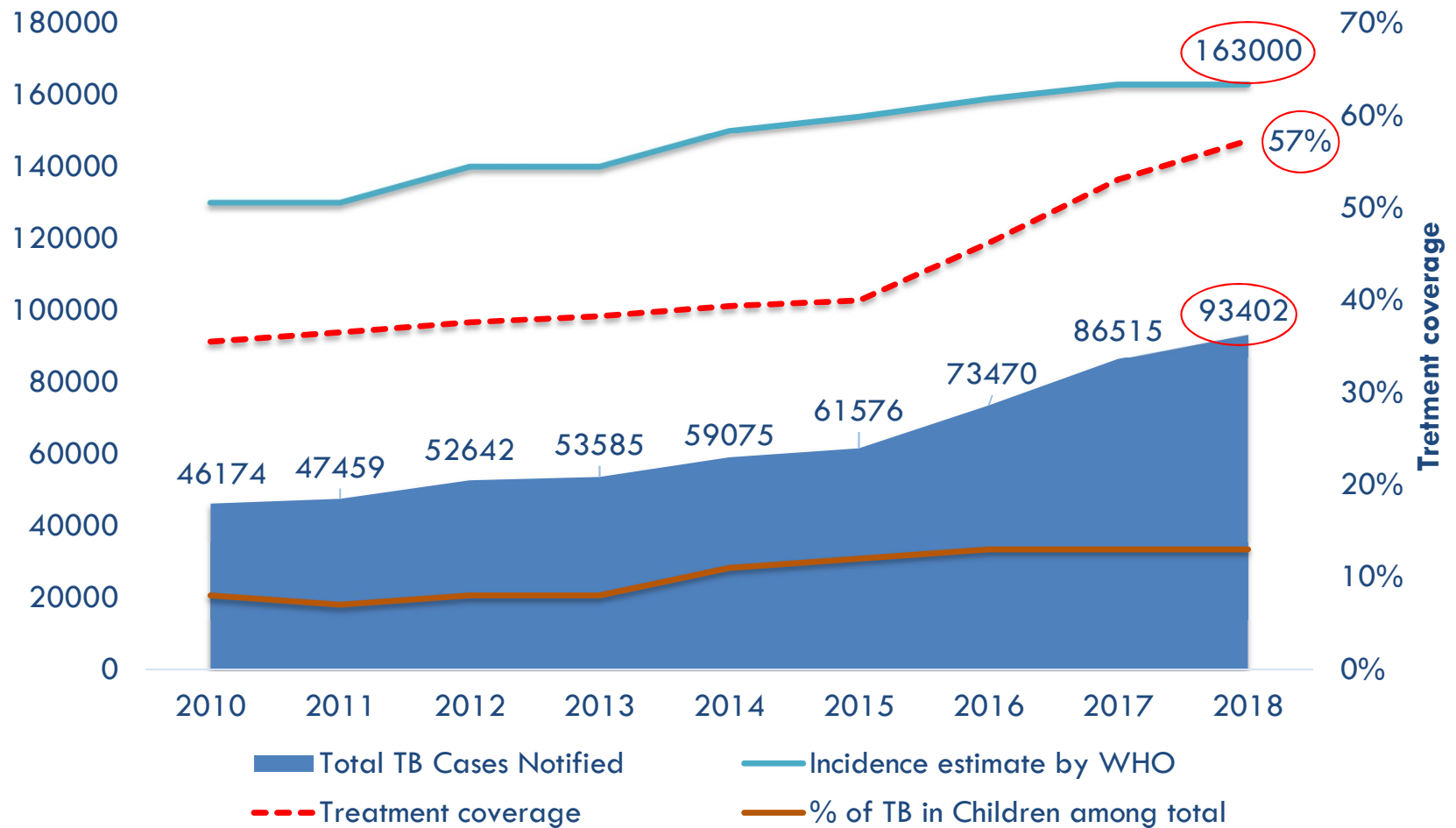
Mozambique country profile: dynamics of epidemiological indicators (2017-2018)

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TREND OF TB CASE NOTIFICATIONS 2010 -2018

4



INTENSIFIED CASE-FINDING AND SYSTEMATIC SCREENING

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1. **Summary results to date**

1. CTB/FHI360 provincial coverage of ICF and systematic screening increased TB notifications by 20-35% in 4 provinces
2. CCS is just starting similar effort with Global Fund support in 6 other provinces, but preliminary results not yet available
3. Small pilot of facility based “cough officers” also appears to increase total notifications 15-20%

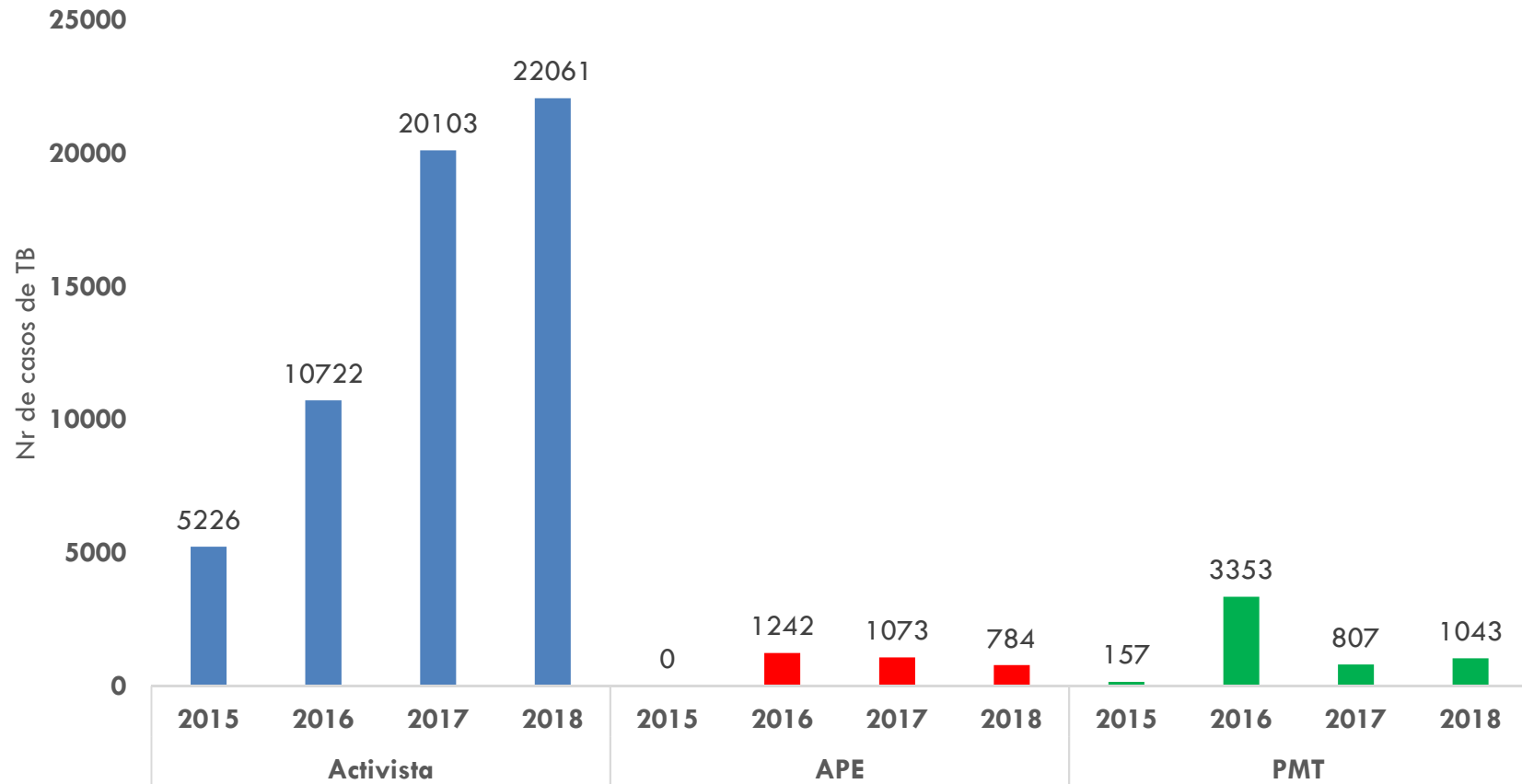
2. **Strength and challenges**

1. Standardizing protocols/strategies/CHW compensation
2. Primarily implemented by partners, and not the MOH
3. We are updating instruments, M&E processes to better monitor whether or not these efforts are having an impact

TREND OF TB CASE COMMUNITY CONTRINBUTION, 2015 - 2018

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Community contribution - 25%

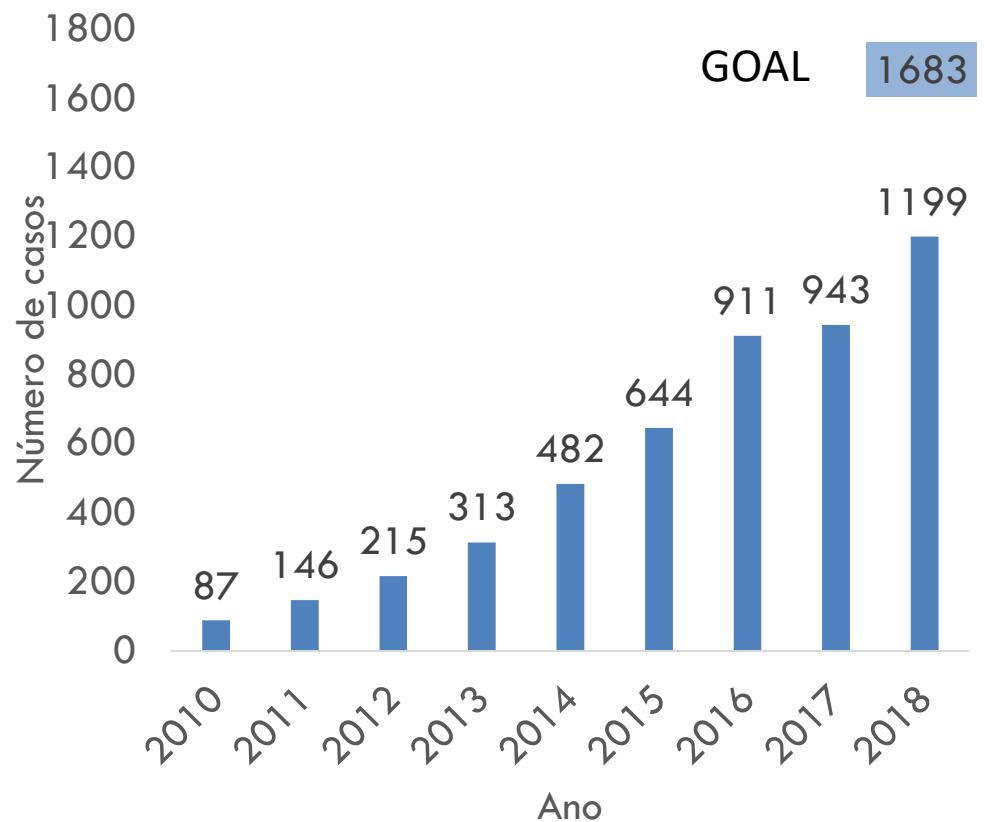


TREND OF MDR TB CASE NOTIFICATION, 2010 - 2018

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- There is an increase on MDR TB case notification
 - Increase of GeneXpert Coverage
 - Improve of MDR clinical management

Treatment Success rate (2016 Cohort)
50%



WHAT WAS DONE TO ADDRESS THE PROBLEM

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- Increase of community partners and private sector (clinics and pharmacies) in TB case finding;
- Implementation of FAST Strategy at the Health Facility and monitor its contribution to increase TB case notification;
- Initial trainings and refreshments of Health care Professionals on MDR TB clinical management (The Union)
- Supervision and technical support for the clinicians on MDRT TB Clinical management (ECO Platform);

UNIVERSAL HEALTH COVERAGE AND SOCIAL PROTECTION SCHEMES

1. **Status of TB within any national health insurance or UHC policy: provider payment or patient benefit packages**
 1. TB services provided free of charge to all Mozambicans
 2. Ministry of Social Affairs provides social protection under specific conditions defined in the policy
2. **Plan for patient cost survey or action on results**
 1. Ongoing discussions, protocol in development
3. **TB patient and/or MDR-TB patient support packages**
 1. In development, but challenging to implement logistically
 2. Ministry of Social Affairs provides social protection under specific conditions
4. **Linkages with broader social protection programs:**
 1. Strengthening linkage to national nutritional support program
 2. Is a designated disease for short-term disability benefit for public and private employees

LESSONS LEARNED

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- Use of combined strategies to find TB cases:
 - ▣ At the community level (monthly coughing days, contact tracing, door-to-door screening, etc.)
 - ▣ Health facilities (official cough and clinical screening);
- Reinforcement of the transportation system of the TB samples to the health facilities with diagnostic capacity;
- Expansion of the laboratory network and utilization of Xpert MTB/RIF in particular to increase TB-RR diagnosis;
- Supervision, mentoring and monitoring of activities at all levels;
- Close coordination of different projects, funding streams and partners is critical

CURRENT ADVANTAGES, CHALLENGES & URGENT ACTIONS

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Summary points

1) **Current advantages**

- 1) Rapid increases in TB notifications
- 2) High treatment success for DS-TB, and HIV/TB

2) **Challenges**

- 1) Low rates bacteriological confirmation and MDR-TB treatment success
- 2) Large gap in TB notifications (although narrowing)
- 3) Fragmented CHW efforts, limited advocacy and political awareness

3) **Urgent actions**

- 1) Update national strategic plan, MDR-TB regimens and treatment strategy
- 2) Strengthen and standardize national CHW/advocacy strategy
- 3) Increase focus on the quality of care, particularly for MDR-TB and laboratory



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Thank you for your attention