URC—as a leader, a partner, and a technical advisor—is helping countries across the world provide better health care and people to live longer, healthier, and more productive lives.

URC has been working to reduce tuberculosis (TB) prevalence and transmission since 1990 in most of the 30 countries that account for 85 percent of the world’s TB burden.

URC implements evidence-based solutions to help health systems diagnose, treat, and prevent all forms of TB. These solutions address drug-resistant TB (DR-TB) and use rapid quality-improvement cycles and continuous monitoring and evaluation to strengthen the health systems that deliver care.

**CHALLENGE**

Globally, TB is the ninth leading cause of death and is the leading cause from a single infectious disease, ranking above HIV and AIDS. DR-TB is a continuing threat. Most deaths from TB could be prevented with early diagnosis and treatment. Millions of people are diagnosed and successfully treated for TB each year, averting millions of deaths—53 million from 2000-2016—but large gaps exist in prevention, detection, and treatment.

**TAKING ACTION AGAINST TB**

URC is leading projects in Africa, Asia, and Latin America to prevent, detect, and treat TB:

- **TB Platforms for Sustainable TB Detection, Care, and Treatment:** Strengthens essential supportive and cross-cutting TB interventions in the Philippines at the regional, local government, and community levels to increase TB and DR-TB case detection and treatment success rates;

- **Defeat TB Project:** Supports the Uganda Ministry of Health and the National TB and Leprosy Program to increase TB case notification and improve treatment outcomes by strengthening health systems;
Tuberculosis South Africa Project: Provides technical assistance to South Africa to reduce the burden of TB and multi-drug-resistant TB (MDR-TB). The program strengthens TB control and prevention initiatives with a focus at the provincial, district, and community level;

TB CARE II: Provides technical support and direct implementation for TB programs in 24 countries since 2010, including DOTS expansion and strengthening; program management for DR-TB, TB/HIV care and treatment, and health systems strengthening;

Lesotho National Tuberculosis Prevalence Survey: Determines the national prevalence of confirmed pulmonary TB in Lesotho among adults;

HIV Coinfection Surveillance Strategies for Program Planning in the Central America Region: Provides technical assistance to strengthen TB and HIV surveillance and control in five countries in Central America and hosts the first-ever TB-ECHO learning platform in Central America;

ASSIST Uganda: Improves screening for TB—particularly among vulnerable populations; improves diagnosis, treatment, cure rates, and infection control practices at health facilities.

DETECTION AND TREATMENT

Case detection and treatment are critical to reducing the spread of TB. The USAID Defeat TB Project in Uganda, for example, aims to end the TB epidemic there by increasing TB case notification and treatment outcomes through health system strengthening. Defeat TB provides technical assistance to the National TB and Leprosy Program (NTLP) to improve coordination of high-impact and innovative interventions.

One way Defeat TB supports the NTLP is through a national improvement collaborative to lead ten implementing partners to improve TB case notification in 34 facilities using continuous quality improvement. Case notification has increased from 1,281 to 1,478 to 1,875 cases in Oct-Dec 2017, Jan-Mar 2018, and Apr-June 2018, respectively.

Defeat TB also is working in DR-TB treatment sites, including at the Mulago National Referral Hospital DR-TB unit, among others. And they are targeting high-risk populations—including prisoners—to increase screening and detection.

PREVENTING THE DEADLY IMPACT OF TB AND HIV COINFECTIONS

TB and HIV—while difficult diseases to manage on their own—become much worse when contracted together. Both diseases speed up the progress of the other, increasing the likelihood of death.

A URC-led project—HIV Coinfection Surveillance Strategies for Program Planning in the Central America Region—is preventing more deaths in Central America by ensuring that people coinfected with TB and HIV receive treatment. The project has been strengthening TB and HIV surveillance and control in clinical, laboratory, and strategic information management in El Salvador, Guatemala, Honduras, Nicaragua, and Panama since 2014.

The effort has paid off. When the project began in 2014, only an average of 57 percent of people with HIV and TB were receiving dual treatment in the five countries. By 2017, that rate had increased to 97 percent.

Learn more about URC’s work with tuberculosis at www.urc-chs.com/tuberculosis