Since 1990, URC has worked with 24 of the 30 countries which collectively represent 80% of the global TB burden to combat TB. URC TB programs work with ministries of health, private health providers, and communities to reduce the burden of TB and save lives.

URC TB programs help improve:

- Case detection, testing, and tracking;
- Treatment success rates for TB and drug-resistant TB;
- Community participation in TB prevention, care, and support.

URC has led programs in more than 24 countries, including 11 World Health Organization high-TB burden countries. From 2016 through 2019, URC-led programs detected nearly 600,000 TB cases, saved nearly 500,000 lives, and reached more than 45 million people through social behavior change communication campaigns and other outreach.

One key tactic is the Finding TB Actively, Separating safely, and Treating effectively (FAST) approach, which includes actively seeking and identifying hospital visitors, patients, and health care workers with TB symptoms, testing them, and educating them about TB. FAST promotes early diagnosis and effective treatment of TB patients as the best two ways to reduce the spread of the disease, especially among health care workers, who are at higher risk of infection. URC is implementing FAST via projects in Uganda, South Africa, the Philippines, and elsewhere.

**TB CASE DETECTION, TESTING, AND TRACKING**

The overall goal of the USAID TB South Africa Project (TBSAP) – which builds upon achievements from URC’s USAID TB CARE II South Africa and the prior TB South Africa Project – is to contribute to the reduction of the
burden of TB per South Africa’s National Strategic Plan. TBSAP provides technical leadership at the National Department of Health, conducting data clean-ups, implementing FAST, and carrying out community door-to-door campaigns.

Reducing test turnaround time: TBSAP supports a variety of detection, testing, and treatment improvements, including reducing the overall turnaround time from sputum collection to treatment in hospital settings from 4.3 days to one day in 2018 in 14 hospitals in Gauteng Province. This success is due in part to implementation of the FAST approach.

Creating a mobile health app to support TB testing and treatment: TBSAP developed and uses the ConnecTB mobile health application for recording and reporting patient data during directly observed treatment support visits to TB and MDR-TB patients. The app was launched in the Nelson Mandela Bay Metropolitan Health District in June 2015. Within nine months of initiation, loss to follow-up rates in supported areas were much lower than rates in the greater Mandela Bay District area.

Using coaching and peer learning to improve TB processes in Uganda: To address the pervasive health burden of TB in Uganda – where an alarming 40% of TB cases are missed – the USAID Defeat TB Project uses evidence-based approaches to increase TB case notification and case detection and strengthen the health system to improve treatment outcomes. Defeat TB supports health facilities in Kampala, Wakiso, Mukono, and 34 other districts to find people with TB through continuous quality improvement approaches. The project coaches and mentors health facility teams to systematically reduce care system bottlenecks to improve TB screening, linkages to testing, treatment, and documentation. The case detection rate (CDR) in Kampala, Wakiso, and Mukono Districts increased from 54% to 74% while the national CDR improved from 57% to 78% between the project’s start and its third year.

Scaling up FAST in the Philippines: The USAID TB Platforms Project developed a FAST standard operating procedure approved by the Department of Health. In two years, the project introduced and scaled up FAST to 63 hospitals and 81 rural health units in the Big 3 Regions and Marawi City as an infection prevention approach to reduce TB transmission in health care facilities, screening 495,504 individuals and diagnosing 2,376 with TB.

Improving TB case notification rates: The USAID Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC) Activity supports Uganda’s Ministry of Health to improve regional health outcomes by increasing the use of high-quality health care services. RHITES-EC, which has operated in 12 districts in East Central Uganda since 2016, supports districts and facilities to implement national TB Program strategies, resulting in: an improvement in the TB case notification rate from 92/100,000 at project start to 100/100,000 every quarter beginning in 2018; increased TB treatment success rates from 74% at project start to an average of 80% per quarter; and TB cure rates that increased from 50% to 61% in early 2020.

IMPROVED TREATMENT FOR TB AND DR-TB

URC provided technical assistance (TA) to 38 TB and HIV clinics in El Salvador, Guatemala, Honduras, Nicaragua, and Panama from April 2014 to September 2019 through the HIV Co-infection Strategies for Program Planning in Central America Project, funded and supported by the President’s Emergency Plan for AIDS Relief and the Centers for Disease Control and Prevention in Central America.

This TA focused on improving providers’ and health facilities’ capacity to provide high-quality TB and HIV diagnosis, care, and management. The project trained more than 1,700 health care providers and laboratory workers at the local, regional, and national levels across the five countries, providing quarterly individualized TA
and mentoring to each facility to help them implement and assume ownership of needed changes to systems and procedures. Additionally, the project worked at the national level, helping ministries of health to develop policies and guidelines to improve the quality of TB/HIV care.

At project start, supported clinics were only implementing 17% of TB infection control (TBIC) measures on average; four years later they were implementing 92%. All five countries also now have trained trainers in TBIC so they can sustain their commitment to preventing the spread of TB in health facilities.

Ensuring local support and funding for TB services in the Philippines: The USAID TB Platforms Project’s TA to local government units includes support to pass TB ordinances that allocate resources and funding for local TB responses. Metro Manila, Pasig, Paranaque, Manila, and Navotas are the first cities to develop and pass TB ordinances. In Pasig, the TB ordinance supports the allocation of an annual budget of Php 2M, the creation of a local TB Council, and implementation of the FAST strategy in hospitals.

Expanding DR-TB care access in South Africa: TBSAP has ensured 100% coverage of DR-TB services with decentralization of DR-TB management in the supported 14 districts and 63 sub-districts. This matches the government’s policy of “one functional decentralized DR-TB site per sub-district.” As a result, patients receiving the short course regimen for DR-TB have shown a marked reduction in the initial lost-to-follow-up rates and a 50% reduction in the death rate.

Community-based DR-TB treatment proves cost-effective: TBSAP also compared the cost of a USAID-funded community-based DR-TB treatment model in Nelson Mandela Bay Metropolitan Health District (NMBMHD) to the national standard of care alone. The project found that while the community-based model had an additional initial cost of US$918 per patient, patients who were managed under the community-based model had lower lost-to-follow-up (LTFU) during treatment, which yields a per-patient savings of US$2,827 compared to the standard of care under this specific LTFU proportion. Research results are in the International Journal of Tuberculosis and Lung Disease.

A mobile app to support TB testing and treatment: TBSAP developed the ConnecTB mobile health application for recording and reporting patient data during directly observed treatment support visits to TB and MDR-TB patients. The app was launched in the NMBMHD in 2015. Within nine months of initiation, LTFU rates in supported areas were much lower than rates in the greater NMBMHD area, demonstrating a promising strategy to increase retention of MDR-TB patients in care.
Sharing knowledge gained: During its first two years, Defeat TB made 46 presentations at conferences to inform TB policy and practice at global and national levels, including at the Union World Conference on Lung Health, the International Society for Quality in Health Care, the National Quality Improvement Conference in Uganda, and the Uganda National Health Promotion Conference.

Supporting countries’ efforts on TB and MDR-TB: For the past decade, the global TB CARE II Project has been a USAID lead implementing partner, addressing MDR-TB while working closely with the World Health Organization. The project has implemented more than 36 multi-year activities to control and prevent the spread of TB and MDR-TB. These activities improved treatment outcomes and the quality and breadth of services provided through national TB control programs in more than 15 countries. Activities include efforts to encourage innovation and standardization around implementation approaches to control TB, such as developing tools, guidelines, operating procedures, training manuals, and frameworks.

TB Care II also administers Atlas4TB, an information hub for TB infection and disease offering global updates, updates from TB high-burden countries, UN high-level meeting targets, and data visualization options. The objective is to interpret data and results to be easily transformed into action.

EXPANDING COMMUNITY INVOLVEMENT

The USAID TB Platforms Project designed and pretested a social behavior change strategy, called Tibay ng Dibdib – literally, “chest strong,” which aims to improve knowledge and risk perception of TB among Filipinos. In Marawi, this concept was tested and later scaled up with buy-in from the regional centers for health development.

The project then developed a mentoring program called COME ALIVE (Communicate and Mentor Effectively through Ask-Listen-Inform-Verify-Encourage) framework that engages community and Barangay health workers (BHV) to improve TB awareness in communities. To quantify their efforts, the project provided BHVs and community health volunteers (CHVs) with community TB screening and contact investigation forms.

TB Platforms has reached more than 775,000 individuals with TB educational and informational materials and more than 100,000 individuals with news releases and social media postings. A total of 1,674 BHVs have been mentored using the COME ALIVE approach to empower their communities to improve their health-seeking behavior. With these mentored BHVs and other CHVs, 523,058 high-risk individuals were screened, 13,000 household contacts were investigated, and 27,554 individuals were screened by X-ray with 735 TB cases diagnosed.

Scaling up of community TB services through civil society organizations (CSOs): Through small, performance-based grants, Defeat TB has worked with up to 10 CSOs each in Kampala, Wakiso, and Mukono Districts. These partnerships have accounted for up to 30% of total TB cases detected and an increase in the treatment success rate from 75% to 85%. Based on these successes, the National TB and Leprosy Control Program (NTLP) and USAID asked the project to scale up TB activities with other CSOs. Defeat TB worked with the NTLP to develop a national CSO engagement road map and is working with CSOs and regional partners to scale up nationwide efforts for ending TB in Uganda.

Funding local non-government organizations (NGOs): TBSAP in South Africa has funded 35 local NGOs to provide community-based support to 24,764 TB patients, including 4,141 with DR-TB. Working closely with the National Department of Health, grantees provide a combination of community-based interventions.

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