

The Role of the Health Service Administrator in TB Control



National Tuberculosis Control Programme



Goal/Objectives of NTP

- **Mandate:** To provide leadership for the health sector response to combat Tuberculosis in Ghana.
- **Goal:** To reduce the burden of tuberculosis in Ghana till it is no longer a disease of public health importance.
- **General Objective:** To achieve the MDG targets of increasing the proportions of cases detected and cured and reduce TB prevalence and death rates by 2015



Millennium Development Goals

Goal 6. Combat AIDS, malaria and other diseases

Target 8. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases

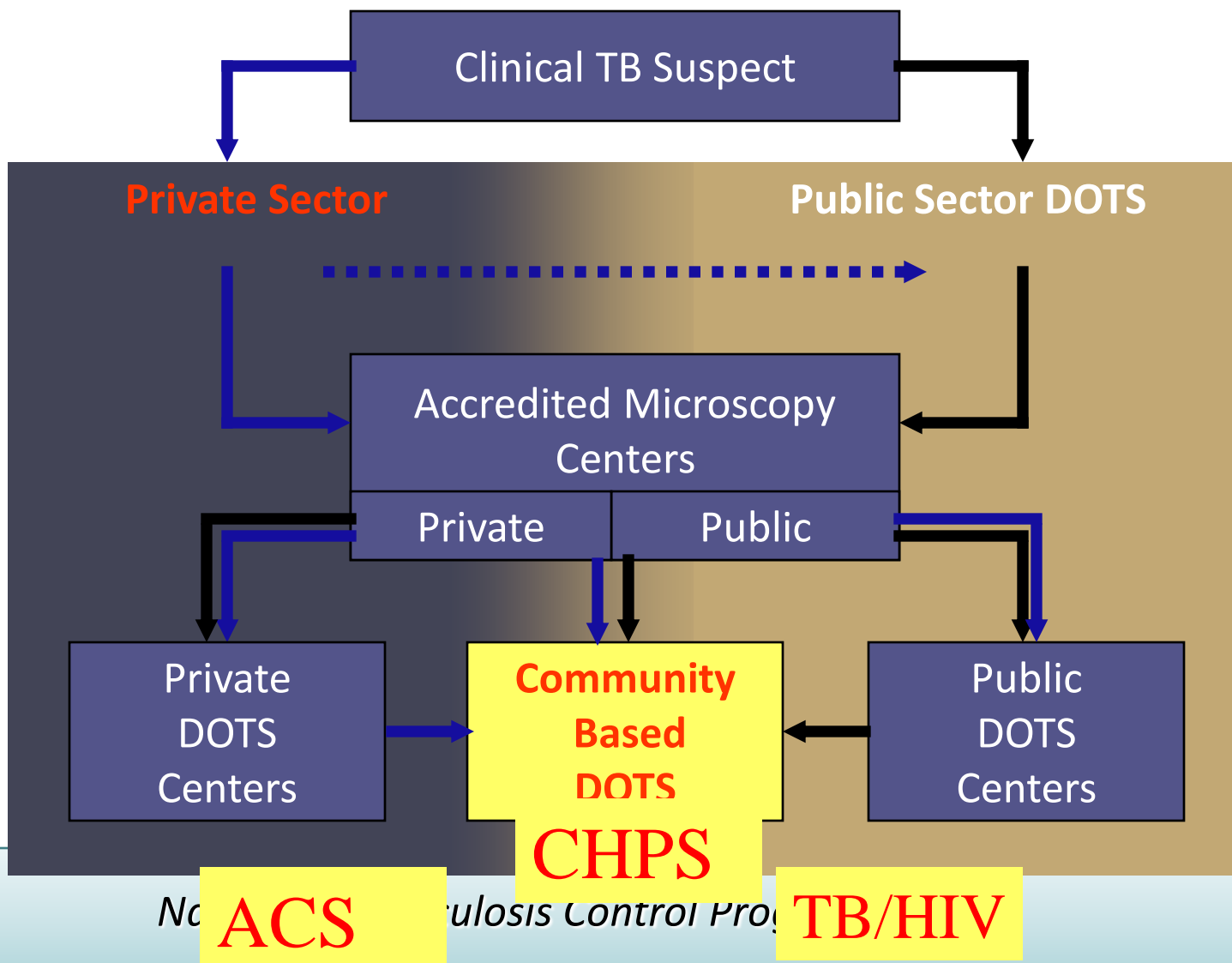
Indicators

23. Prevalence and death rates associated with TB

24. Proportion of TB cases detected and cured under DOTS



The Vision: TB Interventions



Strategic Goal 2001 - 2006

- To consolidate, expand and improve the quality of DOTS in **health facilities** and in **communities** using a Public Health approach to bridge the gap between TB Clinical care and public health control.



Strategies

- Improve TB case management and control
- Improve TB case detection
- Forge partnerships to expand DOTS
- Conduct focused research.

ACHIEVEMENTS AT 2006

- Case detection rate in 2006 was 39%.
- Treatment success rate increased from 15% in 1996 to 72.6% in 2005.
- A total of 122,774 TB patients were treated from 1996 to 2006.
- TB/HIV collaborative activities from 5 pilot (2005) sites to 60 districts in 2007.
- TB patients now routinely offered HIV testing in DOTS centres.
- Implementation of TB care in Prisons.
- Scale up of PPM DOTS from 2 cities (15% of pop) to 6 cities (21% of pop).
- Community based TB Care (CBTC) implemented in 60 districts (out of 138 districts).
- Building laboratory capacity towards implementing DOTS Plus.
- Systems for ACSM established.
- Strengthening of effective Procurement and Supply Management.



Strategic Plan 2009 – 2013

Strategic Goal: To reduce the burden of tuberculosis in Ghana until it is no longer a disease of public health importance.

- Increase case detection coverage from 27% to 72%
- Consolidate TB treatment success gains by increased cure rate from 84.1% to >90%

Secondary Indicators and Targets

- Smear conversion at 2 months >90%
- Smear conversion at 5 months >90%
- TB patients routinely offered HIV testing 70%
- HIV positive TB patients treated with CPT 95%
- HIV positive TB patients started on ART 75%
- Prevalence of MDR TB TB patients <2%
- Non evaluated cases 0%
- Defaulter rate < 4%
- Failure rate <2%



STOP TB Strategy

1. Pursue High-Quality DOTS Expansion and Enhancement

- Advocate for political Commitment with Increased and Sustained Financing
- Improve diagnosis: case detection through quality-assured bacteriology
- Improve Clinical Care of TB patients
- Provide patient Support and Treatment
- Ensure effective logistics management systems for TB medicines and laboratories supplies
- Monitoring and Evaluation, Routine programme management & supervision activities.
- Ensure that critical staff required are in place motivated and have the capacity to meet operational challenges militating against optimum TB control performance

2. Address TB/HIV, MDR-TB, and Other Challenges - TB/HIV, MDR/XDR-TB, TB IC

3. Contribute to Health System Strengthening - Implement Practical Approach to Lung Health (PAL)

4. Engage All Care Providers – Implement PPM DOTS, PPM DOTS in the Mines, Involve Chemical Sellers & Pharmacy Shops

5. Empower People with TB and Communities - Advocacy, Communication, and Social Mobilization (ACSM), community participation in TB Care, Promote TB Patient's charter

6. Enable and Promote Research

Conduct operational programme research



National Tuberculosis Control Programme



National TB Interventions: 2009-2013

- Improve TB case detection through systematic case finding whilst maintaining quality standards of DOTS in all public sector facilities
- Engage more private sector providers in TB control
- Implement more community based TB care activities
- Expand TB/HIV collaborative activities
- Expand TB infection control interventions in collaboration with ICD
- Develop the capacities of the laboratories and health staff for DOTS Plus
- Streamline drug procurement, distribution and logistics management
- Conduct relevant operations research for programme implementation
- Health support and strengthened programme at all levels of
- Implementing ACSM activities for stigma reduction and treatment adherence



KEY CHALLENGES

- Weak Monitoring, Evaluation and Supervision at all levels.
- Weak laboratory capacity & networks
- Poor staff attitudes/lack of interest in TB activities
- Compromised quality of DOTS in public, private & facilities
- Poorly supervised implementation of TB control strategies
- Low coverage of TB care among high risk groups – prisoners, refugees, slum dwellers
- Weak Advocacy, Communication & Social Mobilization activities
- Funding gaps/inadequate resource mobilization
- Management and accounting for disbursed funds



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THANK YOU



National Tuberculosis Control Programme

