



Stop TB Partnership

SUMMARY SHEET

Agenda Nr. 1.08- 3.0	Subject	IMPROVING TB CASE DETECTION
For Information <input type="checkbox"/>	For Discussion <input checked="" type="checkbox"/>	For Decision <input type="checkbox"/>

Rationale

Progress is slowing in expanding TB case detection. There are concerns that case detection is often too delayed to impact on reducing disease transmission. This has significant implications for the achievement of universal access aims for 2010 and 2015 targets.

The Stop TB Strategy and Global Plan to Stop TB include essential approaches that could help overcome constraints but these approaches need further stimulus for fast scale-up, and further analysis of which are having the most important impact on improving access to care and reducing transmission.

Summary

As just reported by WHO, the 2006 case detection rate is at 61% and the rate of progress in case detection slowed to 3% from an average rate of 6% increase annually for 2001-2005. Today, about 3 - 5.5 million TB cases (all forms) are not notified under DOTS information systems. Where are they? There are a number of factors that need to be considered in determining the nature of the problem and how to respond.

1. Incidence estimates may not be fully accurate - but still millions "missing" from notification, although probably only small percentage not in any treatment.
2. About 70% of missed cases are in India, China and Africa. In India, likely mostly seeking care in private sector; in China, likely served in hospital sector; in Africa, may truly lack access to services, or seek help from traditional healers, or unlinked NGOs/FBOs.

The result is some patients may be never detected, and many others are diagnosed and treated with unknown quality of care and outcomes. There is also growing concern that far too many notified and un-notified TB cases are detected late with advanced disease, and/or after heavy transmission. This relates to access to services, quality of services and diagnostic methods.

The Stop TB Strategy already includes key responses to improve diagnostics access, lab networks and coverage; "

- Apply targeted approaches for HIV/TB and MDR-TB services,
- Special vulnerable groups;
- Reach more patients and ensure better quality in all these areas via public-private mix models of care, expanded access via the Practical Approach to Lung Health, community and NGO/FBO engagement,
- Support for overall health systems and M&E improvements; and,
- More operational research to determine who is being missed, why and impact of innovative solutions as well as urgent research for new tools.



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The best ways to pursue these interventions however are not all well elaborated. We also need to ramp up focus on related issues such as contact-tracing impediments, on drawing on knowledge of social determinants of disease, and learning from efforts in other fields to find those being missed. Proposed next steps will be presented for case detection analysis, review of Global Plan scenarios and support to help countries and partners better prioritize their efforts and mobilize resources to respond.

Decisions requested (from the Stop TB Coordinating Board)

Feedback on proposed first steps to accelerate actions to improve case detection, to overcome related operational constraints, and to measure their relative impact and examining best approaches to improving TB case detection and measuring their impact.

Implications (political/financial/staffing etc):

- No immediate implications.

NEXT STEPS

Action Required:

Feedback from CB members; coordination with Working Groups. WHO will discuss planned approach to analysis with STAG-TB at June 2008 meeting and proposes a more in depth examination of needs with STAG-TB and CB in 2009.

Focal Point: Dr Mario Raviglione, Director, Stop TB Department

Timeframe: 2008/2009