



TB situation Lesotho

By Honourable Minister of Health and Social
Welfare Lesotho

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Background



- Lesotho is land –locked by RSA
- Lesotho population 1,880,661
- 35% active male work in the RSA mines
- 58% live below poverty line
- Water as a major resource, agriculture and diamonds



The National TB Program



- NTP established in 1986
- TB control activities are integrated within the Primary Health Care (PHC) system, and are decentralized to the country's 10 districts (CHW)
- TB drugs are provided free of charge to patients, irrespective of where they are diagnosed or treated
- DOTS introduced in 1994



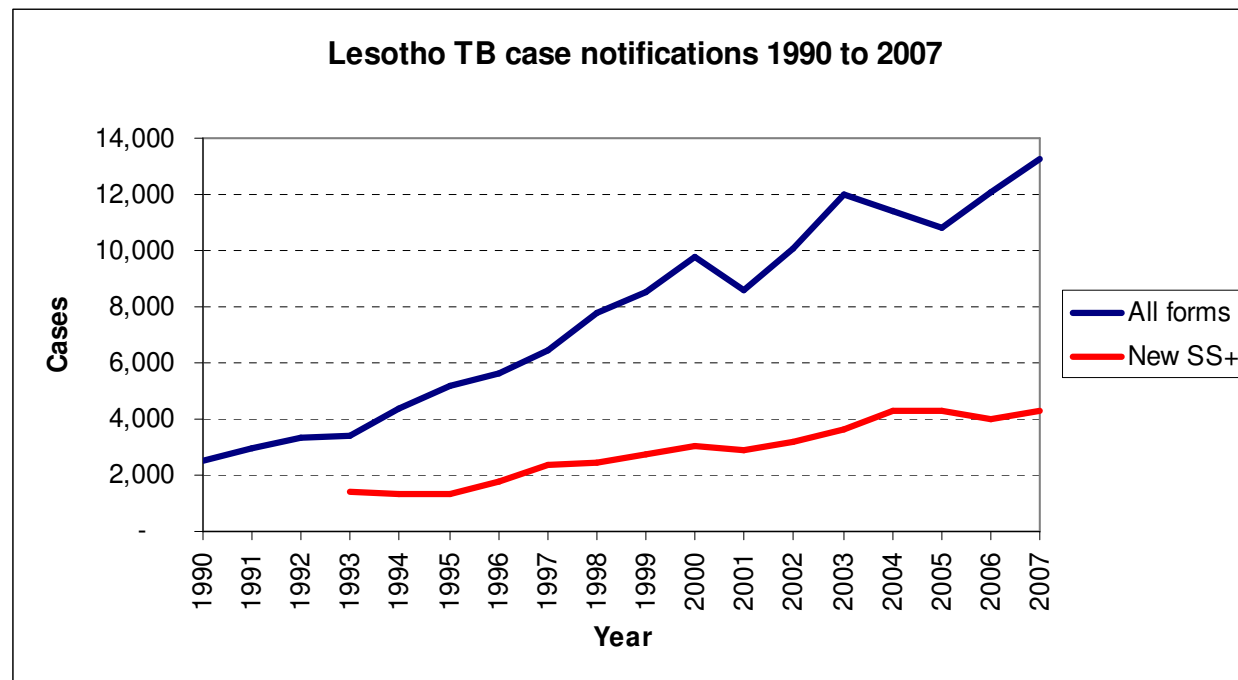
Epidemiological situation of TB



- 13520 cases of all forms of TB reported (2009) - Incidence rate 635 per 100,000 population
- 51% registered TB patients tested in 2008, 78.1 in 2009
- 80% of those tested were HIV positive (2008), 76.5% in 2009
- 80% of HIV+TB patients on CPT 2008, 94.5% in 2009
- 23% of HIV+TB patients on ART (2008), 27.6% in 2009
- Case Detection rate 81% 2008 (Target is 70%)
- Treatment Success, 73% in 2008 (Target is 85%)
- Death rate 11%, 3.8% defaulter rate

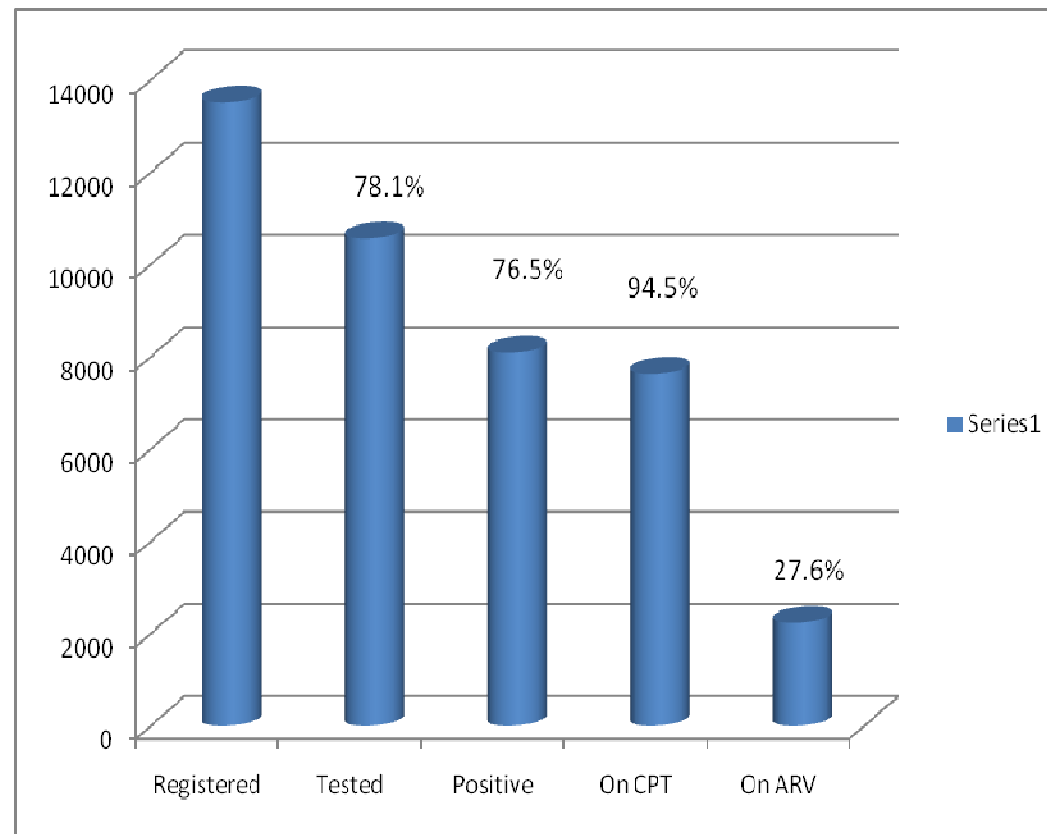


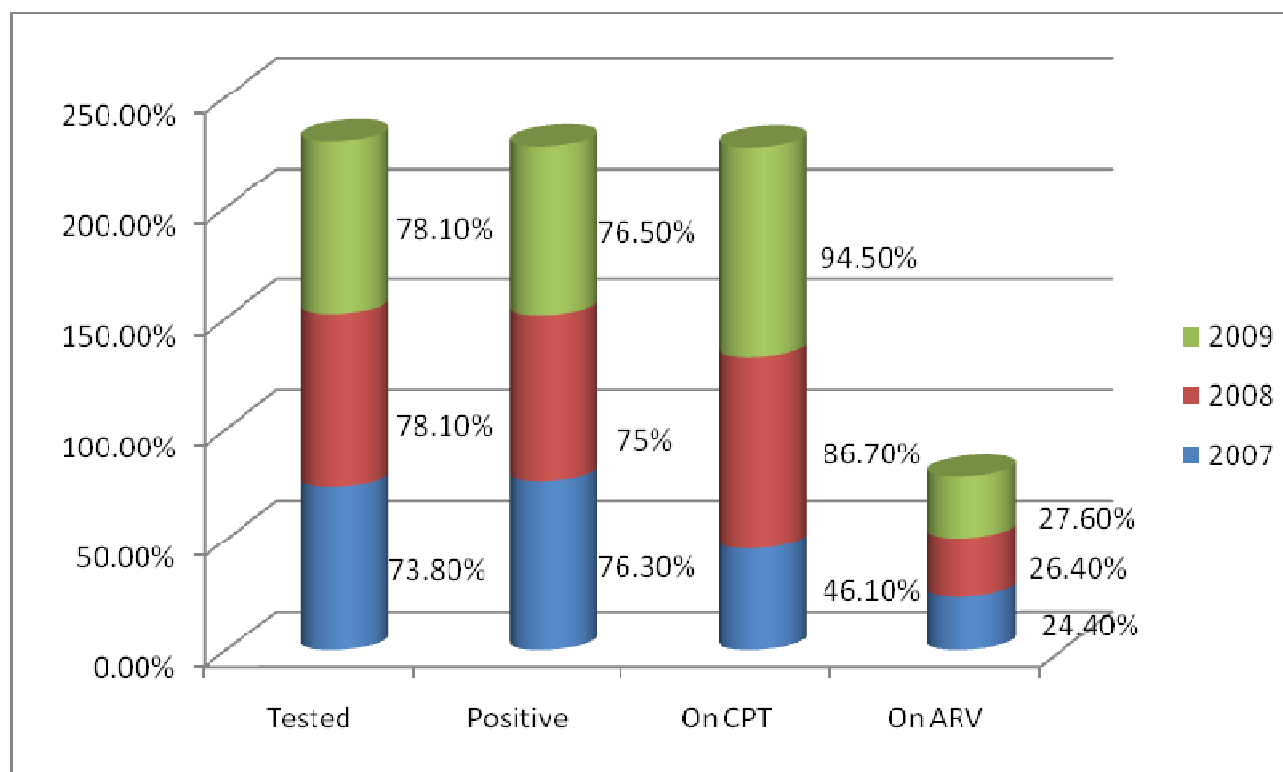
TB case notification





TB/HIV collaborative activities 2009







MDR-TB



- 494 MDR-TB patients ever enrolled, 42 pre-GLC cohort analysis,
 - 42 Enrolled - 2 New, 2 relapse 2 after default, 14 after Cat I failure, 22 after Cat II failure
 - 24 cured 57.1%, 1 completed 2.4%
 - TSR 59.5%
 - Death 14, 33.3%, Defaulter 1 (2.4%)
 - Transfer out 2 (4.8%)



Progress



- GDF supports Lesotho with grant of anti-TB drugs, a 20% annual increment paid by Government to the grant until 100% direct procurement
- GLC approval obtained in 2007 for second line drugs for MDR-TB
- GOL has established partnership with the NGOs and private sector for DOTS implementation (CHAL and GPs)
- State of the art TB lab with culture & DST, molecular technology facilities in place, MDR-TB hospital through partnership with PIH and FIND



Progress cont.



- Lab services (Central TB lab with capacity for Culture, Drug Susceptibility Testing (DST) & Molecular Line-probe assay & plan to establish 2 regional TB labs)
- Treatment & care
 - National Referral hospital & District Hospital care (Central & District TB teams)
 - Second Line Drugs (SLD) through Green Light Committee (GLC) since 2007 approved to date was incremental started with 40, 100, 300, 380, 437 the last two will be supported through round 8 global fund
 - Community-based management model
(Treatment supporters - TS & TS supervisors)
- Wrap-up support (Housing, transport and food)



MDR-TB COMMUNITY MODEL



- Strong community Participation.
- Training of community Treatment Supporters on TB and HIV.
- Monthly support, monitoring and supervision.
- Treatment Supporters serve as extension of the hospital and the clinic.
- Extensive supervision of treatment, identify early side effects, offering psychosocial, contacts screening, HIV counseling and testing, injections, screening for HTN and DM.



Key Challenges



- Diagnosis of TB/MDR/XDR-TB in individuals with HIV
- Decentralization of TB/HIV services to the community level
- Human Resources to provide MDR-TB/HIV services at community level & at programme level
- Cross border issues (program protocol) relating to implementation of TB & TB/HIV control activities
- Infection control (infrastructure)
- Human Rights Versus Public Health Rights
- Sustainability (GLC/UNITAID Support with 2nd Line Drugs, GF)



Opportunities



- Political commitment
 - National Budget allocations to TB programme
- Partnerships
 - CHAL -DOTS, TB/HIV
 - FIND –TA laboratory,
 - GDF TB grants
 - GLC 2nd line anti TB drugs
 - GFATM-TB round 6 & 8, HIV round 7 & 8 grants
 - UNITAID supporting 1st line paediatric & 2nd line anti-TB drugs,



Opportunities



- Partnerships

- WHO –Technical, 2010 external programme, DRS
- KNCV- Technical in HRD, training of Medical Doctors in the stop –TB strategy
- PIH- MDR-TB
- ICAP-TB/HIV
- TB Reach project under FIND for ICF and timely initiation of treatment
- MCA –Integrated OPD with infrastructural adjustment to enhance Infection Control
- Riders for Health –sample transportation



Opportunities cont.



- MOU between Lesotho and South Africa
 - Agenda on Health issues and referrals
- SADC harmonization of policies and guidelines for continuity of care across for TB and HIV/AIDS services the region
- Mid-term external review on the 2008-2012 TB strategic plan from 18th October



Innovation

On the move against tuberculosis

Innovate to accelerate action

Kea Leboha