

Finding and treating people with TB in

Zimbabwe

- Laboratory strengthening and decentralization of services leads to increased case detection
- Approximately 25% more TB suspects screened due to expansion of laboratory network
- Delays in diagnostic results have been drastically reduced, getting patients on treatment faster



Harare - In Zimbabwe the health care system has suffered greatly in the wake of the general instability and difficult economic conditions experienced in recent years. In the case of tuberculosis (TB), several fundamental problems are now being addressed by a TB REACH project implemented by the Harare City Health Department.

One of the major improvements has been the decentralization of laboratories which diagnose sputum smears. Because the samples previously had to travel back and forth between outlying health facilities and centralized labs before results could be delivered, the turn-around time could be as much as three weeks. While they waited anxiously to find out the cause of their symptoms, those affected not only continued to worsen, they were also inadvertently continuing to spread the disease through their communities.

Local collection centers are delivering results within 24 hours of collection and treatment can then begin immediately. Additionally, more people are being tested because they don't have to make what for many is a prohibitively expensive journey. One patient explains, "I had no money to travel for testing but at the collection center where I live they were able to help

me. People had told me that the results might take as long as three weeks but I got my results in just one day and started treatment the same day."

The project is also actively initiating case detection among HIV positive patients. Zimbabwe has a high burden of HIV and the significance of TB as a common opportunistic infection among those affected by HIV had previously not been addressed in a systematic way. Testing now being carried out within that population is expected to dramatically increase the number of case detections.

Health personnel, many of whom received their formal training years ago and have lacked on the job training, are being educated to better their understanding of how to reach and treat TB patients, especially in the midst of the HIV epidemic. And as the problem of transport is alleviated by the establishment of decentralized facilities, follow-up and contact tracing have also improved. Even under difficult conditions, this TB REACH project has made huge strides and improved the way services are provided in Harare. With continued efforts, this model may be scalable to other parts of the city and beyond.