

USAID/Zimbabwe Mitigating Tuberculosis

Zimbabwe is the 17th highest tuberculosis (TB) burden country in the world, and TB is the second leading cause of severe illness and mortality in Zimbabwe. The most significant contributing factor to the TB burden is the HIV/AIDS epidemic. Approximately 80 percent of TB patients are co-infected with HIV. This co-infection remains a major factor propelling the high death rate among TB patients in Zimbabwe. Most cases of TB are found in the urban areas of Zimbabwe. Over the last five years, the number of TB cases detected annually has ranged between 40,000 and 48,000.

USAID/Zimbabwe has supported the Government of Zimbabwe's National Tuberculosis Control Program (NTP) since 2008 with a nationwide program. Prior to this, NTP received minimal donor support, and TB care and prevention programs were inadequate. USAID's two main strategies for TB control are strengthening the Government of Zimbabwe's ability to create and implement effective TB policies and to maintain healthcare standards necessary to control the spread of TB. NTP officers and health care professionals working at the national, provincial, district, and primary levels of health care (where USAID provides technical and material support) implement TB control activities.

Other key donors providing TB assistance include The Global Fund for AIDS/TB/Malaria, TB-REACH, World Health Organization, Centers for Disease Control and Prevention, National AIDS Council, and *Medecins Sans Frontieres*. A National TB Coordinator insures that donors do not duplicate efforts and that activities are spread across the country. USAID assistance primarily focuses on development of treatment guidelines and standard operating practices, initial and ongoing training of health care workers, and integrating HIV services into TB clinics. Other donors train laboratory staff, construct TB diagnostic centers, procure and distribute TB medicines and testing equipment, and upgrade X-ray equipment.

USAID supports TB diagnostic services through the development and expansion of a sputum transport system. About half of Zimbabwe's districts use this system, and it has reduced test result turn-around time from several weeks to between one and four days. This approach has led to increased early initiation of TB treatment. Additionally, the time taken to diagnose drug resistant TB has shortened from eight weeks to two hours with USAID-supplied testing technology. USAID is procuring, installing, and providing training for this new technology.

Currently, USAID provides training in integrating TB and HIV services to twenty-three primary health care facilities in the largest urban areas of the country to encourage combined treatment of the two diseases. USAID will support training in an additional 13 health care facilities in fiscal year 2013-2014.