



## TUBERCULOSIS PROFILE



In Afghanistan, tuberculosis is a major public health burden. According to the *WHO Global TB Report 2006*, Afghanistan ranks 17th among the 22 high-burden TB countries worldwide. Approximately 95,000 new TB cases occur annually in Afghanistan, and 26,000 people in the country die from TB every year. The TB situation in Afghanistan is different from most other countries in that it primarily affects women. In 1997, Afghanistan's National TB Control Program (NTP) adopted Directly Observed Therapy, Short-Course (DOTS). By the end of 2002, the country reported 38 percent DOTS coverage. However, TB services were predominantly provided by a patchwork of nongovernmental organizations (NGOs) and government health facilities, with little regional coordination or support. DOTS detection rates remain low at 19 percent, far from the WHO global targets of 70 percent case detection. However, treatment success among the cases detected are high (86 percent), achieving the WHO global targets.

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| Country population   | 28,574,274 |
| Global rank out of 22 high-burden TB countries                   | 17         |
| Estimated number of new TB cases                                 | 95,248     |
| Estimated TB incidence (all cases per 100,000 pop.)              | 333        |
| DOTS population coverage (%)                                     | 68         |
| Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.) | 29         |
| DOTS case detection rate (new SS+) (%)                           | 19         |
| DOTS treatment success rate in 2003 (new SS+) (%)                | 86         |
| Estimated adult TB cases HIV+ (%)                                | 0.0        |
| New multidrug-resistant TB cases (%)                             | 1.8        |

Note: All data are for 2004 except where noted otherwise.  
Source: Global Tuberculosis Control: WHO Report 2006.

### USAID Approach and Key Activities

USAID's Rural Expansion of Afghanistan's Community-Based Healthcare (REACH) program (2003–2006) and its successor projects are part of a comprehensive approach to improving the health of the people of Afghanistan, coordinated onsite by Management Sciences for Health. The program is committed to expanding the delivery of a basic package of health care services throughout the rural areas of 13 provinces, covering 16.5 million people. TB control and treatment are central components of USAID programs, and in collaboration with the Ministry of Public Health (MOPH), WHO and the NTP, USAID is ensuring that the elements of the DOTS strategy are well integrated in Afghanistan. USAID is also supporting the NTP through WHO to provide technical assistance to improve the logistics system for TB drug delivery. Between 2003 and 2005, USAID funds for TB programming in Afghanistan averaged \$1.9 million per year.

USAID assistance includes the following activities and interventions:

- Ensuring adequate stewardship to the MOPH for the integration of TB activities into the Basic Package of Health Services (BPHS)
- Participating in a human capacity development plan for implementing TB interventions within BPHS, with a focus on enhancing the role of nurses
- Providing training in DOTS expansion for REACH-supported NGOs
- Undertaking operational research to address TB program guidelines and implementation

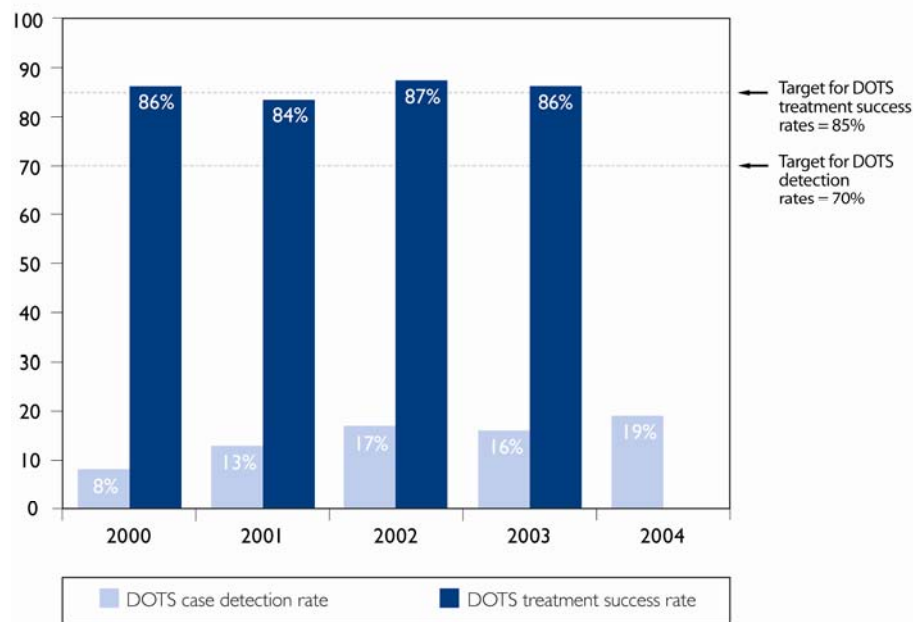
- Conducting onsite monitoring and supervision to improve quality assurance for laboratories and DOTS
- Strengthening the NTP logistics management capacity at the regional and provincial levels
- Establishing a drug management information system that will be integrated into the existing health information system at the MOPH

### USAID Program Achievements

USAID's assistance to other partners has contributed to improvements in TB control in Afghanistan since 2002. In the past year, REACH has shown that rapid expansion of DOTS in a post-conflict environment is possible despite challenges. Achievements to date include the following:

- Expanded the number of DOTS health facilities operated by REACH grantees from 15 in early 2004 to 121 in January 2006, tripling the number of TB cases detected and reported
- Supported the BPHS by strengthening laboratory services for TB, HIV/AIDS, and malaria
- Developed plans for expanded basic health services including TB treatment to reach 16.5 million women and children by the end of 2006
- Developed best practices in USAID-supported provinces, to be shared in turn with the country coordinating mechanism of the Global Fund for AIDS, Tuberculosis and Malaria to guide expanded delivery of Fund-financed TB services
- Continued to develop, in collaboration with WHO and the MOPH, decentralized regional training centers for TB in the Kabul, Badakshan, Herat, Kandahar, Ghazni, and Bamyan regions
- Developed a standardized curriculum and provided refresher training for 120 laboratory staff in all 13 REACH-supported provinces
- Trained over 6,000 community health workers (CHWs) to administer and observe patients taking their anti-TB medicines as well as to spot people in the community with TB symptoms and refer those suspected cases to the local health facility
- Supplied CHWs with flip cards and charts on TB treatment, prevention, and transmittal

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.  
Source: Global Tuberculosis Control: WHO Report 2006.

## **Partnerships**

The international community has provided extensive support to control TB in Afghanistan. USAID and WHO provide overall technical support, while the Canadian International Development Agency and the Italian Cooperation Agency provide financial support. The Japan International Cooperation Agency is funding the development of a TB laboratory network, while the German Leprosy Relief Organization, German Medical Services, and other NGOs provide TB diagnostics and treatment services in different catchment areas. In addition to Management Sciences for Health (the lead organization for REACH), other partners include the Academy for Educational Development, JHPIEGO, and the University of Massachusetts at Amherst. In February 2003, the Global Fund to Fight AIDS, Tuberculosis and Malaria awarded Afghanistan \$3.15 million to increase the capacity of the MOH.