



27 March 2022 - World Tuberculosis (TB) Day, commemorated on 24 March every year, aims to increase awareness about the grave health, social and economic consequences of TB, and scale up efforts to prevent further spread of the disease. The theme for this year is to 'Invest to End TB. Save Lives'.

TB is a major cause of death and disease burden in Somalia. The 2021 Global TB Report indicated there was a marginal increase in the estimated TB incidence in Somalia, from 258 per 100 000 people in 2018 to 259 per 100 000 in 2020. However, the death rate in Somalia remained at 68 per 100 000.

### **Effects of COVID-19 on the TB programme**

Reporting cases and addressing them in a timely manner is crucial in stopping the spread of TB. However, the minimal increase in the number of cases reported in Somalia in 2020 and the plunge in global TB notification, which went from 7.1 million in 2019 to 5.8 million in 2020, can be attributed largely to the COVID-19 pandemic. The global death rate also increased in the same period, as people worldwide refrained from visiting health facilities due to a fear of being infected with COVID-19.

In 2020, an estimated 1.3 million HIV negative people died of TB, up from 1.2 million in 2019, while an additional 214 000 HIV positive people died. Of the cases reported in 2021, 17 204 were drug-sensitive cases, while 299 were drug-resistant cases.

“Somalia’s TB programme is now gradually recovering from the effects of the COVID-19 pandemic though, with 17 503 TB cases notified in 2021, as compared to 17 200 reported in 2020,” said Dr Abdiaziz Mohamud Shire, National TB Programme Manager, Federal Ministry of Health and Human Services. “Even though we are making progress, we still need more support

in the form of GeneXpert machines and outreach activities. Both are important for case detection.”

### **Limited awareness and incorrect diagnosis**

Despite its prevalence, health personnel are still missing the mark in terms of timely diagnoses, and people like Adow Adan Abdi are still unaware of the symptoms of TB. Around a year-and-a-half ago, Adow began to cough a lot but thought he probably had a simple cold. At a clinic in Tiye glow, the doctors gave him antibiotics and syrup for the cough, but only after two weeks of visits. On seeing no improvement, they referred Adow to a private clinic in Baidoa, Bay region, to run blood tests, where they confirmed he had TB and prescribed medication as treatment. Adow had to buy it himself though.

For the first four months, the symptoms decreased, but during the fifth month, Adow returned to Tiye glow as his cough was back. He lost his appetite and lost more weight. His situation deteriorated and he even began to cough blood and pus. When Adow became severely ill, his family took him to the Manhal TB centre in Waberi, Mogadishu, for support. They took a sample of sputum and tested it, and then referred him to the Forlanini Multi-drug-resistant-Tuberculosis (MDR-TB) Centre for treatment, where he finally received the right attention.

Adow, who is still in the Forlanini Hospital for now, is relieved that his medication, along with counselling, are helping him. He has even made good friends with the hospital staff, whom he says are very helpful, and with other patients recovering from TB. They have their meals together and discuss their experiences, which has helped him feel much better.

After three months of treatment, Adow is starting to gain weight. Even though he feels ready to leave, the hospital staff have requested him to stay on until his joint inflammation reduces.

Adow says he feels more people need to know that TB is curable and can be prevented. He is grateful that agencies such as WHO are supporting health facilities with modern testing equipment for TB, and requests decision-makers to consider supporting TB patients with nutrition.

### **New technology being used for TB testing**

WHO has supported the Federal and State Ministries of Health in Somalia to use rapid molecular diagnosis as the primary tool for TB diagnosis. In 2021, half of all presumptive TB cases in Somalia had access to GeneXpert testing, while 61% of all sputum smear-positive cases were diagnosed using GeneXpert tests.

In 2021, Somalia had 99 Tuberculosis Management Units (TBMUs) and 50 GeneXpert machines distributed across the country. Twenty-two GeneXpert machines were used in the diagnosis for both TB and COVID-19. The three MDR-TB centres in Mogadishu, Hargeisa and Galkayo treating multi-drug resistant TB operated normally with no major challenges reported. The culture laboratories in Hargeisa and Mogadishu continued to perform Line Probe Assays 1 and 2 (LPA 1 & 2), to detect mycobacterium tuberculosis and drug resistance, under the supervision of the Uganda Supranational Reference Laboratory.

In 2021, 89% of the TB cases in Somalia were tested for HIV co-infection. Of these, only 0.9% were found to be co-infected. The Ministry of Health, WHO HIV Team, and UNICEF provided around 64% of the TB cases with co-infections access to antiretroviral treatment (ART) to help treat HIV.

## **Collaboration from partners**

“Our investments so far have reaped double benefits by saving lives by testing for both TB and COVID-19,” said Dr Mamunur Rahman Malik, WHO Representative to Somalia and Head of Mission. “By further scaling up our investments in TB prevention, we can ensure all Somalis, everywhere, know more about how TB is spread, and have equitable access to prevention and care. This will help us to reach Universal Health Coverage.”

The Global Fund supports the TB elimination programme in Somalia financially through World Vision International, which is the principal recipient of funding. International and local nongovernment organizations run the TB centres as sub-recipients of the Global Fund TB grant, while the independent monitoring body monitors the entire programme. The TB Coordination Team that brings together the national TB programme (NTP), WHO, World Vision International and major implementing partners continues to be the decision-making body of the programme. It reviews TB elimination activities twice in a year to address any challenges that the programme faces.

As the technical organization supporting the national TB programme, WHO supports capacity development, drug management, development of treatment guidelines and reporting materials,

and data management, and guides the World Vision in the implementation of strategies.

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