

The tuberculosis-related mortality rate is estimated at 25.0 per 100 000 population. A total of 20 181 detected tuberculosis cases were reported in 2013, of which 5980 (30%) were new sputum smear-positive cases. The treatment success rate of new and relapsed cases registered in 2012 was 75.0%. Drug-resistant tuberculosis is estimated at 1.9% among new cases and 20.0% among previously treated cases.

There has been a significant reduction in tuberculosis-related mortality, and a decline in incidence and prevalence. A tuberculosis prevalence survey has been carried out; the final results, which were endorsed in May 2015, indicate that the prevalence of all forms of tuberculosis has declined. The 18 states in the country report to the national tuberculosis programme from facilities on a quarterly basis. A nationwide tuberculosis management units network has been maintained since 1994 providing anti-tuberculosis drugs and tuberculosis microscopy services free of charge, with supply integrated into the central medical supplies system. A mix of home and facility-based directly observed treatment, short-course is used for treatment of patients, and 25 private clinics are involved in the management of tuberculosis cases according to national tuberculosis programme guidelines.

A total of 30 operational research studies on priority areas of the national tuberculosis programme have been conducted. One of the most important challenges to the programme is improving referral of suspected cases from the widely expanding primary health care facilities network to the tuberculosis management units. Other challenges include the establishment of a comprehensive multidrug-resistant tuberculosis management system, comprehensive implementation of collaborative tuberculosis and HIV activities, and ensuring strict implementation of infection control measures in tuberculosis management units.

The quality and completeness of tuberculosis strategic information system also needs to be improved. The main focus needs to be on improving tuberculosis case detection. This can be achieved through better utilization of missed opportunities in primary health care settings, expanding coverage with tuberculosis diagnostic and treatment services through better mapping of areas in need and redistribution of services, increasing the number of tuberculosis management units providing services on a daily basis, and ensuring accessibility of services to those working in mining areas, pastoralists and those in humanitarian settings. More private sector facilities also need to be involved in providing tuberculosis diagnostic and treatment services according to the national protocol. Improving the treatment success rate to 90% is another important priority, through reviewing and improving implementation of the directly observed treatment, short-course strategy, strengthening the defaulter tracing system by attracting more nongovernmental and civil society organization volunteers and the support of the Global Fund, and improving patient and contact education by health care providers.

Increasing HIV testing for tuberculosis patients and actively referring HIV-positive patients to antiretroviral therapy centres is another area of focus. Through the support of the Global Fund, multidrug-resistant tuberculosis diagnostic and treatment services will be expanded to cover more states based on five zonal laboratories providing GeneXpert testing and culture services, in line with improving multidrug-resistant tuberculosis surveillance. Updating tuberculosis treatment guidelines for adults and children

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