

Bangladesh

Improving diagnosis, treatment and reporting of tuberculosis in private labs in Karachi and Dhaka

Interactive Research and Development

When TB patients in many Asian cities are sick, it is estimated that up to 80% of them, including the poorest, seek healthcare in private facilities. Unfortunately, diagnosis of TB is often delayed or missed when poor patients seek care in the private-sector. This results in worsening of disease and continued spread of infection.

The new TB REACH project is piloting an innovative yet sustainable system of collaborating with and improving TB diagnostic services at private laboratories in Karachi (Pakistan) and Dhaka (Bangladesh). Being the first multi-country TB REACH project, results will indicate scalability as well as effectiveness of this novel intervention. This ambitious project is run by Interactive Research and Development (IRD) in collaboration with the London School of Hygiene and Tropical Medicine, the Foundation for Innovative Diagnostics, the Indus Hospital in Karachi and the International Centre for Diarrhoeal Disease Research, Bangladesh in Dhaka.

A mutually-beneficial system has been set up with seven labs across Karachi and four across Dhaka: lab technicians are provided microscopy training and external quality assurance to improve accuracy of smear-microscopy, GeneXpert systems are placed in labs to improve sensitivity of case-detection, project health workers are stationed at each lab to screen all individuals for TB symptoms and advertising activities are conducted to encourage anyone with a persistent cough to get tests at their nearest lab which are free to the patients as TB REACH covers the screening costs.

Pakistan



The intervention has been a great success in its first six months of operation, with over 275,000 individuals screened for TB symptoms and over 700 new TB cases detected. All TB suspects are offered a free smear-microscopy test, chest x-ray and Xpert MTB/RIF test (if indicated) at the lab. Patients testing positive are counseled by health workers when they return to collect their results and are provided free TB treatment at the lab or through a DOTS centre near their home. A custom-made, mobile phone-based data capture and reporting system allows project staff to monitor activities in real time, maximizing the initiation of treatment and treatment compliance.

The system works well because all stake-holders benefit: TB suspects get free tests and treatment while still benefiting from the convenience and service-quality of private labs; private labs benefit from increased revenue from increased TB tests; private GPs can refer even their poorest patients for free tests; NTPs can access a large number of TB cases that were otherwise going unreported.



Stop TB Partnership
TB REACH



FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

TB REACH

The first wave of projects
increased case detection
by an average of 26%
compared to
the previous year

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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