



TUBERCULOSIS PROFILE



Ethiopia ranks seventh among the world's 22 high-burden tuberculosis (TB) countries. According to the World Health Organization's (WHO's) Global TB Report 2009, the country had an estimated 314,267 TB cases in 2007, with an estimated incidence rate of 378 cases per 100,000 population. Ethiopia's National Tuberculosis and Leprosy Control Program (NTLCP) began to implement DOTS (the internationally recommended strategy for TB control) in two zones in 1991; in 2007, WHO reported that DOTS coverage reached 95 percent of the population. However, while treatment is integrated into general health services and DOTS geographical coverage is 95 percent, due to the limited health infrastructure in the country, only approximately 60 to 70 percent of the population has access to DOTS services.¹ The DOTS detection rate remains low, at 28 percent, compared with WHO's target of 70 percent detection. The limited diagnostic capacity for TB in the country remains a challenge to improving case detection rates. The treatment success rate is close to the 85 percent target set by WHO; after falling from 80 percent in 2000 to 70 percent in 2003, it rose to 84 percent in 2007.

Country Population	83,099,000
Est. number of new TB cases	314,267
Est. TB incidence (all cases per 100,000 pop)	378
DOTS population coverage (%)	95
Rate of new SS+ cases (per 100,000 pop)	163
DOTS case detection rate (new SS+) (%)	28
DOTS treatment success rate, 2006 (new SS+) (%)	84
Est. new adult TB cases (HIV) + (%)	19
MDR-TB among all new TB cases (%)	2.0
All data are for 2007 except where otherwise noted. WHO Global TB Report 2009	

The number of TB cases is likely to increase as Ethiopia's HIV/AIDS epidemic expands; while 16 percent of notified TB patients tested for HIV, 40 percent are HIV positive. The level of multidrug-resistant (MDR) TB among new TB cases is estimated at 20 percent; 5,979 cases of MDR-TB were reported in 2007. In response to the problem of MDR-TB, Ethiopia received a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria for drug resistance surveillance and MDR-TB control and received funding from the Green Light Committee for second-line TB treatment for 45 patients in 2008.

USAID Approach and Key Activities

USAID began working on TB control in Ethiopia in 2001 in collaboration with the Disease Prevention and Control Department of the Ministry of Health and regional health bureaus. The major TB and TB-HIV/AIDS prevention and control activities supported by USAID are implemented through the Tuberculosis Control Assistance Program (TB CAP) at the public health center level and in workplace clinics and hospitals. In fiscal year (FY) 2008, USAID funds for TB programming in Ethiopia totaled \$3.4 million. Program activities focus on the following areas:

- Improving the capabilities of the NTLCP and regional TB programs for leadership and treatment success
- Scaling up and strengthening TB-HIV/AIDS collaborative activities
- Improving quality assurance in laboratory and supply chain systems and drug management systems
- Improving TB care in primary health care units
- Expanding access to TB care through public-private partnerships (PPP) for DOTS
- Supporting the development of public-private mix (PPM) DOTS implementation guidelines
- Strengthening the TB microscopic diagnosis at primary microscopic sites, selected regional labs, and hospitals

¹ TB CAP data 2008

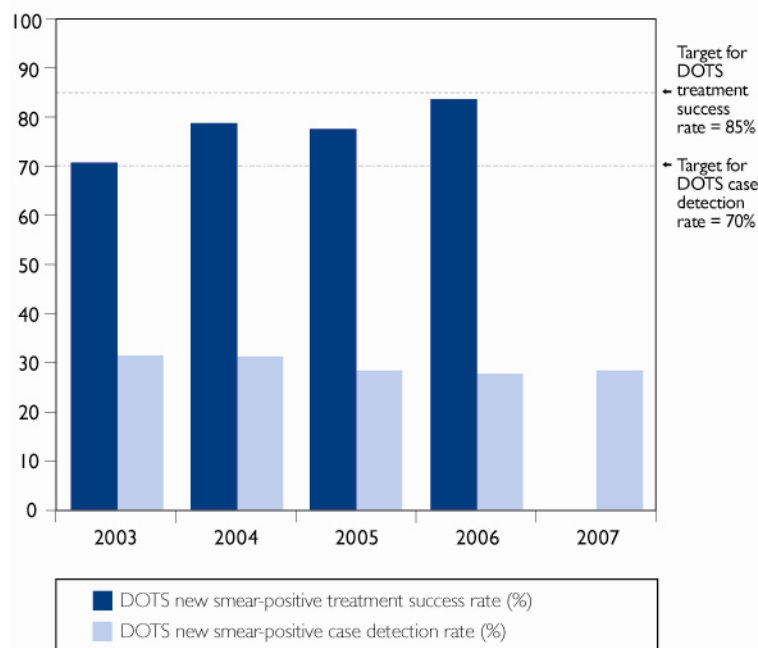
- Improving MDR-TB diagnosis and management
- Scaling up infection control (IC), including designing a strategy and formulating national IC guidelines

USAID Program Achievements

USAID's assistance and support have helped address TB prevention and control in Ethiopia. USAID's program achievements include the following:

- Supported the NTLCP, TB-HIV/AIDS Technical Working Group, and the TB-HIV/AIDS Advisory Committee in prioritizing assistance for leadership and coordination of TB and TB-HIV/AIDS activities
- Increased case detection rate by 26 percent in USAID-supported areas
- Strengthened TB-HIV/AIDS collaborative activities, resulting in an increased number of TB patients who are tested for HIV and, where positive, placed on preventive therapies
- Established external quality assurance and surveillance of drug-resistant TB
- Revised and standardized TB-HIV/AIDS clinical, programmatic, and training tools and provided training to general health workers, laboratory technicians, counselors, and program managers in all regions
- Reformed the federal PPM DOTS guidelines
- Expanded PPP services in 56 workplace clinics and 21 for-profit clinics in Addis Ababa and Oromia Region
- Produced lessons learned from pilot PPP sites that will inform the national expansion of PPP
- Exceeded targets for PPP DOTS case notification: PPP DOTS, operating in 11 private for-profit clinics in Addis Ababa, accounted for 14 percent of regional TB case notification

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2007 will be reported in the WHO Report 2010.
 Source: Global Tuberculosis Control WHO Report 2009

Partnerships

Partnerships are one of the most important elements in combating TB in Ethiopia. Through TB CAP, USAID collaborates with eight partners to implement WHO's Stop TB Strategy. Management Sciences for Health, a member of the TB CAP consortium, is strengthening TB microscopic diagnostic capacity in 80 health centers, six hospitals, and three regional labs. WHO and Italy's University of Brescia are supporting laboratory skills training. The Dutch Government is providing funds for TB drugs, while the German Leprosy and Tuberculosis Relief Association is funding overall program support. USAID also partners with Abt Associates and IntraHealth for TB and TB-HIV/AIDS interventions in the private sector and John Snow, Inc./DELIVER for drug logistics. The Global Fund approved around \$27.0 million in Round 1 funding in 2003 and \$11.8 million in Round 6 funding in 2007 for TB activities in Ethiopia.

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