



## TUBERCULOSIS PROFILE



Ghana is not among the World Health Organization's (WHO's) 22 high-burden tuberculosis (TB) countries, yet the disease is a major health problem in the country. With an estimated 47,632 new TB cases in 2007, Ghana ranks 19<sup>th</sup> in Africa for the highest estimated number of new cases per year, according to WHO's Global TB Report 2009. Nine percent of the 7,786 TB patients registered in 2007 died before completing TB treatment. Ghana's National TB Control Program (NTCP), which is based on DOTS (the internationally recommended strategy for TB control), was established in 1994. DOTS was phased in over a number of years, with an initial strategy to roll out DOTS to all public health facilities in all regions and districts, and reached 100 percent coverage in 2000. However, the quality of DOTS in public health facilities is still below expectations.

A recent study supported by the U.S. Government showed that some districts had not incorporated DOTS into their routine activities. The case detection rate of sputum smear-positive (SS+) TB has slowly declined over the past five years from 40 percent in 2003 to 36 percent in 2007, well below WHO's target of 70 percent. The treatment success rate has improved from 60 percent since 2002 to 76 percent in 2006; but this is still below WHO's target of 85 percent. The HIV/AIDS epidemic, a generalized epidemic with a prevalence of 2.3 percent, is fueling TB incidence. According to WHO, approximately 15.6 percent of new TB cases are HIV positive. Impact modeling shows that HIV infection among TB patients could increase to 59 percent by 2009, and an additional 30,000 new TB cases annually could be attributable to HIV/AIDS by 2015. Though accurate data are limited, there is a growing concern about multidrug-resistant (MDR) TB. WHO estimated that 1.9 percent of new TB cases were MDR in 2007.

There is currently no database on staff trained in DOTS, and the expansion of DOTS has been limited because of competing demands on limited health resources. The key challenges and gaps facing the NTCP in its efforts to expand and scale up existing DOTS programs include implementation of activities aimed at increasing TB case detection rate, TB-HIV/AIDS collaborative activities, and involvement of the private health sector beyond Accra and Kumasi metropolises.

### USAID Approach and Key Activities

USAID's approach in Ghana complements the priorities of the Government of Ghana, WHO, and other partners. USAID, through the Tuberculosis Control Assistance Program (TB CAP), provided technical assistance (TA) in the development of the NTCP's Strategic Plan for 2008–2012. In fiscal year 2008, USAID funds for TB programming in Ghana totaled \$595,000 per year. USAID supports TB activities through its bilateral programs and TA provided by TB CAP. The Strategic Plan for 2008–2012 includes improved NTCP management capacity to implement quality DOTS and improved quality assurance for sputum smear microscopy and supply chain systems. In addition, under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), USAID provides support for strengthening TB screening and treatment of HIV-infected patients in 25 selected health facilities and further supports people living with HIV/AIDS (PLWHA) groups in early TB diagnosis and referrals. USAID assistance also includes support for the following activities:

- Expanding and enhancing DOTS
- Increasing TB detection rate through the use of standard operating procedures at health facilities and at the community level
- Improving management of TB-HIV/AIDS with improved data monitoring and drug tracking and provision

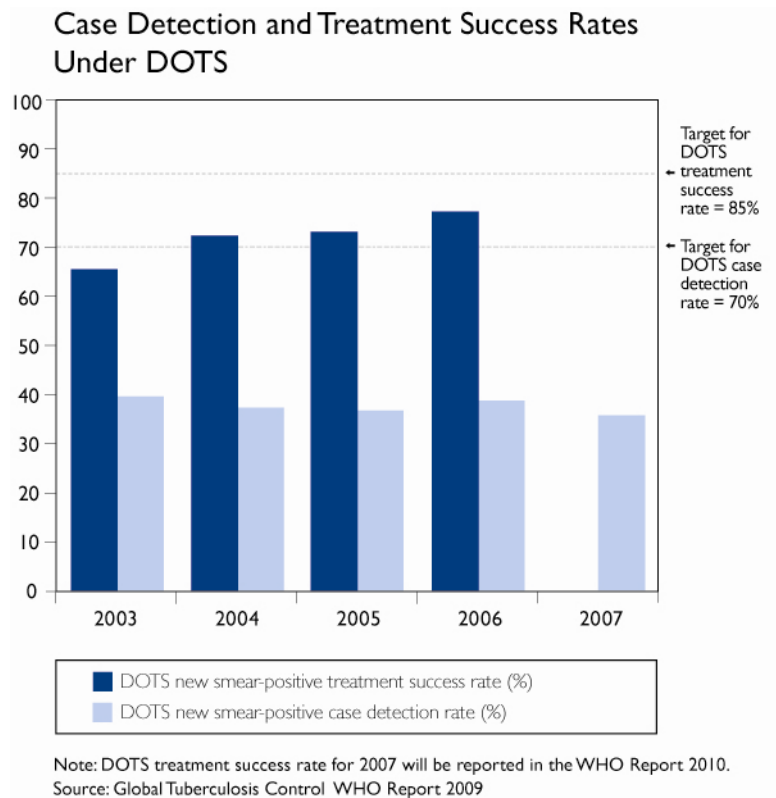
<b>Country Population</b>	<b>23,478,000</b>
<b>Est. number of new TB cases</b>	<b>47,632</b>
<b>Est. TB incidence (all cases per 100,000 pop)</b>	<b>203</b>
<b>DOTS population coverage (%)</b>	<b>100</b>
<b>Rate of new SS+ cases (per 100,000 pop)</b>	<b>88</b>
<b>DOTS case detection rate (new SS+) (%)</b>	<b>36</b>
<b>DOTS treatment success rate, 2006 (new SS+) (%)</b>	<b>76</b>
<b>Est. new adult TB cases (HIV) + (%)</b>	<b>15.6</b>
<b>MDR-TB among all new TB cases (%)</b>	<b>1.9</b>
All data are for 2007 except where otherwise noted. WHO Global TB Report 2009	

- Training staff in the use of the logistics management information system (LMIS) for TB commodities
- Implementing community-based DOTS through activities conducted by support groups for PLWHA
- Involving health workers, relatives, and community volunteers in supervising TB patients to achieve cure and treatment completion
- Addressing known financial constraints faced by TB patients, private clinics, hospitals, and laboratories using the “Enablers Package,” a provision of food to assist TB patients in DOTS compliance
- Supporting operational research to uncover the reasons for low TB case detection

### USAID Program Achievements

USAID’s assistance and support have helped address TB prevention and control through the following activities:

- Developed TB-HIV/AIDS policy and guidelines and expanded TB reporting tools to include HIV parameters
- Developed an operational plan for implementation of TB lab quality assurance
- Provided TA to implement quality DOTS and build capacity of the National Reference Laboratory to perform external quality assurance
- Conducted studies to examine the reasons behind Ghana’s low case detection rates
- Increased functional TB microscopy sites from 211 to 240 and trained laboratory personnel from both the public and private sectors on TB smear microscopy
- Achieved countrywide rollout of fixed-dose combination (FDC) treatment, with all new TB cases started on FDC beginning in July 2007
- Engaged 111 out of 557 private health facilities through the public-private mix DOTS initiative, resulting in 97 of these facilities supporting the diagnosis, treatment, and supervision of TB cases
- Supported the NTCP in the implementation of a LMIS for TB medicines



## **Partnerships**

USAID support to the NTCP is provided through TB CAP, which is implemented by the Tuberculosis Coalition for Technical Assistance (TBCTA). Management Sciences for Health coordinates the TBCTA in Ghana. USAID, in coordination with PEPFAR, supported the NTCP in the development of a comprehensive TB-HIV/AIDS referral system and in care and support interventions. Other key partners include the KNCV Tuberculosis Foundation, Quality Health Partners, the Strengthening HIV/AIDS Response Partnership, WHO, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Ghana received Round 1 funding from the Global Fund in 2002 for health system strengthening, which included support for TB programs; in 2006, Ghana received a Round 5 grant for \$14.5 million for TB activities.

**May 2009**