The challenge and the scope

While TB is a national and international priority, Ethiopia’s high TB rates were not declining rapidly in the 2000s. From 2011-16, USAID funded a project to support the Federal Ministry of Health (FMOH) to dramatically improve TB services and outcomes in Oromia and Amhara Regions. Its formal name is “Help Ethiopia Address Low TB Performance,” or HEAL-TB.

HEAL TB assisted FMOH to find and treat TB cases among children, adults, and special populations; expand multidrug-resistant TB (MDR-TB) diagnosis and treatment; integrate TB and HIV services; improve laboratory diagnostics and reporting; and strengthen health-system expertise, leadership and management.

The project scaled up to make these services accessible to nearly 55 million people--more than half the country’s population.

Thanks to intense capacity-building and mentorship, the expertise and health-systems improvements now reside in Ethiopia’s public health system, so that FMOH can continue progress against TB throughout the country.

HEAL TB has presented its operational research in 20 academic journal articles and more than 60 presentations at international conferences.

Controlling Multi-Drug Resistant TB

Led by the Federal Ministry of Health, the USAID-funded HEAL TB project has brought sophisticated MDR-TB services to Oromia and Amhara Regions, where more than half of all Ethiopians live

1 MDR-TB hospital (treatment initiating center) in project areas, 2011

24 MDR-TB hospitals in 2016

927 MDR-TB patients treated, 2011-16

65% Cure rate for MDR-TB

75% Treatment success rate for MDR-TB

When HEAL TB started, only one facility in Amhara and Oromia could treat MDR-TB, and only two labs could diagnose it (but with solid culture, which takes eight weeks). Hundreds of people languished on waiting lists for treatment.

Today 24 hospitals can treat and care for MDR-TB patients, including providing psychosocial support and food supplies. HEAL TB helped the FMOH build, furnish and equip three of these centers and provided technical support to all.

This publication was made possible by the generous support of the United States President’s Emergency Plan for AIDS Relief and the United States Agency for International Development under AID-663-A-11-00011. The contents are the responsibility of HEAL TB and don’t necessarily reflect the views of PEPFAR, USAID or the United States Government.
Rigorous mentoring by experienced clinicians, engagement of hospital management in patient care, and scrupulous follow-up of patients are key to the high success rate among MDR-TB patients.

Staff at all 2,200 DOTS facilities can now identify presumptive MDR-TB. Health workers send sputum of those with presumptive MDR-TB for GeneXpert diagnosis, culture, and drug-sensitivity testing.

If diagnosed with MDR-TB, patients are admitted to one of the 24 MDR-TB facilities for up to eight weeks before being discharged to the care of their local health center.

If the patient lives close to an MDR-TB center, they can start with ambulatory care. Patients return to the MDR-TB hospitals for checkups and lab tests each month for a year—all presenting on the same day for efficient use of staff time. Patients are counseled, provided with food supplies, and immediately reimbursed for transport. After the first year, they return regularly but less frequently for up to another 16 months.

Since contact screening is especially important for MDR-TB, the project assisted FMOH to expand the practice to the more than 300 follow-up centers. From 342 MDR-TB index cases treated in two years, the project enabled FMOH to screen nearly 1,000 contacts (95.3 percent). Of the contacts, two were found to have drug-susceptible TB—and 17 had MDR-TB. This yield represents an MDR-TB detection rate nine times the national prevalence estimate.

Further more

2100 DOTS facilities, where staff can identify presumptive MDR-TB
300+ Follow-up centers that now perform contact screening
1000 Nearly this many contacts of MDR-TB patients screened in 2 years
17 of these contacts were diagnosed with MDR-TB representing 9 times the national MDR-TB prevalence estimate

Management Sciences for Health (MSH) led HEAL TB, 2011-16, with implementing partners PATH, All Africa Leprosy Tuberculosis and Rehabilitation Training Center (ALERT), and Kenya Association for the Prevention of Tuberculosis and Lung Diseases (KAPTLD).