



# World TB Day, 2009

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## UN Secretary-General's message on the occasion of World TB Day

24 March 2008 - World TB Day is an occasion to urge action to stop tuberculosis, a disease which still kills an appalling 4,000 people every day. The man-made multi-drug resistant strain and its even more lethal form, extensively drug-resistant TB, are both spreading.

If we are to prevent a virtually untreatable tuberculosis epidemic, we must tackle the roots of the problem: poor services, poor supplies, poor prescribing and poor use of drugs.

That is why the theme of this year's day is "I am Stopping TB". This is a fight that can be won only with the collective commitment of millions of individuals – donors and researchers, doctors and health care workers, patients and family members.

Thanks to a broad coalition of partners working to stop TB, the proportion of people who become ill with the disease is slowly falling. But this progress is not keeping pace with population growth, so more and more people are becoming infected with tuberculosis.

The World Health Organization recently issued a report painting a grim picture of the spread of drug-resistant TB in a number of countries. And tuberculosis is all the more deadly when it intersects with the HIV epidemic.

We must intensify the global response in order to save lives. The United Nations will convene a Global Leaders' HIV/TB Forum this June in an effort to boost our collective capacity to drive down HIV-associated TB deaths.

In this effort, we can draw inspiration from a number of African countries which have shown that it is possible to scale-up services that reach out and screen TB patients for HIV, screen HIV-infected people for TB, and initiate care. Rwanda, for example, provides HIV screening for more than three quarters of all people in TB care settings. Kenya and Malawi have also made major strides.

These impressive advances are the result of the efforts of individuals. "I am stopping TB" is not just the theme for this day, but a pledge we must uphold as we battle the epidemic throughout the year and into the future.

Source: <http://www.un.org/apps/sg/sqstats.asp?nid=3055>

## SafAIDS Editorial: Bringing TB back under control

Not sexy enough.

This is the reason that one delegate attending the third Stop TB Partners' Forum gave for the gross under-reportage of TB.

Once a completely curable disease, TB now stands a serious threat towards achieving global goals of universal health for all. It kills over 4 000 people a day and over 1, 5 million people a year. And because of its strong alliance with HIV infection, it is causing many preventable deaths among people living with HIV.

Why? Because facilities for accurate testing and monitoring of TB infections do not exist, particularly in resource-limited settings. In Malawi, as will be discussed in this edition of *News In Focus*, accurate national statistics that define the extent of tuberculosis (TB) do not exist.

In other countries, collapsing health care systems and the effects of

shortages of trained workers means that they simply cannot cope with the demand for TB services.

Within that context, the recommended integration of HIV and TB services remains a pipe dream, as separate services for both diseases are already inadequate to treat each ailment.

In addition, the burden of multi-drug resistant (MDR) TB is further pronouncing the challenge. Diagnosing drug-resistant TB is difficult and time-consuming and often, only laboratories located in urban settings have the facilities to test for such strains of TB. The irony of this lies in the fact that most southern African nations have the majority of the populations based in rural areas – areas where access to services are therefore most needed.

The role that under-reportage of TB - by the media, in particular -

cannot be ignored. Lack of information leads to ignorance that fuels stigma around TB, and those who have the disease.

If TB is to become controllable, once more, all of these challenges have to be addressed urgently. And as ministers of health at the TB Partner's Forum emphasised, commitment to funding of TB efforts has to be renewed. In Mozambique, the US government is spending approximately USD 4 million annually in the response to TB.

Due to this financial commitment, Mozambique has managed to increase by 82 per cent its Directly Observed Therapy (DOTS) coverage in six selected districts, and develop a training curriculum for nurses on tuberculosis.

The importance of sustained funding, as well as the use of innovative measures - which are highlighted by examples from Malawi and South Africa in this edition - cannot be underestimated.

## Rio Conference Hopes to Raise Awareness of TB

By Anso Thom

23 March 2009 – (Rio de Janeiro) Over a thousand researchers, scientists, health leaders, community organisations and tuberculosis experts will descend on Rio de Janeiro for the third Stop TB Partners' Forum this week as more people are dying of this curable and preventable disease than ever before.

Speaking on the eve of the conference Dr Lee Reichman of the New Jersey Medical School's Global TB Institute revealed that more people died of TB last year than ever before. "TB is not sexy enough to care about," said Reichman, flashing a chart showing that 1.6-million

died annually of TB while 813 have died of SARS, 254 due to avian influenza, 5 due to anthrax and non due to smallpox.

"The difference is that people get excited about these diseases, but not TB," said Reichman.

He said it was critical to hold governments in the 22 high burden countries accountable, questioning why they are not able to control a preventable and curable disease.

"We will make a huge impact on the epidemic if we can do something in these 22 high burden countries (responsible for 80% of

TB cases in the world)," said Reichman.

Reichman pointed out that political commitment was critical to making the World Health Organization strategy of Directly Observed Treatment Short-course (DOTS) a success. "We owe it to our patients. We owe it to them that when they walk for hours to collect their treatment that the drugs are there," he said.

Latest global estimates for 2007 show that there were 511 000 people with multi-drug resistant (MDR) TB of whom around 150 000 died.

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Extensively-drug resistant (XDR) TB cases were estimated to be around 50 000 in 2007, with 30 000 deaths. However, Reichman pointed out that the MDR TB figures were "highly suspect" as you need laboratories and sophisticated tests to diagnose patients, and these tools and resources were missing or completely inadequate in many of the high burden countries.

"We should not let governments get away with claiming there is not MDR or XDR TB in their countries when they have not laboratories to diagnose it," he said.

"MDR TB is man made," added Reichman. "It is caused by private doctors who are getting away with not being regulated around how they treat TB while they don't know a damn thing about it."

Paula Akugizibwe of the AIDS and Rights Alliance of Southern Africa concurred that there was

no question that MDR TB was a manufactured phenomenon. "But the reasons for its emergence can't be limited to any one sector," she warned. "There are gaps across the health system that continue to generate drug-resistant TB, even today - such as poor infection control and lack of affordable and timely drug-resistant TB diagnostics."

Lesley Odendal, TB Policy Researcher at the Treatment Action Campaign in South Africa said private doctors did play a role and were problematic, "but are certainly not the driver of TB".

"Drug-resistant TB is a man made problem but only in that we are not diagnosing and treating patients fast enough, and not putting in place measures in our health systems," said Odendal.

"In South Africa, for example, more people have drug-resistant TB due to primary infection from a drug-resistant TB infected person

than those who have been on treatment before. We must also ask why patients are not adhering. Is it not because DOTS is impractical, not patient-centred, and that our facilities are far and drug stock outs occur?" asked Odendal.

William Wells, director at the Global Alliance for TB Drug Development confirmed they were already looking at how they will "protect" future drugs against abuse and misuse and what education programmes would have to be put in place to ensure the drugs are used properly.

Reichman said it was critical that the world ensured that the more than 9-million new cases diagnosed annually with TB are diagnosed and treated and that everything is done to prevent them from becoming drug-resistant.

Source: <http://allafrica.com/stories/printable/200903230412.html>

## Ministers and leading development partners issue statement on implications of the financial crisis for tuberculosis

24 March 2009 - At the third Stop TB Partners' Forum in Rio de Janeiro, Brazil, Ministers of health of countries affected by tuberculosis, and representatives of partner organisations welcome the progress made in the fight against TB.

We are convinced that health is fundamental to social and economic development. Even in this time of a global financial crisis, we call for sustained commitment to protect investments in public health and, in particular, the diseases of poverty.

Despite some progress, on

World TB Day, we note with concern that although tuberculosis is both preventable and curable, nearly 5 000 men, women and children still die of this disease every day.

We underline the right of our communities to live healthy, productive lives and stress that this vision should not be limited to times of economic plenty.

Investments in HIV, TB and malaria are delivering results but major challenges remain. Our health systems need to be strengthened in order to sustain the gains made against tuberculosis and address emerging

threats such as multi-drug resistant TB and the increasingly heavy burden of the TB-HIV co-epidemic.

We are committed to making the funds dedicated to health work as efficiently as possible. On this World TB Day, we ask the global community not to turn away from funding commitments and ensure that we all play our part in stopping tuberculosis.

We commend this statement to the leaders at the G20 and G8 summits.

Source: <http://www.stoptb.org/>

## Zimbabweans expect delegates attending Stop TB Partners' Forum to deliver

By Godsway Shumba (Rio De Janeiro) - As the nation commemorates World TB Day, the Zimbabwean delegation attending the Stop TB Partners' Forum here is urgently required to learn and apply the lessons on combating TB from other countries to strengthen the national TB response.

The delegation comprising the Minister of Health, Henry Madzorera, and the National TB Coordinator, Dr Charles Sandy, is expected to take back home innovative ways to control TB, mobilise human and financial resources and create and implement national TB policies that are in line with global guidelines.

Zimbabwe is among the 22 countries with the highest TB burden. The Directly Observed Short Course (DOTS) treatment centres in the country could only manage to detect 42% of more than 500 000 estimated new cases of all forms of TB every year in 2006.

The nation is facing the worst economic crisis in history with more than five million people facing food shortages and poor access to essential services such as water and sanitation. In addition, inadequate health systems, insufficient diagnostic and laboratory capabilities, limited funding, migration and poverty could worsen the TB situation and result in the emergence of drug-resistant strains.

The high HIV prevalence in the southern African nation has fu-

eled the number of new TB cases in recent years. Estimates show between 40% and 70% of people newly diagnosed with active TB had HIV.

It is against this background that health leaders and representatives of community based organisations attending the Stop TB Partners' Forum are urged to not sit on their laurels but learn from experiences of other nations and go back home equipped with knowledge and skills to stop TB.

A delegate representing the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), Joshua Chigodora, said the national TB response has been doing well in terms of "moving forward in line with global trends here policy is moving towards integrating TB and HIV services."

However, he noted that current progress on integrating TB and HIV services is still slow and called on all stakeholders to speed up the process.

"So far, I don't think we have fully integrated the two. We are moving towards that but we haven't really done so. At the moment, people are just holding discussions on how to integrate the two," Chigodora said.

Chigodora welcomed the presence of Minister Madzorera at this forum and noted that the platform is an opportunity for him to see what other countries are doing and apply the lessons to the national TB control programme.

Albert Makone, representing the Community Working Group on Health (CWGH), called on the Health Ministry and other stakeholders to create effective mechanisms to disseminate TB and HIV information from the grassroots level. He said the focus should be on primary health care and on promoting the right to health.

"If we focus on primary health care as we did in the early 1980's, we will be able to achieve results. We also need to raise awareness about the right to health so that communities would be able to claim what is rightfully theirs," Albert said.

This year's Stop TB Partners' Forum is held at a time when the world is facing the worst financial crisis since the Great Depression in 1929. The current situation demands countries to come up with innovative ways to be able to control a preventable and curable disease.

Along side other public health challenges such as the cholera epidemic that has infected more than 80, 000 people and killed more than 4, 000 since August 2008, the Zimbabwe Health Ministry is required to scale up efforts to achieve the Millennium Development Goal (MDG) of having halted and reversed the incidence of TB by 2015.

Source:<http://www.healthdev.org/eforums/cms/inv-archives.asp?sname=Partners%20Zimbabwe>

## South Africa: Home-Based TB Treatment Offers Hope

By Linda Ensor

24 March 2009 – (Cape Town) An alternative way of treating drug-resistant tuberculosis (TB) piloted in Khayelitsha has resulted in an increase in the number of patients being enrolled for treatment and a lower rate of default, a city council health official said yesterday.

The preliminary results of the pilot project were released yesterday ahead of World TB Day today.

Khayelitsha has the highest rate of TB in the world, with at least 1500 people in 100000 infected each year. The township also has an estimated 400 cases of drug resistant TB (DRTB) a year, or an incidence of about 60 per 100 000 people - also one of the highest rates in the world.

Of the nearly 6 000 people diagnosed with TB in Khayelitsha last year, 196 were diagnosed with DRTB and 74% of these were also infected with HIV.

The pilot project was launched towards the end of 2007 by Médecins Sans Frontières (MSF) with the support of the city of Cape Town and the Western Cape government.

It involves patients suffering from DRTB being treated in their homes, which are subjected to infection-control measures instead of being isolated in hospital wards for several months.

The project aims to increase the diagnosis of DRTB, improve treatment outcomes and lower the rate of its transmission.

Government policy requires those suffering from DRTB to be treated in specialised treatment centres where they often have to spend at

least six months, far from their families. This has proved unpopular and there has been a high rate of default with up to a third of patients refusing to remain in care. DRTB treatment lasts for two years and involves taking a cocktail of six drugs which are difficult to tolerate and have nasty side-effects.

Cape Town health department's sub-district manager for Khayelitsha, Dr Virginia Azevedo, said it was still too early to reach conclusions about the pilot project but preliminary results showed that there had been an increase in the number of people enrolling for treatment.

There had also been fewer defaults than on the national programme of centralised treatment.

"We are convinced that more pa-

tients will be diagnosed and successfully treated if they are supported to follow treatment in their homes and communities rather than being isolated in specialised hospitals," Azevedo said.

MSF medical co-ordinator in SA Dr Eric Goemaere said the situation in Khayelitsha required a radically new approach.

"We are applying lessons learnt in providing HIV and AIDS treatment to tackle this complex medical challenge. In addition to new models of care we urgently need better, rapid diagnostic tools to detect DRTB earlier and less toxic, better tolerated and more affordable drugs to treat patients," Goemaere said.

Source: <http://allafrica.com/stories/200903240052.html>

## Mozambique: U.S. Support for Fight Against Tuberculosis

24 March 2009 – (Maputo) The government of the United States is currently spending about four million US dollars a year in the fight against tuberculosis in Mozambique, according to a statement issued by the US Embassy, marking World Day against Tuberculosis, 24 March.

US funding for the anti-tuberculosis programme has risen very substantially. In 2002, the US annual grant for the fight against this disease was only 150,000 dollars.

The funds come from the President's Emergency Plan for AIDS Relief (PEPFAR), a pro-

gramme that was set up by President George W. Bush and continued by his successor, Barack Obama.

Money for tuberculosis can come from this fund, because TB is the most common of the opportunist infections that afflict people whose immune systems have been weakened by the HI virus, and is also the most common cause of death among HIV-positive people.

According to the 2008 report of the World Health Organization (WHO), Mozambique is placed 17th in a list of the 22 countries with the highest rates of

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tuberculosis prevalence in the world.

The failure to conquer TB is certainly linked to HIV and AIDS. The WHO statistics also indicate that around 50 per cent of all tuberculosis patients in Mozambique are HIV-positive.

The embassy statement says that, thanks to the US support, Mozambique managed to increase by 82 per cent its Directly Observed Therapy (DOTS) coverage in six selected districts, and to distribute 25 microscopes for exams of phlegm. The funds have also been used to develop a training curriculum for nurses on tuberculosis, to boost the capacity of the national TB laboratory, and create a National Commission for Tuberculosis/HIV, among other actions.

The statement quotes Todd Amani, the Mozambique director of USAID (US Agency for International Development), as saying "Until we, as partners, have effectively brought TB under control in Mozambique, we are all at risk. We must work together to confront TB and HIV, through stepping up detection, controlling infections in health units, increasing TB prophylaxis, expanding DOTS coverage, and strengthening laboratory services".

Amani said that USAID "is fully committed to playing its role in this effort".

Source: <http://allafrica.com/stories/200903240861.html>

## Malawi: Bringing TB Testing and Treatment to Those Who Need It

By Pilirani Semu-Banda  
24 March 2009 – (Lilongwe) Malawi does not have accurate statistics that define the extent of tuberculosis (TB) cases within its borders, and there are fears that only half of those infected with the disease are able to access testing and treatment.

Technical advisor of the country's National TB Control Programme (NTCP), Dr. Daniel Nyangulu, said TB is one of the top killer diseases in the country, together with malaria and HIV and AIDS. "Every year, [we estimate that] up to 30,000 people are treated for TB, and 8,000 die of the disease. TB is a huge public health problem," said Nyangulu.

In the 1980s, TB infections were much lower, with public health facilities having to treat only 5,000 TB patients per year.

Malawi's fears that only half of those infected with the disease are accessing treatment are supported by 2008 World Health Organization (WHO) data, which estimate that there were more than 50,000 new cases of TB in the country last year. Malawi falls short of the WHO recommended treatment success rate of 85 percent by at least 13 percent. But all existing data are estimates.

NTCP has therefore embarked on a campaign to provide universal access to TB testing and treatment. Sputum collection centres have been established in hard-to-reach rural areas that don't have health facilities. Members of local communities are volunteering to collect sputum from people with TB symptoms. The volunteers then trans-

port the samples to the closest health facility for testing.

According to the United Nations, up to 85 percent of Malawi's population lives in rural areas where about 60 percent of the people live below the poverty line of \$1 per day. It is difficult for them to seek medical care when they need it, especially if public health facilities are far away from their villages and they don't have the money to pay for transportation.

"We have discovered through surveys that most people in villages are not accessing health services such as TB detection services easily. This is mainly because of the distances they have to travel to get to the nearest health centres and also because of the high poverty levels," explained Nyangulu. Residents of rural areas have to travel an average of five kilometres to reach a clinic or hospital.

Lack of knowledge about TB has also been cited as contributing to the fact that few Malawians get tested, said Nyangulu. He said most people in rural areas have little information about the disease and therefore fail to recognise its symptoms.

Mtsiriza, a rural community on the outskirts of Malawi's capital Lilongwe, is one area that has benefited from the universal access initiatives launched by NTCP. Now that sputum collection centres have been established in the community, people have been flocking to the centre to be tested in high numbers. NTCP is also encouraging home-based care services, delivered by community volunteers

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who observe and follow up on treatment for TB patients.

John Chiguduli (48) is one of the patients who has been cured from TB due to the new centre in Mtsiriza. "I have been sick for about a year, and I haven't been able to work at all. I felt very weak but I could not access testing services because the hospital is far away from here, and I didn't have money for transport. I only got diagnosed with TB when a medical facility was set up here in my village," Chiguduli told IPS.

He believes the NTCP initiative of bringing health care to the people, instead of expecting people to make their way to health facilities, has saved his life. "I nearly died. The testing service came to my area just in time to save me," said Chiguduli, who is now able to work his fields again.

The community TB initiative also encourages all members of a household with a TB patient, espe-

cially children, to be tested.

In addition, NTCP offers 'active screening' at its TB testing centres, which means that HIV testing is offered in combination with TB tests. This way, government tries to identify the large number of TB/HIV co-infections, which the national health department estimates to be 77 percent.

NTCP has also established walk-in centres in the country's main health facilities, such as referral hospitals, to enable people to access TB testing services without having to join the long queues of patients requiring other hospital services.

Hospital waiting times are usually long because Malawi is facing acute shortage of health personnel. The Department of Health indicates that up to 120 registered nurses leave the country per year for better-paying jobs in the developing world. Currently, 50 patients are looked after by only one nurse, while one doctor is responsible for 64,000 patients, according to health department figures.

In addition to bringing TB testing to rural areas as part of its universal access strategy, the NTCP makes special efforts to provide testing services in other TB hot spots, such as prisons. "Most of the prisons in the country are overcrowded and this becomes a breeding ground for TB," said Nyangulu, explaining that prison authorities are now encouraged to offer TB testing to every new prisoner and offer testing services for all prisoners on a regular basis.

Yet, health experts realise that efforts to curb TB will be less effective if Malawi does not have accurate statistics on the TB situation in the country. The health department is therefore planning to embark upon a national prevalence survey later this year. "Right now, we only have estimates, but we need specific figures to be able to treat all cases properly," said Nyangulu.

Source: <http://allafrica.com/stories/200903240043.html>

## Swaziland: The burden of drug-resistant TB

25 March 2009 - (Siteki) - Siphwe\*, 14, has not been to school for two years but can still fit into her uniform. She has a strain of tuberculosis (TB) that is resistant to most first-line drugs and can take two years or more to treat, but she stopped taking her medication four months ago.

She is reluctant to give a reason, saying only that the tablets were "becoming bitter", but there are a number of possible explanations.

She had already endured six months of walking to her local clinic in Siteki in Swaziland's eastern Lubombo Region to receive painful daily injections, and was swallowing 11 pills a day, including antiret-

roviral (ARV) drugs to control her HIV infection.

TB patients who are resistant to two or more first-line drugs are managed by Swaziland's National TB Programme in Manzini, about 60 kilometres away, which meant that Siphwe and her aunt, who is also her caregiver, had to beg and borrow money from neighbours to have bus fare for her monthly appointments.

There was also the daily struggle to find food to take with her pills, and the three-kilometre walk to collect water. Her aunt is blind, so these tasks fell to Siphwe, despite her obvious difficulty in breathing and persistent cough.

"I tried talking to her about taking her pills," said her aunt, "but sometimes she was taking them without food and it made her sick."

Swaziland's capacity to deal with patients like Siphwe is far behind the need, despite recent efforts to devote more resources to the problem. The World Health Organization (WHO) has estimated that about 200 cases of multidrug-resistant (MDR) TB occur annually in the population of about one million.

Diagnosing drug-resistant TB is difficult and time-consuming; only the national laboratory in the capital, Mbabane, can do the

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 necessary culture tests, which take about eight weeks. So far, only about 100 MDR-TB cases have been detected, according to Dr Kefas Samson, a TB specialist with WHO.

Most hospitals do not have the space to isolate drug-resistant TB patients, so they do not admit them. Health workers had been hoping that a new national 200-bed TB hospital in Manzini would cater to them, but so far the hospital has only admitted around 20 patients.

Themba Dlamini, manager of the National TB Programme, said construction of the hospital began before the advent of drug-resistant TB, and until proper infection control was in place they could only admit patients with confirmed cases of MDR and extensively drug-resistant (XDR) TB who were infectious or too sick to be managed at home. For now, patients who have other strains of drug-resistant TB or are awaiting the results of culture tests, will continue to be managed as out-patients.

Susan Elden, a public health specialist funded by the Nuffield Centre for International Health and Development in the UK, who is helping to implement HIV and TB programmes at Good Shepherd Hospital, questions the degree to which they actually are being managed.

"Patients have to come to the clinic to receive the daily injections, but many of them are too weak to walk; some have to be pushed in a wheelbarrow," she told IRIN/PlusNews.

While many patients contract drug-resistant TB after failing to complete treatment for primary TB, it is also possible to contract a drug-resistant strain of the airborne disease from another patient.

Measures to prevent MDR-TB patients infecting other members of

their household are lacking in Swaziland. Some patients in Lubombo were given tents as a temporary solution, but Elden said they complained of the cold weather and gossiping neighbours, so few used them.

Only a curtain divides Siphwe's one-room home; she sleeps on a mat next to her 12-year-old cousin on one side, her aunt on the other.

The centralisation of MDR-TB management has also made it difficult to track patients, so that when one defaults on treatment, the information often does not filter down to their local health facility. "I think there's been a big communication breakdown with these patients," said Elden.

The Ministry of Health is about to release guidelines for standardizing the treatment of MDR-TB patients, but Thabo Kunene, regional TB coordinator in Lubombo, pointed out that local health facilities do not have the infrastructure or the expertise to manage such patients. "There are only three doctors with MDR-TB expertise, and they're all in Manzini," he said.

WHO TB specialist Samson pointed out that Swaziland was still in the process of strengthening and decentralizing its response to primary TB, and it would take time to develop a more community-based approach to drug-resistant TB.

"A community-based component is one of the strong elements in the [new] guidelines, but the programme is still developing," said Samson. "Before you roll out to clinics and communities, it goes with sensitization of staff at that level."

In Swaziland's southern Shiselweni Region, the international medical humanitarian organization, Médecins Sans Frontières (MSF), in partnership with the health department, is preparing to implement a

programme to manage MDR-TB patients in their communities. The plan includes building small regional facilities to isolate patients until they are no longer infectious; those with adequate infection control at their homes and reliable treatment supporters will then complete their treatment in their communities. "TB villages" will be built a short distance from health facilities for patients with no one to monitor them at home.

"We want to demonstrate that this is the right approach, that this is feasible, even if it's very labour intensive," said Aymeric Peguillan, the MSF head of mission in Swaziland.

In other parts of the country, a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria - expected to start being dispersed in April - should provide some relief for MDR-TB patients. The grant will provide them with food parcels and transport money, and stipends for their treatment supporters.

Elden argues that it may not be enough to ensure the survival of patients like Siphwe. After nearly three months, results of a culture test confirmed that she is multi-drug resistant, but staff at the hospital in Manzini still insist no bed is available for her.

"We in healthcare have created the MDR situation in patients like Siphwe through poor organisation of care, poor and inadequate monitoring, and poor drug supply," said Elden, adding that until Siphwe is admitted to the hospital "she will suffer from inadequate care and spread MDR to those around her."

\*Not her real name

Source: <http://www.plusnews.org/Report.aspx?ReportId=83629>

# Namibia: Rise of TB Strain Alarms Government

By Petronella Sibeene  
26 March 2009 (Windhoek) - Cases of Multi-Drug Resistant Tuberculosis (MDR-TB) are on the rise in the country amidst concern by government. Namibia ranks second on the world list of countries that are badly affected by the disease. Swaziland tops the list.

While a slight decline has been recorded in general statistics, the number of MDR-TB increased from 200 cases, from the end of 2008, to 216 cases to date.

Minister of Health and Social Services, Dr Richard Nchabi Kamwi, revealed these worrisome figures during the commemorations of World TB Day on Tuesday.

Last year, the ministry confirmed cases of MDR-TB and Extensively-Drug Resistant TB (XDR-TB) with 23 cases being treated in the country. That number has reduced to 10 with 13 deaths recorded, the minister confirmed.

Government procured the recommended second line TB medicines for the treatment of both MDR and XDR-TB.

The ministry also established the Central Clinical Review Council at national level to advise doctors and district hospitals on the improved management of patients.

Despite these complicated forms of the disease, research conducted last year showed drug resistant TB is manageable. This is supported by findings that show only two percent of those who develop TB for the first time and nine percent of those treated before have MDR-TB.

During 2007, tuberculosis cases of all forms stood at 15 244, a figure that declined to 13 917 last year.

Khomas region tops the list of regions heavily burdened by the disease after Erongo, Hardap, Karas and Oshikoto, all reporting notification rates of over 1 000 TB cases for every 100 000 people.

The minister told New Era that the high number of cases could be attributed to the TB-HIV co-infection where over 60 percent of those infected with HIV/AIDS test positive to tuberculosis.

The World Health Organization describes the combination of HIV, AIDS and TB as lethal, with each infection speeding the other's progress.

"The advent of TB-HIV co-infection compounded by Multi-Drug Resistant TB and an Extremely Drug Resistant TB (XDR-TB) has made it more challenging to treat and control TB than was the case before," the minister said.

Despite the high numbers, the minister said improvements have been recorded in the area of treatment

with 83 percent of the patients who started the Directly Observed Treatment Strategy (DOTS) in 2007. However, that percentage is short of the World Health Organization's treatment standard of 85 percent.

The detection rate in the country is at 84 percent, a figure above the international target of 70 percent.

"According to the WHO report, Namibia is taking the lead in having the highest case detection rate, as well as treatment success rates for infection TB cases in SADC," the minister said.

World Health Organization (WHO) Country Representative, Dr Magda Robalo, on behalf of the Regional Director, Dr Luis Gomes Sambo, said TB case notification in southern Africa continues to increase every year.

The latest information available shows that over 1.3 million TB cases were reported in the African Region in 2007 compared to 1.1 million cases in 2005.

Rigorous implementation of the STOP TB Strategy, including universal coverage with DOTS, will significantly improve case detection and treatment outcomes.

Dr Robalo added that the emergence of MDR-TB and XDR-TB also poses new challenges. These forms of TB are principally a result of inadequate or poorly administered treatment to identified TB cases. She encouraged countries to provide quality TB care.

The day was commemorated under the theme "I am Stopping TB".

Source: <http://www.newera.com.na/article.php?articleid=3306>

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Dissemination Service

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For more information, please contact  
Beatrice Tonhodzayi  
Media Programme Officer, SAfAIDS  
17 Beveridge Road  
Avondale, Harare  
Zimbabwe  
Phone: +263 4 336193/4 307898  
Fax: +263 4 336195  
Email: [mediadesk@safaids.org.zw](mailto:mediadesk@safaids.org.zw)

Please visit our website  
<http://www.safaids.org.zw>

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