



World TB Day 2013: AMREF Statement

Integration is the Key to Effective TB Services, says AMREF

Although about one third of the world's population is infected with the tuberculosis (TB) bacteria, reaching the Millennium Development Goal to reverse the tuberculosis epidemic by 2015 is in sight. The World Health Organisation's Stop TB Strategy aims to ensure universal access to diagnosis, treatment and care for all people affected by TB, and drive down TB deaths and disease burden. In recent years, impressive gains have been achieved in reduction of TB cases and deaths: The TB mortality rate has decreased by 41 per cent since 1990 and the world is on track to achieve the global target of a 50 per cent reduction by 2015. In addition, 20 million lives have been saved through the Stop TB Strategy, while new TB tools such as rapid diagnostic tests are helping transform response to the disease.

However, the global burden of TB remains enormous. In 2011, there were an estimated 8.7 million new cases and 1.4 million people died from TB. Global progress also conceals regional variations: the African and European regions are not on track to meet the MDG target by 2015. A great deal of work needs to be done to overcome the main challenges such as case-finding, access and compliance to treatment, drug resistance, and HIV/TB co-infection. Progress in these areas will depend on addressing critical funding gaps. Governments, donors and other partners must therefore intensify their efforts and commitment to ensure that these interventions are fully supported.

As Africa's leading health development organisation, AMREF is working with governments, institutions, partners, civil society organisations and communities to contribute to the reduction of the burden of disease, including TB, in Africa. Using integrated health interventions, AMREF has joined the global Stop TB Partnership in the 'Stop TB in my lifetime' campaign, and is doing its part by working with communities to increase access to quality TB and HIV prevention, diagnostics, treatment and care services.

Recognising the fact that community systems are strongly related and complementary to health systems and services, AMREF strengthens linkages between health systems and communities in order to create a quality continuum of care. AMREF also advocates for early case detection and treatment, with user-friendly, prompt and affordable services. Through innovative approaches AMREF aims to develop more efficient and effective ways of delivering TB services, capitalising on existing successful programmes. AMREF's TB response is integrated into existing HIV and community-based programmes. As a result, testing for both diseases as well as early diagnosis, treatment and defaulter tracing have greatly improved in targeted areas. Rather than a vertical programming and acute care model, AMREF promotes a health care system that focuses on integrated primary health care, with clear continuity of care encompassing community and facilities, and delivering high-impact interventions. In this regard, AMREF is working with the WHO to develop and test an innovative model of integration of TB and HIV into Maternal and Child Health programmes based on its experiences in Eastern and Southern Africa to improved access and quality of care for TB control.

The fight to stop TB in our lifetime will be successful if national, provincial, district, indigenous and international institutions and organisations, as well as partners from all sectors of society join hands and use available resources to find cheaper and effective modes of service delivery. AMREF strongly advocates for integrated health models as a key approach to provision of all services at one stop in order to increase coverage of services, enhance patient compliance and maximise the use of limited human and financial resources.