

Tuberculosis



Context

TB affects one third of the world's population predominately in the poorest countries. Each year more than 8 million people fall sick with TB and 2 million people die. In those infected with HIV, TB is the leading cause of death. With the resistance of tuberculosis to all standard treatment regimes, the spread of TB is now a global health priority.

Effective programme management is crucial to the success of a TB control programme. The regular supply of quality anti-TB drugs and laboratory consumables, quality assured diagnostics, monitoring and supervision systems, decentralization of services, co-ordination with HIV services, advocacy, communication and social mobilization are all critical to the success of a TB control programme. Many countries in the developing world struggle to provide these basic services and so are unable to effectively control the TB epidemic in their populations.

What We Offer

LATH has been involved in supporting TB control services in many countries and has a number of experienced international consultants covering TB programme management, laboratory services, operational research, social science, health economics and logistics. These consultants have been involved in international policy development, management of large TB control projects, decentralization of TB services, strategic planning, implementing quality assured laboratory systems, large scale social assessments and the implementation of pro-poor strategies to enhance the care and support for TB among the poorest.

LATH offers the following services in TB control:

- National policy development
- Programme management
- Drug and laboratory logistics
- Laboratory diagnosis and surveillance
- Treatment supervision
- Social assessment and support
- Training of health workers
- Operational research
- Tailor-made LSTM approved training courses

Selected Examples of Experience

Country	Client	Date	Programme/Project
Sudan	The Norwegian Heart and Lung Patient Organisation (LHL)	2010	Assessment of TB EQA in White Nile State We are providing short term technical assistance to assess the quality of smear microscopy in White Nile State, and to provide recommendations for improvement. This work is carried out on behalf of the National TB Programme in Sudan.
Malawi	USAID	2008-10	Provision of Technical Assistance to the Malawian National TB programme for the development and implementation of a national MDR TB survey As part of the USAID TBCAP project in Malawi we are providing technical assistance in the development and implementation of a MDR TB survey using a 4 phase approach (XDR TB survey, reference laboratory refurbishment, MDR TB survey and DOTS Plus pilot).
Global	Stop TB Partnership	2008-9	Support to the New Diagnostics Working Group In concert with group members we are facilitating the production of a scientific blueprint and a product pipeline for all new TB diagnostics under development. We are also providing administrative support to the working group secretariat to help organize meetings and teleconferences

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Nigeria	DFID	2005 -08	<p>Development and implementation of five year strategic plan for TB control in Kano state</p> <p>LATH has been assisting the Kano TB control programme in the production of a five year strategic plan. Based on the content of this plan LATH has provided further support in strengthening the capacity of the STBLCP management team, assisting with the design and implementation of a decentralized DOTS pilot programme, improving the quality of diagnostic services and assisting with operational planning.</p>
Pakistan	DFID	2002-07	<p>Review of the TB-DOTs Services in Pakistan</p> <p>LATH participated in a review of the TB DOTs Services in Pakistan outlining the status of the program, reflecting specific issues with implementation of the program and agreed actions to increase the capacity of the programme in the future. The review also identified the status of TB control activities and their impact in terms of epidemiology, quality of case finding and case holding.</p> <p>Situation Analysis and Model Development for Public- Public and Public-Private Partnership</p> <p>LATH undertook a situation analysis and development of a model for the National TB Programme in Pakistan to look at how the strategic aims of the programme could be furthered through appropriate public-public and public-private partnerships.</p> <p>Both of these assignments were part of the Technical Assistance Management Agency programme in Pakistan.</p>
China	DFID	2002-05	<p>Social Assessment and Support to TB Control, China</p> <p>LATH helped the National TB Control Programme in China design and pilot action plans to train staff in, and use, social assessment techniques in TB control to increase use, access to and quality of TB services for the poor. The project rolled out this use of social assessment into four poor provinces of China. Based on the results of the social assessments, strategy adjustments were made in order to achieve the project's goal in contributing to the control of the TB epidemic. In the design phase of this programme, LATH consultants developed a strategy for incorporating social assessments within the National TB Control Project. The strategy focused on the under-detection of TB cases, particularly in rural populations. A pilot of the social assessment was conducted in Inner Mongolia, and is currently being rolled out to 4 poor provinces characterised by high incidence of TB and a low detection rate.</p>
Malawi	DFID	2005-2006	<p>Support to the Central Reference Laboratory for the National TB Control Programme</p> <p>LATH is supporting the development of strategies to improve the performance of the Central Reference Laboratory in the role required of it by the Malawi National TB Control Programme. This includes the maintenance of a reliable surveillance of TB and drug resistance within an integrated health laboratory network.</p>
Nigeria	DFID	1999-2002	<p>DOTS TB Pilot Programme</p> <p>As part of LATH managed HIV/STD Management Project in Nigeria, LATH supported the implementation of a DOTS pilot tuberculosis control project in 4 local government areas (LGAs). Strategy adopted included decentralisation of TB case-management from hospital based diagnosis and treatment to integration within the primary health care system. This pilot also involved partnerships with private medical practitioners and mission-supported health facilities.</p>