



Republic of Namibia
Ministry of Health and Social Services

National Tuberculosis and Leprosy Programme

Summary Report 2014-15

Contents

| | |
|---|---|
| Update on the status of the TB epidemic in Namibia..... | 2 |
| Drug-resistant tuberculosis (DR-TB) | 4 |
| Achievements | 4 |
| Limitations..... | 7 |
| Key activities for 2014/15 | 7 |
| Technical and funding partners | 8 |
| Community-Based Tuberculosis Care Implementing Partners | 8 |

Update on the status of the TB epidemic in Namibia

Namibia remains among the top five countries in the world with the highest per capita TB disease burden (WHO report 2014). The number of tuberculosis cases diagnosed and treated in Namibia has maintained a downward trend from 16,156 cases in 2004 to 9,882 cases in 2014, representing a 39% decline during this period. (see table 1 below).

Table 1: TB Case notifications 2014

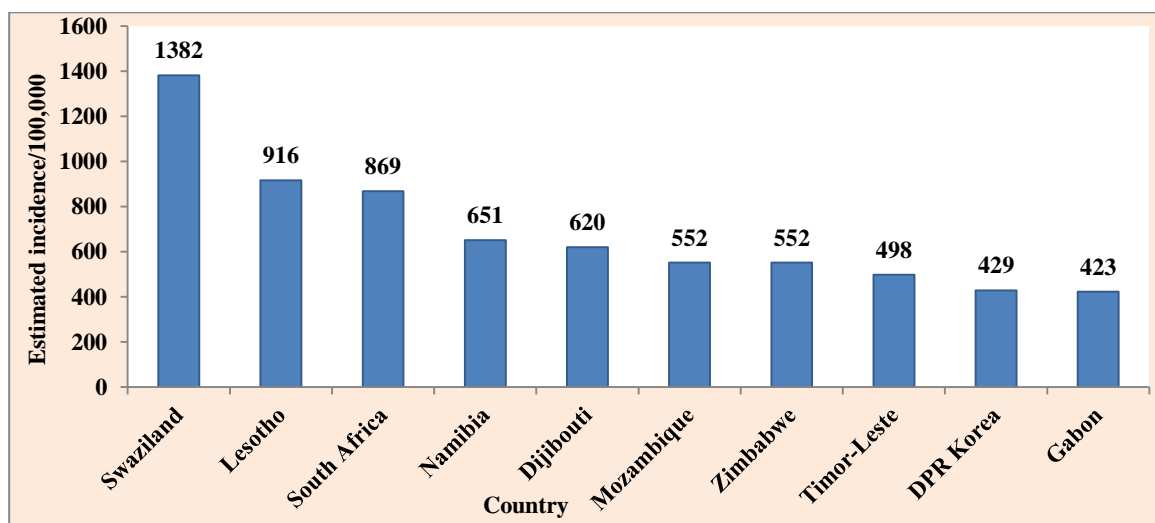
| | New | Relapse |
|--|------|---------|
| Pulmonary, bacteriologically confirmed | 4335 | 1133 |
| Pulmonary, clinically diagnosed | 2035 | |
| Extra pulmonary | 1469 | |
| Previously treated patients excluding relapse cases | 910 | |

NB: **Bacteriologically confirmed TB case:** a biological specimen is positive by smear microscopy, culture or WHO approved rapid diagnostics (WRD). All such cases should be notified, regardless of whether TB treatment has started (previously Definite TB case; now includes explicit mention of WRD)
A clinically diagnosed TB case: not bacteriologically confirmed but diagnosed with active TB by a clinician or other medical practitioner who has decided to give the patient a full course of TB treatment (previously a case of TB, not considered Definite)

A total of 137 cases of multi drug resistance tuberculosis (MDR_TB) were reported in 2014, of which 6 were extensively drug resistance tuberculosis (XDR-TB). This signified a slight decline in reported MDR-TB cases from 174 reported the previous year. The number of reported cases of rifampicin-resistant tuberculosis diagnosed using the Xpert MTB/Rif test increased from 89 cases in 2013 to 199 cases in 2014.

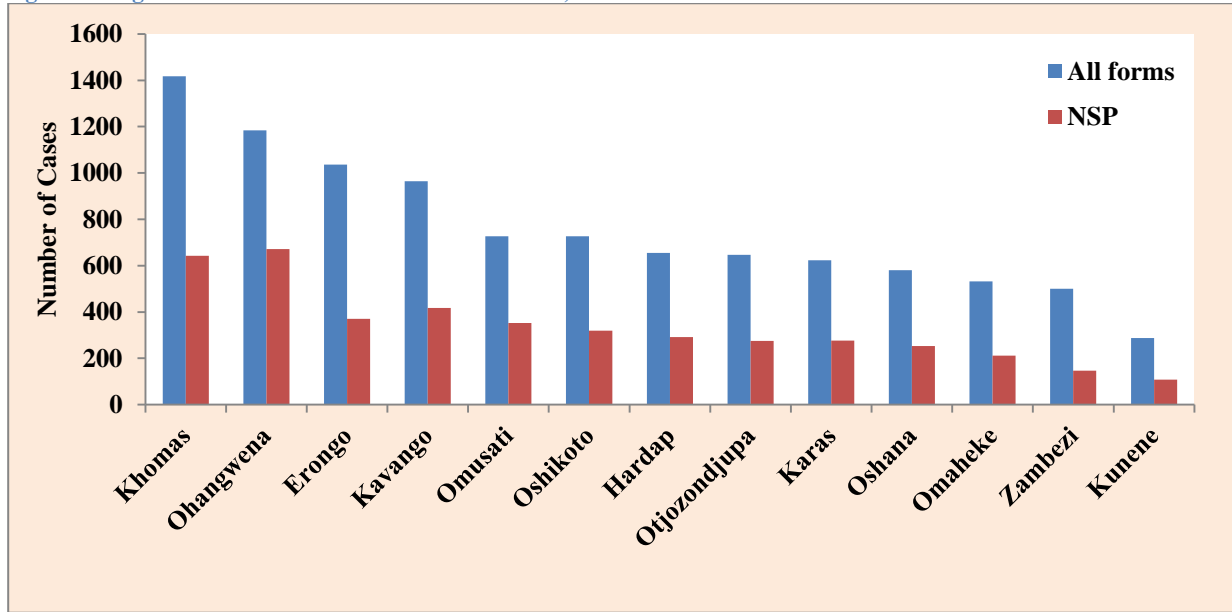
According to the data for 2013, Namibia was ranked 4th in the world by the World Health Organisation (WHO) in terms of the per capita incidence of TB, as shown in the chart below:

Figure 1: 10 countries with the highest per capita TB incidence in the world; 2013



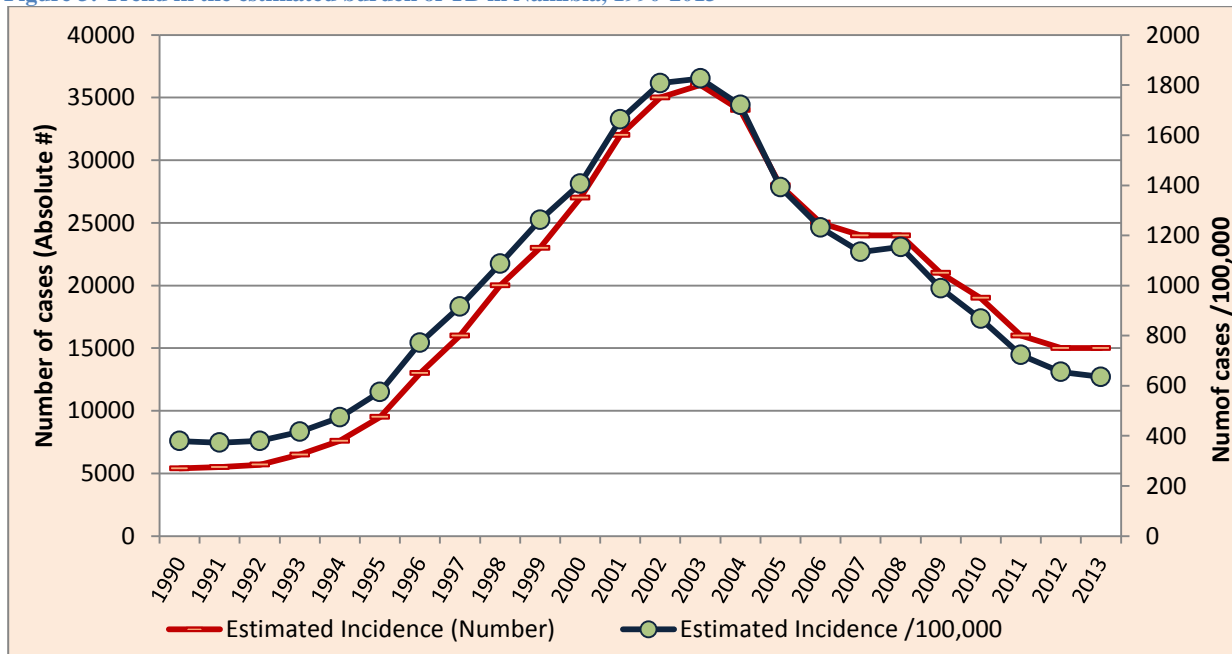
The distribution of TB cases in the country is not uniform, with the majority of the cases being reported in Khomas, Ohangwena, Erongo and Kavango regions (see figure 2). The per capita disease burden (number of cases per population) is however highest in Hardap, Karas and Omaheke regions.

Figure 2: Regional distribution of TB cases in Namibia, 2014



NSP = new smear positive cases

Figure 3: Trend in the estimated burden of TB in Namibia, 1990-2013



Source: <http://www.who.int/tb/country/data/download/en/>

Drug-resistant tuberculosis (DR-TB)

Namibia continued to grapple with drug resistant TB in 2014. Patients with drug resistant (DR) TB were reported in all regions in 2014(see table 2 below). While the estimated cost of treating one patient with TB (usual form) is less than N\$1000, it is estimated that the cost of treating one patient with DR-TB averages more than N\$51,000. The number of cases reported since 2007 are shown in the (table below). From the 2012 treatment cohort 68% of MDR-TB cases were successfully treated.

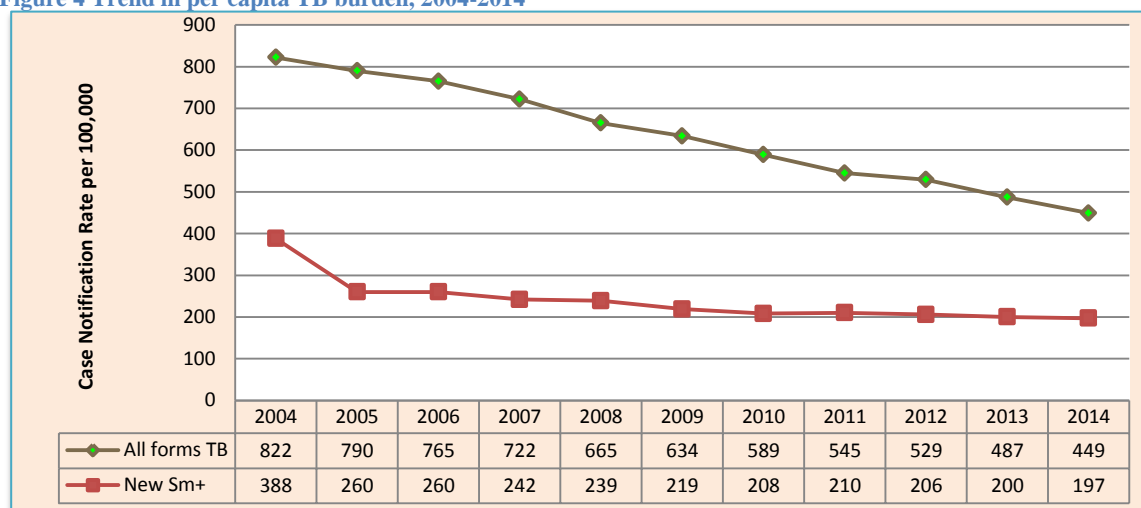
Table 2: DR-TB Cases reported, 2007-2014

| CASE CATEGORY | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|------------------------------------|------------|------------|------------|------------|------------|------------|------------------|------------------|
| MDR-TB (excluding XDR-TB) | 116 | 201 | 275 | 214 | 192 | 206 | 174 | 137 |
| Poly-drug resistant TB | 7 | 47 | 80 | 63 | 46 | 41 | 19 | 14 |
| Other rifampicin resistant | | | | | | | 103 ¹ | 206 ² |
| XDR-TB | 3 | 20 | 17 | 8 | 2 | 4 | 6 | 6 |
| Total number of DR-TB cases | 126 | 268 | 372 | 285 | 240 | 251 | 302 | 363 |

Achievements

- While the TB burden in the country remains high, there has been a progressive decline in case numbers since 2006. This suggests a declining incidence of TB in the country; as shown in the chart below (which shows the trend in the per capita disease burden over the past 10 years):

Figure 4 Trend in per capita TB burden, 2004-2014



¹ This includes 89 cases of rifampicin resistant TB diagnosed by molecular methods alone and 14 rifampicin mono-resistant cases. In both instances, cases were managed as having MDR TB.

² This includes 199 cases of rifampicin resistant TB diagnosed by molecular methods alone and 7 rifampicin mono-resistant cases. In both instances, cases were managed as having MDR TB.

- The treatment success rate for NSP (cure + completion rate) was 87% in 2014; this is an improvement from the 85% obtained the previous year. The trend in treatment success rate is shown in *Figure 2* below:

Figure 5: Trend in treatment success rate for new smear-positive cases, 2003-2013 cohorts

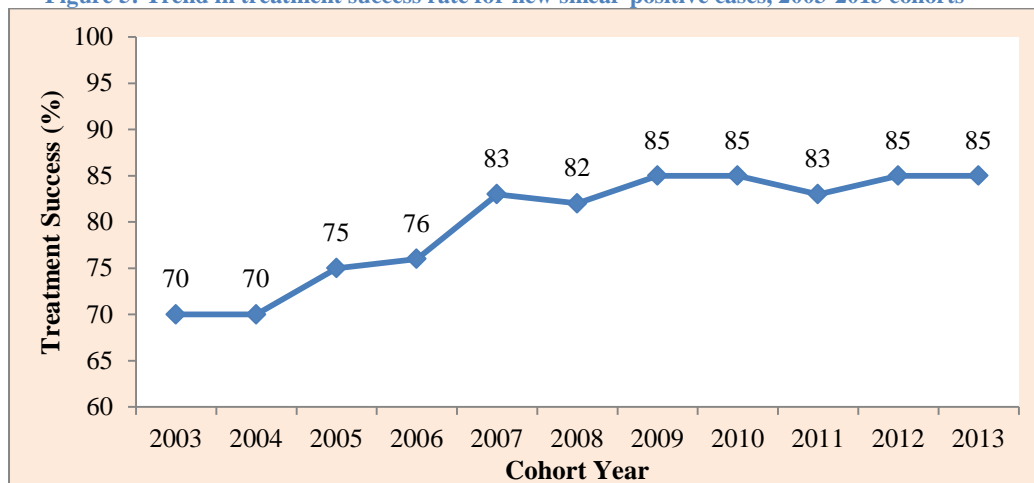
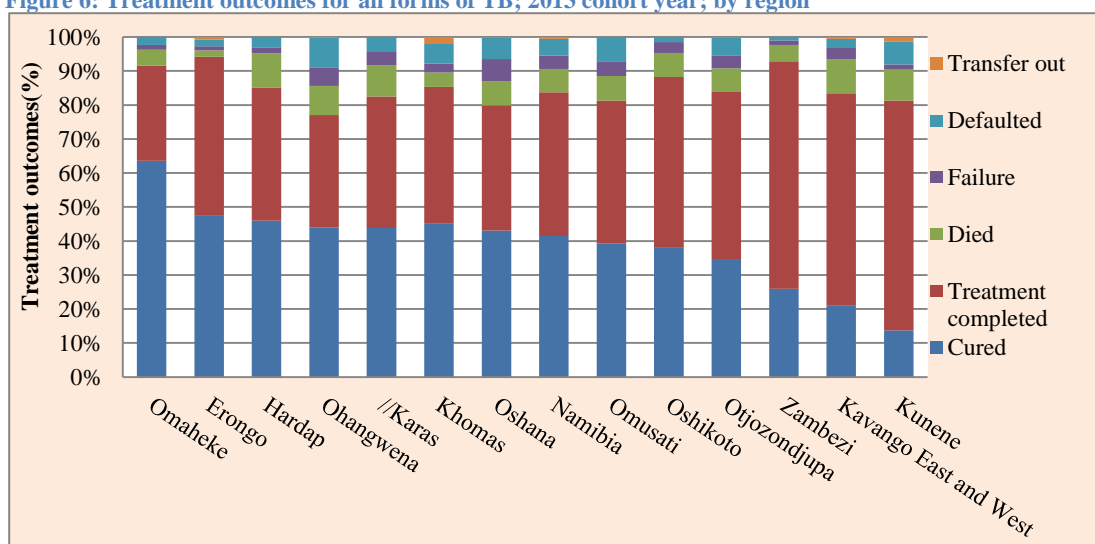


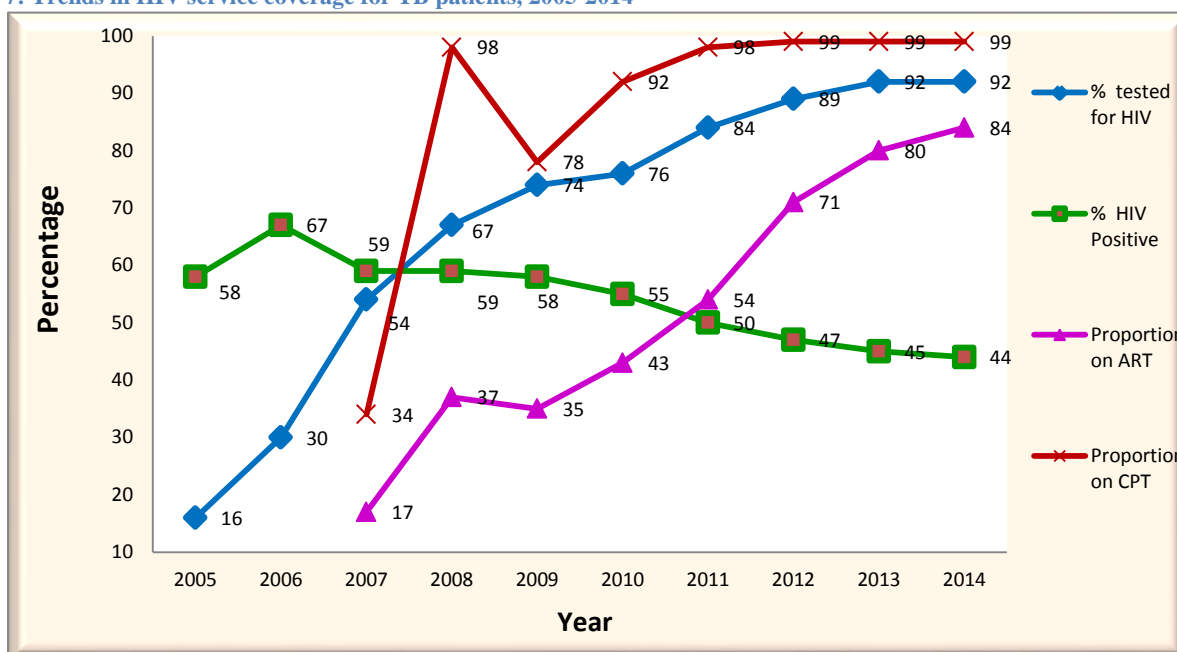
Figure 6: Treatment outcomes for all forms of TB; 2013 cohort year; by region



The average treatment success rate in all forms of TB was 83% in 2013 while the strategic plan target was set at 87% by 2015.

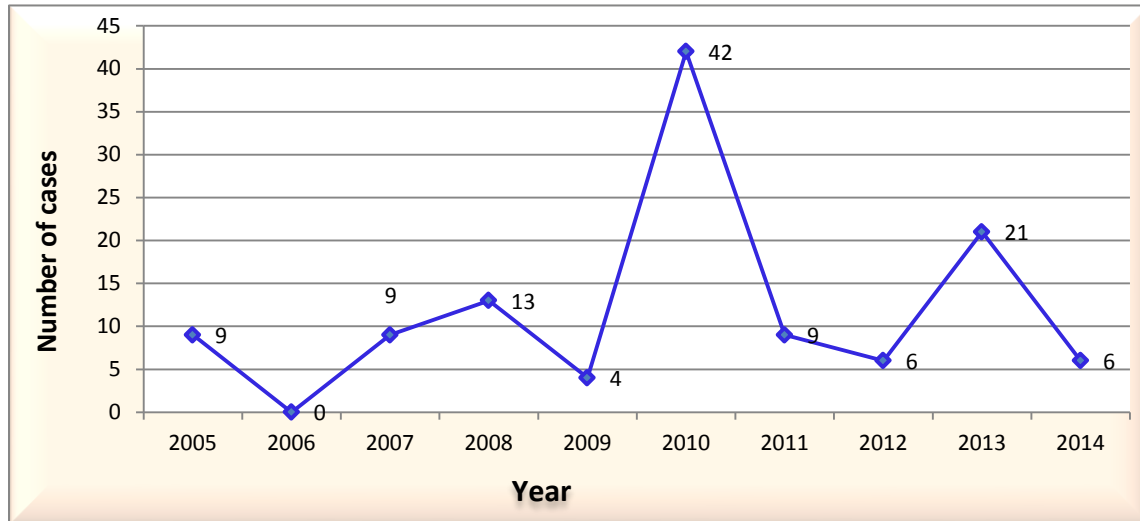
- There are significant improvements in TB/HIV service coverage, as measured by the following indicators (see *Figure 3*):
 - HIV testing for TB patients was 92%, compared to 76% in 2010.
 - The number of tuberculosis cases diagnosed with rifampicin resistance using gene Xpert, have increased from 89 cases in 2013 to 199 cases in 2014.
 - Coverage of cotrimoxazole preventive therapy has increased to 99%, compared to 92% in 2010.
 - Coverage of antiretroviral therapy among TB/HIV patients has increased to 84%, compared to 43% in 2010.

Figure 7: Trends in HIV service coverage for TB patients, 2005-2014



- The development and launch of the *National Guidelines for the Management of Leprosy* resulted in an increase in the number of leprosy cases being notified in the country with 21 cases being notified in 2013. This has since declined to 6 cases in 2014. The trend in the number of notified cases of leprosy is shown in *figure 8*.

Figure 8: Trend in Leprosy notification, 2005 - 2014



- The second edition of the TB Infection Control guidelines was launched on World TB Day. The revised guidelines provide updates based on new knowledge and lessons learned during the implementation of the first edition.

Limitations

- The magnitude of drug-resistant TB in the country remains high: at least 343 cases were commenced on second-line treatment while 6 patients were diagnosed with XDR-TB. The institutional capacity for the management of these cases remains grossly inadequate.
- Inadequate human resources particularly for the coordination of leprosy initiatives in the country. Given the country's presumed leprosy elimination status, there is need to ensure that cases are not under-diagnosed and underreported.
- Data on the cases of TB managed in the private sector remains inadequate; while the TB control initiatives in police holding cells and prisons need further strengthening.
- Inadequate funding for the implementation of community TB care interventions.
- Inadequate programme management capacity, particularly at district level.

Key activities for 2015/2016

The following activities are planned for the period of 2015/2016:

- Trainings:
 - Training for doctors, pharmacists, environmental health officers, nurses and pharmacist assistants on the National Guideline for the Management of Tuberculosis, TB infection control guidelines and the National Guidelines for the Management of Leprosy
 - Refresher training courses for District TB and Leprosy Coordinators and NTLP staff at national and regional levels.

- Refresher and/or trainings for field promoters and life style ambassadors
- TOT trainings on the national tuberculosis infection control guidelines.
- Training on electronic tuberculosis register for district TB coordinators and regional TB coordinators
- International management courses for regional, district and national NTLP staff
- Programmatic Management of Drug Resistant TB (PMDT)
- Policy and guidelines development
 - Launch and dissemination of the national guidelines for community-based tuberculosis care
 - Finalise the monitoring and evaluation manual for tuberculosis and leprosy
- TB/HIV
 - TB/HIV symposium in collaboration with the University of Namibia School of Medicine.
 - TB/HIV technical supervisory visits to districts and regions
- Surveys
 - Nationwide tuberculosis prevalence survey
 - Nationwide KAP(Knowledge Attitude and Practice) survey.
- Advocacy, Communication and Social Mobilisation
 - Commemorate TB awareness week
 - Commemorate World TB Day
- Implementation of the extended National Tuberculosis and Leprosy strategic plan to 2017 (in alignment with the MoHSS Strategic Plan)

Technical and funding partners

- World Health Organisation
- KNCV Tuberculosis Foundation (USAID funded)
- United States Centres for Disease Control and Prevention
- The International Union Against Tuberculosis and Lung Disease
- The Global Fund to Fight AIDS, Tuberculosis and Malaria

Community-Based Tuberculosis Care Implementing Partners

- Advanced Community Health Services Namibia
- Desert Soul (IEC)
- Health Unlimited
- Johanniter Hilfswerk
- KNCV Tuberculosis Foundation (USAID funded)
- Namibia Red Cross Society
- Penduka
- Project HOPE