

TUBERCULOSIS FACTS INFO

Economic burden of Tuberculosis

- Tuberculosis (TB) and poverty create a vicious cycle, whereby the disease exacerbates poverty, which in turn increases the likelihood of contracting TB;
- The World Bank estimates that loss of productivity attributable to TB is 4 to 7 percent of some countries' GDP.
- TB treatment is often free, but patients incur other costs, like transportation and hospital costs, at the same time they have likely reduced their working hours or stopped working completely.
- The WHO calculates that the average TB patient loses three to four months of work-time and up to 30 percent of yearly household earnings.

Goals of Tuberculosis Control in Rwanda

- Reduce Tuberculosis related morbidity, mortality and transmission; And Prevent development of drug-resistant Tuberculosis;

Main strategies used for Tuberculosis Control in Rwanda

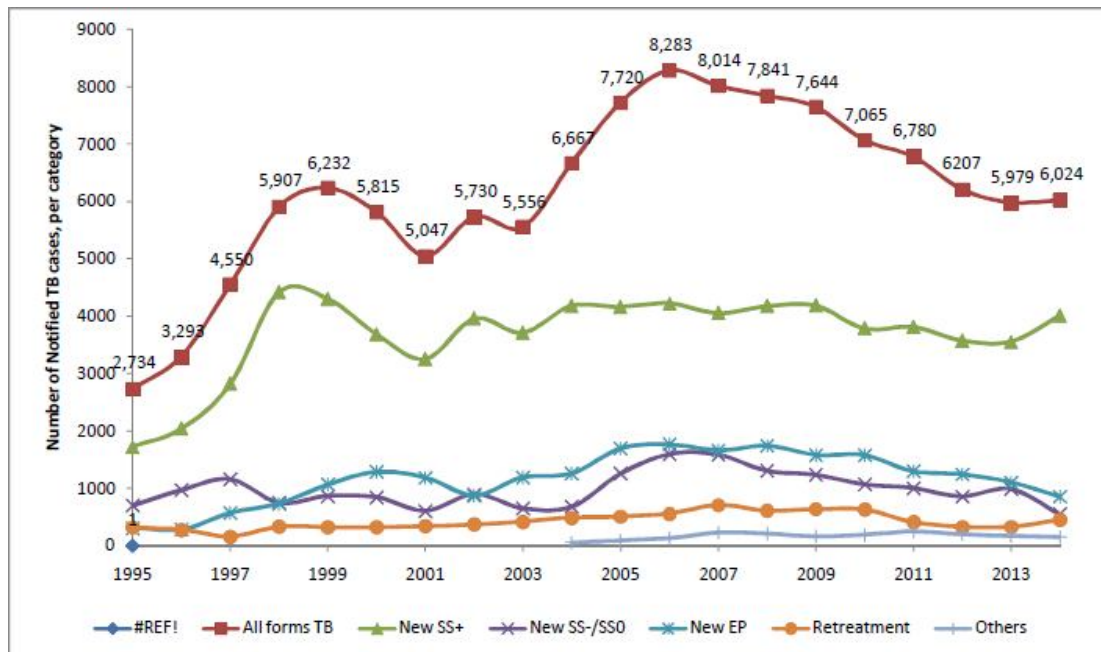
- Expansion and improvement of quality TB diagnosis, through inclusion of community health workers (CHWs) to bring TB care close to affected people, and introduction and expansion of more sensitive technologies;
- Improve TB cases management, through availability of quality TB drugs at all level and close follow up of patients under treatment;
- Expansion of TB infection prevention and control measures in health facilities;

Global Impact of TB control in Rwanda

- Between 1990 and 2013:
 - TB mortality rate fell by 81% from 37/100,000 to 6.9/100,000;
 - Prevalence and incidence fell by 75% and 76% (from 356/100,000 to 89/100,000 and from 290/100,000 to 69/100,000 respectively);

Screening and Notification of Tuberculosis

- 48% of all patients with symptoms suggestive of TB (presumptive TB cases) in 2014 were brought by Community health workers (CHWs), increasing easy and rapid access to TB health facilities;
- In 2014, 6,024 all-forms TB cases were reported, with the consistent 2.3% annual decrease since 2006 stabilized in 2014;



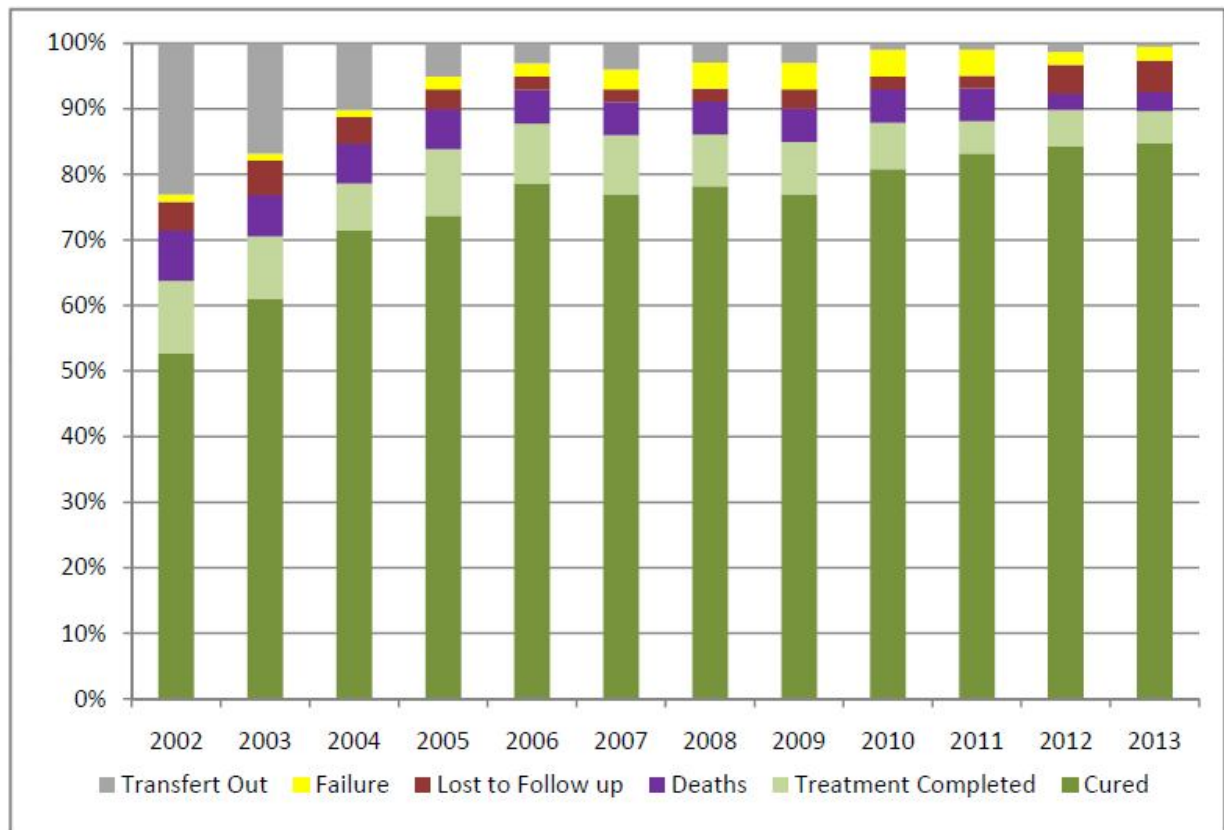
- In 2014, 81 cases of multi-drugs resistant TB (MDR-TB) were started on 2nd line TB treatment. Between 2007 and 2011, we were reporting on average 80 MDR-TB patients.

Tuberculosis/HIV co-infection

- In 2014, 99% of all patients with symptoms suggestive of TB (presumptive TB cases) and 99% of all-forms TB cases reported, had their HIV status known;
- In 2014, 98% of HIV+ TB patients were on Cotrimoxazole prophylaxis and 90% on antiretroviral therapy (ARTs);

Treatment of Tuberculosis

- 89.6% of the 2013 cohort of new infectious TB cases (new sputum smear positive or patients susceptible to spread TB) were successfully treated. This decrease transmissions of TB to healthy people;



- 51% of those TB patients were followed (given TB drugs) by Community health workers (CHWs) near to their homes. 93% of TB patients given TB medicines by CHWs were successfully treated;
- $\geq 100\%$ of MDR-TB cases of the 2012 cohort were successfully treated;

Tuberculosis infection prevention and control

- In 2014, 60% of health facilities involved in TB control activities were implementing the full package of minimum TB infection control.