Additional PIH Programs Confronting TB Around the World

**Haiti: Improving Care with Social Support**

For nearly 25 years, PIH has used a community-based approach to TB treatment. Community health workers are the backbone of this project, helping their patients—often neighbors or family members—adhere to their treatment regimens by delivering drugs, alerting clinicians if patients have any negative side effects or special needs, working with families to prevent the spread of infection, and providing the social, emotional, and economic support needed to ensure that the treatment regimens can be maintained. PIH has successfully adapted this approach for treating patients suffering from DR TB, HIV, HIV/TB co-infection, malnutrition, and chronic diseases in low-income countries around the world.

**Kazakhstan: Implementing a Comprehensive TB Program**

Recognizing PIH’s success in the Russian Federation, the Ministry of Health in neighboring Kazakhstan invited PIH to help fight one of the highest rates of DR TB in the world. Started with technical assistance projects in the Pavlodar and Karaganda regions, PIH’s TB program in Kazakhstan (PIH-KZ) is quickly expanding. In 2011, PIH-KZ managed program implementation in four additional regions, with a major focus on the prison sector. PIH-KZ now serves as a model for using intensive capacity building, technical assistance, and monitoring and evaluation to strengthen healthcare programs. PIH is currently working with the National TB Program to establish a Technical Assistance Center in Kazakhstan.

**Rwanda: Strengthening Health Systems**

PIH has been helping the Rwandan government plan and launch an ambitious program to bring high-quality health care to every rural district in the country. Our efforts include opening the state-of-the-art Butaro District Hospital in a district that previously had none, eliminating parallel pharmaceutical supply chains, and training and supporting community health workers. In addition, PIH physicians Peter Drobac and Michael Rich serve as advisors to the National TB Program and have facilitated several DR TB training workshops for practitioners from all over the region. These endeavors increase access to care and provide the medical infrastructure necessary to help prevent future cases of TB and DR TB.

**Malawi: Reaching Rural Communities**

In Malawi, a network of over 650 village health workers provides daily support to TB patients throughout the rural Neno District, a region with an especially high rate of HIV infection. The district routinely reports an annual default rate of less than 1 percent—one of the lowest rates in the country. In partnership with the Ministry of Health, PIH village health workers are implementing a program that will chart the health status of households in the district, as well as a community-based sputum collection program to identify suspected TB cases and refer them to health facilities. As of November 2010, these programs reach over 6,000 households and serve over 25,000 people.

**Transforming the Management of TB, DR TB & HIV/TB**

For over two decades, Partners In Health (PIH) has worked to treat and prevent tuberculosis (TB), drug-resistant tuberculosis (DR TB) and HIV/TB in some of the poorest and most vulnerable communities in the world. Working closely with our partners at Harvard Medical School, Brigham and Women’s Hospital, and national TB and HIV programs, we have developed and used a community-based approach and extended technical assistance to produce some of the highest cure rates and lowest treatment default rates ever recorded. These results prove that health problems once thought untreatable can be addressed effectively, even in poor and geographically remote settings. Our goal is to share the success of our approach on a broad scale.

The community-based approach utilizes community health workers (CHWs) who are trained and employed to serve as a vital link between their villages and medical facilities. They deliver drugs and treatment support to patients requiring complex drug regimens, and provide both TB drugs and antiretroviral therapy to patients co-infected with TB and HIV/AIDS. They monitor the health of their neighbors, perform active case finding, and refer sick patients to the hospital—often accompanying them there. CHWs also disseminate health information throughout their communities, focusing on the families of existing patients to ensure that the spread of illnesses and infections are controlled and prevented.

To increase the impact of our approach and avoid the creation of parallel systems, we partner with local governments and provide technical assistance to build up the public sector. Three of our original DR TB pilot projects have successfully made the jump to national programs, and now provide training and technical assistance to other countries in their regions.

**About Partners In Health**

Partners In Health (PIH) is an international nongovernmental organization dedicated to delivering health care to people and communities devastated by the joint burdens of poverty and disease. PIH has three main goals: to strengthen public health systems and the delivery of high-quality health care, to address the socioeconomic roots of disease through a human rights-based approach, and to raise the standard of what is possible in global health through training, research, and advocacy. Started with one small clinic in rural Haiti, PIH now has programs in 12 countries around the world. Learn more about Partners In Health: www.pih.org.
Building a Technical Assistance Network to Fight Drug-Resistant TB

Fighting a complex disease like TB requires experience, expertise, and innovation. PIH’s representative office in Russia (PIH-Russia), PIH-Lesotho (PIH-L), and PIH’s Peruvian sister project Socio En Salud (SES) have developed expertise in the management of drug-resistant TB (DR TB) and are now dedicated to providing strategic, long-term, and on-site technical accompaniment to strengthen national and regional DR TB programs. By building a network of centers, we will share knowledge, skills, and experience to build effective programmatic management of drug-resistant TB (PMDT) worldwide.

**Countries That Have Received Support from Lesotho**

<table>
<thead>
<tr>
<th>Countries</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Democratic Rep. of the Congo, Nigeria, South Africa</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Ethiopia, Swaziland, Tanzania</td>
</tr>
<tr>
<td>Ghana</td>
<td>Ghana, Zambian, Zambia</td>
</tr>
<tr>
<td>Kenya</td>
<td>Kenya, Malawi, Zimbabwe</td>
</tr>
<tr>
<td>Lesotho</td>
<td>Received technical assistance visits from Dr. Hind Satti, Clinical Director of PIH-L.</td>
</tr>
<tr>
<td>Malawi</td>
<td>Burundi, Sudan, Swaziland</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Djibouti, Ethiopia, Uganda</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Ghana, Kenya, Tanzania</td>
</tr>
</tbody>
</table>

**Peru: Proving the Value of Community-Based Care**

In 1996, when an epidemic of DR TB was discovered in the shantytowns of northern Lima, PIH and its Peruvian sister project Socio En Salud (SES) initiated the world’s first community-based treatment program for DR TB. At a time when official World Health Organization (WHO) policy considered treatment of DR TB in poor countries impractical and unaffordable, SES trained and hired people from the community to accompany patients through the arduous, two-year course of treatment. The result was a comprehensive approach that enhanced access to care and achieved one of the highest cure rates ever reported: an astonishing 83 percent.

The success achieved by SES and their partners in the Peruvian Ministry of Health (MINSAA) made a powerful case for treating DR TB in developing countries. By 2004, MINSAA had assumed full responsibility for a nationwide DR TB program that has now treated more than 10,000 patients, with ongoing support in training and technical assistance from SES. And in 2006, the WHO revised its policy, issuing a new Stop TB strategy and guidelines that explicitly identified the need to provide care to all TB patients and identified the management of DR TB as a top priority.

SES has continued to inform the medical community over the last 15 years, conducting nearly 500 trainings involving over 25,000 participants on diverse topics ranging from the management of drug resistance to disease prevention in the community. SES hopes that the lessons learned in Peru may be applied around the world, and is committed to participating in a global exchange of knowledge.

For more information, please contact peru@pih.org.

**Lesotho: Tackling DR TB and HIV/TB Co-Infection**

Lesotho is surrounded on all sides by South Africa, a country currently in the midst of a widespread DR TB epidemic. Over 70 percent of all TB patients in Lesotho are living with HIV, and many present with advanced TB. In 2007, in recognition of the extremely high rates of HIV/TB in the country and the growing DR TB epidemic, PIH-Lesotho (PIH-L) partnered with the Ministry of Health and Social Welfare to launch the country’s first treatment program for DR TB. The program focuses heavy on community-based care and has enrolled more than 600 patients in treatment to date. For patients who are too ill to be cared for in the community, the PIH-supported Botsabelo DR TB Hospital provides treatment and in September 2007, PIH-L added the Xpert MTB/RIF® capability to the program—a key tool in diagnosing TB in children and people living with HIV. The PIH-L program has become a model for DR TB management, and in the last year hosted and provided technical assistance to more than 50 health professionals from countries including Zambia, Ethiopia, Zimbabwe, and Swaziland, and held a special training for doctors on treating DR TB in areas of high HIV co-infection.

For more information, please contact lesotho@pih.org.

**Russia: Bolstering Programs with Technical Assistance**

Partners in Health began working in Tomsk in 1998, helping local clinicians to improve treatment of DR TB. In 2004, PIH helped partners in Tomsk secure a five-year $0.8 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria for efforts to improve the prevention, diagnosis, and treatment of TB and DR TB. More recently, through its representative office in Russia, PIH started expanding its model of care—primarily its use of intensive patient accompaniment—into five Russian regions, including Novosibirsk, Altai Krai, Saratov, the Republic of Mari-El, and Voronezh. Given the experience and success of its DR TB program, PIH-Russia has become a center of technical excellence in the management of DR TB throughout the country and other parts of the former Soviet Union.

- **Training**: Training programs organized by PIH-Russia have been internationally recognized for their comprehensive, practical, and evidence-based approach to the clinical and programmatic management of DR TB.
- **Moscow Medical Academy Summer School**: Collaboration between PIH, Moscow Medical Academy, Brigham and Women’s Hospital, the Harvard School of Public Health, and the Lilly Foundation led to the launch of a course in clinical epidemiology and biostatistics to bring evidence-based medicine expertise to the Russian medical community.
- **Technical Assistance**: PIH-Russia contributes to policy strengthening by guiding changes to enrollment and treatment protocols and facilitating the passage of legislative amendments. In addition, PIH-Russia has worked closely with the TB dispensaries to increase political and financial support, and helped restructure TB hospital and penitentiary wards based on resistance and bacteriological status.
- **Upcoming Trainings**:
  - DR TB Training Course, Saratov, 14-17 November 2011
  - DR TB Training Course, Novosibirsk, end of November 2011
  - Epidemiology Biostatistics (TB specific), Moscow TB Research Institute, early 2012

For more information, please contact russia@pih.org.