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Citizens Health Watch (CHW) TB Advocacy Brief: Zimbabwe
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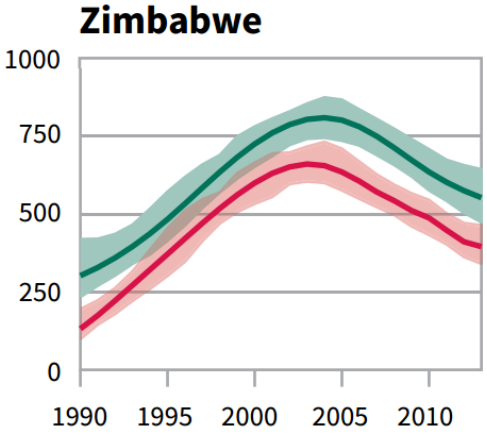
Tuberculosis in Zimbabwe

Tuberculosis is the second leading cause of severe illness and mortality in Zimbabwe. As such, Zimbabwe is placed among the top 22 high TB burden countries in the world (Global TB report, 2014). According to the 2015 nationwide TB prevalence survey funded by the Global Fund through the Ministry of Health and Child Care (MOHCC), the preliminary results indicate that the prevalence rate of the disease stands at 325 per 100,000 cases from the 547 recorded in 2011. Whilst Zimbabwe has made strides in addressing the TB prevalence, there are still major challenges in reaching all TB susceptible populations especially in prisons, mines and other congregate settings; and in addressing the issue of drug resistant TB (MDR-TB) adequately.



Estimated TB incident rates (1990-2013): Trends in estimated TB incidence rates **(Green)**; estimated incident rates of HIV-Positive TB **(Red)**. Shaded areas represent uncertainty bands (WHO, Global TB Report, 2014)

Figure 1: World Health Organization (WHO), Global TB report (2014)

Zimbabwe has met its Millennium Development Goal (MDG) target of reducing its TB incidence rates but hasn't met the targets set for a 50% decline in prevalence rates and mortality rates (WHO Global Report, 2014). In 2012, 15 of the 22 high burden countries reached or exceeded the MDG target set for a treatment success rate of 85% among all new cases. Zimbabwe was among the 6 that didn't meet that target, reporting lower treatment success rates of 81%.

TB and HIV co-infection

The other challenge identified in Zimbabwe is the high rate of TB and HIV co-infection. Tuberculosis in the country is driven by the HIV/AIDS pandemic. 92% of TB patients have HIV, 77% of who have been put on Anti-retroviral Therapy - ART (WHO Global Report, 2014). While there exists a relationship between HIV and TB, a tuberculosis prevalence survey conducted recently (2015) has shown that 58% of people with TB do not know their status. Annually, it is estimated that more than 50% of TB cases remain undetected (Global TB Report, 2013). This has been exacerbated by that Zimbabwe's current harsh economic environment that has made it impossible for local clinics to follow up on infected residents.

Whilst Zimbabwe is ranked 17th out of the world's 22 TB burden countries in the world, its fight to address TB is affected by that Zimbabwe's Matabeleland regions that border South Africa and Botswana; two countries which rank 2nd and 8th respectively on the list of high TB burden countries. (Global TB Control 2014, WHO, Geneva, 2014 www.who.int/tb/publications/global_report/; available online at: http://www.tbfacts.org/tb-statistics/#sthash.4ZyxtKm4.dpuf)

As such, Matabeleland and Midlands regions have the highest TB prevalence rates in the country due to a highly mobile population. Midlands has the third highest population rate in the country, at 13% while Matabeleland population rate stands at 11%. (Census 2012, Zimbabwe National Statistics Agency)

TB and Children

Concern has however been raised over the low level of TB interventions among children. Children account for only 8% of notified TB cases. TB case finding in children continues to decline. The proportion among notified cases decreased from 11% in 2007 to 8% in 2012. Clearly, much needs to be done to deliberately target TB case finding in children as a high risk group.

There is therefore, need for Zimbabwe to mainstream pediatric TB detection. Zimbabwe's TB programmes are mainly adult biased and focused. For example, use of sputum tests as TB detection and diagnosis strategy does not work on children especially those below 12 years. There is therefore a need for a deliberate attempt to develop and invest in TB case detection in small children. CHW thus advocates for TB funding earmarked for pediatric TB detection, diagnostics and treatment.

Case detection challenges in the country's TB interventions threaten to derail all the gains made to reduce TB mortality among populations in the country and might render Zimbabwe's ambitious goal of ending the TB scourge by 2035 a mere pipe dream.

TB Funding in Zimbabwe

TB funding in the country is largely from three sources: The Global Fund, Other international donors such as DFID and the Government of Zimbabwe. Between 2006 -2013 Zimbabwe received a total of USD$ **1,498,246,193.** Of this, 74% was externally funded and only 24% was raised domestically. The Global Fund remains the leading external donor of the Zimbabwe TB programme providing a support of more than 39% of the TB funding (**http://apw.aidspan.net).**

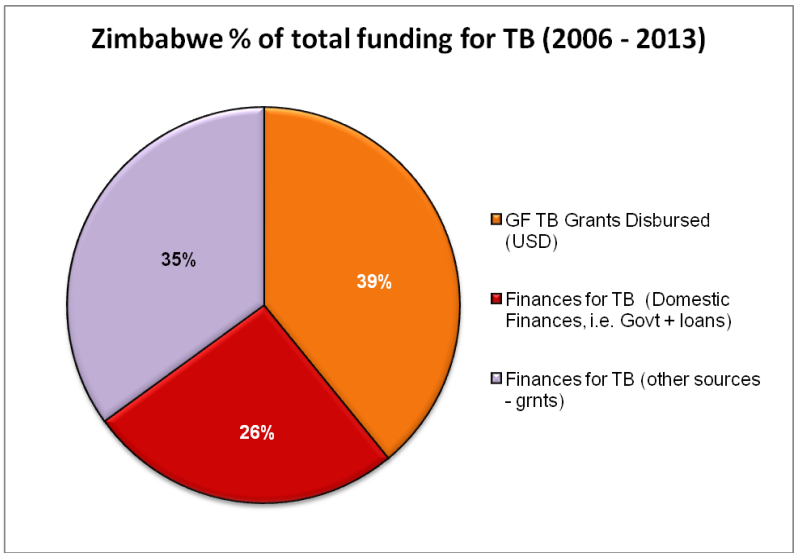


Figure 2: Data sources:

- WHO TB financial data (2015) and data from https://extranet.who.int/sree/Reports?op=vs&path=/WHO_HQ_Reports/G2/PROD/EXT/MDRTB_Indicators_charts
- http://apw.aidspan.net

Whilst there had been a huge investment in the national TB programme, more than half of the country's needs it has highlighted remain unfunded. A shortfall of more than USD$ 20 million was recorded in 2012 and 2013 budgets which were an increase from the USD$ 15 million in 2011. The TB shortfall continues to grow despite a slight growth in domestic funding from less than USD$1 million in 2011 to about 3 million in 2012, which however dropped to below 2 million in 2013 and further dropped in 2014.
https://extranet.who.int/sree/Reports?op=vs&path=/WHO_HQ_Reports/G2/PROD/EXT/MDRTB_Indicators_charts)

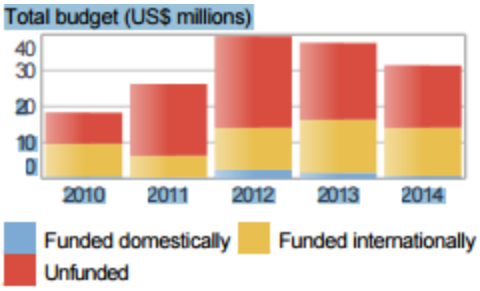


Figure3: Data source:
https://extranet.who.int/sree/Reports?op=vs&path=/WHO_HQ_Reports/G2/PROD/EXT/MDRTB_Indicators_charts

While Zimbabwe's TB shortfall is quite significant, worrying is that domestic funding will continue to dwindle in the coming years as the Zimbabwe economy continues to decline. In 2014, of a USD$ 31million budget for TB programmes, the government's contribution was only 2% compared to, 44%

from international donors such as WHO. 56% of the budget was left unfunded. (**https://extranet.who.int/sree/Reports?op=vs&path=/WHO_HQ_Reports/G2/PROD/EXT/MDRTB_Indicators_charts**). Of the funding that did go to TB programmes in the years 2006 to 2013, only 26% of it came from domestic sources (including loans). Considering that Zimbabwe at that time had more than 35,000 notified TB cases, this means the government contributed just over $2000 per case while the Global Fund and other international donors were contributing over $9000 per case; meaning that domestic sources covered only 21% of cost per TB case, quite low.

ZIMBABWE NEEDS TO COMMIT MORE FUNDING TOWARDS TB IF ITS VISION OF ENDING TB BY 2035 IS TO BE REALISED.

The observed trend is that Ministry of Health and Child Care (MOHCC) receives a budget allocation each year of between 8-10% of the overall national budget, below the Abuja target of 15%. In 2014, this translated to US$337million, of which only US$500,000was allocated for anti-TB medicines and support activities under the national TB program ((Ministry of Health TB department 2014)).

Trends in TB detections and Notifications in Zimbabwe

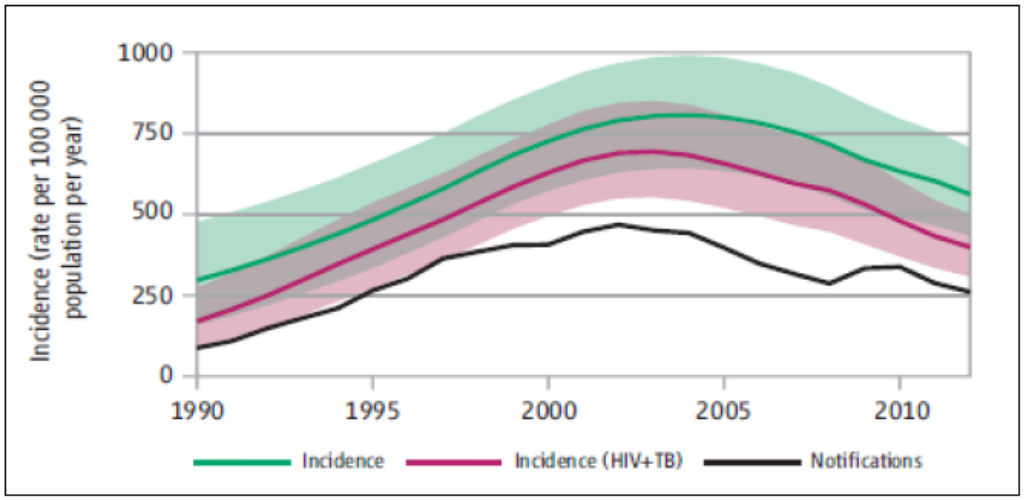


Figure 4: Data source - https://extranet.who.int/sree/Reports?op=vs&path=/WHO_HQ_Reports/G2/PROD/EXT/MDRTB_Indicators_charts

The trend looking at the above graph is that whenever the economy expanded the TB incidences and notifications increased; the converse was noted when the economy experienced hyperinflation.

Need to scale up TB equipment and technology

More than 50% of TB cases remain undetected. This could be because medical equipment, including those used in TB case detection in most facilities is obsolete. Sixty percent of district hospitals in Zimbabwe do not have functional X-ray machines and TB diagnostic services; particularly microscopy and Xpert MTB/Rif technology are inadequate and are limited mostly to TB diagnostic centre in urban areas. The referral mechanism for sputum collection and transportation is also not able to serve the

growing need particularly in rural populations (Ministry of Health and Child Care TB Department report: 2014)).

Need to scale up targeted funding for TB susceptible populations

The 2015 TB Prevalence Survey conducted by the Ministry of Health and Child Care highlights the TB hotspot areas and TB susceptible populations in the country. Zimbabwe needs to build on the findings and strengthen its case detection mechanisms country wide but with a special focus on hot spot areas such as prisons, mining communities, Matabeleland regions and other congregate settings. This can only be achieved through increased targeted funding for TB interventions in the country. Zimbabwe's economy at the moment is doubtful and not much funding can be realised through the government budget. This leaves Zimbabwe's health interventions at high risk, CHW thus advocates for more donor funding towards high risk TB areas and groups.

TB Community Awareness and Education

Zimbabwe has tended to concentrate its focus on HIV/AIDS, as such TB community campaigns and education programmes have been slightly peripherised. As a result, communities now have a laiserz faire approach to TB even the most high risk communities such as mining communities. There is therefore, need to rejuvenate community campaigns and education programmes in defense of the gains made in the fight against TB in the last years.

Scale up of TB/HIV Integration in health service delivery

Studies have shown that HIV/AIDS patients are more susceptible to TB, there is need to strengthen the HIV/TB integrated approach in dealing with TB/HIV co-infection. To achieve this TB detection rates and case finding will need to be strengthened. Strengthen follow up systems so as to ensure high success treatment rates.

Conclusion

Zimbabwe's fight against the TB scourge remains hampered by inadequate funding, disappointing is the domestic funding which continues to dwindle. Zimbabwe's economy remains gloomy and there is not much funding that can arise from domestic sources. Whilst it is every citizen's wish to see the Zimbabwe government increasing its TB contribution, the realities at the moment make this clearly impossible. Zimbabwe will continue to rely on donor funding hence CHW calls for more support towards Zimbabwe to save the country from regressing in its fight against TB.