



# Tuberculosis

Progress in 2014

## CONTEXT

Ethiopia is one of the 22 high burden countries (HBCs) and TB remains one of the leading causes of mortality due to communicable diseases in the country. According to the 2014 WHO report, the prevalence and incidence of all forms of TB are 211 and 224 /100,000 population, respectively.

Excluding HIV related deaths, TB mortality was estimated to be 32 per 100,000 population in 2013. Among estimated all new TB cases, 13% are HIV co-infected.

Moreover, Ethiopia is also one of the high TB/HIV and multi-drug resistant TB (MDR TB) burden countries. According to the recent national TB drug resistance surveillance report, 2.3% of new TB cases and 17.8% of previously treated TB cases were estimated to have MDR.

## KEY COUNTRY ACHIEVEMENTS

The national TB control program has achieved significant results in reducing morbidity and mortality due to TB over the decade. The TB incidence rate has been falling since 2000 and the incidence has fallen to 224 per 100,000 population in 2013 compared with the 1990 baseline incidence rate which was 369 per 100,000 population.

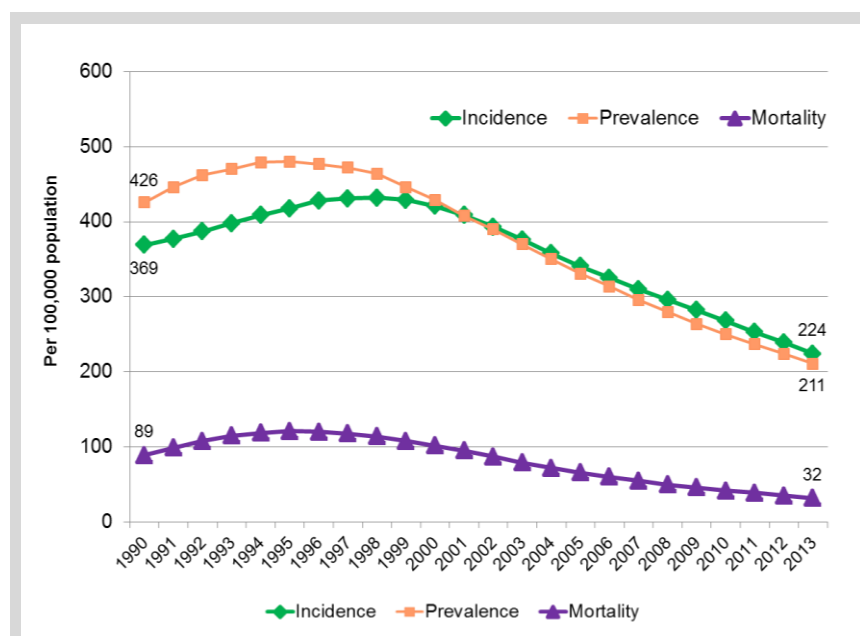
The target of halving TB prevalence and mortality rates by 2015 has also been met. By 2013, the national TB prevalence and mortality rates had decreased by 50.5% and 64% respectively compared with the baseline of 1990.

Considerable progress has also made in the implementation of collaborative TB/HIV activities to reduce the dual burden of the two diseases.

- 97% of the peoples living with HIV enrolled to care were screened for TB in 2013
- In the same year, 71% of the new and relapse TB patients had documented HIV status, and
- 68% of the HIV-positive new and relapse TB patients were put on ART.

Substantial progress has also made in responding to the MDR-TB epidemic.

- MDR-TB diagnostic services are expanded, 7 TB laboratories including the national Reference lab are providing diagnostic service.
- Enrollment to Second Line Drugs (SLDs) was significantly improved over the last six years
- In 2013, 598 MDR-TB patients were enrolled to treatment.



FIGURE\_1

Trends of TB Incidence, Prevalence and Mortality in Ethiopia: 1990-2013

## KEY COUNTRY CHALLENGES

- Low TB case detection rate,
- Poor lab networking for MDR TB diagnosis and low MDR-TB case detection.
- Weak recording and reporting system for the routine program data.

## KEY WHO and CDC ACTIVITIES for 2015

- Continued technical support to strengthen the Human Resources Capacity for TB, TB/HIV, and MDR-TB control at national and sub-national levels.
- Strengthening the National and Regional TB, TB/HIV and MDR TB Program management
- Providing TOT trainings to improve access to quality diagnostic, care and treatment services for TB, TB/HIV and MDR-TB control.
- Strengthening TB and TB/HIV strategic information generation, documentation and dissemination.

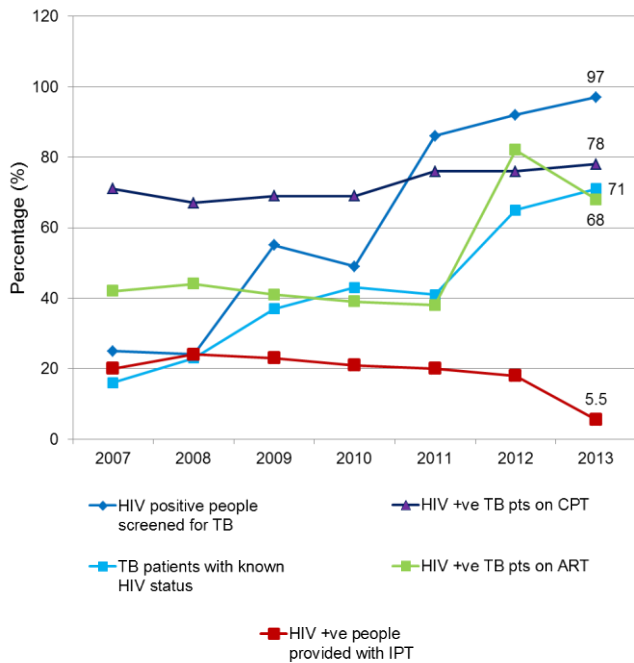


FIGURE 2

Collaborative TB/HIV activities: 2007-2013



FIGURE 3

World TB Day celebration – April 2013

## KEY CONTRIBUTIONS OF WHO WITH DEPFAR SUPPORT

- Assist in development of normative guidance and support in policy formulations.
- Strengthened leadership and coordination of TBL, TB/HIV and MDR TB technical working groups both at the federal and regional level
- Technical assistance for the FMOH and RHBs in building the capacity of staffs; support planning, monitoring and evaluation of TBL, TB/HIV, and MDR TB prevention and control activities.
- Strategic information generation and dissemination of data on TBL, TB/HIV and MDR TB.
- Assist the coordination of Operational Researches (OR) on TBL, MDR-TB & TB/HIV and organize the dissemination of the findings.



FIGURE 4

WHO's involvement in integrating TB services in community based programmes

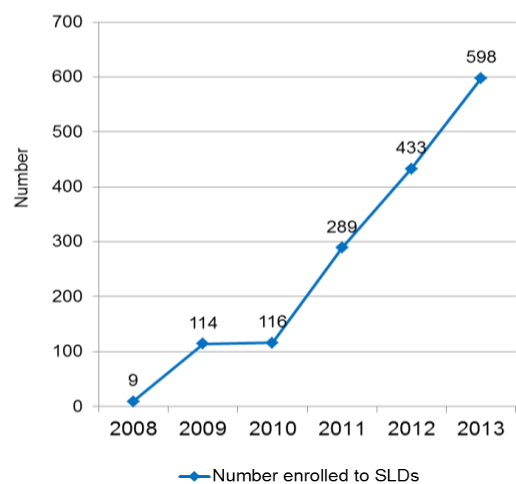


FIGURE 5

MDR-TB patients enrolled to SLDs: 2008-2013

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