

## TB treatment in Egypt: business as usual

Civil unrest can severely affect TB management if drug supply lines are interrupted. But a strong infrastructure ensured minimal disruption during Egypt's recent upheaval.

Throughout recent tumultuous events in Egypt, the country's hospitals and clinic services worked to maintain business as usual. Services for tuberculosis (TB) patients remained open and although attendance at times dropped sharply, those most in need, particularly foreign migrants or those suffering from a drug-resistant strain of TB, were able to access services financed through Global Fund programmes.

Social media like Facebook, which earlier played its part in coordinating mass protests and informing the world of events, are being used as a source of public information, with blogs helping to spread healthcare messages.

The greatest obstacle to the success of Egypt's TB programme used to be a lack of public awareness. Most people knew about the historical significance of the disease, evidence indicates that hospitals for TB existed in Egypt as early as 1500 BC. But many Egyptians thought TB was a thing of the past. The fact that TB never went away was brought to general attention most recently by a 2008 Global Fund-financed public information campaign. Initially consisting of TV spots and radio programmes, with the spread of social media, TB messaging has taken on a life of its own.

Bassem Al Sawwaf, a respiratory therapist at Cairo's busiest chest clinic keeps the clinic's Facebook page updated with postings about drug availability and satellite clinics, which currently close earlier than usual because of the curfew. 'Our team faced challenges to keep our work of a high standard, continuous, stable. To seem like ordinary times,' says Sawwaf.

In Egypt, Africa's second most populous nation, TB treatment is provided free and is generally successful.

This article has been written by the Communications Department at the Global Fund headquarters in Geneva.

But a serious problem until recently was that only half of TB patients were properly diagnosed. The Global Fund has helped to renovate diagnostic facilities and build 80 new centres and the case detection rate has gone up to around eight out of ten. It is also now easier to keep track of patients thanks to a new e-register. Patient records previously only existed on paper and it was very difficult to follow up on patients if they moved. The new computerised system financed by the Global Fund helps medics track patients making it very easy to spot defaulters. Every TB patient in the country is registered so even during the recent social upheavals, treatment can be regularised.

TB is difficult to treat because the necessity of taking regular medication means disruption can spoil the chances of getting cured. The Egyptian health system was able to cope with demands says the head of the Regional Stop TB Partnership, Dr Awad Tag El Dine: 'Centres are well equipped; there was no problem getting essentials. It was impressive; Egyptians were so cooperative and clear

with each other, supportive. It was a good time. No one complained they did not get treatment.'

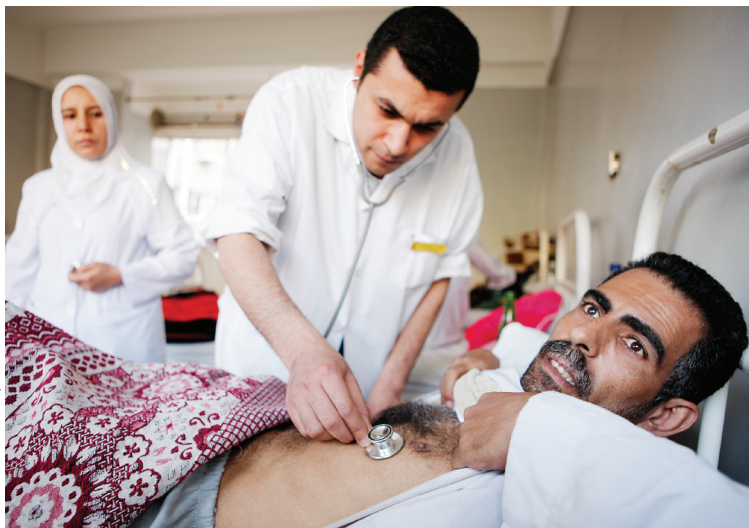
Good drug and laboratory management meant that supplies were adequate at a time when it was practically impossible to make new deliveries. A large chunk of two Global Fund TB grants totalling US\$14 million has helped to improve facilities and strengthen health systems so TB services were strong enough to withstand the crisis.

Under the internationally endorsed DOTS (directly observed therapy – short-course) programme of TB treatment, a combination of TB drugs must be taken all at the same time. If one or more drugs are missing from a dose it could lead to drug resistance in the patient, a condition easily transmitted, even to someone who had



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No longer a lack of public awareness in TB: the Global Fund-financed public information campaign in Egypt



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'No-one complained they did not get treatment': the Cairo Chest Clinic



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no history of TB. Prior to Global Fund financial assistance there was very little control for multidrug-resistant (MDR) TB. Two grants have helped establish management of MDR-TB through procurement of second-line anti-TB drugs. 'The Global Fund is able to support the most expensive and difficult part of TB control' confirms Dr Awad.

The average cost of a full course of TB treatment in Egypt is US\$60 whereas a full course of MDR-TB treatment is around US\$6000. Treatment of MDR-TB is not only more costly it is also more complex and cure rates are low. Last year the World Health Organization (WHO) released their most comprehensive report to date on MDR-TB calling it a 'serious threat to global health'. The disease is associated with cramped living conditions and poverty and has the potential to spread at deadly rates in prisons – and beyond if not properly controlled. In February 2010, Egypt's Abu Zaabal prison hospital opened a new TB ward, with the possibility to treat MDR-TB patients in isolation from other inmates. Further centres followed and by October two prisoners from Alexandria completed the complex, lengthy treatment and were cured of MDR-TB.

TB and MDR-TB are notoriously difficult to diagnose. Global Fund-financed programmes have renovated diagnostic facilities and established 80 new centres. Through professional training, the Global Fund assists the Egyptian National Reference Laboratory, the regional specialist in case detection and cure by reliable diagnosis and effective treatment. Highly accurate diagnosis by microscopy for TB bacilli requires external quality assurance.

The National Reference Laboratory supports a network of governorate reference labs with training and quality assurance to a high level of technical proficiency. Throughout Egypt, the Global Fund has also been able to pay for the provision of training to healthcare providers, particularly on how to administer DOTS. Training has also been given to conduct awareness activities for targeted groups; and enhance the follow-up and counselling of TB patients and their families. As a result of corruption allegations identified in certain Global Fund grants outside Egypt, all training in Global Fund-financed grants throughout the world is currently on hold – pending a thorough review. A new training plan has been submitted by Egypt's Global Fund grant implementers to meet the tighter regulations.

Egypt has the highest population density in the world in its urban areas, – with 2000 inhabitants per square kilometre. Migrants make up a small but growing part of Egypt's population. With migrants flocking to the nation's capital and other cities in search of work or fleeing repressive regimes, living conditions have become increasingly cramped and prone to the potential for disease spread. The increase in centres means

90% of the population can be reached with TB services.

In order to access those most at risk, the Global Fund finances two mobile clinics to target economically deprived areas. Outreach activities support refugees mainly from Palestine, Southern Sudan, Somalia, and recent arrivals from Libya. The mobile unit has a compartment for clinical examination of the patients and another equipped for diagnosis through microscopy. Experienced medics and nurses partner up with social workers and members of civil society organisations already working within the targeted communities. The combination of these different kinds of expertise and experience ensure that the mobile units reach those most at risk with prevention messages as well as delivering treatment for TB patients who would otherwise have gone untreated. The clinic was not operating during the crisis but will be back on the road in March.

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