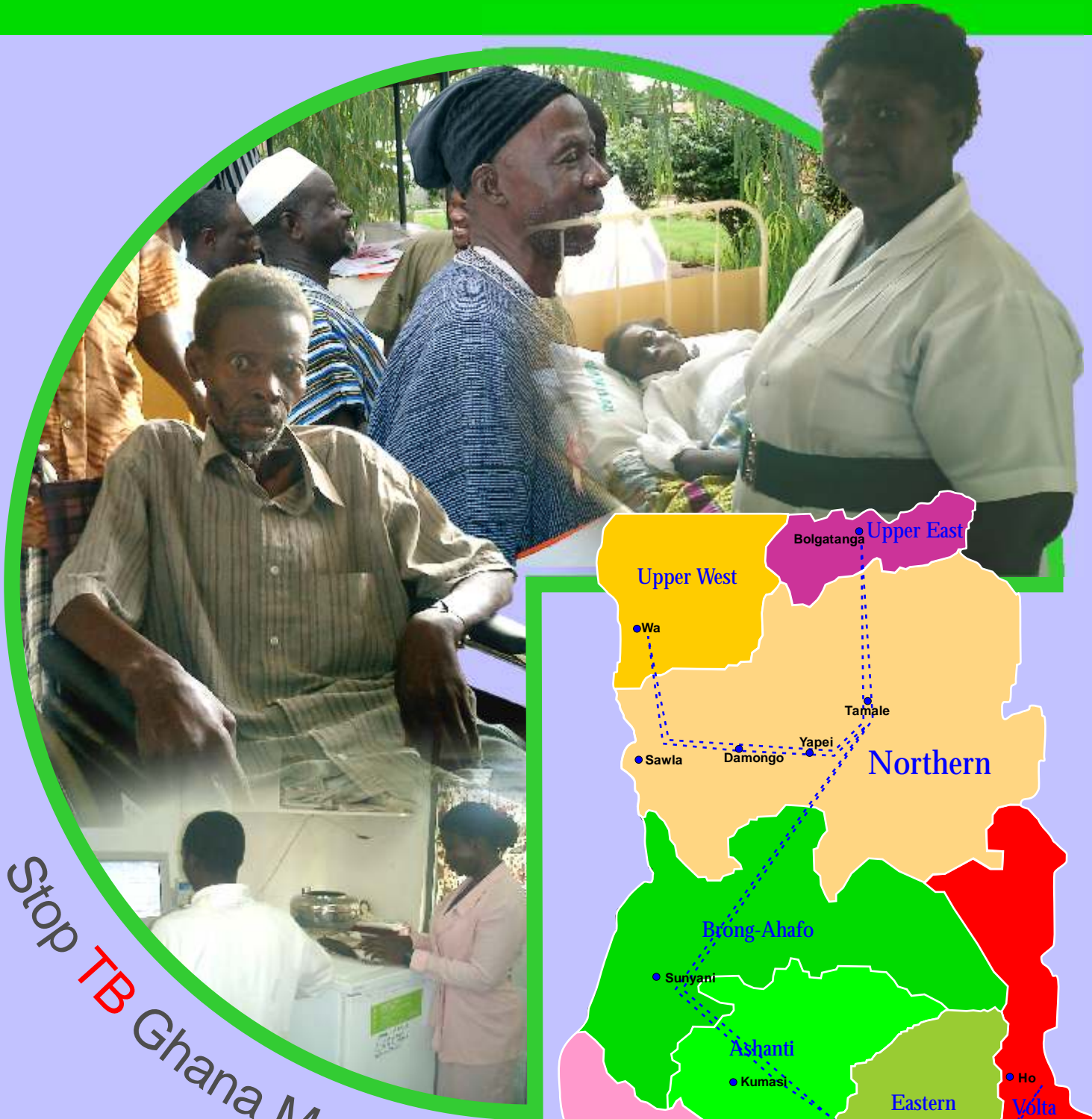
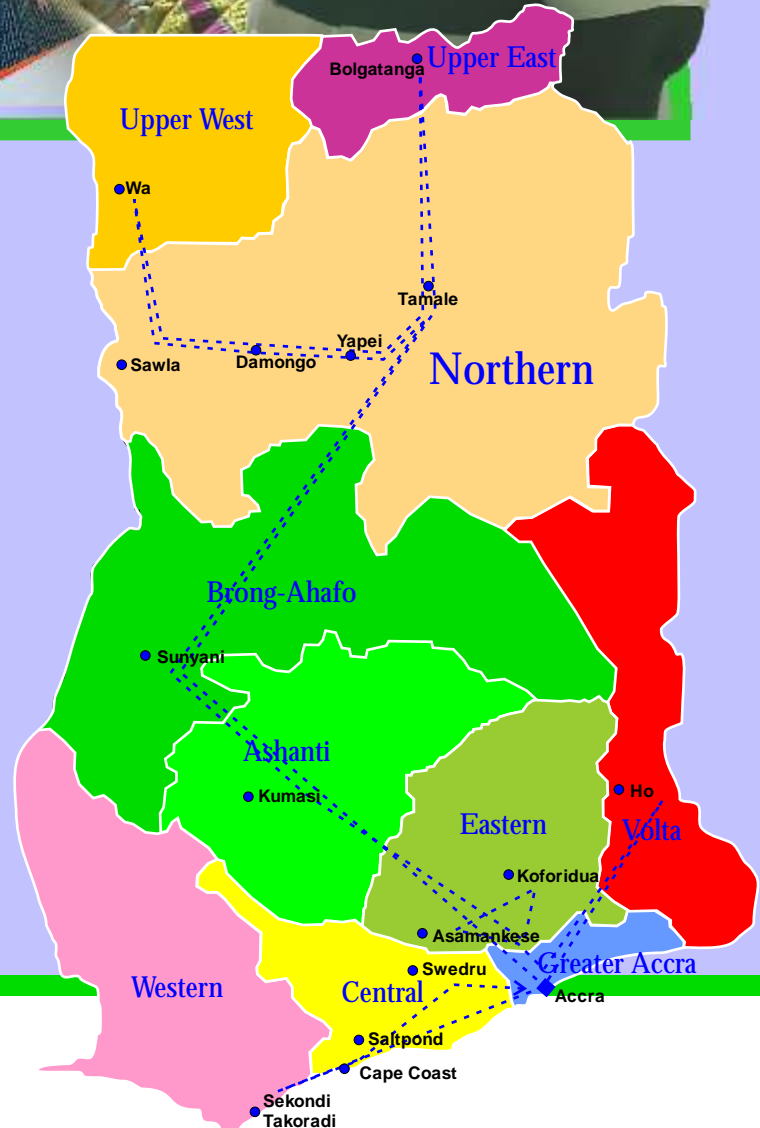


Addressing Persistent Challenges Affecting **TB** Control in Ghana



Stop **TB** Ghana Monitoring



PREFACE

TB control is a mandate of the **Ministry of Health**. The public sector and private sector collaboration is inevitable to achieve this objective of eradicating TB from the surface of earth. However, the variation across settings is too great to have one common set of global strategy although with common policy and guidelines.

ACKNOWLEDGMENT

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Stop TB Ghana gratefully acknowledges the contribution of the following;

Dr. Frank Bonsu
Chief Austin A. Obiefuna
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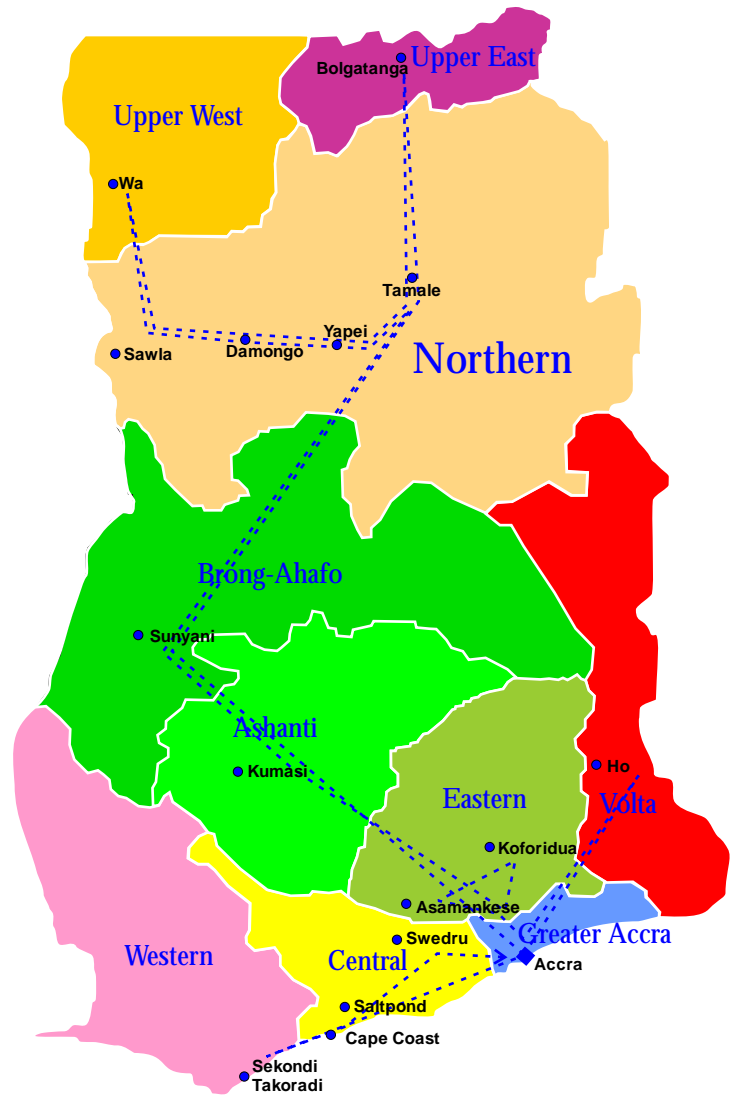
INTRODUCTION:

A research based on the questionnaire and TB control monitoring. This grave situation cried out for urgent and coordinated action, including efforts to mobilize resources, public awareness, and political commitment; stimulate public and private development of improved disease-fighting tools, cost-effective disease-fighting strategies in low-income environments; and disseminate the new menaces of HIV-associated TB and MDR-TB/XDR-TB.



PREAMBLE

1. One day sensitization for NGOs: re-addressing the NGOs commitment and dictating its involvement. Sensitizing through awareness durbar, training of volunteers for DOT monitoring, case detection, default watch and referral cards.
2. Capacity building and monitoring for NGOs already in NTP programme list
3. Meeting with Regional TB Coordinators
4. Meeting of Regional Health Directors
5. Supervising facilities
6. Counseling TB, TB/HIV patients
7. Marathon Community sensitization programme: During the tour, there was a marathon sensitization programme which ran through the Nation, from region to region, district to district. The team covered a lot of communities and there are success stories from Saltpon, Damongo, Busonu, Walewale, Saula etc. There are referrals to Tamale regional Hospital, NTP etc
8. Presenting the Call to Stop TB and warning report on the XDR-TB.



Region	No. of Districts	Regional Capital
Ashanti	21	Kumasi
Brong-Ahafo	19	Sunyani
Central	13	Cape-Coast
Eastern	17	Koforidua
Greater Accra	6	Accra
Northern	18	Tamale
Upper East	8	Bolgatanga
Upper West	8	Wa
Volta	15	Ho
Western	13	Sekondi-Takoradi
Total	138	

The central region has attendances of 15 NGOs at the venue in Swedru.

1. Cobbold Solomon Wie - **SODEP**
2. Care - **Love Charity Foundation**
3. Omar Bin Abdallah - **Human Service Trust**
4. Kassim Saeed - **Newlife Foundation**
5. Cynthia Bonney - **Center for women Development Org.**
6. Rev. Ebenezer Essum - **Bethel Youth Aid Foundation**
7. Samuel K. Duho - **Hope for Future Generation**
8. Love Mensah - **Hope for future Generation**
9. Daniel K. Bakah - **Youth Mission Dev. Ass. (YAAMDA)**
10. Emmanuel Ehumtum - **Emmanuel Light Association**
11. Kwamena Boakye - **Social Development Partners**



The team also met with the Regional TB coordinator Mr. Charles Kofi Eshun, in cape coast to discuss the questionnaire and to highlight on the challenges they face presently. TB control is our problem and I maintain we need all hands on deck to achieve this fight.

Challenges:

1. Health delivery units and structures
2. Laboratories
3. Community involvement
4. Reactivation of the District TB committee
5. Drug supply shortage (inability to access full package)

Success:

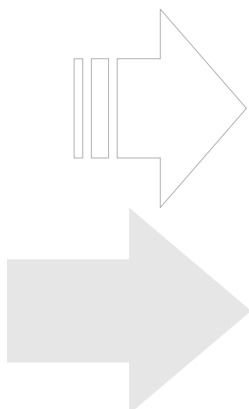
1. On-going TB/HIV co-relationship programme
2. Strong community based surveillance volunteer unit
3. NGO's involvement

Case Detection rate; 42%

Cure rate: 60%

Default

However, this is on a regional statistic level, some Districts has better records has almost reached if not surpassing the global target.



SEKONDI, WESTERN REGION 13th Sept. 2006

The Western Region had 13 NGOs participation in Tarkardi.



1. Ndu Ngozi Rita - **Western Region Network of NGOs**
2. Kelvin Kuofi - **Life Compassionate Organisation**
3. Newman Oforu - **PROMAG Network**
4. Kenneth Essah - **Project Aid Organization**
5. Nana Amakye II - **Kokobreko Dev. Foundation**
6. Victoria Dennis - **African Women International**
7. Mycel Acquah Mensah - **Fracel Helping Hand Foundation**
8. Lawrence Francis Eshun - **Master Care**
9. Philip K. Nyarkoh - **Kokobreko Dev. Foundation**
10. Robert Obiri Yeboah - **Codesult Network**
11. Benjamin Sackey - **Ansket Foundation**
12. Agyapah Baah - **SCMPP**
13. Lucy Adade - **RAAF**



The team met with the Regional Health Director at Sekondi in company of his administrative staff and later with the Regional TB coordinator Mr. Joe Newton, at the Public Health Office.

Challenges:

1. Health delivery units and structures (facilities)
2. Microscopes for Public Hospitals Laboratories
3. Default rate in Tarkwa
4. Poverty
5. Stigma
6. Migration; an immediate territorial challenges from Cote d'ivoire (high rate default)
7. Inconsistent Drug supply shortage (inability to access full package)
8. NGO's involvement is low

Success:

1. On-going TB/HIV co-relationship programme
2. Strong community based surveillance volunteer unit
3. Private sector involvement like the GHAPOHA, Radio House, private mid-wife association.
4. Private laboratory involvement in microscopy scrutum test.

Case Detection rate; 75%

Cure rate: 70%

Default



However, this is on a regional statistic level, some Districts has better records and have almost reached if not surpassing the global target vice versa.

VOLTA REGION (15th Sept. 2006)

The Volta Region had 3 NGOs participation in Ho

1. Kalitsi Francis - **Roots For Future Generation Aflao**
2. Eric Atitogo - **Rural Life Association-Ho (RULAS)**
3. Patience Gemadi Divine - **Favour Agency (HO)**

The team met with the Regional TB coordinator, at the Polyclinic Ho.



Challenges:

1. Training in the Health delivery units.
2. Microscopes for Public Hospitals Laboratories
3. Human resources
4. Poverty
5. Stigma
6. HIV integration
7. Migration; an immediate territorial challenge from Togo (high rate default). Cross-boarder treatment.
8. Inconsistent Drug supply/shortage (inability to access full package)
9. Monitoring and Surveillance

Success:

1. On-going TB/HIV co-relationship programme
2. Private sector involvement

Case Detection rate; 35%

Cure rate: 75%

Default: 6%

However, this is on a regional statistic level, some Districts has better records and have almost reached if not surpassing the global target vice versa.



EASTERN REGION 19th Sept. 2006

The Eastern Region had 3 NGOs participation in EASTERN REGION

1. Dr. Normeshie Anthony - **Health for all Herbal Clinic**
2. James Mensah Bouamah - **OBRA Foundation**

The team met with the Regional Health Director and the Regional TB coordinator, in Koforidua.

Challenges:

1. Training in the Health delivery units.
2. Dedicated health staff at DOT centers
3. Poor family support
4. Poverty
5. Stigma
6. Inconsistent Drug supply/shortage (inability to access full package)
7. Monitoring (Decentralize the TB management team)

Success:

1. On-going TB/HIV collaboration programme
2. Private sector involvement
3. Community surveillance

Case Detection rate; 64.1%

Cure rate: 68%

Default: 11.8%

However, this is on a regional statistic level, some Districts has better records and have almost reached if not surpassing the global target vice versa.



ASHANTI REGION 20th Sept. 2006

The Ashanti Region had 19 NGOs participation in Kumasi

1. Frank Fosu Mantabi - **Micro Care**
2. Evelyn Nyarco Manu - **YWCA**
3. Aminata Ibrahim - **Empowerment Centre For Women And children (ECWC)**
4. Charity Sowah - **(ECWC)**
5. Nana Asamoah - **(ECWC)**
6. James Amanor - **Together As One**
7. Diana Baberee - **Precious Life Association**
8. Padmore Acheampong - **Faith For Ghana Ministries**
9. Jennifer Melvin - **Africa Hope Foundation Of Ghana**
10. Mike Owusu - **AHFOG**
11. Pascal Noumado - **Environmental Organic Farmers and Reproductive Health Services**
12. Samuel Oracca Tetteh - **Network for Health and Relieve Foundation(NHRF)**
13. Anthony Amoaten - **Christian Social Action Movement(CHRISAM)**
14. Sekyere Fakyi - **Africa Christian Home And Rehabilitation Center**
15. Van-Dycke Asare - **Community Charity Foundation**
16. Edmund Adutwum - **RANET**
17. Abubakar Yousif - **Solidarity for youth and disable development SYDD**
18. Paul Blendon
19. Thomas Quarcoo - **Precious Life Ass.**

The team met with a representative of the Regional Health Directorate and the Regional TB coordinator in Kumasi. The teams also visit the chest department at the Okomfo Anochie Teaching Hospital, Kumasi, a DOT centre.

Challenges:

1. Training in the Health care delivery units.
2. Microscopes for Public Hospitals Laboratories
3. Human resources
4. Funding
2. Stigma
3. HIV integration
4. Data Management
5. Inconsistent Drug supply/shortage (inability to access full package)



Success:

1. On-going TB/HIV co-relationship programme
2. Private sector involvement
3. Private Clinics and Lab consistent on TB control

Case Detection rate; 15.9%

Cure rate: 70%

Default: 3%

However, this is on a regional statistic level, some Districts has better records and have almost reached if not surpassing the global target vice versa.



The Brong Ahanfo Region had 1 NGOs participation in Sunyani at the Eusbett Hotel.



1. Joseph Eyipe Essuman - **OMAMBA COMMUNITY FOUNDATION**



2. **Foundation for Better Tomorrow**



The team met with the Deputy Regional Health Director and later with the TB coordinator, in Sunyani.

Challenges:

1. Training in the Health care delivery units.
2. Microscopes for Public Hospitals Laboratories
3. Human resources (low staff capacity)
4. Poverty
5. Stigma
6. Inconsistent Drug supply shortage (inability to access full package)
7. Monitoring and Surveillance
8. Poor private sector involvement

Success:

1. Out of pocket spending
2. Global fund
3. Sensitization improving the private health care participation in laboratory assistance and DOT centers.
4. Community based volunteers

Case Detection rate; 30%

Cure rate: 63%

Default: 12%



However, this is on a regional statistic level, some Districts has better records and have almost reached if not surpassing the global target vice versa.

NORTHERN REGION 25th Sept. 2006

The Northern Region had 10 NGOs participation in Tamale



1. A. Ibrahim Afuzie - **Dawah Academy**
2. Iddrisu majeed - **N/R Tsongtaba Dev. Foundation**
3. Humeratu Tani Abudulai - **Life Ghana**
4. Konlan B Iambongany - **House of Hope mission Ghana (HHNG)**
5. Tomah John Kanyiti - **Care for Deprived Communities(CDC)**
6. Joel Donkoh - **Cub katimali Society**
7. Abudulai Al-hassan - **Rural Development Agenda**
8. Alhaji Yusif Salifin Abdullah - **Northern Rural Development Association (NORDA)**
9. Aminu Abdul Rashid - **(NORDA)**
10. Alhassan - **(SONIDA)**

The team met with the Deputy Regional Health Director and the Regional TB coordinator, in Tamale.

Challenges:

1. Training in the Health delivery units.
2. Microscopes for Public Hospitals Laboratories and newly created districts
3. Human resources issue
4. High Poverty level
5. HIV integration
6. Bad road network
7. Inconsistent Drug supply shortage (inability to access full package)
8. Monitoring and Surveillance
9. Minimal private sector involvement
10. Funding

Success:

1. Community volunteers
2. Private sector involvement

Case Detection rate; 20%
Cure rate: 65%
Default: %



However, this is on a regional statistic level, some Districts and private hospitals have better records and have almost reached if not surpassing the global target vice versa.



UPPER WEST REGION 26th Sept. 2006

The Upper West Region had 3 NGOs participation in Wa

1. Emmunnel Van-deyuor - **Aged Concern Foundation**
2. Nebre Prosper - **Action for sustainable Development**
3. Salifu Zenabu - **FOMWAG**

The team met with the Regional Health Director, the Deputy Director for Public Health and Regional TB coordinator, at the regional office Wa.

Challenges:

1. Training in the Health delivery units.
2. Microscopes for Public Hospitals Laboratories
3. Human resources
4. Poverty
5. Stigma
6. HIV integration
7. Bad Road network
8. Inconsistent Drug supply shortage (inability to access full package)
9. Monitoring and Surveillance
10. Funding
11. Low Private sector involvement



Success:

1. On-going NGO-TB sensitization programme
2. Global Fund

Case Detection rate; 18%

Cure rate: 72%

Default: 2%



However, this is on a regional statistic level, some Districts has better records and have almost reached if not surpassing the global target vice versa.



UPPER EAST REGION 27th Sept. 2006

The Upper East Region had 0 NGOs participation in Bolgatanga

The team met with the Regional Health Director, the Deputy Director Public Health and the Regional TB coordinator, in Bolgatanga.

Challenges:

1. Training in the Health delivery units.
2. Microscopes for Public Hospitals Laboratories
3. Human resources
4. Poverty
5. Stigma
6. HIV integration
7. Migration; an immediate territorial challenge from Burkina Faso (high rate default).
Cross-boarder treatment.
8. Inconsistent Drug supply shortage (inability to access full package)
9. Monitoring and Surveillance
10. Funding

Success:

1. On-going TB/HIV co-relationship programme
2. Private sector involvement
3. Local language Radio sensitization programme

Case Detection rate; 12.2%

Cure rate: 63.4%

Default: 9.8%

However, this is on a regional statistic level, some Districts has better records and have almost reached if not surpassing the global target vice versa.



GREATER ACCRA 2nd Oct. 2006

The Greater Accra Region had 18 NGOs participation in Accra

1. Apostle Dominic Tetteh - **Hope for the Future**
2. Isaac Odame Lartey - **Hesi International Inc.**
3. **Venue for Care and Development VCAD**
4. **Hope Care Foundation**
5. **Disciples Aid Foundation**
6. Joseph Adu Gyamfi - **Rural Aid and Environmental Survival RAESI**
7. Joseph Martey Agbeko - **Fair River International Ass. For Dev. FARIAD**
8. Desk Mansu - **Golden Joy Foundation**
9. Samuel Annan - **Foundation for future Christian workers Int.**
10. Moses O. Owharo - **Aider small project International Ghana ASPI**
11. A. Ofori Seffa - **Strong Redeemer Foundation**
12. Kasavubu Mordzi - **Common Action for rural Dev.**
13. Joseph Dadwie - **Wiljoe Childaid**
14. Eric K. Agbozo - **Defence Against Aids, Poverty and Underdevelopment DAAPU**
15. Solomon C. Onubuogu - **(Ghana Coalition of NGOs in Health**
16. Sampson Foli - **Afro Global Alliance**



The team met with the Regional Health Director and Regional TB coordinator, in Accra.

Challenges:

1. Training in the Health delivery units.
2. Human resources
3. Poverty
4. Stigma
5. HIV integration
6. Refurbishing of facilities

Success:

1. On-going TB/HIV co-relationship programme
2. Private sector involvement
3. NGO advocacy lift

Case Detection rate; 60%

Cure rate: 79%

Default: 3.1%



However, this is on a regional statistic level, some Districts has better records and have almost reached if not surpassing the global target vice versa.

SUMMARY:

The report is based on the interaction with the Public - Private Mix and extensive brainstorming amongst the directly affected people. Poverty is the greatest problem associated to quality health delivery because the literacy level is low and 80% of the populations are rural dwellers.

This issue has also stiffened the economic and social development indirectly affecting the health care delivery system.

The progress of the Stop TB Partnership Ghana described in this report demonstrates that TB control is succeeding in Ghana and that it is possible to scale up interventions to save people. This update also demonstrates that new energy can be brought to the battles against TB and other diseases that mostly affect the poor.

RESEARCH ACHIEVEMENT

1. STRENGTHENING THE COMMUNICATION GAP
2. DRUG PROCUREMENT; A MAJOR ISSUE TO ADDRESS
3. MORE RESOURCES TO ACHIEVE THE TB CONTROL TARGET
4. INNOVATIVE PLANNING TO SUITE THE GROWING TRENDS
5. STRONG PARTNERSHIP FOR TB ACTIVIST
6. IMPROVEMENT OF PUBLIC-PRIVATE MIX

RECOMMENDATION

1. DRUG PROCUREMENT NETWORKING: Building a network to manage and share pharmaceutical shortage problems. This will help to accelerate treatment of pending cases by the health care units, sustain the counseling confidants between the patient and the health care centers.
2. STRENGTHENING THE PRIVATE SECTOR INVOLVEMENT: community volunteers, Traditional leaders involvement, Treatment support centers, NGOs etc
3. DECENTRALIZATION OF TRAINING OUTLETS: Training should integrate in the districts and must be consistent to tackle the present dynamic world.
4. CONSISTENT INVENTORY OF FACILITIES: Some district hospitals lack diagnostics facilities, like Microscope ETC
5. ADDRESSING THE LEVELS OF INVOLVEMENT: Sensitization for the Public-Private Mix to determine the way forward. Re-training for the NGO involvement in case detection, referral and DOT supervision. Re-training for the Private health care unit to understand the TB global approach.
6. ADVOCATE FOR MORE GOVERNMENT COMMITMENT TO FIGHT TB: Apart from Global fund the government is mandated to channel more resources to tackle TB control.
7. ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION: The issue of TB control awareness is still Greek to some communities and it is only through advocacy the message can be communicated and counseling for testing and treatment. The involvement of private sector has been successful but it needs to lift the approach more.
8. BUILD SYNERGY FOR HIV-TB PROGRAMME; 90% of HIV death is as result of TB co-infection.
9. POVERTY A MAJOR CHALLENGE IN TB CONTROL.

CONCLUSION:

TB control is a mandate of the Ministry of Health but the public sector and the private sector must collaborate to achieve this aim.

The challenges confronting the NTP and documented in this update are the same as those that face efforts to meet each of the United Nations health-related Millennium Development Goals. These challenges include increasing and sustaining new funding levels; strengthening public health systems, including the availability, capacity, and motivation of human resources; empowering households and communities; engaging providers in the private and other sectors; and creating and adopting new technology, such as diagnostics, drugs, and vaccines. Although Ghana and most other African countries still remain at the receiving end.

However, the NTP is addressing the challenges that have clear solutions, and it is also seeking new approaches to meet challenges whose solutions are not yet apparent. The Stop TB Partnership Ghana jointly with NTP will continue to strive to deepen the commitment of its partners, both individuals and institutions, in the TB control effort, while forging links with other individuals and institutions sharing its goal of improving health and human development.

