



NATIONAL LEPROSY AND TUBERCULOSIS CONTROL PROGRAM
MINISTRY OF HEALTH



NLTP ANNUAL ACTIVITY REPORT



DECEMBER 31, 2022

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1. Background

Despite efforts to control Tuberculosis (TB), it still remains a global Public health challenge, especially in low and low-middle-income countries and The Gambia is no exception. The National Leprosy and Tuberculosis Control Programme (NLTP) of The Gambia is the mandated body for the coordination of prevention, care and control strategies of TB in the Gambia. Other responsibilities include advising policy decisions, strategies and procedures for TB prevention and control.

The burden of TB in the Gambia stands at 149/100,000, faring better than some countries within the sub-region, i.e Sierra Leone 289/100,000, Guinea Bissau 361/100, 000 etc.

The National Strategic Plan (NSP) serves as the principal guiding document for program implementation and focus, the current NSP runs from 2018- 2022. The strategic objectives outlined in the NSP (2018-2022) include:

- ✓ to Increase the number of notified cases from 2551 in 2015 to 3424 by 2022
- ✓ to treat all people with TB, including drug-resistant TB, and patient support.
- ✓ to strengthen collaborative TB/HIV activities, and management of co-morbidities.
- ✓ to strengthen and maintain the capacity of the NTLP for management and coordination at all levels.

With support from the Global Fund (GF), the World Health Organisation (WHO) and the Government of The Gambia (GoTG), the program has aligned activities carried out in the year under review to the above-stated objectives.

The hope is that by 2030 The Gambia is able to achieve the End TB targets, by having integrated patient-centred care, making bold policies and building supportive systems through intensified research and innovations.

2. Activities Implemented in 2022

Table 1: Status of implemented activities (see bottom for the full meaning of focal & support officers)

ACTIVITIES IMPLEMENTED SUCCESSFULLY IN 2022					
	ACTIVITY	IMPLEMENTING PERIOD	FOCAL PERSON	SUPPORT OFFICER(S)	REMARK
121.	Train HCWs on infection control measures in congregate settings e.g. health facilities, prisons and boarding schools	2 nd QTR.	DPM	SPO & DM	
122.	Train health workers annually on MDR-TB and Infection Control.	1 st QTR.	DPM	SLTCO/DM	
139.	Train M&E staff from TB and NAS on short-term M&E course overseas	4 th QTR.	PM/M&E		
140.	Annual collaborative meeting with Neighboring countries	3 rd QTR.	PM/DPM		
409.	Procure 1 Vehicle to replace the old ones at NLTP	1 st QTR.	PM/DPM		
410.	Procure 4 motorbikes for new DOT sites	1 st QTR.	PM/DPM		
91	Scale up of DOT centres (Furniture)	1 st center 2 nd QTR and one in 4TH QTR.	PM/DPM		
93.	Update of National DS- TB treatment guidelines	4 th QTR.	DPM	SLTCO	
94.	validation and printing of updated DS TB treatment manual	1 st QTR.	DPM	SLTCO/DM	
425.	Procure 1 Ambulance for MDR Patients	1 st QTR.	PM/DPM		
97.	Screening and strengthening referral in the 20 Pilot Madrassa school for active case finding	1 st QTR.	SLTCO		
98.	Training of LTIs and health workers of ART centers and PMTC clinics on TB screening, diagnosis , treatment and care	1 st QTR.	DPM	SPO/DM	

100.	Training of OPD staff from western one and two on facility based Case finding annually.	1 st QTR.	DPM	SLTCO	
101.	Conduct active case Finding activity in Prisons. Semesterly, with one prison visited.	2 nd QTR.	SPO	DM	
102.	Training of pediatric staffs (nurses and pediatricians) on childhood TB diagnosis, sample collection and management.	2 nd QTR.	DPM	SLTCO	
106.	Training of Kabilo members on TB care and support	2 nd QTR.	DPM	SLTCO/SPO	
107.	Sensitize Ex-TB patient's association on TB/HIV stigma reduction	3 rd QTR.	SPO	LTCO	
108.	Update of TB patients charter	2 nd QTR.	LTCO		
110.	Procure Four genexpert modules	1 st QTR.	SPO		
117.	Finalize the aDSM guidelines including printing	1 st QTR.	DPM	SLTCO	
120.	Support the annual production and pre-testing of radio adverts in 4 local languages on TB/HIV	4 th QTR.	SPO	LTCO	
121.	Train HCWs on infection control measures in congregate settings e.g. health facilities, prisons and boarding schools	2 nd QTR.	DPM	SLTCO/LTCO	
122.	Train health workers annually on MDR-TB and Infection Control.	1 st QTR.	DPM	SLTCO/LTCO	
139.	Train M&E staff from TB and NAS on short-term M&E course overseas	4 th QTR.	PM/M&E		
140.	Annual collaborative meeting with Neighboring countries	3 rd QTR.	PM/DPM		
409.	Procure 1 Vehicle to replace the old ones at NLTP	1 st QTR.	PM/DPM		
410.	Procure 4 motor bikes for new DOT sites	1 st QTR.	PM/DPM		
384.	Conduct training of regional health directorates staff to address identified M&E knowledge and skill gaps in all Regions	2 nd QTR.	M&E	SPO/DM	

418.	Training of Health Workers of ART Centers and PMTC Clinics on TB Screening, Diagnosis, Treatment and care	2 nd QTR.	DPM	SLTCO	
419.	Linking of the NPHRL to a SNRL	1 st QTR.	PM/DPM		
420.	Training of the NPHRL lab technicians and NLTP management staff on EQA guidelines	2 nd QTR.	PM/ DPM		
104.	Training of physicians on TB screening, diagnosis and management	1 st QTR.	DPM	SLTCO	
422.	Advocacy and awareness raising meeting with participation of representatives from line ministries and key national and international stakeholders	2 nd QTR.	PM/DPM	SLTCO/DM	
ACTIVITIES CURRENTLY BEEN IMPLEMENTED IN 2022					
99.	Conduct Quarterly Active case Finding activity targeting at risk populations in Western 1 and 2.	3 rd QTR.	SPO	DM	
478.	Conduct active case Finding activity in Prisons. Annually, with one prison Janjanburay.	4 th QTR.	SPO	DM	
105.	Conduct Contact tracing and clinical services for TB patients at 50 DOT facilities and 110 PHC circuits (including administration of TPT for eligible populations)	QUARTERLY.	DPM		
111.	Quarterly Maintenance of Genexpert	QUARTERLY.	PM/DPM		The budget line for this activity has been given to the implementing entity (NPHL).
112.	Conduct Quarterly TB specimen sample collection from the lower to higher level laboratories during the grant cycle for EQA	QUARTERLY.	PM/DPM		The budget line for this activity has been given to the implementing entity (NPHL).
114.	Set up and strengthen regional TB/HIV coordinating bodies	QUARTERLY.	DPM	SLTCO	

115.	Quarterly regional TB/HIV coordinating body meeting	QUARTERLY.	DPM	SPO	
116.	Ancillary medications for aDSM	QUARTERLY.	PSM		
119.	Provide transport refund for DS-TB patients annually	QUARTERLY.	M&E	SPO/DM	
96.	Update and Printing of TPT guideline	1 st QTR.	PM/DPM	SPO	
377.	Monitoring and Supervisory Visit to DOTs Sites	QUARTERLY.	M&E	SPO/DM	
378.	Carry out Joint program monitoring and support supervision by NLTP, NACP and DPI (HMIS)	2 nd QTR.	PM/M&E		
379.	Conduct quality assurance in clinical settings	1 st QTR.	DPM	M&E/SPO	
380.	Conduct annual data quality audit TB/HIV	4 th QTR.	M&E	SPO/DM	
381.	Support the development of tools for recording, reporting and monitoring including registers and notification forms	1 st QTR.	M&E	SPO/DM	
382.	Printing of TB Monitoring tools	1 ST QTR.	M&E	SPO	
383.	RLTCOs/LTIs six monthly review meeting at central level including RACs	2 nd & 4 th QTRs.	M&E	SPO/DM	
417.	Financial and Nutrition support for MDR-TB patients	QUARTERLY.	DPM	SLTCO	
421.	Monitoring of Madrassa schools by Central Level	1 st QTR.	M&E	SPO/DM	
423.	MDR TB Quarterly review meeting	QUARTERLY.	DPM	DM	
424.	Monthly Clinical Expert Committee on DR-TB management meeting	MONTHLY.	PM/DPM		

	Tuberculosis Catastrophic cost Survey	4 th QTR.	P.I - Kebba Sanneh		Ethics approval granted and funds committed to implementation
ACTIVITIES NOT IMPLEMENTED IN 2022					
	Refurbishment of DOT centers (Furniture)	1 facility in 1 st QTR	PM/DPM	PM	
	Update and printing of Active case finding Strategy document and guidelines	1 st QTR.	LTCO		The program wishes to implement In 2023.
	Expansion of Childhood TB clinics in Five major hospitals	1 in 1 st QTR. & 1 in 3 RD QTR.	PM/DPM		The program wishes to implement In 2023.
	Training of NPHL on new algorithms and methods	1 st QTR.	PM/ DPM		The budget line for the activity is giving to the implementing office (NPHL)
	Develop EQA guidelines for TB laboratory services	2 nd QTR.	PM/DPM		The budget line for the activity is giving to the implementing office (NPHL)
	Send Two people to attend IUATLD Conference	4 th QTR.	PM/DPM		This conference is no longer holding
	Train M&E and programme staff Quant TB and logistics management	3 rd QTR.	PM/M&E		The program wishes to implement In 2023.

NB:

PM-Program Manager **DPM**-Deputy Program Manager **SPO**-Senior Program Officer **M&E**- Monitoring and Evaluation Officer

SLTCO-Senior Leprosy and TB Control Officer **DM**-Data Manager

3. **Achievements:** The achievements registered in the year 2022 include,

I. Strategic Objective 1: Notified cases

As per the National Strategic Plan, the program intended to notify 3424 cases in the year 2022, 68% of this target was achieved. Contact tracing and intensified active case-finding activities, especially in congregate settings were initiated and have increased the pool of notified cases, Although, 32% of the NSP target remains unachieved.

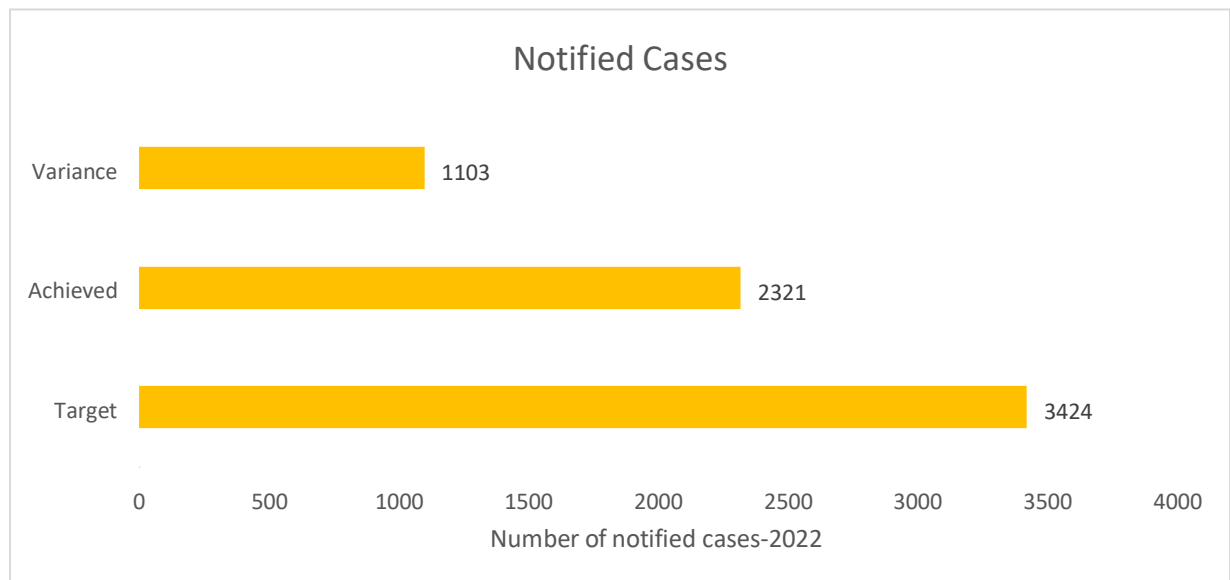


Fig 1: Notified cases 2022, achievement versus targets

II. Strategic Objective 2: Treatment success

Although, DOT centres are yet to have data for December 2021 and are yet to have the data quality audit. However, the treatment success rate stands at 85% as of November 2021. This is 2% less than what was seen in 2020 and this is expected to increase.

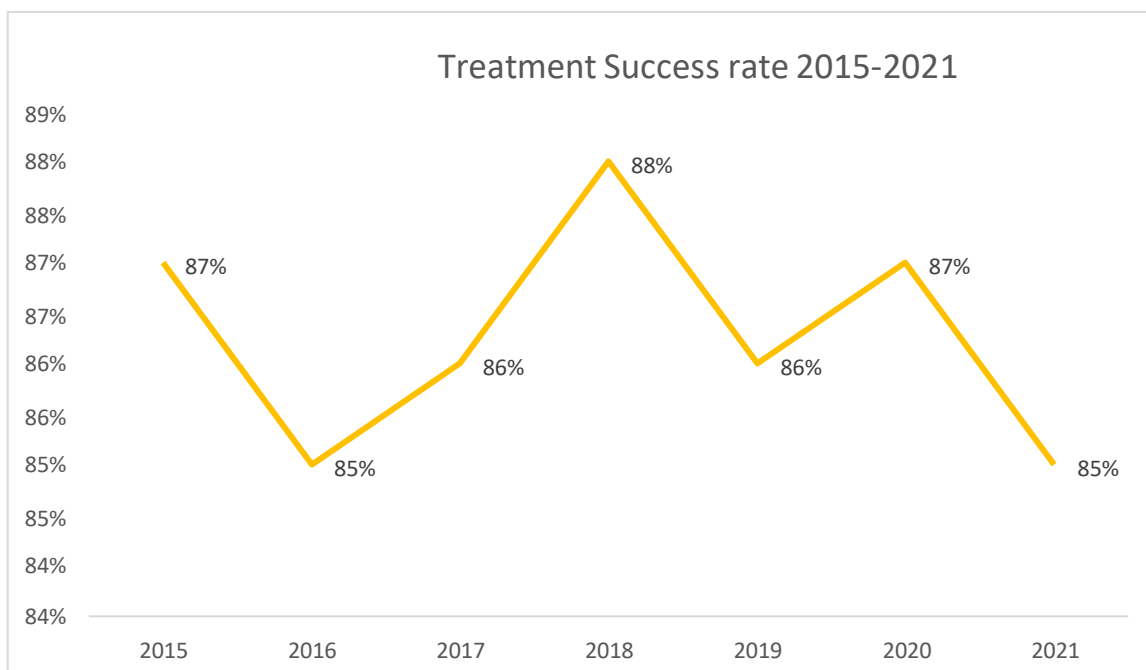


Fig 2: The treatment Success rate of all forms of TB

III. Strategic Objective 3: TB/HIV

As per the NSP 2018-2022, the program intends to counsel and test 100% of TB patients.

The proportion of patients with known HIV status stands at 87% in the year 2022, of those counselled and tested 13% were positive.

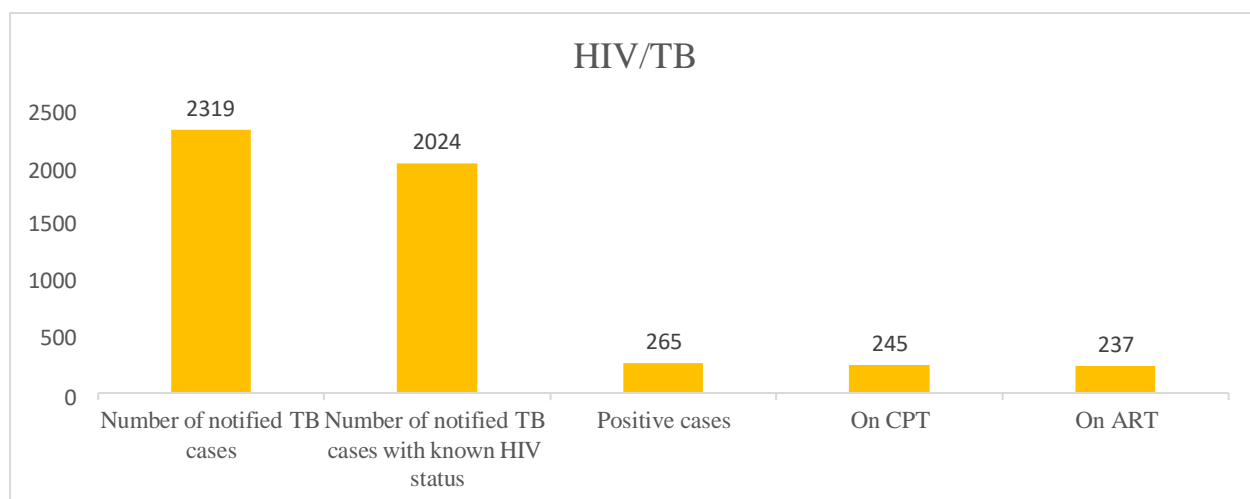


Fig 3: TB HIV collaborative services

IV. Successes Registered in Program Implementation

- a. **Scale-up:** The program successfully scaled up to four new sites, thus fulfilling one of its strategic objectives of ensuring access to TB care using a minimum of 1 DOTs Center per district, namely:

1. Sanyang Health Centre- WCR2
2. Fatoto Health Centre - URR
3. Kuntaya Health Centre- NBW
4. Janjanbureh Health Centre- CRR

This scale-up is expected to increase the case notification and intensify active case finding, especially, within the WCR2 where the bulk of cases are coming from. These new sites are fully operational and have started reporting cases within their catchment area.

- b. **MDR ward at New Yundum:** The newly constructed MDR ward at New Yundum is near completion, and is expected to start operationalization under the Edward Francis Small Teaching Hospital (EFSTH) anytime soon. Once operationalised, the ward is expected to house MDR cases within WCR 1 & 2 while maintaining Farafenni General Hospital as a regional MDR site.
- c. **Refurbishment work-DOT sites:** Refurbishment work has begun at 3 DOT sites (Sanyang Major H/C, FajiKunda H/C, Sukuta H/C) across the country with funding from the C19-RM funds. This refurbishment work is expected to improve the existing structures within our health facilities and have an impact on the overall quality of care.
- d. **TB guidelines- MDR & DSTB:** Guidelines for managing both DSTB and MDR-TB have been updated as per WHO recommendations with the incorporation of local context for managing TB. These guidelines were validated, printed and distributed to all Health

Regions across the country and partners.

- e. **aDSM guideline:** Adverse drug safety monitoring (aDSM Guideline) for TB has also been reviewed validated and shared with relevant stakeholders. This is expected to serve as a pharmacovigilance tool for effective monitoring of drug safety and efficacy.
- f. **NSP end-term review:** The current NSP which runs from 2018-2022 was reviewed and plans are underway to develop a new NSP which will span from 2023-2027. The end-term review brought together stakeholders to critically appraise the performance of the program and share ideas on best practices for improved programmatic management and service delivery.
- g. **Reduction in the incidence from 157/100,000 in 2019 to 149/100,000 in 2021:** The incidence of TB was reduced from 157/100000 to 149/100000 in the year 2021. This achievement was yielded through the dedication of staff and partners who join hands in the fight against TB.
- h. **Integration of TB indicators and reporting forms into the DHIS2:** The program is happy to report that its data repository for programmatic implementation is the DHIS2. All reporting forms have been integrated into the DHIS2 and plans are underway to report proxy indicators for TB prevention, diagnosis and management.
- i. **Timely treatment initiation of diagnosed TB at DOT centres and the use of VHVs for treatment in the community:** Facility DOT and community DOT are strategies employed by the program to ensure the timely initiation of TB cases on treatment. This allows for flexibility in terms of choice of where to get treatment, especially beneficial for those populations that are not in close proximity to health facilities.
- j. **Provision of Food and social support for patients:** To ensure treatment adherence and improve nutritional status, NLTP and partners have seen the need to support

bacteriologically, positive TB patients with food provisions and social support in the form of cash transfers for them to effectively do their TB reviews for progress evaluation.

- k. **Capacity building of staff:** During the period, the program sent the M&E officer and the data manager for an M&E training course overseas. This ensures program data and implementation activities are done accordingly. The program intends to conduct more training, including training on drug and consumable quantification.
- l. **Decentralisation of the strongly recommended TB/HIV collaboration:** The quarterly TB/HIV coordinating body meeting that helps to enhance TB/HIV collaborative activities is now decentralized to all seven (7) health regions.
- m. **Training of Clinicians on childhood TB:** Childhood TB as evident in the data for notifications remains a major challenge hence a programmatic concern leading to the training of 25 clinicians strategically selected from facilities across the seven health regions.
- n. **Catastrophic cost survey:** During the year 2022, the program started conducting the patient's catastrophic cost survey. As one of the pillars of the end TB strategy, the program intends to monitor and reduce the impact of the catastrophic costs incurred by patients to access TB care. The hope is that the survey informs the program on the cost incurred by patients to set a baseline for improved program monitoring and to work towards reducing the impact of the cost incurred in accessing TB care.

4. Challenges

- a. **MDR and childhood TB low-case notification:** The program continues to have low MDR and childhood TB cases compared to targets set in the NSP. This has been associated with limited active case-finding activities, especially in the community.

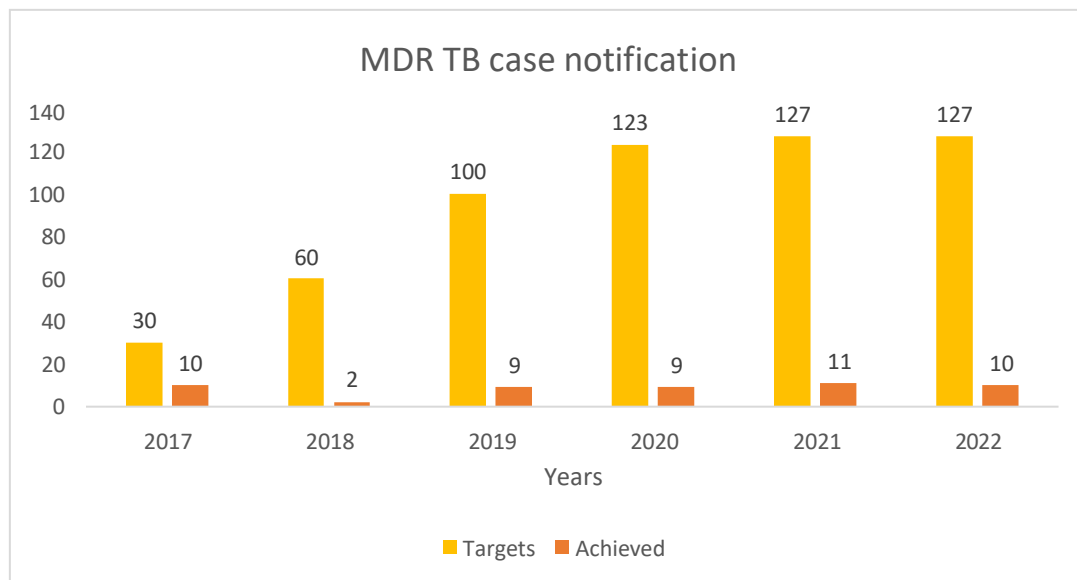


Fig 4: MDR TB case notification

Low childhood case detection has been linked to the low capacity of health workers to diagnose childhood TB. The program is working toward building the capacity of clinicians to effectively diagnose childhood TB coupled with active case finding in the community by VHW, CHN and VSGs.

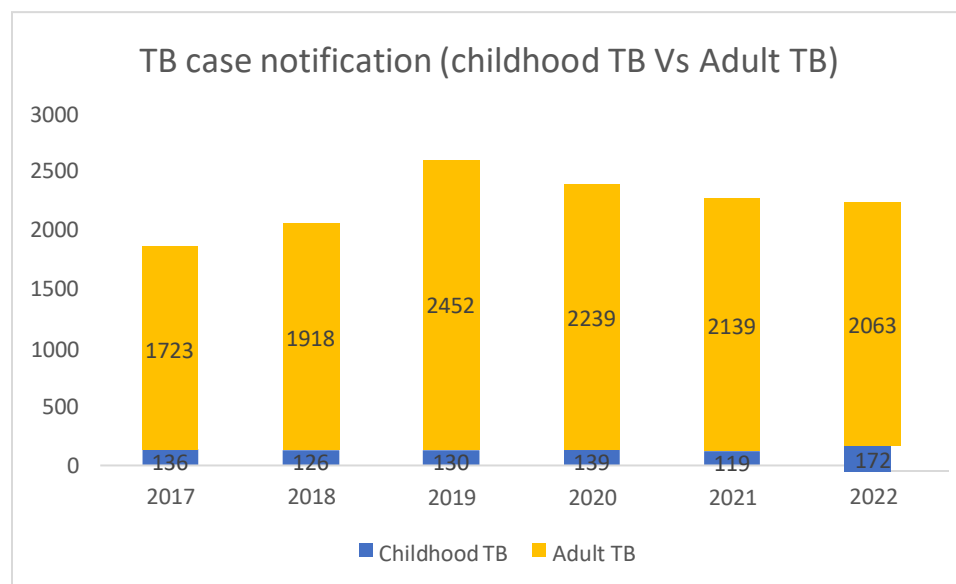


Fig 5: TB Case Notification (childhood Vs Adult TB)

- b. Integration:** The integration of TB into routine care remains a priority of the program. This would intensify active case-finding activities and have other cadres involved in the prevention, diagnosis and care of TB patients. To achieve this, the program has station presumptive registers at the OPDs to have other staff involved in TB screening and diagnosis. Although the integration is suboptimal, the program intends to continue engagement and put messages across to see TB integrated into routine care.
- c. Community TB:** The care of TB patients has been extended to the community offered by VHW and CHNs, this is known as community DOT. However, active case finding at the community level remains suboptimal. The TB caseload is said

to follow the “**tip of the iceberg phenomenon**”, hence with community involvement, the program is hopeful that the latent TB cases could be picked up early and treated accordingly.

- d. Funding:** TB prevention, diagnosis and treatment are supported primarily by the Global Fund while technical support and Leprosy care is supported by the World Health Organization. Domestic funding to cover the cost of planned activities remains low. Hence, NLTP is challenged as a program in fully implementing activities outlined in the NSP.

5. Way forward/recommendations

- a. Use of gene Xpert as 1st line test:** The program intends to have all cases of TB diagnosed with the WHO-recommended molecular Gene Xpert. The GeneXpert has been rolled out to eleven (11) sites and the sample transport network is expected to have samples transported from the spokes to the hubs. All samples for the purposes of diagnosis are expected to be tested using Gene Xpert.
- b. Diagnosis of childhood TB:** Diagnosis of childhood TB remains a challenge. Hence the program intends to have portable X-rays at all paediatric clinics for the diagnosis of TB. The program equally plans in collaboration with the NPHL to train laboratory personnel on using other forms of samples ie stool, saliva
- c. Decentralisation of the strongly recommended TB/HIV collaboration:** The quarterly TB/HIV coordinating body meeting that helps to enhance TB/HIV collaborative activities is now decentralized to all the 7 health regions
- d. Training of Clinicians on childhood TB: Childhood TB** as evident in the data for notifications remains a major challenge hence a programmatic concern leading to the training of 25 clinicians strategically selected from across the health regions/facilities

- e. **Capacity building:** Capacity building of staff at the facility, intermediate and central level remains an utmost priority for the NLTP. Hence, a series of training activities including infection control, case management of TB, M&E training, and quantification among others are underway to support staff capacity.
- f. **Intensify active case finding:** To pick up on cases and diagnose latent TB, the program intends to continue intensifying active case finding through contact tracing activities and the involvement of VSGs and VHWs in case finding activities.
- g. **MDR survey- Setting up realistic MDR target:** The MDR targets and achievements do not appear to match. Hence, the program intends to conduct first-ever MDR survey to determine the true burden of MDR TB in the country.
- h. **Increase domestic funding:** The program heavily depends on donors for financial and technical expertise, there is a need to look inward and increase the support offered by the government towards TB prevention, diagnosis and support. This commitment will ensure the program is not donor driven but as per the need of the populace.

6. Conclusion:

In the year 2022, the NLTP has registered marked successes towards the prevention, diagnosis and care of TB patients. Equally, Leprosy cases in collaboration with partners have received the needed care. The program intends to intensify activities geared towards the control of Leprosy and TB through enhanced advocacy for more funding and to also continue building the capacity of healthcare workers.