



NATIONAL LEPROSY AND TUBERCULOSIS CONTROL PROGRAM (NLTP)

MINISTRY OF HEALTH



ANNUAL REPORT ON TB & LEPROSY IN THE GAMBIA

(2022)

PRODUCED BY: NLTP



APRIL 1, 2023

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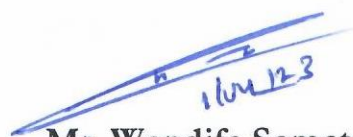
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I want to express on behalf of the Programme staff National Leprosy and Tuberculosis Control, Ministry of Health, my heartfelt appreciation to all our Donors and partners (Global Fund, World Health Organization, Medical Research Council, Child Fund and West & Central Africa Network of TB Programmes) for the financial and Technical support given to the Programme over the years. The National Aids Secretariat as PR and the Country Coordinating Mechanism (CCM) for their guidance in the implementation of the GF grant. To the entire workforce of the Ministry of Health (Directorates, Programmes, Hospitals, Regional Directorates & their facilities) directly or indirectly involved in Leprosy and Tuberculosis Control activities for their dedication, hard work and resilience demonstrated over the years that resulted in the gains registered as shown in this report.

Programme and facility staff involved in Leprosy TB services recognizes the importance of information sharing through data to enhance the provision of quality of care to the population. This has been manifested with the semester data review exercises involving Regional Data Managers, Regional Leprosy & TB Control Officers and Leprosy & TB Inspectors. The periodic data review exercises and reporting culminated in the production of this report containing valuable data.

To the Leadership of the Ministry of Health through the Director of Health Services for the right policy directives, Monitoring and the facilitation of access to Central Government resources to achieve successful Programmatic implementation of Leprosy and Tuberculosis activities in the Gambia.

A handwritten signature in blue ink, appearing to read 'Wandifa Samateh', is written over a blue scribble.

Mr. Wandifa Samateh

PROGRAMME MANAGER

List of acronyms

| | |
|-----------|--|
| NLTP | National Leprosy & Tuberculosis Control Programme |
| ACF | Active case finding |
| NTRL | National Tuberculosis Reference Lab |
| NPHL | National Public Health Laboratories |
| M&E | Monitoring & Evaluation |
| NSP | National Strategic Plan |
| WHO | World Health Organisation |
| GF | Global Fund |
| GoTG | Government of The Gambia |
| LTI | Leprosy Tuberculosis Inspector |
| PM | Programme Manager |
| DPM | Deputy Programme Manager |
| LTCO | Leprosy Tuberculosis Control Officer |
| DM | Data Manager |
| SPO | Senior Programme Officer |
| RLTCO | Regional Leprosy Tuberculosis Control Officer |
| RR/MDR-TB | Rifampicin Resistant/Multi-Drug Resistant Tuberculosis |
| HCW | Healthcare Workers |
| PMTCT | Prevention of Mother to Child Transmission |
| NTDs | Neglected Tropical Diseases |
| SNRL | Supra National Reference Laboratory |
| DOT | Directly Observe Treatment |
| aDSM | Active Drug Safety Monitoring |
| NACP | National Aids Control Program |
| CHN | Community Health Nurse |
| VSG | Village Support Group |
| VHW | Village Health Worker |
| NAS | National AIDS Secretariat |

SUMMARY

Tuberculosis (TB) 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) is the mandated body for the coordination of prevention, care and control strategies of TB and Leprosy in The Gambia.

The incidence of TB in the Gambia shows a declining trend for the past 5 years, TB incidence has decline from 153/100,000 population in 2020 to 149/100,000 population in 2021. While the incidence is declining, the TB mortality rate, which initially decline is currently on the increase from 24/100,000 in 2020 to 26/100,000 in 2021. HIV remains the key driver of TB mortality, the TB/HIV mortality rate is 8 per 100,000 in 2021.

The NLTP in 2022, notified 2576 cases of all forms of TB, registered a 84% treatment success rate for the 2021 cohort of TB patients. Ninety per cent (90%) of TB patients were tested for HIV, of which 14% were co-infected.

RR/MDR-TB case detection remains low, 12 cases were notified representing 10% achievement of WHO estimates, a Drug-resistant survey is on the pipeline to measure the true burden of MDR-TB.

Furthermore, childhood TB case detection remains a challenge, largely attributed to inadequate capacity. The country's target for childhood notification was 10% of notified cases, however, 7% of this target was achieved.

The program is challenged with resources as Global Fund remains the main funding source for program implementation of TB-related activities, while WHO provides technical support and drugs for leprosy care.

Despite achieving Leprosy elimination targets, the disease remains a priority for the NLTP as the WHO identifies it as one of the NTDs. Currently; there are 17 registered leprosy cases on treatment across the country.

The NLTP envisages a TB-free Gambia, in line with the end TB strategy to ensure that by 2030 no household suffers catastrophic cost due to TB, reduces TB incidence by 80% as compared to 2015 levels and the number of TB deaths lowered by 90% compared to levels in 2015. The NLTP remains resolute in our drive to end TB in the Gambia cognizant of the fact that these targets cannot be achieved without the political will, collaboration, investment in research, and innovation.

1. Background

Despite efforts to control Tuberculosis (TB), it 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 and Leprosy in The Gambia. Other responsibilities include advising policy decisions, strategies and procedures for Leprosy and 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 TB mortality rate showed a deterioration from 24 per 100,000 population in 2020 to 26 per 100,000 population in 2021. HIV remains a key driver of TB mortality in The Gambia, the TB/HIV mortality stands at 8/100000 population in 2021.

The National Strategic Plan (NSP) serves as the principal guiding document for program implementation and focus, the current NSP for TB 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.

Leprosy control remains an integral part of the program mandates, and as of December 2022, the program notified 17 active Leprosy cases on treatment.

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 and the control of Leprosy. Moreover, NLTP's contribution to the fight against Neglected Tropical Diseases remains firm and we continue to support Leprosy care and prevention across the country.

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. Leprosy and Tuberculosis services-Staffing/Support to Services

a. Central Level

| No. | Designation | Number |
|-------|--|--------|
| 1 | Program Manager (PM) | 1 |
| 2 | Deputy Program Manager (DPM) | 1 |
| 3 | Principal Leprosy & Tuberculosis Control Officer (PLTCO) | 1 |
| 4 | Senior Leprosy & Tuberculosis Control Officer (SPO) | 1 |
| 5 | Leprosy & Tuberculosis Control Officer (LTCO) | 1 |
| 6 | Monitoring & Evaluation Officers (M&E) | 2 |
| 7 | Data Manager (DM) | 1 |
| 8 | Administrative Assistant | 1 |
| 9 | Data Entry Clerks | 2 |
| 10 | Generator Operator | 1 |
| 11 | Cleaners | 2 |
| 12 | Drivers | 4 |
| Total | | 18 |

b. Regional

| Region | RLTCO | Doctors | LTIs | CHN/VHS |
|--------|-------|---------|------|---------|
| WCR1 | 1 | 2 | 22 | 8 |
| WCR2 | 1 | 3 | 10 | 14 |
| LRR | 1 | 1 | 8 | 15 |
| NBW | 1 | 2 | 4 | 16 |
| NBE | 1 | 2 | 16 | 14 |
| CRR | 1 | 2 | 10 | 26 |
| URR | 1 | 2 | 9 | 18 |
| Total | 7 | 12 | 79 | 111 |

3. Activities Implemented in 2022

Introduction: During the year 2022, the NLTP has conducted a series of activities geared towards improving Leprosy and TB service delivery in the country and contributing to the overall reduction in Leprosy and TB incidence in the country. Activities were conducted in a collaborative manner and with partners, and the successes registered are a collective win. Activities implemented broadly are:

1. **Capacity Building:** The NLTP was engaged in a series of activities geared towards building the capacity of staff at the central, regional and facility level. These activities are categorized into facility-based training, community-based trainings and overseas training.



1.1 Facility-based training:

- a. Infection Control training:** The NLTP recognizes the importance of infection prevention and control as a TB prevention mechanism. During the period, 20 HCW were trained on Infection Prevention and Control, especially in the context of TB, COVID-19 and other infectious diseases. Cognizant of the cross-cutting nature of infection control, the number of HCWs trained needs to be greatly improved.
- b. Training on MDR-TB:** MDR TB diagnosis and management remains challenging as only a few facilities are doing the treatment for MDR. Considering the rollout of the all-oral bedaquiline regimen for ambulatory patients, it was necessary to increase the pool of HCWs with the capacity to treat MDR-TB cases. Fifty (50) HCWs were trained in the management of MDR-TB including the all-oral bedaquiline regimen.
- c. Training on TB screening, diagnosis, treatment and care:** A Series of training was conducted for the screening, diagnosis, treatment and support for TB. These include training of HCWs on paediatric TB case finding and management, training of OPD staff on facility-based case finding, refresher training of LTIs, training of PMTCT staff and mobile outreach clinic staff on paediatric TB case finding and the training of physicians on TB screening, diagnosis and management including providing advance care. All these training are geared towards building the capacity of facility-based staff to

adequately identify, diagnose and manage TB cases. Overall, about 110 HCWs were trained by NLTP in 2022.

- d. **Training on Leprosy:** In 2022, the program in partnership with the WHO conducted a training for 50 health care workers on Leprosy, the training brought together LTIs and health staff stationed at the OPDs across the country. As part of efforts to build capacity and shift focus on NTDs i.e Leprosy, this was an important milestone.
- e. **Training on External Quality Assurance in TB Laboratories:** To ensure the validity and reliability of TB tests conducted by the TB lab networks across the country, external quality assurance training was organized for staff stationed at the TB network of labs. Coordinated by the National Public Health Laboratories.

1.2 Community-based Training:

- a. **Training of influential community members on TB:** The training of Kabilo leaders on TB was done with the aim to sensitize kabilo leaders on TB and helping destigmatise TB. The training brought together 20 influential individuals to discuss on TB and address some of the challenges faced in the community towards TB care and prevention.
- b. **Sensitization of stakeholders from line ministries:** Collaborative activities help in creating avenues to address issues of stigma and open up opportunities to collaborate. During the meeting, the NLTP

discussed with partners ways to improve stigma. Individuals were invited from various line ministries including interior, finance, and GBoS among others. The goal was to put across messages of goodwill and the efforts made towards TB care and prevention. During deliberations, the program through the Ministry of Interior gained access to the country's main prison for active case-finding purposes.

- c. **Stigma reduction:** The Ex-TB patient's associations as a body has been partners with the NLTP in the fight against TB. Therefore, destigmatizing TB could be best addressed by individuals who have experienced stigma. The Ex-TB patients association were sensitized on stigma reduction to build their capacity for community stigma reduction activities

2. Collaborations with partners:



- a. Annual collaboration meeting with neighbouring countries:** The NLTP as part of strategies to address cross-border TB embarked on an annual collaborative meeting with neighbouring Guinea Bissau. The Gambia and Guinea Bissau has a long-standing collaborative relationship and has during deliberations learn best practices from each other. The Gambia has equally assisted in the provision of drugs not available in Guinea. The team comprising staff from NPHL, NLTP, NAS, headed by the Deputy Director of Health Services were received by NTP-Guinea.
- b. Linking the NTRL to the SNRL:** The NTRL in 2022 was linked to the SRL in Cotonou for the conduct of external quality assurance. The team visited several labs within the country including the BL3 lab at the NTRL. The country was scored from no star to 1 star during this visit, reflecting improvements in TB lab services. Collaborations with the SRL will continue as they have been identified to provide external quality assurance in the planned DR- survey.
- c. Support the annual production of radio adverts:** In a bid to destigmatize TB and to increase public awareness on TB, the NLTP in 2022 supported the production of radio adverts in four local languages for broadcast across the country. In addition, the Leprosy and TB Control Officers have been engaged in radio talk shows i.e Coffee time to sensitize the public on TB and destigmatize TB.

d. Conduct quality assurance in clinical settings: In a bid to integrate services, The Quality Assurance Unit of the Ministry of Health in collaboration with the NLTP conducted quality assurance in clinical settings to evaluate treatment and care provided at TB clinics. This activity also helps to address gaps in quality assurance.

3. Improved service delivery: As part of activities geared towards to improvement of TB service delivery, NLTP engaged in the following activities:

a. Scale up of DOT: As NLTP envisage to have 1 DOT centre in every district and working towards achieving this important milestone. The program has scaled up to 4 new sites across the country and provided each site with a motorcycle for contact tracing, namely, Janjanbureh H/C, Sanyang H/C, Kuntaya H/C and Fatoto H/C. These facilities are now fully operational and have started reporting TB cases.



- b. Update of TB guidelines:** TB guidelines updated during the period include: DSTB treatment guideline, DR-TB treatment guideline, aDSM guideline, and TPT guideline. These guidelines have been updated to reflect current recommendations align to the WHO's operational handbook on TB.
- c. Central and Regional TB/HIV meeting:** As we intensify efforts and work closely with the NACP of the Ministry of Health, the highly recommended TB/HIV coordinating committee meetings conducted at the central level and across all regions of the country was conducted to discuss service delivery and how to better improve on TB and HIV coordination across all.
- d. Social and Nutritional support for TB patients:** The NLTP continues to provide quarterly social and nutritional support to 22% of TB patients (co-infections, MDR-TB and childhood TB cases). This is given in the form of cash and other condiments for each diagnosed patients in the selected category. This is done to ensure treatment adherence and better outcome at treatment.



4. Active Case Finding: Several active case-finding activities were conducted during the period January- December 2022. These series of activities include:

- a. Active case finding in madrassa schools:** Madrassas have been known to be hotspots for TB transmission and hence the need to conduct active case finding activities at this important setting. The NLTP was able to screen over 100 students for TB, although the ACF activity has not yield TB cases but was an opportunity to sensitize teachers and students and collaborate with stakeholders in the education sector. In addition, during the implementation of this activity, some students complained of hematuria. Their urine samples were collected and sent for schistosomiasis screening. Twenty (20) students in CRR and two (2) students in URR tested positive for Schistosoma.



- b. Active case finding in prisons:** considerate of the congregated nature of our prisons and the problem of overcrowding, the NLTP engages in semesterly case finding activities at the prisons in collaboration with the NPHL to identify presumptive TB cases and have them tested for TB. ACF finding activities continue to be an important activity and have yielded cases as the just concluded ACF in prisons yielded 2 TB cases.
- c. Active case finding for targeted risk groups:** ACF targeting at-risk groups was also conducted by NLTP in a bid to collaborate and identify hotspots for TB transmission. The activity was conducted among refugees in The Gambia, in collaboration with GaFNA and NPHL. The activity was a day-long community activity where sensitization was done on TB and presumptive TB cases had their samples collected for testing. The event witnessed the collection of samples from 50 presumptive TB cases (results yet to be released by the lab).

5. Monitoring & Evaluation

- a. Monitoring of TB DOT sites:** As part of activities to strengthen the program implementation of activities at the service point, NLTP engages HCWs, RHMTs and concerned central-level directorates/programs on challenges identified. Data quality remains an integral part of the monitoring and supervision, which helps to inform program directions. Supportive supervision has been the hallmark of the NLTP, supervision that only not addresses data and challenges but assists in building the capacity of staff at service points on

best practices and new recommendations.

- b. Leprosy Monitoring:** Leprosy cases continue to emanate from the country and as part of efforts to address challenges posed by Neglected Tropical Diseases (NTD), NLTP continues to monitor and provide supportive supervision to service providers on Leprosy. The Gambia currently has 17 Leprosy cases on treatment. The management of Leprosy, review of treatment progress and capacity building of staff on leprosy remains a priority for the program.
- c. Training on Monitoring and Evaluation:** To build the capacity of NLTP monitoring and evaluation officers on program monitoring was paramount to monitor progress and direct program activities informed by data. The NLTP has built the capacity of 2 staff on Monitoring and Evaluation in 2022. This has assisted the program in the evaluation of progress.
- d. Conduct Data Quality Audit:** Data quality audits are conducted externally of NLTP, in a bid to ensure reliability, validity and accuracy of data. This is done in collaboration with HMIS-MoH, M&E unit at the Directorate of Planning and NAS.
- e. Research and Innovation:** Research and innovation forms the basis for the development and TB has evolved such that innovative approaches and research towards TB care and prevention must be adopted. The NLTP is a strong advocate of research and thus, undertook the following research areas:

- i. TB-Diabetes study:** The TB diabetes study conducted within the GBA was done in a bid to determine the prevalence of TB among diabetes patients. This was a massive undertaken in collaboration with partners from various domains including clinicians from the public and private sectors. The study illicit an important finding, in which 0.5% of diabetic patients assessed had TB. Considering the significance of this important finding, TB screening among diabetes patients becomes paramount.
- ii. TB patients catastrophic cost survey:** Another massive undertaken yet important. As part of the end TB strategy targets, the catastrophic cost incurred by TB patients to access services is important to determine. As NLTP envisage having no families experience catastrophic cost due to TB, the finding of the study (still ongoing) will provide a baseline for decision-making.

4. **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, and 75% 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, 25% of the NSP target remains unachieved. Going by the WHO estimates of 3900 incident TB cases in The Gambia, 34% of cases still remain missing and undiagnosed.

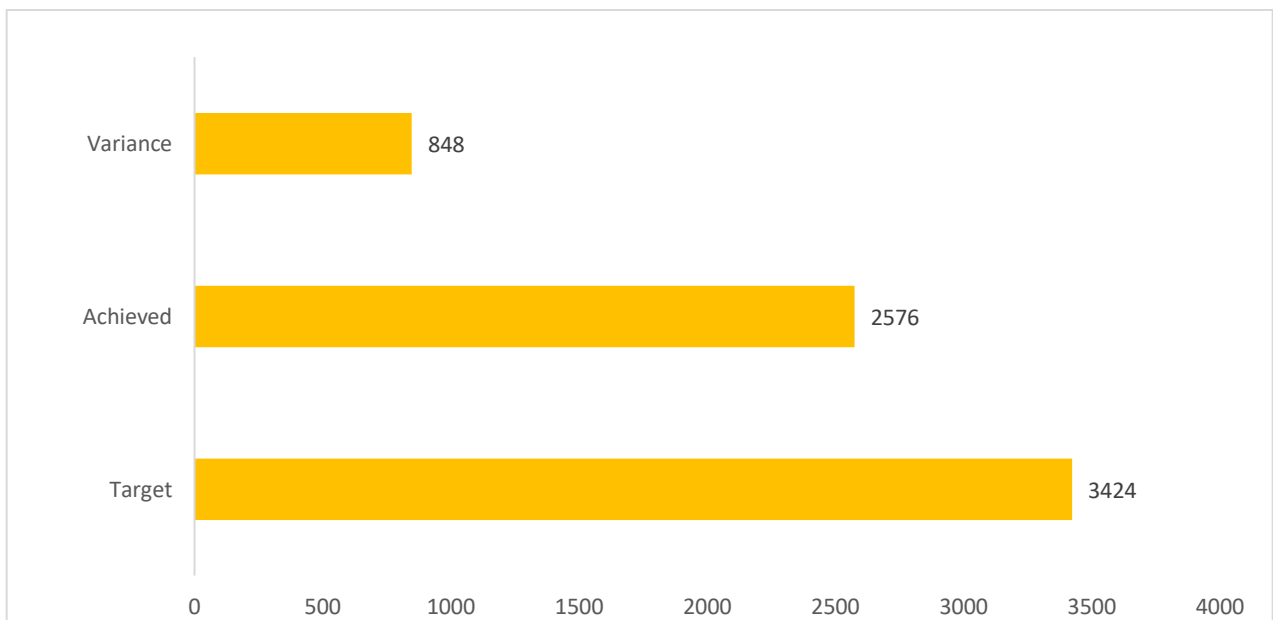


Fig 1: Notified cases 2022, achievement versus targets

II. Strategic Objective 2: Treatment success

The treatment success rate of all forms of notified TB stands at 84% as of December 2021. This is 3% less than what was seen in 2020. Death among TB cases stands at 6.4% while the cumulative of other unfavourable outcomes (i.e Failure, and return after default) stands at 9.4%. Death among HIV-positive TB cases stands at 11.8%

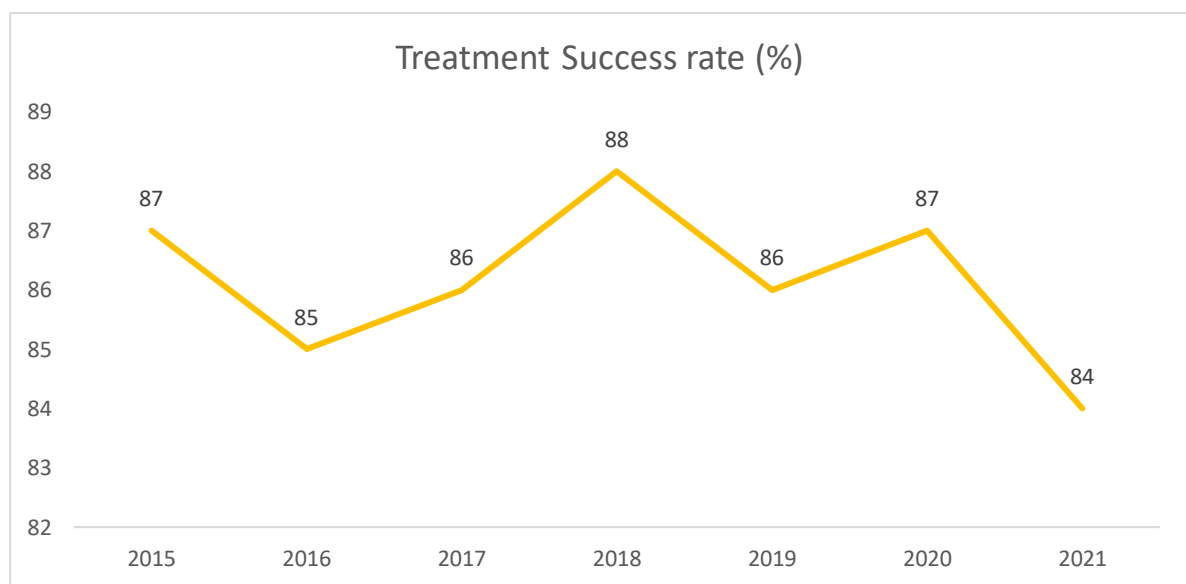


Fig 2: The treatment Success rate of all forms of TB

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 90% in the year 2022, of those counselled and tested 13.7% were positive.

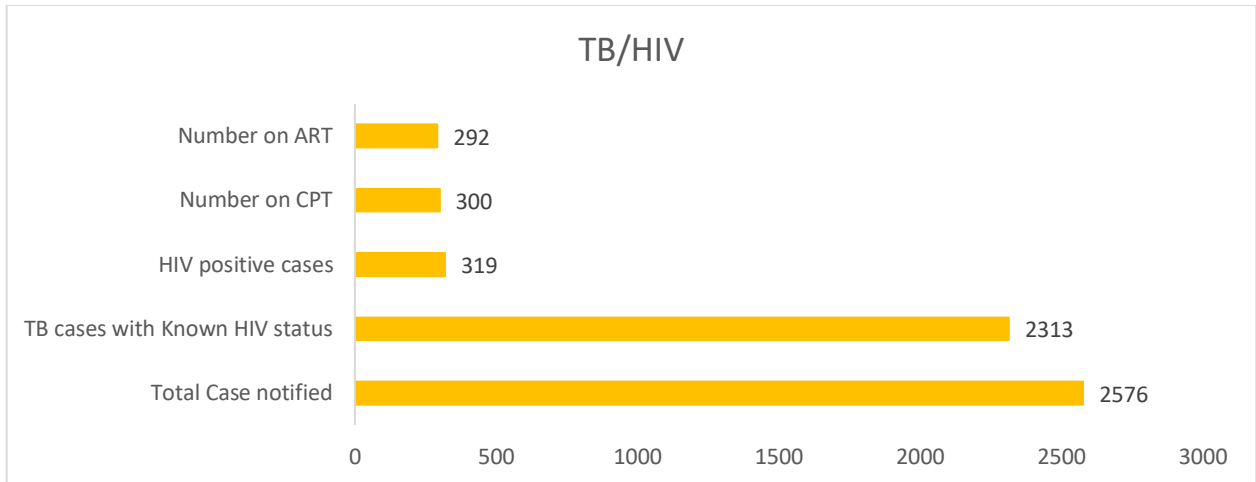


Fig 3: TB HIV collaborative services

IV. In 2022, the number of leprosy cases on treatment was 17 cases. Five (5) of the 17 cases were diagnosed in the previous year. Currently, the cases are at Kanifing General Hospital, Serrekunda Health Centre, Bansang Hospital and Basse District Hospital.

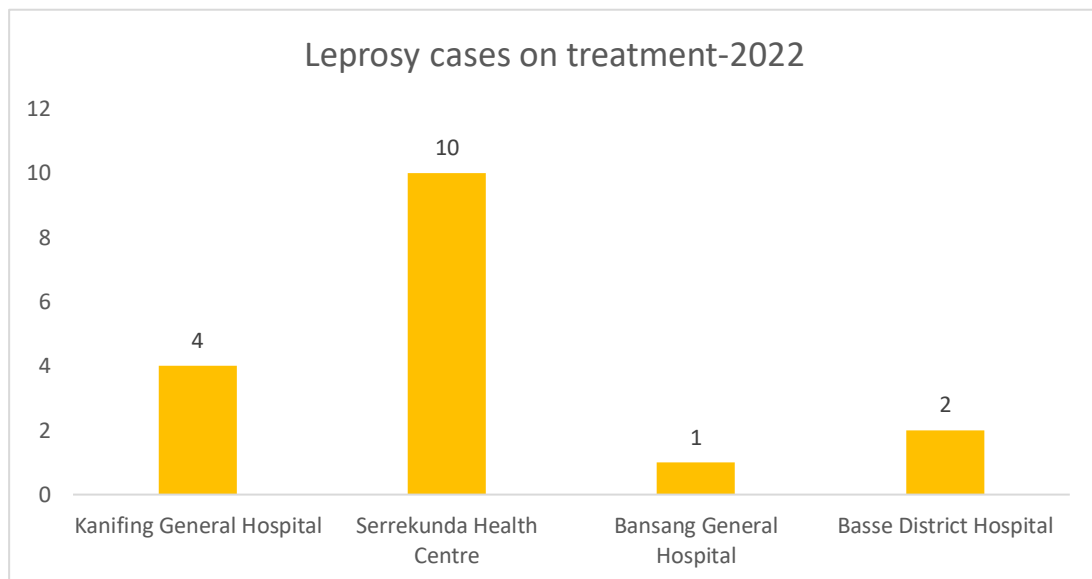


Fig 4: Caseload of Leprosy 2022

NLTP report (2022)

5. 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- Kombo South (Western Health Region 2)
 2. Fatoto Health Centre – Kantora (Upper River Health Region)
 3. Kuntaya Health Centre- Jokadu (North Bank West Health Region)
 4. Janjanbureh Health Centre – McCarthy Island(Central River Health Region)

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 and have contributed 1.2% of the TB cases in 2022.

- b. **MDR ward at New Yundum:** The newly constructed MDR ward at NewYundum 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 GF Grant. 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 a new NSP is being develop 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 made 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 VHWs 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.

6. 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.

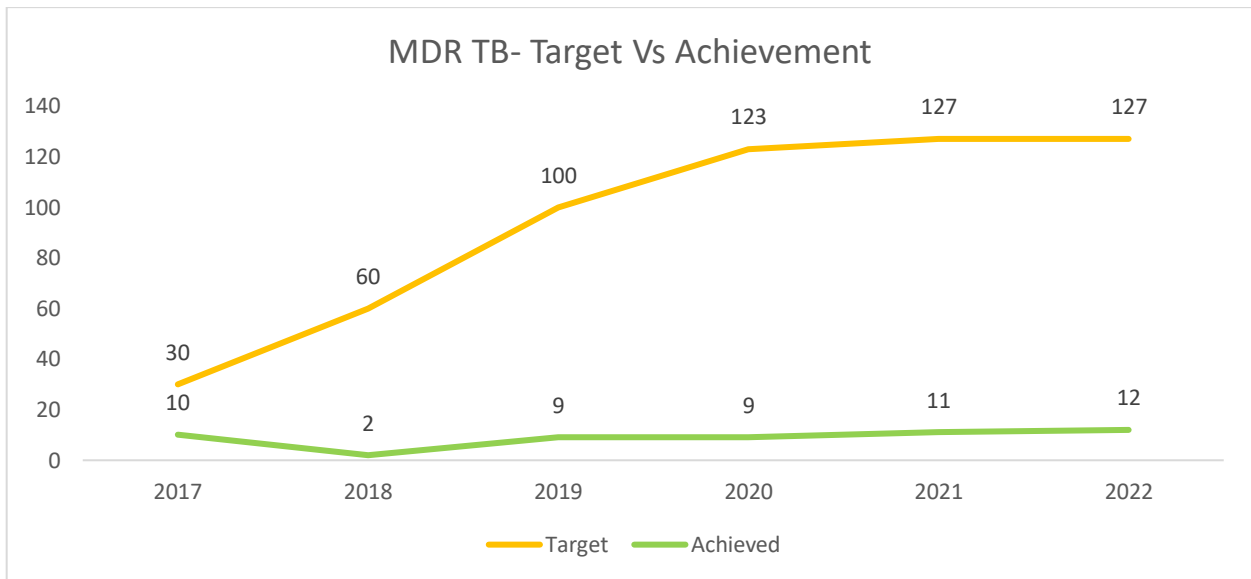


Fig 4: MDR TB case notification

The 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.

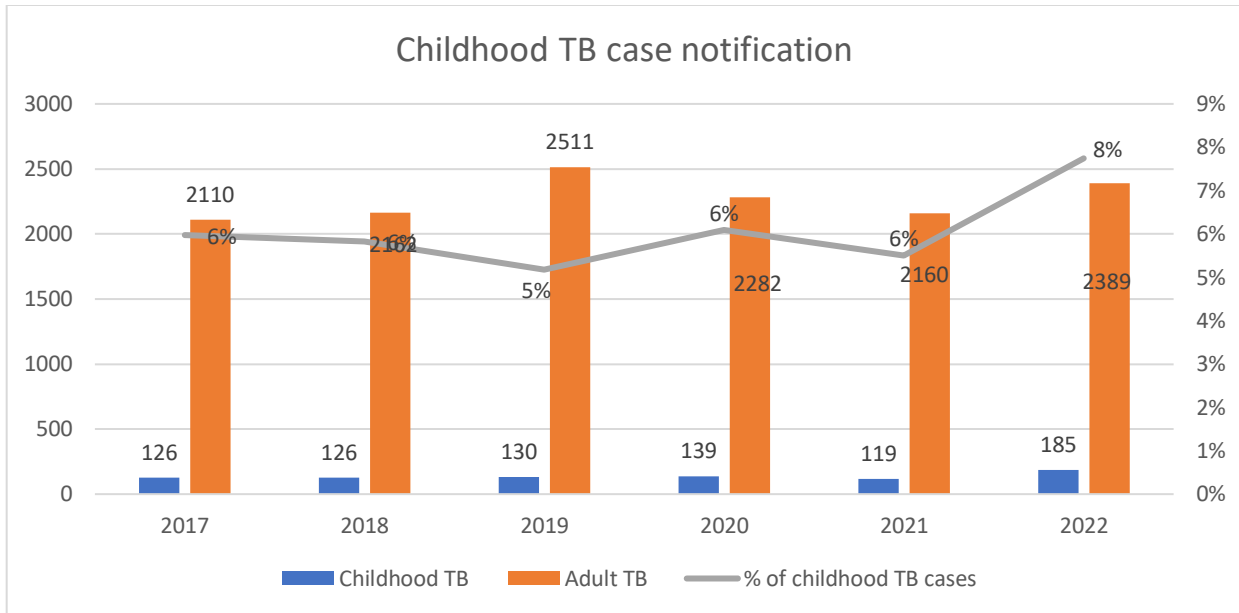


Fig 5: TB Case Notification (childhood Vs Adult TB)

- 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 in to 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 are 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.
- e. Stock out of Leprosy Drugs:** The NLTP during the year had a stock out of Leprosy drugs. With Support from partners (WHO), the NLTP received leprosy drugs in March of 2023. This was pushed to the supply chain and facilities with cases were notified to make the request through their RMS.

7. 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.

8. Conclusion:

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

ANNEX

I. PICTURES OF PROGRAMME ACTIVITIES



Bidding farewell to M&E Officer- Kebba Sanneh



Handing over of motorcycle for scale-up sites to regional Director



Gambia delegation for the annual collaborative meeting with authorities in Guinea Bissau (DHS/NLTP/NACP/NPHL/NAS)



World TB day celebration with partners

Sharing of study finding on ACF by MRC

