Mozambique

Overview of TB control system

The Mozambique National Tuberculosis Control Programme was launched in 1977, and tuberculosis and HIV/AIDS are among the government's health priorities. Mozambique's health services are inadequate in terms of coverage, access, and quality of care, mainly due to the lack of infrastructure and to limited managerial and staff capacity. Access to health care is defined in Mozambique as living within 20 km of a health facility, and much of the population lives outside this radius. The MoH (National Directorate of Health) has developed a plan to expand health services, with a component that is designed to ensure integration and coordination of supervision within provinces. At present, however, there remain serious imbalances among and within the 11 provinces because of the concentration of resources in the provincial capitals. The NTP has had strong political support, and is promoted by the MoH. The core functions of the NTP are to ensure effective treatment of all cases, provide manuals and guidelines, train new staff, conduct surveillance of TB drug resistance, and analyze statistics countrywide.

Surveillance, planning, operations

Case notification rates have been rising in Mozambique since 1992, but less rapidly than in other countries of south-eastern Africa that also have high rates of HIV infection (the smear-positive rate has been increasing at 4% per year since 1996 in Mozambique). The case detection rate by the DOTS programme was estimated to be 45% for 2002 but, because the underlying TB incidence is uncertain (as for other countries in the region), so too is the estimate of case detection. Treatment success was 77% for the 2001 cohort, lower than the target of 85%, mainly because 10% of patients died and 9% defaulted.

A comprehensive DOTS expansion plan was developed by February 2003. As yet there is no NICC, though a partner's meeting was organized in the interim. Mozambique faces serious challenges in TB control, including lack of staff, high HIV prevalence among TB cases, poor transport infrastructure that limits access to TB services, natural disasters that destroy health facilities and roads, and civil unrest that derails the political will to fund health programmes. As a consequence of decentralization, DOTS has been implemented in all district health units, but not yet in peripheral health posts. Treatment outcomes are, therefore, jeopardized by a lack of supervision during the continuation phase that may contribute to higher death and default rates. The relatively simple measure of supplying transportation, in the form of bicycles and motorbikes, could improve follow-up supervision and lead to improved treatment outcomes. Community-based DOTS at the peripheral level could also allow for better supervision of DOTS patients. There are 206 laboratories that perform direct smear microscopy, and not enough reference culture laboratories. Laboratory staff are overworked, which may affect quality of smear reading in the future, and there is a lack of functioning microscopes, trained technicians, and external quality control. DOTS is in place only in the district health centres where there are functioning microscopes. There are plans to train additional laboratory staff and coordinators, and expand DOTS into community health units or

PROGRESS IN TB CONTROL IN MOZAMBIQUE

Indicators

Indicator	Value
Treatment success 2001 cohort	77%
DOTS detection rate, 2002	45%
NTP budget available, 2003	100%
Government contribution to NTP budget, including loans, 2003	NA
Government contribution to total TB control costs, including loans, 2003	NA
Government health spending used for TB, 2003	NA

Major constraints to achieving targets

- DOTS expansion plan not completed until 2003
- Nearly 20% of health infrastructure destroyed by civil war
- Lack of trained staff at peripheral levels following decentralization and civil war
- Lack of laboratory facilities and equipment
- Irregular drug supplies due to poor roads

Remedial actions needed

- On-going resource mobilization
- Immediately implement DOTS expansion plan
- MoH commitment to rehabilitate health infrastructure to 60% of previous capacity
- Increase funding and training for laboratory and peripheral staff
- Purchase new microscopes and spare parts, and refurbish laboratories
- Create buffer stock of properly stored drugs

NA indicates not available

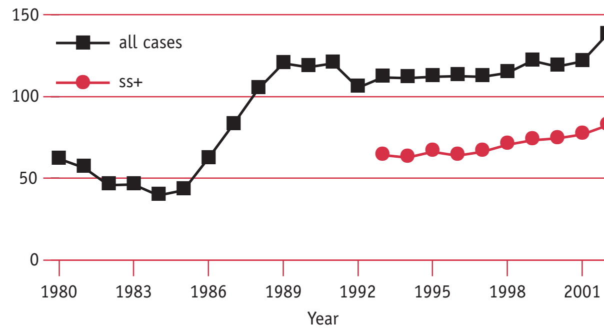
MOZAMBIQUE

LATEST ESTIMATES[a]	
Population	**18 537 208**
Global rank (by est. number of cases)	18
Incidence (all cases/100 000 pop)	436
Incidence (new ss+/100 000 pop)	182
Prevalence (ss+/100 000 pop)	250
TB mortality per 100 000 pop	124
% of adult (15-49y) TB cases HIV+	47
% of new cases multi-drug resistant	3.5

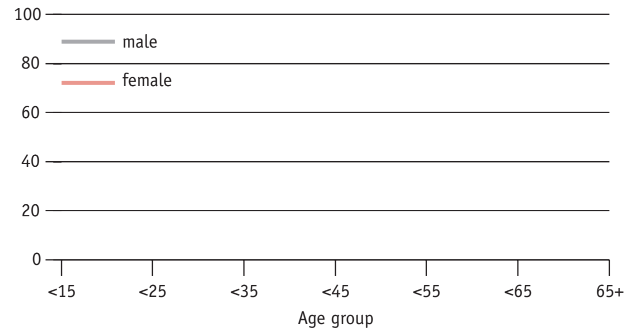
TRENDS	1999	2000	2001	2002
DOTS population coverage (%)	—	100	100	100
Notification rate (all cases/100 000 pop)	122	118	121	138
Notification rate (new ss+/100 000 pop)	73	74	77	82
Detection of all cases (%)	34	31	30	32
Detection of new ss+ cases (%)	50	47	45	45
DOTS detection of new ss+ (%)	—	47	45	45
DOTS detection of new ss+/coverage(%)	—	47	45	45
DOTS treatment success (new ss+, %)	71	75	77	—

Notification rate (per 100 000 pop)

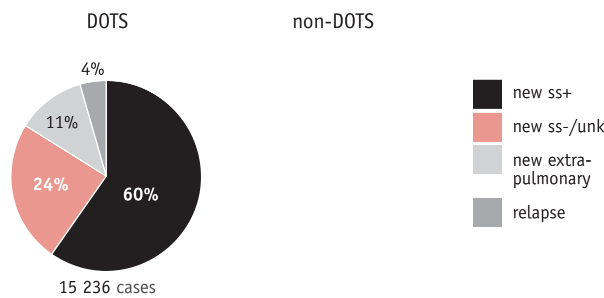
Notification (all cases) = 25 544 in 2002



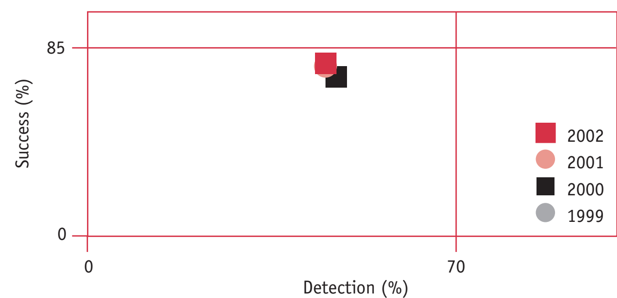
Notification rate by age and sex (new ss+)[b]



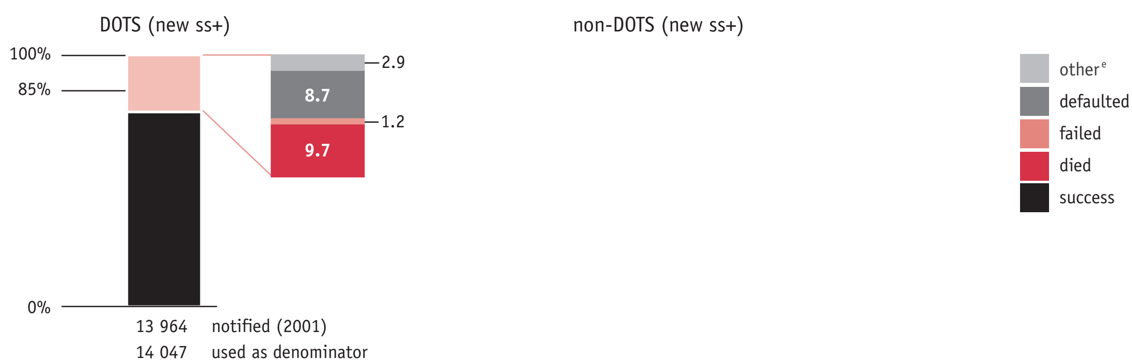
Case types notified[c]



DOTS progress towards targets[d]



Treatment outcomes[c]



Notes

ss+ Indicates smear-positive; ss-, smear-negative; pop, population; unk, unknown.

[a] See Methods for data sources.

[b] The sum of cases notified by age and sex is less than the number of new smear-positive cases notified for some countries.

[c] Non-DOTS is blank for countries which are 100% DOTS, or where no non-DOTS data were reported.

[d] DOTS progress towards targets: DOTS detection rate for given year, DOTS success rate for cohort registered in previous year.

[e] "Other" includes transfer out and not evaluated, still on treatment, and other unknown.

Budget estimates, existing funding, and budget gaps for fiscal year 2003, US$ millions

	REQUIRED FUNDING	EXPECTED FUNDING				FUNDING GAP
		GOVERNMENT	LOANS	GRANTS	OTHER	
NTP budget						
Drugs	NA	NA	—	NA	—	NA
Dedicated staff working exclusively for TB control	NA	0.1	—	NA	—	NA
New activities to raise case detection and cure rates	NA	NA	—	NA	—	NA
Buildings, equipment, vehicles	NA	NA	—	NA	—	NA
All other line items	NA	NA	—	NA	—	NA
TOTAL NTP BUDGET	8.0 [a]	0.3 [a]	0	2.4	0	5.3
Costs not covered by NTP budget [b]						
Hospital stay	NA	NA	—	—	—	—
Clinic visits for DOT and monitoring	NA	NA	—	—	—	—
TOTAL COSTS NOT COVERED BY NTP BUDGET	NA	NA	—	—	—	—
TOTAL TB CONTROL COSTS	NA	NA	—	—	—	—

— Indicates zero; NA, not available

[a] The government contribution is actually higher because drugs are also procured with government money. However the size of the drug budget is unknown.

[b] WHO estimates, data not provided by the NTP

villages, reaching at least 1 district per region.

The national TB/HIV coordinating body is developing a 5-year plan for joint TB and HIV control. Collaborative activities are implemented by the MoH, NGOs, and research organizations in 19 of 154 districts. There is an HIV surveillance system for TB patients, and the HIV infection rate among adult TB patients is estimated to be 47%. As yet, there is no plan to involve the NTP in the delivery of ART. A DRS survey was conducted within the framework of the WHO/IUATLD global project on anti-TB drug resistance surveillance, but the results are not yet available.

Partnerships

The coordination of partnerships is led by the MoH. The aim is to direct partners to areas or populations that currently have limited access to health services in general and TB services in particular. Financial support is provided to the NTP by NORAD, the Association Italian Follereau (AIFO), NLR, TLMI, DFB, Lepra UK, and Spanish Centre for Investigations in Health (CISM). External technical support has been given by WHO, IUATLD, and GLRA for operations and TB staff development.

Budgets and expenditures

Mozambique did not submit financial data for this report. For the 2003 report (covering calendar year 2003), the NTP reported a budget of US$ 8.0 million, implying a budget per patient of US$ 320. The government contributed US$ 0.3 million to the 2003 budget, a decrease of US$ 1.3 million compared to 2002. The government also contributed to TB control costs through the purchase of anti-TB drugs although this budget cannot be disaggregated as the drugs are procured and financed as part of a package of essential drugs.

In 2003, Mozambique was awarded US$ 18.2 million from the GFATM for TB control activities. While the funds have not been disbursed, over US$ 5.4 million were budgeted for the first year of the project. If disbursed during the 2003 fiscal year, these funds will eliminate the estimated financing gap of US$ 5.3 million.