

Policies and Partnerships that created a model TB Program in El Salvador

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OUTLINE

- Political Will & Health Reform
- Multi-sector Participation:
 - Private Sector
 - University
 - Prison System
- International Partnership
- Major achievements
- Sustainable National TB Program
- 2006-2015 WHO/Stop TB strategies
- Challenges: Integrated Regional Response

National and International Partnerships 1999

- El Salvador Ministry of Health (MSPAS)
- USAID
- PAN AMERICAN HEALTH ORGANIZATION

National and International Partnerships El Salvador TB Program, 2000-2007

National

MSPAS (MOH)

MINISTRY OF EDUCATION

ISSS (SALVADORAN SOCIAL SECURITY INSTITUTE)

NATIONAL PRISON SYSTEM

UNIVERSITIES (NATIONAL AND PRIVATES)

NGOs

- ANTI-TB LEAGUE
- RURAL HEALTH WORKERS
- LUNG SOCIETY

International

1. USAID (SALSA)
2. PAN AMERICAN HEALTH ORGANIZATION/ WHO/STOP TB
3. IUATLD
4. TBCTA/KNCV
5. CDC
6. THE GLOBAL FUND TO FIGHT HIV/AIDS, MALARIA AND TB (2002)

The role of USAID as principal donor in supporting all TB

Program components: 1999-2004

- Reform of the national health system
- Logistics and Infrastructure
- Human resources training
- Personnel (critical salaries with sustainable strategies)
- Basic food
- Operational research
- Evidence based Public Health interventions
- Monitoring and Evaluation

The role of the Global Fund in Fighting HIV/AIDS, Malaria and TB, sustaining all TB Program achievements and expanding to the WHO/STOP TB 2006-2015 TB strategy

- 2002-2007:
 - The MSPAS (MOH) as a unique example in the region in directly managing and implementing the Global Fund TB
 - Policies, Program Objectives in accordance with the Global Fund proposal
 - Partnerships already working as a team in accordance with the NTB strategies
- 2006-2015:
- Successful implementation of WHO/STOP TB strategies

The role of the Ministry of Health in El Salvador: 2000-2007 Political Will and Health Reform

- Health Reform:
 - National consultation process,
 - Incipient, but the TB Program eager to start up the process
- SIBASI SYSTEM (BASIC HEALTH SYSTEM)
 - Decentralized basic health care structure
 - Provision of primary and secondary Public Health Services
 - Community Participation
 - 2007: 27 SIBASIS & FIVE REGIONS



GENERAL INFORMATION

General Information

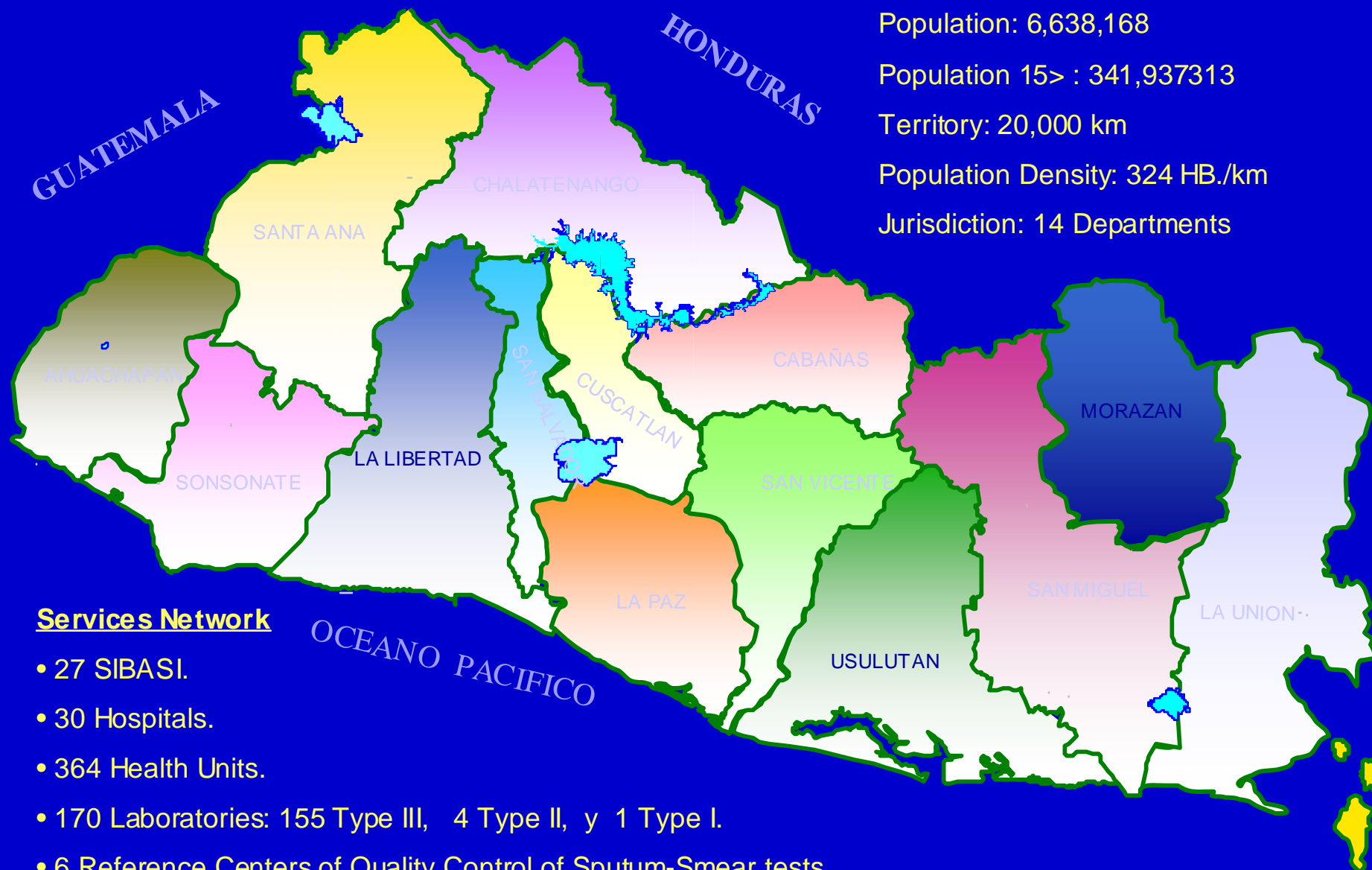
Population: 6,638,168

Population 15+ : 341,937,313

Territory: 20,000 km

Population Density: 324 HB./km

Jurisdiction: 14 Departments



Services Network

- 27 SIBASI.
- 30 Hospitals.
- 364 Health Units.
- 170 Laboratories: 155 Type III, 4 Type II, y 1 Type I.
- 6 Reference Centers of Quality Control of Sputum-Smear tests.

National TB Program achievements: DOTS components, 2006

1) **Political will**

- Efficient NTP Team: program planning, steering system
- Developing and implementing international TB guidelines

2) **Access to quality assured sputum microscopy :**

- Laboratory Quality Control System: Decentralized and Universal
- Participation of laboratories from other sectors in its laboratory network

National TB Program achievements:

3) Standardized short-course chemotherapy for all cases of TB under strict supervision:

- The entire health sector
- Health providers observe treatment strictly, supported by members of the community when is needed
- Treatment success rate among new smear positive patients: 91.3 %
- By 2005, detection rate among new smear positive patients: 67%. (WHO 2006)

Universal coverage of the HIV test. **“El Salvador is one of the first countries in the world to reach this PAHO/WHO goal”** (TBCTA 2004 external evaluation mission).

National TB Program achievements

4) Uninterrupted supply of quality-assured drugs :

- Purchases TB drugs through the PAHO Revolving Fund (Fixed Dose Combinations -FDC).
- Second line drugs through the Green Light Committee to treat MDR

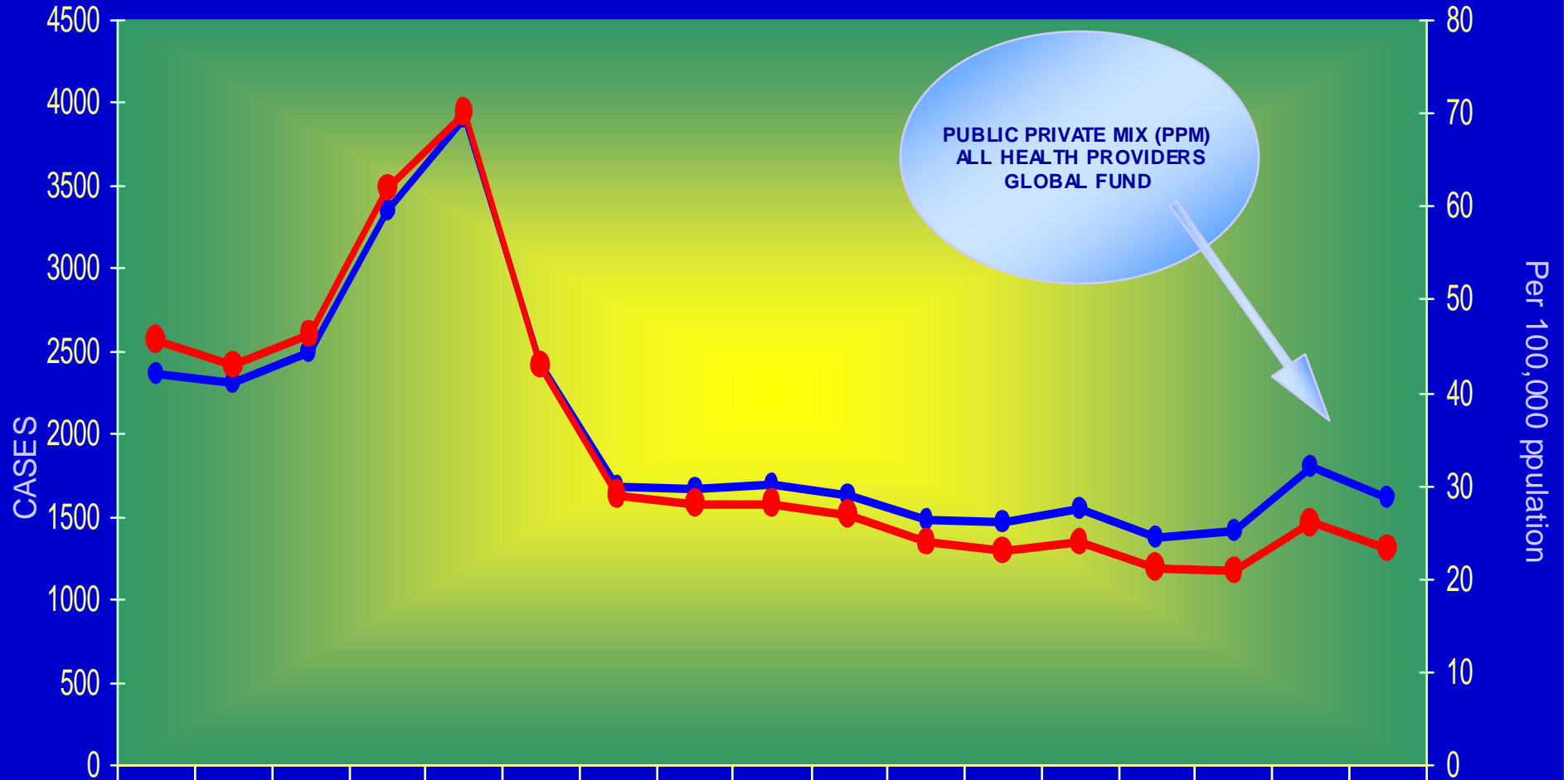
5) Integral and universal implementation of an international information system:

- enabling outcome assessment of patients and assessment of overall program performance

6) Training

- Training at all levels and for all sectors (based on training modules)
- Universities inclusion of the TB control strategies as part of their curricula, **“A global example”** (TBCTA-WHO)

TB Incidence (any type) El Salvador, 1990-2006



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
—●— Cases	2367	2304	2495	3347	3901	2422	1686	1662	1700	1623	1485	1458	1550	1383	1407	1794	1613
—●— Rates	45.7	43	46.3	62	70	43	29	28.1	28	27	24	23	24	21	20.8	26	23.1

** Rates per 100,000 pop.

* 1997 a 2006 Datos MSPAS/ISSS

TB Bk(+) COMPARATIVE TREATMENT OUTCOME El Salvador 1997-2005

Year	Total de Ptes.Bk (+)	Cured BK(-)	%	Tto. finished	%	Success	failure	%	DEATHS	%	Tx abandon	%	Transferred out	%
1997	771	511	66.3	18	2.3	68.6	3	0.4	33	4.3	87	11.3	119	15.4
1998	953	640	68.8	17	2	70	9	0.9	56	6	94	10	137	13
1999	927	692	74.5	34	3.6	78.3	5	0.5	58	6.3	83	9	55	5.9
2000*	952	789	83	12	1.3	84.3	12	1.3	66	6.9	52	5.5	21	2.2
2001	1003	858	85	22	2	87.7	15	1.5	49	4.9	52	5	7	0.7
2002	980	834	85	27	2.7	87.9	13	1.3	50	5.1	54	5	0	0
2003**	870	749	86.0	19	2.0	88.0	15	1.7	36	4.8	48	5.5	0	0
2004 &	926	822	88.8	9	1.0	89.8	12	1.3	43	4.6	38	4.1	0	0
2005	1059	964	91%	3	0.3%	91.3%	16	1.5%	44	4.2%	25	2.4%	0	0

AÑO 2003: ** Excluido 1 por fallecer al cuarto día de tratamiento, 2 excluidos por cambio de diagnóstico

& AÑO 2005: 5 CASOS EXCLUIDOS POR CAMBIO DE DIAGNOSTICO
2 CASOS EXCLUIDOS POR EMIGRAR A OTRO PAIS

* Se excluyeron 23 casos por ser de Honduras y Guatemala, además otros por cambio de diagnóstico

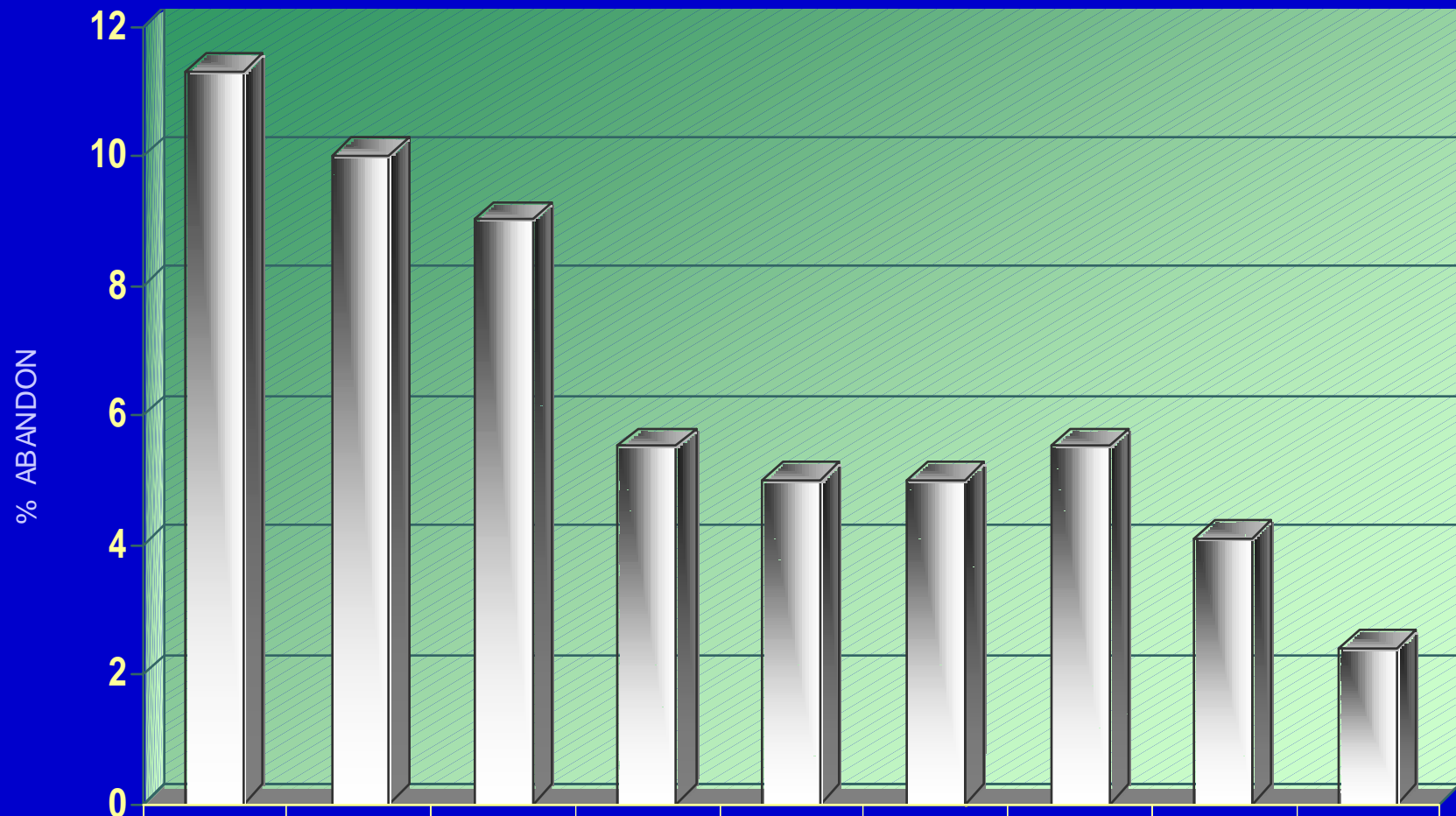
& AÑO 2004: 1CASO EXCLUIDO POR IRSE A GUATEMALA

1 CAMBIO DE DIAGNOSTICO POR CULTIVO NEGATIVO

Fuente: Programa Nacional de Tuberculosis y Enfermedades Respiratorias

TB ABANDONEMENT TREATMENT RATE

El Salvador: 1997-2005



	1997	1998	1999	2000	2001	2002	2003	2004	2005
 % Abandon	11.3	10	9	5.5	5	5	5.5	4.1	2.4

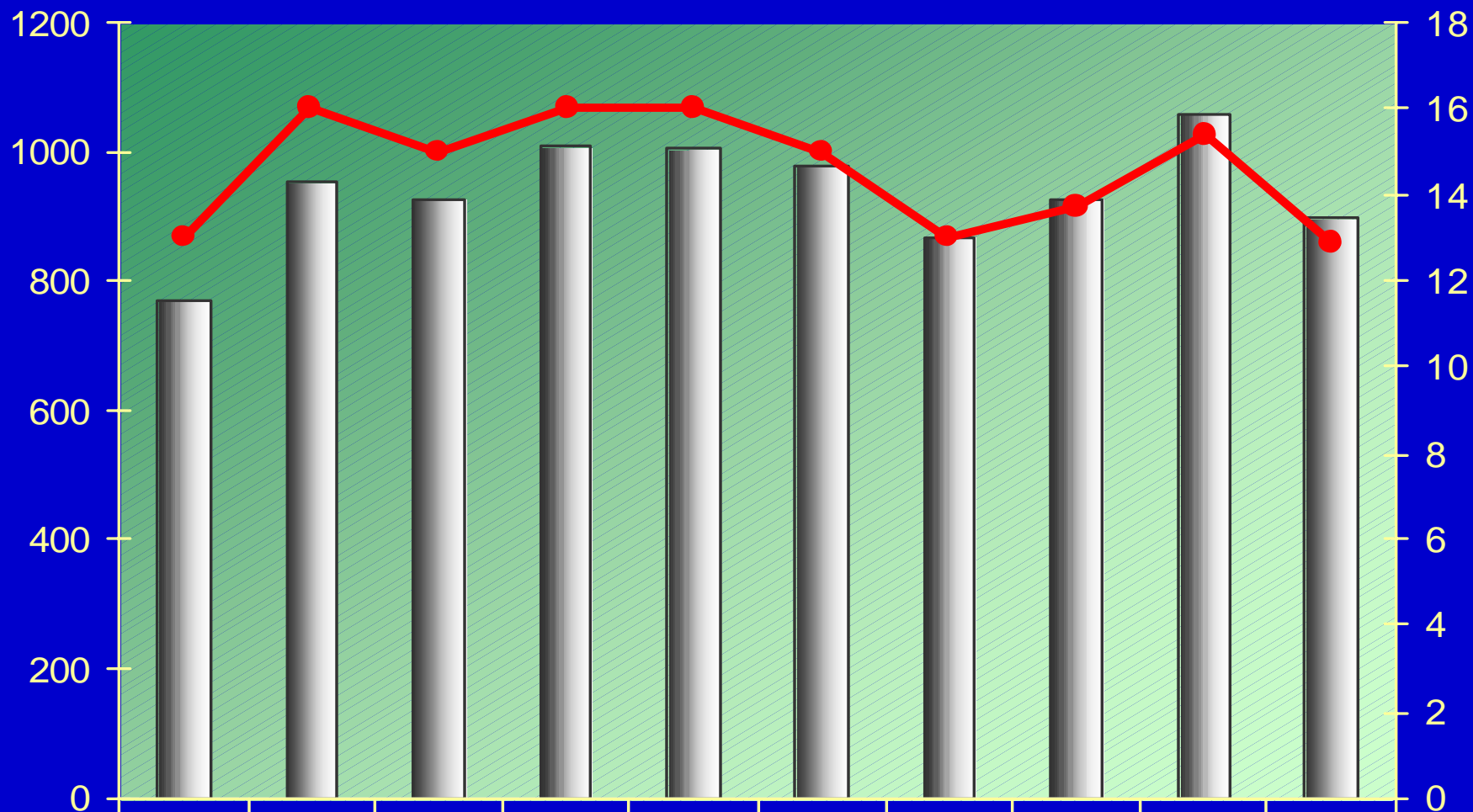
Fuente: Cohorte Nacional

TB mortality rate El Salvador 1997-2005



Source: National Cohort

TB Bk (+) cases Incidence El Salvador, 1997- 2006

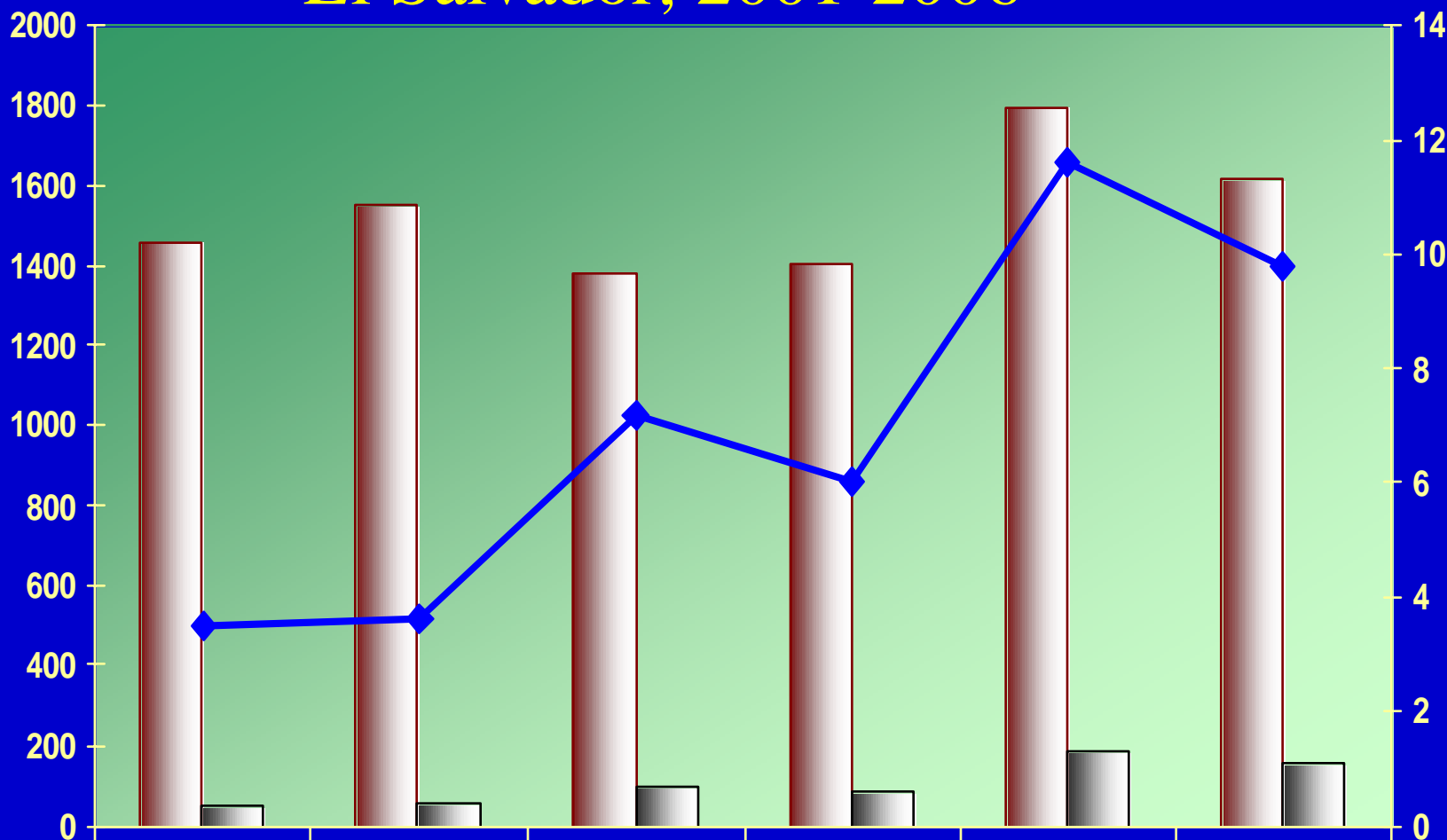


 Cases	771	953	927	1008	1003	980	870	926	1059	900
 Rates	13	16	15	16	16	15	13	13.7	15.4	12.9

Source: PCT-9 MSPAS/ISSS 1997 a 2006
Rate per 100,000.inhab.



TB-HIV Co-Infection El Salvador, 2001-2006

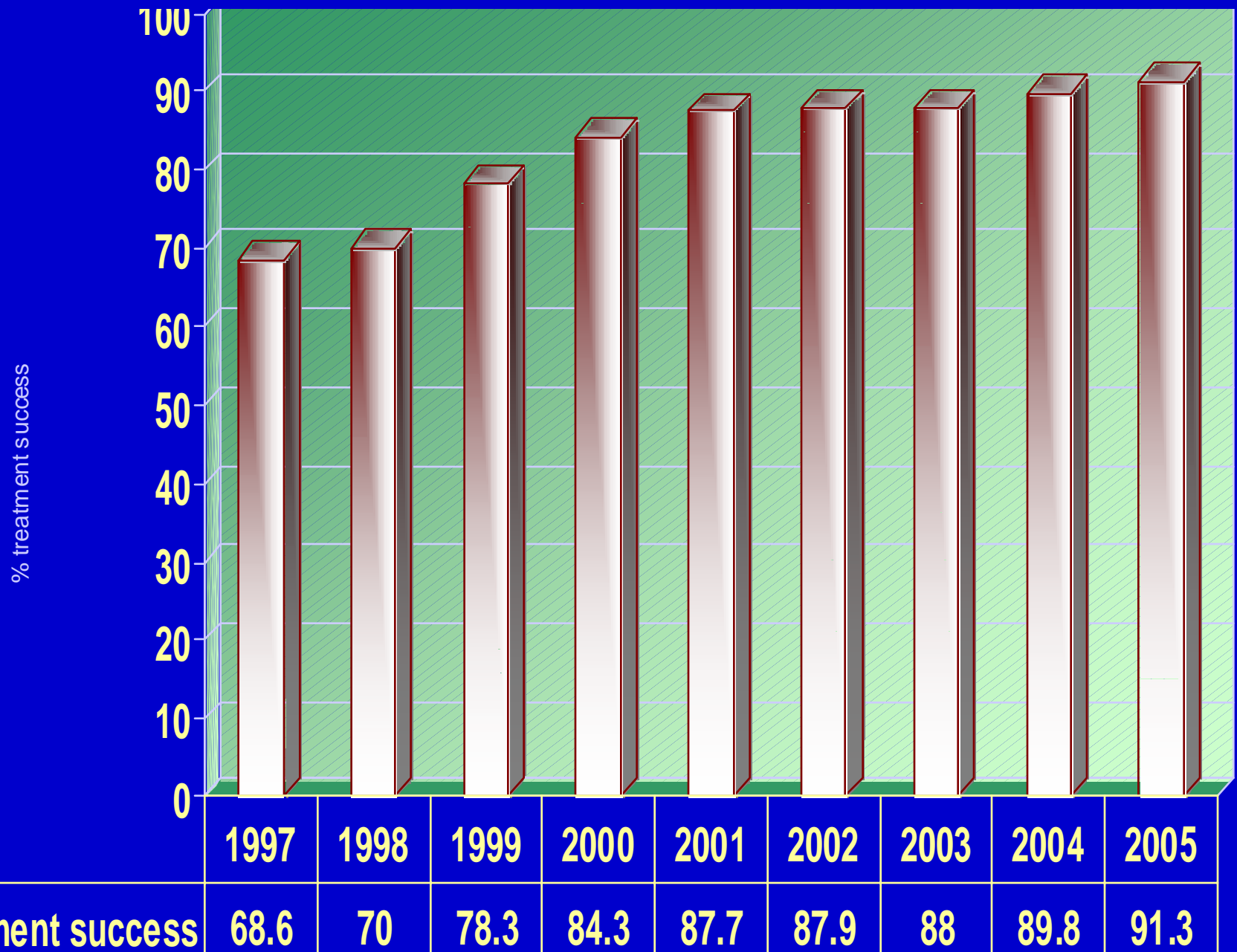


TB PATIENT	1458	1550	1383	1407	1794	1615
PATIENT TB/HIV	51	56	99	84	188	159
% TB/HIV	3.5	3.6	7.2	6	11.6	9.8

FUENTE : PCT-9 SIBASIS e ISSS

Year 2006 : preliminar

Treatment Success Percentages. El Salvador, 1997-2005



Fuente: Cohorte Nacional

2000-2005 Cohort of smear positive pulmonary TB – HIV-AIDS cases. El Salvador

Discharge condition	2000		2001		2002		2003		2004		*2005	
	No.	%	No.	%	No.	%	No	%	No	%	No	%
Total in hospital patients	38		51		56		38		64		74	
Cured	16	42.1	25	49	28	50	22	57.9	36	56.3	53	71.6
Treatment completed	1	2.6	0	0	2	3.6	1	2.6	0	0	0	0
Treatment success	17	44.7	25	49	30	53.6	23	60.5	36	56.3	53	71.6
Abandon	3	7.9	5	9.8	1	1.8	2	5.3	9	14.1	4	5.4
Transferred out	0	0	0	0	1	1.8	0	0	0	0	0	0
Failure	0	0	2	3.9	0	0	2	5.3	1	1.6	1	1.4
Deaths	18	47.4	19	37.2	24	42.8	11	28.9	17	26.6	16	21.6
TOTAL		100		100		100		100		98.6		100

AÑO 2004 : * 1 CHANGE IN DIAGNOSES DUE TO NEGATIVE CULTURE

SOURCE: PCT-10 SIBASIS

Año 2005 : dato preliminar.

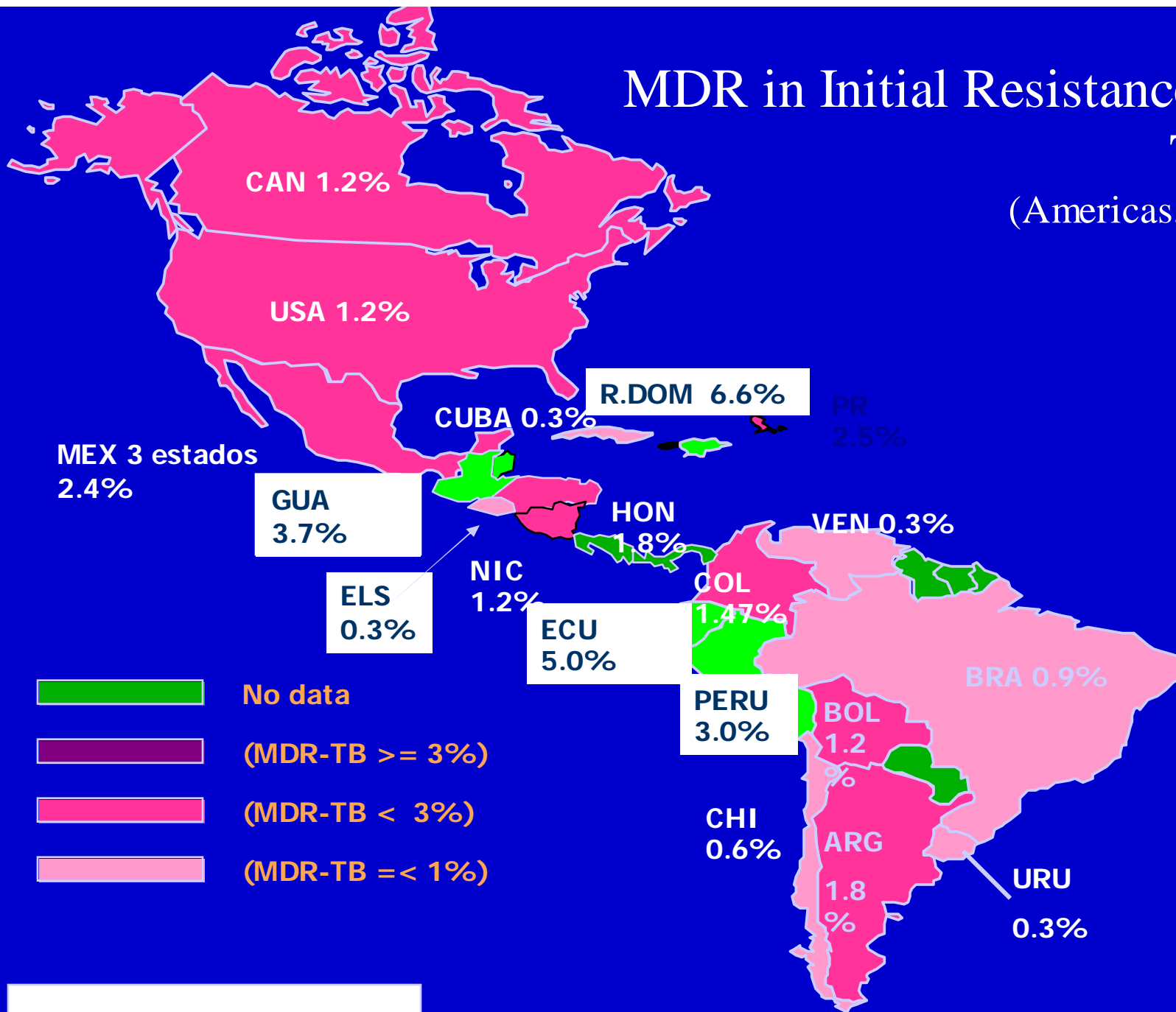
Tabla 4 ▀ **Country grouping according to primary (initial) MDR-TB prevalence, selected countries*, Region of the Americas, 2004.**

MDR-TB 3% or higher	MDR-TB between 1% and 3%	MDR-TB below 1%
Dominican Republic	Argentina	Canada
Ecuador	Bolivia	Chile
Guatemala	Brazil	Cuba
Peru	Colombia	El Salvador
	Honduras	Uruguay
	Mexico	Venezuela
	Nicaragua	
	Paraguay	
	Puerto Rico	
	United States	

* Data on MDR-TB is not available for Costa Rica, CAREC Member countries, Haiti, Panama, English-speaking Caribbean, French Territories, or Netherlands Antilles.

Pan American Health Organization
 Regional Plan for Tuberculosis control,
 2006-2015.
 Washington, D.C: PAHO, © 2006.

MDR in Initial Resistance to Anti-TB Drugs (Americas, 1994–2002)



PAHO/WHO, 2004 Report

2006-2007 EL SALVADOR ACHIEVEMENTS

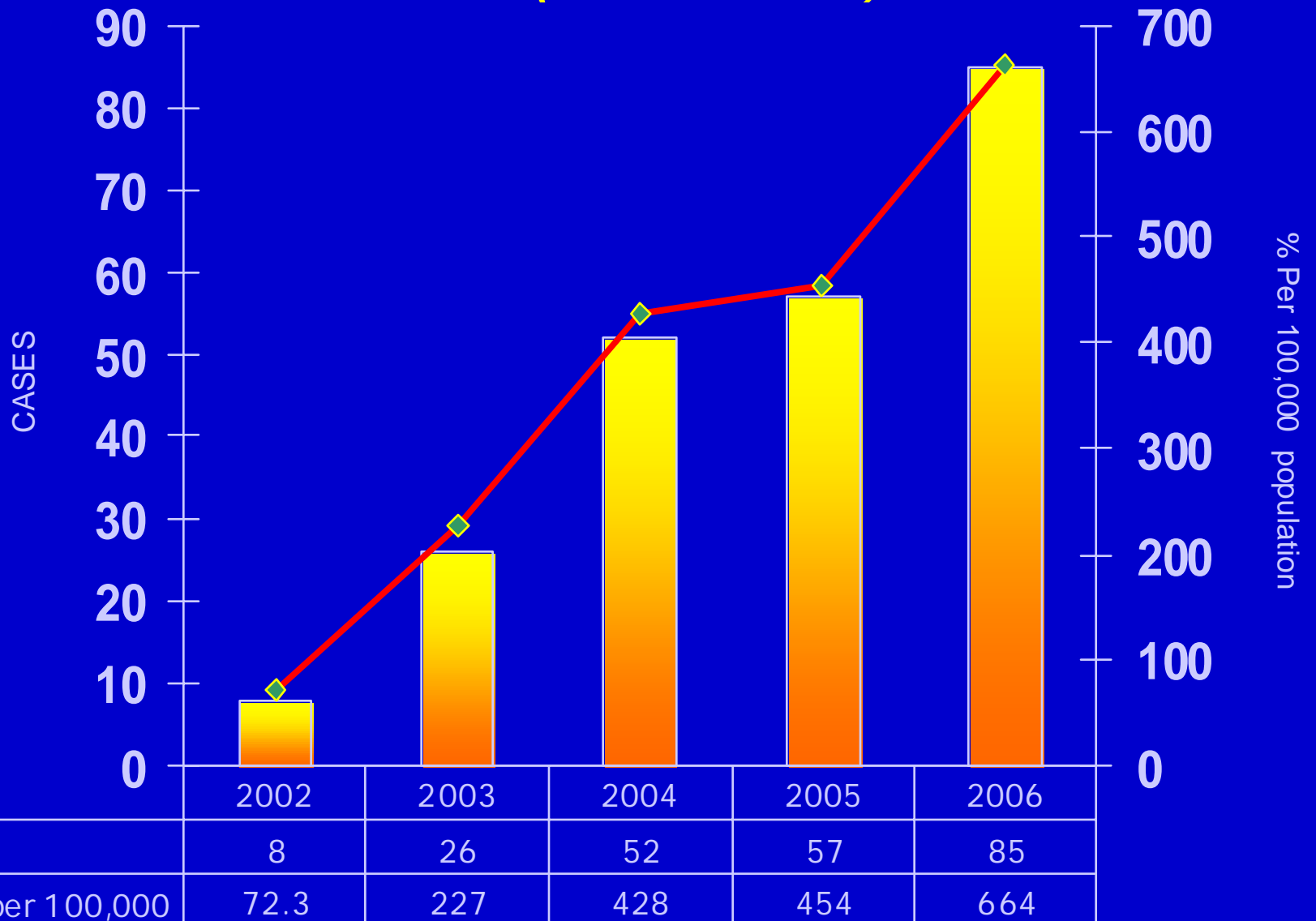
- SUCCESSFUL IMPLEMENTATION OF
2006-2015 WHO-STOP TB STRATEGY

1. Pursue High-Quality DOTS Expansion and Enhancement
2. Address TB/HIV, MDR-TB and other challenges
3. Contribute to Health System Strengthening
4. Engage all Care Providers
5. Empower People with TB, and Communities
6. Enable and Promote Research

Challenges: Integrated Regional Response

- Mortality due to HIV/AIDS
- Prison system in crisis:
 - incidence 664 per 100,000 population
- Increase detection
- Intense mobile population in the region
- Health disparities within the country
- Need for regional training and research program

Tuberculosis cases (all forms) Prison System El Salvador (2002 – 2006)



Source: PNT, DGCP

Proposal



REGIONAL TUBERCULOSIS TRAINING, EDUCATION AND RESEARCH CENTER (CREFITB)

The University of Florida, USA
El Salvador Ministry of Health
The University of El Salvador
Technical Assistance from PAHO/WHO

PROPOSED STRATEGY TO MEET NEEDS:

THE REGIONAL CENTER OF EXCELLENCE FOR TB TRAINING AND RESEARCH:

- Guatemala
- Honduras
- Nicaragua
- Dominican Republic
- Haiti
- El Salvador proposed as host of the Regional Center of Excellence

Thank you!