

## Tuberculosis Prevention in High Burden Areas, Islamic Republic of Iran

### Why is it important?

Tuberculosis (TB) is often described as a disease of poverty because it mostly affects the poor and vulnerable individuals and communities. More than half of all deaths caused by TB occur in Asia according to the World Health Organization (WHO).

More than one-third of the world's population is infected with the TB bacilli; over 90 percent of them in developing countries. While treatment is available, 2 out of every 5 TB cases are not properly detected and treated. More than 75 percent of TB-related deaths and disabilities happen among people between the ages of 15 to 54 - the most economically active segment of the population; hence the human development impacts of the disease.

Tuberculosis has been a major health problem and a threatening disease in Iran from the far past. In the Islamic Republic of Iran, around 14,000 TB cases are identified each year with an annual death toll of about 2,000. The most at-risk groups include people living with HIV/AIDS, prison inmates, patients with drug-resistance TB and the health workers in TB diagnosis laboratories. The majority of TB cases are concentrated in seven provinces many of them among the less prosperous areas of the country.

### **PROJECT AT A GLANCE**

**Project Title:** Tuberculosis Prevention in High Burden Areas, Islamic Republic of Iran

**Starting Date:** October 2008

**Budget:** US\$ 19,000,000

**Implementing Partners:**

- Ministry of Health, Treatment and Medical Education
- Prisons Organization
- World Health Organization

**Location:** Hormozgan, Sistan-va-Baluchestan, Khorasan Jonoubi, Khorasan Razavi, Khorasan Shomali, Golestan

## **What is our goal?**

The overall goal of the project is “to dramatically reduce the burden of TB in the poor and vulnerable populations by 2015 in line with the Millennium Development Goals the ‘*Stop TB Partnership*’ targets”.

## **How will we reach it?**

The project aims to achieve its goal by:

- Scaling up TB diagnosis in the target provinces through quality-assured bacteriology;
- Standardization of treatment practices (treatment protocols, effective drug supply/management system, etc.)
- Monitoring and evaluation, impact measurement;
- Addressing HIV/TB co-morbidity, drug-resistance and other challenges;
- Empowering the people/communities affected by TB through advocacy, communication and social mobilization;

It is expected that by the end of the project:

- 8 new Drug Susceptibility Testing (DST), 66 Direct Smear Microscopy (DSM), and 20 TB culture laboratories have been established across the country;
- 14,000 people have received Directly Observed Therapy (DOT) visits during the intensive treatment phase;
- 13,000 new smear positive cases have been notified in target provinces;

- %90 of new smear positive TB cases have been successfully treated in target provinces;
- 7,000 of new and retreatment cases have received diagnostic drug sensibility test for Multi Drug Resistant (MDR-TB);
- 65 prisons have established/renovated quarantine wards and isolation rooms;
- 160,000 TB patient visits have been conducted in prisons;
- 1,000 new smear positive TB cases have been detected among prisoners;
- %82 of new smear positive TB cases have been successfully treated among those detected in prisons,
- %70 of population over the age of 15 has acquired correct knowledge about the transmission routes, symptom of TB and its prevention/treatment methods; and
- TB prevention pamphlets have been distributed among 2,000,000 guidance (secondary) school students.

### **What have we achieved so far?**

The project has contributed to national efforts towards strengthening the TB program management capacities, systems and quality assurance through:

- Establishment of state-of-the-art TB labs resulting in drastic improvement in diagnosis and treatment of new smear positive cases. So far 66 DSM labs, 40 culture labs and 6 DST labs have been established and are functional.
- Treatment success rate has increased from 83.49 in 2009 to 83.5 in 2010;
- Case notification rate has increased from 13.87 in 2010 to 14.49 in 2011;
- Prevention strategies to minimize contamination of TB laboratory personnel have been developed and implemented;
- 10,200 TB infected people have received Directly Observed Therapy (DOT) visits during the intensive treatment phase till end 2012;

- All larger prisons (i.e. prisons with more than 500 inmates) have been equipped with isolation rooms and quarantine wards; and
- Improved disease surveillance system (identification, reporting, and recording) in prisons has marked a singular achievement of the project.

**Additional reading:**

- WHO annual report on global TB control 2012: [http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/)
- Investment for Impact: The Global Fund Results Report 2012: [www.theglobalfund.org](http://www.theglobalfund.org)
- The Millennium Development Goals: <http://www.undp.org/content/undp/en/home/mdgoverview/>
- Human Development Report 2013: [www.undp.org](http://www.undp.org)

**For more information, visit:**

<http://www.behdasht.gov.ir>

[www.undp.org.ir](http://www.undp.org.ir)

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