

THE UNION AFRICA REGION IN 2015: BRINGING THE UNION CLOSER TO YOU

FROM EVIDENCE TO PUBLIC HEALTH ACTION

Since our founding as a global scientific organisation in 1920, The Union has drawn from the best evidence and expertise to advance solutions to public health challenges affecting people living in poverty.

KNOW. SHARE. ACT.

KNOW

- 424 patients are enrolled in Stage 1 of STREAM, a randomised clinical trial evaluating a 9-month treatment regimen for MDR-TB against the WHO's current standard two-year regimen. The Africa region is host to two of the four Stage 1 STREAM countries: Ethiopia and South Africa.

SHARE

- The Union reopened its office in the Democratic Republic of Congo to support a new United States Agency for International Development (USAID)-funded five-year Challenge TB grant focusing on improving access to high-quality, patient-centred care for TB, TB-HIV and MDR-TB; preventing TB transmission and disease progression; and strengthening platforms for delivering TB services.
- The Union launched the DETECT Child TB Project which aims to strengthen district- and community-level healthcare delivery in the Ugandan districts of Kabarole and Wakiso to improve childhood TB case finding, treatment and prevention.
- The Union Zimbabwe Office installed 30 GeneXpert TB diagnostic machines in districts and mission hospitals through a Challenge TB grant, improving coverage to 1 instrument per 134,744 people, from 1 instrument per 212,982 people in 2014.
- The Union finalised the *National guide on TB data collection, analysis and use for health workers*, providing step-by-step guidance at all levels of the health care system in Zimbabwe.
- The Union provided technical assistance to Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Côte d'Ivoire, the Democratic Republic of Congo, Djibouti, Ethiopia, Malawi, Niger, Rwanda, Uganda and Zimbabwe.
- The Union taught courses on programmatic TB, MDR-TB, and child TB across Africa and operational research (OR) courses in Ethiopia and Zimbabwe. From the OR courses, 29 papers have been published.

ACT

- The Union provided technical and financial support to the government of Chad, which has passed and implemented a new law requiring that graphic health warnings cover 70% of tobacco packages.
- The Union Zimbabwe Office participated in a parliamentarian workshop supported by Challenge TB, drawing support from 32 members of parliament who committed to advocate for increased domestic funding for TB.
- The Ugandan parliament passed a law bringing it in line with the strongest tobacco control policies in the world. The Union has supported the Ugandan Ministry of Health's tobacco control efforts since 2012.



A former patient holds her child outside one of the private urban clinics in Kampala supported by The Union through SPARK-TB (Slum Partnerships to Actively Respond to TB in Kampala).

Will Boase/The Union

ONGOING OBSERVATIONAL STUDY OF A NINE-MONTH MDR-TB TREATMENT REGIMEN IN AFRICA SHOWS PROMISING RESULTS

The Union is using an operational research approach to test a shortened treatment regimen for multidrug-resistant tuberculosis (MDR-TB) that has demonstrated a greater than 80% success rate in studies in Bangladesh, Cameroon and Niger. Nine countries in francophone Africa are participating in The Union study: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, Niger and Rwanda.

Patient enrolment was concluded in March 2015, and more than 1,000 patients are now receiving treatment through the study. Encouraging preliminary results were presented at the 2014 Union World Conference in Barcelona, with 83% treatment success in the first cohort of 356 patients. Further results will be presented at the 2015 conference in Cape Town this December.

The objective is to evaluate the effectiveness and the tolerance of the treatment delivered under programme conditions. After having standard clinical and laboratory examinations, eligible patients receive treatment under strict daily observation. Their clinical and bacteriological responses are followed-up monthly through treatment and for two years after completion.

The study began in January 2013 after it received approval from the World Health Organization and clearance from the ethics committees of The Union and each participating country.

This study, which will run through 2016, is funded by the French 5% Initiative (Expertise-France).

