

Global Fund Tuberculosis Control programme

About **World Vision in Somalia**

World Vision is a relief, development, and advocacy organisation dedicated to working with children, families, and communities. We work with community members, supporting them to overcome poverty and injustice. Our aim is to lift poor and marginalised households out of the vicious cycle of dependence by addressing the underlying causes of vulnerability to environmental and socio-economic shocks.

Since 1993, World Vision Somalia's country programme has been at the forefront of emergency response, establishing operations in remote locations and reaching those most in need. By 2025, World Vision Somalia hopes to have contributed to protecting and enhancing the well-being of two million vulnerable children through building the resilience of their families and communities.

Partnership **with the Global Fund**

World Vision has been the principal funding recipient of the Global Fund's Tuberculosis (TB) Control programme in Somalia since 2005, partnering with the Ministry of Health and other implementing partners to deliver TB control and support services across Somalia and Somaliland.

Being a principal partner, World Vision (WV) has the overall responsibility of programme management, including financial management, capacity building, procurement, and distribution of programme supplies. WV Somalia also oversees implementation, monitoring and evaluation, reporting to the donor, and risk management.

Our geographical footprint and network of international and local NGO partners ensure that we deliver critical services to the most vulnerable, including in difficult-to-access locations. Among these services are: TB diagnosis, testing, treatment, care and management, monitoring and supervision of TB patients, contact tracing, training, and skills transfer for health workers and health workforce.

Technical **capacity for delivering TB services**

Currently there are 108 tuberculosis management units (TBMUs), located in 78 out of Somalia's 90 districts. This is a growth from 34 districts when the programme began in 2005. The TBMUs can vary in scope, from basic facilities, such as primary health units offering diagnostic and treatment services, to large hospitals with admission and inpatient capabilities.

More than 50% of our TBMUs offer integrated health services. Staff at TBMUs are sourced via the Somali government, with WV providing salaries and running costs from the Global Fund (GF) grant



Global Fund's World Vision-implemented projects

Achievements in 2022/2023

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| US\$134 million Disbursement to date | US\$23 million GF budget for 2022 and 2023 | US\$2 million in GF funding channeled towards emergency response | 18,372 New patients diagnosed with TB in 2022 |
| Nearly 3,800 people in contact with TB patients who began preventive therapy | Close to 3,000 TB cases handled at private sector hospitals | 2,817 Drug-sensitive TB patients supported through cash transfers | 800 Healthcare providers, including doctors and nurses, trained in TB management |
| 500 Female health workers trained on TB detection and referral | 345 Identified cases of Multi-drug-resistant TB (MDR-TB) | 250 Tuberculosis incidence-rate per 100,000 people (2021) | 6 International and local NGO partners in TB management |
| 78 Districts across Somalia with Global Fund TB Control programming | 108 TB Management Units supported by World Vision | 358 MDR-TB patients supported through cash transfers | |

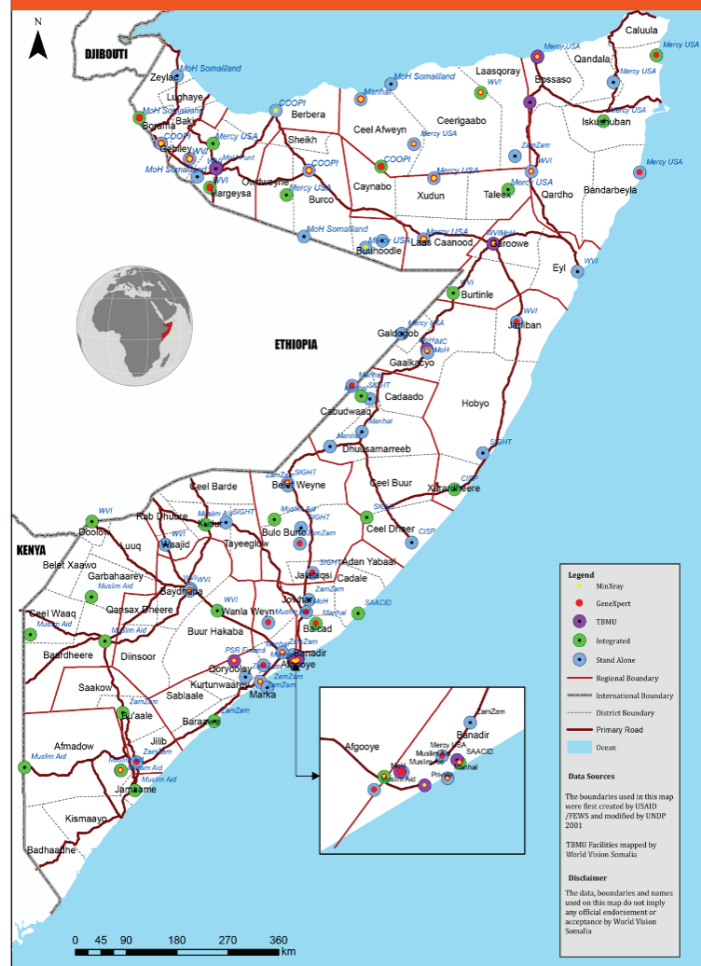
Our approach

World Vision works closely with the government through the Ministry of Health, local partners, and local communities to deliver effective TB services. Our TBMUs leverage local community structures as key stakeholders in the targeting of beneficiaries, mapping locations, creating referrals, and linking beneficiaries who require additional support.

We also collaborate closely with the private sector. It is estimated that 60% of Somalis seek health services in private facilities. To increase TB case detection, the grant has partnered with private health service providers and some private-owned facilities conduct screening for TB and referral of suspected TB services to TBMUs for testing. Facilities with more capacity provide diagnostic and treatment services, and they are funded with training, equipment and drugs.

We partner with community health workers whom we have trained to conduct community outreaches across the country. These workers visit a spectrum of locations, including displacement camps, slums, and prisons to increase awareness on TB, conduct screening for TB using simplified questionnaires, and looking for basic signs of TB. Presumptive TB cases are referred to TBMUs for further testing. Local community structures have been helpful in identifying gaps in the delivery of TB services and reporting them to be addressed during implementation period.

Spatial Distribution of Global Fund Supported TBMU Facilities



Long-term achievements

- Since the programme's inception in 2005, more than 250,000 drug-sensitive TB patients have been diagnosed and treated. This is equivalent to consulting with and testing more than 2.5 million people. Of the 250,000 patients, more than 90% received successful treatment – above the WHO threshold of 85%. Since every TB patient transmits to an estimated 5 persons, our treatment plays a major role in preventing spread of the disease.
- Somalia has one of the highest incidences of MDR-TB in the world. To address this challenge, investments have been made to decentralise MDR-TB services. This delivers service to as many locations as possible across the country, reaching more people as a result. Through the programme, every registered MDR-TB patient receives US\$50 per month during the whole period of treatment, supporting transport costs to hospital for check-ups and monitoring.
- The decentralisation of TB services became very critical during the COVID-19 pandemic, when movement was restricted and there was limited access to diagnostic and treatment facilities. Together with our partners, we secured additional budgeting to support the decentralisation process, furthering the reach of vital assistance, as well as strengthening both diagnostics and patient monitoring services.
- Our programme was instrumental in the deployment of GeneXpert machines, the use of mobile application to monitor patient adherence to treatment, and using artificial intelligence to interpret X-ray images.
- In 2013 and 2017, World Vision supported the Somali government to develop high-capacity Multi-Drug Resistant TB hospitals in Hargeisa, Mogadishu, and Galkayo.
- The programme has established three National Reference TB Laboratories in Hargeisa, Garowe, and Mogadishu. Hargeisa and Mogadishu can carry out advance tests including handling biohazardous agents, while the process to upgrade Garowe to Biosafety Level-3 is ongoing. These laboratories offer training for 108 TBMs and laboratories and also conduct quality assurance for microscopy, a service that was not available in Somalia until 2022.
- To increase TB cases detection, the programme has continued to engage female health workers since 2018. They visit the communities to raise awareness on TB, screen community members for TB, and refer suspected cases for testing at TBMs. As of 2023, the TB programme has engaged almost 500 female health workers.

Drought impacts TB services

Population displacement due to drought and conflict continues to affect tuberculosis patients' access to services and significantly contributes to the spread of the disease. WV Somalia is determined in its commitment to detect and treat tuberculosis wherever it may occur in the country. We are continuously mapping out the most-affected locations and are consistently planning for outreach missions to target regions where migration is occurring, specifically in settlement camps for people displaced by conflict – and now drought.

The Global Fund has mapped out at least 3,374 of these settlement camps which host about 3.9 million people. WV Somalia conducts 69 outreach units for TB, covering nearly all the regions across Somalia, as well as Somaliland. The outreach support also provides cash transfers to people with drug-sensitive TB and MDR-TB.



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Quick facts about TB and impact on societies



Tuberculosis is an infectious disease caused by the bacteria *Mycobacterium tuberculosis*. The bacteria spreads through the air from person to person and mainly attacks the lungs. Beyond the constant contagion risks in the community and mortality risks, untreated tuberculosis can lead to permanent damage to the lungs.



If a person is found to be infected and symptomatic, they must receive multi-faceted treatment for six months. If a person tests positive for tuberculosis but is not symptomatic (latent TB), they follow a preventative treatment course for 3-6 months. The vast majority of TB cases can be cured when medicines are provided and taken properly.

Tuberculosis is the number 2 cause of death among communicable, maternal, neonatal, and nutritional diseases in Somalia. With a population of just under 16 million people, an estimated 41,000 people -- among them 8,500 children -- in Somalia were infected with tuberculosis in 2020.

https://www.stoptb.org/static_pages/SOM_Dashboard.html

For every TB case detected, trained health workers visit and screen their immediate contacts for symptoms and signs of TB using a simple questionnaire. Persons suspected to have TB are then referred to the TBMU for further testing. Those who test positive are treated and preventive treatment is provided to those who test negative. This is one of the most effective way of tracing TB patients and also preventing transmission. This initiative also covers MDR-TB patients and a limited number of drug-sensitive TB patients. It will be scaled up in future.



World Vision

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