APPRAISING INTEGRATION OF TUBERCULOSIS (TB) CONTROL INTERVENTIONS IN PRIMARY HEALTH CARE SERVICES IN AFGHANISTAN

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This study intended to evaluate the involvement of primary health care (PHC) facilities in tuberculosis (TB) active case findings, appraise integration of NTP functions in primary health care settings, assess rational drug use and identify strong and weak areas of Basic Package of Health Services for Afghanistan (BPHS). The study found that the overall sensitivity of TB surveillance system in the country is 56.30%. This literally means that 43.70% of TB cases had remained undetected. 43.81% of studied facilities used at least one accepted active case finding strategy while 56.20% implemented none. 83.33% of district hospitals (DHs) and 69.57% of comprehensive health centers (CHCs) had a referral system for multi-drug-resistant tuberculosis (MDR-TB) patients. 100% of DHs, 93% of CHCs, and 23% of basic health centers (BHCs) had functioning labs, active microscopes and trained lab technicians. The level integration in management, administrative, physical environment, and patient management processes of PHC showed a mixed picture. The integration index determined that a wide disparity of opportunities for TB patients exists among different geographic areas. In 80% of observed health facilities, TB patients in first category of initial phase, started two RHZE under Directly Observed Treatment, Short-course (DOTs) daily, but in 62% of observed facilities, patients received 56 complete doses of RHZE within two months. The observed level of treatment completion in both initial and continuation phases was found significantly (0.031 and 0.0001) less than intended. To address, the loss of patients, it is recommend to expand microscopic services in selected BHCs. The selection of BHCs should be based on catchment area population, geographic hardness, TB notified cases and remoteness of CHCs.

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