

New publication about community-based tuberculosis screening policies in the 30 'high-burden' countries

November 4 2020, by Olivia Biermann



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Worldwide, 30 countries account for almost 90% of the global tuberculosis burden. Ending tuberculosis will require early detection of

people with TB, and active case-finding is one strategy for doing so. In this new study researchers at the Department of Global Public Health sheds light on policies for active case-finding in the 30 high TB burden countries, and the gap between policy and practice.

"Given that active case-finding is one [strategy](#) for ending tuberculosis, we were curious to find out how the National TB Program managers from the 30 high TB burden countries thought about the topic, and how active case-finding was anchored in their national TB strategies. The National TB Programs are usually part of the government and responsible for TB services—the managers of these National TB Program are therefore key decision-makers in the TB field," says Olivia Biermann, Ph.D. student and first author of the publication.

"The NTP managers unanimously agreed on the need for active case-finding scale-up. This was also reflected in the national TB strategies, while not all strategies included explicit aims and targets related to screening. At the same time, most NTP managers identified human and financial resource constraints as the main barriers to active case-finding implementation and scale-up—pointing to a gap between policy and practice. A few more interesting findings from our study included: National TB Program managers acknowledged the risk that active case-finding may cause increased health system costs in the short-term, but also recognized the possibility of decreasing costs in the long-term. Strategies to increase resources exist but may not yet have been fully implemented, e.g. generating local evidence for advocacy. Different types of evidence were used, while there was a particular demand for local evidence to inform local decisions. Managers in districts and regions were key stakeholders whose involvement could help improve active case-finding policy development, implementation and scale-up."

She adds: "Active TB case-finding is not a straight-forward public health intervention. Instead, there are many different approaches to it, such as

using different tools or targeting different high-risk groups, the evidence base is growing but still relatively limited, and people's opinions about it vary. National TB Program managers' commitment to scaling up active TB case-finding may be particularly important when TB patients' access to care is impeded, such as during the COVID-19 pandemic. Hopefully, our study will stimulate discussions about the how-to of active case-finding implementation, including human and financial resource strategies," says Olivia Biermann.

More information: Olivia Biermann et al. Active case-finding policy development, implementation and scale-up in high-burden countries: A mixed-methods survey with National Tuberculosis Program managers and document review, *PLOS ONE* (2020). [DOI: 10.1371/journal.pone.0240696](https://doi.org/10.1371/journal.pone.0240696)

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