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South-East Asia



Optimizing active case- finding for tuberculosis

Implementation lessons
from South-East Asia



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Optimizing active case-finding for tuberculosis: Implementation lessons from South-East Asia

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Foreword



More than 4.3 million people in the WHO South-East Asia Region are estimated to have contracted TB in 2019, of which around 78% have been provided quality TB care. The Region has in recent years made substantial progress in increasing access to quality TB services, with the goal of ensuring at least 90% of TB patients complete TB treatment. Despite Regionwide efforts to maintain TB services throughout the COVID-19 response, the Region has recorded a 20–40% drop in TB notification in 2020.

All countries in the Region are committed to ending TB by or before 2030, which is one of the Region's eight Flagship Priorities. To catch up and reclaim the advantage against TB, countries must detect more cases and detect them early. Prevalence surveys in the Region and beyond show that a substantial proportion of TB patients may not visit a health facility because of no or mild symptoms. Without outreach efforts, vulnerable populations and marginalized groups may never be reached.

Active case-finding (ACF) will help minimize avoidable delays in diagnosis and initiation of treatment and will reduce the risk of unfavourable treatment outcomes, health sequelae, and adverse social and economic consequences. Active screening reduces TB transmission in a household, workplace, school or other community setting by removing people with prevalent disease and shortening the duration of infectiousness. When active screening is combined with appropriate diagnostic testing, policy-makers can enhance the uptake of TB preventive treatment (TPT) for people without TB disease, but who are at risk of progression.

Implementing ACF is expensive. However, if carefully planned and implemented, it will be cost effective and will support last mile efforts to reduce TB incidence. When used in conjunction with the 2021 WHO guidelines on systematic screening for tuberculosis disease, this publication – which is based on a review of publications on ACF from across the Region, in addition to several countries with similar settings – will help Member States plan and monitor ACF activities. I urge all stakeholders to appropriately leverage and apply the information contained herein, as together we continue to drive rapid and sustained progress towards the TB-free Region and world to which we are committed.

A handwritten signature in black ink, appearing to read 'P. Khetrpal'.

Dr Poonam Khetrpal Singh
Regional Director
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