Reaching out to take on TB in Somalia

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Among the many challenges facing populations disrupted by complex emergencies, personal security and food security rank much higher than access to healthcare. However, over time health needs assume increasing importance. Many complex crises occur in settings where the background incidence of TB is already high; social and economic conditions in crises are then highly conducive to amplification of the existing TB problem. Innovative approaches to delivery of diagnostic and treatment services, transition planning and integration with other healthcare providers and services are vital. In the extremely challenging environment of Somalia, multiple partners are making headway though collaboration and innovation.

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treatment for presumed childhood TB, which is clearly a different thing. An alternative and immediately more alarming explanation of TB-associated mortality may be failure to diagnose and treat multidrug resistant (MDR) TB. A 2010–2011 drug resistance survey in Somalia found that 5.2% of new cases and 40.8% of retreatment cases had MDR-TB. Current diagnostic capacity across the region is currently woefully inadequate to identify these patients, although MDR treatment, which MSF pioneered in Puntland in early 2013, has recently been initiated in the Somaliland National Tuberculosis Programme (NTP), and in-country phenotypic (MODS) and genotypic (Xpert MTB/RIF) drug susceptibility testing capacity is now being implemented. Diagnosis and treatment of MDR should not be regarded as a luxury but rather as an emergency: failure to act now creates a time bomb that will go on ticking for generations. Yet once again the crisis setting complicates matters: treatment interruptions can be particularly disastrous for patients with MDR-TB. Given how hard it is to complete lengthy MDR treatment (conventionally >18 months) under normal circumstances it may be that the advantages of shorter regimens recently showing considerable promise could be particularly useful here. MSF made the enormously difficult decision to withdraw from Somalia in August of this year but took care through contingency planning to leave behind complete treatment courses for those MDR patients already on treatment.

The importance of quality assurance is even greater in complex settings and is feasible with imaginative use of available resources. In our TB REACH supported roll-out of LED fluorescence microscopy in Somaliland, real-time remote external quality assurance was achieved by requiring microscopy centres to text message to the central laboratory their reading of a slide from a blinded panel prior to reading the routine work: significant variance immediately highlighted deficiencies in staining or reading and prompted corrective action.

Ultimately the goal is for TB services to eventually come under the auspices of organised government although realistically this can take a considerable time, particularly where there is heavy reliance on external support. There are complexities in securing and maintaining external donor financing in the absence of clear government structures, and linkage of statistics from multiple providers (let alone the private sector) and coordination of multi-partner efforts to maximise impact benefits greatly from consolidation by a credible overseeing agency. Currently in Somalia, World Vision International is the principal recipient of Global Fund support and, through collaboration with the NTPs of Somaliland, Puntland and South Central Somalia and multiple sub-recipient NGOs, navigates a complicated political and demographic landscape. In recent years, support from the STOP TB Partnership TB REACH programme to World Vision (Wave 1) and a London School of Hygiene and Tropical Medicine/PSR Finland/Somaliland NTP consortium (Wave 2) has financed activities that effectively complement Global Fund supported work. While populations such as these await emergence from the complex emergencies in which they have become unwillingly immersed, dependence on non-governmental agencies working effectively together will continue.

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**References**