COMMUNITY-BASED TB/HIV CASE-FINDING

KENYAN EXPERIENCE

Exposing a hidden epidemic

Kenya TB/HIV TEAM
Introduction

- Population: 40 million
- 15\textsuperscript{th} among the 22 high TB burden countries
- 2012: TB case notification 102,009
- HIV prevalence - 6.4% (15-49 yrs) (KDHS 2008/9)
- Estimated annual HIV incidence - 100,000 cases
- An estimated no of PLHIVs - 1.5M
- 2012: PLHIV on care – 867,000 including 60,0000 children
- 2012: HIV co-infection among TB patients - 37%
Trend of TB case notifications: 1987-2011
## DLTLD STRATEGIC PLAN THEMATIC AREAS: 2011-2015

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<tbody>
<tr>
<td>2. Laboratory</td>
<td>10. PPM</td>
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<td>3. Logistics and commodities</td>
<td>11. Health promotion</td>
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<td>4. TB/HIV</td>
<td>12. Community based TB care</td>
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<td>5. MDR TB</td>
<td>13. Poverty and Gender</td>
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<td>6. Childhood TB</td>
<td>14. Leprosy</td>
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<td>7. Special Groups</td>
<td>15. M &amp; E and operations research</td>
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<td>8. Health system Strengthening and Human Resources</td>
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Community TB care initiative

- 1997 WHO Pilot project done in 7 sites in Africa - one district in Machakos Kenya

- Community health workers engaged on voluntary basis to support:
  - DOT, referrals of symptomatics (cough for two weeks)
  - Health education
  - Case finding, contact tracing and defaulter tracing

- CTBC launched in 2004

- Rationale
  - HIV epidemic
  - Overstretched health services leading to compromised quality of services
  - High poverty levels
  - Availability of resources at community level

- Active TB case finding conducted through various projects in High TB HIV burdened regions through cough monitors
Community Strategy

- In 2006 Community health strategy was developed to ensure health services are delivered at the doorstep
  - Country divided into 6,000 community units
  - Each unit linked to health facility and managed by community extension health worker (CHEW)
    - Each unit has 1,000 households
    - Every 20 households manned by a CHW
- Every house hold visited at least once a month and members screened for common ailments
- Goal: To Reverse the declining trends of health indicators
## Community ICF Tools

### Community based TB Care

**TB screening tool / TB intensified Case finding**

- **Name of client**_________________
- **Age_____ Sex**___
- **Physical Address**______________
- **Nearest Landmark** ____________
- **Contact telephone**_____________

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<tr>
<th>Date indicate Y/N</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>1. Cough for ≥ 2 weeks (with or without coughing out blood)</td>
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<td>2. History of close contact with confirmed TB or chronic cough</td>
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<td>3. Hotness of body or sweating at night even when it is cold</td>
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<td>4. Noticeable weight loss</td>
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<td>5. Chest pain or breathlessness</td>
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<td>6. Night sweats ≥ 2 weeks?</td>
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- If “yes” to question 1.:
  - Request the client to produce a spot sample and submit to the nearest TB diagnostic centre and provide feedback to the client the following day.
- If yes to any other (2-6) refer to health facility for evaluation
- If “No” to all(1-6), reassure the client and give TB health education
Community ICF Tools

• Community client / patient referral form
  – Basic demographics and client identifiers
  – Reason for referral
  – Signature of referring CHW

• Contact registration form
  – Contact identifiers, demographics including address
  – Clinical history- followed up for 3 months
  – Individual risk factors
  – Lab and radiologic investigation 3 months followup
  – Referral information
Community ICF Tools

- Monthly activity summary form for CHW
  - No. of suspects referred
  - No of suspect diagnosed to have TB
  - No. of defaulters traced

- Quarterly reporting forms
  - No. of suspects referred
  - No. of new TB patients enrolled under care of CHW
  - No. and proportion of defaulters traced
  - No of TB patients under CHW completing treatment
Rationale for HBTC

- Country moving towards universal HIV knowledge
- KAIS 2007, 83% of respondents agreed on HBT as long as done by professional
- 2008, full swing HBT supported by partners
- Now done by trained lay counselors
- HCW used as supervisors
- Community M and E tools based on HF

To render Kenya and its communities free of Leprosy, TB and Lung Disease
HIV Testing and counseling

Approaches
• Provider initiated Testing and counseling
  – Facility based testing
  – Home based testing (doorstep)
  – As part of VMMC
  – workplace programs
  – mobile outreaches and annual HTC campaigns
• Client Initiated testing and counseling (voluntary HIV testing)
  – Integrated VCT
  – VCT outreaches
HIV Testing and counseling

• Policy documents have been developed to guide HTC implementation at facility and community level

• Strategies to improve access to HTC services include:
  – home based testing
  – workplace programs
  – mobile outreaches and annual HTC campaigns

• Health facilities now offer HTC as part of routine patient care

• Target for HTC is 80% of knowledge of HIV status by 2013

• Current HTC coverage is 58% among women and 42% among men (KDHS 2008/9)

To render Kenya and its communities free of Leprosy, TB and Lung Disease
Effective Integration of services
TB-HIV activities

- Increase screening of TB/HIV during field activities
- Services to ensure that clients receive HAART, TB treatment and IPT
- Interaction between the TB, HIV and other programs for comprehensive care
PARADIGM SHIFT: TB AND HIV PROGRAMS

WHY INTEGRATE SERVICES?

- **Access** to ART is poor
- Poor linkages between TB and HIV clinics
- Poor follow up
- Quality of care - Waiting time, inaccessible services etc
- Delay in ART initiation and eventually: DEATH

5l’s

- Integration
- Immediate provision of ART
- ICF
- IPT
- IPC
Community strategy Achievements

- **2012 Community units** – 2,550
  - Achieved 2,513 (98.5%)

- **2014 target** - 4,000

- **2016 all** - 6,000

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Results: Community ICF results (2012)

**PPM : All Provider Engagement**

- 4,422
  - Screened
  - All TB
  - SS+

- 413 (9.3%)
- 312 (7.1%)

**Community Door to Door**

- 30,388
- 1,899 (6.2%)
- 1,478 (4.8%)

*Other interventions: less than 1% yield*
- Screening camps
- Peer to peer
DOT by and Patients referred by

To render Kenya and its communities free of Leprosy, TB and Lung Disease
Kenya: CPT/ART UPTAKE

Death from TB reduced from 12% in 2003 to 4% in 2011

Integration of services
Increasing Trend of TB Case Detection Rate: 1990-2011
Trend of Treatment Outcomes of New Smear Positive TB patients in Kenya: 1994-2010

Year | TSR | Died | Linear (TSR)
--- | --- | --- | ---
1994 | 73 | 75 | 77
1995 | 77 | 79 | 80
1996 | 80 | 79 | 80
1997 | 80 | 80 | 82
1998 | 82 | 85 | 85
1999 | 85 | 85 | 85
2000 | 85 | 85 | 85
2001 | 86 | 86 | 86
2002 | 87 | 87 | 87
2003 | 87 | 87 | 87
2004 | 87 | 87 | 87
2005 | 87 | 87 | 87
2006 | 87 | 87 | 87
2007 | 87 | 87 | 87
2008 | 87 | 87 | 87
2009 | 87 | 87 | 87
2010 | 87 | 87 | 87
Lessons learnt

• Integrated policy approach is important and sets the pace
• Government leadership important
• Sharing of HR leverages on gains
• Tasks shifting important
• Availability of community R and R tools is important in M and E

To render Kenya and its communities free of Leprosy, TB and Lung Disease
Every one is important: Do something ... 

- Technical Cooperation
- Research
- Funding

National TB Control Program and Political Leadership

Affected communities and civil society

Let’s Join Hands to STOP TB in our lifetimes
Acknowledgements

- MOPHS
- Partners
  - CDC
  - USAID
  - WHO
  - CHWS

Thank you very much.