Involving TB HCWs in the implementation of TB IC policy: Filling the knowledge gaps

Nigeria presentation

@ TB/HIV core group meeting in Maputo 10 – 12 April 2013.
Presentation Outline

- General Overview
- IC implementation in Nigeria
- Roles of TB health worker in implementation of IC policy
- Achievements
- Challenges in implementation of TB –IC
- Way forward
- Acknowledgement
General Overview.

- Projected population of 165 million (2012)
- 36 States and FCT and 774 LGAs.
- Nigeria is among the 22 high TB burden countries Globally;
- Ranked 3rd in HIV burden globally
- DOTS services provided in 4,642 facilities & 1,341 Labs
- Gene xpert technology in 31 facilities
- HIV services: 2624 HCT sites, 516 ART and 1320 PMTCT sites,
- TBHIV co-infection rate – 23.4%
Ten year Trend of TB case notification in Nigeria (2002-2012)
Fig 1: Trend of National HIV Prev (%) 1991 - 2010
% of Reg. TB patients tested for HIV 2006 – 2012 in Nigeria

- 2006: 10%
- 2007: 32%
- 2008: 62%
- 2009: 75%
- 2010: 79%
- 2011: 81.40%
- 2012: 86%
5 year trend of CPT and ART uptake among TB/HIV patients

- % TB/HIV on CPT
- % TB/HIV on ART

- 2008: 30% CPT, 17% ART
- 2009: 48% CPT, 39% ART
- 2010: 59% CPT, 34% ART
- 2011: 68% CPT, 43% ART
- 2012: 81% CPT, 57% ART

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TBHIV indicators from HIV service delivery sites in 2012

- **Q1 2012**
  - No. PLHIV seen in the quarter: 166,533
  - No of PLHIV screened for TB as at last visit in the quarter: 100,947
  - Number of PLHIV with active TB among screened: 2178

- **Q2 2012**
  - No. PLHIV seen in the quarter: 190,823
  - No of PLHIV screened for TB as at last visit in the quarter: 108,782
  - Number of PLHIV with active TB among screened: 2326

- **Q3 2012**
  - No. PLHIV seen in the quarter: 233,767
  - No of PLHIV screened for TB as at last visit in the quarter: 221,554
  - Number of PLHIV with active TB among screened: 3664

- **Q4 2012**
  - No. PLHIV seen in the quarter: 186,289
  - No of PLHIV screened for TB as at last visit in the quarter: 150,815
  - Number of PLHIV with active TB among screened: 2416

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Number of PLHIV IPT 2009 - 2012

Number on IPT

2009: 1853
2010: 798
2011: 1107
2012: 5714

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Infection control implementation in Nigeria

- Guidelines developed in 2008
- Reviewed in 2012/2013
- SOPs for Infection control developed
- ToT organized for selected core trainers.
- Step down training conducted for all state TB and HIV programme managers
Infection control implementation in Nigeria

- Steps for supporting IC in health facilities:
  - Advocacy visit by the state team to the management of facility
  - IC experts visit the facility to conduct facility assessment with IC committee and other partners
  - Facility IC policy and plans developed using the reports of the assessment
  - Facility policy and plan incorporates TB IC and other IC
  - Staffs from all units in the facilities are trained on their roles and responsibilities.
Infection control implementation in Nigeria...

- 40%(206) of the existing ART facilities have TB IC policies and plans
- Supervisory checklist at National and state levels revised to incorporate TB IC issues
- On going supportive supervisions are provided for Facilities implementing IC
The involvement of TB HCW in implementation of IC guideline

• Prior to 2009, IC issues not prominent in the control programme
• TB IC are not part of the training curriculum for the expansion of DOTS services
• Knowledge of TB IC among TB HCW very limited (pre-test)
• The NTBLCP in order to address this knowledge gap, revised the National TB workers manual to appropriately captures TB IC
The involvement of TB HCW in implementation of IC guideline

• The training curriculum for DOTS expansion was also revised to capture IC issues

• TB HCW currently being trained for DOTS expansion are adequately sensitized on IC issues in line with revised training curriculum

• This has increased the level of awareness and implementation of IC measures among TB HCW.
Roles of TB HCW in implementation of IC guideline

- TB HCWs serve as link to the facilities in developing comprehensive IC plans
- TB HCWs serve as members of the health facility IC committees
- TB HCW Serves as focal persons for infection control in some facilities
- Provide health education on TB-IC at different points of care in the health facilities.
Roles of TB HCWs in implementation of IC guideline

• Provides continuous sensitization to the health facility staff through clinical meetings
• Educates community members on IC
Lessons learnt

• Recommendations from facility assessment are mostly implemented when Hospital administrators are part of the assessment team.
• Continuous training of facility staff is key in addressing the issue of high staff attrition.
• Facility TB IC Guideline are well implemented when staff from all the units in the facility are adequately oriented, not limiting it to staff from TB and ART clinics.
• Just finalized the integrated IPAC Policy.
Challenges:

• Limited number of facilities implementing IC measures
• Inadequate infrastructure, most facilities constructed with no consideration for IC
• Limited capacity of the Health care workers
• Inadequate manpower resulting in high workload in some facilities, prolonging patient waiting time and compromising quality of care.
• Frequent staff attrition
• Limited resources to address IC issues.
Next steps

• Scale up IC implementation to other facilities
• Increase the pool of current facilitators
• Engage NPHCDA, Society for Engineers and Architect involved in construction of facilities on IC
• Mobilize resources from Govt. at all levels and partners for IC activities.
• Continued provision of support to existing facilities
• Pre-service training for different cadres of HCWs on IC
Acknowledgement:

- HIV and TB programmes (FMOH)
- USAID
- CDC
- GFATM
- WHO
- TB CARE I
Thank you