Community involvement in tuberculosis care and prevention in Ethiopia

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Presentation outline

• Country background
  - Health structure
  - TB in Ethiopia
  - Challenges of NTP

• Doctors with Africa Cuamm
  - TB in South West Shoa Zone- Pilot Program
  - The project
  - Engage TB approach
Country background

- Ethiopia is found in the horn of Africa with total population of nearly 82,000,000 (76% - rural, 16%-Urban and 8%-Pastoralist)

- It is a Federal Republic administratively divided into 9 Regions and 2 City Administrations, 68 zones, 810 districts and 15,022 Kebeles (lowest unit of local administration)
Health System structure

The applied health system in the country is a three-tier health service delivery system:

- Primary health care unit with
  - 1 primary hospital,
  - health centers and
  - 5 health posts

- Referral hospital

- Specialized hospital
Health Extension Program & Health Development Army

Health Extension Program is a package of basic and essential promotive, preventive and selected basic curative health services.

In 2011, the activities mainly focused on empowering communities to produce their own health through the implementation of Health Development Army.
Community level: health extension workers

Structure:
- 2 health extension workers per kebele (average of 5,000 people) reach the communities

Tasks and responsibilities:
- HEWs are trained with a package of 17 topics which cover maternal and newborn care, antenatal care, opportunistic infections, HIV, TB, Malaria.
- They are supervised at kebele level and at Health center level.
The Ethiopian Government has put the implementation of HDA among its top priorities in order to reach Health Millennium Development Goals (MDG).

Two strategies were applied on HDA formation:

- one is **women-centered**, one-to-five network development,
- the other comprises of **women and men** one-to-five network adopted from the experiences of the agricultural sector.
Accordingly, trainings were given for local leaders and women organizations at different levels, and a total of 140,643 HAD groups and 912,712 one-to-five networks have been established in 2011.

Documents were prepared at federal level for network formation and were endorsed by respective regions by taking the local context into consideration.
# TB in Ethiopia

<table>
<thead>
<tr>
<th></th>
<th>TB country profile</th>
<th>Ethiopian National TB Prevalence survey 2010-2011 FMOH/EHNRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Prevalence all forms</td>
<td>394/100.000</td>
<td>224/100.000</td>
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<tr>
<td>TB incidence all forms</td>
<td>261/100.000</td>
<td></td>
</tr>
<tr>
<td>S+ prevalence</td>
<td>284/100.000</td>
<td>61/100.000</td>
</tr>
<tr>
<td>S+ incidence</td>
<td>163/100.000</td>
<td>70/100.000</td>
</tr>
<tr>
<td><strong>New/re-treatment cases</strong></td>
<td>151,866/159,017 = (95,5%)</td>
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</table>

**Proportion of TB cases**

- EPTB: 32%
- S+: 33%
- S-: 35%
55% of the undetected cases in the community were among the younger age groups (15-34 years).

Smear Positive Cases account only 43% of bacteriologically positive cases.

98% of Culture+ are not on treatment.

96% of S+ are not on treatment.
  60% of them are symptomatic.

Majority (88%) are new cases.
Challenges in national TB programs:

According to the 2009-2010 health and health-related indicators of the FMoH, tuberculosis is the second cause of death in Ethiopia.

Nevertheless Case Detection rate still remains low and definitely below the WHO target of 70%.

- Laboratory
- Treatment succes rate
- Treatment cure rate
- TB/HIV
- MDR TB
- Community
Doctors with Africa CUAMM

- Founded in 1950 by prof. Canova
- 1300 peoples sent abroad during the years
- Intervention in 40 countries

**MISSION:**
CUAMM (University College for Aspiring Missionary Doctors), implements long term projects to ensure aid, care and treatment in the context of development and cooperation, with the view to making access to health care services available for all.
Doctors with Africa is actually present in **Angola, Ethiopia, Mozambique, South Sudan, Tanzania, Uganda** and **Sierra Leone** with:

- 78 providers
- 37 **key cooperating project** through which supports:
  - 15 hospitals
  - 25 **districts** (for public health activities, mother and child care, fight against AIDS, tuberculosis and malaria)
  - 4 **nursing schools**
  - 3 **universities** (in Uganda, Mozambique and Ethiopia)
• It has been present in Ethiopia since 1980 and has focused on health system strengthening and provision of primary health care services

• Major implementation partners in Ethiopia are Regional and Zonal health departments, Faith based health care providers and local civil society organizations
Doctors with Africa CUAMM

Currently, the organization runs:

- Capacity building to 80 FBO health facilities
- Capacity building of Zonal health department in S.W.S zone
- Curative and preventive health care through St. Luke Hospital
- Maternal and new born health care project for three districts in S.W.S Zone
- Community based TB, HIV and Cancer screening project in 3 districts of S.W.S. Zone
- Support to St. Luke midwifery college
Pilot Project in South West Shoa Zone- 3 district

114 km from Addis Ababa
TB performance indicators
South West Shoa Zone

• Case notification rate (all forms) = 20%
• Case detection (PTB+) = 34%
• Treatment Success Rate = 90%
• The cure rate is = 80.9%

Dots coverage
• By health centers:
  • Treatment services 100%
  • Diagnostic and treatment services 60.4%
• By hospitals 100%
Objectives of the project

- To improve and expand facility-based tuberculosis services in 8 health centers and one hospital

- To improve and expand care and support for people and families affected by TB through community based treatment support activities

- To improve and expand linkage and mentoring relations between hospitals and health centers for TB

- Improve and expand community mobilization and awareness creation in the districts
Implementation structure and partners

The implementing team involves CUAMM, Zone, Hospital, Health Center and Community Level

- **CUAMM**: plan, organize and coordinate the project

- **Zonal and district health offices**: take part in planning, management and leadership of the HC and participate on mentorship

- **Health Centers**: implement facility level diagnosis and treatment, coordinate and supervise HEWs

- **Hospital**: implement facility level diagnosis and treatment, is a referral point for complicated cases, mentor HC

- **Community based structures (HEWs, community volunteers, Health development army)**: community mobilization, case identification and referral, adherence support, tracing of loss to follow up, linkage to the next referral points etc
The project: ENGAGE TB approach

Situation analysis

• Meetings at zonal and district health offices (3 district, 1 zone)

• Meeting with health facilities involved in the project (8 Health Centers and 1 Hospital)

• Partnership meeting with stakeholders of the area to introduce the project, share experiences and try a way forward all together

• Meeting with WHO representatives to get advise on the way forward
The project: ENGAGE TB approach

Enabling environment

- Continuous collaboration with health office of Zone through meetings, trainings, support to logistics, sharing of guidelines and tools

- Involvement of HIV support groups and PLWHAs
### Guidelines and tools

- Identified existing national tools and standardized for all the facilities:
  - TB suspect referrals,
  - contact screening,
  - tracing formats for HEWs,
  - defaulter tracing

- Strengthen the already existing mentorship program and insert the WHO indicators

### The project: ENGAGE TB approach

#### Family & Household TB Contacts Screening

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Date of registration of Index TB Case (dd/mm/yyyy)</th>
<th>Name of Index TB Patient</th>
<th>Index Patient</th>
<th>Index Patient TB Type of TB</th>
<th>List names of Family members/Households of Index TB Patient</th>
<th>Age</th>
<th>Sex</th>
<th>Classify TB Contact as:</th>
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<tbody>
<tr>
<td></td>
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<td>&lt;6 yr old child</td>
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<td>6 yr old child</td>
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<td>Symptomatic child</td>
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<td>Symptomatic adult</td>
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<td>No symptoms</td>
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<td></td>
<td></td>
<td></td>
<td>TB Patient on Rx</td>
</tr>
</tbody>
</table>

- TB Suspect is referred where:
  1. Medical OPD
  2. Pediatric OPD
  3. ART Clinic
  4. Worked up at TB Clinic
  5. Other specify

- TB Suspect's final Diagnosis:
  1. PTB SS +VE
  2. PTB SS -VE
  3. EPTB
  4. No TB

- IPT for a child <5 yrs old negative for TB:
  1. Yes
  2. No

- HIV test result of Suspect(TB contact):
  1. Positive
  2. Negative
  3. Refused
  4. Not done

- Remark:
The project: ENGAGE TB approach

Task identification

- Collaboration between HC and St. Luke Hospital
- Integration of TB/HIV activities
- Educational material produced in regional and national language
- Quick reference booklets for health center staff
- Mentorship program
- Educational sessions at health facilities
- Awareness at HIV support groups
- Use of community structure with home to home visit
- Mass awareness in schools and public gathering
- Support to district campaigns
- CBTS training given to head of health centers, HIV and TB focal person of each facility, HIV and TB focal persons of zonal and district health offices
Qufaa keessan haguuggadhaa

Harka Keessan Qulqullessaa.
The best way to prevent TB is to encourage family members and symptomatic people to COME TO HOSPITAL FOR SCREENING.

- Night Sweats
- Weight Loss
- Cough

All the symptomatic family members

All the children < 5 yrs of age

All the HIV positive family members
The project: ENGAGE TB approach

Monitoring and evaluation

- Quarterly review meeting
- Mentorship program monthly with standardized tool
- KAP survey on 800 household
Challenges

• New policies introducing health development army

• DOTS limited at health center level
Thank you