

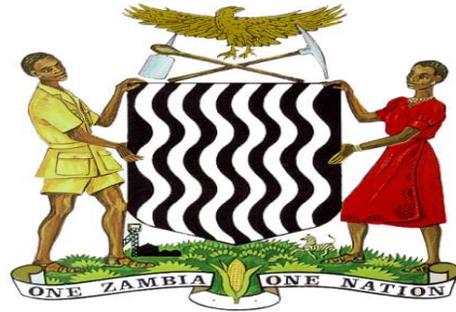


# Africa Regional TB summit

4-6 March, 2019 | Kigali, Rwanda

**Theme: *It's time for Africa to step up efforts to find all missing people with TB***

# Finding the Missing TB cases : ZAMBIA



**REPUBLIC OF ZAMBIA  
MINISTRY OF HEALTH**

**Presenter: Dr. Patrick Saili Lungu  
NTLP Manager**

# BURDEN OF TB IN ZAMBIA

(Source: NTLP and WHO, 2018)



2017

## 62 000 FELL ILL WITH TB

38 000  
males 

24 000  
females 

7 500  
children 

36 010  
TB cases  
notified

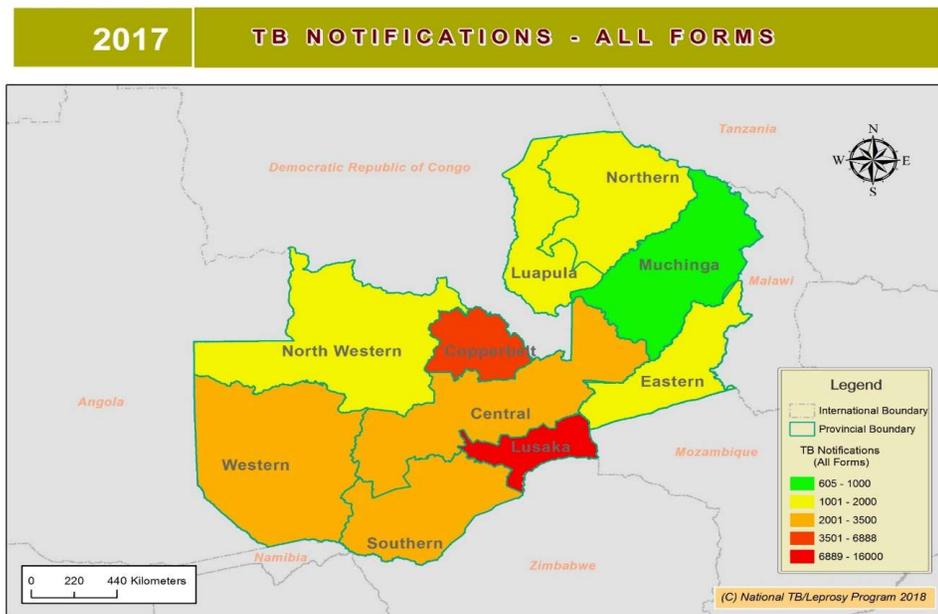


25 990  
people not  
notified or not  
diagnosed

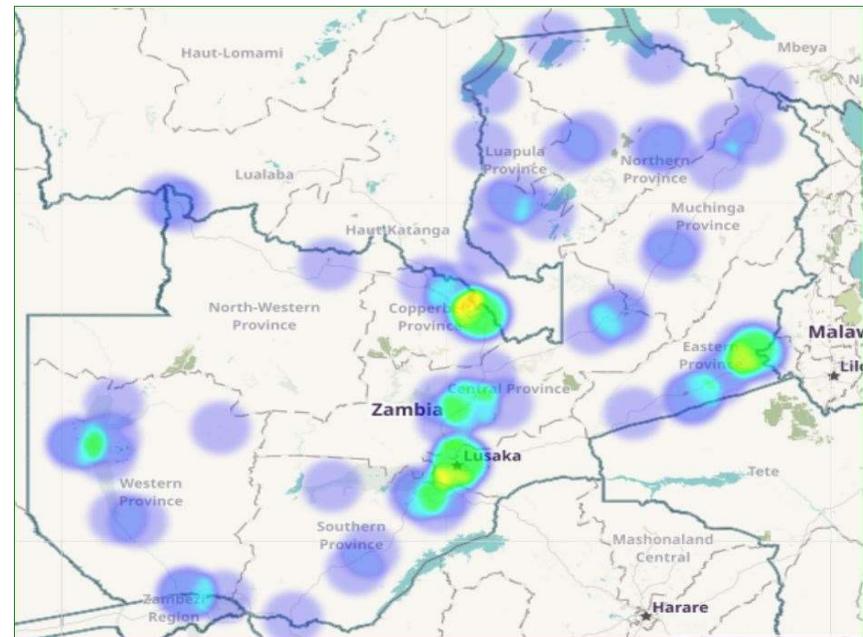
**Nearly 40% of people with TB remain undetected and untreated**

# Geographical Distribution of TB Notified TB cases in Zambia (2018 Data)

## Drug Sensitive TB



## Drug Resistant TB



**The areas with high TB burden are the same with high HIV rates**

What problem is the program trying to address?

- **Finding the missing TB cases through intensified Case finding (ICF) both in health facilities and the community**
- Involvement of the private sector in TB case finding
- Improved access to sensitive TB diagnostic tools such as GeneXpert and digital-X-ray
- Specimen transportation (intra and inter-district)



# Intensified TB case finding (ICF)

- In 2018 the NTLP in collaboration with partners and civil society organizations conducted ICF to accelerate and increase the scale of finding the missing people with TB
- ICF activities targeted:
  - **Hotspots areas (based on data from 2013/2014 Prevalence Survey and routine data)**
  - **High risk groups such as PLHIV, inmates and Health Care Workers**
  - **Miners and ex-miners**
- ICF prioritized health facility TB screening coupled with raising awareness about TB and door to door visits in the community

# Intensified TB case finding (ICF) during National Events



ICF activities were also conducted as part of:

- World TB Day Commemoration
- National Health Week
- National Child Health Campaign



# Steps taken for ICF activities

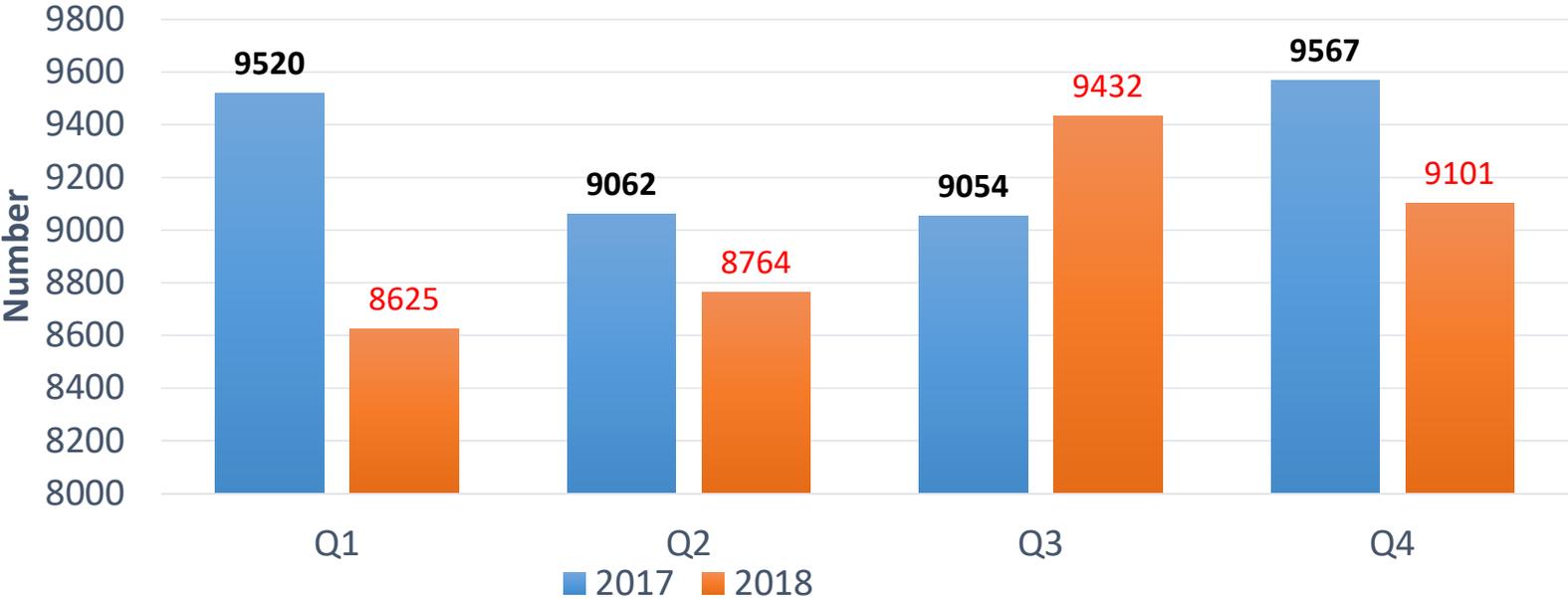
- **Step 1:** Developed a concept note
- **Step 2:** Hold planning meetings with all stakeholders
- **Step 3:** Identified districts and communities with the highest burden
- **Step 4:** Identified high risk populations
- **Step 5:** Mobilized resources (financial, diagnostics tools, reagents/cartridges, TB screening tools and human capital relevant to the exercise)
- **Step 6:** Trained staff in ICF and engaged communities)
- **Step 7:** One week of community sensitization prior to ICF
- **Step 8:** Official Launch of the ICF activities (a demonstration of political commitment)
- **Step 9:** Review of the output of the ICF-post the activity

# Results and the contribution of ICF toward finding the missing TB cases: Kanyama-Lusaka

- The yield of ICF conducted in one densely populated setting
  - TB cases found in 10 days were equal to 90% of TB cases detected in 3 months
  - Daily average of 17 TB patients detected per day in one hospital
- 2, 921 TB cases detected in the mining districts
- Community involvement and ownership enhanced
- >45% increase in number of DR-TB who began second line treatment (from 270 in 2017 to 507 in 2018)
- Zambia has attained a TB treatment success of 90%



# Total TB notifications: 2017 Vs 2018



# Supporting policies

- The Current National Strategic Plan focuses on TB elimination-a Departure from previous plans which prioritized merely controlling TB
- TB preventive therapy (TPT) guidelines updated
- The Country is implementing “Test and Treat Strategy”-Championed by our Head of State
- Scaling up of GeneXpert Technical technology ( now 209 machines country wide)
- TB treatment registers and treatment cards now incorporate occupation of patients notified for TB treatment
- TB is one of the 10 legacy goals for the Ministry of Health
- Technical assistance (TA) support to specimen transportation was procured



# Challenges

- Limited access to sensitive diagnostic tools ( particularly mobile digital X-ray machines)
- While TB screening among PLHIV is consistently performed, data on how many of PLHIV were actually diagnosed with TB is difficult to get from health facilities
- Stigma to TB still exists-resulting in people with TB symptoms not volunteering their symptoms
- Funding gap to fully fund all the activities in the national strategic plan
- Underreporting may also be a contributing factor to the gap in reaching annual targets



# Lessons Learnt

- ICF led to increase in notifications particularly in districts that implement ICF as a standard and a routine activity
- ICF leads to improved outcomes of treatment directly and indirectly- Linkage to care is cardinal
- GeneXpert roll-out should not only focus on improved utilization but also access to all who need this service
- More sensitive tools like mobile digital x ray machines are needed in order to get a better yield
- A multidisciplinary team is required for an effective ICF
- Health facility ICF coupled with community TB awareness campaigns is more effective than community sensitization only

# Acknowledgements

- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- The United States Agency for International Development (USAID)
- Centres for Disease Control and Prevention
- The World Bank
- TB REACH-Stop TB partnership
- Civil Society Organizations
- People affected with TB and HIV



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