

Replicating the Success: Using an HIV Peer Driven Intervention (PDI+) Model to Increase TB New Case Detection in Cambodia

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Background

- Data in 2016:
 - Incidence rate of all forms of TB was 345/100,000, a significant reduction from 580/100,000 in 1990 (CENAT, 2017; WHO, 2016)
 - Newly detected TB cases of all forms were 32,010, of whom 14,676 were women (CENAT, 2016)
 - National case notifications for all forms TB were still low (223/100,000)
- HIV among TB patients soared from 2.5% in 1995 to a peak of 12.0% in 2003 and dropped to 6.3% in 2009 (CENAT, 2016)
- Remains one of the 30 countries in the world with high-burden TB (WHO, 2016)
- “Seeds and Recruits” model, along with the “snowball effect” in pursuit of active case finding, successfully used in HIV key populations in Cambodia, but never tested in TB programs.

Implementation Timelines

Project life:
March 2017 to June 2018
(16 months)

**Project
Preparation:**
March–April, 2017

**Project
Implementation:**
May 2017 to April 2018

**Project
Evaluation:**
May – June, 2018

Target Groups

TB Key Populations

- Elderly >55 years
- Children <5 years
- Diabetics
- PLHIV
- Close household contacts with BK+

Other groups

- MSM
- TG
- EW
- PWID/PWUD
- Smokers

Intervention: Snowball Active Case Finding

- Seeds were recruited and expected to identify at least 5 TB suspects
- Seeds screened recruits verbally using a standard, systematic, sensitive multi-symptom screening
- Recruits were then given a coupon that can be exchanged for a small financial incentive on being tested
- When a recruit with a coupon goes for a test, the seed would receive \$2.50
- Seeds refer suspects for TB screening at an attached health center

Diagram of PDI+ Procedure

Recruit initial seeds using pre-screening eligibility tool

Former TB, PLHIV, informal sectors, and family contact

Note:
Initial seed selection process must involve LCs and field staff

Step 1: (Seed and LC)

- LC welcome and provide orientation to seeds
- Seeds conduct eligibility screening using TB risk evaluation questionnaire
- Seeds recruit individuals with presumed TB to be evaluated for TB

Step 5: (LC)

- Educate on drug implication
- Conduct active follow-up case
- Education on prevention
- Provide counseling
- Communicate with C-DOT
- Conduct TB control in every two months

Step 2:(Lay counselor)

- Conduct screening based on eligibility tool
- Provide pre-counseling for TB
- Introduce consent form
- Record profile of recruit
- Refer suspected TB to HC

Step 3:(Lab technician at HC)

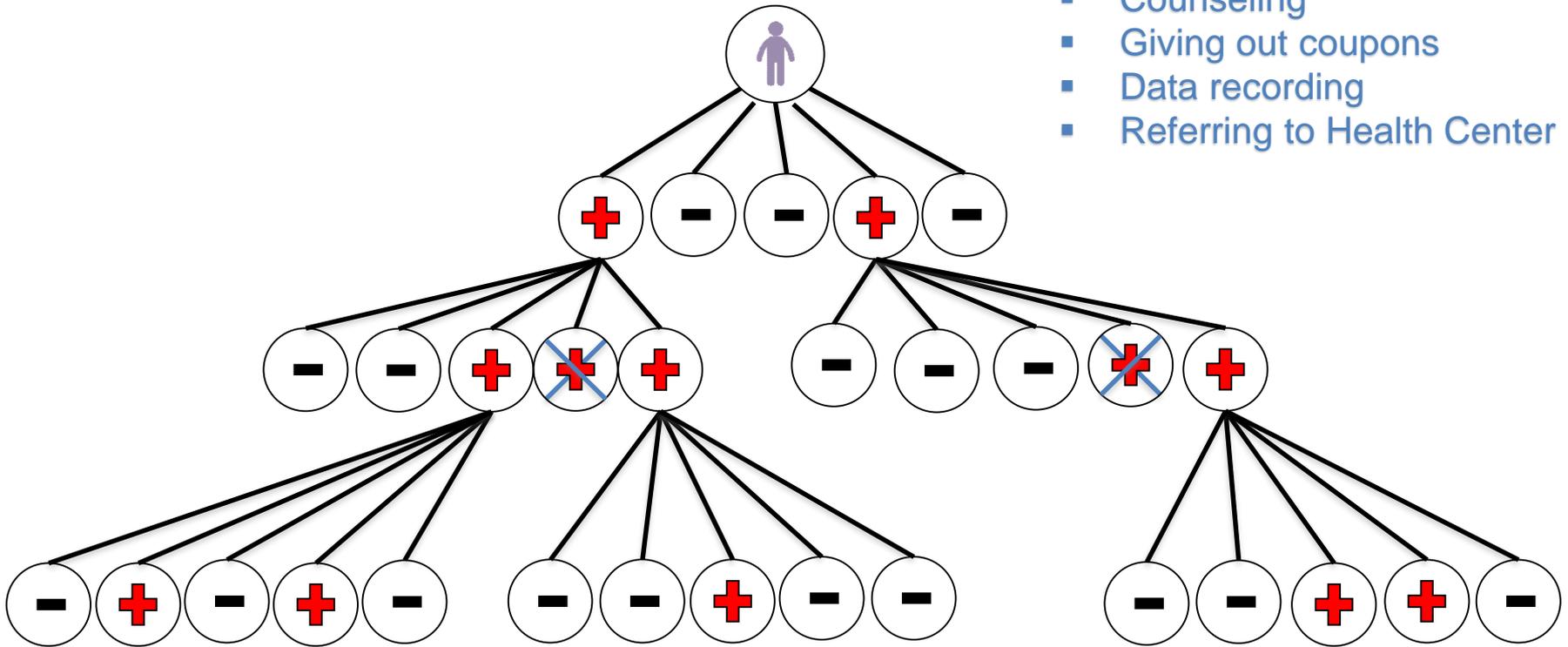
- Test kit preparation
- Perform TB test
- Complete result of test
- Transfer sputum to RH
- Enroll treatment

Step 4: (Lab technician at RH)

- Conduct Gene Xpert test
- Conduct chest X-ray and bronchoscopy
- Offer TB test result
- Enrolled in treatment

Network Recruitment

- Implementation Process:
- Screening
 - Counseling
 - Giving out coupons
 - Data recording
 - Referring to Health Center



Conclusions

- End-line evaluation is ongoing
- By the end of the intervention:
 - Coupons distributed: 6462
 - Suspects referred: 4918 (76.1%)
 - Positive cases: 1342 (27.3%)
- A feasibility and acceptability study was conducted among key stakeholders and beneficiaries:
 - PDI+ could be effectively adapted to increase TB new case detection in Cambodia
 - Identifying and incentivizing good seeds and recruiters to maintain and create good networks
 - Provision of further training to lay counselors, seeds, and recruits
 - Conduct of regular meetings with lay counselors and seeds

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- Provincial Health Departments
- Stop TB Partnership
- Community Lay Counselors
- Participants

Thank you!
Q & A