End of Project report (January 2018 to December 2020) on Targeted screening for TB

Grant Number 618

Sub Recipient Name: International Union against Tuberculosis and Lung Disease (The Union)



Targeted screening for TB: January 2018 to December 2020

Sub Recipient Name: International Union against Tuberculosis and Lung Disease (The Union)

Active case finding through screening for tuberculosis (TB) in high risk populations is a key strategy for preventing transmission and disease progression through early diagnosis and initiation of appropriate care and treatment. The case finding intervention raises awareness, creates demand, screens and initiates diagnosed clients on appropriate TB treatment. The targeted screening for active TB project among high risk communities using mobile X-ray trucks was funded by Global Fund (GF) from January 2018 to December 2020. With co-funding from USAID, the International Union against Tuberculosis and Lung Disease (The Union) was the sub-recipient (SR) for the GF grant with Family AIDS and Care Trust (FACT) as sub-sub-recipient (SSR) from the beginning of the grant. Following the end of the USAID co-funded mechanism, there was a signing of a memorandum of understanding between the Union and GF in June 2020 and the Union Zimbabwe Trust (UZT) begun to implement project as the SR of the grant.

During the project period, **45** districts were reached through community discussion forums targeting traditional leaders and village health workers. The discussion forums were part of the mobilization activities aimed at getting buy-in from the community leaders for the intervention as well as generating demand for the TB-HIV and DM screening services. Through these engagements, community mobilization was more targeted at key risk groups identified prior to screening. These groups include TB contacts, people living with HIV, diabetics, artisanal miners, children under 5 years, the elderly, people from congregate settlements and smokers. Those identified are issued with referral slips to present for screening.

Between January 2018 and December 2020, a total of **72,728** people were screened for TB. Overall, among those screened, **13,147 (18%)** were presumed to have active TB, of whom **837 (6%)** were diagnosed with TB disease (all forms). Bacteriologically confirmed patients accounted for **269 (32%)** of patients diagnosed. Most patients diagnosed were linked to care and initiated on appropriate treatment at their nearest health facility. See Figure 1 below.

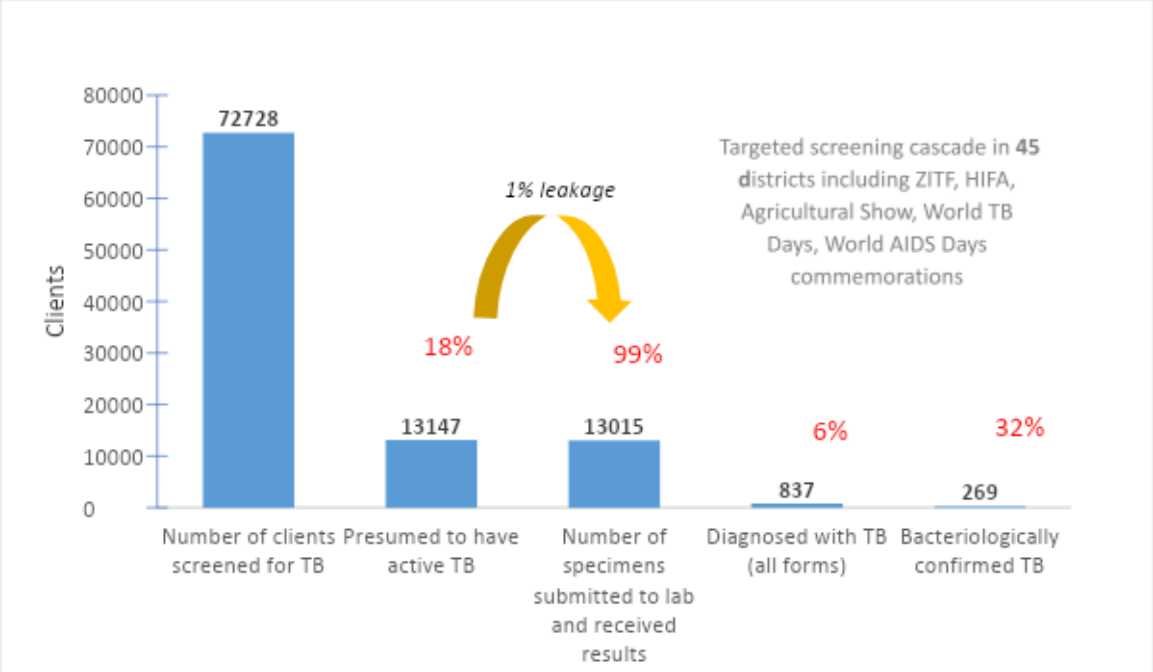


Figure 1: Screening Cascade for Targeted Screening for Active TB from 2018-2020

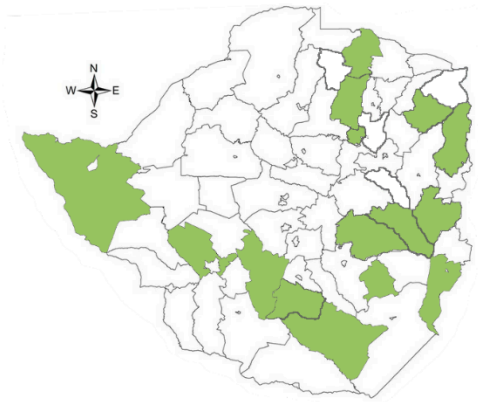


Figure 2: Geographical coverage of Targeted Screening for Active TB in 2018

In Year 1, the active-case finding activity using mobile trucks covered 16 priority districts in the country. The districts that were targeted for screening included Umguza, Hwange, Mberengwa, Mwenezi, Insiza, Bulilima, Mutare, Zaka, Nyanga, Makoni, Gutu, Chipinge, Centenary, Buhera, Mazowe and Harare. A total of **32,480** people were screened, among whom **489** were diagnosed with TB (all forms). The number needed to screen to find one TB case in 2018 was *66*.

In Year 2, the active-case finding activity using mobile trucks covered 13 priority districts in the country. The districts that were targeted for screening included Shamva, Guruve, Mutare, Mangwe, Kwekwe, Nkayi, Sanyati, Matobo, Mberengwa, Chirimanzu, Masvingo and Bulilima . A total of **21,564** people were screened, among whom **169** were diagnosed with TB (all forms). The number needed to screen to find one TB case in 2019 was *128*.

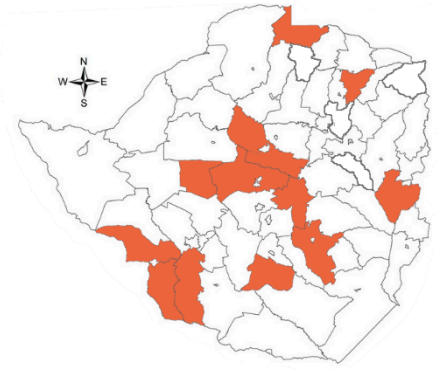


Figure 3: Geographical coverage of Targeted Screening for Active TB in 2019

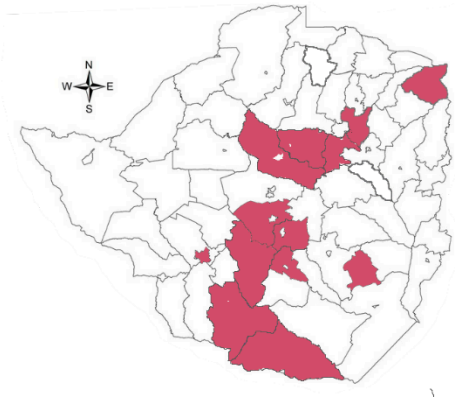


Figure 4: Geographical coverage of Targeted Screening for Active TB in 2020

In Year 3, the active-case finding activity using mobile trucks covered 18 priority districts in the country. The districts that were targeted for screening included Zaka, Shurugwi, Beitbridge (2), Gwanda (2), Chitungwiza, Seke, Goromonzi, Mudzi, Zvishavane, Gweru, Sanyati, Insiza, Chegutu and Bulawayo. A total of **18,684** people were screened, among whom **179** were diagnosed with TB (all forms). The number needed to screen in 2020 to find one TB case was *104*.

Over the project period, there was a gradual decline in the number of clients screened for TB per quarter (Figure 5). The highest recorded number of clients was 13,902 people in October to December 2018. Probable reasons for decrease was due to reduction of the screening team complement from three teams to two teams.

Figure 5: Trend of Clients Screened per Quarter 2018 -2020

Targeted screening using mobile trucks also offered a comprehensive package which included screening for HIV and important comorbidities such as diabetes mellitus (DM), hypertension and obesity. Among clients offered an HIV test, **21,897** were tested. **499 (2%)** of those tested positive for HIV and were appropriately linked to care. There was an upwards trend of positivity among the clients who were tested for HIV per quarter (Figure 6). The highest proportion yield was recorded towards Year 3 (Quarters 8 and 9) which had HIV yield of **3.8%.** This could be attributed to improved risk-mapping and more targeted approach as well as strengthened TB/HIV collaboration from capacitation of community level health workers.

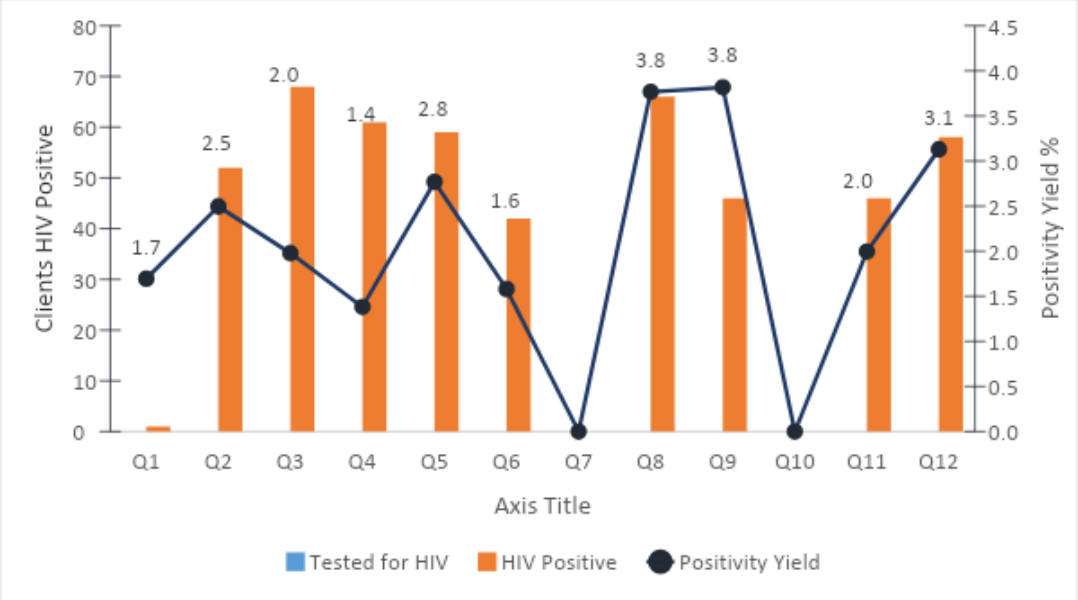


Figure 6: Trend of Clients diagnosed with HIV and Positivity Yield per Quarter

Upon displaying symptoms of diabetes, a total of **4,400** clients were screened for DM using a random blood sugar test and **209 (5%)** had an elevated RB of <11.1mmol/l and diagnosed of DM and linked to care. A total of **3,227** and **3,150** female clients were screened for risk factors for breast and cervical cancer respectively, among which **3** and **11** were linked to care.



Figure 7: Medical officer with a paediatric patient during targeted screening for TB at ZITF 2018