Community-led Monitoring of Point-of Care Client-centred TB Diagnostics to Demand Accountability & Action

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Introduction

- Community-led monitoring (CLM) for access to tuberculosis (TB) screening and diagnostic testing enables communities—recipients of care in particular—to monitor the availability, accessibility, acceptability, and quality of TB diagnostic services.
- CLM comes against a backdrop that diagnosis is the weakest link in the TB cascade of care and many countries with burdens of TB have limited uptake of WHO-recommended tools.
- Qualitative and quantitative data collected through CLM helps to identify gaps and barriers in health service delivery and helps inform evidence based advocacy at various levels to improve accessibility and quality of TB services.
- If implemented optimally, CLM can increase access to TB screening and diagnostic tests according to WHO recommended standard of care.

CLM Development

- The Coalition of Women Living with HIV and AIDS (COWLHA) developed a CLM framework by using WHO guidelines as a benchmark for the standard of TB diagnostic testing that countries are expected to provide.
- Through the tool, communities can identify gaps in the availability of tools, services, and care delivered.
- So far, piloted the tool at three health facilities in Malawi—a peripheral health center, a district hospital and a central hospital.
- The tool has quantitative and qualitative indicators according to thematic areas and one of the thematic areas is LAM testing.

Tools required to implement TB diagnostic testing according to the WHO recommended standard of care

- **TB Diagnostic Testing:** Rapid molecular tests and high-throughput molecular tests;
- **LAM Testing:** Lateral-flow LAM tests for people living with HIV;

Prevailing Situation

- Generally, TB and drug-resistant TB (DR-TB) remain a major public health concern in Malawi, where high HIV prevalence and high HIV/TB coinfection further exacerbate this situation;
- In Malawi, about 30 percent of TB diagnoses are bacteriologically confirmed using molecular tests, and the remainder are bacteriologically confirmed using smear microscopy, a century-old technique that is insufficiently accurate;
- Malawi is in the process of expanding diagnostic coverage in the country despite numerous challenges such as limited laboratory coverage at peripheral health facilities and shortage of human resources for health just to mention a few.

Current Situation

i. TB Diagnostic Testing

- Sputum smear microscopy is usually performed as the initial TB diagnostic test at peripheral health centers with very few peripheral facilities equipped with rapid molecular tesing. This poses a big challenge to recipients of care with difficulty in producing sputum;
- Confirmatory rapid molecular testing for TB and resistance to rifampicin is available through referral or sample transport to district or central hospitals.
- Rapid molecular test is used as the initial test in some circumstances, but the overall numbers of people tested for TB appear to be low, indicating that there are other barriers to diagnostic testing.
- Molecular testing is generally done within one to two days but the challenges lies on turnaround time.

Current Situation

ii. LAM Testing

- TB LAM testing is sufficiently available to eligible people living with HIV seeking care and is performed according to WHO recommendations on the initial visit to the health facility;
- Confirmatory molecular testing is also sufficiently available; however, it is sometimes not conducted in parallel with TB LAM testing;
- When someone tests positive with TB LAM, treatment is initiated, but confirmatory rapid molecular testing is not always performed.

Discussion

- The CLM data collection and analysis process identified several gaps such as smear microscopy as the initial TB diagnostic test at peripheral facilities and confirmatory rapid molecular testing not always performed when someone tests positive with TB LAM
- COWLHA is currently engaged in resource mobilization drive to train community health volunteers (expert clients) in CLM for TB screening and diagnosis so that data can be collected by affected community members and use it to agitate for change as grassroots structures usually form a robust human capital regarding advocacy.

Conclusion

CLM is a social accountability tool that can be used to identify gaps in accessing TB services such as screening and diagnosis. If utilized well. CLM can inform an evidence based advocacy agenda and empower communities/grassroots structures to monitor their own TB services, agitate for change and demand for accountability and action from duty bearers.

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Questions/Comments