VII- RECOMMENDATIONS

1- Improve NLTP activities at peripheral level in order to decentralise the programme:

- Implement proper registration of TB patients in the clinics. Use individual appointment charts, kept by the clinics, in order to allow a strict supervision.

- Identify one person in charge of TB follow up at the level of each clinic and provide him with appropriate transportation means (e.g. bicycle).

- Visit each clinic at least once a month and review the status of each patient. Schedule active tracing of defaulters with the personnel in charge during these visits.

- Do not decentralise the diagnosis stage (decision of admitting a patient to the programme and starting TB treatment) for the moment. There is already a tendency to over diagnose TB at Homabay hospital, and priority should first be given to reorganising the diagnosis process at the hospital as recommended below (decision tree, lab performances, etc.).

(End p 18)

2- Strengthen existing NLTP in Homabay in the view of coping with an increasing number of patients:

- Keep a one month buffer stock for the main TB drugs and lab reagents.

- Rehabilitate and if possible extend NLTP office and consulting room at Homabay district hospital.

- Elaborate a decision tree for screening/diagnosis procedure promoting a rationale use of microscopy and X-ray.

- Validate diagnosis procedures for extra-pulmonary and smear-negative pulmonary TB, in order to control over diagnosis.

- Implement the recommendations of Laramie Feireira's evaluation regarding the laboratory (appendix).

- Stop charging patients for sputum examination, even (and especially!) for diagnosis purpose.

- Consider computerising the TB registration system for better data analysis, better patients follow-up and better defaulters tracing. A specific application could be designed for this purpose by Epicentre, using Episurv software.

3- Adapt NLTP protocols and strategies to HIV infected patients

- Withdraw as soon as possible regimen containing thiacetazone and use ethambutol in standard regimen for all TB patients, whatever their clinical

presentation.

- Organise free distribution of syringes to TB patients on streptomycin (1 syringe / injection).

- Organise home-based care for severely ill TB/HIV patients. Review approach and results obtained by CHOKES and other similar programmes in Kenya and surrounding countries (i.e. TASO in Uganda). First stage should include information of population and leaders of concerned villages. Start with a few patients and progressively increase the coverage of this programme.

(End p 19)

4- Favour integration of some of the activities of Aids and TB control programmes

- Consider that TB programme is not only dealing with TB anymore, but that it also represents the earliest and most frequent opportunity of contact with the health system for HIV infected persons.

- Organise training on Aids prevention and counselling for TB staff. Train TB staff to the clinical management of common opportunistic infections. Offer HIV testing and counselling on a voluntary basis to TB patients.

- Conduct an anonymous HIV serosurvey in a sample of new TB patients, in order to estimate the proportion of HIV/TB cases in Homabay district. A sample size of 100 would be minimal, 200 would allow stratification by age and by sex.