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# Concept note of Training for builds the capacity of health care workers in the private sector to provide quality TB care services.

#### **I.INTRODUCTION**

Tuberculosis (TB) is a preventable and usually curable disease. Based on the Global TB Report 2023, An estimated 10.6 million people approximately 10,6 million people fell ill with TB worldwide in 2022. Globally in 2022, TB caused an estimated 1.30 million deaths. However, TB remained the world's second leading cause of death from a single infectious agent in 2022, after COVID-19, and caused almost twice as many deaths as HIV/AIDS.

In the seven highest TB burden countries, private providers account for more than two-thirds of initial care seeking. Closing gaps and finding the "missing people" with TB requires the engagement of the private sector for better diagnostics and <u>treatment</u>. While some people with TB are asymptomatic and delay seeking care, most of the missing people with TB are thought to seek some kind of treatment from private health facilities. Evidence suggests that a large proportion of tuberculosis patients first approach a private healthcare provider.

Rwanda has made considerable efforts with the political will to detect and diagnose TB in the framework of WHO strategies to end TB in 2035. During the 2023-2024 FY, the total number of all TB cases diagnosed was 8,551 including 92 RR/MDR-TB cases. The rate of TB-HIV Co-infected was 14.0% (1,166/8551).

Health services in Rwanda are provided through both public and private facilities. The private health facilities include non-profit entities mainly owned by faith-based organizations, health facilities in refugee camps supported by UNHCR, and for-profit facilities owned by individuals.

To enhance private sector involvement in tuberculosis services delivery, the Ministry of Health, through the National TB Program, is committed to increasing the number of accredited private clinics, particularly in Districts with an urban town. In these Districts, where private clinics are planned for upgrade to become Centers of Treatment (CTs), the hospitals located there will serve as Centers for Diagnosis and Treatment (CDTs) capable of performing TB laboratory exams using either GeneXpert test or LED microscopy. Engaging private health facilities in TB elimination efforts is critical to achieving global targets and reducing the burden of TB.

There is a strong collaboration between government institutions and Faith-based institutions in providing services for TB care in terms of human resources capacity building,

materials, equipment, financial partnerships, infrastructure, etc. There is further collaboration with private health facilities using the public-private partnership mechanism.

### **II.JUSTIFICATION**

The extended TB NSP 2019-2027 highlighted the need to improve public-private partnerships in TB cases and management. Public-private mix (PPM) initiatives play a vital role in enhancing TB case detection and reducing diagnostic delays. Private providers are a crucial aspect of PPM, necessitating thorough training to align the quality of their services with National Standards for TB care. They play an important role in providing health care services to a large proportion of patients with tuberculosis.

Innovative measures are needed to increase private health facilities' participation in the national TB control as they serve as the initial point of contact for individuals seeking healthcare services. With adequate training, these private providers can play a pivotal role in detecting TB cases and efficiently referring patients to the public sector, significantly reducing diagnostic delays.

With this Training, we intend to update nurses in charge of TB in private health facilities on new changes in TB management guidelines from 2017(childhood TB, TB/HIV coinfection management, MDR-TB, updates on TB diagnosis and treatment, and Tuberculosis Preventive Treatment (TPT)).

Among 237 private clinics and hospitals, only 3% currently serve as Centers for Diagnosis and Treatment (CDT) of TB and contribute only 0.3% of total TB notifications. We need to increase the number of private health facilities to become the centers of TB treatment (CT).

Based on the available budget, from April 1st to 05th, 2024, we trained 38 private health facilities on TB management, and in September 2024, a training for MDs from private health facilities on CXR interpretation, as indicated in the table below:

	Training of Health Care Providers on TB management in April 2024	Training for MDs on Chest X-ray interpretation in September 2024
Private HF		
Mugombwa Refugee camp	Attended	Attended
Polyclinique du Carrefour	Attended	Attended
Sangwa Polyclinic	Attended	Attended
Kigali Adventist Medical Center	Attended	Not attended
Kigeme camp	Attended	Not attended
Mahama Refugee camp	Attended	Attended
Hopital la Croix du Sud	Attended	Not attended

Polyclinique la MedicaleMusanze	Attended	Attended
Mpore Clinic	Attended	Attended
Ste Immaculee Clinic	Attended	Not attended
Polyclinique de l'etoile	Attended	Not attended
Baho international Hospital	Attended	Not attended
Ingenzi Medical clinique	Attended	Attended
Trust Health care clinic	Attended	Attended
Polyclinique du plateau	Attended	Attended
Polyclinique la Medicale	Attended	Attended
Igisubizo Clinic	Attended	Not attended
Igihozo Medical clinic	Attended	Attended
St Michel Clinic	Attended	Not attended
Nyabiheke Refugee Camp	Attended	Attended
St Therese Clinic	Attended	Not attended
Eugle Creek Grace Medical Clinic	Attended	Attended
St Darius Medical Clinic	Attended	Not attended
Kiziba Refugee Camp	Attended	Attended
Legacy Clinic	Attended	Attended
MBC Hospital	Attended	Attended
Polyclinique St Jean	Attended	Not attended
DMC Hospital	Attended	Attended
IOM	Attended	Not attended
Bethanie Medical Clinic	Attended	Not attended
Doctors Plaza Clinic	Attended	Not attended
Sanus Medical Clinic	Attended	Attended
Clinique Medical St Paul	Attended	Attended
Santa Medical Clinic	Attended	Not attended
Clinic Sano Bugarama	Attended	Not attended
Polyclinique familiale Clinic	Attended	Attended
Polyclinique Medico Social	Not attended	Attended
Irembo ryiza Clinic	Not attended	Attended
Stella Clinic	Not attended	Attended
Kanyinya Medicalized Center	Not attended	Attended
Remera Medicalized Center	Not attended	Attended
Rutare Medicalized Center	Not attended	Attended

Ngeruka	Medicalized Not attende	d Attended	
Center			

A total of 20 private health facilities participated in both trainings, while 16 attended only the training on TB management and 7 attended solely the training for MDs on CXR interpretation. In December 2024, an email was sent to the Managing Director of Private Health Facility to inquire about private health facilities' interest in becoming Centers for TB Treatment (CT). However, so far, only a few facilities have expressed interest. During this training, we aim to encourage those meeting the criteria to become CTs after they have received the comprehensive TB management package as part of the program.

#### **III.OBJECTIVES**

- To update healthcare workers in the private sector on new tools used in Rwanda, TB &
   MDR TB management, TB/ HIV coinfection, Infection control, and Leprosy management.
- To build the capacity of healthcare workers in the private sector to contribute to the management of unfamiliar or complicated cases of TB.
- To maintain and improve progressively the quality of clinical care

#### IV.METHODOLOGY

During this training, the experts from RBC Central level and Internist and Paediatrician from Teaching Hospitals will use PowerPoint presentations, question-answer sessions and presentations on real TB cases managed at the teaching hospital level will be discussed.

#### V.EXPECTED OUTCOMES

At the end of the 5 days, we expect to have healthcare workers in the private health facilities trained on new tools used in Rwanda, TB & MDR TB management, TB/ HIV coinfection, Infection control, and Leprosy management. They will contribute to improving the quality-of-service delivery in their settings according to WHO and Rwanda TB guidelines. They will contribute to the management of unfamiliar or complicated cases of TB and to maintain and improve progressively the quality of clinical care.

#### **VI.PARTICIPANTS**

Currently, we have 237 countrywide Private hospitals, polyclinics, and Clinics, and below is the table showing their distribution by provinces

Kigali City(146)	Western	Northern	Eastern Province	Southern
	Province(28)	Province(16)	(25)	Province(22)
Gasabo 70	Karongi 3	Gakenke 1	Bugesera 7	Gisagara 1
Kicukiro 34	Nyabihu 2	Gicumbi 2	Gatsibo 2	Huye 5
Nyarugenge 42	Nyamasheke 3	Musanze 12	Kayonza 3	Kamonyi 4
	Rubavu 12	Rulindo 1	Kirehe 2	Muhanga 6
	Rusizi 7		Ngoma 2	Nyamagabe 1

	Nyagatare 3	Nyanza 2
	Rwamagana 6	Nyaruguru 1
		Ruhango 2

The TB & ORD Division is committed to increasing the number of accredited private clinics and upgrading them to become Centers of Treatment (CTs) from 5 that already reported for TB to 24 CTs. In total, 19 will be selected as it has shown in the table below:

Province	District	Number of Profit HF to be accredited
	Gasabo	2
Kigali City	Kicukiro	2
	Nyarugenge	2
	Huye	1
Courth Drovings	Nyanza	1
South Province	Ruhango	1
	Muhanga	1
	Rwamagana	1
Foot Dravings	Nyagatare	1
East Province	Kayonza	1
	Bugesera	1
Nouth Duovinos	Musanze	1
North Province	Byumba	1
	Rubavu	1
<b>West Province</b>	Karongi	1
	Rusizi	1
Total		19

With the 43 selected private health facilities (A total of 20 private health facilities participated in both trainings, while 16 attended only the training on TB management and 7 attended solely the training for MDs on CXR interpretation) trained on TB diagnosis and management, the TB &ORD Division will collaborate and the selection of those 19 will be based on the criteria:

- Have a laboratory service fulfilling standards for sputum collection,
- Number of patients they receive per month,
- Have permanent Medical Doctors,
- Complying to report through the electronic system: HMIS and E-TB

This training is planned to take place at Kabutare Hospital/ Huye District from 05th to 09th May 2025.

As of now, 12 out of the 43 trained private health facilities are Centers for TB Treatment. The remaining 31 facilities will be trained on the TB services package, incorporating the latest updates on new approaches and strategies to expand the coverage further.

Invited private health facilities are expected to attend the training as follows:

	DISTRICT	NAME OF THE FACILITY	TYPE OF FACILITY
1	GASABO	DOCTOR'S PLAZA CLINIC	CLINIC
2	GASABO	KIGALI ADVENTIST MEDICAL CENTER	CLINIC
3	GASABO	CLINIQUE MPORE LIBERTE	CLINIC
4	GASABO	POLYCLINIQUE DE L'ETOILE	POLYCLINIC
5	GASABO	POLYCLINIC POLYFAM	POLYCLINIC
6	GASABO	BAHO INTERNATIONAL HOSPITAL	HOSPITAL
7	GASABO	HÔPITAL CROIX DU SUD	HOSPITAL
8	KICUKIRO	BETHANIE MEDICAL CLINIC	CLINIC
9	KICUKIRO	IGISUBIZO MEDICAL CLINIC	CLINIC
10	KICUKIRO	LEGACY DIAGNOSTICS CLINIC	SPECIALIZED CLINIC
11	KICUKIRO	DREAM MEDICAL CENTER HOSPITAL	HOSPITAL
12	NYARUGENGE	MBC HOSPITAL	HOSPITAL
13	NYARUGENGE	POLYCLINIC SAINT JEAN	POLYCLINIC
14	BUGESERA	ST MICHEL MEDICAL CLINIC	CLINIC
15	RWAMAGANA	POLYCLINIC ST THÉRÈSA	POLYCLINIC
16	KAYONZA	ST DARIUS MEDICAL CLINIC	CLINIC
17	HUYE	SANGWA POLYCLINIC LTD	POLYCLINIC
18	RUHANGO	INGENZI MEDICAL CLINIC	CLINIC
19	MUHANGA	SANUS MEDICAL CLINIC	CLINIC
20	MUHANGA	CLINIC MEDICAL SAINT PAUL	CLINIC
21	NYANZA	IGIHOZO MEDICAL CLINIC	CLINIC
22	RUSIZI	CLINIC SANO BUGARAMA	CLINIC
23	RUSIZI	EAGLE CREEK GRACE MEDICAL CLINIC LTD	CLINIC
24	KARONGI	SANTA MEDICAL CLINIC LTD	CLINIC
25	MUSANZE	CLINIQUE MPORE LIBERTE	CLINIC
26	MUSANZE	POLYCLINIQUE LA MEDICALE DE MUSANZE	POLYCLINIC
27	GICUMBI	TRUST HEALTH CARE	CLINIC
28	RUBAVU	CLINIQUE STE IMMACULEE	CLINIC
29	RUBAVU	POLYCLINIQUE NDEGERA	POLYCLINIC
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- Adding 1 Nurse in charge of TB from the Kigeme Refugee camps
- 1 Nurse in charge of TB from IOM Migration Health Assessment Centre

## **Facilitators:**

- 1 DM of TB & ORD Division
- 1 Director of Care and Treatment Unit
- 1 Director of Infection Control Unit
- 1 Director of MDR-TB Unit
- 1 Director of ORD Unit
- 6 Staff from TB &ORD Division
- 1 Staff from NRL
- 1 Internist from Teaching Hospital
- 1 Paediatrician from Teaching Hospital

A total of 45 participants are anticipated to take part in this training.

## VII.BUDGET

**Source of Fund:** RBF/TB:

Budget of 2024-2025 TB&ORD Division: Build the capacity of healthcare workers in the private sector to provide quality TB care services

DESCRIPTION	QUANTITY	FREQUENCY	Unit Cost	Total Cost
Mission fees				
*For DM	1	1	331,800	331,800

Total	9,086,864			
*Transport fees for participants	56	1	10,000	560,000
*Hiring Vehicle (Minibus)	1	2	177,132	354,264
*HCPs from Private clinics	31	1	174,000	5,394,000
*For TB staff	7	1	174,000	1,218,000
*For Facilitators	6	1	204,800	1,228,800

# **VIII.ANNEXES**

# Agenda for the training of Health care workers in the private sector

DATE DAYS	& TIME	TOPICS	PRESENTER
Day 1	9h00-10h00	Arrival of participants and registration	TB Division
		Pre-Test	
	10h00-	Opening remarks :	TB Division
	11h00	-Overall of TB in Rwanda and TB program	
		strategies	
	11h00-	Tea break	
	11h30		
	11h30-	TB Epidemiology/Findings from Annual	TB Division
	13h00	Report FY 2023-2024	
	13h00-	Lunch	
	14h00		
	14h00-	New directives for screening, diagnostics,	TB Division
	15h30	and management of TB in Rwanda	
	15h30-	Tea break	
	16h00		
	16h00-	New WHO TB definition and treatment	TB Division
	17h00	outcome	
DAY2	'		
	9h00-09h30	Recap	TB Division
	h30-10h30		TB Division

		Updates on TB diagnosis and treatment in children, and Diagnosis of TB among children in special situations	
	10h30- 11h00	Tea break	
	11h00- 13h00	New laboratory techniques and the relevance of the new algorithms	NRL Division
	13h00- 14h00	Lunch	
	14h00- 15h00	New policies on TB/HIV coinfection	TB Division
	15h00- 15h30	Tea break	
	15h30- 17h00	Management of TB/HIV coinfection	TB Division
DAY3	<u> </u>		
	09h00- 09h30	Recap	TB Division
	09h30- 10h30	Extra pulmonary TB	Interniste from Teaching Hospital
	10h30- 10h45	Tea break	
	10h45- 13h00 13h00- 14h00	Clinical Discussion on real EPTB cases managed at Hospitals  Lunch	Interniste from Teaching Hospital
	14h00- 15h00	TB treatment and management of Side effect	Interniste from Teaching Hospital
	15h00- 15h30	Tea break	
	15h30- 17h00	*Infection control and overview of LTBI and rationale of TPT  *Practical session will be held focusing on the Tuberculin Skin Test (TST).	TB Division
DAY4			
	09h00- 09h30	Recap	TB Division
	9h30-10h30	DR-TB in Rwanda	TB Division

	10h30- 11h00	Tea break					
	11h00- 12h00	PAL diagnosis and management	TB Division				
	12h00- 13h00	Leprosy management	TB Division				
	13h00- 14h00	Lunch					
	14h00- 15h00	Tuberculosis Deaths Audit Analysis Findings and Discussion and Presentation of the updated TB death audit report.	TB Division				
	15h00- 15h30	Tea break					
	15h30- 17h00	Introduction to the electronic TB system	TB Division				
DAY5							
	9h00-09h30	Recap	TB Division				
	9h30-10h30	Monitoring &Evaluation	TB Division				
	10h30- 10h45	Tea break					
	10h45- 11h45	Monitoring &Evaluation	TB Division				
	11h45- 12h30	Post-Test	TB Division				
	12h30- 13h00	Closure & Remark					
	12h00- 13h00	Lunch					

# Signature

Care and Treatment Senior	Aline	(Drafter)	2025- 04-14	Al
Officer	Munyanshongore	9	20:35:	
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Director of TB Care and	Grace	(Reviewer)	04-16	MANA
Treatment Unit	Mutembayire	(Reviewei)	12:41:	and the second
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TB and Other Respiratory	Patrick Migambi	(Reviewer)	2025-	Myothe .
Communicable Diseases			04-19	
Control Division Manager			07:53:	
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Head of HIV/AIDs, Diseases			2025-	

Prevention and Control Department Dept

Albert Tuyishime (Approver) 04-22 18:04:  $\oint \sim \uparrow$ 

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