

# *Unpacking GC8 TB guidance - From A Community's Lens*

**Webinar – 22 April 2026, 11.00 CET**



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# **Role of Community in Active Case Finding Targetting Key and Vulnerable Populations in Nepal**

22 April, 2026

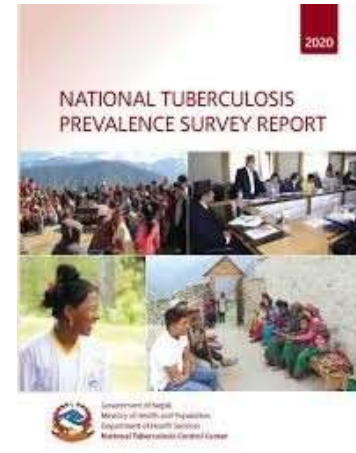
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Executive Director

Japan-Nepal Health and Tuberculosis Research Association (JANTRA)

# BACKGROUND

- The National TB prevalence survey demonstrated large pool of undetected TB cases are still exists in the community
- More than 70% of the confirmed TB cases did not have cough  $\geq$  2 weeks or other symptoms as used for screening of TB
- Screening for TB using cough of more than two weeks would have captured only 20.8% of the TB cases
- Prevalence survey has indicated that sensitivity of symptomatic screening is low so CXR should be used to avoid advanced cases without TB symptom



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# Resources in GC7 (diagnosis, treatment and care) Model

- Mapping of Key and vulnerable population using simple assessment tools
- Meaningful community participation including local government in planning meeting
- CXR with CAD/AI based TB screening in all implementation districts

SR: INTERVENTION: ACTIVE CASE FINDING (AI X-RAY BASED)							CRITERIA FOR CLUSTER SELECTION
S.N	Province	District	Municipality	Population	WARD	CLUSTER NAME/Toll	Put the below instruction guide as outlined in the note during the cluster mapping with HO, Palka and Wards
1							
2							
3							
4							
5							



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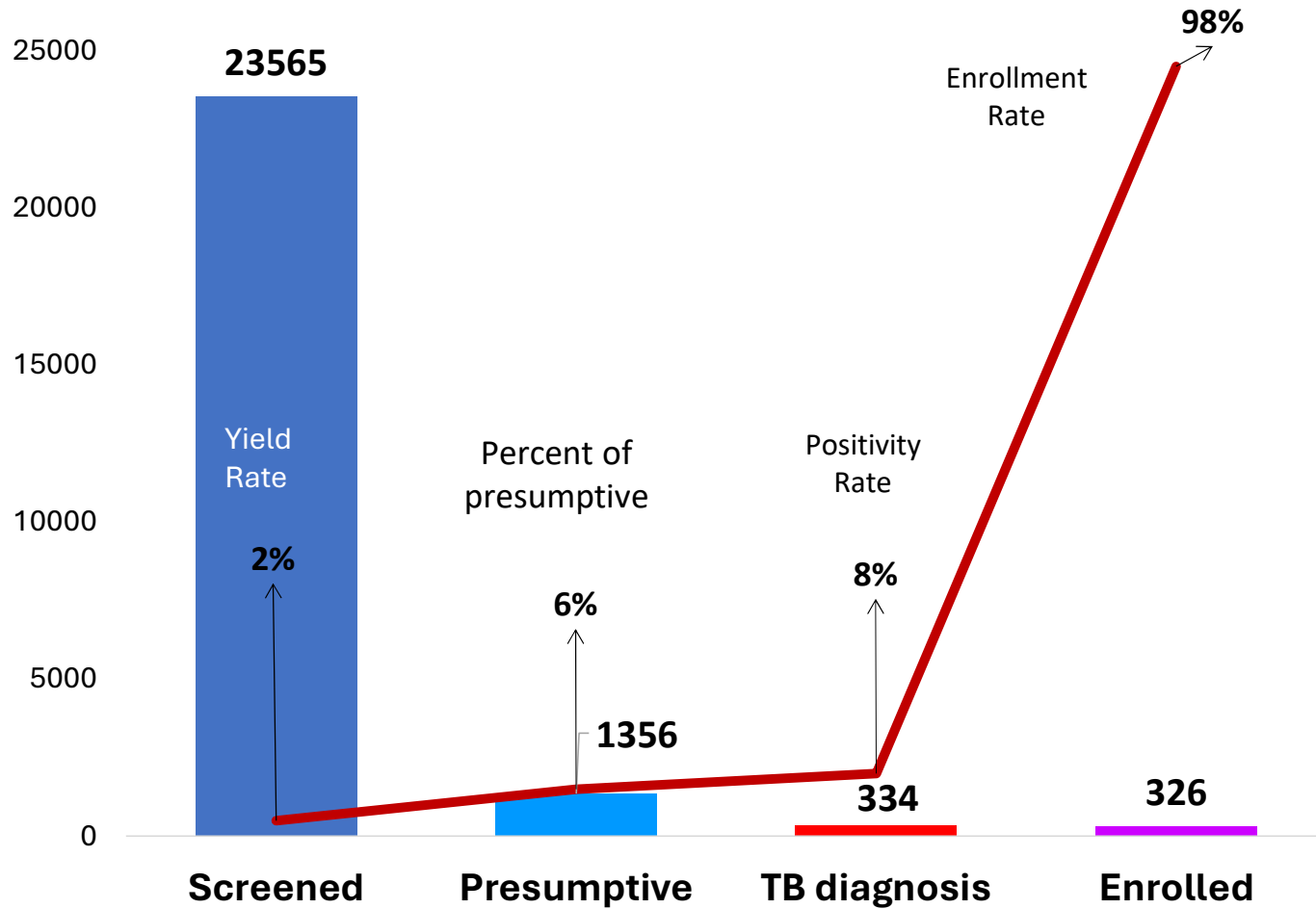


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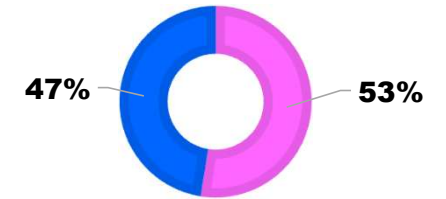
# Community-Based TB screening targeting Vulnerable and Hard to reach Population May 2025-Feb 2026



100%  
90%  
80%  
70%  
60%  
50%  
40%  
30%  
20%  
10%  
0%

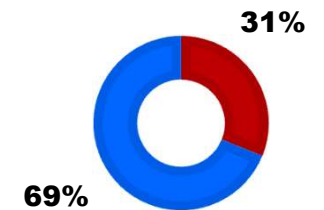
## GENDER WISE DISTRIBUTION OF SCREENED POPULATIONS

Female Male



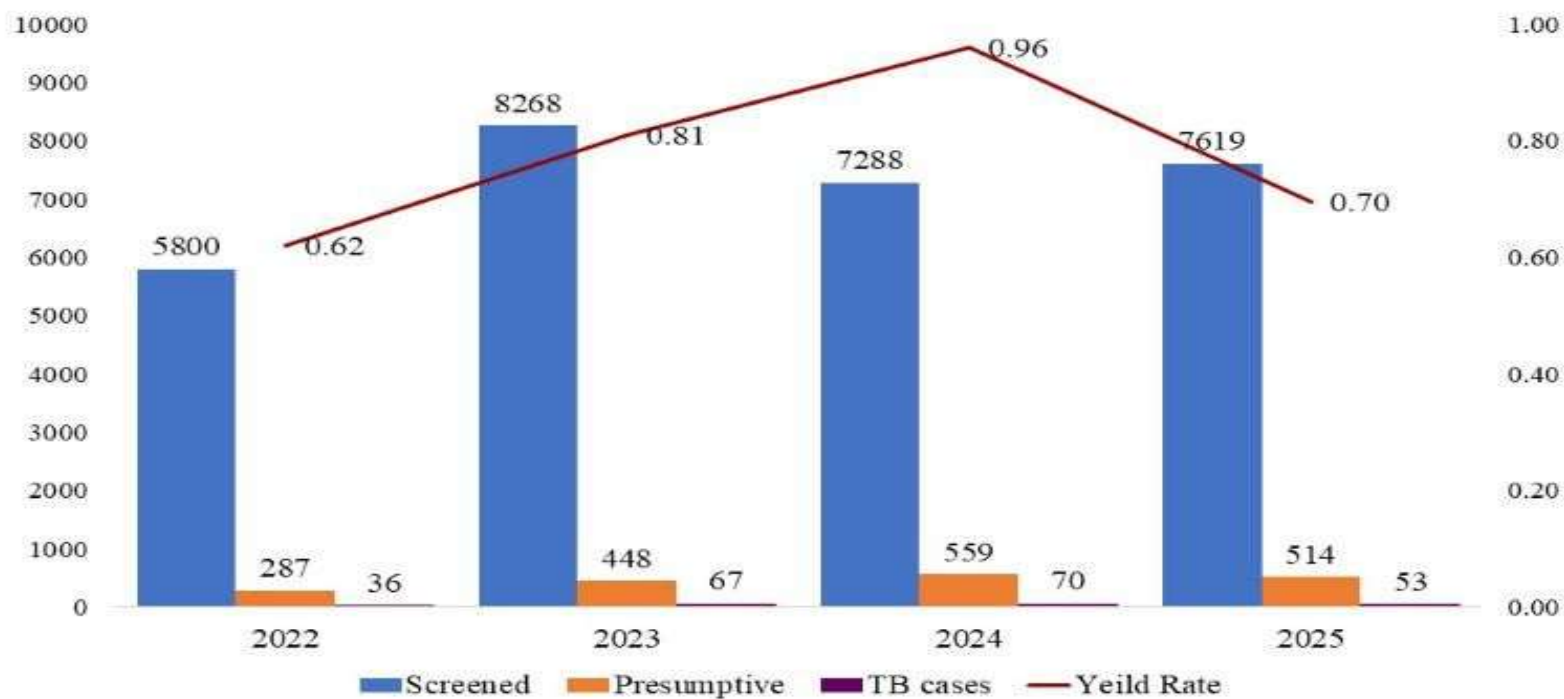
## TYPE OF TB

PBC PCD



# Trend of TB Screening among Prison Inmates (Key Population) ( 2022-2025)

Figure 1: Trend of yield rate of active TB case finding among prison inmates from 2022 to 2025



# Lessons Learned

- **More than half** of the presumptive TB cases have no any sign and symptoms
- The **selection of target groups (KVP)** with the support of community leaders, health volunteers and TB survivors is key to maintain high yield rate
- **High acceptability** from local community including high participation from **women** and **senior citizens**
- About **40%** diagnosed cases from ACF need to link for **CB-DOTS**, where communities are key actor to manage and ensure for full course of treatment
- Meaningful participation from the Local government (**co-financing** to bring participants in ACF camp and wider use of social media )



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# Conclusion

- Active case finding with CXR in community and congregate settings is effective especially for asymptomatic TB
- Improving the testing capacity for sputum samples transported from ACF camps from hard to reach areas in mWRD sites is essential
- Health education including IEC materials and links to DOTS centers for those who are confirmed TB help to minimize initial loss to follow-up

## Highly sensitive tools to detect TB



## WHO recommended tests



# Wayforward

- The implementation of **point-of-care testing** is essential for decreasing turnaround time and replacing microscopy tests.
- **Integrated screening** for early case finding, management and cost effectiveness is critical in key population
- Expanding active case finding (ACF) camps to reach a **larger population requires a dedicated team** and resources to address the **impact of TB epidemiology**
- **TB advocacy** at all level to minimize the stigma and discrimination in the community



“A female with TB experienced domestic violence and was reluctant to disclose her illness due to fear. As a result, she initially declined to access any services, including those offered by JANTRA in the community. After several visits from community volunteers and receiving psychosocial support, she was able to visit the camp sites and begin her treatment”



**THANK YOU**