ENGAGING TRADITIONAL HEALERS TO IMPROVE TB CASE NOTIFICATION IN KENYA

Evidence from a Community-Based Referral Model

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BACKGROUND

Why this approach matters for TB control

Kenya remains a high TB burden country, and many people with TB symptoms first seek care outside the formal health system. Traditional healers are often trusted first-contact providers in the community, yet they are rarely linked to routine TB referral pathways. This creates missed opportunities for early screening, diagnosis, and treatment initiation. Strengthening community-to-facility referral can help close these gaps in the TB care cascade.

PROBLEM STATEMENT / RATIONALE

The gap in the care cascade

Community symptoms
Many people first seek informal care

Referral
Weak linkage to diagnostic services

Diagnosis
Delayed evaluation leads to missed cases

Treatment
Late treatment fuels transmission

The rationale for this model is simple: if trusted community providers can recognise symptoms early and refer people quickly, more presumptive TB clients can reach testing services sooner. This is especially relevant in high-burden settings where health-seeking often begins in informal sectors. The intervention therefore aims to reduce diagnostic delay and strengthen the TB care cascade from community screening to treatment.

OBJECTIVE

What we set out to assess

To assess the contribution of traditional healer-led referrals to TB case identification and linkage to care in selected Kenyan counties.

Key questions:

- How many informal providers could be engaged?
- How many presumptive TB clients were referred?
- How many TB cases were confirmed and started on treatment?

METHODS

Setting, sample, and implementation approach

SETTING

Five counties: Nairobi, Kisumu, Homabay, Marsabit, and Tharaka Nithi

SAMPLE

63 informal service providers, including traditional healers

APPROACH

Mapping, orientation on TB symptoms, referral tools, linkage to nearby diagnostic facilities, and routine monitoring

Timeframe: 2024–2025 | Data source: program monitoring records

RESULTS: IMPLEMENTATION REACH

Who was reached through the model?

63

informal service providers engaged

5

counties covered

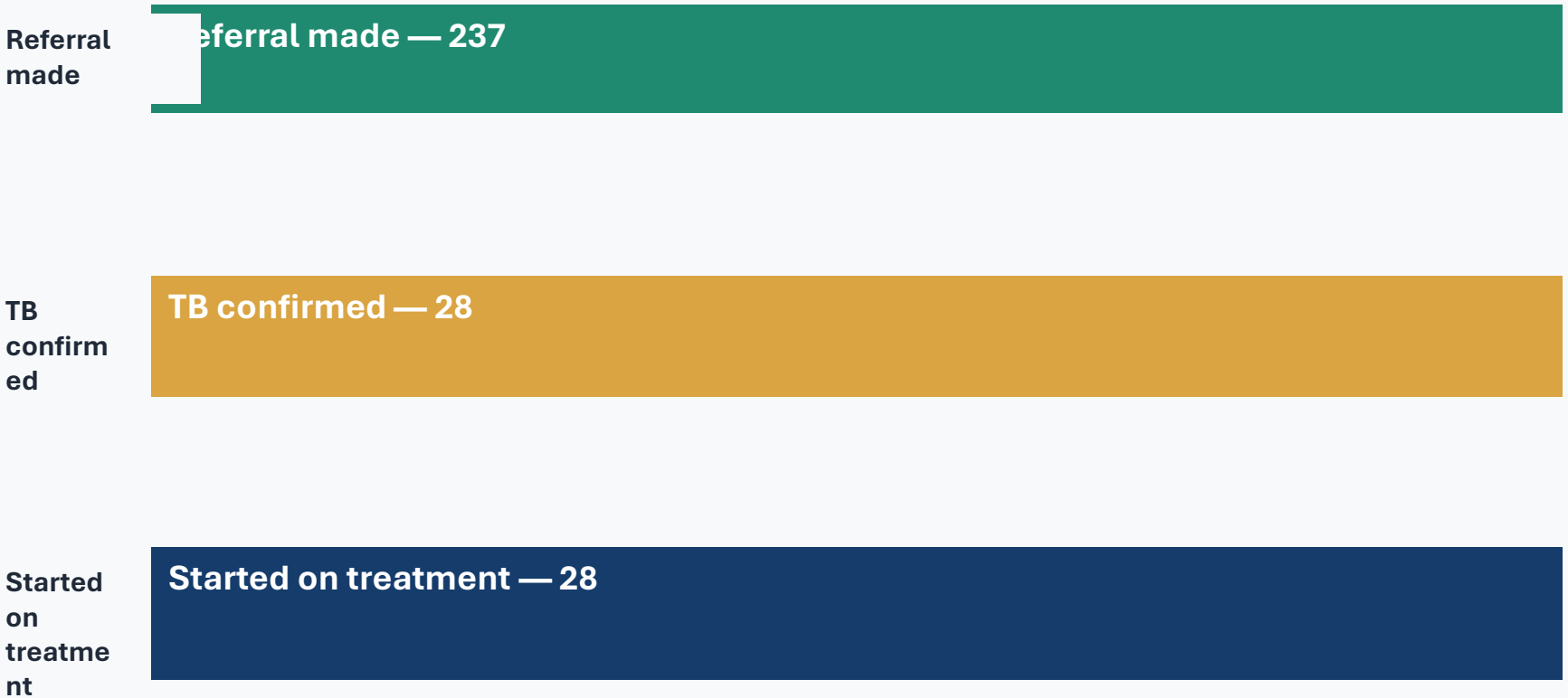
237

presumptive TB clients referred

The model reached trusted community providers in diverse settings, including urban, peri-urban, rural, and hard-to-reach counties. This breadth is important because it shows the intervention was not limited to one type of setting and could be adapted for other high-burden areas.

RESULTS: TB CARE CASCADE

From referral to diagnosis and treatment



Yield from referral to confirmed TB:

28 / 237
= 11.8%

All confirmed cases were initiated on treatment.

Key message: the model did not just generate referrals — it successfully linked people into diagnosis and treatment.

INTERPRETATION

What do these findings mean?

1. Traditional healers can function as effective entry points into the TB cascade when they are linked to formal services.

2. Simple tools and clear referral pathways are enough to create measurable gains.

3. Community trust matters: referral success depended on local relationships and provider credibility.

The findings suggest that TB programmes can reach additional people with presumptive TB by working through trusted informal providers rather than relying only on facility-based screening. This approach is operationally relevant because it can reduce delays before testing, strengthen community-facility linkage, and complement existing active case-finding strategies.

PROGRAMMATIC / POLICY IMPLICATIONS

Why this matters for TB control

- Scale the model in other high-burden counties with routine supervision and quality assurance.
- Formalise referral pathways for traditional healers and other informal providers within county TB systems.
- Link community-based referral more closely with TB/HIV integration, contact investigation, and active case finding.
- Use simple monitoring indicators to track referrals, diagnostic completion, and treatment initiation.

CONCLUSION & KEY TAKE-HOME MESSAGES

Three messages to remember

FEASIBLE

Traditional healer engagement is feasible in routine TB programming.

EFFECTIVE

The model improved referral, diagnosis, and treatment linkage.

SCALABLE

With monitoring and quality assurance, it can be expanded in similar settings.

Final message: trusted community providers are a practical partner for finding missed TB cases earlier.

ACKNOWLEDGEMENTS

Thank you

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Questions and discussion