TB CAP Focus No. 4

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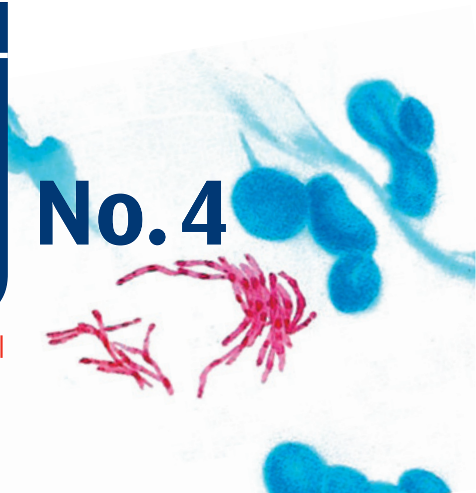


TB/HIV Collaborative Activities

Increased and Strengthened TB and HIV/AIDS Coordinated Activities is one of the key objectives of the Tuberculosis Control Assistance Program (TB CAP) implemented by a coalition of major international agencies (KNCV, the WHO, The UNION, ATS, FHI, MSH, JATA and the CDC). The interventions have been focused on improving the policy environment for collaborative TB and HIV/AIDS activities as well as augmenting the scaling up of the key components of integrated TB/HIV care.

The TB CAP intervention strategy for collaborative TB/HIV activities has been context specific depending on the epidemiology and the burden of the two diseases in the particular country. TB CAP interventions therefore can vary from a focus on Most at Risk Populations in countries with relatively low TB/HIV prevalence to national level policies and capacity development as well as the scaling up of key components of collaborative TB/HIV activities in countries with high disease burden.

TB CAP expected outputs on TB/HIV are:

- Improved national policies and coordination between National TB and HIV programs.
- Improved access to HIV services for HIV positive TB patients.
- Improved access to TB services for persons living with HIV (PLHIV).

The Tuberculosis Control Assistance Program (TB CAP) has played an important role in global TB control efforts in over 30 countries and has provided support directed toward reaching the global targets of 70% case detection and 85% treatment success. TB CAP's primary focus has been on expanding DOTS coverage in high burden countries as well as in other USAID priority countries.

TB CAP Uganda Team with community volunteers from the Kawempe Home Care Initiative (CBO) in Kampala.

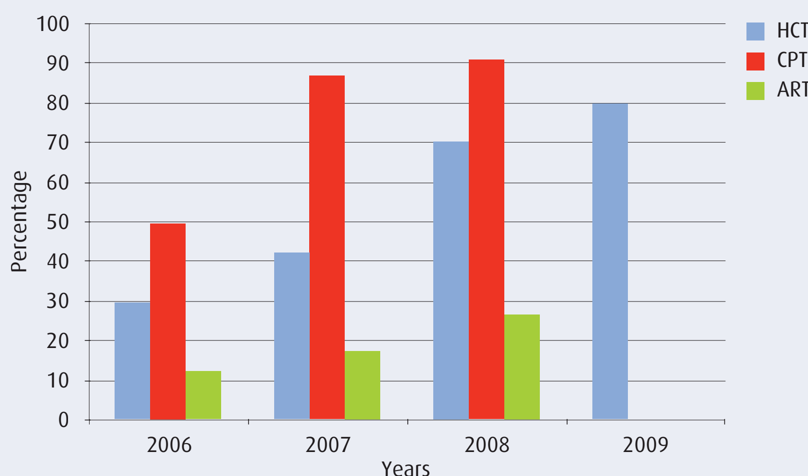
Country Experiences in TB/HIV

Uganda:
TB/HIV integration Progress in TB CAP supported Districts

A review of performance in the 12 TB CAP supported districts in Uganda, found significant improvements in the integration of HIV services into TB programs. HIV counseling and testing (HCT) rates, which ranged from less than 20% to 50% in 2006 have now reached over 70% in 11 districts and over 80% in six districts in 2009 (2009 Cohort). Co-infected patients are offered Cotrimoxazole Prophylactic Therapy (CPT) in all 12 districts, with 9 districts reporting over 80% and 5 districts reporting 100% of co-infected patients started on CPT (2008 Cohort).
The percentage of co-infected patients started on antiretroviral therapy has steadily increased, although it remains low due to specific challenges such as inadequate referrals between the TB and HIV programs which complicates information sharing between the HIV and TB units and also fear among health workers to start TB/HIV co-infected clients on ART due to toxicities associated with ART in TB patients. However, all districts offer ART, with a range of 10-60% of co-infected clients started on ART (2008 Cohort).

TB/HIV services in the 12 districts are funded by TB CAP, which is implemented by The Union Uganda Country Office. TB CAP will continue to support Uganda's National Tuberculosis and Leprosy Program (NTLP) and the Ministry of Health to help address the supply delivery issues and provide continuous support and mentoring for facility based health workers.

For further details about the TB CAP project and The Union Uganda Office, please contact Dr Anna Nakanwagi at: anakanwagi@theunion.org.



Zambia:
TB/HIV Activities

TB CAP in Zambia provides technical and funding support to the national TB/HIV coordinating body from 2006 to date. TB CAP continues to support National Tuberculosis Control Program activities in the five target provinces of Luapula, Northern, Central, Copperbelt and North Western. The National Strategic Plan for 2006–2010 calls for the establishment of TB/HIV collaborative activities and TB CAP actively supports this collaboration with the following achievements to date:

- Through TB/HIV coordinating bodies, TB CAP funded the establishment of collaboration mechanisms between TB and HIV service providers at provincial and district levels. In 2009, 13 district-level meetings were held in urban and isolated rural districts, evidence of the strong commitment to coordination of collaborative activities.
- TB CAP funded the training of 339 healthcare workers, which allowed provider-initiated HIV counseling and opt-out HIV testing to be scaled up.
- TB CAP funded the training of community volunteers in the follow-up care of TB and HIV co-infected patients and provided job aids to 4,500 community volunteers for the follow-up care of patients and contacts.
- TB CAP supported the establishment of TB infection control activities, including the development of national guidelines and implementation plans, the training of 77 healthcare workers from all nine provinces and the initiation of health facility assessments for healthcare worker safety.

Global Interim Policy

The overall guiding policy for implementing collaborative TB/HIV activities by TB CAP is the 2004 "Interim Policy on Collaborative TB/HIV Activities" which recommends the following:

A. Establish the mechanisms for collaboration
- Set up a coordinating body for TB/HIV activities effective at all levels
- Conduct surveillance of HIV prevalence among tuberculosis patients
- Carry out joint TB/HIV planning
- Conduct monitoring and evaluation

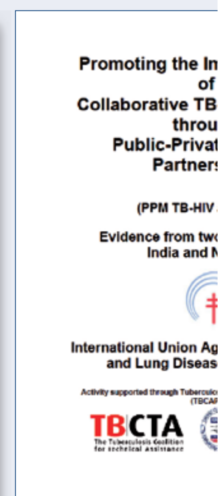
B. Decrease the burden of tuberculosis in people living with HIV/AIDS
- Establish intensified tuberculosis case-finding
- Introduce isoniazid preventive therapy
- Ensure tuberculosis infection control in health care and congregate settings

C. Decrease the burden of HIV in tuberculosis patients
- Provide HIV testing and counseling
- Introduce HIV prevention methods
- Introduce co-trimoxazole preventive therapy
- Ensure HIV/AIDS care and support
- Introduce antiretroviral therapy

Quality of Care to TB/HIV Co-infected Patients

The provision of comprehensive care covering both diseases for co-infected patients, remains vital to reducing mortality and enhancing the quality of life of patients.

Some key activities need further strengthening, especially systematic evaluation of the treatment outcome for co-infected TB patients within both programs as well as ensuring effective referral mechanisms to provide optimal TB and HIV/AIDS care including scaling up ART for co-infected TB patients. TB CAP program activities emphasize that whilst scaling-up collaborative activities, ensuring continued quality of care is critical. TB CAP is focusing on the strengthening of M&E systems through the implementation of the revised recording and reporting system as well as developing guidelines (SOPs for TB/HIV integrated activities, patient literacy tools, pediatric TB/HIV guidelines etc.).



State of the TB/HIV epidemic globally

According to the WHO, people living with HIV/AIDS during 2007 amounted to 33 million globally. The number of people newly infected with HIV in 2007, was 2.7 million. A total of 3.4 million people were on ART (anti-retroviral treatment) during the same year.

The global TB burden during 2007, was estimated at 9.27 million (139 per 100,000), of which an estimated 1.77 million (27 per 100,000) have died. The burden of HIV-associated TB amounted to 1.4 million (>15% of global Burden) with an estimated death toll of 500,000 (>30% of all deaths in PLHIV).

TB continues to be the leading cause of death among people living with HIV in Africa and a major cause of death elsewhere. It is also the most common presenting illness among people living with HIV, who are taking anti-retroviral treatment.

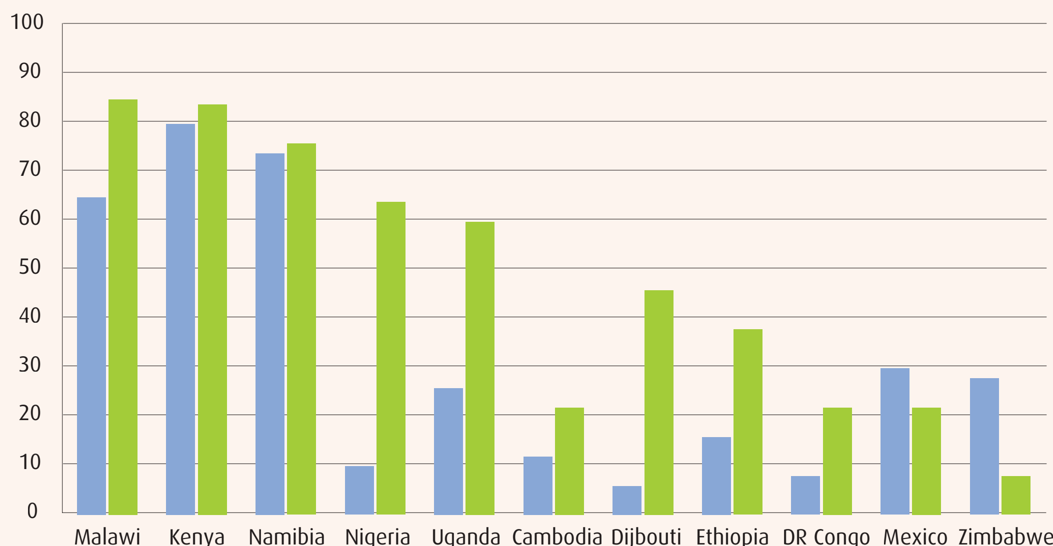
TB CAP guidelines and tools

TB CAP partners continue to contribute to the increased diagnosis, referral and treatment of both Tuberculosis and HIV/AIDS in high prevalence countries in an integrated manner.

In the effort to scale-up collaborative activities, the development/dissemination of standard tools has been a focus for TB CAP. Since the start a number of guidelines and tools aimed at enhancing collaborative TB/HIV activities have been developed by TB CAP. The following is the list of guidelines/documents developed by TB CAP which can be accessed through the TBCTA/TB CAP website: www.tbcta.org.

- Lessons Learned in Scaling up Collaborative TB/HIV activities, country experiences from Kenya, Cambodia and Malawi (2009)
- Improving the diagnosis and treatment of smear-negative pulmonary and Extra pulmonary tuberculosis among adults and adolescents Recommendations for HIV-prevalent and resource-constrained (WHO 2007)
- Engaging Community-based Organizations in TB/HIV Collaborative Activities: A Case Study in Nigeria (December 2008)
- Promoting the Implementation of Collaborative TB/HIV Activities Through Public-Private Mix and Partnerships (2008)
- Guidelines for Control of Tuberculosis in Prisons (2009)
- TB/HIV patient literacy Package and Curriculum (2009)
- Guidance on TB/HIV activities outside the public sector (2009)
- Guidance for National Tuberculosis and HIV Programmes on the management of Tuberculosis in HIV-infected Children: Recommendations for a public health approach (2009)
- SOPs on implementation of TB/HIV activities (2009)
- Piloting TB/HIV activities outside the public sector (part 2) (2009)
- A guide for integrating HIV testing in MDR surveillance (2010)
- A review of country level TB/HIV monitoring and evaluation systems (2010)
- Follow up TB/HIV treatment literacy project (2010)
- Develop a best practices manual for TB/HIV services integration (2010)

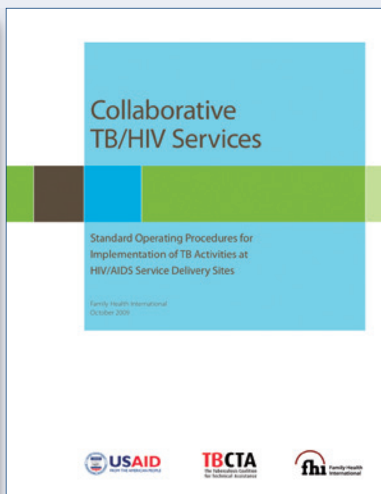
Graph: Percentage of Registered TB Patients tested for HIV in Selected TB CAP Countries



Scaling-up TB/HIV Services at Country Level

Currently the number of countries with TB CAP support in scaling up TB/HIV collaborative activities has reached 17. The countries are; Bangladesh, Botswana, Cambodia, DR Congo, Dominican Republic, Ethiopia, Ghana, Indonesia, Kenya, Malawi, Mozambique, Namibia, Nigeria, Uganda, Vietnam, Zambia and Zimbabwe. Some of the key country activity highlights include the following:

- The number of TB CAP countries having **"joint planning between national TB and HIV/AIDS programs"** at the national level for collaborative TB/HIV activities has increased from two out of six (33%) at the beginning, to 20 out of 23 (87%) during 2009.
- **The revised recording and reporting system** has been fully implemented in 10 countries Namibia, Zambia, Uganda, Ghana, Vietnam and Kenya, Zambia, Nigeria, Cambodia, and Ethiopia, the last four were added to the list during 2009.
- As the key component of **scaling up TB care to PLHIV**, intensified case finding (ICF) has been a focus. TB CAP has strengthened partnerships with HIV/AIDS stakeholders who are taking ownership of integrating the 3 I's for PLHIV. TB CAP in Uganda, Mozambique, Zambia and Namibia have shown strong partnerships with HIV/AIDS implementers.



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PMU focal point

The TB/HIV coordinator within the TB CAP's Program Management Unit (PMU), Dr. Yared Kebede Haile supports countries thorough TB CAP implementing partners to scale-up collaborative TB/HIV activities. Some of the important activities of the TB/HIV coordinator include country monitoring and technical assistance missions, coordination of the development and dissemination of guidelines and documents through the core project activities, support activities that create a positive policy environment for improving TB-HIV coordinated activities, provide support to institutional and human capacity building activities at the regional, national, and local levels for TB-HIV coordinated activities.

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What is **TBCTA** and **TB CAP**?

The Tuberculosis Control Assistance Program (TB CAP) is a USAID five year cooperative agreement (2005-2010) that has been awarded to TBCTA with KNCV Tuberculosis Foundation as the lead partner. The Tuberculosis Coalition for Technical Assistance (TBCTA) is a unique coalition of the major international organizations in TB control:

American Thoracic Society (ATS), Centers for Disease Control and Prevention (CDC), Family Health International (FHI), International Union Against Tuberculosis and Lung Disease (The Union), Japan Anti-Tuberculosis Association (JATA), KNCV Tuberculosis Foundation, Management Sciences for Health (MSH), World Health Organization (WHO).

The aim of TB CAP is to reach the following specific goals in the TB CAP countries with significant investment:

- 90% of public clinics implementing DOTS;
- At least 70% case detection rate;
- At least 85% treatment success rate and/or cure rate;
- 75% of countries meeting MDR TB quality standards defined by TB CAP;
- 100% of countries where nationwide TB and HIV programs effectively coordinated.

TB CAP focuses on five priority areas:

- Increasing political commitment for DOTS;
- Strengthening and expanding DOTS Programs;
- Increasing public and private sector partnerships;
- Strengthening TB and HIV/AIDS collaboration;
- Improving human and institutional capacity.

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