

Accelerate scaling up of TB/HIV activities in Tanzania

Dr. N.G.SIMKOKO

WHO/NTLP - Tanzania

Presentation outline

- **Background**
- **What has been accomplished so far**
- **Experience gained**
- **Proposed way forward**

Background

- **Case notification increased from about 11,000 in 1983 to about 66,000 in 2004.**
 - **Nearly half of these patients are co-infected with HIV.**
 - **More than 5,000 (10-20%) of all TB cases die before completing treatment – esp. first 2 months of treatment.**
 - **Relapse cases are also on the increase**
 - **The underlying factor is HIV epidemic in the country which is fuelling increase in TB cases**
-

Background - contd

- **WHO has developed a package of interventions to reduce the burden of HIV among TB patients.**
 - **Offering provider initiated diagnostic counselling and HIV testing (DCT) to all TB patients with an option to opt out.**
 - **Referring all HIV-positive TB patients to care and treatment centres for registration and assessment of eligibility to ART.**
 - **Offering all TB /HIV co-infected patients cotrimoxazole preventive therapy (CPT).**
 - **Offering HIV infected clients isoniazid preventive therapy (IPT).**
-

What has been accomplished

- **NTLP in collaboration with CDC, WHO and KNCV developed training curriculum and materials for DCT which have been pre-tested in three pilot districts. The materials developed included: -**
 - **Manuals for training service providers in DCT including script**
 - **Adopted TB registers- both District and Unit registers to incorporate HIV parameters including i.e. HIV status, referral to CTC, registration in the HIV register at CTC, Registration in the ART register, Initiation of CPT**
 - **Revised the NTLP manual to incorporate current approach to TB/HIV control and use of 4-fixed dose combination TB drugs (4FDCs) –
Rifampicin/Isoniazid/Pyrazinamide/Ethambutol**
-

Progress in TB/HIV activities

- **Conducted 34 health workers for 2 weeks training on VCT together with NACP**
 - **Conducted one week training of 9 facilitators course in collaboration with CDC**
 - **Conducted five days training of 25 health workers on DCT together with CDC**
 - **Three districts Temeke, Iringa Urban and Korogwe have initiated TB/HIV activities since early July 2005**
-

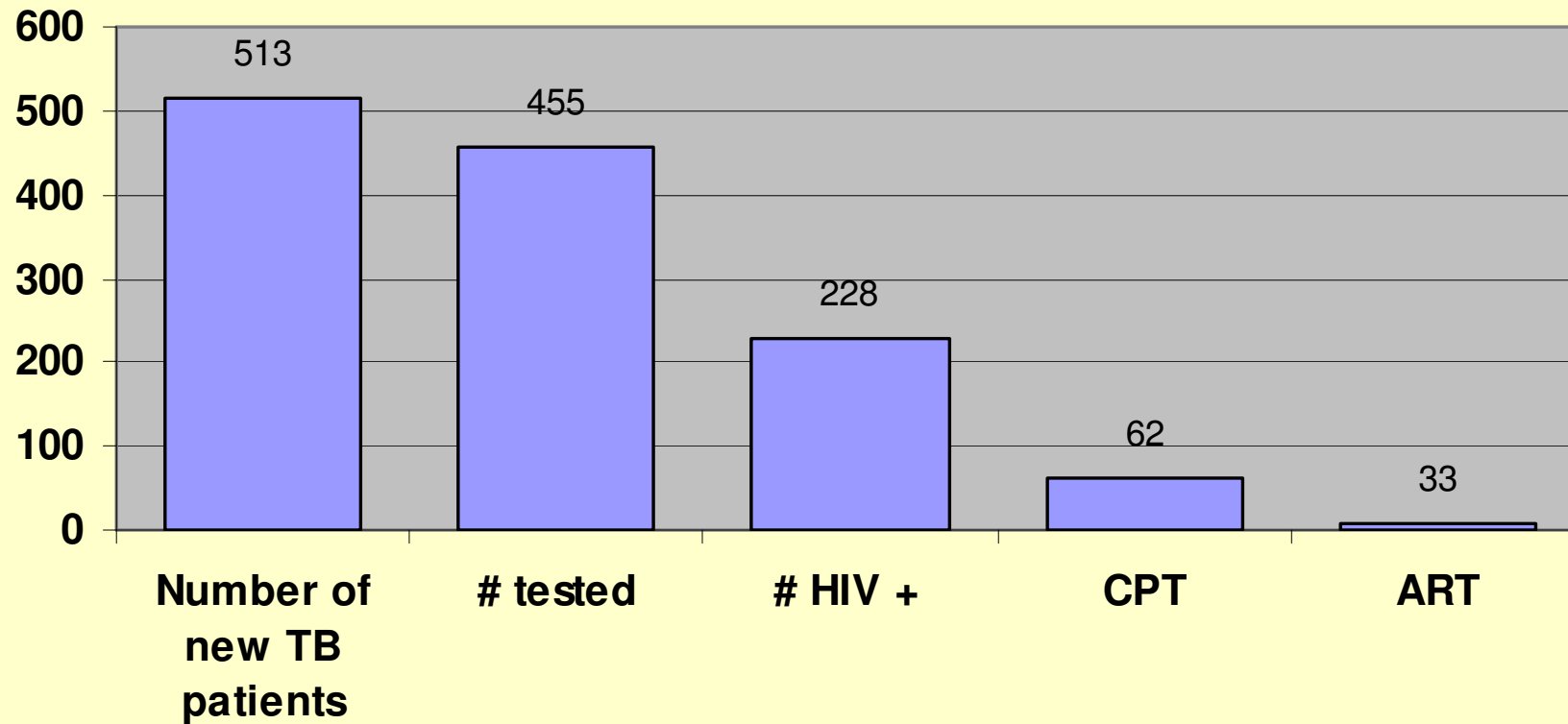
Progress in TB/HIV activities

- **Specific activities being implemented include: -**
 - **Screening /establishing diagnosis of TB.**
 - **Providing group and individual counselling on HIV co-infection to TB patients.**
 - **HIV testing – on site or specimen to VCT or lab**
 - **Providing post-test counselling for both HIV negative and HIV positive TB-patients.**
 - **Referral to VCT for all TB patients who are HIV negative for additional counselling.**
 - **Referral to CTC all TB patients who are HIV positive.**
 - **Recording patients in appropriate registers.**
-

General Findings

- **DCT successfully performed at all levels of TB service with limited impact on workload**
- **All TB patients undergo DCT**
 - with option to opt out of HIV test
- **Uptake of DCT by TB patients is high**
 - Majority (89%) of TB patient accept testing
 - 50% are HIV positive (30-70%)
 - All HIV positive TB patients are referred to CTC and VCT for further counselling
 - HIV negative patients are referred to VCT
- **Increased referral from DCT may increase workload on VCT**

TB/HIV Collaboration Tanzanian Pilot Sites: July-September 2005



Positive findings

- **Clinicians and nurses can do most of the TB/HIV activities**
- **Majority of TB patients agree to be tested.**
- **About 50% of all TB patients screened for HIV are positive.**
- **Almost all patients get HIV results on the same day-2-3 hours after taking the blood but occasionally in less than 1 hour.**
- **Nearly all patients are willing to take their results without threats to health workers.**
- **It is possible to do on-site HIV testing if trained to do so.**
- **Patients would prefer to get both TB and HIV services at TB clinics**
- **Health workers in TB clinics are willing to provide HIV services including HIV testing and recording if trained.**
- **MSD provides continual education through CMEs and updates on management of HIV/TB patients in public and private clinics**
- **Only Efavirenz is recommended as the first line drugs for TB/HIV pts**

Way forward

- **Establish National Policy on TB/HIV collaboration**
 - Adapt existing Global Policy
 - Revise National TB/HIV Strategic Plan
 - ✓ Formulate joint plan
 - HR and training
 - M&E
 - OR
 - Define new responsibilities
 - Agree and develop guidelines
 - Re-programme GF round 3 to revised plan

Recommendations

- **Establish National TB/HIV Coordinating Committee / Technical Working Group**
 - Establish policy and plan
 - To coordinate policy decisions from partners
 - Oversee implementation
 - To oversee scaling up of ART among TB cases
 - Coordinate reporting to funding agents

Recommendations

- **Roll out TB/HIV collaboration**
 - DCT for TB patients as first step in TB/HIV collaboration
 - Follow ARV/CTC service availability
 - Expand package of TB/HIV activities
 - ✓ **Provide CPT at TB clinic (no delay and high compliance)**
 - ✓ TB screening for PLWHA
 - Improve referral networks between TB and HIV and other services
 - Update and standardize recording and reporting for TB and HIV (electronic system)

Recommendations

- **Decentralize HIV care and treatment to sub-district level**
 - **Pilot decentralization to TB clinic**
 - ✓ **Infection control**
- **Utilize community-based care programs for TB and HIV**

Challenges

- CTC clinics in Temeke and Iringa are overwhelmed with PLHA who need HAART
 - VCT and laboratory workers are also overwhelmed by other clients/specimen.
 - Not all TB patients referred to CTC are registered in the HIV care register.
 - There is a delay to start ART for TB/HIV patients: Only 33 out of 228 referred were on ARV after one month and are on efavirenz regimens.
 - In total about 504 patients are on Efavirenz containing regimen in the CTC clinics BUT with DCT the Efavirenz uptake will be highly increased.
 - Most of TB/HIV patients are not provided with CPT.
 - HIV testing not done on site (TB clinic) but at VCT and laboratory.
-

Way Forward

- **In order to reach the national target of putting 100,000 HIV-positive clients on ARV by 2006:**
 - **TB clinics could contribute (up to 40%) of all HIV+ eligible for ART.**
 - **VCT and PMCT sites alone cannot provide all PLHA needed to reach the national targets.**
 - **RTLCC to identify at least one district which can initiate TB/HIV activities by April 2005.**
 - **TLCU will provide facilitators, training materials and funding**
-

Proposed activities

- 1. Each RTLC to identify one urban district which can implement TB/HIV activities.**
 - 2. RTLC/DTLC to conduct rapid assessment of health facilities in the district capable of providing TB/HIV activities using a checklist:**
 - Availability of a TB clinic in health facility**
 - Availability of health workers and their qualifications.**
 - Availability of space for group and individual counselling.**
 - Availability of HIV testing kits**
 - Presence of a CTC in the health facility or nearby.**
-

Proposed activities - contd

- 3. Develop a 5-day training plan targeting: -**
 - CHMT members to be oriented in TB/HIV activities.**
 - Health workers in TB clinics who will provide TB/HIV services including VCT.**
 - Orient pharmacy section, laboratory technicians, MCH clinics or PMCT on TB/HIV**
-

Proposed activities - contd

- 4. To agree on post training supportive follow-up:**
 - On setting up HIV services within TB clinic**
 - Recording and reporting**
 - Referral mechanism**
 - Motivating health workers**
-