



TB/HIV Collaborative activities in Rwanda: From Policy to implementation.

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Rwanda / Ministry of Health

RWANDA

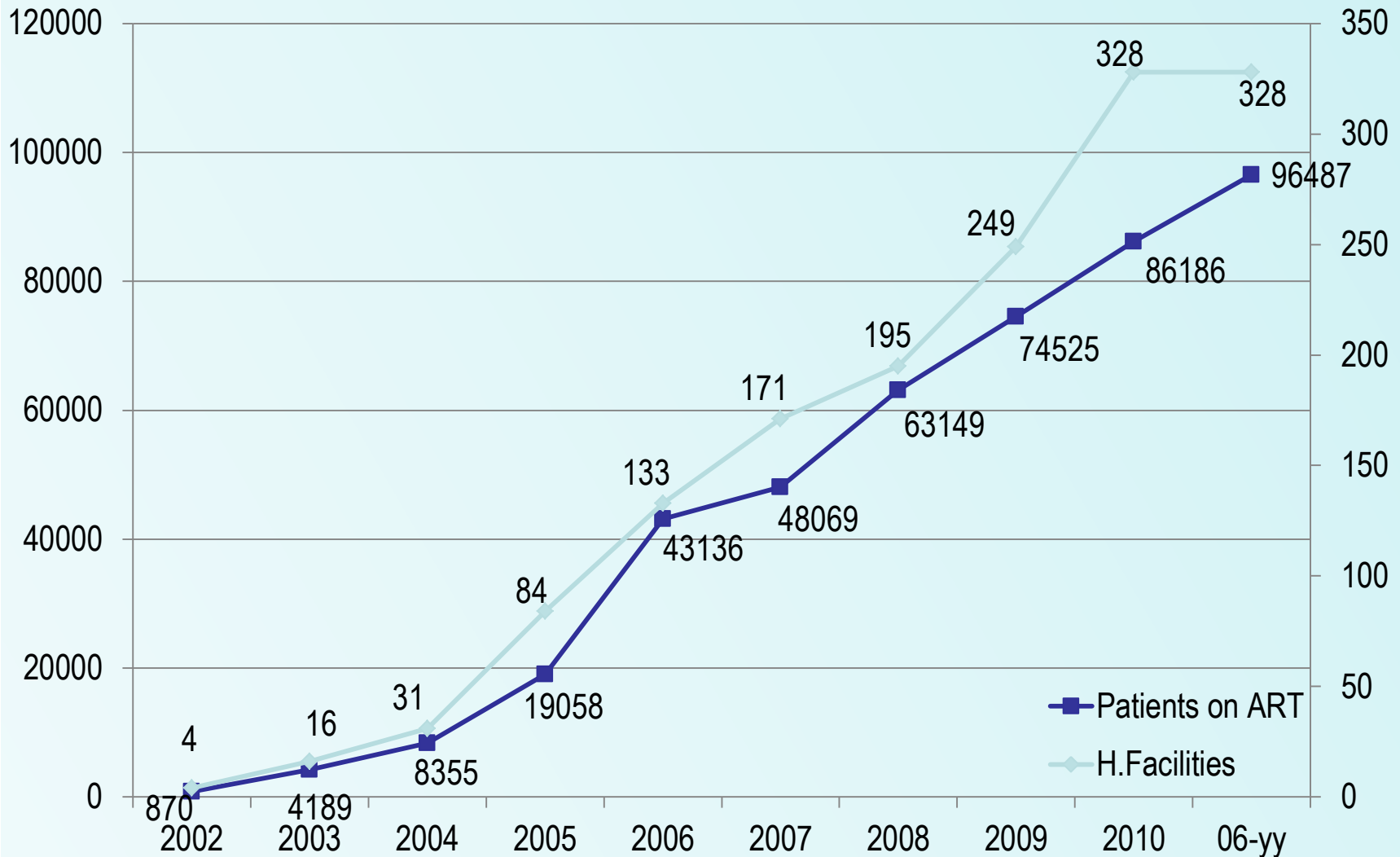
- **Superficie: 26,338 Km2**
- **Population: 10,943,000 Ha**
- **Life expectancy: 53.4 years**
- **GDP/Capita: 570 \$**



HIV Program in Rwanda

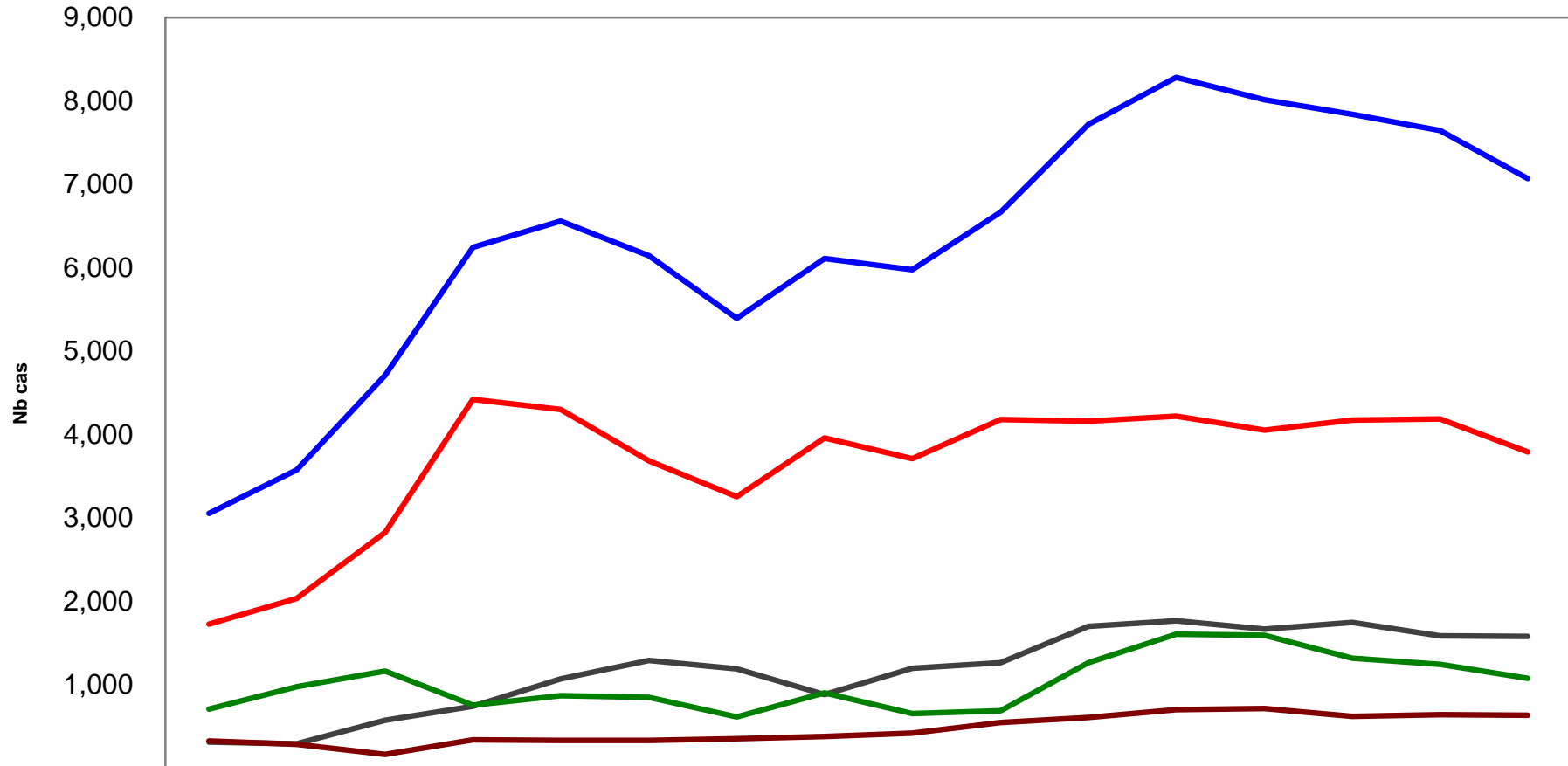
- ❖ HIV Prevalence:3%
- ❖ PLWHIV on ART 2011:100135 patients (1100 cas par month).
- ❖ Decentralization of SERVICES:
HIV
 - VCT: **94,5%** (485/513)
 - PMTCT: **88%**(451/513)
 - ART: **76%:** (390/513).

ART scale up in Rwanda



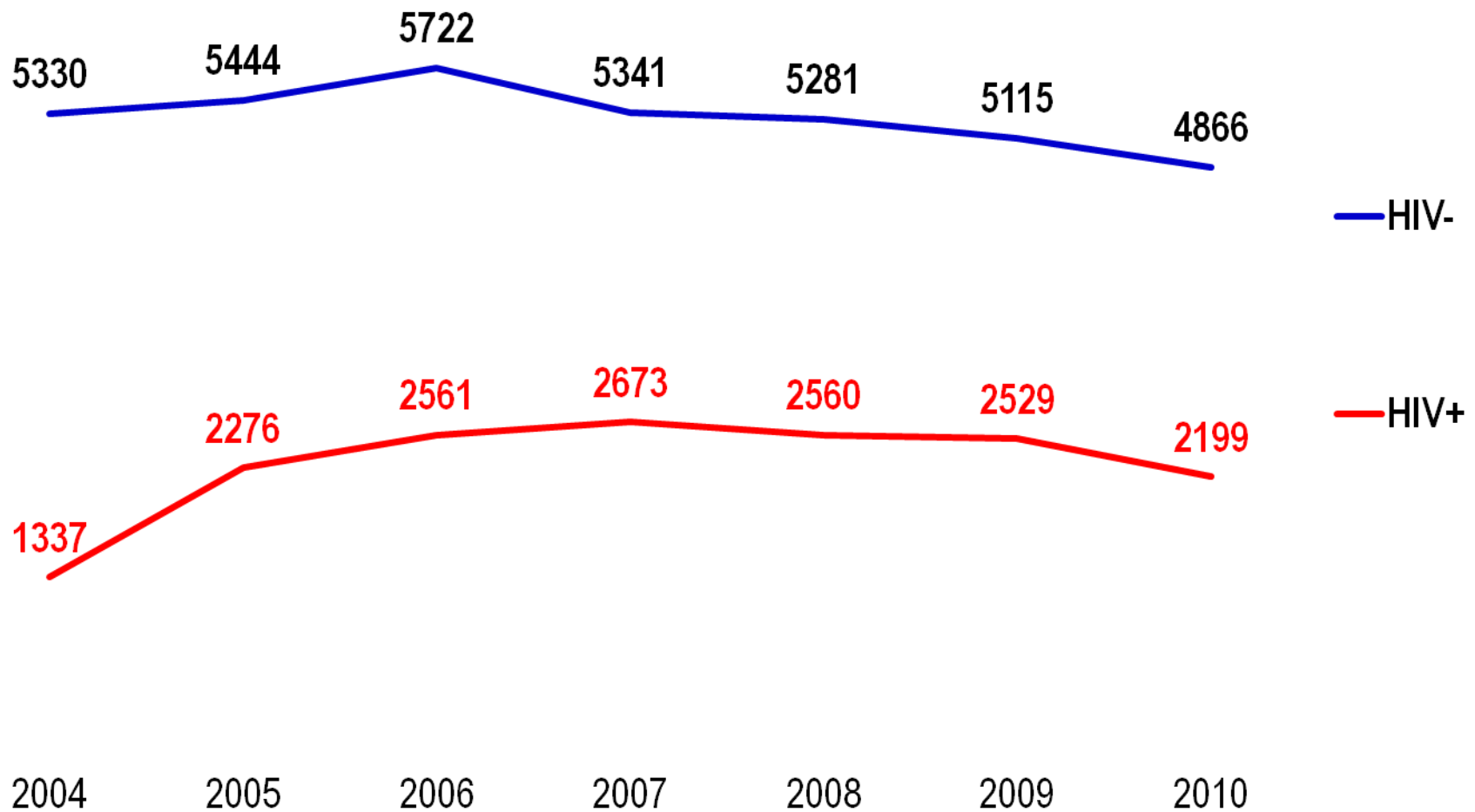
Notification of TB cases

1995-2010



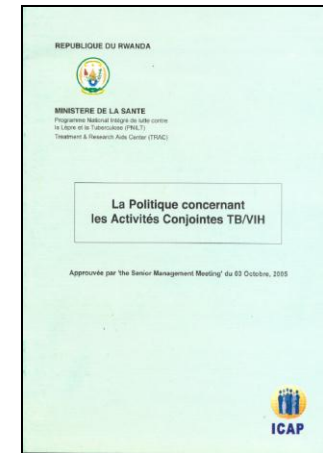
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	3,054	3,572	4,710	6,240	6,557	6,141	5,393	6,106	5,974	6,667	7,720	8,283	8,014	7,841	7,644	7065
Sm+	1723	2034	2820	4417	4298	3681	3252	3956	3710	4179	4159	4220	4053	4173	4184	3785
EP	309	286	571	736	1069	1289	1187	876	1194	1260	1699	1766	1663	1743	1582	1577
Sm-/nd	702	973	1159	754	865	845	608	898	652	683	1260	1603	1589	1311	1239	1072
Retreat.	320	279	160	333	325	326	346	376	418	545	602	694	709	614	639	631

TB notification by HIV status (all cases)



TB/HIV Policy

- **TB Division – HIV Division stakeholders workshop**
 - Representation from TB/HIV programs, governmental institutions, partners and international experts
- **Objective: discuss TB/HIV integration, make decisions and recommendations for a policy**
- **Results:**
 - Policy developed, approved by MOH on Oct. 03, 2005 and disseminated
 - National TB/HIV working group established and regular meetings held



Objectives of TB/HIV integration

- **For TB patients**

- To stimulate VCT among TB clients
- To accelerate access to HAART for TB/HIV co-infected
- To reduce TB incidence among HIV patients
- To improve TB diagnostic algorithms
- To increase adherence and cure rate among TB patients by using the HIV adherence tools

- **For HIV patients**

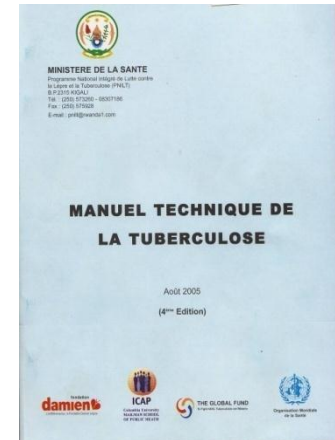
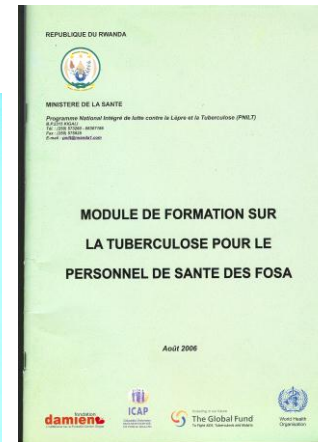
- To have an easier access to TB diagnosis and treatment
- To develop a one stop service
- To benefit from existing TB network to support HIV

- **For the health services**

- To pool TB and HIV staff and integrate training: No recruitment out of existing TB service but rather re-enforcement
- To improve staff morale

Revision of Guidelines and Tools

- TB and HIV technical manual revised to include TB/HIV chapter
- TB training modules developed to include TB/HIV sessions
- TB and HIV recording and reporting tools revised to include information on TB/HIV
- System for M&E of TB screening, developed and implemented
- IEC materials developed and distributed



Akashi igitungu ni cyo kimenyako cya mbere kigaragaza nk'icyuririz kubabana n'ubwandu bw'agakoko gatera SIDA

Niba urwaye igitungu isuzumishye n'ubwandu bw'agakoko gatera SIDA

Niba ubana n'ubwandu bw'agakoko gatera SIDA :

- o Uzahabwa imiti ya ngombwa
- o Uzigihwa uburyo ugombwa kwirinda kwanduzwa abandi

Niba utarandura agakoko gatera SIDA, uzigihwa uburyo bwo gufata ingamba zo kwirinda.

Ministere de la Santé
République du Burundi
2015

TB/HIV Model Centers



TB/HIV Model Centers – training centers



... to Sites Nationwide

- **TB/HIV national WG adopted model for TB/HIV Integration as national model**
- **Theoretical Training of TB nurses.**
- **Practical Training at Model centers**
- **Joint follow up by HIV Division , TB Division, Partners**



One Stop Services for TB Patients with HIV through the TB service

- **HIV Counseling, Testing and C&T**
 - HIV CT (PIT)
 - Enrollment into care (or shift HIV file to TB service)
 - Venopuncture for CD4 count
 - Medical consultation, prescription of CTX, ART
 - Distribution of CTX and ART (shift pharmacy tools, follow up of ART and CTX stock cards)
 - AT the end of TB treatment the patient is refered and accompanied to the ART clinic for further follow up

- **Home visits**

Advantages of the One-Stop TB Service

- **Improves the quality of care**
 - Better quality since patients are seen by the same providers for both TB and HIV in one service.
 - Patient centred approach
 - Limits the number of appointments of the patients only to the TB service;
 - Increase adherence to ART
 - Reduce stigma linked to HIV
- **Reduce the risk of transmission of TB within HIV services (VCT, ARV, PMTCT)**
 - Reduces exposure of people living with HIV to TB;

Rwanda Policy on Intensified TB screening


- **All patients enrolled in HIV care and treatment should be screened for TB at their first visit and at least every six months thereafter**
- **A symptom based 5 question checklist was developed to screen all HIV-infected patients attending HIV care and treatment services for TB.**
- **Patients who screened positive on the questionnaire are considered TB suspects and referred for further workup and evaluation per national guidelines for the diagnosis of active TB.**

TB screening questionnaire

La tuberculose est la première cause de maladie et de décès chez les personnes infectées par le VIH

A chaque rendez-vous faites le dépistage intensif de la tuberculose chez toute personne VIH+ au moyen de ce questionnaire

	Oui	Non
1. Le patient tousse depuis ≥ 3 semaines ?	[]	[]
2. Le patient a des sueurs nocturnes depuis ≥ 3 semaines ?	[]	[]
3. Le patient a perdu ≥ 3 kg de poids pendant les 4 dernières semaines ?	[]	[]
4. Le malade a de la fièvre depuis ≥ 3 semaines ?	[]	[]
5. Le patient a eu un contact étroit avec un malade tuberculeux vivant dans la même maison ?	[]	[]

• Si 'Oui' à la question 1: 

Faites l'examen de crachats et continuez l'évaluation du patient selon l'algorithme de diagnostic de la tuberculose pulmonaire du PNILT.

• Si 'Non' à la question 1 et 'Oui' à toute autre question: continuez l'investigation pour la tuberculose selon les signes cliniques. Référez si nécessaire.

• Si 'Non' à toutes les questions: arrêtez les investigations pour tuberculose et répétez le dépistage intensif à la prochaine consultation.

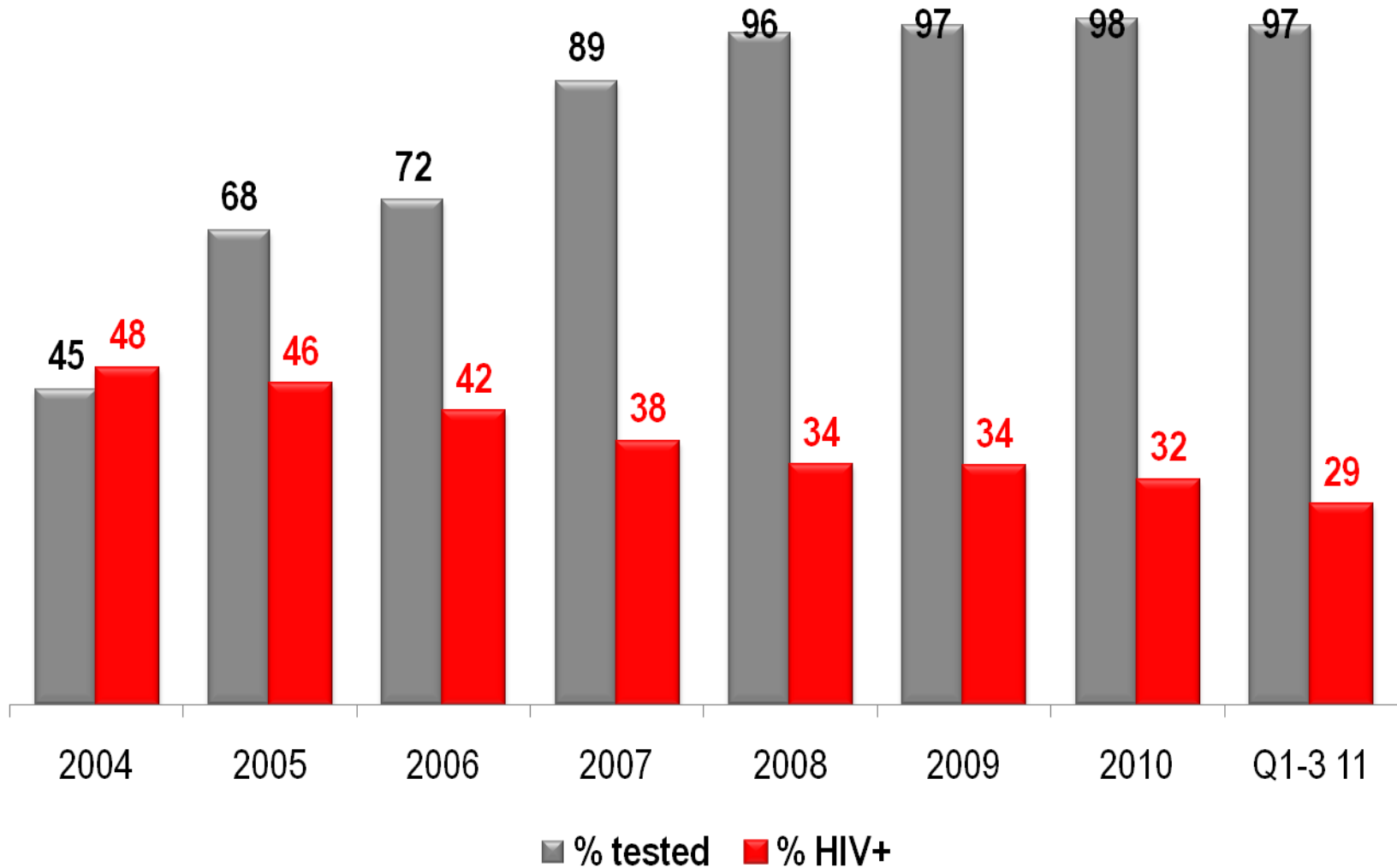
♦ La tuberculose peut guérir même si la personne est infectée par le VIH

♦ Le traitement de la tuberculose est gratuit

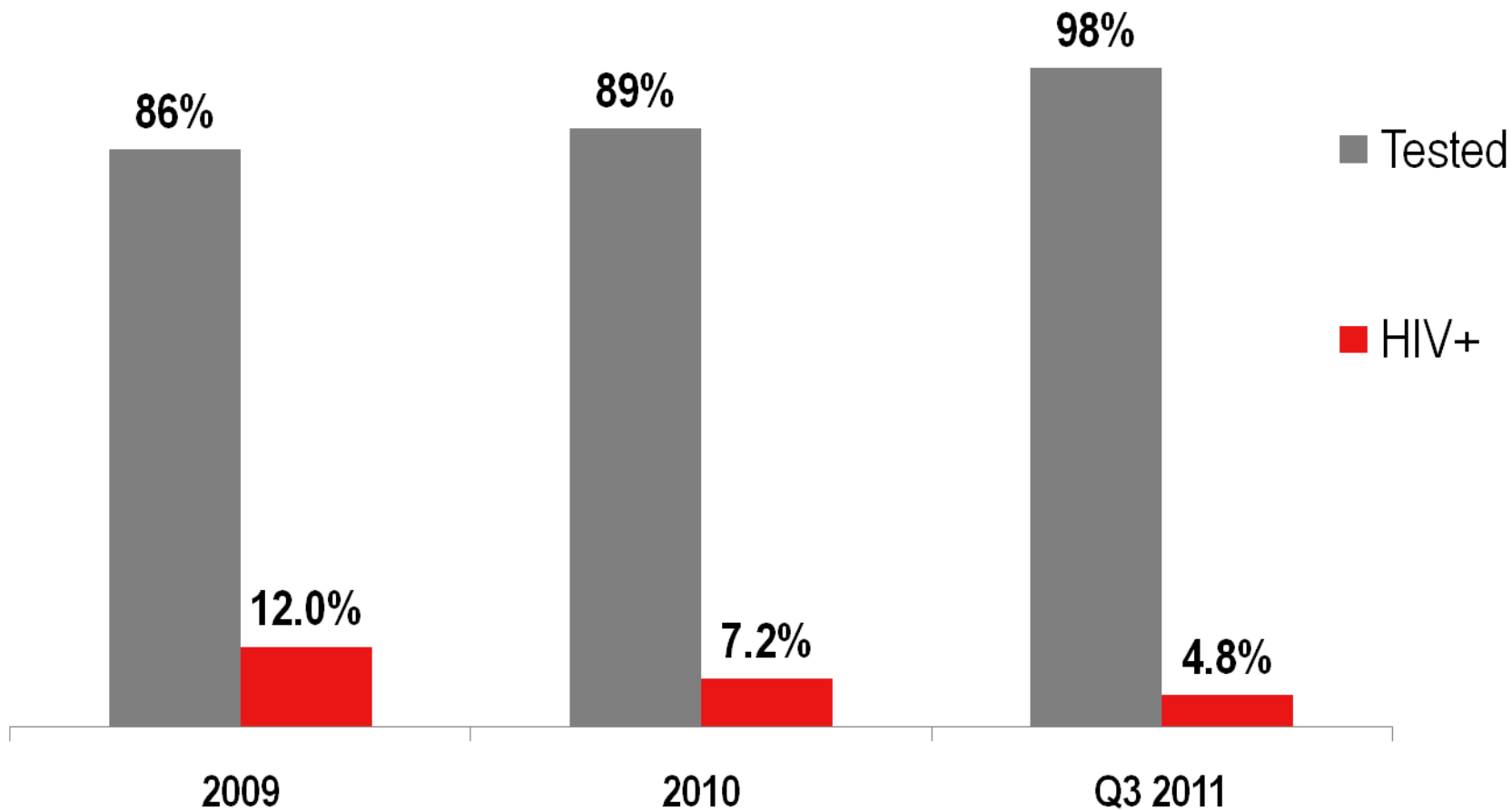
Prévent 348

1. Has the patient been coughing for ≥ 2 weeks?
 2. Has the patient been having night sweats for ≥ 3 weeks?
 3. Has the patient lost ≥ 3 kg during the last 4 weeks?
 4. Has the patient been having fever for ≥ 3 weeks?
 5. Has the patient had close contact with a tuberculosis patient?
- If "Yes" to any question: evaluate for TB

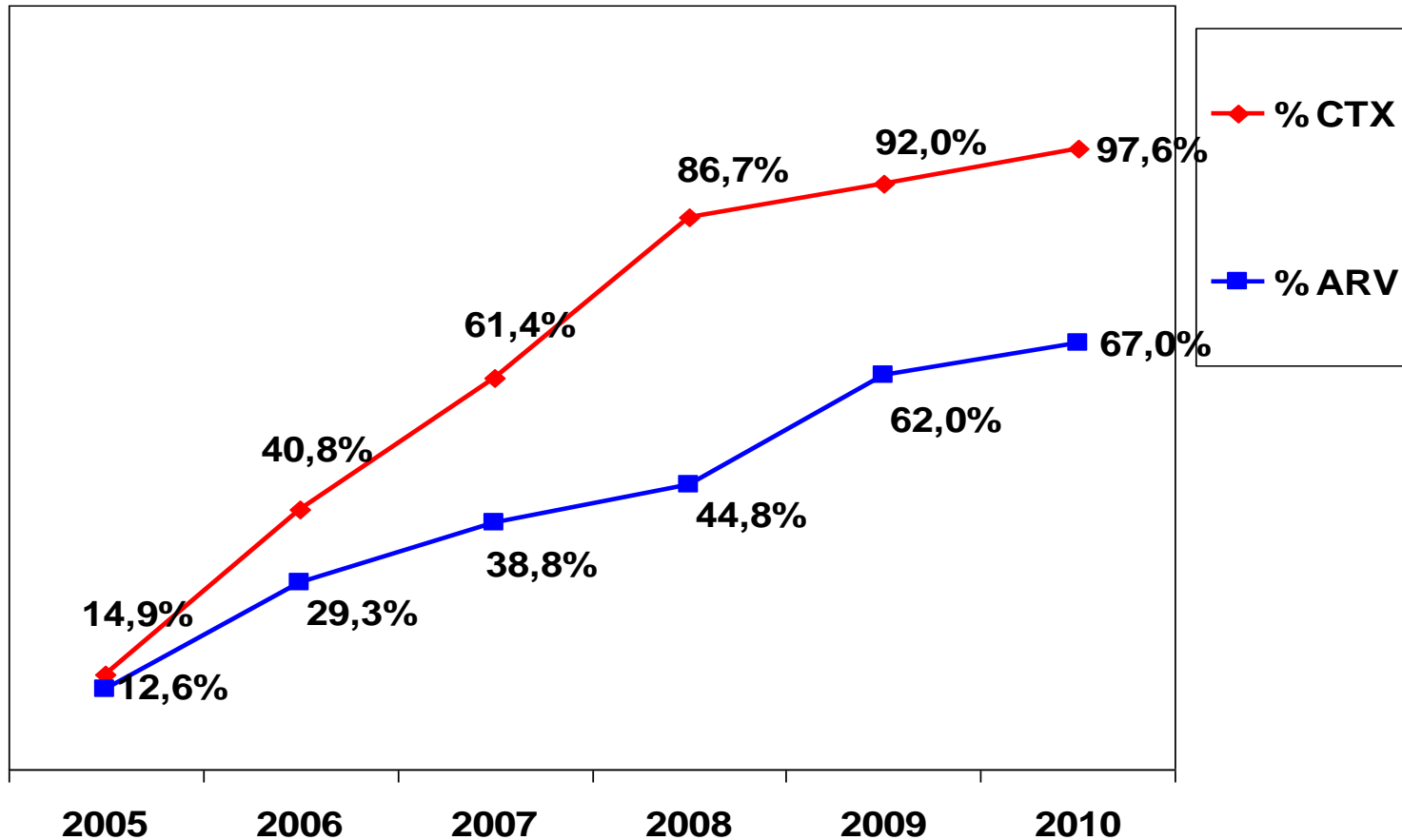
Prevalence of HIV in TB patients



Detection of HIV among TB suspects



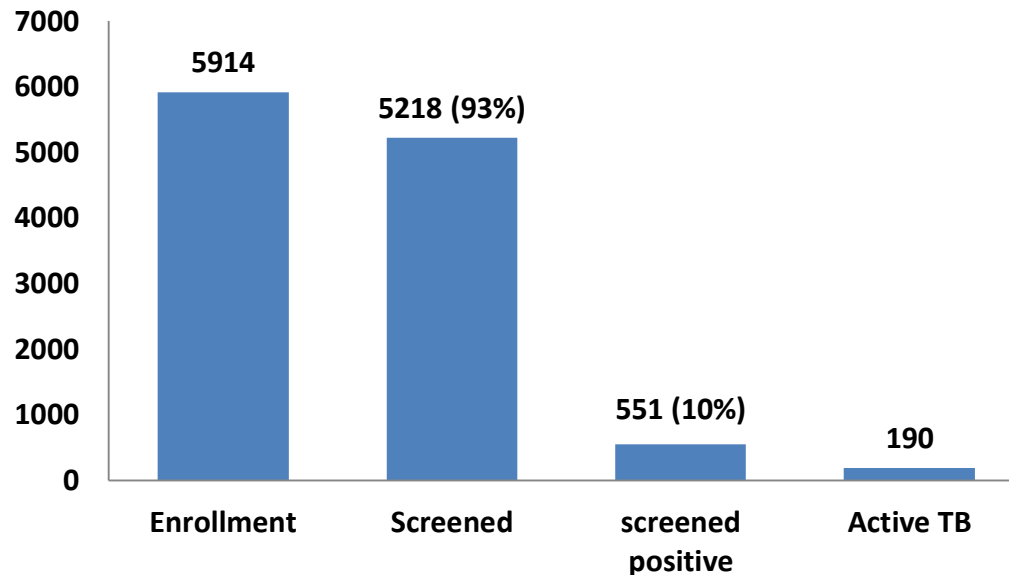
Care and Treatment for TB/HIV Coinfected.



TB SCREENING AT ENROLLMENT

Included in TRAC net system and reports given monthly eg: Q1, 2012

TB Screening in newly enrolled patients at 403 HIV Clinics (Pre & ART sites) in Rwanda, Q1 2012, n=5914



The prevalence of TB was at 3.2% (190/5914)

Background of IPT in Rwanda

- IPT already used for children under 5 years of age who live in close contact with a sputum positive pulmonary TB (PTB+) case.**
- In 2010, TB and HIV Divisions within Rwanda Biomedical Center organized a workshop on IPT and it was decided to implement IPT for PLHIV in the national TB/HIV policy.**

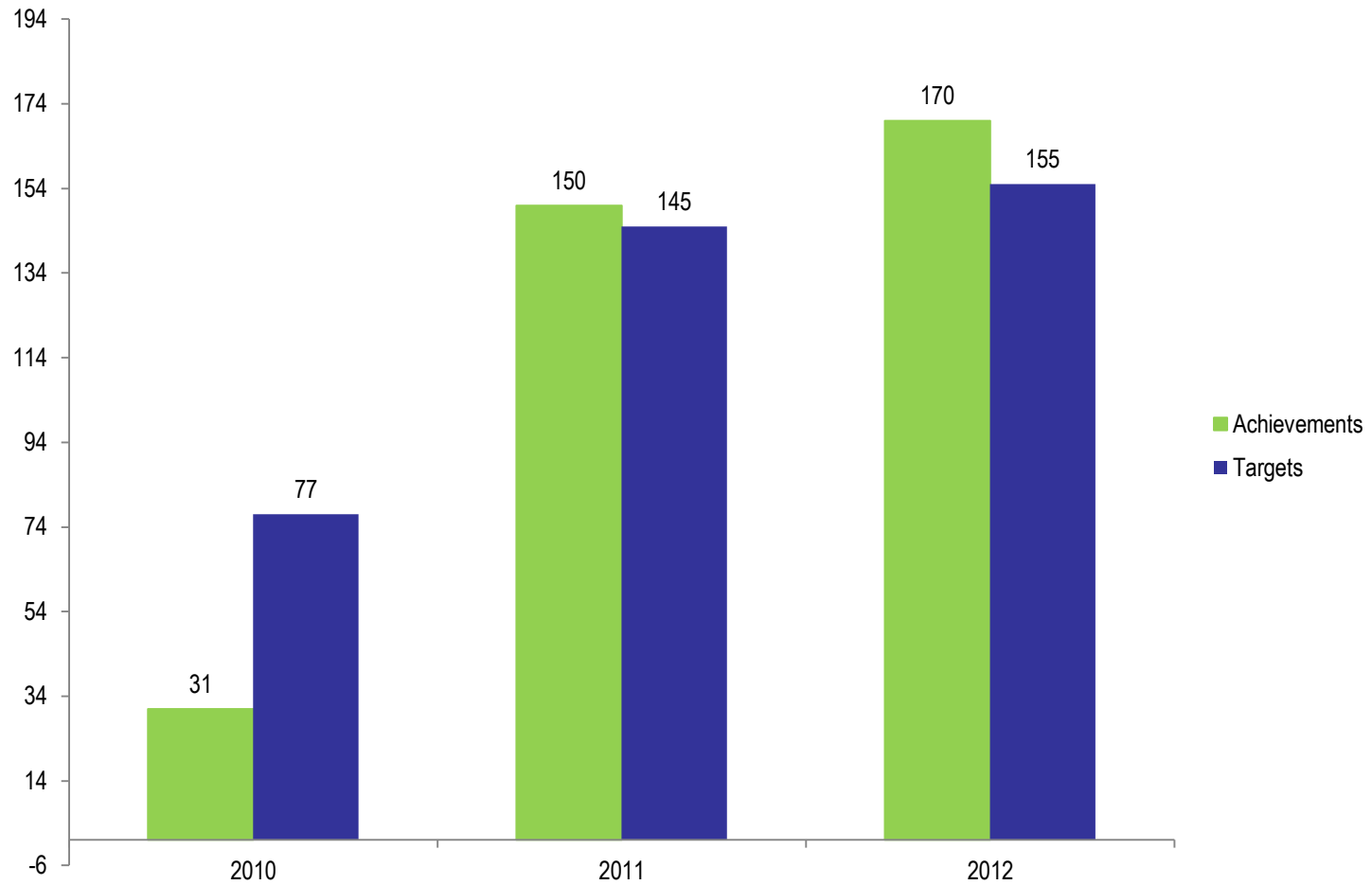
IPT implementation in 3 sites pilotes from August 2011 to March 2012

SITES	Nb of Active PLHIV	Nb PLHIV enrolled on IPT	Nb PLHIV developed TB during IPT	Nb PLHIV with Side effects
Hopital Kabgayi	1856	1459	1	6
CS Kivumu	810	788	2	3
Cs Kimironko	2668	1889	0	23
Total	5338	4136	3	32
		77,5%	0,07%	0,8%

Minimal IC package for HF(From 2009)

- 1. Elaborate an IC Plan and assign an IC focal point.**
- 2. Provide regular training on IC controls and IC plan.**
- 3. Outside waiting areas; if inside: regular triage and separation of people with cough, TB suspects and TB patients.**
- 4. Regular IEC sessions on cough hygiene in waiting areas and hospitalisation wards .**
- 5. Separate ward for hospitalization TPM+ patients.**
- 6. Open windows and doors in high risk services (consultations, TB, ARV, MI).**

Infection Control



Challenges related to TB-HIV integration

- **MOH TB and HIV programs:**
 - Communication and collaboration between 2 traditionally vertical programs
 - Difference in approach to site support (partners)
- **Sites:**
 - Space (counseling room), cross training, work load,
 - Rotation of staff; need of continuous capacity building
 - Accurate recording and reporting of TB/HIV data
 - Establishing adequate human resources to supervise and monitor program outcomes

Way Forward

- **Reinforce participation in the national TB/HIV working group to harmonize implementation strategies among partners**
- **Continue site support (supportive supervision, quality assessment)**
- **IPT scaling up**
- **Strengthen infection control**

Rwandan 'recipe' for success

- **Government commitment to integrating TB and HIV programs and services.**
- **Strong TB and HIV programs and motivated team to support continuous TB/HIV training and supervision at decentralized district and facility level**
- **TB/HIV focal persons within HIV-TB Divisions**
- **Establishment of 2 model centers and recruitment of TB/HIV focal point persons to design, implement and assess innovative strategies for TB/HIV integration**
- **Integration feasible with addition of minor resources in the existing system (reorganization crucial)**

Thank you