



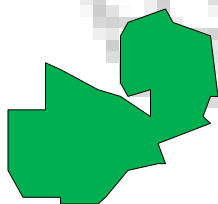
Implementing revised TB/HIV recording and reporting tools – Country Experience

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Outline

- Objective
- Background
- Implementation of TB/HIV collaborative activities
- Evaluation of the TB/HIV surveillance system
- Lessons learnt
- Challenges
- Conclusions
- Way forward

Objective

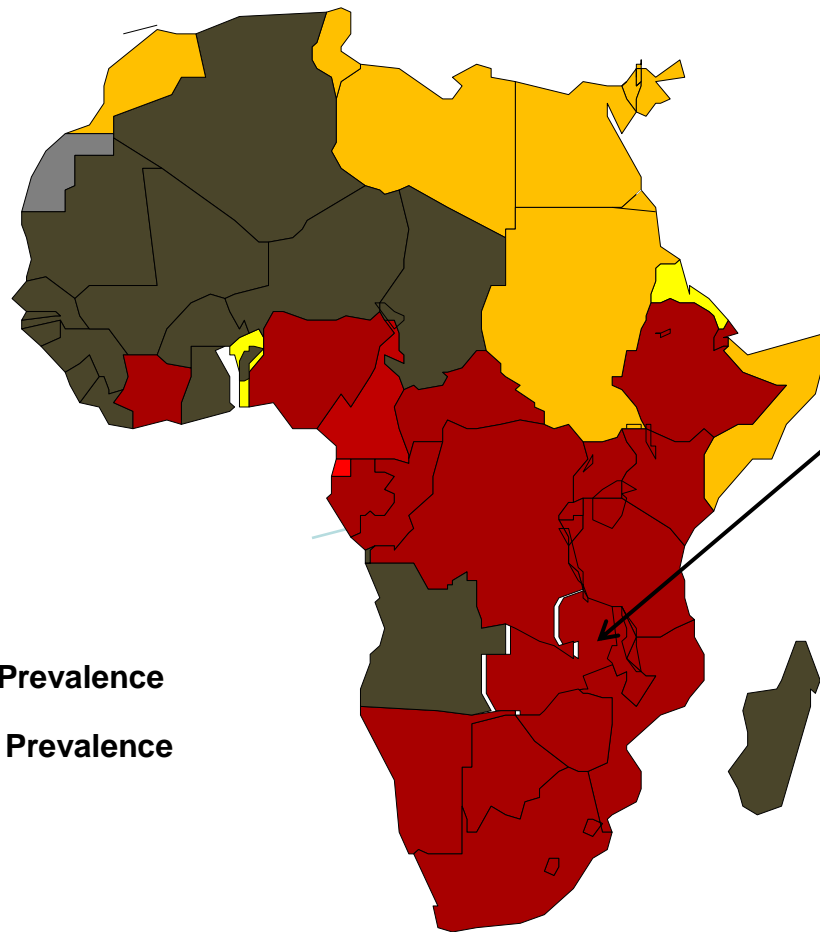
- To discuss how the revised TB/HIV recording and reporting tools were implemented in Zambia.






Background

- The Republic of Zambia is a low income Sub Saharan African country with a surface area of approximately 752, 000 sq km and a population of about 12 million people; the HIV prevalence is about 14% in the general population.
- DOTS coverage is 100% and currently NTP is scaling up The Stop TB Strategy.
- The estimated TB prevalence is about 500/100,000.

Geographical location of Zambia



ZAMBIA

-  African Countries with low HIV Prevalence
-  African countries with high HIV Prevalence
-  No data

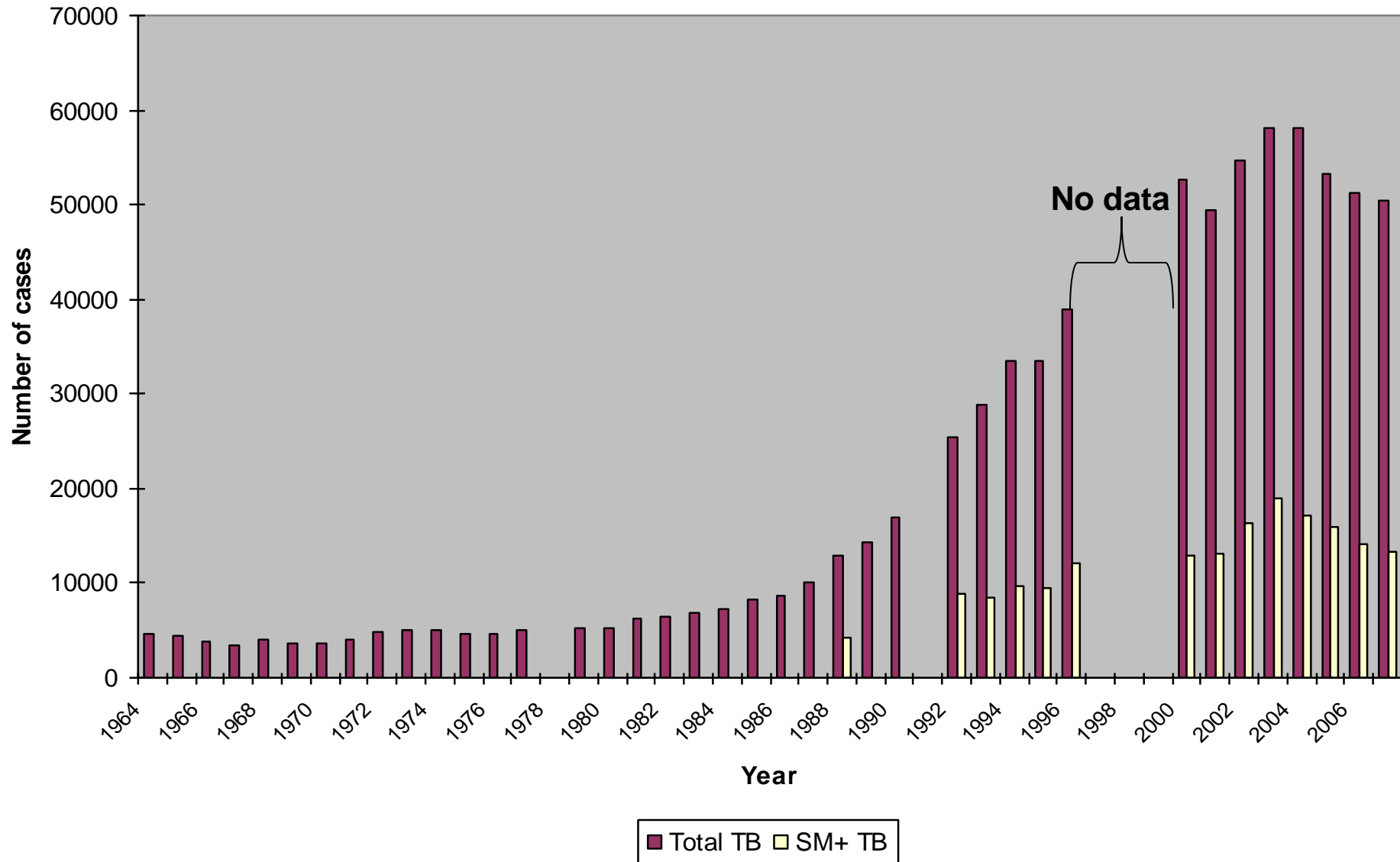


TB case notifications

Case detection

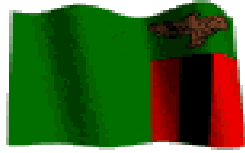
- In 2007, a total of 50,429 (approx. 500/100,000 pop.) of all forms of TB were notified.
- The proportion of new smear positive cases detected out of those estimated is 52%.
- About 60% of the total notifications for TB in 2007 occurred in Lusaka and Copper belt Provinces.
- Approximately 70% of TB patients are co-infected with HIV

TB Notifications in Zambia



Implementation of TB/HIV collaborative activities

- National TB/ HIV coordinating committee established in 2005
 - Chaired by the Ministry of Health – Director of Public Health and Research
 - Composed of all stakeholders working in TB, TB/HIV and HIV/AIDS, including:
 - NTP Staff, NAP Staff, WHO, CDC, TB CAP, JICA, USAID, UNAIDS, CIDRZ, ZAMBART Project, JHPIEGO, ZPCT, Community groups, ZNP+, UTH, UNZA, SOM, CHAZ, NAC and other local Institutions.
 - Divided in subcommittees that look at different aspects of the programmes:
 - TB/HIV Subcommittee
 - MDR TB Subcommittee
 - PPM Subcommittee
 - Lab strengthening subcommittee
 - Community Subcommittee



Implementation of TB/HIV collaborative activities

TB/HIV Subcommittee was tasked to spearhead the revision and implementation of the new recording and reporting tools.

How we did it:

1. Development of TB/HIV guidelines
2. Development of training materials for DCT
3. Revision of Recording and Reporting tools



Implementation of TB/HIV collaborative activities

- TB patient treatment cards and surveillance registers revised to include:
 - HIV testing,
 - referral to HIV care anti-retroviral therapy (ART)
 - co-trimoxazole prophylactic therapy (CPT)
- 4. Conducting training of trainers workshops and facilitating cascade of training.
- 5. Revised forms implemented and scaled up in July 2006

TB/HIV DATA

TB/HIV Co-infection Notifications -2006

Cases	Total	Percentage %
Tested	11,545	22
Positive	7,177	62
On ART	2,723	37.9

TB/HIV DATA

TB/HIV Co-infection Notifications -2007						
Cases	Q1	Q2	Q3	Q4	Total	Percentage %
Tested	5,426	5,303	6,241	6,386	23,356	47
Positive	3,711	3,519	4,393	4,450	16,073	68.8
On ART	1,499	1,521	1,703	1,812	6,525	40.6

Evaluation of the surveillance system

- Evaluation of the surveillance system in two provinces (Southern and Copperbelt)
- The evaluation objectives were:
 - Determine the extent of implementation of the revised TB treatment cards and surveillance system
 - Determine the completeness and accuracy of data generated by the new surveillance system
 - Determine ways to improve the surveillance system
 - Determine the quality and accuracy of TB/HIV data currently received at the MoH level from the new system



Evaluation process:

- Designed, developed and implemented protocol collaboratively with partners:
 - Ministry of Health TB program
 - WHO
 - TB CAP
 - USG (PEPFAR)
 - USAID
 - CDC (Zambia and Atlanta)

Summary of cascade from TB treatment card data

855 TB cards reviewed



637 (74%) with any data on HIV testing



517 (81%) accepted HIV testing



462 (89%) with documented HIV results



365 (80%) HIV-positive

Summary of cascade from TB treatment card data

365 (80%) HIV-positive



184 (50%) with any data on ART eligibility



165 (89%) documented as ART eligible



**103 (62%) documented as starting on
ART**

Validation of data

- Updating errors
 - Data present on TB treatment card but not updated in TB register
 - Overall 41%
- Transcription errors
 - Data wrongly transcribed from TB treatment card in registers
 - Overall 21%

Themes from qualitative interviews with TB clinic staff

- Issues identified during the interviews
 - Supervision and coordination
 - Training
 - Feedback on referrals to HIV care and treatment
 - Supplies and equipment
 - Human resource shortages

Lessons learnt

- Strong partnerships and coordination with all relevant stakeholders is key to implementation
- Availability of resources to implement activities according to plan are cardinal
- Training of staff at all levels of care are important for success
- Evaluation of the implementation should be incorporated as part of the programme activity



Challenges

- Inadequate resources to implement activities at all levels of care
- Inadequate human resources at all levels of care
- TB diagnosis in children and in smear negative individuals (esp. HIV+)
- Inadequate infrastructure for patient care and laboratory services
- Inadequate coordination among different cooperating partners
- Standard HIV care decentralization and scale-up (e.g. counseling and ART services)
- Public – Private Partnerships
- Community participation

Conclusions

- Significant progress in scaling-up HIV testing of TB patients noted
- The new TB patient cards and registers have been implemented in most clinics, but additional improvements are needed including:
 - Quality of documentation
 - Training
 - Quality and regularity of supervisory visits by the district level to TB clinics
 - Job aides, e.g., instruction manuals for completing forms and check lists for district supervisors



Way forward

Improve access of HIV/AIDS care by TB patients

- HIV/AIDS Prevention strategies
- ART (and referral mechanisms)
- CPT (and referral mechanisms)
- PITC, VCT, HBC etc

(These strategies will provide an opportunity for HIV care and support and improving the health of PLWHA).

Improve access of TB control activities in PLWHA and affected communities (3 Is)

- ICF
- IPT
- IC

(These strategies provide an opportunity for improving case detection; reducing development of active TB in vulnerable groups and decreasing transmission).



Acknowledgements



- *Ministry of health*
- *WHO Country office*
- *CDC – Zambia and Atlanta*
- *TB CAP*
- *USAID*
- *ZAMBART Project*
- *CIDRZ*
- *GFATM*
- *KNCV*
- *COBTAG*
- *The National TB/HIV coordinating body*



THANK YOU FOR LISTENING

