

# TB/HIV Integration

## What it entails

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# Outline of presentation

- Background
- TB/HIV activities in PHC settings
- Models of implementation and some country examples
- Challenges
- Conclusion



# Background

- **What is the situation?**
  - TB and HIV/AIDS programmes are still implementing interventions independently;
    - NTPs – Stop TB strategy (six components)
    - ACPs – Comprehensive HIV/AIDS prevention, care and treatment package

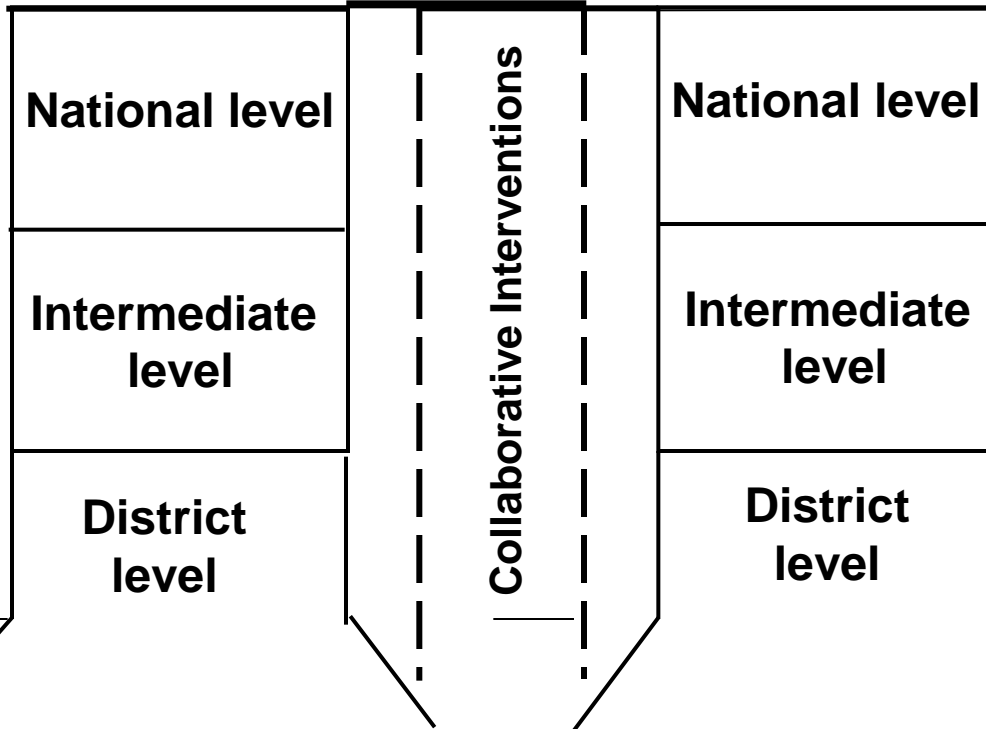


- **This leads to;**
  - Sub-optimal coverage
  - Limited access
  - Missed opportunities
  - Inefficient use of resources



**NTP**

**NAP**



**Collaborative TB/HIV activities**

**A. Establish mechanism for Collaboration (NTP+NAP)**

- A.1. TB/HIV coordinating bodies
- A.2. HIV surveillance among TB
- A.3. Joint TB/HIV planning
- A.4. Monitoring and evaluation

**B. Decrease burden of TB in PLWHIV (mainly NAP)**

- B.1. Intensified TB case finding
- B.2. IPT
- B.3. TB infection control

**C. Decrease burden of HIV in TB pts (mainly NTP)**

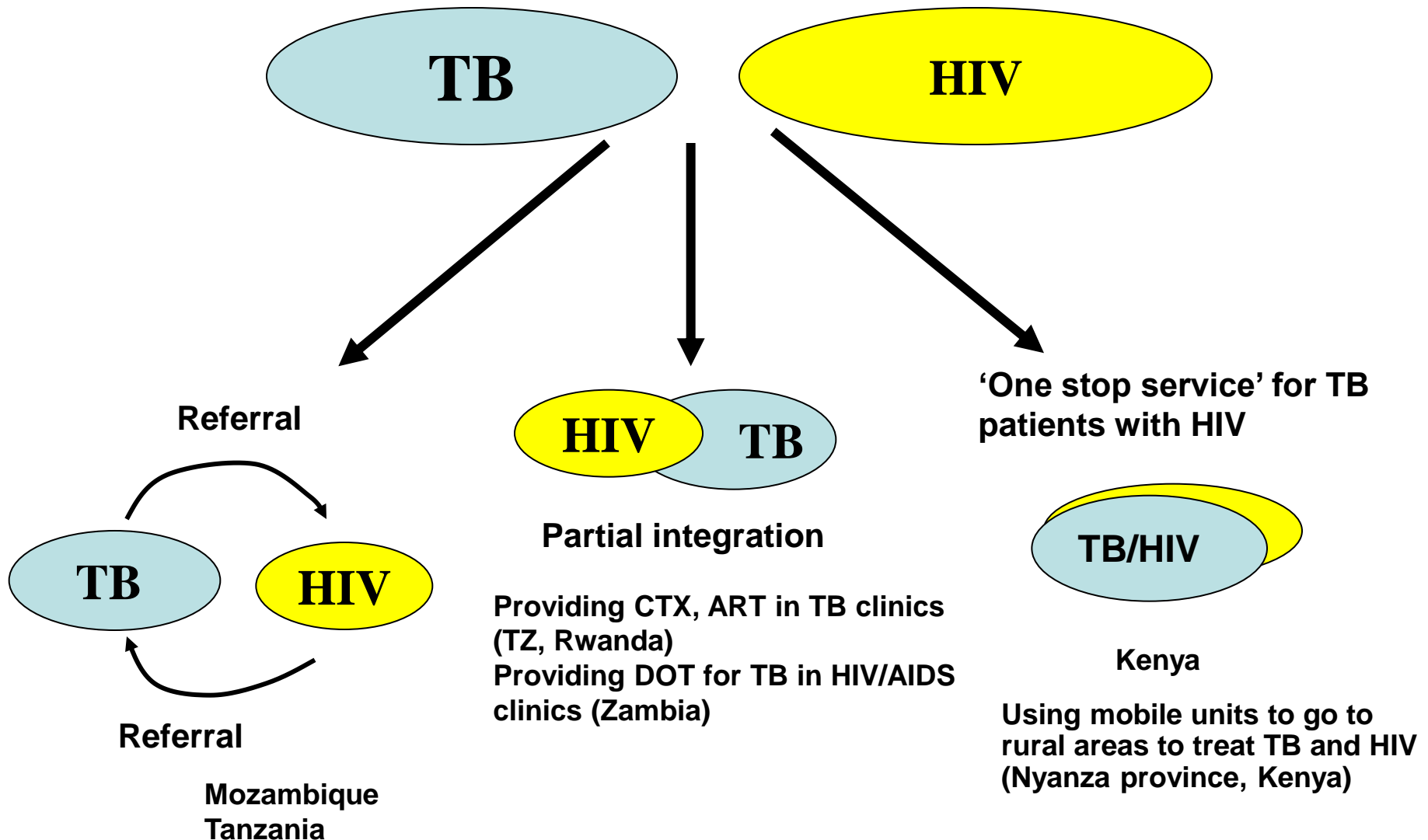
- C.1. HIV testing
- C.2. HIV preventive methods
- C.3. CPT
- C.4. HIV/AIDS care and support
- C.5. Antiretroviral therapy

*Two diseases, one patient*

**Community based services**

**What are we talking about?**

# Which model for Implementation?



***Yes we can***

# Khayelitsha, South Africa

- 2000: HIV clinic started
- 2001: ART initiated
- 2002: VCT in TB clinic
- 2003: the two buildings merged- "*one stop shop*"
- Strong linkage with community services
- MSF and government partnership

*Trop Med Int Health. 2004; 9:A11-5*



What do we know?



# PASADA, Tanzania

- FBO with comprehensive HIV/AIDS care including community based care (CBC)
- TB posed challenge in the care
- Collaboration with NTP for TB services integration
  - Laboratory improved and TB drug supplied by NTP
  - Staff training, recording and reporting harmonised
  - TB room dedicated and integrated into the CBC
- Services linked with strong social support system
- Effective partnership between NTP/NAP and NGO

**What do we know?**

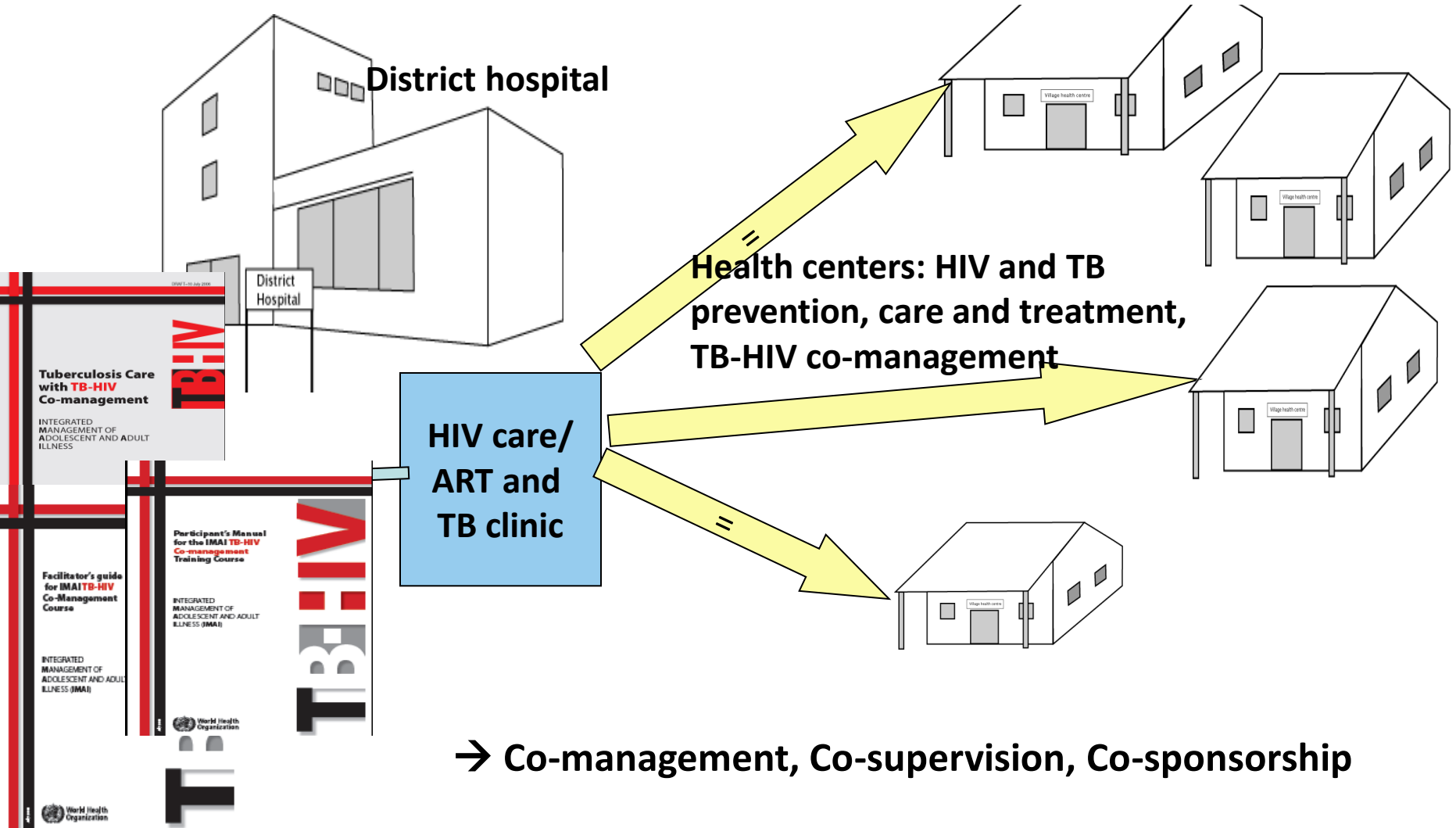
# More examples of services integration

- HIV testing to TB patients in the same room at the same time (Kenya)
- Swapping TB and HIV nurses in adjacent rooms (Ethiopia, Indonesia)
- IMAI TB and HIV co-management module and training (several countries)



**What do we know?**

# Expand capacity by **decentralization** AND **preparing TB and HIV staff to provide TB and HIV prevention, care, and treatment**



# Benefits of TB/HIV integrated services

- For patients (TB and HIV)
  - Improved access to prevention, diagnosis and treatment services
  - Improved adherence and outcome of treatment
- For health services
  - Decentralise services ( to periphery and low cadre HCW)
  - Integrated and pooled staff training
  - Maximise synergy and partnership between stakeholders

What have we learned?

# Challenges for TB/HIV integration

- TB infection control is difficult under current conditions
- MDR and XDR TB are lethal to PLHIV
- Health workers are at greater professional risk
- Separate programme management not always helpful (E.g. Who 'owns' these patients? And IPT?)



**What have we learned?**



# Challenges for TB/HIV integration

- How to do things differently
- Work load
- Documenting best practice and success
- Fragile health systems (HR, HIS, PSM,space)



**What have we learned?**

# Conclusions

- No *"one size fits all"* approach, depend on local context and factors
- Communication, collaboration and coordination among stakeholders are essential
- Effective health delivery systems and primary health care are critical as a platform and should be everyone's responsibility
- Adequate numbers of qualified and motivated health workers are needed at all levels