

***Group 1 Presentation:  
HIV Testing in TB Patients and  
ART Provision***

# KEY ACHIEVEMENTS

- **Strong focus for technical assistance by partners: CDC, UNION, World Vision Businesses now establishing services in workplaces**
- **Resources now increasingly available (GF, PEPFAR,**
- **High level of PITC uptake: Vietnam (>90%), Myanmar (85%), Cambodia (55%)**

# Challenges and Solutions

# ART Provision

- **Myanmar: CPT at township level for all HIV positives; 75% of TB patients eligible for ART get ART**
- **Cambodia: 90% of TB patients eligible for ART receive ART; 60-70 of people who receive ART screened for TB**
- **PNG: available at regional level; rolling out to districts 15% of TB patients received in 2007 ; 25% in 2008 ART;**
- **Thailand: 38% of TB patients received ART in 2008**

# Monitoring and Evaluation

- **HIV data will now be reflected in updated R and R formats;**
- **Good reporting and recording from initial sites**
- **Cambodia: Joint reporting system planned to capture data better, overcome under-reporting**

# Early detection and provision of ART

## Issues:

- High death rates: deaths occur early (within first two months)
- Cross-referral between the two services –linkages not well established—not all patients referred reach services
- Infection control in small overcrowded facilities

## Challenges:

- Limited access to diagnosis and treatment facilities : particularly HIV services:
- lack of co-location of the two services
- Geographic access to health facilities:
- Stigma

## Solutions:

- Further decentralize HIV services
- Roads, lack of transport need wider solutions

# **Staffing: numbers, skills mix, availability, lack of understanding of policies**

## **Solutions:**

- **Advocacy to Ministries to ensure staffing for priority programmes/health system in general**
- **Trainings**
- **Incentives**
- **Relocating staff**
- **Assigning less skilled functions to other categories of staff—not just doctors**
- **Recruiting community volunteers**

# **Lack of drugs and supplies: HIV test kits, ART**

## **Solutions:**

- **build on existing systems in the country to improve supply systems, logistics;**
- **train staff on procurement and supply management**
- **Geographic access,**
- **Learn from commercial networks(Coca Cola!!)**



## **Lack of Coordination between the two programmes**

- Dialogue, joint planning, training, monitoring and evaluation
- Co-location of programmes at central level, services at facility level under one roof
- Link to other providers (NGOs, PPM)

## **Monitoring and Evaluation**

- Issue: Under-reporting, discrepancies in reporting from the two programmes
- Solutions:
- Local level coordination to do joint planning, monitoring

## **Issues around Confidentiality:**

- HIV status not filled in the TB registers;
- TB status not part of HIV registers
- Difficulties in extending PICT to spouses and partners:

## **Solutions:**

- Testing in one common laboratory
- Separate registers/aggregate reporting on HIV positive TB cases
- Use of Symbols
- Code numbers linked to HIV registered
- In many places, it is the same staff!
- Confidentiality within the community: Link to another clinic – but ultimate solution is to “normalize” HIV testing; this is happening as more people come forward for HIV testing and counseling; greater networking with PLHIV

## **Lack of Funding**

### **Solutions:**

- **Advocacy to National governments**
- **Writing proposals for funding**
- **Stigma**
- **Solutions:**
- **High profile campaigns using celebrities**
- **Communications and social networking through self-help groups**