



### TB CAP TB/HIV tools and country experiences

HIV-TB SOTA
Washington DC
06 Oct, 2009

Yared Kebede Haile, MD, MPH
TB/HIV Coordinator
TB CAP/KNCV

#### Presentation outline

- TB CAP and specific goals
- Country experiences in TB/HIV scaling up (Nigeria & Uganda)
- Summary on overall country experiences
- TB CAP TB/HIV tools.





### Tuberculosis Control Assistance Program (TB CAP)

- Coalition of major TB institutions & USAID
  - KNCV, WHO, ATS, IUATLD, JATA, FHI, MSH and CDC
- Priority interventions (Intermediate results)
  - Increasing political commitment for DOTS
  - Strengthening and expanding DOTS Programs
  - Increasing public and private sector partnerships
  - Strengthening TB and HIV/AIDS collaboration
  - Improving human and institutional capacity





### TB CAP specific goals in priority countries.

- 90% of public clinics implementing DOTS
- At least 70% case detection rate
- At least 85% treatment success rate and/or cure rate
- 75% of countries meeting MDR-TB quality standards defined by TB CAP
- 100% of countries nationwide TB and HIV programs effectively coordinated



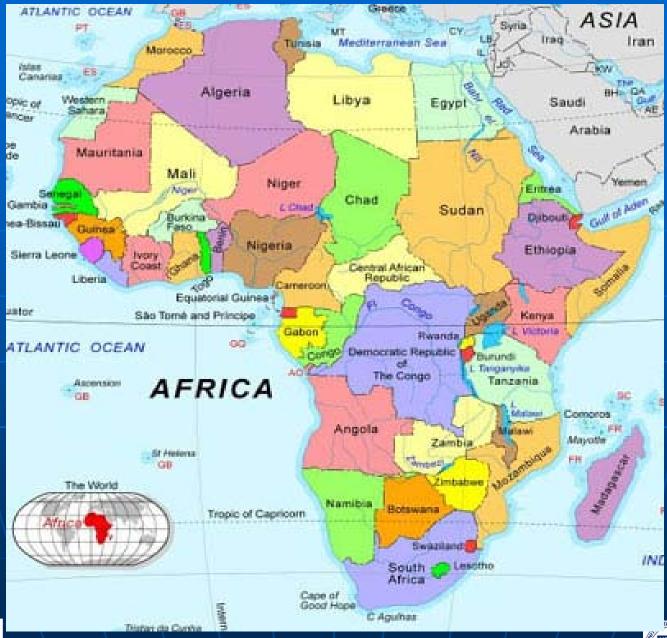


### TB CAP projects >24 countries

- Countries with specific TB/HIV component (18)
  - Bangladesh, Botswana, Cambodia, DR Congo, Dominican Republic, Ethiopia, Russia, Ghana, Indonesia, Kenya, Malawi, Mozambique, Namibia, Nigeria, Uganda, Vietnam (COP08), Zambia, Zimbabwe.
  - Afghanistan, Djibouti, Mexico, Pakistan, South Africa, South Sudan
- Other projects
  - Regional projects
  - Core projects









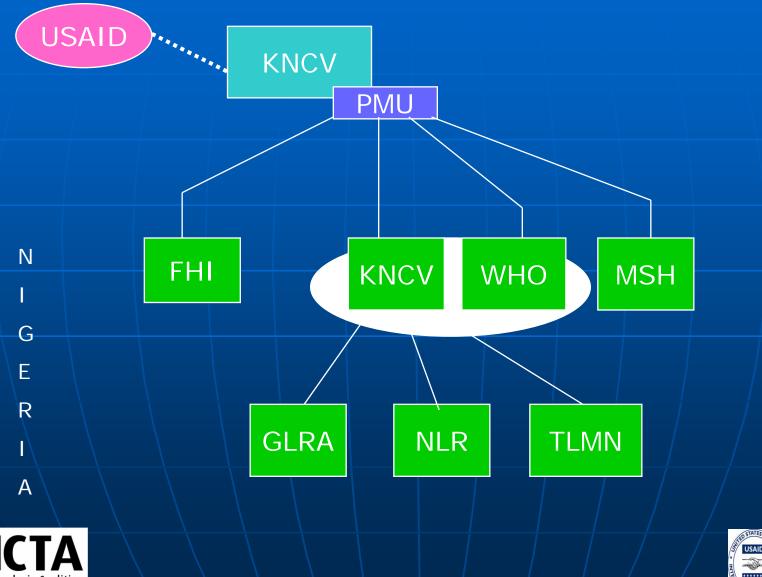
#### NIGERIA

- Population 149 million
- 4th HBC and 1st in Africa
- Case Detection Rate, 31% (2008)
- Treatment Success, 82% (2007)
- TB cases HIV+(% all cases), 27%
- Adult HIV prevalence, 4.6% (2008)





#### TB CAP Nigeria partnership





N

Ε

R

A

### TBCAP overall expected outputs Nigeria

#### Strengthened

- Integration of DOTS into the general health services
- MDR TB control through PMDT
- PPP and hospital DOTS linkages
- CTBC activities
- Upstream support to NTBLCP at all levels
- TB/HIV management and leadership capacity (WHO)
- Drug and commodity management (MSH)
- Scaling up TB/HIV collaborative activities at LGA level (KNCV)





#### **Achievements**

### 1. Strengthened TB/HIV management and leadership capacity (WHO)

- Sondalo course organized at national level
- TOT training materials developed (Zaria)
- Develop core group of facilitators on STOP-TB strategy (20 trained)
- Step down training into other states





#### Achievements - cont'd

- 2. Strengthened drug and commodity management (MSH)
  - Develop the capacity of the NTBLCP,
    - Develop LMIS
  - Organized TOT courses on LIMS, SOPs developed (6 states)
  - Step down training





#### Achievements cont'd

- 3. Scaling up TB/HIV collaborative activities at LGA level (KNCV) 6 states
  - Engage ILEP partners: GLRA, NLR, TLMN
  - Work plans (COP08/09) development
  - Strengthen diagnosis (labs and x-ray) ICF
  - Renovation, procurements, training of staff
  - Infection Control policy Facility IC plans
  - Support joint TB/HIV supervision

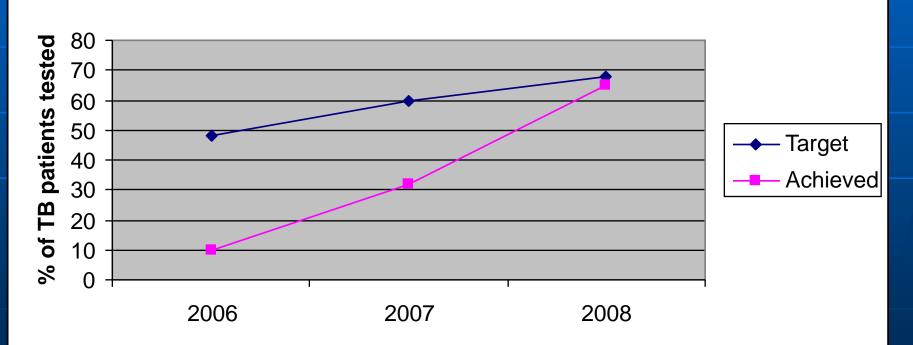




#### TB/HIV collaborative activities

National trend of HIV testing among TB patients from 2006–2008 (Source-WHO/FMoH)









### Key challenges/gaps

- TB/HIV coordination weak at states level.
- Standard R&R of TB/HIV data (M&E)
- TB screening only in partner supported HIV facilities, major gap in TB-IC and IPT
- Weak TB and TB/HIV program linkages with community activities
- PPM DOTS activities scale up slow
- Political unrest in some states





#### Next steps TB, TB/HIV

- Scale up 3I's engage HIV stakeholders
- Standardize TB/HIV R&R at facility level
- Joint supervision, monitoring and evaluation by state TB/HIV task teams
- Enhance IC measures in all health facilities
- Training on TB/HIV in partnership
- Enhance CTBC: ICF, care, ACSM, combat stigma





#### **Uganda**

- Population 29.9 million
- One of 22 High Burden Countries
- Case Detection Rate 56.9%(2008)
- Treatment Success 74.6% (2007)
- TB patients tested for HIV 58.9% (2008)
- TB cases HIV+(% all TB cases)-59%
- HIV prevalence in Adult cases 5.4% (2008)





### **Expected TB CAP outputs**

- Increase national/district levels TB/HIV coordination, mgt and supervision
- Improved quality of CB-DOTS & TB/HIV collaboration and scale up activities.
- Support NTLP to develop and disseminate
   TB, TB/HIV guidelines and tools





### In-country organization (Partnership)

- Implemented by The Union, central team (working closely with NTLP)
- WHO and CDC collaborating on TA
- PEPFAR and USAID partners engaged to scale up TB/HIV activities & strengthen CB-DOTS





### **TB/HIV interventions** (selected 12 districts)

- Supporting national and district levels TB/HIV coordination, management, planning and leadership capacity
- Support implementation of TB/HIV policy/guidelines.
- Provide TA to PEPFAR and USAID partners in TB/HIV and CB-DOTs.





#### TB/HIV interventions - cont'd

- Support M&E, HRD for TB and TB/HIV activities
- Procure microscopes, HIV test-kits, CPT drugs in TB clinics
- Support districts in management of drug logistics system
- Support implementation of TB/HIV Communication strategy.





### Key TB/HIV indicators from CAP supported districts

- TB patients tested for HIV rose from 20.3% at baseline (Sep'07) to 73% (Sep'08).
- TB/HIV co infected patients started on Cotrimoxazole rose from 42% to 90%
- Treatment success rate for new SM+ TB patients improved from 42% to 52% over the same period.





#### **Challenges**

- NTLP under staffed to timely execute planned activities
- Health systems strengthening
  - HR, lab, drugs, infrastructure
- Data management and coordination – M&E
- Partners HR for TB inadequate





### Country experiences Overall summary

- Integration of HIV care for TB patients has shown progress
- Integration of TB care (3I's) for PLHIV weak.
- M&E systems generally not yet harmonized
- Data recording and reporting inadequate





## TB CAP TB/HIV tools





### Revised TB recording and reporting forms and registers - version 2006

WHO/HTM/TB/2006.373
Revised TB recording and reporting forms and registers – *version 2006* 

- The Stop TB Department (WHO) endorsed.
- Align the forms and registers to the new Stop TB Strategy.
- Facilitates the monitoring of all components of the Stop TB Strategy
- Monitoring and evaluation of collaborative TB/HIV activities



Prepared by the Expert Group on TB Recording and Reporting forms and registers WHO Stop TB Department, Geneva, September 2006













# Promoting the Implementation of collaborative TB/HIV Activities Through Public-Private Mix and Partnerships

Promoting the Implementation of Collaborative TB/HIV Activities Through Public-Private Mix and Partnerships

(PPM TB/HIV activities)

Report of a consultation meeting including an implementation protocol

27-28 February 2008 WHO HQ, Geneva, Switzerland

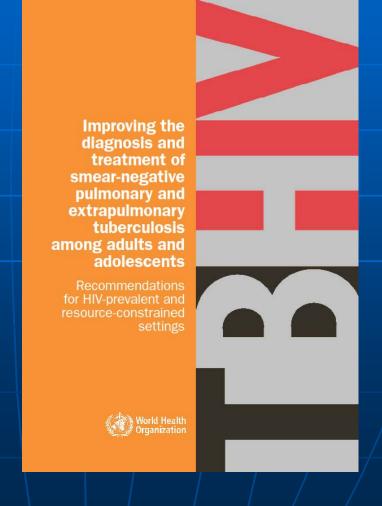






# Improving the diagnosis and treatment of smear-negative pulmonary and extrapulmonary tuberculosis among adults and adolescents

Recommendations for HIV-prevalent and resourceconstrained settings





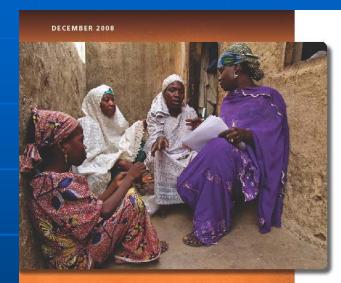


## Engaging Community-based Organisations in TB/HIV Collaborative Activities

Engaging communities in meaningful and effective ways in TB/HIV collaborative activities.

Based on areas of practice, and core competencies of 12 selected community-based organizations (CBOs) engaged in HIV/AIDS prevention, care, and treatment in Nigeria.

How they are engaged in TB/HIV collaborative activities and how this engagement can be expanded.



Engaging Community-based Organizations in TB/HIV Collaborative Activities

A CASE STUDY IN NIGERIA



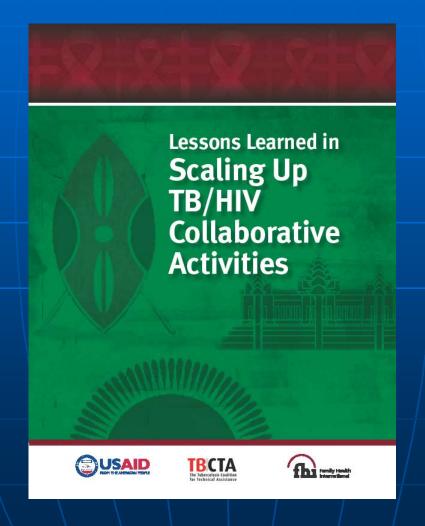








# Lessons Learned in Scaling Up TB HIV Collaborative Activities in Cambodia, Kenya, and Malawi







# Guidelines for the control of tuberculosis in prisons January 2009

Provides general guiding principles for the implementation of the Stop TB strategy including TB/HIV

Focusing on prisons accelerate case detection and treatment success while preventing the emergence of drug resistance.

The primary audience is health and administrative staff working in prisons.



GUIDELINES FOR CONTROL OF TUBERCULOSIS IN PRISONS











#### MOST for TB (TB/HIV)

Management Organizational and Sustainability Tool

A process for improving the management of an NTP at any level of a national TB Control Program

Tool to improve implementation, coordination and management of collaborative TB/HIV activities



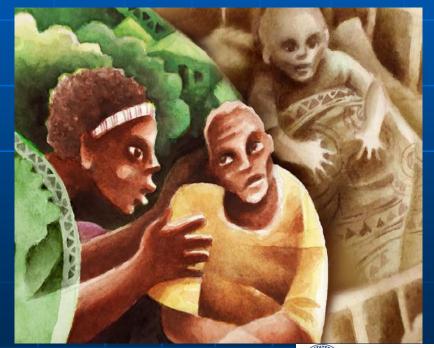


### TB/HIV literacy Package and Curriculum 2008



Audio visual

Flip charts







### Ongoing projects Final draft stage

- Guidance for National Tuberculosis and HIV Programmes on the Management of Tuberculosis in HIV-infected Children
- 2. SOPs on implementation of TB/HIV activities
- Piloting TB/HIV activities outside the public sector (Part 2)





#### Ongoing projects

- Integrating HIV testing in MDR surveillance
- SOPs for TB/HIV M&E
- TB/HIV Literacy Tool Kit Con't
- Best practices manual for TB and HIV services integration
- Standardized simplified IC measures for community health workers and congregate community and family settings





### Thank you



