

# HIV and TB: What's the Latest and Greatest?

State-of-the-Art Technical Overview  
Project Concern International Mexico  
Lessons from a National Experience



# TB in Mexico 2008

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- **18,172** new cases (TB all forms)
  - **83% pulmonary TB= 15,017**
  - Ratio women:men 1 : 1.6
- **574** prevalent MDR cases (difficult access to treatment schedules)
- **20%** of TB cases associated to Diabetes
- **10%** of total are pediatric cases 19 years and younger
- **8% co-infection TB-AIDS**
- **2,141** deaths in 2007 (TB all forms)
- Morbidity 14.1 (from 3-40)
- Mortality 1.77

# TB-HIV/AIDS in Mexico

ALIANZA COMUNITARIA  
**SOLUCION** TB  
PCI y Secretaría de Salud para el control de la Tuberculosis

**México 2008**

**N= 1096**

- 75% men and 25% women

- 33 out of 1,096 are pediatric cases

- 67% pulmonary TB

- HIV tests offered to PTB since 2007

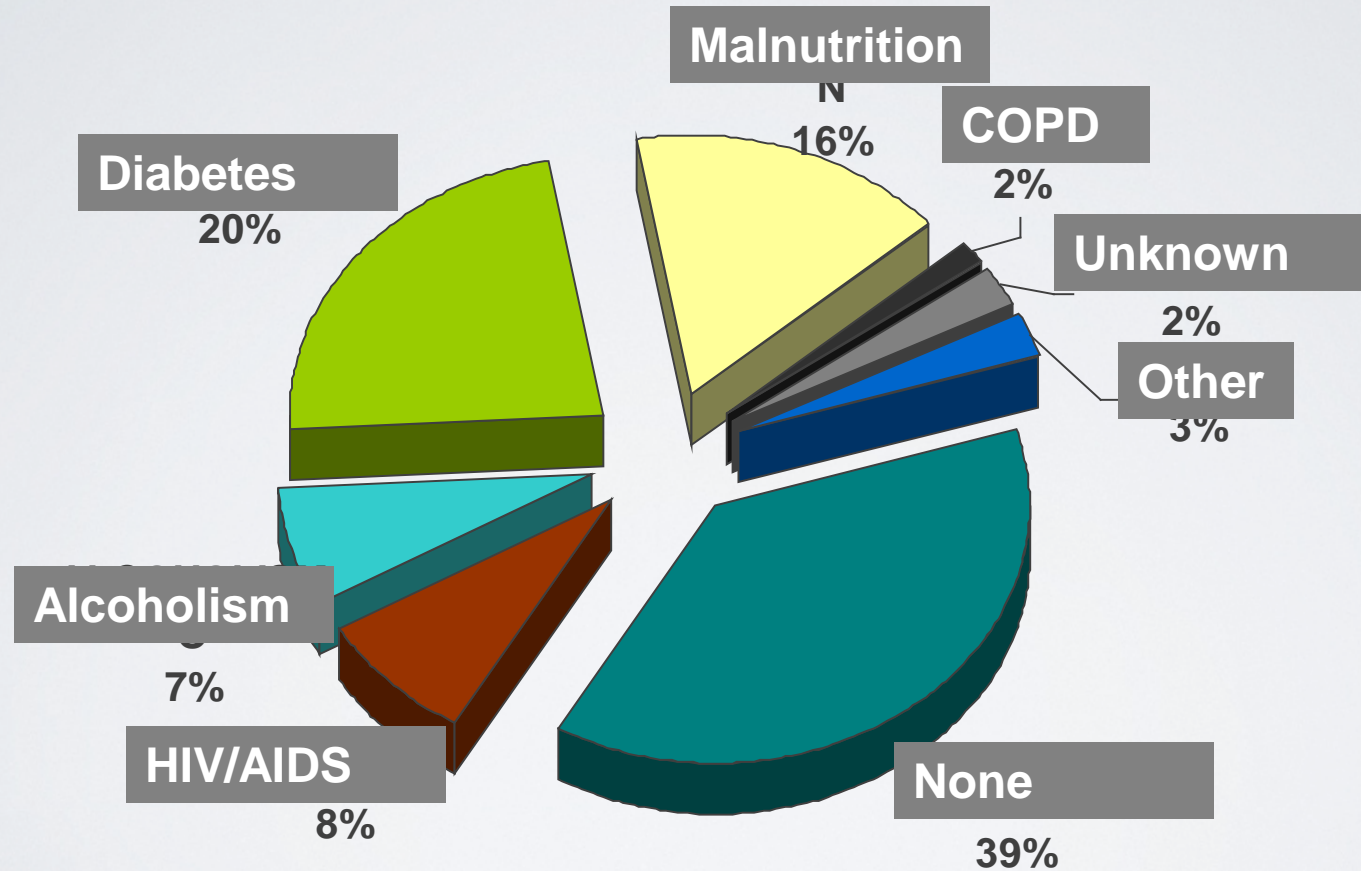
**Casos**



Fuente: Plataforma de TB "Cierre 4 de mayo de 2008"



# Diseases Associated to TB





# Project Background And Objectives

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Increase treatment detection and cure

Develop a person-centered project and approach

Combat stigma and discrimination against PTB (persons with TB or affected by TB)

SOLUCION TB Expansion based on successful 4-year project in Baja

Project expanded to additional 12 states with strong(er) ACSM component

# Needs Assessment Results

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- Policies, norms in place
- Strong national capacity for TB control
- Strong state capacity (in some cases)
- Less strong at jurisdiction or local levels (data analysis, technical capacity)
- ACSM not well developed (often confused with health promotion)
- Little collaboration with HIV or Diabetes (& other programs)
- Almost non existing collaboration with other programs or outside health sector
- No PTB involvement or society involvement in TB.
- Stigma and Discrimination present
- Disease affects everybody, but more devastating to those more vulnerable



# Our Strategies

Recruitment and training of exclusive TB staff  
(DOTS workers mainly)

DOTS workers

PATB

SSA

ACSM

Advocacy, Communication  
and Social Mobilization

Strengthening

Capacities for: health  
personnel, PTB and affected  
communities



# TB/HIV Integration Barriers

- Relatively new collaboration between programs
- Insufficient clinical knowledge on co-infection from TB or HIV staff
- “Yes, HIV is a problem but my real problem is Diabetes”
- Lack of service integration = services are provided separately
- Stigma and discrimination still prevalent (gender, class, sexual orientation, and disease-specific)
- “I support persons with TB, because they didn’t get it b/c of irresponsible behavior”



# TB-HIV Integration Barriers



- **Insufficient technical/clinical training, and resistance to Isonizide prophylactic treatment (by HIV/AIDS programs)**
- **No active participation or empowering opportunities exist by/for persons with TB**
- **Insufficient involvement of private sector and NGOs working in TB**
- **No practical knowledge of working with**

# Main project contributions

## overall



- **Recruitment and training of TB specific staff**
- **Stigma and KAP surveys**
- **Develop and utilization of ‘Empowering DOTS’ concept and strategies**
- **Greater and meaningful involvement of people and families affected by TB.**
- **Regional model for training and collaboration, including clinical and ACSM aspects of TB**
- **Introduction of Private-Public partnerships within TB programs**

# Main project contributions

## overall

- Person-centered approach adopted by state and jurisdiction-level TB programs (from 'tuberculoso' to 'paciente de TB' to 'Persona con TB')
- Operational ACSM model, linked to products and results
- Successful collaboration with Ministry of Health
- Documentation of processes: (newsletter, presentations, ACSM Best Practices , other)
- Amplification of Voices and Images to 8 localities





# Lessons Learned

- A succesful ACSM strategy begins 'at home' (*internal ACSM*)
- A person-centered approach promotes empowerment of PTB
- Stratetiges that *humanize* TB contribute to the empowerment of health workers
- ACSM strategies should have a clear purpose from the start and a well defined monitoring strategy

*Integration of HIV-TB services remains a challenge. It needs to take place at the state and local level with national level support*



# Future

## Activities

- Greater involvement in TB by NGOs working in HIV/AIDS
- Joint TB-HIV ACSM activities
- Training and follow-up
- *Integrated* person-centered approach
- Promotion of 4 *Is* of TB-HIV
- Increased/improved planning and collaboration with Diabetes programs







# Thank You

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