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

- **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

Mexico 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
Diseases Associated to TB

- Diabetes: 20%
- Alcoholism: 7%
- HIV/AIDS: 8%
- Malnutrition: 16%
- COPD: 2%
- Unknown: 2%
- Other: 3%
- None: 39%
Project Background
And Objectives

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

- 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

ACSM
Advocacy, Communication
and Social Mobilization

PATB

SSA

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 successful ACSM strategy begins ‘at home’ *(internal ACSM)*
- A person-centered approach promotes empowerment of PTB
- Strategies 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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