

The Union

TB-HIV Services: An Integrated Approach



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

Two diseases, one patient: The need for integrated TB and HIV services

Tuberculosis (TB) and HIV infection are very closely linked, and over a million persons with both conditions are estimated to need simultaneous treatment for both diseases each year. People living with HIV (PLHs) have an increased risk of becoming infected and developing TB. Although TB is curable, it is a leading cause of ill health and death among PLHs. For this reason, early diagnosis, timely initiation of treatment for both diseases and careful monitoring are essential to treat TB in PLHs and identify HIV infection in people with TB.

The main obstacles to managing patients with TB and HIV co-infection are weak coordination between TB and HIV programmes and slow integration of collaborative TB-HIV services into the general health services. These challenges may have an adverse impact on patients' treatment access and outcomes.



THE UNION'S RESOURCES FOR ADDRESSING THE HIV-FUELLED TB EPIDEMIC

The Union works through:

- ▶ technical assistance provided by TB and HIV experts
- ▶ training on clinical and programmatic issues that build capacity for collaborative TB-HIV activities
- ▶ procurement of medicines and equipment
- ▶ implementation of innovative ways to pilot TB-HIV collaboration
- ▶ operational research
- ▶ participation in international conferences, expert working groups and international committees

COLLABORATION IN ACTION: THE IHC PROGRAMME

Working with national TB and AIDS programmes in sub-Saharan Africa and Asia, The Union's **Integrated HIV Care for Tuberculosis Patients Living with HIV/AIDS (IHC)** Programme has successfully strengthened collaboration and built the capacity of the general health systems to deliver high-quality integrated TB and HIV care. Based on each country's priorities and needs, the goals of IHC have been to:

- ▶ secure political commitment for collaborative TB-HIV activities
- ▶ offer routine HIV testing and counselling for TB patients
- ▶ offer HIV testing and counselling and TB screening to contacts of TB patients
- ▶ increase TB screening among PLHs and ensure good TB treatment outcomes in persons confirmed to have TB
- ▶ provide standardised antiretroviral treatment and regular patient follow-up to all eligible patients
- ▶ improve recording and reporting of TB-HIV indicators
- ▶ strengthen supply management for consumables required by TB and HIV services
- ▶ identify the best resource mix to sustain integrated TB-HIV interventions in resource-limited settings
- ▶ implement patient and health systems-oriented operational research

Successful pilot programmes encourage countries to expand TB-HIV services



Benin: IHC's success led the National TB Programme to expand the approach so that all TB diagnostic and treatment centres in the country routinely offer HIV testing. When the IHC programme was completed in 2008, the uptake of HIV testing among TB patients had reached 96% – a record level – and this had risen to 98% by 2010.

Democratic Republic of Congo: IHC demonstrated that primary health care facilities delivering TB services can also provide HIV care successfully. This facilitates treatment of patients even in remote rural areas. The excellent performance of the approach persuaded the Ministry of Health to adopt it nationwide.

Myanmar: A collaboration between the national programmes, teaching hospitals, primary health care facilities and The Union led to an IHC approach providing accessible, acceptable and affordable care for HIV-positive TB patients and their HIV-positive family contacts. This programme has expanded and it now serves all HIV-positive patients – including those without TB.

Zimbabwe: The Union collaborated with the Health Services Departments of the Cities of Bulawayo and Harare to implement integrated and decentralised TB-HIV services at the city primary health care clinics, resulting in improved TB treatment outcomes and high ART enrolment and retention. This success has led the Ministry of Health and Child Welfare and the Health Services Departments in other cities to adopt the IHC approach for their TB-HIV services.

OPERATIONAL RESEARCH: AN ESSENTIAL COMPONENT OF THE UNION'S TB-HIV WORK

- ▶ In **Democratic Republic of Congo**, operational research highlighted barriers to building staff capacity and health financing. IHC is exploring creative ways to improve HIV care through training and mentoring offered by HIV centres of excellence. IHC also collaborated with the National HIV Reference Laboratory and identified appropriate technologies to facilitate CD4 cell count and viral load measurement at the primary health care level.
- ▶ **Uganda** studied barriers to implementing TB-HIV activities and identified challenges at all levels of health care. This reinforced that policy-makers and implementers need to work together to address barriers and develop successful integrated care.
- ▶ In **Zimbabwe**, existing city records were used to assess trends in adult mortality over a 30-year period. Interviews with health staff and patients also revealed valuable information about their views on collaborative TB-HIV services.

TB-HIV courses

WORKING TOGETHER: STRENGTHENING THE IMPLEMENTATION OF COLLABORATIVE TB-HIV ACTIVITIES

Who is it for: National and regional/
provincial TB and AIDS programme managers

Duration: 4-1/2 days

When/where offered: At the request
of the national programmes

► Developed in 2010, this course is designed to train officials from both TB and AIDS programmes to work together and identify barriers to providing collaborative TB-HIV services. Each course is specifically adapted to the country where it is held, and participants develop and present barrier-breaking plans for TB-HIV collaboration. Past participants have also included representatives of the World Health Organization, non-governmental organisations and TB and HIV patient/community groups.

To schedule a course or for further information: tbhiv-courses@theunion.org

Other TB-HIV resources

Implementing TB-HIV Activities: A Programmatic Guide is designed for health planners, managers and health workers in resource-limited settings and provides practical recommendations for scaling up TB-HIV activities.

Download a PDF at no charge from "Resources" at www.theunion.org.

To contact The Union, please write union@theunion.org

TB-HIV CLINICAL MANAGEMENT COURSE

Who is it for: TB and HIV clinicians, policy and decision makers, managers of national programmes

Duration: Available in a 3-day or 5-day format

When/where offered: At the request
of the national programmes

► This intensive course covers fundamental facts about TB-HIV clinical management and the latest evidence and experience. Theory is complemented by practical learning through case studies and role plays. The content can be adapted to the country where the course is being held and ample time is allotted for participants to share opinions and clinical questions. The aim is to harmonise clinical management of co-infected patients and provide both TB and HIV clinicians with the skills needed to deliver high-quality care even in resource-constrained settings.

ABOUT The Union

The mission of the International Union Against Tuberculosis and Lung Disease (The Union) is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations. With nearly 10,000 members and subscribers from 152 countries, The Union has its headquarters in Paris and region and country offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. Its scientific departments focus on tuberculosis, HIV, lung health and non-communicable diseases, tobacco control and research. Each department engages in research, provides technical assistance and offers training and other capacity-building activities leading to health solutions for the poor.

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PHOTOS: Matthieu Zellweger, courtesy of The Union Uganda Office; Matthieu Zellweger, Gary Hampton, Anthea Davison, (cover/clockwise); Martin Ruhweza (p 2); courtesy of The Union Uganda Office (p 3)

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Tuberculosis and Lung Disease

68, boulevard Saint-Michel – 75006 Paris – France
Tel: (+33) 1 44 32 03 60 – Fax: (+33) 1 43 29 90 87
www.theunion.org