

6I'S TB TOOLKIT

ARASA
AIDS & Rights
Alliance
for Southern Africa



Six I's HIV/TB Communication and Advocacy Toolkit

INTRODUCTION!

According to the World Health Organisation (WHO), it is estimated that one-third of the 36.7 million people living with HIV and AIDS worldwide are co-infected with tuberculosis (TB). Sub-Saharan Africa is the hardest hit region, with a 70% co-infection rate. If TB is left unaddressed, in the next 20 years almost one billion people will become newly infected, and 35 million will die of it.

In response to this concern, the WHO has issued a policy on TB/HIV collaborative activities recommending interventions to reduce TB morbidity and mortality in people living with HIV, namely the Six I's for HIV/TB: Infection Control, Intensified Case Finding and Isoniazid Preventive Therapy, TB/HIV Integration, Initiating ARV treatment and Involvement of the Community; which should be integrated into HIV programmes of national health services in addition to the provision of Antiretroviral Therapy (ART).

Immediate and full adoption of the Six I's for HIV/TB is an essential element of the HIV response in high-prevalence countries – however, in-context support is also needed to accelerate implementation of these simple measures that will have a tremendous impact on the HIV/TB co-epidemic. This in turn requires enhanced communication and scaled up dissemination of the WHO's TB/HIV control recommendations

to support the efforts of civil society and health workers to accelerate their implementation.

In the spirit of joint responsibility and ownership for a targeted effort to address the dual epidemics, the AIDS and Rights Alliance for Southern Africa (ARASA), with support from the WHO and in collaboration with partner organisations from across the Southern African region, undertook to create accessible and scientifically accurate training and advocacy materials to promote the accelerated implementation of the Six I's for HIV/TB. The toolkit development process was shaped by the collective participation of TB/HIV community activists, health workers, journalists, traditional healers, government representatives, and WHO/TB technical and medical experts, from seven different Southern African countries.

The process, which included a workshop in December 2010, followed by toolkit design and piloting in 4 countries (Swaziland, Botswana, Lesotho and Zambia) between December and March 2011, provided the opportunity for these key stakeholders to come to grips with the latest recommendations from WHO; understand and brainstorm on initiatives to respond to the current obstacles and identify opportunities as they relate to the implementation of the Six I's for HIV/TB in the region. This process informed the development of the toolkit in accordance with regional needs.

ARASA is delighted to introduce the superhero-themed Six I's HIV/TB Communication and Advocacy Toolkit, which includes a variety of resources intended for use by a wide range of stakeholders at grassroots level. The toolkit includes:

1. Frequently Asked Questions on the Six I's for HIV/TB for health workers and communities
 2. Glossary to define commonly used terms
 3. Congregate settings examples to highlight the impact of HIV/TB in settings outside of health care facilities
 4. Posters to promote the adoption of the Six I's for HIV/TB to be used both by health care facilities and communities
 5. Checklists for patients and communities as well as health care workers to assess the safety of health facilities and the availability of essential HIV/TB services therein;
 6. WHO recommendations on the Six I's for HIV/TB
 7. Presentation on the Six I's for HIV/TB to developments in scientific research for HIV/TB
 8. Best practices of HIV/TB related activities in the region
- ARASA will work with country partners to support the use of the toolkit in community settings and with national HIV and TB programmes to advocate for the use of these innovative communication strategies in public health facilities. The toolkit is open for use by any interested parties and can be downloaded from the ARASA website (www.arasa.info).

For Monitoring and Evaluation purposes we kindly request that you notify ARASA about any intended use of this toolkit. This will enable us to record its impact, and to keep you updated on any revisions or similar initiatives that we may undertake in future. As we are committed to constant improvement of our efforts, we also welcome any feedback, positive or negative. Should you require assistance with adaptation, translation and/or dissemination, we will try to connect you with organisations that may be able to support with this.

For further information on the toolkit, please contact lynette@arasa.info or communications@arasa.info

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For further information or downloading of the Six I's for HIV/ TB Toolkit, please see AIDS and Rights Alliance for Southern Africa: www.arasa.info.

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GLOSSARY

ACTIVE TB:

The symptoms of active tuberculosis include cough, weakness, weight loss, fever, no appetite, chills and sweating at night. Other symptoms of TB disease depend on where in the body the bacteria are growing. A person is infectious with active tuberculosis disease when they are not on / responding / adhering to TB treatment.

ALGORITHM:

Recommended patient management strategies designed to assist in direct decision making.

ANTIBODIES:

Proteins that are found in blood that are used by the immune system to identify and control infections.

ANTIGEN:

Substances from an infectious agent that produce an immune response.

ANTIRETROVIRAL THERAPY (ART):

Medication for the treatment of HIV. When several such drugs, are taken in combination, it is known as highly active antiretroviral therapy, or HAART.

BCG:

A vaccine for TB named after the French scientists Calmette and Guerin. This vaccine is currently used to help prevent tuberculosis.

CD4:

A protein on the surface of the cells of the immune system that helps in activating the body's response to infection

CHEMOPROPHYLAXIS:

The administration of anti-tuberculosis drug(s) to prevent tuberculosis infection.

CHEST X-RAY:

A picture of the inside of the chest. Chest x-rays are used to determine whether TB bacteria have damaged the lungs.

CONGREGATE SETTING:

A setting in which three or more usually unrelated persons reside in close physical proximity. These settings may include hospitals, long term care facilities, assisted living facilities, correctional facilities, etc.

CONTACT:

A person who has spent time with a person with infectious TB.

DIRECTLY OBSERVED THERAPY (DOT):

A way of helping patients take their medicine for TB in which the patient meets with a health care worker or sometimes a friend or family member, and is observed taking their TB medication.

EXTRAPULMONARY TB:

TB disease in any part of the body other than the lungs

FIRST LINE TREATMENT:

Therapy that is recommended for the initial treatment of disease

HEPATITIS:

An inflammation of the liver caused by certain viruses and other factors such as alcohol abuse, some medications and trauma. Symptoms of early hepatitis infection: decreased appetite, fatigue, abdominal pain, nausea, vomiting, jaundice, itching, and flu-like symptoms.