Integration of TB and HIV services:

Challenges and lessons learned in low and middle income countries

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13 April 2009

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Integrating TB and HIV

- Natural Opportunity for integration
  - Overlap in epidemiological characteristics & clinical manifestations
    - Burden of disease highest in low income countries
    - TB is leading cause of death among PLHIV
    - HIV increases risk of reactivation of latent TB
  - Both are stigmatized

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Challenges for Integration of TB and HIV (1)

Rising caseload of TB driven by HIV

- Limited structural and human resources
- Limited knowledge of treatment of TB/HIV co-infection in resource limited settings
- National programs are overwhelmed by HIV treatment scale up

Separate TB and HIV national programs

- Limited communication/interaction within national health systems
- Fragmented care for co-infected patients

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Challenges for Integration of TB and HIV (2)

Differing Paradigms

Tuberculosis

- Vertical programs
- Firmly established algorithms
- Standardized methods & outcomes
- Designed to treat many patients w/ few resources

HIV

- Multi-sectoral
- Community-based approach
- Rapidly evolving treatment guidelines
- Monitoring of efficacy/toxicity over patient's lifetime

Source: Tsiouris, Gandhi, El-Sadr, Friedland. MedGenMed 2007; 9(3):62.

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Addressing the Gaps: Global Level (1)

- Identification of levels of intersection
  - Interdependency of TB and HIV control programs
- Pilot interventions → produce evidence
  - ProTest Project: WHO/UNAIDS initiative to reduce the burden of combined TB and HIV epidemics
- Global TB/HIV working group
- Advocacy

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The ProTest Initiative: Objectives

- Initiated in 1998 in 3 countries (6 districts)
- Objectives
  - Provide policy recommendations for collaborative TB and HIV program activities (including expansion)
  - Develop indicators and targets for monitoring and evaluation
  - Indicate areas for operational research

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The ProTest Initiative: Interventions

- VCT expansion
  - Intensifed case-finding for TB
  - TB prevention and referral for TB treatment
- HIV prevention at TB points of service
  - HIV screening, STI management, condom distribution
- Cotrimoxazole Preventive Therapy (CPT) at TB points of service

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Addressing the Gaps Global Level

- Identification of levels of intersection
- Pilot interventions → produce evidence
- Global TB/HIV working group developed:
  - *Strategic Framework to decrease burden of TB/HIV (2002)*
  - *Guidelines for implementing collaborative TB and HIV program activities (2003)*
  - *Interim policy on collaborative TB/HIV activities (2004)*
- Advocacy

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Addressing the Gaps: National Level

- Establish policy for TB/HIV collaborative activities
- Translate the guidelines to district level
  - Step-by-step guidelines
  - SOPs
  - Training

Pilot Project in Rwanda:

Integrating TB and HIV in a District Hospital - 2003

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Pilot Project in Rwanda: Implementing TB/HIV integrated activities

- Trained staff on TB and HIV
- Established referral links between services
  - X-ray, laboratory, TB clinics
- Developed algorithms (TB screening, IPT)
- Developed data collection tools
- Screened for eligibility and active TB
- Follow-up and monitoring

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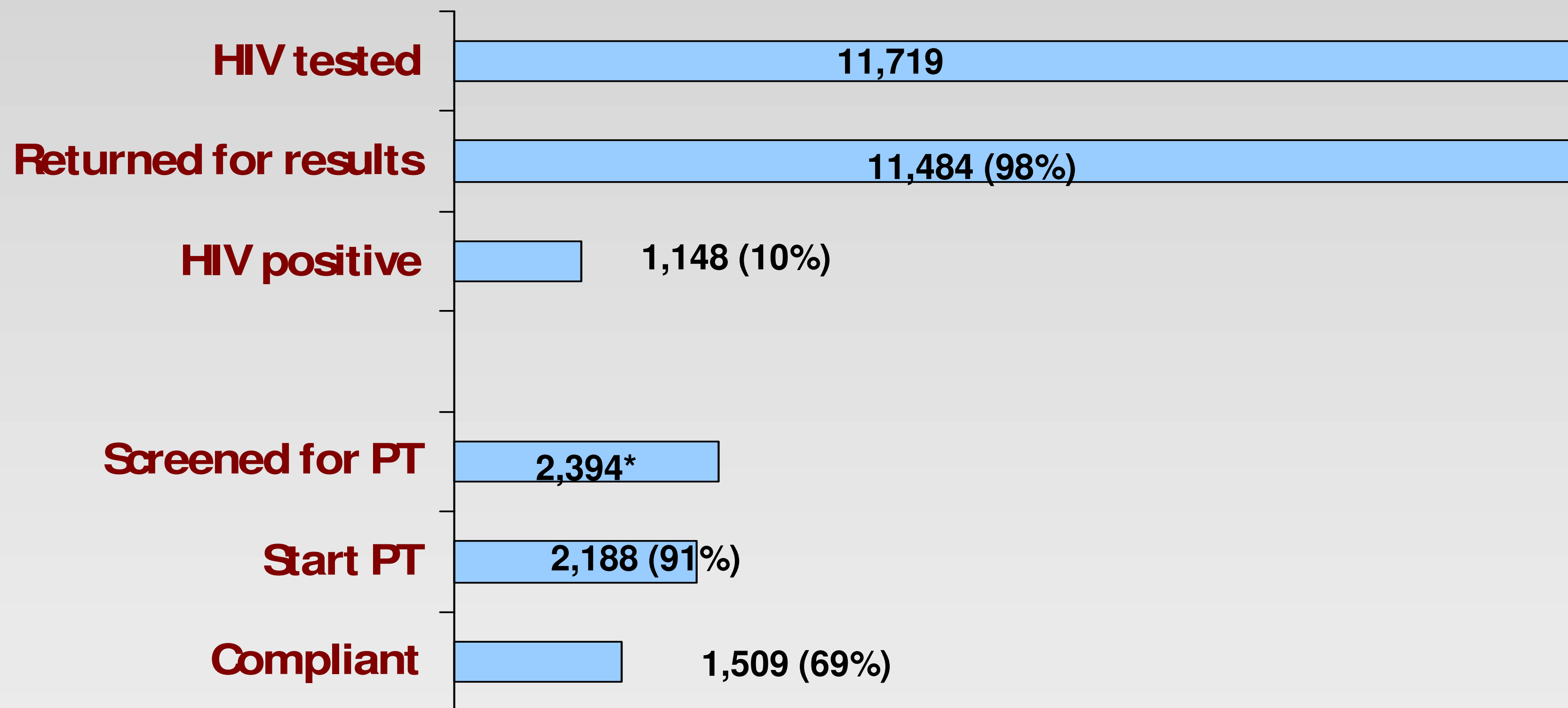
Pilot Project on TB/HIV Integration in Rwanda

Feasibility of TB Preventive Therapy as a TB Control Measure



*** Include clients from other sites**

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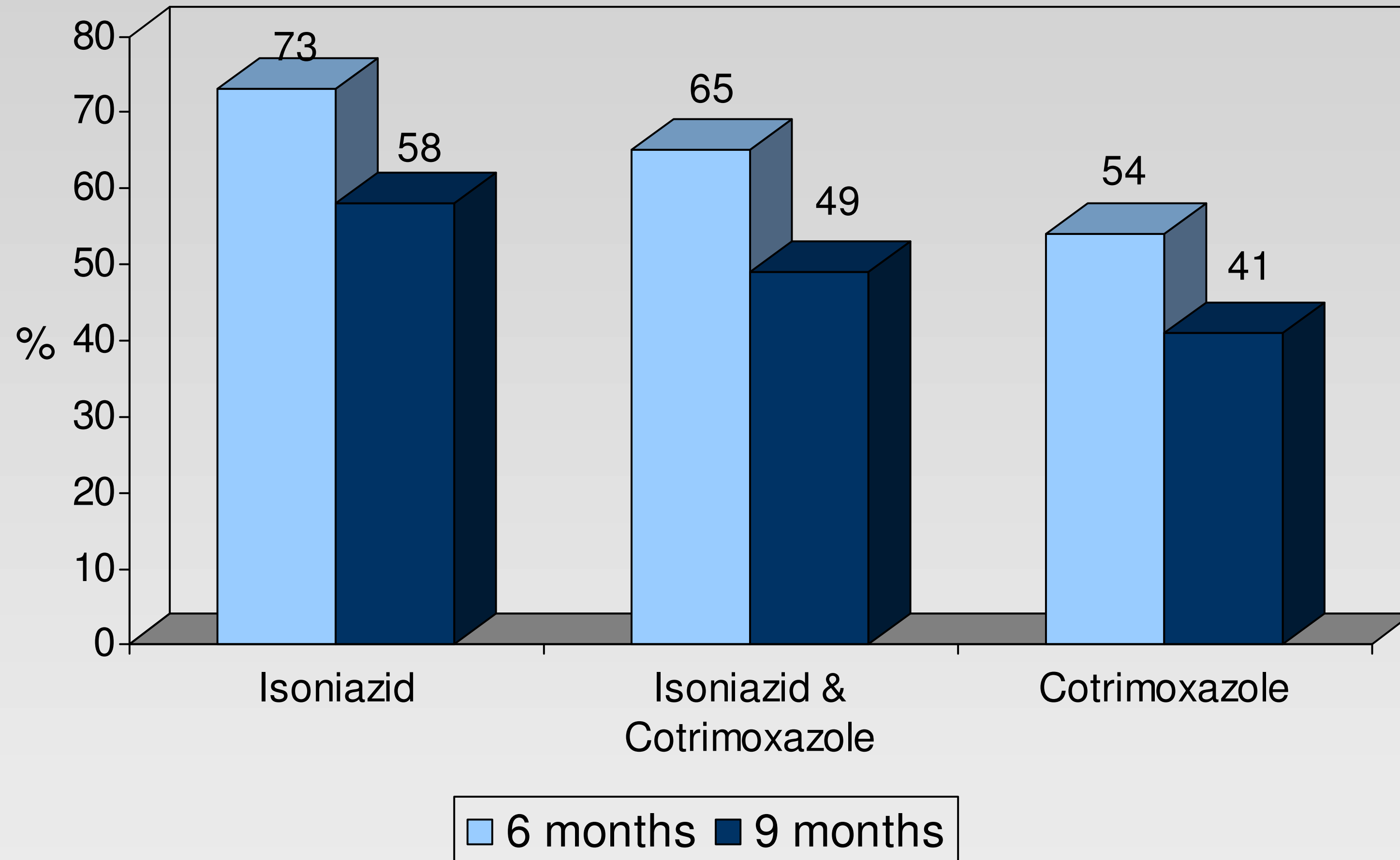
Adherence rate at six and nine months by treatment regimen



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Pilot Project on TB/HIV Integration in Rwanda: Lessons Learned

- Prophylaxis treatment (INH and CTX) is feasible; requires:
  - Adequate training of doctors and nurses re: inclusion criteria
  - Minimum level of clinical and biological monitoring
- The intervention is labor-intensive and needs additional resources (human, space, etc.)

→ Led to policy change not to include TB preventive treatment

Way Forward

Application of Lessons to FHI Pilot Project: Integration of CVD into HIV care

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Current Status of FHI Care and Treatment Program – FY2008

Indicator	Number of people	No. of Sites (no. of countries)
Number of people who received HIV counseling and testing	3,222,155	1657 (25)
Number of pregnant women who received HIV counseling and accepted testing	541,137	1549 (11)
Number of pregnant women provided with a complete course of ARV prophylaxis	35,822	
Number of people reached by programs providing comprehensive palliative care	72,452	1426 (10)
Number of people ever put on ARVs (by end FY 08)	221,906	510 (15)

Source: Global Spreadsheet as of 17 March 2009

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FHI Pilot Project: Integration of CVD into HIV care

Goal

- Reduce incidence of CVD and associated complications among people receiving HIV counseling, testing, care and treatment services in FHI-supported HIV programs

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Integration of CVD into HIV care: Implementation (1)

- Preparation
  - Assessment
  - Development/adaptation and testing of behavioral communication materials
  - Equipping of HIV counseling and testing (CT) and care and treatment sites (C&T) to implement CVD project
  - Training of providers

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Integration of CVD into HIV care: Implementation (2)

- Determine risk factors for CVD among C&T clients
- Introduce routine screening for CVD risk factors in CT and C&T services
- Introduce behavioral and biomedical interventions to prevent and/or manage CVD
- Monitoring and Evaluation

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Integration of CVD into HIV care

From the pilot project

- Document challenges and lessons learned
- Disseminate best practices for scale-up and expansion
- Provide policy recommendations