Global consultation to draw lessons from development of single TB and HIV concept notes and defining the way forward for joint TB and HIV programming
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Team members: Dr. N. Kasabi – Ministry of Health, Dr. M. M. – National AIDS Control Program, Mr. O. O. – COV Zambia, Mr. M. M. – COV Tanzania – Dr. G. B. – COV

Background:
Zambia is a landlocked country located in the central part of Southern Africa, with a land area of approximately 750,000 sq km and a population of more than 14 million inhabitants. The prevalence of TB in the general population is estimated at 450-1000/100,000 population and the HIV prevalence is estimated at 12.4%. This makes Zambia one of the high burden countries for TB and HIV co-infection. The Ministry of Health and WHO are among the agencies working on TB and HIV co-infection. The Government of the Republic of Zambia (GRZ) through the Ministry of Health has therefore put measures in place to tackle the dual epidemic and has put in place policies and strategies to respond to this dual epidemic. GRZ has mobilised resources from various partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and has involved all the various stakeholders in order to address this challenge.

Figure 1: Map of Zambia showing the provinces and the neighboring countries.

Programme areas identified for Joint TB and HIV programming:

- Data alignment
- Strengthening coordination between programmes
- PMTCT, VMMC, HIV Prevention in PPHI and CHBD and STI programmes
- Separating funding for the two programmes
- At the time of concept note preparations, some vital profile work in progress epidemiological profiles, National TB Prevalence Survey, Zambia Demographic Health Survey.

Figure 2: Flow diagram for joint TB and HIV concept note development

Bottlenecks and challenges in joint programming:
- Policy issues - Structural arrangements
- The programmes are not separated as stand alone
- Single TB Control programme as integrated, HIV programme i.e. stop gap, ART Program, PMTCT, VMMC, Prevention in PPHI and CHBD and STI programmes
- Separate funding for the two programmes
- At the time of concept note preparations, some vital profile work in progress epidemiological profiles, National TB Prevalence Survey, Zambia Demographic Health Survey.

Further opportunities for joint programming beyond TB and HIV:
- The general health system strengthening e.g. staffing, training, etc.
- Supply chain management
- Cost-effectiveness

CSOs/PLHIV/KAAP Contributions

Community: Structures, NGOs organisations, networks, groups, support groups, coordinating bodies.
- Community health projects: Demand creation (functional health service delivery), experience support
- Empowering community in health service delivery
- Social mobilisation/Community outreach (promoting TB/HIV awareness, in-depth community discussions, village by village, community outreach initiatives).
- COV has facilitated 54 CSOs in disseminating information.