

BOX

Scaling up HIV testing among TB patients: three case studies

In many countries, HIV testing is the major bottleneck in the provision of CPT and ART for HIV-positive patients. In several African countries, HIV testing for TB patients has increased dramatically over the past two years. Where there has been good collaboration between the HIV/AIDS and TB control programmes, provider-initiated testing has led to substantial increases in the number of TB/HIV patients starting CPT and ART. This is illustrated with data from Kenya, Rwanda and Zambia. Similar results have been reported from Malawi.¹

Kenya

Population: 34.3 million

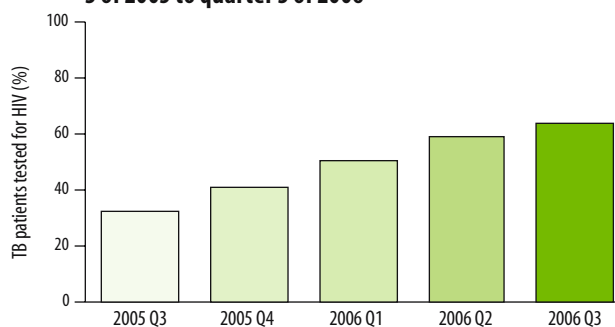
Tuberculosis cases notified in 2005: 108 401

Estimated proportion of TB patients infected with HIV in 2005: 52%

Before 2005, few TB patients in Kenya knew their HIV status, even though about half of them were infected with HIV. Collaborative TB/HIV activities, guided by a national steering committee, led to the development of a provider-initiated programme of rapid HIV testing for TB patients. Starting in March 2005, district and health-centre staff treating TB patients throughout Kenya were trained to do HIV-testing. TB patients are offered HIV testing at TB clinics, and those who are infected with HIV are given CPT at the same clinic. Patients are referred to ART centres, usually in the district hospital. TB recording and reporting forms, adapted to capture TB/HIV data, have been introduced throughout the country. Routine testing began in 2005. In the third quarter of 2005, 32% of TB patients in Kenya were tested for HIV, and this had increased to 64% by the third quarter of 2006 (Figure B1). Of those found to be HIV-positive from the third quarter of 2005 to the third quarter of 2006, 80% were given CPT and 30% started ART.

FIGURE B1

Kenya: percentage of TB patients tested for HIV, quarter 3 of 2005 to quarter 3 of 2006



Rwanda

Population: 9.0 million

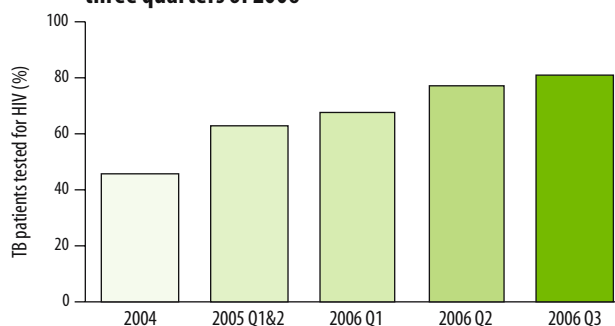
Tuberculosis cases notified in 2005: 7220

Estimated proportion of TB patients infected with HIV in 2005: 38%

In 2004, a programme of TB/HIV collaborative activities was established and a national programme was developed to train health workers who diagnose TB to test patients for HIV. During 2005, health workers throughout the country were trained in HIV counselling and testing. TB monitoring and recording forms, revised to include TB/HIV data, were introduced in late 2005 and were made available in all health centres by the beginning of 2006. In 2004, 46% of TB patients were tested for HIV; by the third quarter of 2006, this had increased to 81% (Figure B3). HIV-positive TB patients are given CPT by health workers who treat TB patients and then referred to the district ART services. In the first two quarters of 2006, 43% of TB patients were given CPT and 31% started ART.

FIGURE B3

Rwanda: percentage of TB patients tested for HIV in 2004, in quarters 1 and 2 of 2005, and in each of the first three quarters of 2006



Zambia

Population: 11.7 million

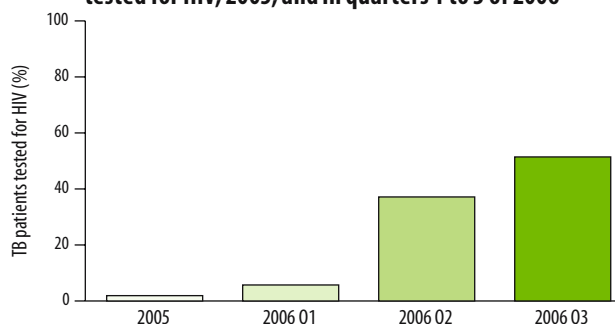
Tuberculosis cases notified in 2005: 49 567

Estimated proportion of TB patients infected with HIV in 2005: 56%

The national TB/HIV coordinating committee met quarterly during 2005 and 2006. Counselling and testing guidelines have been developed; during 2006, all district and clinic staff were trained to use them. Revised monitoring and recording forms to capture TB/HIV data were introduced at the beginning of 2006. CPT is given at ART clinics from where patients are referred to ART centres, which are usually in the district hospital. Data are available from Southern Province, where the percentage of TB patients tested for HIV increased from 2% in 2005 to 52% in the third quarter of 2006 (Figure B2). Of those found to be HIV-positive from the first quarter of 2006 to the third quarter of 2006, 29% were given CPT and 33% started ART.

FIGURE B2

Zambia (Southern Province): percentage of TB patients tested for HIV, 2005, and in quarters 1 to 3 of 2006



¹ *Global tuberculosis control: surveillance, planning, financing. WHO report 2006.* Geneva, World Health Organization, 2006 (WHO/HTM/TB/2006.362).