Single TB/HIV Concept Note and HIV/TB Joint Programming: Lessons from Ethiopia

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

Addis Ababa, Ethiopia

Market Place Poster Presentation
Outlines

Country Profile
Development of NSPs and HIV Investment Framework
Country Dialogue
Single TB/HIV Concept Note
Joint HIV/TB Programming
Ethiopia is in a low level generalized HIV epidemic state with significant heterogeneity among regions and population groups.

DHS 2011, the national HIV prevalence among the general population aged 15-49 years was 1.5%, with 1.9% in women and 0.9% in men.
Figure 1: HIV Prevalence rates by age group in women and men (Source: EDHS 2011 and Epidemiologic synthesis 2013 edition)
Figure 2: Trends of HIV prevalence (%) among ANC clients (15-24) age group in all urban and rural surveillance sites in Ethiopia, 2001 -2012
Among 22 High TB, 27 High MDR TB and 41 High TB/HIV Burden countries

Geographic variations in TB prevalence
<table>
<thead>
<tr>
<th>Setting</th>
<th>Prevalence of smear positive pulmonary TB (per 100,000 population), % (95% CI)</th>
<th>Prevalence of bacteriologically confirmed pulmonary TB (per 100,000 population), % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>68 (22-157)</td>
<td>230 (134-368)</td>
</tr>
<tr>
<td>Rural</td>
<td>101 (70-141)</td>
<td>235 (187-292)</td>
</tr>
<tr>
<td>Pastoral</td>
<td>166 (67-342)</td>
<td>290 (150-506)</td>
</tr>
</tbody>
</table>

Source: Ethiopia TB prevalence survey 2010/11
Rationale for Single TB/HIV Concept Note

• To make a **bigger impact** to the TB and HIV epidemics with more **reliable results**, to **reward ambitious vision**, to work on more **flexible timings of each country** and with a more **streamlined approach**.
Key steps followed in single TB/HIV CN development

Pre-concept Note:

• NTP External Review, in July - September 2013
• Revision of TB NSP, September 2013 – January 2014
• HIV/AIDS Strategic Plan 2015 – 2020 in an investment case approach

Disease program split made following announcement of NFM and country allocations

• TB/HIV
• Malaria
• Cross-cutting HSS

National Roadmap for CN development prepared
Key steps in concept note development

Establishment of national taskforce to draft concept note preparation

- Both National TB and HIV/AIDS Programs
- Maternal and Child Health Program
- Federal agencies: HAPCO, PFSA, EPHI
- Bilateral and multilateral organizations
- Key stakeholders and CSOs representatives

Orientation of taskforce members on NFM tools and templates
Country Dialogue to Prioritize Interventions

- Multi-step consultations

1. Wider stakeholders consultative workshop on CN development
   - Prioritization of interventions: based on the revised TB NSP and HIV NSP – IC
2. Single TB/HIV CN writing team established (involving wider stakeholders)
3. Group discussion with key affected population (CSWs, PLHIV)
4. Country dialogue on draft single TB/HIV CN
   - Engagement of Global Fund Country Teams
5. External TA and country-to-country peer review for development of TB/HIV CN
6. CCM/E review and feedbacks
7. Single TB & HIV CN finalized and submitted in October 2014
Programme areas covered

Program areas for Single TB/HIV CN:

• TB Program areas:
  • Basic TB DOTS expansion and enhancement, Community TB Care, TB Prevention and care in pastoralist settings, congregate and other high-risk settings, TB/NCD integration, TB/MNCH Integration,
  • MDR-TB Prevention and Care
  • Integrated TB/HIV services delivery at PHCU
  • TB, TB/HIV and MDR-TB Program management

• HIV Program areas
  • Targeted HIV prevention interventions (BCC-MARPs, condom, STI, Targeted HTC, PMTCT, BLS, VMMC)
  • HIV care/ART
  • Integrated TB/HIV services delivery at PHCU
  • OVC care & support
  • HIV/AIDS program management
Areas for Joint Programming

Program Management

Integrated TB/HIV service delivery at PHC Level
  ✓ ART service using more decentralized TB Clinics
  ✓ HIV Testing services in TB Clinics
  ✓ IPT and infection control in HIV Care clinics

Scale up of use of GeneXpert MTB/RIF assay for TB detection among PLHIV

Integrated Lab networking, sample transport and results delivery system
Operational feasibility of Integrated TB/HIV services delivery in Ethiopia

- **Human resource capacity building needs:**
  - Program management (both TB and HIV)
  - Integrated mentoring needs
  - Comprehensive HIV care training for TB clinic staffs
  - TB clinical and program management training for HIV care clinic staffs
  - Integrated lab professionals training

- **Shifting responsibilities on some interventions:**
  - HTC in TB clinics (current practice)
  - CPT by TB clinic staffs
  - ART services in TB Clinics

- **Infrastructure needs/adaptations:**
  - Space, Infection Control
  - Lab services enhancement

- **M&E tools (registers and other recording formats,..)**
Key benefits/opportunities used

Facilitated understanding of the program gaps and strategic priorities of the two programs

Fostered resource sharing on key program interventions

Created a common platform for engagement of all TB and HIV/AIDS stakeholders
Opportunities used:
Concrete demonstration of joint programming

**Resources allocation**

- ✓ GeneXpert MTB/RIF assays for TB detection among PLHIV: all costs were from TB program allocation
- ✓ IPT scale up: allocation for INH cost (entirely TB)
- ✓ HTC kit cost (entirely HIV)
Missed Opportunities

Use of decentralized TB services for ART provision (Resource as well as policy issues)

✓ ART services are available in 1,047 HFs Vs. 3,500 TB DOTS clinics

Global Fund programmatic implementation and joint monitoring
TB and ART Services: Opportunities to use decentralized TB Services for ART Provision
Thank You!