Group 1 Presentation:
HIV Testing in TB Patients and ART Provision
KEY ACHIEVEMENTS

• Strong focus for technical assistance by partners: CDC, UNION, World Vision Businesses now establishing services in workplaces

• Resources now increasingly available (GF, PEPFAR,

• High level of PITC uptake: Vietnam (>90%), Myanmar (85%), Cambodia (55%)
Challenges and Solutions
ART Provision

- Myanmar: CPT at township level for all HIV positives; 75% of TB patients eligible for ART get ART
- Cambodia: 90% of TB patients eligible for ART receive ART; 60-70 of people who receive ART screened for TB
- PNG: available at regional level; rolling out to districts 15% of TB patients received in 2007; 25% in 2008 ART;
- Thailand: 38% of TB patients received ART in 2008
Monitoring and Evaluation

• HIV data will now be reflected in updated R and R formats;
• Good reporting and recording from initial sites
• Cambodia: Joint reporting system planned to capture data better, overcome under-reporting
Early detection and provision of ART

Issues:

• High death rates: deaths occur early (within first two months)
• Cross-referral between the two services – linkages not well established— not all patients referred reach services
• Infection control in small overcrowded facilities

Challenges:

• Limited access to diagnosis and treatment facilities: particularly HIV services:
• Lack of co-location of the two services
• Geographic access to health facilities:
• Stigma

Solutions:

• Further decentralize HIV services
• Roads, lack of transport need wider solutions
Staffing: numbers, skills mix, availability, lack of understanding of policies

Solutions:

• Advocacy to Ministries to ensure staffing for priority programmes/health system in general
• Trainings
• Incentives
• Relocating staff
• Assigning less skilled functions to other categories of staff—not just doctors
• Recruiting community volunteers
Lack of drugs and supplies: HIV test kits, ART

Solutions:

• build on existing systems in the country to improve supply systems, logistics;
• train staff on procurement and supply management
• Geographic access,
• Learn from commercial networks (Coca Cola!!)
Lack of Coordination between the two programmes

• Dialogue, joint planning, training, monitoring and evaluation
• Co-location of programmes at central level, services at facility level under one roof
• Link to other providers (NGOs, PPM)

Monitoring and Evaluation

• Issue: Under-reporting, discrepancies in reporting from the two programmes
• Solutions:
• Local level coordination to do joint planning, monitoring
Issues around Confidentiality:
• HIV status not filled in the TB registers;
• TB status not part of HIV registers
• Difficulties in extending PICT to spouses and partners:

Solutions:
• Testing in one common laboratory
• Separate registers/aggregate reporting on HIV positive TB cases
• Use of Symbols
• Code numbers linked to HIV registered
• In many places, it is the same staff!
• Confidentiality within the community: Link to another clinic – but ultimate solution is to “normalize” HIV testing; this is happening as more people come forward for HIV testing and counseling; greater networking with PLHIV
Lack of Funding

Solutions:

• Advocacy to National governments
• Writing proposals for funding
• Stigma
• Solutions:
• High profile campaigns using celebrities
• Communications and social networking through self-help groups