
Mechanism to engage the civil society in TB/HIV M&E

Francis G. Apina (NETMA+) and J. Syed (TAG)
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UNGASS Reporting

- UNGASS reports reflect the extent to which countries are achieving the Universal Access Goals for treatment, care and prevention by 2010, outlined in the June UNGASS Declaration 2001 and April 2001 Abuja Declaration.
  - After every two years.
- Uganda, Kenya and Zambia are among the countries that endorsed these declarations.
Why TB/HIV UNGASS Reporting?

- TB is the leading killer of people with HIV most especially in Sub Saharan Africa.
  - 9.27 million TB cases in 2007 globally
  - 1.4 million (15%) co infected TB/HIV
  - 79% HIV positive TB cases are in Sub Saharan Africa.
    (WHO Global TB report 2009)

- Yet scant information about TB/HIV is reported in the country UNGASS reports.

- 2009, TAG and ICW coordinated the monitoring that assessed the scale-up of TB/HIV services against indicators developed by UNAIDS; the TB and HIV departments of the WHO; PEPFAR; and (GFATM) in Zambia, Kenya & Uganda.
What did we do?

- ICW and TAG developed a monitoring tool based on the existing UNAIDS/WHO TB/HIV indicators for Monitoring TB/HIV collaborative activities.
  - Questions were divided into 4 sections targeting different audiences
    - HIV Care setting
    - TB Clinic
    - Policy makers at the TB and HIV Programs
    - PLWHIV/TB

- TAG-ICW identified TB/HIV activists in each of the selected countries that formed the country team to collect data in their respective countries.
What did we do?

TAG/ICW facilitated each country team with a small amount of financial support in transport, photocopying and communications and out of pocket expenses.

- The country teams identified and contacted appropriate respondents as was required by the monitoring tool.
  - Program managers for TB and HIV
  - Heads of the HIV and TB clinics
  - PLWHIV and TB

- The country monitoring teams selected TB and HIV care settings within regions / districts with high TB/HIV burden and collected the data in an unbiased and balanced way.
What did we do?

- The country teams analyzed the data collected.
  - Going back to respondents and filled forms to get further clarification.
  - Spent time to understand the information gathered, pulling out the key messages and made strategic recommendations targeting different audiences.
  - Producing a summary of the finding with clear messages.
- Writing the credible report using the format provided by ICW/TAG
  - With no spelling mistakes, no grammatical errors
- The country teams engaged with UNGASS teams to integrate the finding in the overall Country Reports
What are the key findings in the 3 Countries and advocacy follow up issues?
TB/HIV coordinating bodies

In all the 3 countries, the TB/HIV collaborative policy is in place and the policy makers questioned knew about its existence and its components.

- Knowledge varied - for Uganda, those in district – HIV/AIDS did not know about the policy or its components

- Joint Coordinating Boards have been established in all the 3 countries at the National Level
  - In Kenya JCB exists at national, provincial and district level
  - Uganda – it does not exist at all at the district level.
  - Zambia JCB set up in all nine provinces with representation from government and CSO.

- PLWHIV/TB interviewed in Zambia and Uganda did not know about the existence of policy nor its components other than those in Kenya
In all 3 countries, respondents reported that Joint planning is done through coordination meeting that take place at regular basis.

- In Uganda, meetings are held at a quarterly basis includes joint resource mobilization and monitoring. But only at a national level.
- Zambia, meetings held at quarterly intervals, with representation from government and CSO.
- In Kenya, one out of the four respondents interviewed mentioned that the TB and HIV programs have joint planning, resource mobilization, community involvement, operational research more prominently at the national level, the rest of the respondents indicated that the two programs operate vertically in most of the facets.

- Affected community in Uganda and Zambia did not know of any mechanism that have been put in place to ensure that the Collaborative policy is being implemented both at national and district levels.
Highlight on Activities to decrease the burden of TB among people living with HIV
Intensified Case findings

In Zambia, four out of nine clinics reported to be screening for PLHIV for TB and 5 others reported screening them when one presented TB related symptoms.

- In Uganda, key informant (in charge) of the HIV clinics reported availability of routine TB screening but the PLHIV reported to be screened only when present TB symptoms
  - Referral of TB suspects reported for further screening

- In Kenya all the HIV service providers and the PLHIV community reported to be screening PLHIV patients for TB
In all 3 Countries, both IPT and information about IPT was not available in any of the HIV clinics assessed.

- In Kenya, No policy on IPT. It is only available in 3 care settings out of the eleven visited but on ongoing research study for adults and children.
- Uganda, although the TB/HIV policy provides for provision of IPT, the HIV clinics do not provide IPT or Info About IPT.
- Zambia IPT is not included in the MOH treatment guidelines, and not provided by the HIV clinics.
Infection Control

In all the 3 Countries, Health care centers reported to be implementing an average of 4-5 IC measures. Nevertheless;

- In Uganda, clinics reported that they do not frequently train health care workers in IC measures.
- In Zambia MOH has finalized the IC guidelines all clinics assessed have IC plans, but remain poorly ventilated and with treatment rooms with no air filters.
- In Kenya, although the Health care workers reported to be implementing IC measures and that the guidelines are already developed its not applied in all the care facilities in the country, the affected communities could not identify with this statement.
Highlights on the Availability of services to decrease the burden of HIV among people living with TB
HIV testing and Counseling

- Most of the facilities visited in the 3 countries provide VCT services to all sputum smear positive (SS+) TB patients at the TB clinic.
- TB affected communities agreed that HIV testing and counselling were offered to TB patients in the clinics where they get their HIV services and the services are offered at no cost.
HIV preventive methods

TB clinics visited in the three countries provided HIV prevention methods at the TB clinic including provision of condoms

- In Uganda and Kenya community based organizations provide HIV education programs such as, psychosocial support to PLHIV/TB and promoting safer sex practices.

- TB care settings visited in Zambia also provide early diagnosis and treatment for STIs, information on prevention of mother to child transmission (PMTCT), and promote positive living in PLWHA/TB like Uganda and Kenya.
Cotrimoxazole Preventive Therapy

- All the TB service providers in Kenya, Zambia and Uganda reported to provide CPT to all HIV positive TB patients.
- Affected communities in Zambia indicated that provision of CPT is not compulsory to HIV+ TB patients though the policy is there its never followed in all the TB and HIV care settings.
**HIV/AIDS Care and Support**

Most of the TB service providers in the 3 countries provide HIV care and support services by promote nutritional support and hygiene, TB/HIV and treatment education for home based care (HBC) providers, psychosocial support, treatment adherence, palliative care and follow-up care for opportunistic infections.

- Affected community interviewed indicated that most the support services are provided by the NGOs and private partners.
Anti retroviral therapy to TB Patients

- TB service providers interviewed mentioned that ART was available to HIV positive TB patients at the TB clinics.
- In Kenya HIV+ TB patients are referred to HIV clinics which in most cases are within the health facility for provision of their ART and HIV treatment follow-ups.
Overall lessons learned

- HIV activists can be supported to play an important role of monitoring on core national TB/HIV indicators.
- At the country level, UNGASS is still driven by the AIDS control program that has limited commitment to include TB/HIV monitoring indicators in the UNGASS reports.
- Even in Kenya, which seems to be doing well on TB/HIV, the TB/HIV issues were only brought up by the activists at the Core UNGASS 2010 Technical Working Group (TWG) and not much on TB/HIV indicators was covered by the National Composite Policy Index (NCPI) questionnaires.
- The country UNGASS reporting process is dominated by the National AIDS Control Programs, UN organizations and Development Partners but NLTP is not playing an important role in entire process including development of the NCPI tools is used to collect data for the reporting.
Overall lessons learned

In Zambia, government policies were used to prevent people with HIV to gather needed data easily. Community monitoring team were confronted with lots of road blocks in data collection process.

- The process of monitoring was empowering for the activists and also helped build allies with service providers who were grappling with TB but were not aware of the policies and what needed to be done

- Two NTPs expressed great appreciation of the report and were surprised that people with HIV could carry out this type of data collection, analysis and reporting. Shows that this type of collaboration between people affected by TB/HIV and NTPs and NACPs is underutilized.
Overall lessons learned (Contd)

- The availability of TB/HIV services is hampered by drug stock outs—primarily of TB drugs and cotrimoxazole.
- TB has not received enough media attention like HIV.
- Some data on the specifics of the 3is and other data that we can get from cross country comparison
Next steps

- Goal is to get UNAIDS to provide support for more country teams to conduct a comprehensive monitoring exercise on TB/HIV indicators that cover a larger geographical area in country.
- Uganda would like to support the activist team to expand their data collection to the national level.
- Include Kenya the CSO will be working closely with the NLTP in lobbying for more support to scale up the CSO M&E efforts in TB/HIV indicators and in dissemination of the report to all stakeholders.
- and Zambia next steps would be to mobilize CSO support in advocating for broader engagement of the CSO in M&E.
- To have the contents of the findings from the 3 countries TB/HIV shadow report integrated into the main country UNGASS report.
Thank you