Innovative Models of Care to Support Scale up of TB/HIV services

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Scaling up TB/HIV Activities

- How far have we come?
- Models of integration
- Do we know what works?
- Innovations/where to next
We are managing to test TB patients for HIV.
We are not so good at getting them on ART........
And improving screening for TB and IPT

**FIGURE 7.7** Intensified TB case-finding among people living with HIV, 2005-2011

**FIGURE 7.8** Provision of isoniazid preventive therapy (IPT) to people living with HIV without active TB, 2005-2011
Models of Integration

Integrating tuberculosis and HIV services in low and middle income countries: A systematic review
Legido-Quigley et al TMIH Feb 2013
Barriers to Integration

• Service Delivery
  – Lack of demand in users and providers
  – Referrals: Poor access, poor communication
  – Lack of space
  – Lack of integrated data collection
  – Stigma
  – Poor infection control

• Human Resources
  – Lack of staff
  – High staff turnover
  – Poor motivation

• Supply of Medicines and Products
  – IPT: formulation and issues of tuberculin (storage and supply)
  – ART availability
  – Test kit supplies
How do we know what works?

• Most studies collected process data only
  – Fewer had comparators before/after or comparing different models
• Limited impact data
  – Few studies looked at TB treatment outcomes or mortality
Innovations?

- One example of an “integrated” system
- Everything in one facility
What could we do?

• Start ART at TB clinic?
  – May need higher qualification to prescribe
  – Need to have data system that can cope
  – May be better for adherence and monitoring of initial side effects
  – Issues with handover?
  – CF PMTCT

• Treat for TB at ART clinic?
  – Infection control issues
  – Need to have a data system that can cope
  – Space issues

• Move Beyond the clinic?
  – Prisons and congregate settings
  – Households/community
ZAMSTAR VS PopART

Household counselling
• Targeted to TB patient households
• Screen for TB
• Test for HIV
• Refer for all treatment and care
  • (adherence support)
• Impact:
  – Increased uptake of HIV testing and ART
  – Reduced prevalence of TB
  – Reduced Incidence of TB infection

UTT
• All households
• Screen everyone for TB
• Test everyone for HIV
• Actively link to care
• All HIV+ ART
• ? Home based care
• Adherence support
• Impact: Unknown

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We need to change or improve data collection

• Current TB/HIV indicators are almost all process based
  – Do not tell us about quality of services
  – Do not tell us about impact of services

• We need to understand what the impact of different models are and the costs/cost-effectiveness

• We need to be more innovative
  – Are we stuck with our models of integration?