TB/HIV Monitoring & Evaluation: Ethiopia’s experience

Workshop to scale up the Implementation of Collaborative TB/HIV activities in Africa
10 - 12 APRIL 2013
Maputo, Mozambique
Presentation Outline

• Background
• Country’s response to the dual epidemic
• TB/HIV M & E
• Challenges
• Way forward
Background

Population - 80 million

Land mass - 1.2 million sqkm

Administrative division
- 9 regional states
- 2 city administration
- 827 districts
- 15,000 kebeles
Background

- TB prevalence
  - WHO 2012 estimate: 237/100,000
  - National TB prevalence survey 2011: 240/100,000
- TB Incidence (all forms): 258/100,000
- TB mortality: 18/100,000
- Adult HIV prevalence rate: 1.5% (EDHS 2011)
- Number of PLHIV – 720,000
- TB/HIV co infection rate: 19.7%
Country’s response to TB/HIV

- Ethiopia has begun responding to the dual epidemics since 2001.
- MOH established TB/HIV TWG in 2002
- The implementation of collaborative activities was started in 9 pilot health facilities in 2004
- In 2012, TB/HIV collaborative activities guideline incorporated in to the comprehensive TBL & TB/HIV guideline
Policy environment and guiding documents

• Health sector development program (HSDP IV) 2010-2014
• National TB strategic plan (2011-2015)
• HIV strategic plan for multi-sectoral response (2011-2014)
• Technical guidelines
  – Comprehensive TBL, TB/HIV Guideline, 2012
  – MDR TB Guideline, 2009
  – Community TB Guideline, 2009
  – TB Operation Research Road Map, 2013
  – Comprehensive TBL, TB/HIV training material, 2012
Trends in TB CDR, all forms

CDR, all forms

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<th>Year</th>
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<td>2003</td>
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Trend in TB TSR

2005  76
2006  85
2007  84
2008  84
2009  84
2010  83
2011  91
2012  90.6

%
Number of HF providing HCT, PMTCT, ART
Number of People Living with HIV/AIDS who Accessed Chronic HIV Care (2006 - 2012)
Number of HFs providing TB/HIV services

- 2004: 9
- 2005: 50
- 2006: 358
- 2007: 523
- 2008: 667
- 2009: 879
- 2010: 879
- 2011: 1553
- 2012: 1620

HF No.
TB/HIV M & E

- TB/HIV M & E is part of the integrated Health Management Information System (HMIS).
- The HMIS/M&E redesign has proposed three changes in record keeping and client/patient flow that would significantly improve:
  - The integration of medical records,
  - Availability of medical records to service providers, and
  - Its suitability for use with the emerging health insurance initiative.

**Figure 1** Proportion of children with a documented rapid HIV test result in integrated TB registers (○) compared to in pre-integration TB treatment and HIV status registers (■), September 2007–August 2009. HIV = human immunodeficiency virus; TB = tuberculosis.
Three Interlinked Patient Monitoring System for HIV care, MCH/PMTCT and TB/HIV

Recording

• TB registers captured TB/HIV core indicators
  TB unit register HMIS.xls

• HIV registers captured TB variables
  Pre-ART register.xls
  ART register.xls

• MCH/PMTCT register captures TB screening status
  Combined B+ register.xlsx
Reporting formats

• Two indicators are routinely reported through HMIS HMIS_HC and Hosp Quarterly Report Form.doc

• To complement the system the country established TB/HIV sentinel surveillance system which captured the 7 core TB/HIV indicators
  TB_HIV Surveillance Reporting Form.xlsx
TB/HIV M & E

• Supervision
  – Integrated TB/HIV supportive supervision

• Review meeting
  – National TB/HIV annual conference

• Program evaluation
  – TB program review conducted 2010 and next will be conducted in Dec 2013.
TB/HIV performance

TB/HIV sentinel surveillance, 2012

• Proportion of HIV positive individuals screened for TB – 91.2%
  – Out of which 8.7% were diagnosed to have active TB disease and put on anti TB
  – IPT uptake among eligible's – 19%
TB/HIV performance: Sentinel surveillance report 2012

- TB Patients tested for HIV: 87%
- HIV test:WHO global report 2012: 41%
- Co-infection rate: 19.7%
- Co-infection WHO global report: 8%
- CPT: 78.2%
- ART: 49.2%
TB/HIV performance: Sentinel surveillance report 2012

- 91.2% of HIV patients screened for TB
- 8.7% of patients with active TB
- 19% of patients on IPT
Lessons learnt from TB/HIV data integration

• Improved performance of PITC to TB patients
• Reduced workload of HCWs
• Simplified reporting (one source document)
• Improved patient care

Figure 1  Proportion of children with a documented rapid HIV test result in integrated TB registers (●) compared to in pre-integration TB treatment and HIV status registers (■), September 2007–August 2009. HIV = human immunodeficiency virus; TB = tuberculosis.
Challenges

• Inadequate M & E (supportive supervision and program review) all levels of program implementation
  – HMIS capture only 2 TB/HIV indicators
  – Under reporting through routine HMIS
The Way forward

Strengthen M & E activities

• Revise the HMIS reporting formats to incorporate TB/HIV core indicators

• Strengthening collaboration between TB and HIV programs at all levels.

• Regular program review meetings

• Regular integrated supportive supervision activities at all levels of program implementation
Thanks