GROUP 1

BOTSWANA
NIGERIA
ZIMBABWE
TOPIC

• Achieving universal access to ART for HIV infected TB patients
• Infection control
• Service delivery models
• ICF
• IPT
• M&E
Achieving universal access to ART for HIV infected TB patients 1/3

• CREATING AN ENABLING ENVIRONMENT

➢ Adopt WHO new policy on collaborative TBHIV activities

➢ Harmonized planning by both the TB and HIV programmes
  - One National strategic plan for TB and HIV
  - Joint reporting by both programmes

➢ Strengthen the National TBHIV technical working group through
  - Advocacy to authorities to earn their political will
  - build the capacity of the members of the committee
Achieving universal access to ART for HIV infected TB patients 2/3

• ART service expansion
  o Task shifting
  o Strengthen strategic information system
  o Supportive supervision

• Capacity building for all health care cadres
  o Pre-service training
  o In-service training
  o Mentorship
Achieving universal access to ART for HIV infected TB patients 3/3

• Private sector involvement in provision of TBHIV services (PPM for TBHIV)

• Programmes to engage in resource mobilization for ART scale-up
Infection Control

• Create political will/Political commitment.
• Countries should Adopt and develop IC policy documents by end of 2013
• Develop/integrate infection control guideline and policy
• Strengthen the capacity for diagnosis and early treatment of TB
• Institutionalize screening of HCWs for TB
• Develop capacities of health workers and stakeholders (eg Architect, Engineers, Prison officers)
Infection Control

- Engage and develop capacity of community on infection control
- Review and re-enforce the existing building codes
- Design and build infection control model facilities
- In-service training for all cadre of health care workers
Service Delivery Modes

• Implementation of specific service delivery mode dependent on several scenarios - NO ‘ONE SIZE FITS ALL’
  – Spatial distribution & infrastructure set up of facilities
  – Capacity of staff on ground
  – Level of facility i.e. Central hospitals more specialised compared to primary health care facility
  – Geographical access of facilities
  – Enabling environment in place i.e. policies, strategies
Service Delivery Modes

• Service delivery models available
  – Integrated TB/HIV services with everything being offered at the same time in the same place by one person – ‘one stop shop’
  – Integrated TB/HIV services with services being offered within the same facility with TB and HIV and associated medicinal product dispensing services located very near to each other
  – TB/HIV services offered between facilities with very good referral mechanisms in place
  – TB/HIV services to hard to reach geographic locations
ICF

- Implement Innovative diagnostic technology by 2015
- Ensure qualitatative AFB microscopy
- Engage and enhance community participation in ICF
- Build the capacity of GHCWs on ICF
- Promote PPM involvement in ICF
- Countries to adopt active contact tracing
- Specific interventions for MARP
IPT

• Countries must adopt and develop IPT policy by mid 2014
• Countries should develop their plans targets for IPT
• Unified commodity management system
M&E

• Data should be owned by the government
• Countries to adopt and develop a joint M&E plan that are adapted to country situation by 2014
• Build the capacity Health care workers on data management.
• Countries should develop and implement a TBHIV research agenda