18th Core Group Meeting of the Global TB/HIV Working Group and workshop to scale up the implementation of collaborative TB/HIV activities in Anglophone Africa

10-11 April 2013, Maputo, Mozambique
Background

- Population 2.2 million
- Sparsely populated: population density 2.2/km²
- 35 public hospitals, 34 health districts
- Upper middle-income status but significant income disparities
- 11% of GRN budget spent on health
Selected Health Indicators

- 95% of mothers receive antenatal care from a health professional, & 81% delivered in a health facility
- 65% of mothers received post-natal care within 2 days of delivery
- Maternal mortality: 449/100,000 live birth
- Neonatal mortality: 24/1,000 live births
- Infant mortality: 46/1,000 live births
- Under 5 mortality: 69/1,000 live births (DHS, 2006/7)
TB and HIV Service Coverage

• 2012 antenatal HIV prevalence: 18.2%
• 194,137 estimated PLHIV
• 116,687 patients are on ART (December 2012)
• ART coverage is currently estimated at about 85%
• 126 fixed and 95 mobile ART sites; TB treatment available in all health facilities
• 2012: CNR New and Relapse cases: 475/100,000 (all forms: 529/100,000)
• 89% of notified TB patients had an HIV result in 2012
  ➢ 47% were HIV positive
• 71% and 98% of HIV positive TB patients put on ART and CPT respectively in 2012
TB/HIV and MNCH (1)

• All pregnant women are tested for HIV: current coverage is 82%
  - IPT is provided to eligible pregnant women.
• High coverage of ART as PMTCT
  - Reduces risk of active TB
• BCG provided to all infants
• IPT for children <5yrs who are contacts of TB patients
TB/HIV and MNCH (2)

- IPT for the children born to mothers with TB
  - TBIC measures recommended for the mother
- PMTCT guidelines include routine antenatal and delivery care
- Post-natal care guidelines include
  - assessment and management of TB and HIV in both mother and baby at every stage
  - investigation of neonates of mothers with TB
- TB patients (including pregnant women) are tested for HIV and initiated on HAART
Current Gaps

- Inadequate surveillance data
  - Childhood TB
  - TB/HIV and MNCH
  - Burden of TB in ANC settings
- Lax TBIC measures in paediatric care settings
- Limited capacity to diagnose childhood TB
- Follow-up of children under PMTCT
- Communication gap between ANC and HIV clinics
- Inadequate contact tracing and IPT provision to childhood contacts of TB patients
Strategic focus and future perspectives

- Focussed attention on TB and TB/HIV in pregnant women and children, including contact tracing
  - Training
  - Surveillance
  - SOPs and IEC materials
- Strengthening of referral systems and linkages
- Further decentralisation of HIV care services through task shifting
Thank you