OVERCOMING CHALLENGES AND BOTTLENECKS IN PROVIDING EARLY ART FOR HIV-INFECTED TB PATIENTS.

18th Core Group Meeting of the TB/HIV Working Group
Eliminating TB deaths in People Living with HIV.
10 -11 April, 2013: Maputo

Ministry of Health and Social Welfare - Tanzania
OUTLINE OF PRESENTATION

- Background
- TB/HIV response
- Bottlenecks in providing early ART
- Overcoming Challenges
BACKGROUND: UNITED REPUBLIC OF TANZANIA

- Population ≈ 44 million*
- Adult HIV prevalence = 5.1%*
- TB case notification (all forms) 63,453 ≈ 139/100,000***
- HIV prevalence among TB patients =38%**

*National Census, 2012
** Tanzania HIV and Tanzania HIV and Malaria Indicator Survey, July 2012
*** National Tuberculosis and Leprosy Program Report, 2011
Tanzania’s TB/HIV Response

- Collaborative TB/HIV activities started in 2005 (pilot phase)
- Services scaled up across the country
- Implementation is led by the MoHSW in collaboration with partners.
- Guidelines developed to guide implementation and to ensure standardization of the services
- Adopted the WHO policy for collaborative TB/HIV activities.

1. To establish and strengthen the mechanisms for delivering integrated TB and HIV services.
2. To reduce the burden of TB in PLHIV and initiate early ART *(The three Is for HIV/TB).*
3. To reduce the burden of HIV in patients with presumptive and diagnosed TB
TB/HIV Collaborative Partners

CDC
GFR- 3&6
PATH

Percent (%)

- % tested
- HIV positive cases-%
- Registered for HIV care - %
- Started ART - %
- Started CPT-%

Year:
- 2007
- 2008
- 2009
- 2010
- 2011

HIV positive cases:
- 2007: 50%
- 2008: 60%
- 2009: 70%
- 2010: 80%
- 2011: 90%

Started ART:
- 2007: 10%
- 2008: 20%
- 2009: 30%
- 2010: 40%
- 2011: 50%

Started CPT:
- 2007: 10%
- 2008: 20%
- 2009: 30%
- 2010: 40%
- 2011: 50%

% tested:
- 2007: 10%
- 2008: 20%
- 2009: 30%
- 2010: 40%
- 2011: 50%
## Tanzania Achievements Towards Global TB/HIV Targets

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Global targets</th>
<th>Performance</th>
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<tbody>
<tr>
<td>HIV testing for TB patients</td>
<td>100%</td>
<td>69%</td>
</tr>
<tr>
<td>Co-trimoxazole prophylaxis</td>
<td>100%</td>
<td>79%</td>
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<tr>
<td>Antiretroviral therapy (ART)</td>
<td>100%</td>
<td>46%</td>
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Source: Global Report, 2012
BOTTLENECKS TO EARLY ART PROVISION AMONG HIV-INFECTED TB PATIENTS

- Inadequacies in Recording and Reporting
  - M&E system does not capture late initiations of ART beyond 3 months reporting period.

- Limited decentralization of HIV care and treatment services to lower levels

- Patient factors: fear, pill burden, stigma

- Provider factors: hesitation to provide co-treatment, long waiting time in HIV clinics

- System factor: initial criteria to start ART was CD4 < 200
  - limited access to baseline investigations e.g. biochemistry, delay feedback of results from district hosp to peripheral health facilities.

One patient: two parallel care systems (DOTs clinic/CTC)

- Limited TB-HIV inter clinic referrals and linkages
- Feedback mechanism - sub-optimal information exchange within the HFs and between HFs.
## Evaluation Findings in the pilot phase
### PITC in TB Clinics, July – Sept. 2005

<table>
<thead>
<tr>
<th>HIV Service</th>
<th># (%)</th>
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<tr>
<td>HIV testing among TB patients</td>
<td>455 (89%)</td>
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<tr>
<td>TB/HIV co-infection rate</td>
<td>228 (50%)</td>
</tr>
<tr>
<td>CPT among TB/HIV co-infected patients</td>
<td>63 (28%)</td>
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<tr>
<td>Initiation of ART among TB/HIV co-infected patients</td>
<td>6 (3%)</td>
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OVERCOMING CHALLENGES IN PROVIDING EARLY ART FOR HIV-INFECTED TB PATIENTS

Need to increase access to HIV care and treatment
- High HIV testing acceptance rate but low uptake of ART among TB/HIV co-infected patients.

In order to address the challenges the MoHSW implemented a pilot program to offer HIV care and treatment services in the TB clinic in one site - Temeke Hosp.

The pilot program started in July 2006, evaluation done after 3 years:
- HTC 83%, CPT 96%, 81% ART uptake
OVERCOMING CHALLENGES IN PROVIDING EARLY ART FOR HIV-INFECTED TB PATIENTS...

- Provision of HIV care and treatment services scaled up to 70 TB clinics
  - Clinics from high TB/HIV burden were selected and renovated
  - TB staff trained on comprehensive management of HIV/AIDS
  - Information exchange meeting reinforced between TB clinic and CTC.
- Introduction of TB/HIV coordinators at national and district levels
- Decentralization of HIV care and treatment services to primary health facilities
- Adopted WHO 2010 guideline in 2011 (provision of ART to co-infected pts irrespective of CD4 level)
MODEL OF RENOVATED TB/HIV CLINIC
Thank you