

# TB/HIV integration policies

## Progress and challenges

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- If all cases of TB were found and treated,  
*and*
- all vulnerable persons underwent appropriate preventive measures,

*then.....*

***Every case of TB is  
one case too many***



# Overview

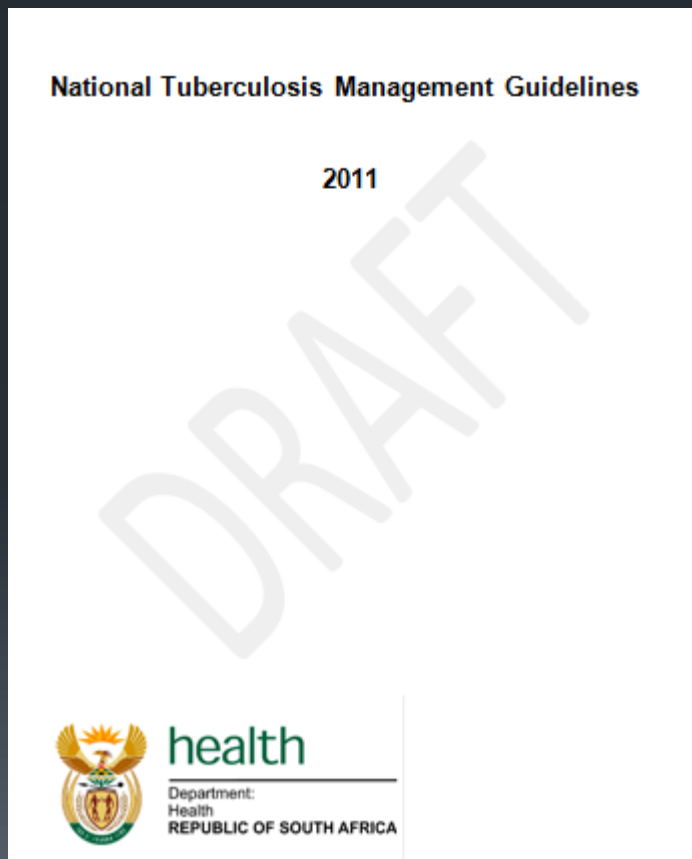
- Which national policies, guidelines or documents cover issues pertaining to integrated TB and HIV services?
- What is covered in these policies?
- What will health services look like if these policies are adhered to?

# TB/HIV integration policies

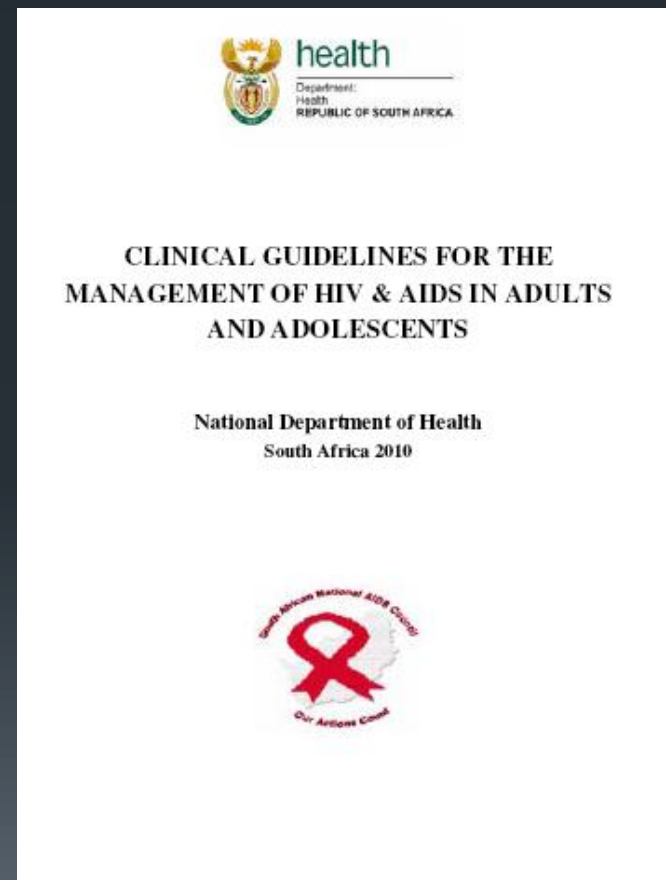
- National Tuberculosis Management Guidelines (NDOH, 2011)
  - Clinical Guidelines for the Management of HIV & AIDS in Adults and Adolescents, (NDOH, 2010)
- Guidelines for Tuberculosis Preventive Therapy among HIV Infected Individuals in South Africa. (NDOH, 2010)
  - HIV Counselling and Testing Campaign – launched by Dr Aaron Motsoaledi, 25th March 2010
  - The Draft National Infection prevention and Control policy for TB, MDRTB and XDR TB (April 2007)
  - Guidelines on Conducting Contact Tracing Investigations for TB (NDOH, 2010)
- Statements/Speeches by significant role players
    - Jacob Zuma World AIDS Day, 1 December 2009 – Access to ART everywhere
    - Peter Barron – Re-engineering Primary Health Care
  - A practical guide for TB and HIV Service Integration at Primary Health Care Facilities (NDOH, 2010 – unpublished)

# Integrated TB/HIV case management

## TB guidelines



## HIV guidelines



# Integrated TB/HIV case management

## TB guidelines

- Diagnosis of TB
  - In persons with HIV infection, guidelines advise culture, CXR after 2 neg smears
- Diagnosis and Management of HIV in TB cases
  - Need for HIV testing of all TB cases
  - Initiation of ART, CTX,
  - Drug/dose modifications
  - IRIS
  - Components of routine HIV care (e.g. nutritional assessment, staging, management of OIs,

## HIV guidelines

- Initiation of ART
  - CD4 count <350cells/mm<sup>3</sup> in patients with TB
  - All patients with MDR/XDR irrespective of CD4 (for fast track – ie within 2 weeks of being eligible)
  - First line standardised regimen for TB patients (excluding those on streptomycin) is TDF/3TC/EFV
- If not eligible for ART
  - Initiate INH prophylaxis if asymptomatic for TB
- TB screening advised at every visit
- Timing of ART initiation
  - Within 2-8 weeks of starting TB treatment
  - Drug/dose modifications

# TB prevention

- Guidelines for Tuberculosis Preventive Therapy among HIV Infected Individuals in South Africa. (NDOH, 2010)
  - Isoniazid 300mg daily for 6 months for all persons living with HIV /AIDS
    - Excluding
      - Persons who have TB symptoms (any of cough, night sweats, weight loss)
    - Including
      - Persons on ART/ eligible for ART
      - Pregnant women
      - Persons recently completing TB treatment

# TB prevention

- The Draft National Infection Prevention and Control policy for TB, MDRTB and XDR TB (April 2007)
  - Prevention of nosocomial transmission of TB by implementation of basic
    - administrative (screening, triaging, cough hygiene),
    - environmental (ventilation, UVGi) and
    - risk reduction (personal protective equipment) measures
  - Include training of staff, screening of staff for TB and HIV, promotion of INH



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Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**THE DRAFT NATIONAL INFECTION  
PREVENTION AND CONTROL POLICY FOR  
TB, MDRTB AND XDR TB.**

**APRIL 2007**



# TB prevention

- Guidelines on Conducting Contact Tracing Investigations for TB (NDOH, 2010)
  - Evaluation of index case for likelihood of transmission, and contacts for risk of acquisition of TB
  - Screening an adult following documented TB exposure
    - Include evaluation of HIV status, with provision of IPT if adult is asymptomatic

## GUIDELINES ON CONDUCTING CONTACT INVESTIGATIONS FOR TB

2010



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# Delivery of integrated TB/HIV services

- Jacob Zuma  
World AIDS Day 1 December 2009

*“In order to meet the need for [HIV] testing and treatment, we will work to ensure that all the health institutions in the country are ready to receive and assist patients and not just a few accredited ARV centres. Any citizen should be able to move into any health centre and ask for counselling, testing and even treatment if needed.....*

*The implementation of all these announcements is effective from April 2010. Institutions are hard at work to ensure that systems are in place by the 31st of March. “*

# Delivery of integrated TB/HIV services

- HIV Counselling and Testing Campaign – launched by Dr Aaron Motsoaledi, 25th March 2010

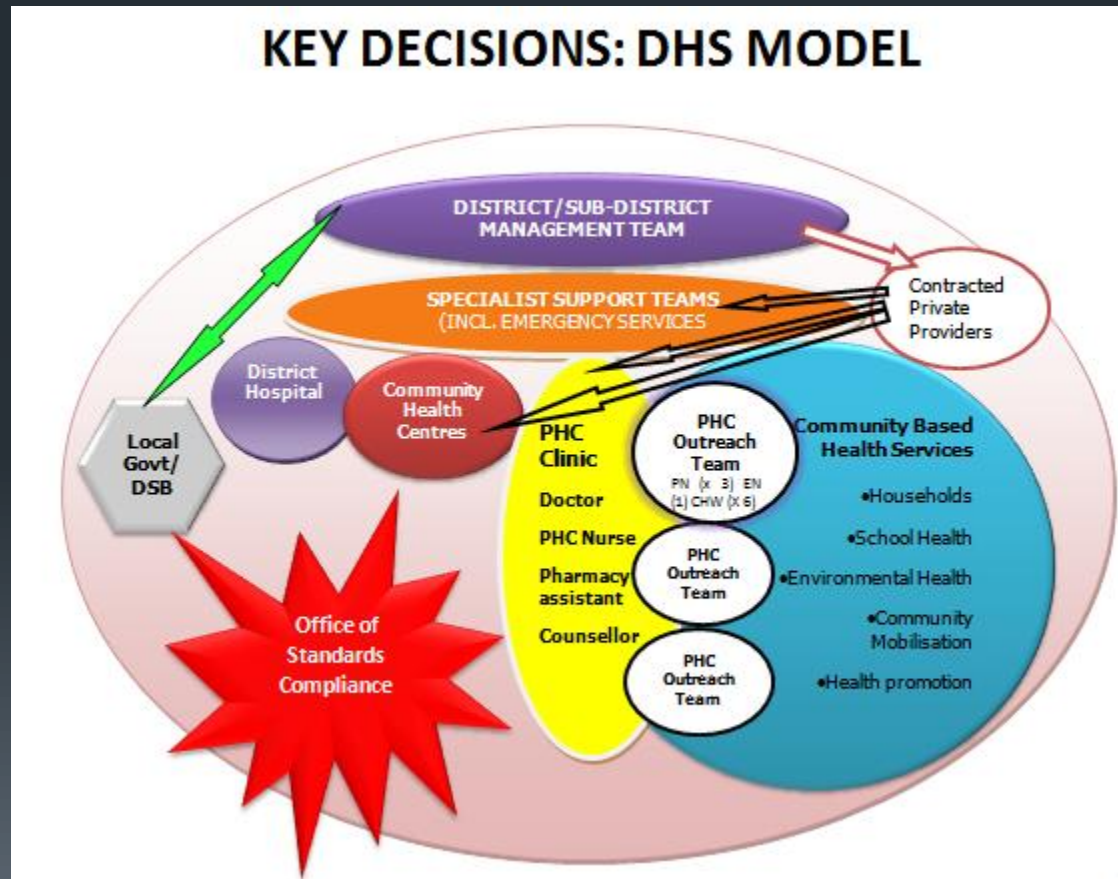
*“This campaign is not just about HIV counselling and testing. Our intention is that anybody who enters a testing station anywhere in the country shall also have the following services:*

- \* *Blood pressure to check for hypertension*
- \* *Blood sugar measurement to check for diabetes mellitus*
- \* *Haemoglobin measurement to check anaemia*
- \* ***Symptomatic TB screening " five questions asked and if one answers positively to any, then screen for TB using sputum and x-ray.”***

- Province and district variation in implementation of INH prophylactic therapy following a positive HIV diagnosis and negative TB screen amongst HCT campaign enrolees

# Delivery of integrated TB/HIV services

- Dr Aaron Motsoaledi and Peter Barron – Re-engineering Primary Health Care



# Delivery of integrated TB/HIV services

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<b>Comprehensive Community Health Worker roles</b>				
	Maternal Neonatal Child Health	HIV & TB	Chronic Non – communicable Diseases	Violence & Injury
<b>HOUSEHOLDS</b>				
Screening, assessment & referral	Pregnant women, newborn & infants	HIV Testing, regular CD4, early HAART, TB symptoms	Screen for hypertension, diabetes	Substance abuse, domestic violence
Information & education	Feeding, hand washing, Oral Rehydration Therapy (ORT)		Diet, exercise, lifestyle	
Psychosocial support		Integrated approach to adherence support		Victim support
Basic home treatment	ORT, worms, refer pneumonia, Vitamin A		Foot care	First aid
<b>COMMUNITY, SCHOOLS &amp; EARLY LEARNING CENTRES</b>				
Assessments, campaigns, & screening	Immunisation, water and sanitation, nutrition, food security	Condom distribution, youth programmes	Diet, exercise	Pedestrian safety

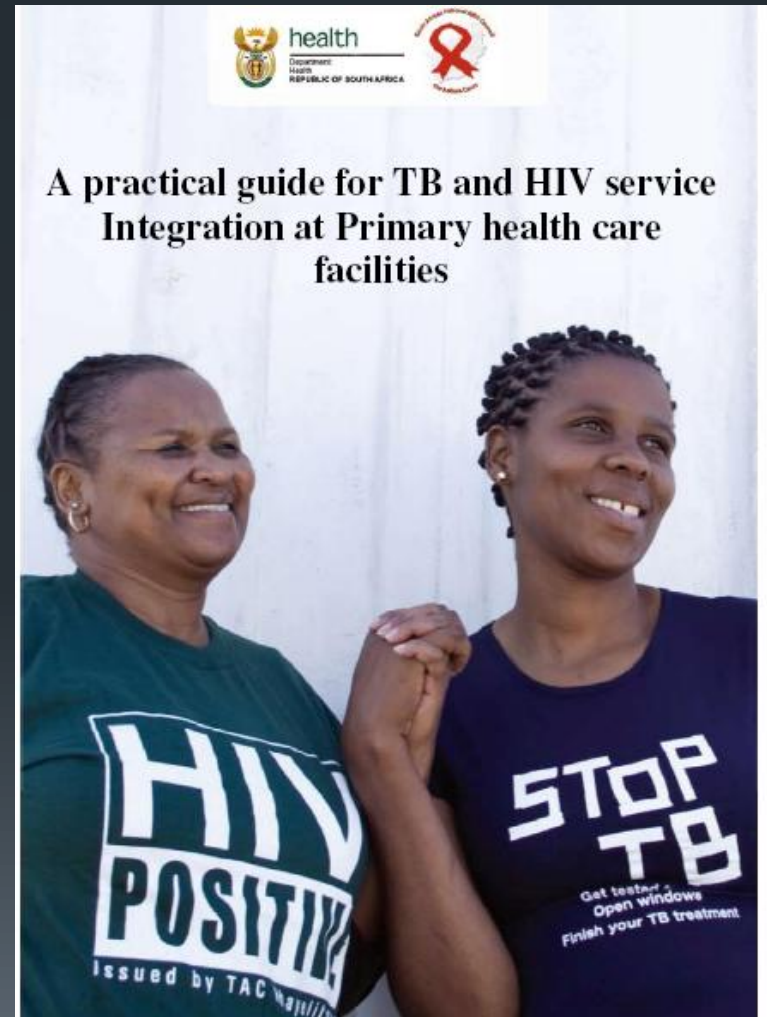
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<b>PHC Services Coverage</b>		
<b>How Many Families/Households?</b>		
	Families	Population
1 CHW	250	1000
1 PHC Team	1500	6000
1 Clinic	4500	18000
<b>How many PHC Teams?</b>		
Number PHC Teams in South Africa		6907
Number of Clinics in South Africa		2302

# Delivery of integrated TB/HIV services

- A practical guide for TB and HIV Service Integration at Primary Health Care Facilities (NDOH, 2010 – unpublished)
  - Principles of service delivery ‘one stop shop’
  - Legislative framework for NiMART
  - Management structures, roles and responsibilities of CHW, facility, sub-district and district managers (TB and HAS/T)
  - TB infection control
  - Floor plans and practical arrangements
  - Monitoring and evaluation



# What could health services look like if these policies are adhered to?

- A case study....
- Silindile Radebe, 28 years old, presented with disseminated TB, HIV positive, CD4 count of 8 cells/mm<sup>3</sup>

## Could have been prevented by:

- CHW visits...
- HCT campaign
  - INH prophylaxis
  - Early ART initiation





# What could health services look like if these policies are adhered to?

- A case study....
- Belinda, 28 years old, community worker presented with cough, loss of weigh, night sweats. HIV positive, on ART. Negative smears x 3 at several visits to PHC

## Could have been prevented by:

- Early diagnosis by adherence to TB diagnostic algorithms in NTB guidelines
- INH prophylaxis



# What could health services look like if these policies are adhered to?

- A case study....
- David, 42 years old; HIV+ on ART, CD4 558 cells/mm<sup>3</sup>. Wife had TB 2008. Presented with TB LNs 2010.

## Could have been prevented by:

- Contact tracing with TB screening
  - INH prophylaxis
  - Early ART initiation



# Conclusion

- Are these policies sufficient?
- Are there additional interventions that could prevent/diminish rate of TB disease
- Is this a matter of insufficient conviction and commitment by administrators to implementation of policies?