



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

Integrated HIV Care for TB patients Living with HIV in Zimbabwe – Towards IHC Completion

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31 October 2011 Lille

Outline

IHC objectives

Current country context

Patient enrolment and treatment outcomes

Achievements

Challenges

After IHC

Conclusion

Integrated HIV Care for PLHs with TB, Phase 2

August 2007- **December** 2012

5,6 m€ (from EC 4,985 m€)

Objectives:

- The burden of TB and HIV for individuals and communities in low income countries is reduced
- Integration of holistic care for PLHs into general health care is strengthened

Map of Zimbabwe

www.quid.fr



Current country context

- Socioeconomic stabilisation since early 2009
 - Heavy external debt & 95% unemployment
- Human development index ranking: 169/169
- 22/22 high TB burden country
- HIV prevalence 14.3% (2009)
- No major disease outbreaks
- Essential medicines and consumables available
- No senior staff turnover in partner and relevant MoHCW departments
- The Union country office since early 2009

Update TB and HIV services

Harare

- 1,500,000 inhabitants
- 36 PHC clinics
- 2 TB diagnostic sites
- 36 TB treatment sites
- 12 new microscopy centres in 2010-2011
- 1 ART initiating and 19 (14) follow up sites
- Clinic TB registers, daily DOT in IP now available
- Nurse-driven services

Bulawayo

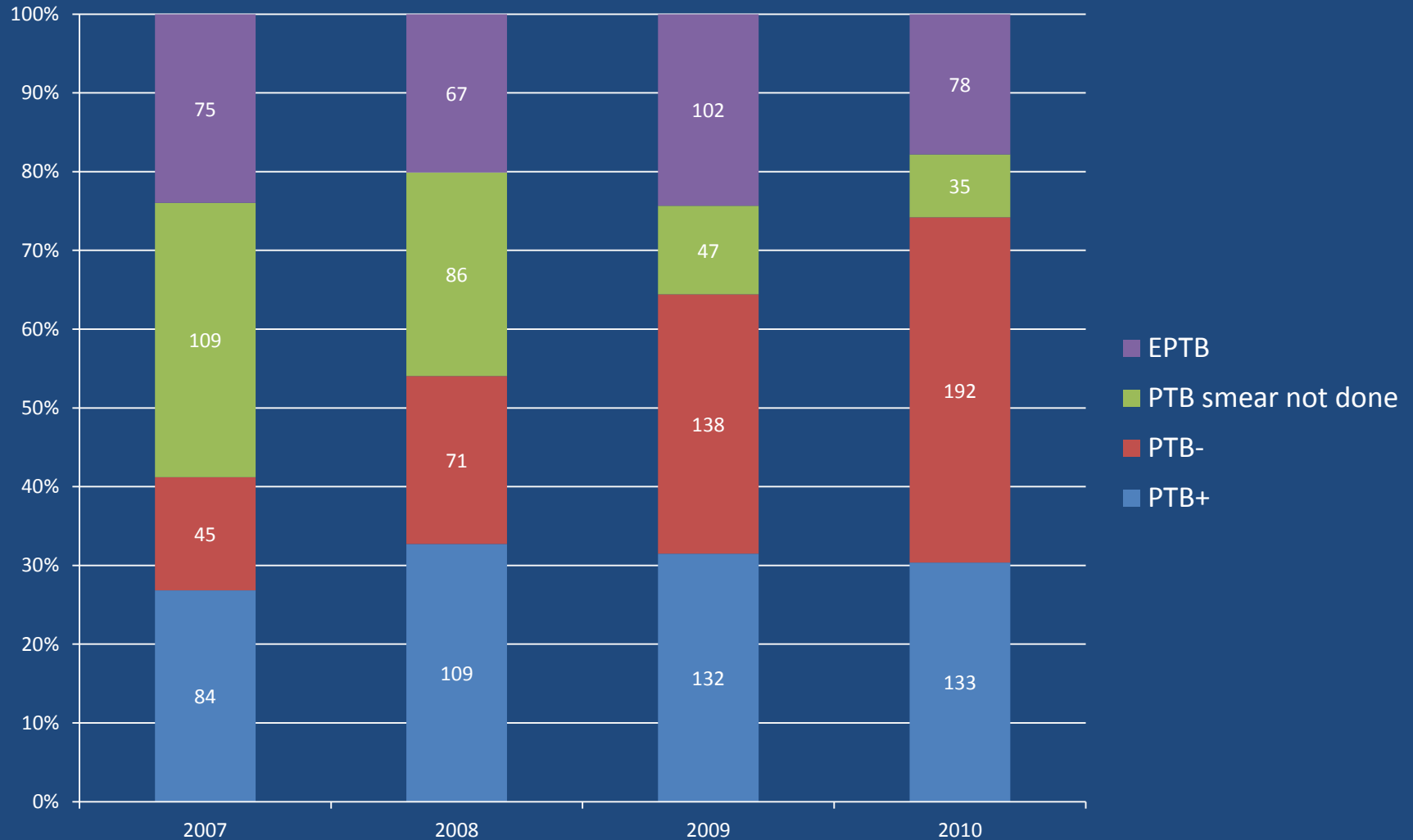
- 750,000 inhabitants
- 18 PHC clinics = 18 TB diagnostic and treatment sites
- 9 (4) ART initiating and 11 (10) follow up sites at PHC level
- Unit level ownership of decentralised TB services, strong R & R
- Nurse-driven services

TB/HIV indicators from January 2008 – August 2011

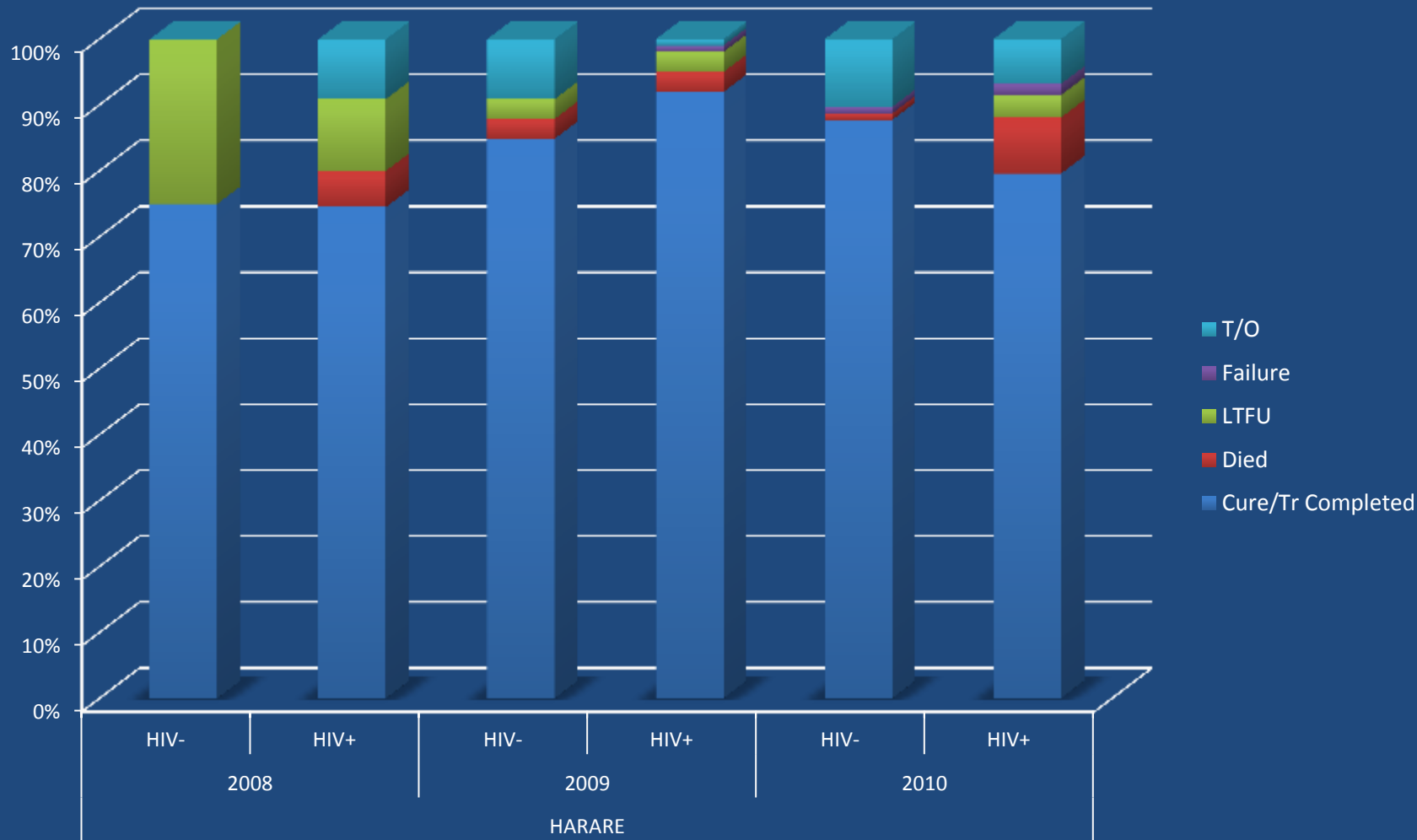
City	No. notified TB pts	No. (%) tested for HIV	No. (%) HIV positive	No. (%) HIV+ on CPT*	No. (%) HIV+ on ART
Bulawayo	1,638	1,379 (84)	1,129 (82)	942 (99)	1,019 (90)
Harare	1,460	1,298 (89)	994 (77)	786 (99)	706 (71)
Total	3,098	2,677 (86)	2,123 (79)	1,728 (99)	1,725 (81)

* From Jan 2009-August 2011

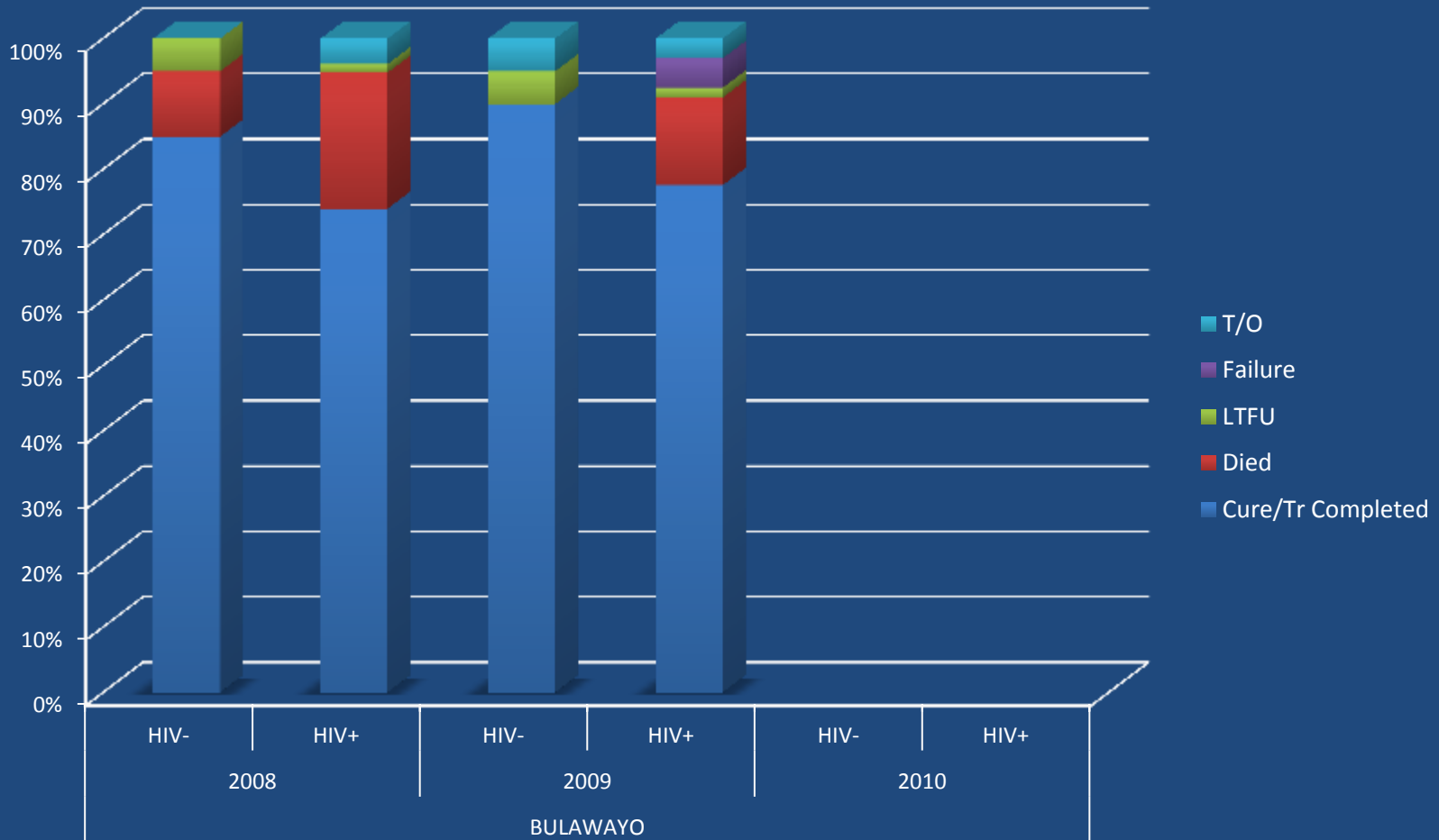
Type of registered TB patients, Harare from 2007-2010



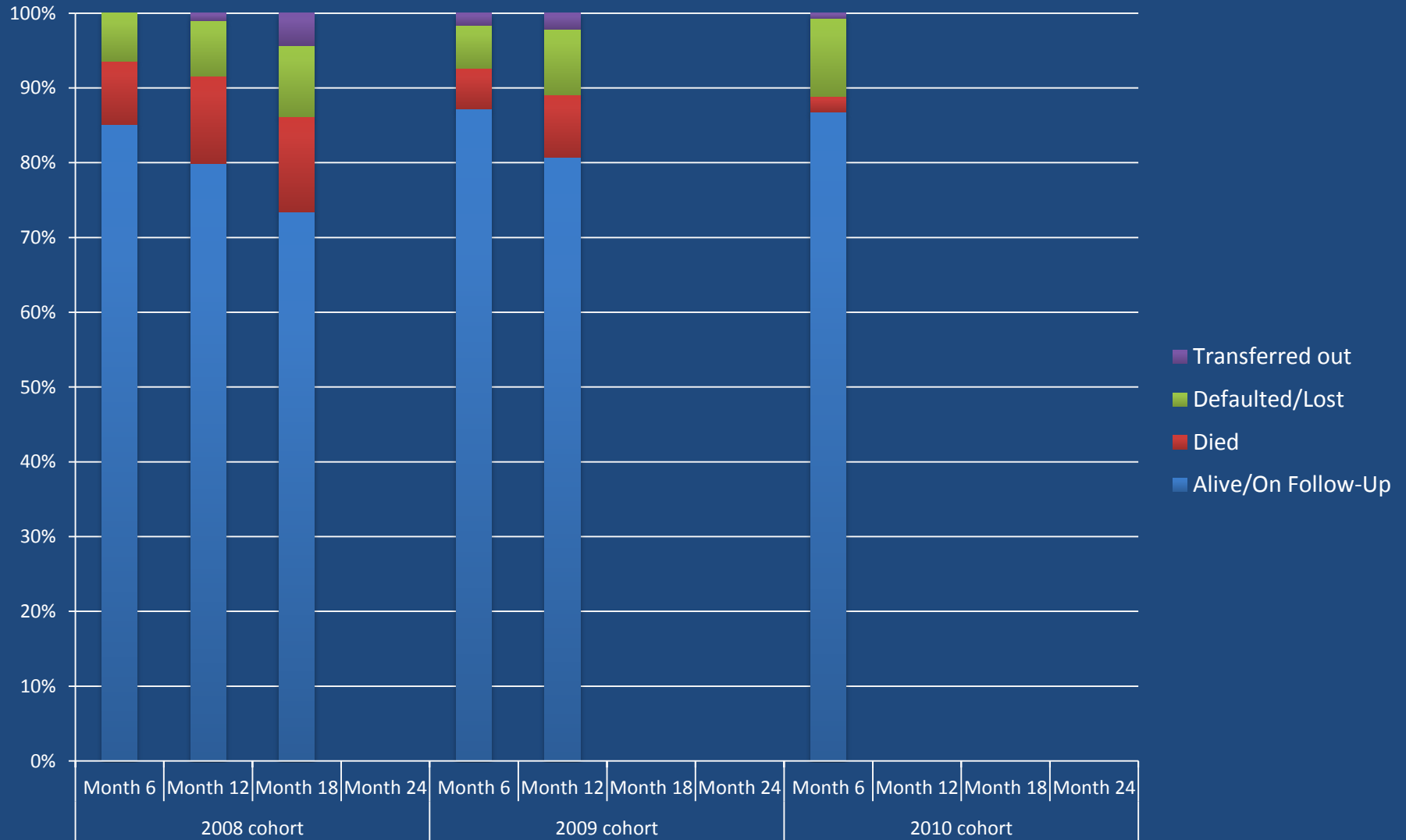
TB treatment outcomes, Harare from 2008-2010



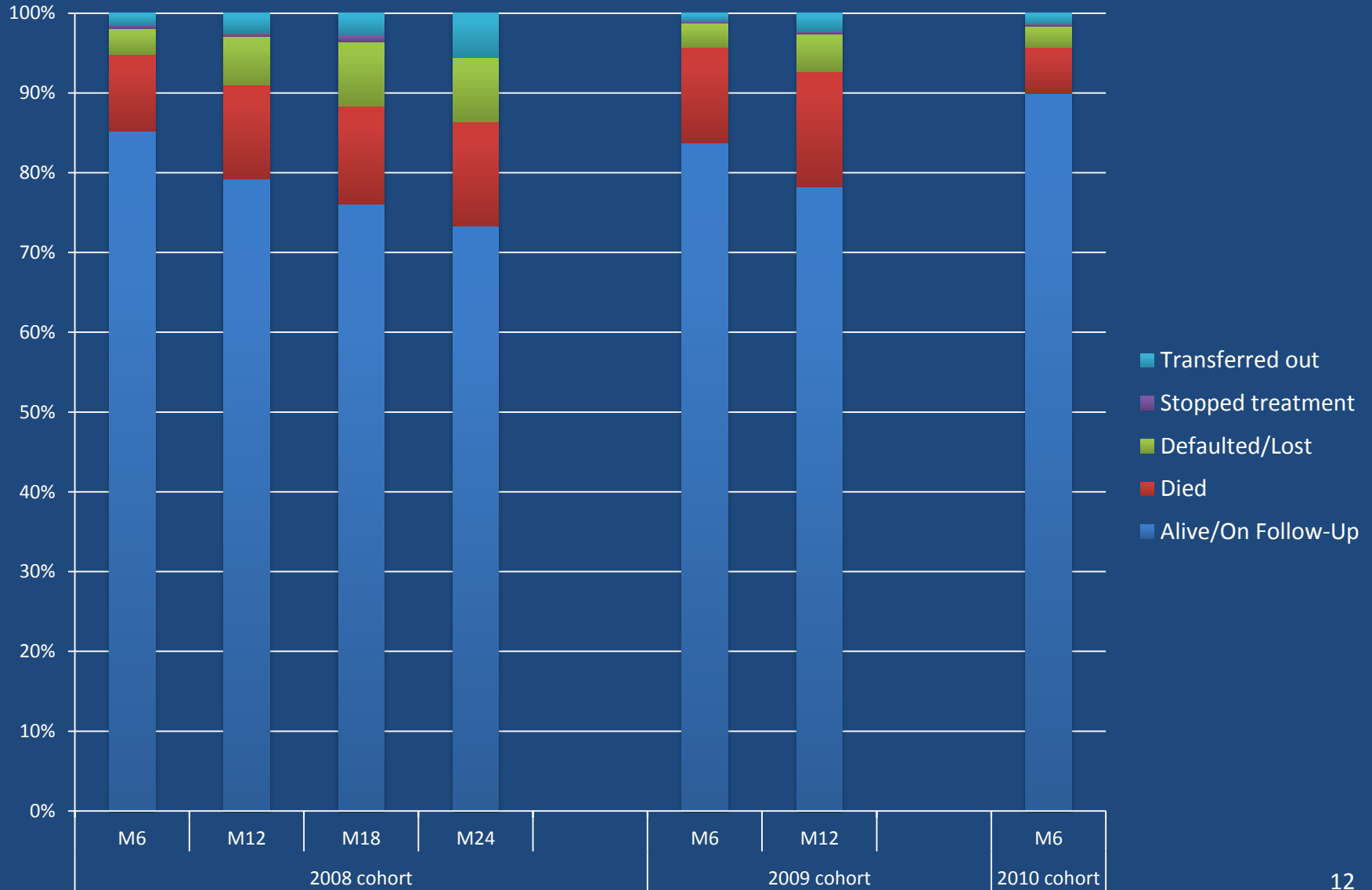
TB treatment outcomes, Bulawayo from 2008-2009



ART retention, Harare



ART retention, Bulawayo



High ART enrolment and retention

- **One-stop service** → no referral, no/few drop outs
- Decentralised services
- Follow up of treatment interrupters
- Staff training (class-room and attachment)
- Supervision
- Monthly departmental meetings (Bulawayo)
- ***Challenge***: mortality

Baseline CD4 cell counts, Bulawayo pilot site, 2008 -2010 cohorts

Cohort (N)	Median	< 100	< 200	< 350
2008 (109)	67	60%	85%	100%
2009 (395)	100	50%	83%	99%
2010 (200; incomplete)	95	52%	79%	99%

Achievements

The Union in Zimbabwe

- 2007-2009: Programme to develop collaborative TB/HIV approaches with Cities of Harare and Bulawayo
- 2009: Programme to strengthen TB control in Zimbabwe

Achievements

- Basis for expansion of integrated TB/HIV services
 - Suitable for replication in other urban areas
 - **Pepfar funding**: 6 cities and 3 mining/farming communities
 - Further attention: ICF, TB IC
- Recognition & support by MoHCW
 - Role of nurses in TB and ARV Tx
 - Study visits to Byo
 - Byo training team training central hospital staff in Hre
- **TB/HIV course** July 2011
- Better TB patient management and TB control services
- Components of TB/HIV well implemented
- TB/HIV training teams in both cities
- ART initiation for **non**-TB patients
- In Bulawayo: **city-wide** implementation of integrated services
 - Except ART initiation

Challenges

- Slow decentralisation of TB services (Harare)
- Slow decentralisation of ART initiation (both)
- Unsatisfactory quality of R&R (6 monthly ART follow up)
- Weak local use of information
- Weak supervision by partner departments
- Clinic staff and space constraints
- TB IC
- Slow uptake of OR agenda

After IHC

- National policy, guidelines and R&R tools in place
- MoHCW supports Pefar-funded expansion
 - And extension to rural areas through TB CARE
- MoHCW provides laboratory consumables and medicines, including ARVs
- The Union country office
- Partner departments retained full *ownership*
- No programme staff other than 2 nurse coordinators
- ***Continued support to 3 more clinics*** in both Harare and Bulawayo through Pefar-funded programme

Conclusion

Scope for expansion: good

Sustainability of services: good

The burden of TB and HIV for individuals and communities is reduced	√?
Integration of holistic care for PLHs into general health care is strengthened	√

Acknowledgements

Odile Ferroussier

Health Services Departments in Harare and
Bulawayo

EC Santé2007/141-838





Thank you