CATHOLIC RELIEF SERVICES

Innovations in HIV programming

Integrating TB and HIV care

Why integrate HIV and tuberculosis care?

Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) are among the leading infectious disease killers in the developing world. The World Health Organization extimates that one third of the 33.2 million people living with HIV are co-infected with TB — more than double the number estimated in previous years. These diseases are life-threatening when contracted on their own, but the threat becomes more severe as an increasing number of people infected with HIV are also contracting TB. Collaborative interventions are essential to ensure that TB clients who are suspected of being HIV-positive are identified and treated appropriately, and to ensure that TB among people living with HIV is prevented, diagnosed and treated.

Patients in a TB ward in Cambodia receive care from Maryknoll, a CRS partner. Photo by David Snyder.

Sanni Musi of South Africa became sick with TB two years after her HIV diagnosis. She was treated for both illnesses at a CRS-supported hospital and was able to resume her university studies. Photo: David Snyder.

The CRS approach

With more than 60 years of experience in improving primary healthcare services in nearly 100 countries, CRS has been at the forefront of care for both TB and HIV infected clients — and now for those co-infected with TB and HIV.

CRS works with communities, governments, research institutions and religious leaders to identify the biggest obstacles — and most effective strategies — to stem co-infection rates. Some of the most successful strategies are being implemented in sub-Saharan Africa and Southeast Asia.

Cambodia

Many TB and HIV cases were going untreated in Cambodia because community structures, including home-based care teams, were not encouraged to refer suspected cases to health clinics. CRS and its partners instituted an education and training program that reached a cross-section of stakeholders, including clinic healthcare workers, village volunteers, and community-based homecare teams. TB clients then received encouragement and support — from health workers and clinics as well as neighbors and families — to be screened for HIV. As a result, more than 70 percent of TB clients were tested for HIV infection. About 4 percent tested positive — a higher HIV prevalence than the national 0.8 percent adult HIV prevalence. In one district, HIV testing among TB clients jumped from 21 percent to 86 percent over a period of one year.

Across the country, CRS and its partners have a 98 percent success rate in routine screening for TB among people living with HIV, as well as an established system for follow-up screenings.

Nigeria

Many HIV programs excel in their ability to care for people with HIV but few have the ability to detect TB in their clients, much less treat it. This is the case in Nigeria, where CRS and its AIDSRelief partners responded by establishing TB screening and treatment centers in 31 AIDSRelief-supported HIV treatment centers and providing counseling and testing in 31 stand alone TB treatment sites across 16 states. Coordinating with the Catholic Church, one of the primary healthcare providers in the country, CRS and its partners established quality assurance support, upgraded lab infrastructure, and bolstered capacity and pharmacy services. Equally important, CRS developed referral networks that work with HIV-positive pregnant women to ensure access to both TB and HIV services.

Thanks to CRS efforts in Nigeria, a total of 20,000 HIV-positive clients receiving care in AIDSRelief-supported HIV treatment centers will be rescreened for signs of TB, and when appropriate, provided with follow-up laboratory screening as part of the anticipated roll out of the 3 I's program of TB/HIV management in Nigeria. The three I's include intensified case finding, infection control and Isoniazid Preventive Therapy. In addition, 1,500 clients served at TB screening and treatment centers were offered HIV counseling and testing.

Zambia

CRS and its AIDSRelief partners are equipping 19 laboratories in AIDSRelief-supported HIV treatment facilities with the means to collect sputum and test for acid-fast bacilli to ensure routine screening and more accurate TB diagnosis for all HIV-positive clients. In addition, clients with a negative sputum test suspected of having TB are referred for a chest X-ray.

A lab technician smears patient sputum samples for tuberculosis, a highly infectious lung disease common in HIV-positive patients. Photo: David Snyder

A support network was also formed to help clients adhere to both antiretroviral and anti-TB drug therapies, as well as to provide other needed care. Created through the recruitment and training of community health workers, treatment support specialists and other groups and volunteers, the network strengthened the referral system between AIDSRelief-supported HIV treatment centers and home-based care workers caring for co-infected clients.

By February 2010, some 4,000 HIV-positive people will have been treated for tuberculosis with drugs from the national TB program. All those diagnosed and treated for TB are being entered in the Government of Zambia's register that links medical records between National Tuberculosis and National AIDS Control Programs. Family case finding and contact tracing have become routine for any TB case. These efforts are supported by educational campaigns designed to raise community awareness about TB/HIV co-infection.

Looking ahead

TB killed one out of four HIV-positive people in 2007, according to the World Health Organization. Treatment for each of these illnesses is not easy, but treating them simultaneously is even more difficult. To face this challenge, researchers and the medical community have developed strategies to curb the spread of TB/HIV. CRS has taken the lead in implementing some of these new approaches.

While more people living with HIV now have access to lifesaving antiretroviral therapy, the therapy's effectiveness declines dramatically if TB is left untreated. The centuries-old scourge of TB cannot be stopped without controlling its spread among people living with HIV. Considerable progress has been made in recent years, but interventions to reduce the TB burden among people living with HIV are still lacking. Scaling up collaborative activities — particularly intensified case finding, infection control and Isoniazid Preventive Therapy — falls short of the targets set by the Global Plan to Stop TB.