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## MSH's Work on TB/HIV in Africa

### MSH'S WORK ON TB/HIV IN UGANDA

From 2013 to 2018, the PEPFAR- and USAID-funded **Track Tuberculosis Activity (TRACK TB)** project, led by MSH, helped health workers diagnose and treat over 22,000 Ugandans for TB and initiate antiretroviral therapy for those co-infected with TB and HIV. The project revealed how a mixed model—facility-based initiation, followed by community-based care—can rapidly scale up MDR-TB services without overwhelming the health care system. Thanks to project support, MDR-TB is now treated in 15 hospitals, from three at project startup.

### MSH'S WORK ON TB/HIV IN ANGOLA

**The Health for All (HFA)** project, led by Population Services International and implemented in partnership with MSH, is working to establish a sustainable model for providing high-quality HIV and AIDS services. Due to the high TB prevalence (243 per 100,000) and a 17 percent co-infection rate, strengthening capacity to diagnose TB and drug-resistant TB (DR-TB) is a priority in Angola. MSH is supporting the expansion of Angola's diagnostic capacity; the project has supported the installation of three GeneXpert machines and trained health workers in seven facilities on their use to quickly and accurately diagnose patients with TB. Through this support, seven facilities now offer integrated HIV and TB services. In the first half of 2018, more than 7,000 patients with HIV were screened for TB.

### MSH'S WORK ON TB/HIV IN NIGERIA

The USAID-funded **Prevention and Organizational Systems – AIDS Care and Treatment (Pro-ACT)** project (2009–16), led by MSH, pioneered the integration of TB and HIV activities at all levels of the public and private health system in Nigeria—training health care personnel and producing a toolkit of guides, job aides, and standard operating procedures for HIV and TB at health facilities and community care sites. Through the USAID-funded, MSH-led **Care and Treatment for Sustained Support (CaTSS)** project (2016–19), collaborative services continue to be available in 41 care and treatment sites throughout five states. In 2018, project partners had screened over 33,000 people living with HIV for TB—and more than 5,000 co-infected patients completed a course of TB preventive therapy. The introduction of GeneXpert technology at 22 sites has facilitated the diagnosis of thousands of samples of possible MDR-TB. All 41 sites offer directly observed therapy short course (DOTS) to minimize the development of MDR-TB.



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*For more information on MSH's work in TB/HIV co-infection control, please contact:  
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**TB & HIV**  
INTEGRATION

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# HIV and TB are commonly called the “deadly duo.”

## SINCE 1971, WE AT MANAGEMENT SCIENCES FOR HEALTH

*(MSH) have worked at all levels of the health system—with policymakers, health professionals, and communities—in more than 150 countries to improve the quality, availability, and affordability of health services. In response to the HIV and tuberculosis (TB) epidemics, we build the capacity of our public- and private-sector partners to prevent TB and HIV and improve diagnosis and management of co-infected patients.*

*Through collaboration with our country partners and national TB and AIDS control programs in 20 nations throughout Africa, Asia, Europe, Latin America, and the Caribbean, we work to increase access to quality services and medicines. Some of our key interventions include developing policy guidelines to ensure TB and HIV patients receive the care they need, implementing standard operating procedures to guide health service delivery processes, and training and supervising local health workers to improve clinical care and management of patients co-infected with TB and HIV.*

## MSH Provides Global Leadership and Access to Lifesaving Medicines to TB Control Efforts

### CATALYZING GLOBAL AND NATIONAL LEADERSHIP TO END TB

**Challenge TB** is the primary mechanism for implementing USAID’s vision of a world free of TB and its global End TB Strategy, as well as contributing to TB/HIV activities under the US President’s Emergency Plan for AIDS Relief (PEPFAR). This includes a decline in TB mortality by 35 percent and a 20 percent reduction in incidence compared to 2015 levels, and no more affected families facing catastrophic costs due to TB by 2019. To achieve this vision, the project complements existing and planned efforts to provide global technical leadership and support to national tuberculosis programs and other in-country partners. In Afghanistan, Bangladesh, and South Sudan, MSH serves as the lead implementing partner of Challenge TB. MSH is also a supporting partner for Challenge TB in Nigeria and key partner in Ethiopia.

### DELIVERING MEDICINES TO PATIENTS BATTLING TB AND HIV

The USAID-funded **Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program**, implemented by MSH, worked in 46 countries to strengthen health systems to expand access to lifesaving medicines and pharmaceutical services—including those that help to prevent and treat TB

- Tuberculosis (TB) is the leading cause of death for people living with HIV; those living with HIV are about 20 times more likely to develop TB.
- Globally, 10 percent of TB patients are co-infected with HIV.
- Without proper treatment, 90 percent of people living with HIV die within months of contracting TB.

and HIV. SIAPS worked to make treatment safer for patients co-infected with HIV and TB through the development of integrated approaches and tools that help track and mitigate treatment risks. SIAPS also worked at national and regional levels to integrate and improve the management of HIV and TB medicines and health supplies and published risk management guidelines that assist national TB programs, national pharmacovigilance centers, and health facilities to identify, manage, and reduce adverse events.

SIAPS launched a study to track the incidence, severity, and risk factors for adverse events among patients on TB and HIV treatment in Swaziland to gain additional information about treatment safety and tolerability. Ultimately, the goal in Swaziland is to create a surveillance system for antiretrovirals and TB medicines that can inform treatment guidelines. As new medicines and regimens for TB become available, building the capacity of national TB programs and health workers to identify, track, and manage adverse events can help patients successfully complete treatment.

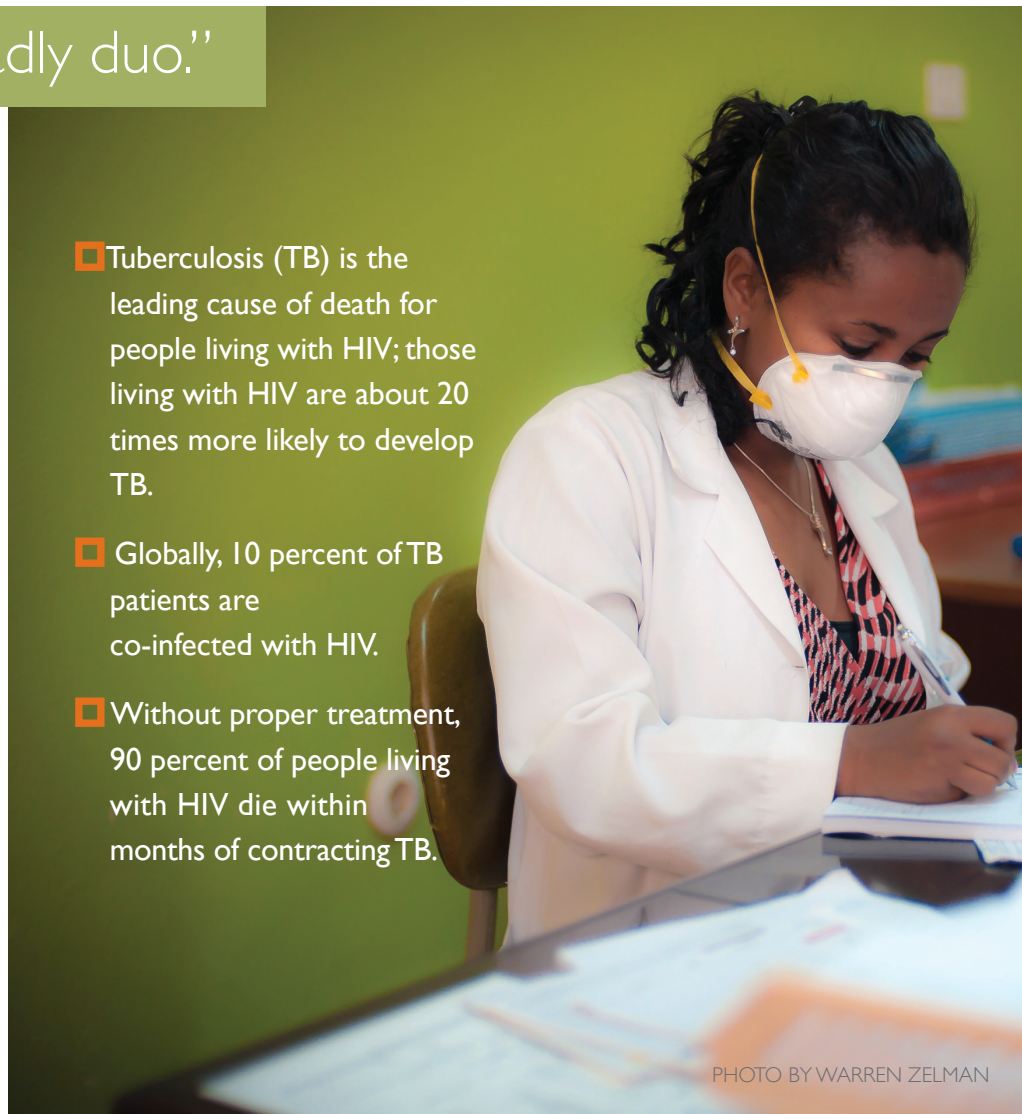


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## MSH’s Work on TB/HIV in Africa

### MSH’S WORK ON TB/HIV IN ETHIOPIA

From 2011 to 2018, the USAID-funded **Help Ethiopia Address Low TB Performance (HEAL TB)** project, led by MSH, made high-quality TB services accessible to over 50 million people—more than half the country’s population. Integration of TB and HIV services was a hallmark of the program: 94 percent of TB patients was tested for HIV in project areas and 90 percent of those found co-infected were started on antiretroviral therapy (ART). At the project’s start in 2011, only one hospital in project areas could treat MDR-TB. HEAL TB used innovative, cost-effective strategies to more than double initial targets, working with the Ministry of Health to screen 16 million people for TB at health facilities, and diagnose and treat 250,000 TB patients, with a 95 percent treatment success rate and 91 percent cure rate. Challenge TB/Ethiopia is now building on the progress of HEAL TB.

## To achieve stronger health systems for TB, MSH advocates for:

- Increased US and bilateral funding for TB care, treatment, and prevention
- Focused efforts on the role of gender inequality and access to TB services.
- Funding for TB treatment research for children and infants
- Emphasis on the role of TB in an integrated health system such as TB and HIV, and TB and maternal, newborn, and child health

MSH is a member of TB Roundtable and works to educate US Members of Congress on the importance of TB funding for health impact.