



USAID
FROM THE AMERICAN PEOPLE



CHALLENGE TB

TECHNICAL HIGHLIGHT



Photo credit: Jiro Ose

Strong partnership for improved TB and HIV indicators: IPT uptake and completion

BACKGROUND

The synergy between TB and the HIV is well documented in the literature.¹ TB is the principal cause of death among people living with HIV (PLHIV), even in those put on antiretroviral therapy (ART). On the other hand, HIV is one of the top risk factors for TB. Moreover, HIV-associated TB has been implicated in nearly a quarter of TB deaths and 30% of AIDS-related deaths.²

The dual burden of TB and HIV infection prompted the formulation of global policies and guidelines. The World Health Organization (WHO) has issued a number of evidence-based guiding documents on TB and HIV. In 2004, WHO released its first policy document for implementation of 12 evidence-based interventions,^{3,4} including providing TB preventive therapy (TPT) for latent

TB infection to halt new infections of mycobacterium TB and their progression to TB. However, gaps persist in providing TPT to PLHIV.

In Ethiopia, the estimated incidence and mortality rates of HIV-associated TB were 12/100,000 and 3.5/100,000, respectively. In 2017, 117,705 TB cases were notified, of which 86% were tested for HIV with 7% positive for HIV; 92% (6,673) of TB-HIV co-infected cases accessed ART. Furthermore, the proportion of PLHIV newly enrolled in care that got TPT dropped from 52% in 2016 to 45% in 2017.⁵ Baseline analysis of three regions (Addis Ababa, Amhara, and Tigray) revealed low uptake of isoniazid (INH) preventive therapy (IPT), well below the national average of 40%.

STRATEGIC RESPONSE

Mid-term review of the national TB and leprosy strategic plan (2013-2020) identified that the supply of INH was loose and could be interrupted, coordination of TB/HIV activities was poor, uptake of IPT among newly enrolled PLHIV was low, and data was inconsistent.⁶

IMPLEMENTATION

Low IPT uptake prompted the development and cascading of tailored interventions in response, which included the following:

- Two-day sensitization meeting with 500 district and health facility TB and HIV focal persons
- Development and distribution of job aids to health facilities for health care workers to implement evidence-based interventions
- Capacity-building efforts, including conducting in-service comprehensive TB/HIV training for health care workers and program managers at different levels of the health system: CTB placed zonal cluster coordinators (one coordinator supports at least two or three adjacent zones) to work with their government counterparts to facilitate planning and implementation of TB/HIV activities in the catchments' health facilities.
- Regular supportive supervision and mentoring of TB focal persons from districts and zones: Cluster coordinators and zonal teams mentored and supervised selected health facilities on a monthly basis while district TB focal persons supervised selected catchments' health facilities using supervision checklists for TB/HIV activities. Based

The USAID-funded Challenge TB (CTB) project partnered with the National TB Program (NTP) and other local partners to ensure delivery of a continuum of care to the community covering nine regions and more than 92% of the national population.

on the findings of supportive supervision, onsite feedback was given to health facilities and district TB focal persons continue to monitor implementation of the action plan developed from the recommendations of the previous visit.

- Conducted program review meetings: Regular TB program performance was assessed during annual or biannual review meetings in the zones. During re-review meetings, district TB focal persons present the performance of health facilities, mainly focusing on TB/HIV issues, particularly uptake of IPT by PLHIV, which is usually a topic of hot debate in such meetings, due to the low progress associated with it.

After four years of project implementation, core TB and HIV indicators have significantly improved, including significant increases in IPT coverage when compared to baseline (table 1).

In addition, IPT uptake by eligible PLHIV was closely monitored during sensitization workshops, which resulted in progressive improvement from quarter to quarter in three selected regions (figure 1).

TABLE I. Performance of core TB and HIV indicators in CTB-supported regions

INDICATORS	2015/16	2016/17	2017/18	2018/19
HIV testing of TB patients	79.6%	86.3%	92.3%	90.5%
ART uptake by TB-HIV	78%	83.2%	88.6%	91.4%
IPT coverage rate	32.8%	34.2%	37%	58.9%

FIGURE I. Trend of IPT coverage among PLHIV in CTB-supported regions



Acknowledgment

Thank you to all of the staff from Challenge TB Ethiopia for their support in the development of this technical highlight.

Authors

This publication was written by Dr. Asfaw Ayalew and Dr. Daniel Gemechu with contributions from Mr. Nebiyu Hiruy.

For more information, please contact lessons@msh.org.

WAY FORWARD

The collaborative implementation of TB/HIV activities in health facilities has shown the feasibility of increasing TB and HIV core indicators after sensitizing TB focal persons and ensuring monitoring and evaluation.

Tailored and sustained interventions, in addition to comprehensive TB/HIV support, are critical to improving TB care, resulting in more PLHIVs being reasonably protected from TB disease progression, more people

infected with TB and HIV are identified early, and more people getting ART in a timely manner, all contributing to improved quality of life.

Success in improving core TB and HIV indicators requires strong partnership and sustained efforts to achieve better results. The NTP needs sustainable investments through mobilization of resources to maintain momentum.

References

- 1 Legido Quigley H, Montgomery CM, Khan P, et al. Integrating tuberculosis and HIV services in low and middle income countries: a systematic review. *Trop Med Int Health*. 2013 Feb; 18(2):199-211.
- 2 Getahun H, et al. Latent Mycobacterium tuberculosis infection. *N Engl J Med* 2015; 372:2127-35.
- 3 WHO. Guidelines for implementing collaborative TB and HIV programme activities. Geneva: WHO; 2003.
- 4 WHO policy on collaborative TB/HIV activities: guidelines for national programmes and other stakeholders. 2012.
- 5 WHO. Global tuberculosis report, 2018.
- 6 Federal Ministry of Health. National strategic plan tuberculosis and leprosy control 2006-2013 EC (2013/14-2020/21) with update - for 2010-2013 (2018-20/21). Addis Ababa: FMOH; 2018. <https://www.afro.who.int/publications/national-strategic-plan-tuberculosis-and-leprosy-control-2006-2013-ec-201314-2020>

The Global Health Bureau, Office of Health, Infectious Disease and Nutrition (HIDN), US Agency for International Development (USAID), financially supports this publication through Challenge TB under the terms of agreement no. AID-OAA-A-14-00029. This publication is made possible by the generous support of the American people through USAID. The contents are the responsibility of Challenge TB and do not necessarily reflect the views of USAID or the United States Government.