



HEALTHFORALL

Strengthening Services for People Living with HIV: Building an Effective, Integrated TB/HIV Approach in Angola

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Background

Although Angola has a relatively low adult HIV prevalence of 2.0%¹ and an estimated 310,000 people living with HIV (PLHIV),² it is among the top 22 countries in the world in terms of tuberculosis (TB) burden. HIV infection remains the leading risk factor for developing TB, while TB is the leading cause of death among PLHIV. According to UNAIDS, 17% of PLHIV in Angola also have active TB.³ Intensified TB case finding and increased access to quality screening, diagnosis, and timely treatment are critical components in addressing TB/HIV co-infection bottlenecks.

Until recently, TB and HIV have been treated separately under Angola's National TB Control Program (PNCT) and the National Institute for the Fight Against AIDS (INLS). Ministry of Health (MOH) guidelines stipulate that TB patients suspected of HIV infection are referred to antiretroviral therapy (ART) clinics and PLHIV suspected of TB infection are referred to TB clinics. To address these challenges, the Government of Angola supports the adoption of the "one-stop shop" approach based on successful experiences in other countries and in line with WHO policy guidelines on collaborative TB/HIV activities.^{4,5,6,7} This integrated approach for TB/HIV treatment ensures that co-infected patients are managed for both infections at the same clinic, by the same provider, and at the same time. The model is an important strategy for achieving the UNAIDS 90-90-90 treatment targets, particularly by increasing the number of TB patients with HIV who initiate ART.

Approach

HFA works in support of the Government of Angola's plan to improve the implementation of clinical services across the HIV continuum of care from testing to retention and adherence, including screening and testing HIV patients for TB and linking them to care. Through collaboration with the PNCT and INLS, HFA supported the Government of Angola to integrate the two services to achieve better patient outcomes for people living with HIV, TB, and HIV and TB.

Health for All Project

In January 2017, USAID launched the Projecto de Saúde para Todos (Health for All [HFA]) in Angola to support the government's efforts to increase quality health service delivery in the country. The five-year project targets major improvements in health through sustainable approaches and increased country ownership.

HFA is led by Population Services International (PSI) and is implemented in partnership with Management Sciences for Health (MSH) and local partners Rede Mulher Angola and the MENTOR Initiative. The project is delivering a package of health interventions to bring malaria, HIV/AIDS, family planning, and reproductive health services to select municipalities and provinces throughout the country, reaching the poorest and most vulnerable citizens of Angola.

MSH contributes to strengthening Angola's health system, promoting sustainability, scaling up proven solutions, and maximizing efficiencies in investment. MSH's responsibilities include establishing a sustainable model for providing high-quality HIV and AIDS services through the prevention, care, and treatment continuum in support of the government's efforts to maintain the country's relatively low HIV prevalence.



REPÚBLICA DE ANGOLA
GOVERNO DA PROVÍNCIA DE LUANDA
GABINETE PROVINCIAL DE SAÚDE DE
LUANDA

Starting in April 2017, in collaboration with USAID, PNCT, and INLS, HFA supported the deployment of integrated TB/HIV services in the seven PEPFAR-selected health facilities (Esperança, Dispensario, Divina Providencia, Kilamba-Kiaxi, Pediátrico, Rangel, Viana) in Luanda Province. The project addressed issues at the governance, operational, and clinical levels to lay the foundation for a sustainable, integrated model.

Intervention

In support of TB/HIV service integration, HFA provided coordination and advocacy at the national level to align NCTB and INLS goals, infrastructural support to facilities to ensure that they have the necessary supplies to offer services, and capacity building to providers to deliver comprehensive TB/HIV services in all seven health facilities.

National Coordination and Advocacy

To operationalize the INLS mandate to deliver provider-initiated testing for HIV in TB service points, HFA developed a memorandum of understanding (MOU) with the PNCT to guide HIV/TB co-infection management and care for patients. HFA played a critical role in improving coordination among the National Institute of Public Health (INSP), INLS, and other partners involved in the diagnosis and treatment of co-infected HIV/TB patients. HFA also promoted strong advocacy to the MOH to prevent stock-outs of first- and second-line TB treatments and GeneXpert reagents that are used to diagnose TB via patient samples.

Infrastructure Development

HFA's mandate for improving HIV/TB integrated services also included setting up the essential infrastructure in health facilities to ensure that they have the supplies and laboratory capacity to deliver services. HFA advocated with the National Directorate of Public Health, INSP, INLS, and PNCT to garner commitment to ensuring availability of a laboratory capable of conducting tests of resistance to antibiotics (GeneXpert) and the maintenance of the equipment. With key stakeholder endorsements, HFA coordinated with the Global Fund to plan the distribution of GeneXpert machines and equipment to facilities to optimize US Government investment. HFA allocated four GeneXpert machines, as well as cartridges, biosafety equipment, and ink cartridges to print results to complement the resources procured through the Global Fund. HFA also supported the expansion of diagnostic capacity. In collaboration with the PNCT, INSP, and African Field Epidemiology Network, HFA organized a hands-on training for 28 staff from government programs,

including clinicians, nurses, and laboratory technicians in February 2018. Dr. Alaine Nyaruhirira, globally recognized TB expert and senior laboratory advisor at MSH, trained laboratory staff on the strategic and effective use of GeneXpert.

Service Provision

To optimize the integrated model, HFA supported the integration of provider-initiated HIV testing services (HTS) into TB service delivery points. Previously, HTS in Angola was provided solely at HIV service delivery points in accordance with the National HIV Program, and health centers had only one testing point. However, the INLS changed the national policy to involve other national programs (maternal and child health, TB, family planning) in HIV testing activities, and health centers now have several testing points.

In 2018, HFA provided technical support to the Co-infected HIV/TB Services Unit of the MOH to strengthen the one-stop shop strategy. HFA evaluated the quality of services in the seven project-supported health facilities by reviewing results and program data and conducting key informant interviews with co-infected patients, facility management teams, providers, and other stakeholders familiar with the services. As a result, HFA signed an MOU with the PNCT to strengthen the collaboration and integration of services for co-infected TB/HIV patients in the supported facilities.

To strengthen service provision, HFA supported refresher trainings for 40 health facility staff on HIV/TB co-infection and management. HFA provided ongoing mentorship and supervision to improve TB screening and case finding by organizing clinic flow and using patient assistant facilitators to triage and escort all clients with signs and symptoms for TB diagnosis. Providers were oriented on the use of monitoring tools and registers and the SOPs developed by HFA for adoption by the PNCT and INLS. HFA printed and distributed SOPs to help providers integrate HTS and TB services.

Results and Achievements

Between April 2017 and June 2019, the HFA project saw an increase in the capacity of the seven supported health units to provide effective and integrated HIV/TB services. These results can be attributed to many of the activities supported by the project to improve coordination and collaboration at the national level, infrastructural capacity, and provision of quality integrated HIV/TB services.

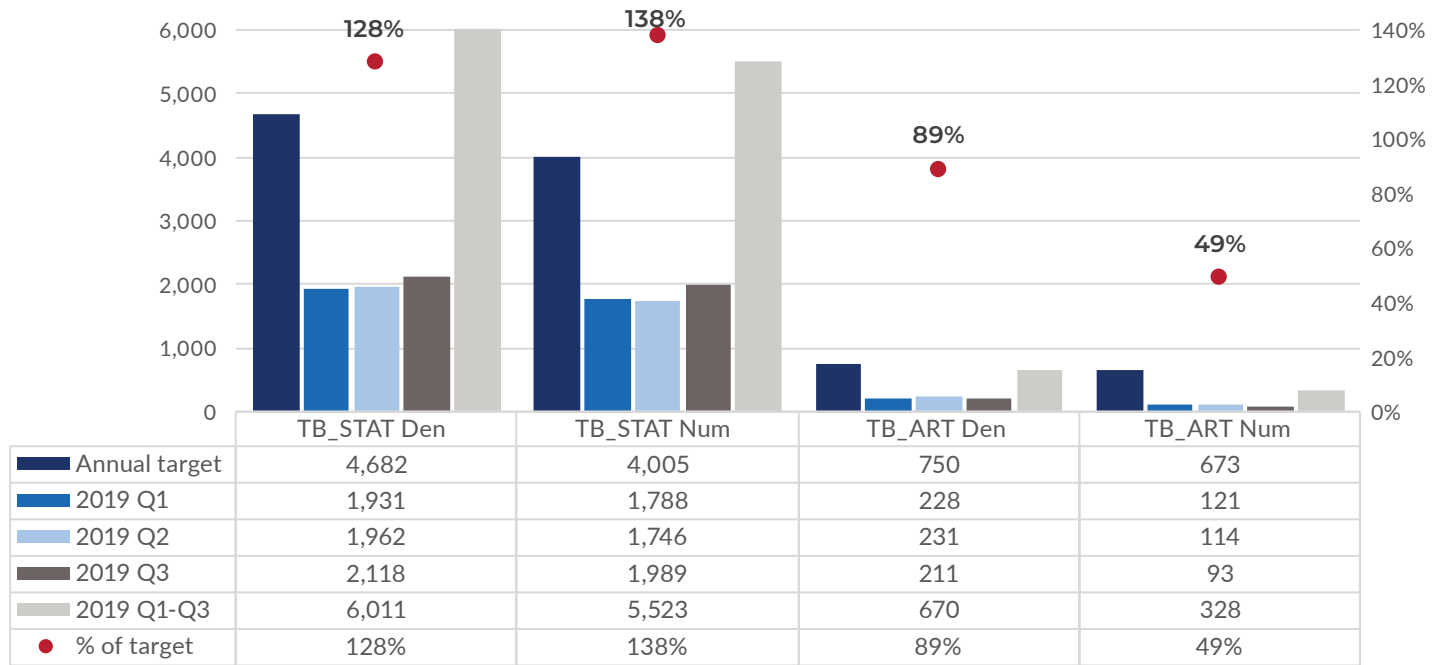


Figure 1. New and recurring TB cases with documented HIV status, October 2018–June 2019 (Q1–Q3)

As a result of these efforts 6,011 new and recurring clients with TB were identified between October 2018 and June 2019, and 5,523 knew their serological status. Of those, 670 people tested positive, and 49% of them started ART (Figure 1). TB screening among ART clients increased from 36% in the period of October 2017–March 2018 to 65% in the period of October 2018–March 2019.

The proportion of those diagnosed with TB while on ART declined from 1.1% to 0.6% for the same period. For TB prevention, between October–December 2018, 3,922 HIV-positive individuals initiated isoniazid (INH) treatment and 2,717 completed INH treatment (Figure 2). During the same period, 229 clients on ART were initiated on TB treatment.

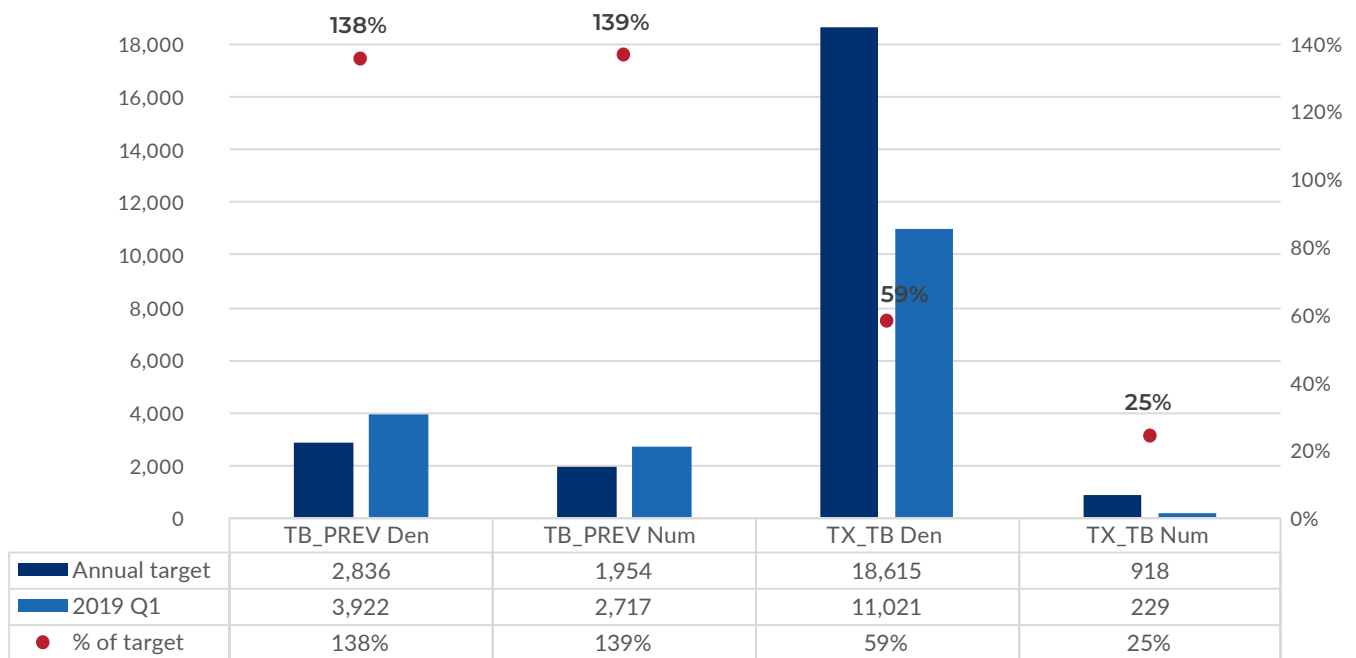


Figure 2. HIV positive clients on TB preventive therapy and TB treatment, October–December 2018

Lessons Learned

- The integration of TB/HIV services through a one-stop shop model is feasible and can lead to increased uptake of ART among PLHIV. As TB tends to be clustered within families and communities, transmission of HIV may be significantly decreased due to ART even as TB spreads to spouses in the future.
- A number of factors contributed to the successful integration of HIV and TB services in Angola, including effective coordination and collaboration with national stakeholders, ensuring that health facilities had the necessary infrastructure and human resources to provide quality services, training to improve health providers' competencies to treat both diseases, alterations to clinic flows and management processes, and ongoing mentorship and supervision of TB staff on ART care and HIV staff on TB screening.

Conclusions

The successful implementation of integrated TB/HIV services in the seven HFA-supported health facilities in Luanda Province support the Government of Angola's mandate to promote provider-initiated HTS in various service delivery points, such as TB clinics. Continued implementation of the one-stop shop approach will require increased collaboration between the INLS and PNCT, as well as close coordination and planning at the provincial level and across national and international stakeholders. The MOU signed between the PNCT and HFA was the essential first step to increase the collaboration and integration of both HIV and TB services. Intensified TB case finding among HIV patients and provider-initiated HTS among TB clients has proven to be effective and should be continuously reinforced.

Endnotes

- ¹ Instituto Nacional de Estatística, Ministério da Saúde, Ministério da Planeamento e do Desenvolvimento Territorial, and ICF. Key Findings of the 2015–16 Angola IIMS. 2017
- ² UNAIDS Country Factsheets, Angola 2017
- ³ <https://www.usaid.gov/angola/news/genexpert-training-strengthens-angola%E2%80%99s-capacity-diagnose-and-treat>
- ⁴ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0153243>
- ⁵ <https://www.ncbi.nlm.nih.gov/pubmed/23217030>
- ⁶ https://www.who.int/tb/publications/2012/tb_hiv_policy_9789241503006/en/
- ⁷ <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0046988>