Tackling TB and HIV co-infection in the DRC

Results of integration efforts in 70 test sites

IMPORTANCE OF SERVICE INTEGRATION

The Democratic Republic of the Congo (DRC) ranks tenth among the world's 22 high-burden tuberculosis (TB) countries. The DRC ranks eighth among countries with the highest rates of HIV/TB co-infection. Reasons for high levels of co-infection include low levels of coordination between the TB and HIV programs, insufficient provincial staff training on the management of TB/HIV, low availability of HIV test kits, limited availability and uptake of drugs for co-infected patients, and inadequate referral systems between TB and HIV services.

APPROACH

With support from the United States Agency for International Development (USAID), PATH worked with the DRC Ministry of Health (MOH) to introduce and scale up a comprehensive package of collaborative TB/HIV interventions. Starting with 14 sites in 2010 and expanding to 70 sites by 2014, activities included capacity-building for joint TB/HIV planning, monitoring, and evaluation at the national and provincial levels; scale-up of screening; testing and counseling for TB and HIV patients; increasing referrals of co-infected patients to treatment services; strengthening infrastructure; and expanding access to community-level integrated support and care services.

IMPLEMENTATION

PATH's aim was to increase the number of TB/HIV co-infected cases detected and help patients initiate treatment faster.

Support joint TB/HIV planning at the national and provincial levels

To help provide effective TB/HIV coordination mechanisms, the project collaborated with the national TB and HIV/AIDS control programs to support the development of integrated policy guidance and to address bottlenecks preventing program integration. The project facilitated joint quarterly and annual coordination meetings at the national and provincial levels.

Scale up TB/HIV activities in the field

The project conducted a situational analysis at 31 sites where TB/HIV collaborative activities were planned. Results were used to tailor interventions to address identified gaps at each site. To help support implementation of these collaborative activities, 280 providers were trained on universal HIV testing and counseling of TB patients, and on improving TB screening among people living with HIV/AIDS (PLWHA). An additional 468 community health workers were trained on referring PLWHA for TB testing. Following the trainings, the project helped organize systems to conduct supervision to ensure standardized implementation of the national policies.

One of the key barriers to managing TB/HIV co-infection was the frequent stockout of HIV test kits and laboratory reagents. To address this, the project procured these critical supplies for the 70 scale-up sites. PATH also supported the revision, roll-out, and training of health providers on the national infection control (IPC) guidelines and distributed corresponding job aids.

Expand access to integrated TB and HIV services

The project also utilized community networks, such as partnerships with local community-based organizations (CBOs), Ligue Nationale Antituberculeuse et Antilépreuse du Congo (LNAC), and Club des Amis Damien (CAD), to develop and disseminate TB/HIV sensitization materials to communities around the supported facilities. PATH worked with local CAD branches to strengthen community support services for HIV and TB/HIV patients, linking with "Community Champions"—or support groups of PLWHA supported by ProVIC (a USAID-funded HIV-focused project). The project and ProVIC collaborated with CAD to exchange best practices with these *Community Champions* in sites supported by both partners, in an effort to improve

TB/HIV activities and increase systematic TB screening among PLWHA. PATH also worked with ProVIC in Bukavu and Lubumbashi to develop a plan for integrating preventative TB and HIV messages and services.

Better data collection and management

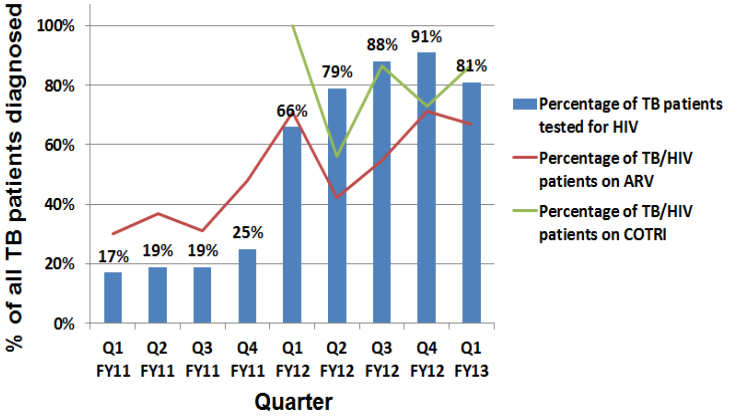
PATH supported quarterly data validation meetings which provided an opportunity for provincial decision makers to quickly analyze data, identify issues, and develop solutions to be immediately implemented in the next quarter. This improved the quality of data collected in the project which, in turn, improved programming.

RESULTS

Joint coordination meetings and supervision visits by teams from both TB and HIV programs at national and provincial levels led to a joint rollout of the "TB Screening Checklist to PLWHA" and referral forms to improve early diagnosis of TB among PLWHA.

Activities significantly strengthened TB/HIV services. Over the course of the project, 118,697 patients were diagnosed with TB at project sites. Of these, 26,333 (22%) were tested for HIV, of which 3,078 (12%) were found to be co-infected. Of the co-infected, 71% were started on antiretroviral therapy (ARV) treatment and 75% on cotrimoxazole. The percentage of co-infected patients on ARVs was considerably higher at project sites (71%) than the national average (60%). However, due to disruptions in supplies, and to the project not providing these drugs, cotrimoxazole uptake remained comparable to the national average.

Progress in TB/HIV co-infection indicators, 2011 to 2013



Due to initial stockouts of HIV test kits in the project intervention provinces, the percentage of TB patients tested in provinces where the project worked dropped from **47%** in 2010 to **36%** in 2011, but then rose to **38%** in 2012 and **46%** in 2013 after PATH procured and distributed more test kits to the 70 sites. Within the 70 project sites, the percentage of TB patients tested for HIV increased from **22%** in 2010, to **72%** in 2011, **77%** in 2012 and **83%** in 2013. This progress in 70 sites was, however, diluted in the overall data from the 488 TB diagnostic and treatment centers due to the poor performance of some sites.

LESSONS LEARNED/WAY FORWARD

A number of programmatic lessons should be considered for future projects, including:

- Increased coordination and joint supervision by TB and HIV programs at all levels is effective in addressing bottlenecks to HIV/TB service integration. Such coordination also improves planning, execution, and monitoring of program activities and should thus be considered for the whole country.
- HIV testing and counseling as well as the uptake of ARVs and cotrimoxazole increased substantially at sites where both services created linkages and a documented referral and counter-referral system, reducing attrition and loss to follow-up of patients.
- Facing human resources challenges, temporarily placing technical officers within provincial teams to provide direct technical support on a daily basis increases capacity to plan, execute and monitor field activities. However, the government needs to develop a more sustainable plan to absorb these technical staff.
- Data validation meetings facilitate exchange among provincial, health zone and facility staff on key data issues and feasible solutions, thus the use of data for program improvement should be increased.

ACKNOWLEDGMENTS

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455 Massachusetts Ave NW
Suite 1000
Washington, DC 20001 USA

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