MSH’s Work on TB/HIV in Uganda

INCREASING TB CASE DETECTION AND TREATMENT SUCCESS RATES

MSH is the lead implementer of the PEPFAR- and USAID-funded TRACK Tuberculosis Activity (TRACK TB) project. As part of a comprehensive package of HIV care, TRACK TB supported Uganda’s National TB and Leprosy Program in developing guidelines for isoniazid preventive therapy (IPT), which prevents TB in people living with HIV & AIDS. TRACK TB has also strengthened the capacity of the Kampala Capital City Authority health facility teams in TB and TB/HIV service provisions (such as, screening, diagnosis, treatment, and follow-up) by providing standard operating procedures to guide patient management and supporting staff with mentorship, supervision, and data exchange activities, as well as performance review meetings. TRACK TB engaged community linkage facilitators to support the implementation of directly observed treatment, treatment response monitoring, and linkages to TB & HIV services. As of September 2015, 95 percent of TB/HIV co-infected patients in the Kampala Capital City Authority were on antiretroviral therapy to treat HIV and 99 percent were taking co-trimoxazole preventive therapy to prevent common opportunistic infections that place patients at risk of developing AIDS. Furthermore, health workers at 97 project-supported health facilities in the Kampala Capital City Authority have tested 99 percent of their TB patients for HIV. Since the project began in January of 2013, TRACK TB has helped health workers diagnose and treat 21,625 Ugandans for TB and initiate antiretroviral therapy for those co-infected with TB and HIV. Treatment success rates improved from 70 percent to 84 percent, while cure rates improved from 30 percent to 73 percent.

PHOTO BY RUI PIRES

EMPOWERING HEALTH PROVIDERS AND COMMUNITIES TO RESPOND TO THE HIV AND TB EPIDEMICS

The Strengthening TB and AIDS Response – Eastern Region (STAR-E) project, implemented by MSH, empowers health providers and communities in 12 districts of eastern Uganda to respond to the challenges posed by the HIV & AIDS and TB epidemics. The USAID-funded project works closely with the Ugandan Ministry of Health and district health management teams, district councils, health facilities, and communities to increase access to and use of quality HIV and TB services within district health facilities and their respective communities. The six-year project, which began in 2009, aims to ensure that all HIV patients are screened for TB. The project’s TB treatment success rate currently stands at 84 percent and the percentage of TB patients tested for HIV in project-supported facilities is 94 percent. STAR-E tested nearly 1.6 million Ugandans for HIV and provided their results to them.

PHOTO BY WARREN ZELMAN

For more information on MSH’s work in TB/HIV co-infection control, please contact:

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Tuberculosis (TB) is the leading cause of death for people with HIV; those living with HIV are about 30 times more likely to develop TB.

For the WHO Global TB Report 2015, the notification rate is now 12 percent.

Without proper treatment, 90 percent of people living with HIV die within months of contracting TB.

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 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.

In the Democratic Republic of the Congo and Ethiopia, MSH has worked at all levels of the health system—with policymakers, health professionals, and communities—to help improve the quality, availability, and affordability of health services. In response to the HIV and 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.

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The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program, implemented by MSH, works in over 20 countries in Africa, Eastern Europe, Asia, and Latin America to strengthen health systems to expand access to lifesaving medicines and pharmaceutical services—including those that help to prevent and treat tuberculosis and HIV. Specifically, SIAPS is working 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, including adverse reactions. SIAPS also works at national and regional levels to integrate the management of HIV and TB medicines and health supplies to ensure co-infected patients have the lifesaving medicines they need.

SIAPS has published risk management guidelines that can assist national TB programs (NTPs), national pharmacovigilance centers, and health facilities to identify, manage, and reduce the impact of treatment risks on patient outcomes. A thorough understanding of the likelihood and severity of adverse events allows health workers to better communicate risks to patients, detect adverse events earlier, and minimize medicine-related morbidity.

SIAPS also launched a prospective 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 anti-TB medicines that can strengthen patient care, inform treatment guidelines, and result in improved treatment.

As new medicines and regimens for TB continue to become available, building the capacity of national TB programs and health workers to identify, track, and manage adverse events becomes critical in helping patients safely and successfully complete their treatment.

MSH’s Work on TB/HIV in Ethiopia

STRENGTHENING REFERRAL SYSTEMS AND FOLLOW-UP OF TB

Since its launch in July 2011, Help Ethiopia Address Low TB Performance (HEAL TB) project, funded by USAID and led by MSH, has trained and mentored 4,866 health workers to care for patients co-infected with TB and HIV and improved patient referrals throughout the Amhara and Oromia Regions. In 2014, HEAL TB’s success inspired USAID to expand the project’s coverage from 21 zones to 28 zones within these two regions. Thus far, HEAL TB’s work has contributed to a 34 percent increase in the number of TB patients tested for HIV in the project-supported zones (from 70 percent in 2011 to 93 percent in 2015). HEAL TB’s efforts to strengthen patient referral systems and improve follow-up of TB/HIV co-infected patients has also helped more than 7,000 Ethiopians access the antiretroviral therapy and TB treatment they need.

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 TB
- 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.