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 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

CHALLENGE 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, 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. 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. SIAPS also works at national and regional levels to integrate and improve the management of HIV and TB medicines and health supplies. SIAPS has published risk management guidelines that assist national TB programs (NTPs), national pharmacovigilance centers, and health facilities to identify, manage, and reduce adverse events.

SIAPS also 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 antiretroviral and anti-TB medicines that can inform treatment guidelines. 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 can help patients successfully complete treatment.

PHOTO BY WARREN ZELMAN

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.

MSH’s Work on TB/HIV in Ethiopia

STRENGTHENING REFERRAL SYSTEMS AND FOLLOW-UP OF TB

The USAID-funded Help Ethiopia Address Low TB Performance (HEAL TB) project, led by MSH, has made high-quality TB services accessible to 55 million people—more than half the country’s population. Integration of TB and HIV services are a hallmark of the program: 94 percent of TB patients were 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; in 2016, 24 have that capacity. Staff at all 2,200 TB-treatment facilities now know to identify presumptive MDR-TB patients and send their sputum samples for GeneXpert diagnosis and drug-sensitivity testing. The project has enabled the Federal Ministry of Health to treat over 900 MDR-TB patients. Challenge TB/Ethiopia is now building on the progress of HEAL TB.

PHOTO BY WARREN ZELMAN

The USAID-funded Health to treat over 900 MDR-TB patients. Challenge TB/Ethiopia is now building on the progress of HEAL TB.

PHOTO BY WARREN ZELMAN

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.

Per the WHO Global TB Report 2015, co-infection rate is now 12 percent.

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

PHOTO BY WARREN ZELMAN

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MSH’s Work on TB/HIV in Uganda

INCREASING TB CASE DETECTION AND TREATMENT SUCCESS RATES

Since 2013, the PEPFAR- and USAID-funded Track Tuberculosis Activity (TRACK TB) project, led by MSH, has 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 shows how a mixed model—of facility-based initiation, followed by community-based care—can rapidly scale up MDR-TB services without overwhelming the healthcare system. Thanks to project support, MDR-TB is now treated in 15 hospitals, from three at project startup. By late 2015, 95 percent of TB/HIV co-infected patients in Kampala were on antiretroviral therapy to treat HIV, and 99 percent were on therapy to prevent TB.

Strengthening TB and AIDS Response—Eastern Region (STAR-E) provides technical assistance to health management teams in 12 districts with a combined population of 2.7 million people. A USAID- and PEPFAR-funded project implemented by MSH, STAR-E has scaled up support to 154 health facilities to offer integrated HIV and TB services, up from 1 in 2009. In project-supported facilities, 94 percent of TB patients are tested for HIV. The TB Treatment success rate stands at 84 percent.

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

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MSH’S WORK ON TB/HIV IN NIGERIA

The USAID-funded Prevention and Organizational Systems – AIDS Care and Treatment Project (Pro-ACT) project (2009-16), led by MSH, has 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. Collaborative services are now available in 41 care and treatment sites throughout five states. As of late 2015, project partners had screened over 80,000 people living with HIV for TB—and tested 26,000 presumptive TB patients for HIV. The introduction of GeneXpert technology at eight sites has facilitated 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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