

Scaling HIV Testing and Counseling among Tuberculosis Patients and Suspects

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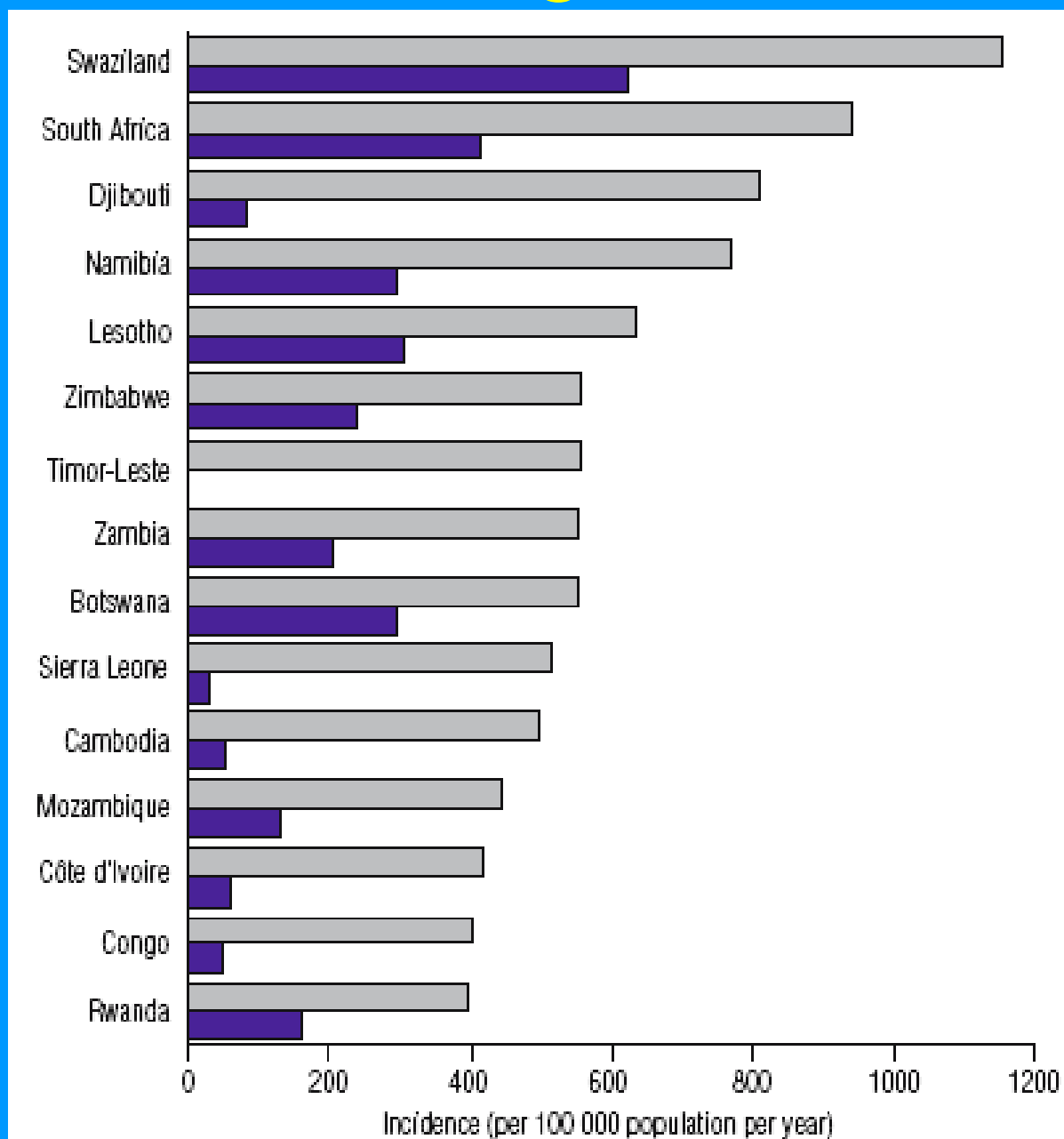
Presentation Outline

- Introduction
- Challenges to implementation
- Intervention
- Results
- Challenges during implementation
- Conclusion

Introduction

- Lesotho
 - Estimated population of 1.9 million people
 - Estimated HIV prevalence among adult population is 23.2%
- TB situation in 2007
 - 14,300 cases of all forms of TB reported
 - Notification rate – 750 per 100,000 population
 - HIV prevalence among TB patients – 80%

Countries with Highest TB Incidence



URC in Lesotho

- University Research Co., LLC (URC) is an international NGO supported by USAID and CDC
- It implements Health Care Improvement Project in Lesotho whose objective is to strengthen TB/HIV collaborative activities
- Currently, operating in 18 health facilities in 6 of Lesotho's 10 districts

Challenges to Implementation

- In the year 2006, Lesotho reported 13,319 cases of tuberculosis with only 16% being tested for HIV.
 - TB officers were overwhelmed with the other responsibilities
 - TB patients were referred to the ART Clinic
- Large proportion of TB patients were not benefiting from HIV care and treatment because they do not know their status.

Intervention (1)

- To increase access to and uptake of HIV testing and counseling among TB patients and suspects attending TB clinics, University Research Co., LLC (URC) in consultation with the National Tuberculosis Control Program and HIV/AIDS Directorate placed lay counselors in TB clinics in six districts.

Intervention (2)

- Eighteen lay counselors, trained for two weeks by Ministry of Health and Social Welfare in HIV testing and counseling (HTC), were placed in tuberculosis clinics to provide HTC to all TB patients and suspects.
- The counselors were further trained on:
 - Tuberculosis symptoms and signs,
 - Relationship between tuberculosis and HIV and
 - Recording of TB/HIV data.

Intervention (3)

- Support and supervision was carried out on-site by a professional counselor if available on-site or the nurse-in-charge, and also from URC HTC coordinator on a monthly and quarterly basis depending on need.
- Results for HIV testing and counseling were recorded in the HTC register as well as the TB register.
- Data on TB and HIV were collected through routine quarterly reports to the National Tuberculosis Control Program.

Results

- In the year 2007:
 - 7,747 tuberculosis patients were registered in URC-supported facilities,
 - 4,006 (52%) were tested for HIV
 - 3,135 (78%) tested positive for HIV
 - 2,062 (66%) were given cotrimoxazole preventive therapy

Comparison Between 2006 and 2007

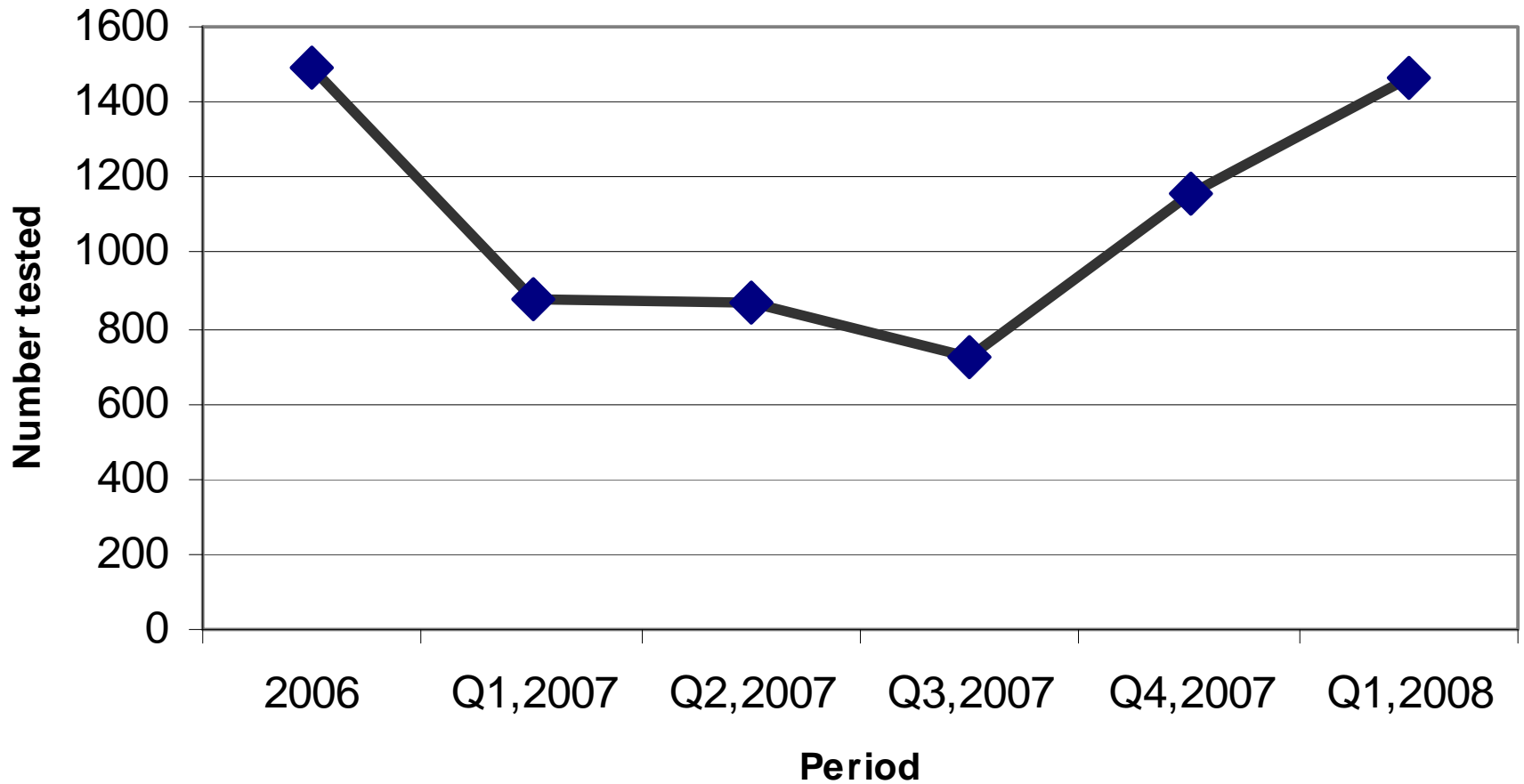
Year 2006

- 7,775 Registered TB cases
- 1,493 (19%) tested for HIV
- 1,154 (77%) tested positive
- 863 (75%) were given CPT

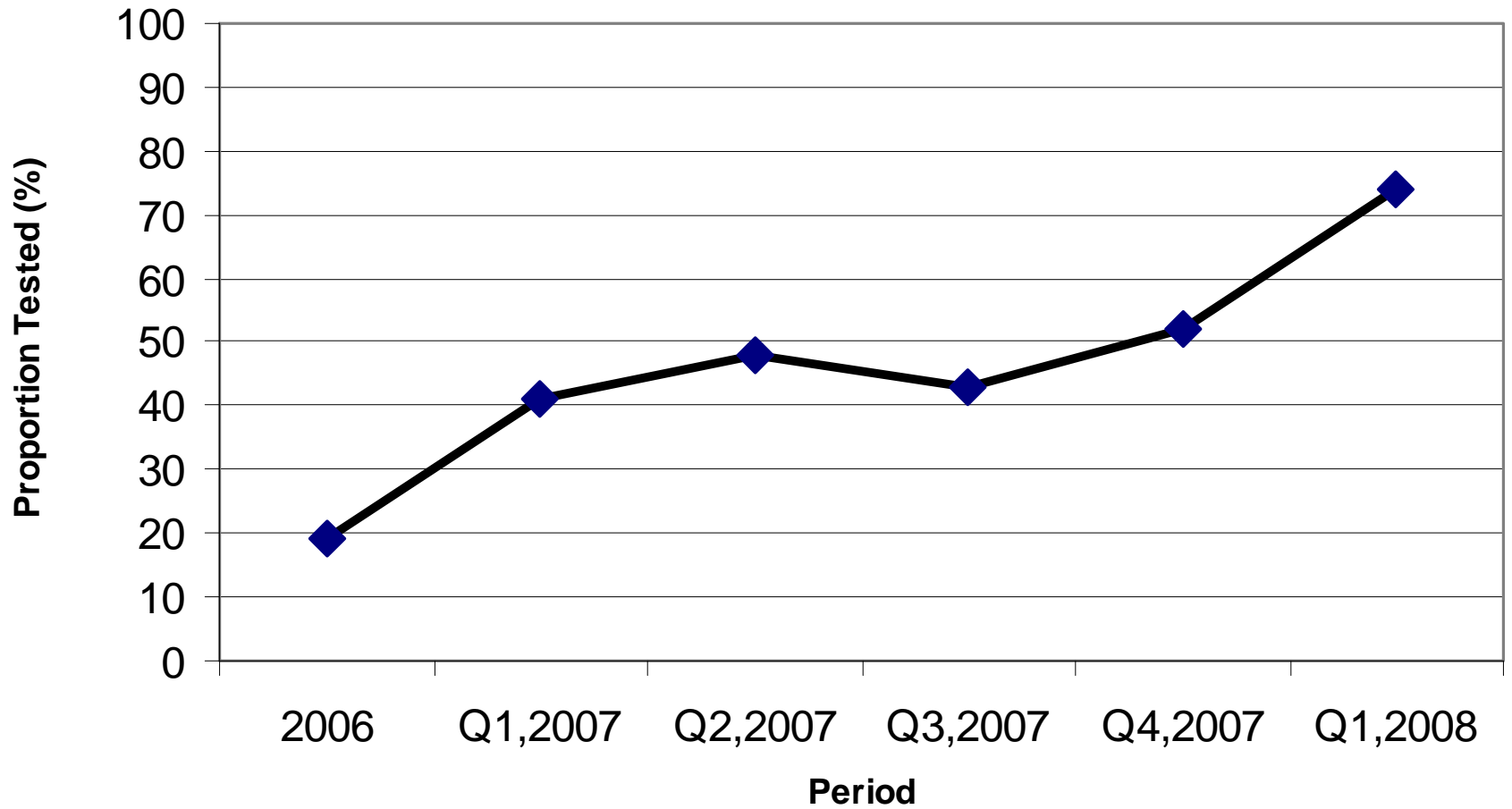
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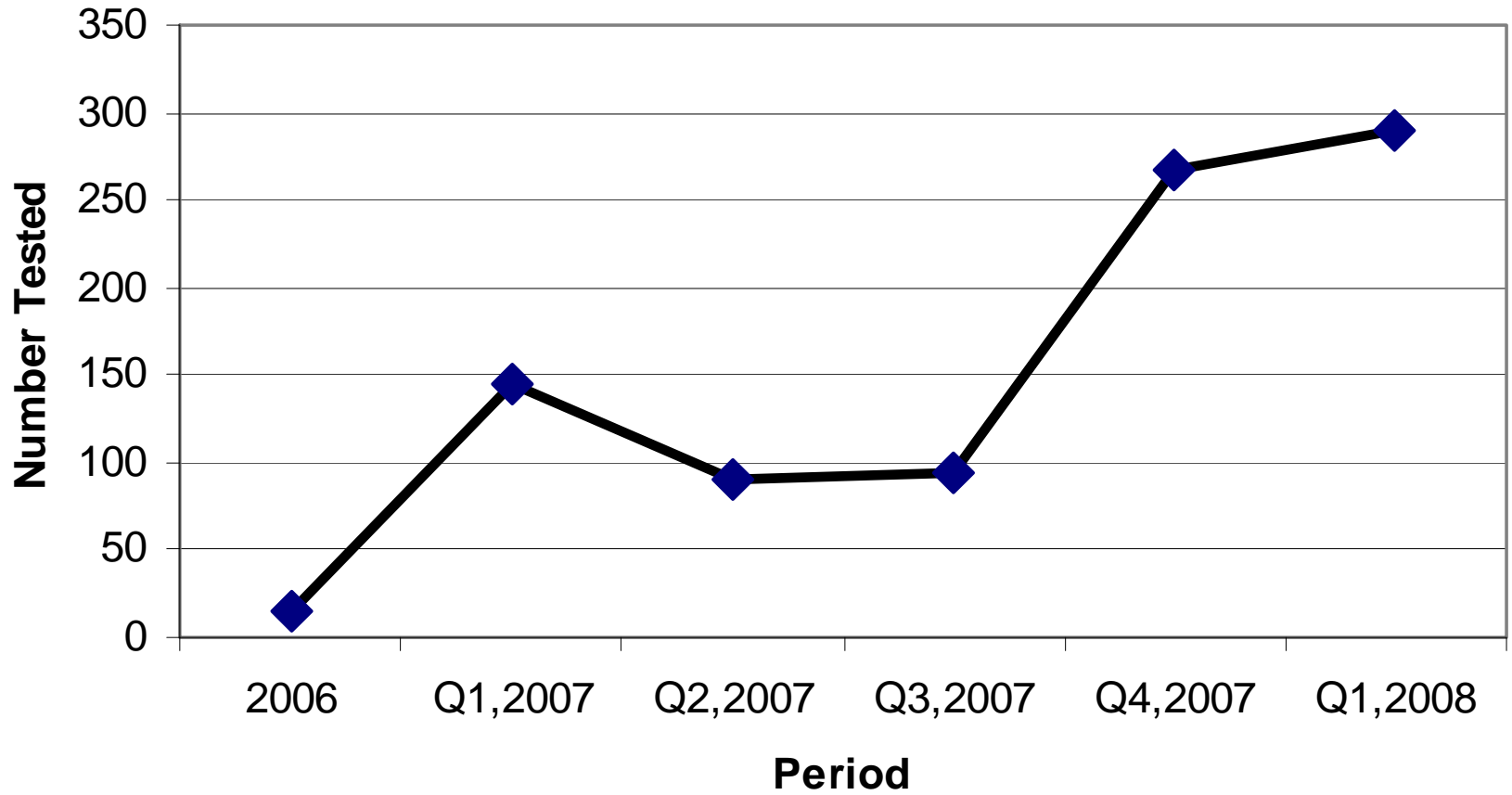
Number of TB Patients Tested for HIV, 2006-2008



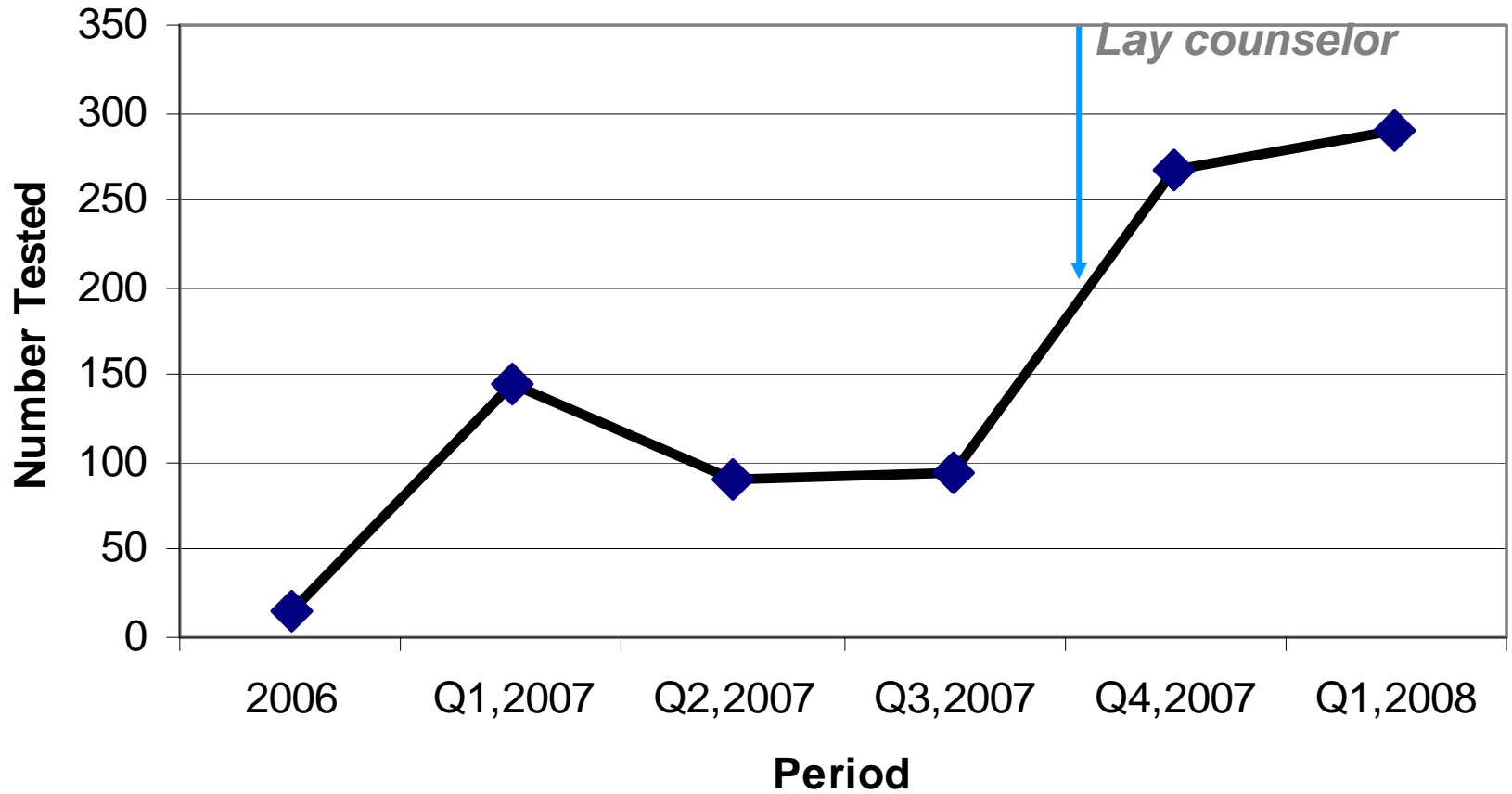
Proportion of Registered TB Patients Tested for HIV, 2006-2008



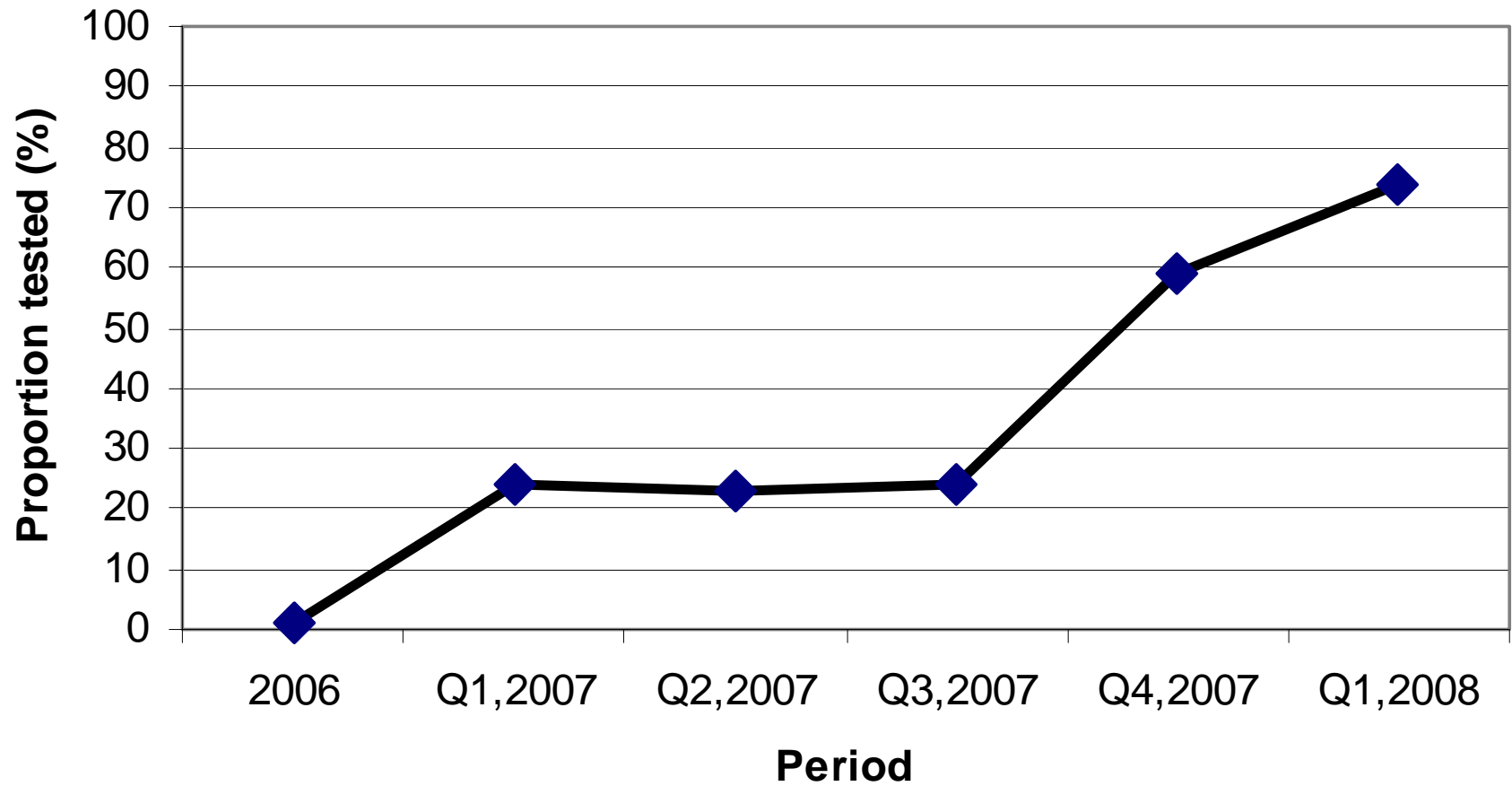
Registered TB Patients Tested for HIV, Motebang Hosp, 2006-2008



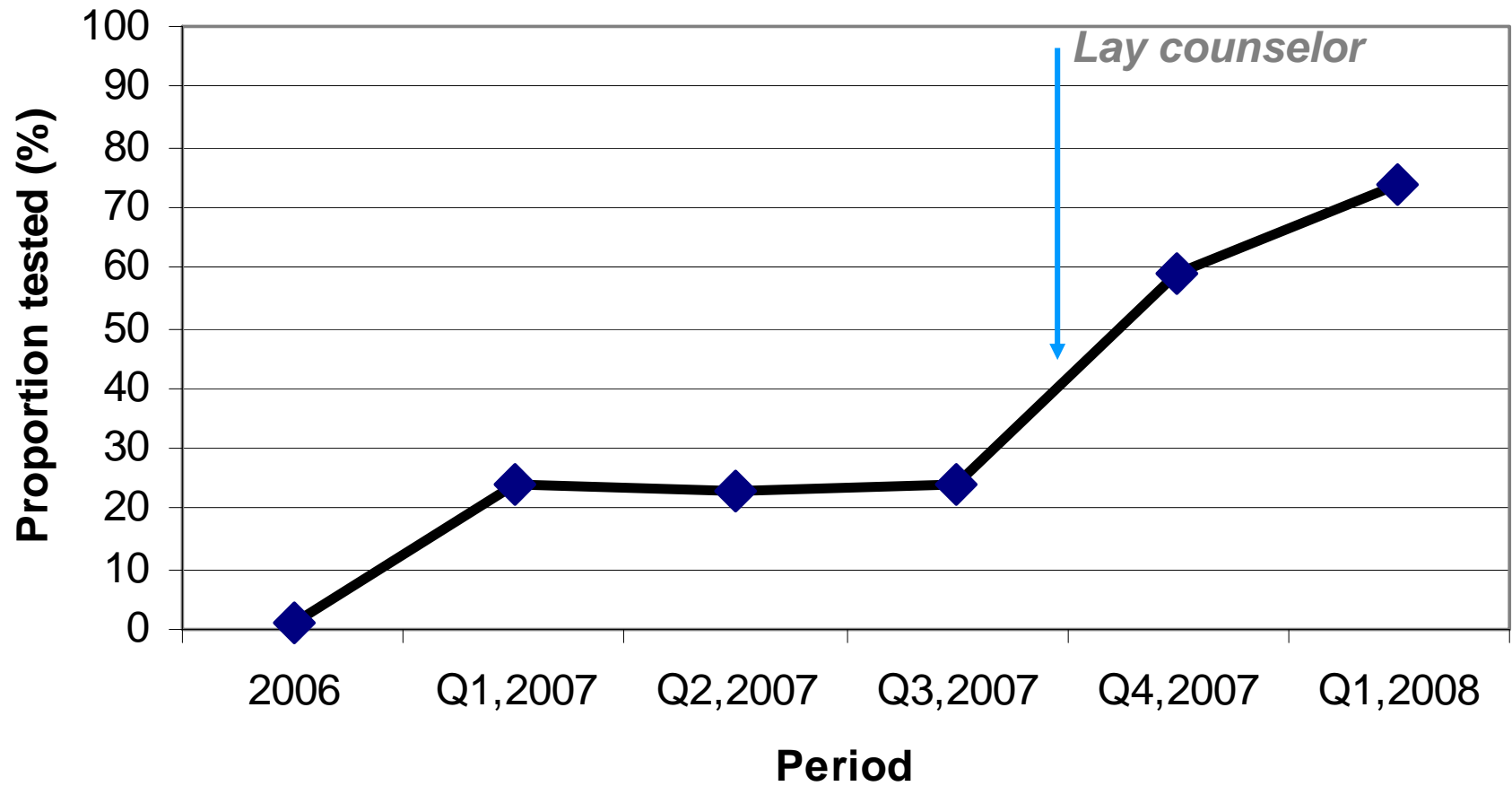
Registered TB Patients Tested for HIV, Motebang Hosp, 2006-2008



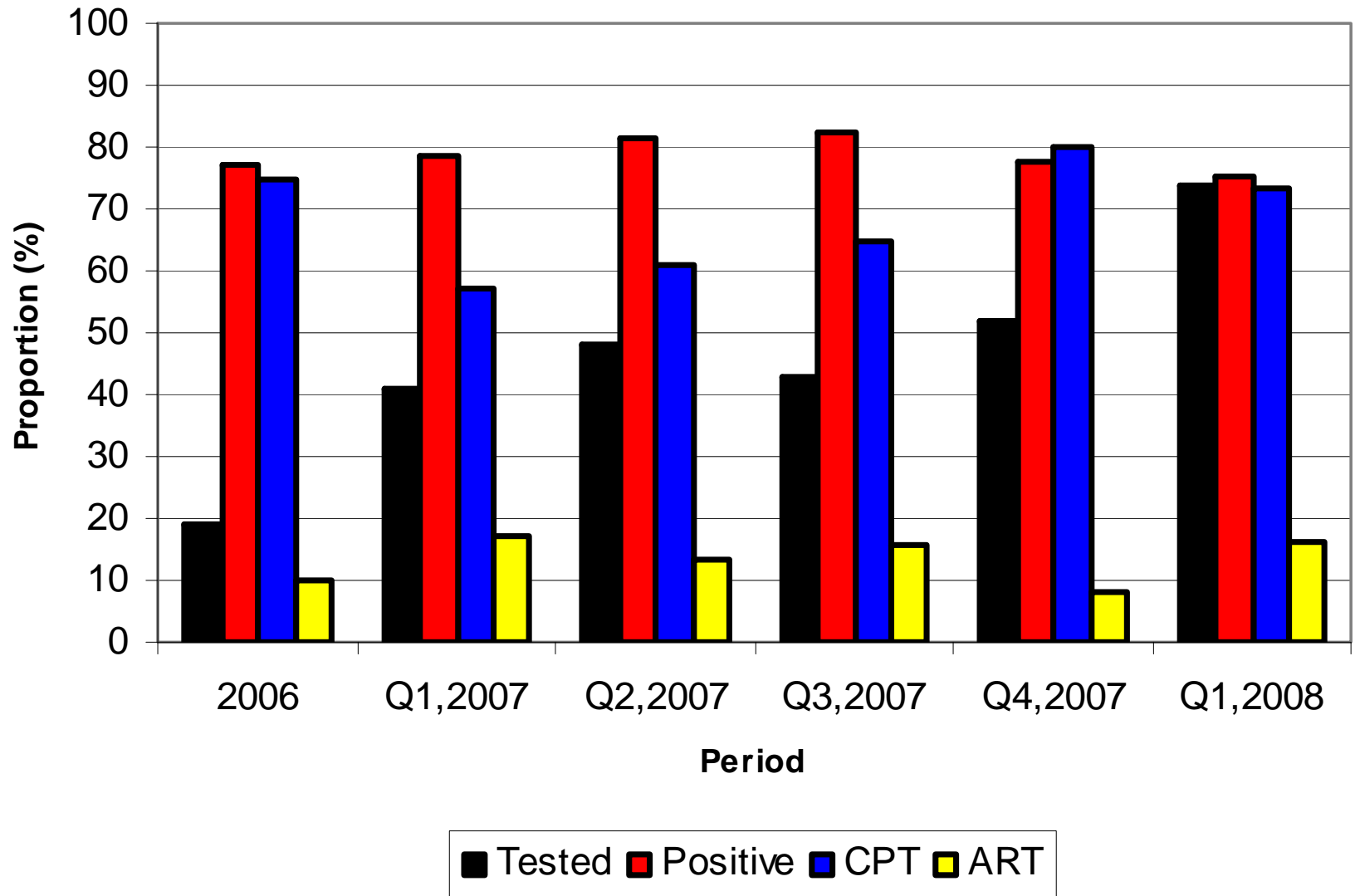
Registered TB Patients Tested for HIV, Motebang Hosp, 2006-2008



Registered TB Patients Tested for HIV, Motebang Hosp, 2006-2008



TB Patients Tested, on CPT and ART, 2006-2008



Challenges During Implementation

- Lay counselors given extra duties:
 - Stationed in Out Patients Department to provide HTC to other patients as well.
 - Giving medication to TB patients
- The TB Suspects Register had no section for recording HIV test results
 - With technical and financial support from URC, the register was revised to capture HIV results, and has been in use since April 2008

Conclusion

- Lay counselors, supervised by health personnel, can allow health facilities to rapidly expand HTC for TB patients and integrated TB-HIV management.
- The HIV testing and counseling uptake can also be improved by offering HTC right in the TB clinics rather than refer patients to the ART Clinic /VCT Centre

Acknowledgements

- District TB Officers
- District TB/HIV Coordinators
- Surveillance Officers
- NTP Manager
- USAID
- CDC
- PEPFAR