



WHO recommendations for the diagnosis of smear negative TB among PLHIV: experiences and challenges in their implementation in resource limited settings

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Outline of presentation

- The recommendations
- Methodology
- Implementation and experiences
- Challenges
- Conclusion



Key recommendations

- Recommendations for NAP and NTP
- Case definitions (SS+, SS- and EP) revised
- Algorithms are tailored to clinical condition
- HIV testing to TB suspects along with AFB
- Acceptable number of visits established
- CXR and Culture to be done earlier

Key recommendations

- Flexibility for empiric TB treatment in peripheral health facilities
- TB care should include HIV care (HIV staging, PCP, CPT)
- Clinical management of extrapulmonary TB recommended as routine NTP activity
- Recording and reporting of SN TB improved

Background

- Finalised November 2006
- Dissemination
 - Electronic and print media
 - TB and HIV meetings
 - Multiple languages
- GF R6 Preparation
- IMAI TB/HIV manual



Global policy → National policy → Implementation

Methodology

- Interview with 20 NTP managers in Africa
 - 60% global TB/HIV burden
- Global Fund R6 TB and HIV proposals analysis
 - 63 countries
- PEPFAR 2007 plus-up plans review
- IMAI implementation

Interviewed Managers

- | | |
|-------------|----------------|
| • Botswana | • Malawi |
| • Burundi | • Mozambique |
| • Burkina F | • Namibia |
| • DR Congo | • Rwanda |
| • Eritrea | • Sierra Leone |
| • Ethiopia | • South Africa |
| • Ghana | • Tanzania |
| • Liberia | • Togo |
| • Lesotho | • Uganda |
| • Kenya | • Zambia |

Methodology

- Policy revision
 - Case definitions
 - HIV testing for TB suspects
 - Algorithms
- Culture and CXR
 - Current status
 - Expansion plans
- Perspective
 - Extent of problem
 - Challenges



Key activities (N= 20)

Only one NTP Manager was not aware of the global policy changes

Variable	Number of countries (%)
Revision of National TB Guidelines	9 (45)
Culture facility availability (at least one)	16 (80)
Decentralization plan for culture facility	15 (75)
Expansion plan for CXR	4 (20)

Decentralisation of culture facilities (planned or ongoing)

Number of culture facilities to be expanded	Number of countries (%) N=20
None	5 (25)
One	3 (15)
Two	6 (30)
Three	2(10)
Four	2(10)
Five	1(5)
Six	1(5)

Global Fund Round 6 analysis

- 35 TB proposals (88% with TB/HIV)
- 33 HIV proposals (42% With TB/HIV)
- Expansion of HIV testing is key activity
- 4/35 (11%) TB include culture for diagnosis
- 2/35 (6%) of TB included CXR expansion
- 1/35 (3%) of TB included investigations for EP TB
- No HIV proposals included Culture, CXR or investigation for EP TB (cytology, ultrasound)

PEPFAR 2007 TB/HIV plus up plans

- Fluorescence microscopy introduction
- CXR facility expansion
- Decentralisation of culture facilities
- Extrapulmonary TB investigations (e. g biopsy)
- Support for laboratory supplies and management
- Quality assurance for smear microscopy
- Training of health workers

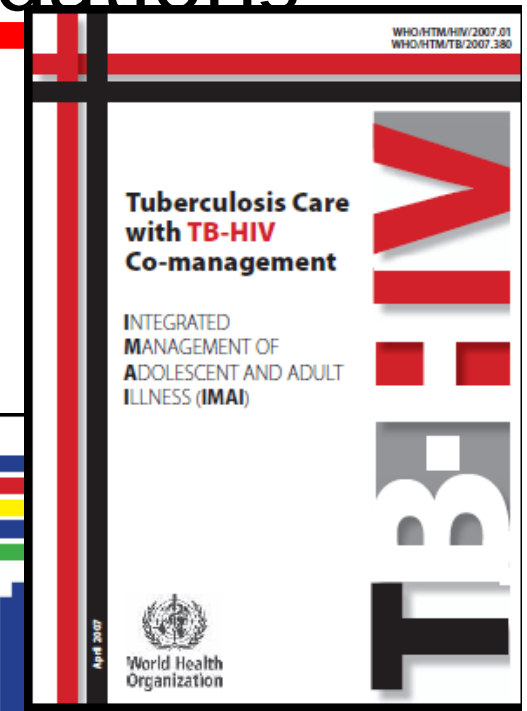
IMAI TB-HIV Co-management manual incorporating the recommendations

Adapted

- Nigeria
- Ghana
- Ethiopia
- Zimbabwe
- Namibia
- Guyana

Planned

- Uganda
- Zambia
- Sudan
- Somalia



INTEGRATED
MANAGEMENT OF
ADOLESCENT AND ADULT
ILLNESS (IMAI)

GUIDELINES FOR HEALTHCARE WORKERS AT CLINICS,
HEALTHCARE CENTRES, AND DISTRICT HOSPITAL
OUT-PATIENT CLINICS



2007

Challenges identified

- Problem extent and need for urgent actions acknowledged by all
- National policy adaptation and formulation is a long and costly process
- Training materials and technical assistance to assist policy and implementation absent
- Concern over human resources and shortage of national expertise

Challenges identified

- Lack of operational guides (e.g. SOPs and cost estimates for planning)
- Perceived expensive cost of supplies and investigations for extrapulmonary disease
- Concern over who pays for the investigations- the patient or the programme?
- Lengthy procurement procedures and administrative bottlenecks

Operational evaluation

- Facilitate the implementation of the guidelines and generate knowledge to improve them.
- Joint effort between research groups and National TB and/or AIDS Programmes
- Operational evaluations are ongoing or planned
 - Ethiopia
 - Kenya
 - Uganda
 - Zambia
 - Cambodia
 - India

Conclusions

- Overall progress in the implementation is encouraging
- Expansion and decentralisation of culture facilities emphasised
- Global Fund and PEPFAR offer opportunities
- Uptake by NAP and HIV service providers is limited
- Tools and expertise (SOPs, training manuals) to expedite implementation lacking