

Module 2 TB/HIV Collaboration

Unit 1

TB and HIV Control Programs

1/11/2010

TB-HIV collaborative Module 2

TB and HIV Control Programs

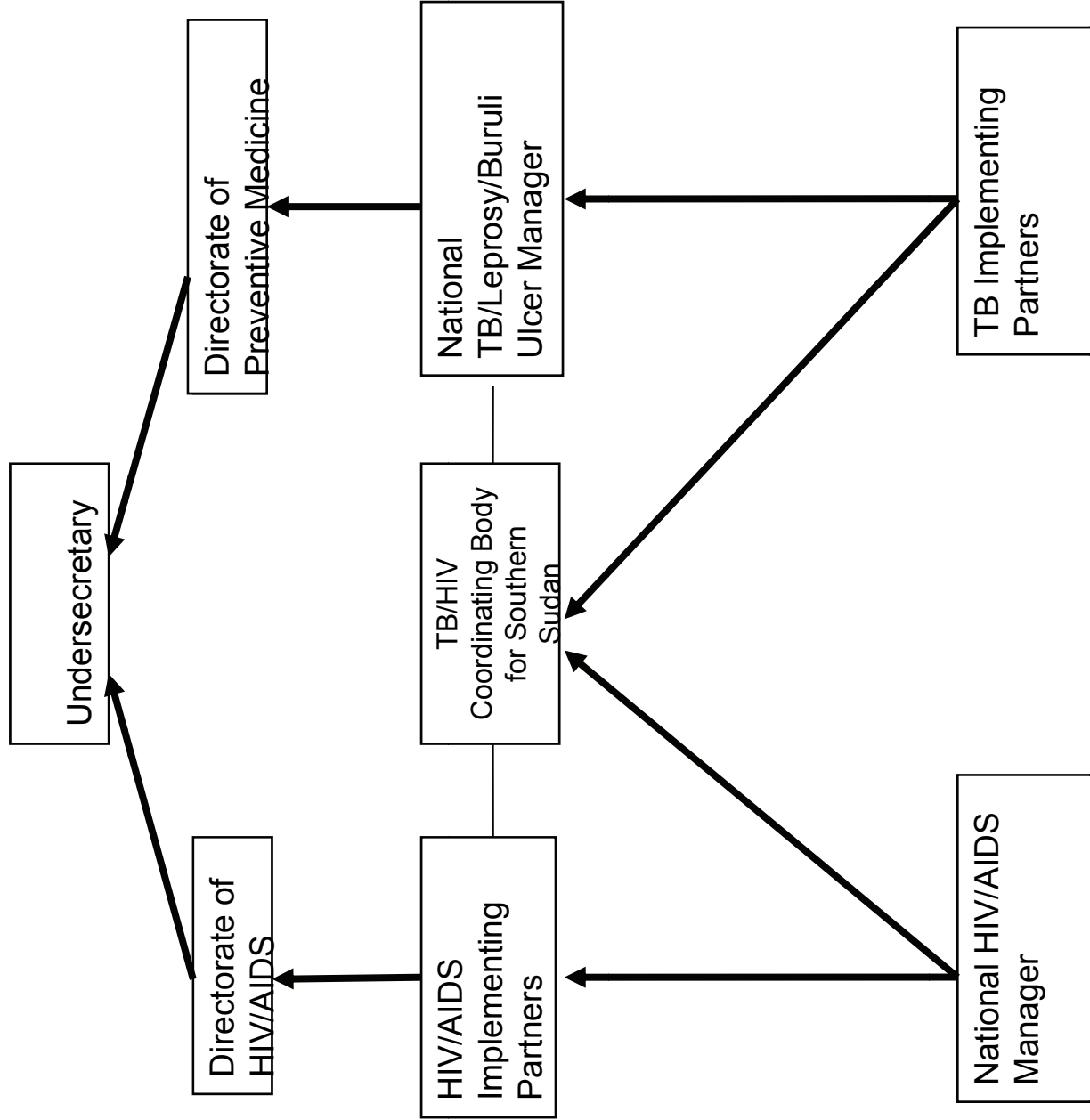
Objectives:

By the end of this unit, participants will be able to:

- 1. Describe the TB program in Southern Sudan**
- 2. Explain the DOTs strategy**
- 3. Describe the SSAC**
- 4. Explain the SSAC activities**

History of NTLB Program

- The TB and leprosy units which were isolated during the war.
- Ministry of health launched the National TB, Leprosy and Buruli Ulcer Program (NTLBP) in 2006.
- Short course chemotherapy (SCC) has been introduced countrywide.
- National TB/HIV coordinating body in 2007.



Strategies and Implementation Approaches

- 1. Pursue quality DOTS expansion and enhancement**
 - Political commitment with increased and sustained financing
 - Case detection through bacteriology
 - Standardized treatment with supervision and patient support
 - Effective drug supply system
 - Monitoring system and impact evaluation

Strategies and Implementation Approaches

- 2. Address TB/HIV, MDR-TB and other special challenges**
- TB HIV collaborative activities
 - Prevention and control of drug – resistant TB including DOTS-plus
 - Address risk groups and special situations

Strategies and Implementation Approaches

3. Contribute to health system strengthening
 - Active participation in country led and global efforts
 - TB control innovations that strengthen systems
 - Adopting innovations from other fields to strengthen TB control
 - Practical Approach to Lung Health (PAL) – extending TB care to respiratory care
4. Engage all care providers
 - Public Private Mix approaches (PPM)
 - International standards for TB care

Strategies and Implementation Approaches

5. Empower patients and communities
 - Community TB care
 - Advocacy, communication and social mobilization at local level

6. Enable and promote research
 - Program - based operational research
 - Partnerships to develop new diagnostics, drugs and vaccines

Targets: NTLBP Southern Sudan

- To detect 70% of smear positive TB cases
- To cure 85% of the smear positive TB cases

Overview of SSAC

- South Sudan Aids Commission is a division within the Ministry of Health's under the Directorate of HIV/AIDS
- Started in 2006???

Main Activities of SSAC

- Treatment and control of Sexually Transmitted Infections (STIs)
- Epidemiology, Research and Surveillance
- Prevention of mother to child transmission (PMTCT)
- Voluntary Counseling and testing (VCT)
- Condom program

Responsibilities of SSAC

- **Leading and guiding the implementation of all HIV/AIDS and STDs Programs in the health sector**
- **Focuses on HIV AIDS surveillance formulating guidelines for all programs**
- **Capacity building of service providers**
- **Technical advocacy**
- **Policy development**
- **Resource mobilization**

Main Activities of SSAC

- Continuum of care and support for OIs
- Anti-Retro Viral Therapy (ART) program
- Home Based Care
- Blood safety and HIV screening
- Procurement and distribution of commodities
e.g. condoms, HIV test kits
- Behavior change, social change and cross-cutting such as gender

Unit 2

TB/HIV Collaborative Activities

TB/HIV Collaborative Activities

Objectives:

By the end of this unit, participants will be able to:

- 1. Describe the relationship between TB and HIV**
- 2. Describe the 12 TB and HIV collaborative activities**
- 3. Describe the benefits of collaboration between TB and HIV programs**

Introduction

- HIV: The greatest risk factor for TB – HIV positive person has a 50% chance of developing TB in lifetime(5-15% chance per year)
- TB is preventable, treatable and curable
- HIV: Preventable and manageable
- Up to 70% of TB patients in SSA are HIV positive
- HIV increases risk of recurrent TB

Impact of HIV on TB

- **Increase TB burden**
- **Increased morbidity**
- **Increased mortality**
- **Increased stigma**
- **Program credibility**

Impact of TB on HIV

- The most common opportunistic infection among PLHA
- TB is a leading cause of HIV-related morbidity
- TB is a leading cause of mortality: one-third of all AIDS related deaths are due to TB
- TB accelerates immuno-suppression of HIV

Measures to Address the Dual Epidemic

There is need to:

- 1. Establish mechanisms for collaboration between TB and HIV programs**
- 2. Decrease the burden of tuberculosis amongst PLWHA**
- 3. Decrease the burden of HIV amongst TB patients**

Measures to Address the Dual Epidemic

To establish mechanisms for collaboration:

- Set up a coordinating body for TB/HIV activities at all levels: Nationally, Province and the Districts
- Conduct surveillance of HIV prevalence amongst TB patients
- Carry out joint TB/HIV planning
- Conduct monitoring and evaluation

Measures to Address the Dual Epidemic (cont.)

To decrease the burden of TB in

PLWHA:

- Establish intensified case finding
- Introduce IPT: settings where this is feasible-research, prisons, etc.
- Ensure infection control in health care and congregate settings

Measures to Address the Dual Epidemic (cont.)

To decrease the burden of HIV amongst TB patients:

- Provide HIV testing and counselling (DTC)
- Introduce HIV prevention methods
- Introduce CPT
- Ensure HIV/AIDS care and support
- Introduce ART

Review

- What are the two National Agencies leading the collaboration of HIV and TB in Southern Sudan?
- Why is collaboration necessary?
- What is the impact of HIV on TB?
- What is the impact of TB on HIV?
- What are 3 measures to address the dual epidemic?