Integrating HIV and TB interventions in the community to increase TB and HIV case detection, treatment adherence and TB treatment completion in Malawi and Zimbabwe

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Background

The risk of developing TB is 26-31 times greater for people living with HIV than among those without it, and TB accounts for a third of HIV/AIDS-related deaths worldwide. Furthermore, a high proportion of people with TB also have HIV: in Malawi, this number reaches 56% and in Zimbabwe it increases to 69%.

The World Health Organisation (WHO) has recommended 12 collaborative activities surrounding policy and approach to challenges around co-infection, however most integration is currently happening at clinic level. Currently they are insufficiently followed at the community level.

Partners

Humana People to People is a global network of organisations, known locally as Development Aid People to People (DAPP). The organization has over 30 years' experience in the implementation of HIV prevention and care work at the community level

TB Alert is a UK-based organization with demonstrated track record in integration of community based TB & HIV activities at the grass roots level in Southern Africa and India over the last two decades.

The first partnership between the two started with DAPP Malawi in 2013 followed by DAPP Zimbabwe in 2015. TB Alert is now the technical partner for the World Bank-funded TB in the Mining Sector Regional Programme (TIMS) which is implemented by Humana members and other partners in 10 countries across Southern Africa.

Community Level Integration

With technical advice from TB Alert, DAPP Malawi modified its HIV/AIDS outreach programme to specifically address both TB and HIV in early 2013. Under this initiative, DAPP began a programme in Mulanje district (2014) and Thyolo district (2015), funded by UK Aid and Comic Relief respectively. In October 2015, a similar programme was initiated by DAPP Zimbabwe in Manicaland through UK Aid.

Changing Behaviour	Health Systems Strengthening	Treatment Support
Single point of contact for clients	Targeted diagnostic services for both infections	Utilisation of existing HIV support groups
Combined messaging in IEC materials	Pilot for combined HIV/TB/MCH registers	Family-based counselling and adherence
Provide HTC along with sputum collection for TB at doorstep	Advocacy for isolation units	Supplementary nutrition for DR & co-infected clients

Innovations

Family-based support: TRIOs

The patient chooses two people to ensure direct observation of treatment, provide counselling and support treatment adherence. Furthermore, TRIO members fulfil additional support roles as necessary, such as accompanying patient to and collecting medication from health facilities, as well as preparing meals.

Door-to-door contact

In addition to the more traditional group approach, the programme includes a door-to-door approach led by community health workers and volunteers. This element is more appropriate at a pre-diagnostic stage as it provides privacy and confidentiality for people to be screened and tested and allows for information to be personalized. In order to be most effective, this requires thoughtful coordination and consideration of times of day and gender dynamics.

Nutrition support

TB is a disease of poverty and most people on medication are not able to deal with the toxicity of the medicines due to inadequate nutrition. Nutrition support includes: supplementary nutrition for priority groups such as DR TB cases; knowledge on nutrition; training TRIOs on demonstration plots; providing cooking demonstrations; and supporting vegetable gardens.

Results so far

Mulanje after two years

34,298 people screened for TB

7,754 sputum samples tested

1,193 TB cases detected

TB cure rate increased from 78% to 82%

Lost to follow up rate reduced from 5.4% to 1.6%

79 cases of MDR TB and other priority groups provided with nutrition support

Thyolo after one year

5,585 people screened and 1,288 tested for

1,612 tested at doorstep for HIV

110 TB cases & 26 HIV cases detected

40,167 reached door-to-door

72 priority patients provided with nutrition support

Manicaland after eight months

13,000 people screened for TB

7,122 people mobilized for HIV testing

484 samples collected from presumptive cases

9 TB drug sensitive, 2 co-infected and 13 HIV positive cases identified

Challenges & Lessons to date

Changing Behaviour

More **structured training** and support on systematic screening and sputum collection for Community Health Workers can improve case finding

Case detection was **lower than expected** due to various factors, including a downward trend in the wider region and issues with referral & documentation processes

Knowledge and awareness surrounding HIV, TB & co-infection does not always lead to **changes in practice**

TB appears to have **lower stigma** attached to it than HIV

Appropriate nutrition support according to age provides tangible **treatment outcomes**, particularly for children

Health Systems Strengthening

Early set-up of the referral system and permissions to conduct HIV doorstep testing can avoid delays and **ensure successful linkages** with health services

Available diagnostic capacity and resources of health facilities (number of microscopes, technicians and GeneXpert capacity) plays an **important role** in applying screening protocols and achieving comprehensive case detection

Coordination and communication among **different actors** required to ensure transport of viable sputum samples from sputum collection centres to clinics

Treatment Support

DOT is more successful when **provided by TRIO members** rather than at clinics for logistical and personal reasons

There can be challenges in TRIO formation and many patients choose only **one support person** instead of two

Cooking demonstrations and training on demo plots must be **well coordinated** and better timed taking into account timing of diagnosis and local agricultural cycles It is more effective to engage and train existing HIV **community support groups** in TB and co-infection, rather than to develop new ones

Image credit: S. Sah, TB Alert