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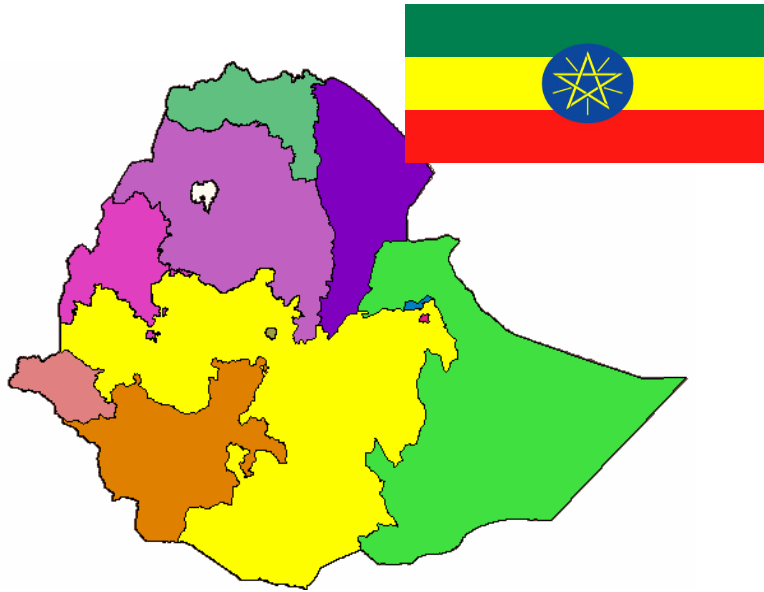
**Health Programs Department,
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Outline

- **Introduction**
- **TB/HIV Collaborative Activity in Ethiopia**
- **TB Infection Control**
- **Practices in Ethiopia**
- **Major Gaps/Challenges**
- **The Way Forward**
- **Planned Activities**

Introduction



East Africa

- Area –1.2 million km square
- Population 80 Million, 2nd largest populous nation in SSA.
- 84% live in rural area
- Dependent on Subsistence Agriculture (Backbone)
- Administratively divided into 9 Regions and Two City Administrations

Introduction...

2008 Estimates

- **Among the 22 High TB Burden Countries (7th)**
 - **Incidence of all cases and SS+ves, 379/100,000 and 168/100,000 respectively**
- **According to the Single point prevalence estimate, the country has 2.2% HIV prevalence**
 - Estimated PLHIV being 1,037, 267**

TB/HIV Collaborative Activity

I. Program Management (Coordination)

- **Initiated in 2002 at FMoH level**
 - TB/HIV Advisory Committee (THAC) formed and functional (Chaired by TBL program and HIV/AIDS Program alternatively, as per its TOR)**
 - **Major partners are members of THAC**
(WHO, PEPFAR, GLRA, FHI and Academia,)
- **Piloted in 9 selected Health Facilities (2004)**
- **After assessment of the pilot activity & improving gaps, major scale-up after 2005**
- **TB/HIV Technical Working Group (TWG)-under THAC formed and actively spearheading the activities at National level-April 2007**

TB/HIV Collaborative...

- **Regional Advisory Body has been established by most Regional Health Bureaus, involving partners in the area. (Since late 2007)**
- **Similar Advisory body is being established at Zonal, Woreda and Health Facility levels**

TB/HIV Collaborative...

II. Site Expansion:

- Currently there are **477 Health Facilities** rendering TB/HIV services across the Nation. (Hospitals and Health Centers)
 - Private Facilities are involved under Private Sector Initiative

III. Monitoring Evaluation

- Quarterly report collected by TBL Control Program/ FMOH, from Regions

TB Infection Control

- TB is the most common opportunistic infection and a leading cause of death in persons living with HIV/AIDS (PLHIV).
- TB infection among PLHIV can progress rapidly from TB infection to disease
- Health care workers and other staff are also at particularly high risk of infection with TB

TB Infection Control

Ethiopia's Approach

I. Intensified TB Case Finding

- ❖ **National TB Control Program –mandated on intensified TB case finding (Routine)**

=> All TB Clinics in Hospitals and Health Centers (DOTS centers)

=> Collaboration with FHAPCO for PLHIV, being done at Chronic care, (Pre-ART and ART) OPD & Wards

=> Using simple and standardized checklists (WHO's screening tool)

- ❖ **Has developed and recently revised TB/HIV Implementation Guideline**

II. Provision of IPT: is part and parcel of the TB/HIV Collaborative activity, addressed in TB/HIV Implementation Guideline and TB Manual

=> Being implemented in the country,

III. TB Infection Control: has been one of the major focus, addressed in TB/HIV Implementation Guideline

TB Infection...

- **The country believes that:**
=> The three I's are essential and Integral components of ART scale-up and Universal Access.

TB Infection...

The three TB infection Control activities: (Addressed in recently revised Training Manual)

- Preventing TB transmission through good patient management-

A. Administrative Control (Most effective and least expensive)

- ❖ Triage of TB suspects-being implemented
- ❖ Isolation of Pulmonary Sputum positive TB patients- also being implemented in the wards (separate room)
- ❖ Educating patients/suspects on cough hygiene
- ❖ Infection control plan by facilities-on process

B. Environmental control measures (Reengineering)- Improving Ventilation!

C. Protection of Health care Workers –Training is being given for Health workers on the importance of infection control

Good work practice and Administrative Measures = bring impact

A written infection control plan for each facility

Administrative support for procedures in the plan, including quality assurance

Training and supervision of staff

Education of patients and increasing community awareness

Coordination and communication with the TB programme.

Increasing awareness: Increasing access to HIV testing, with ART, IPT and consideration of changing duties

Challenges/Gaps

- **Resource** constraint-to improve, standards and ventilation of Hospitals/wards (Renovation)
 - Low case detection rate- demands quality assurance, improving Laboratory system, Capacity building...
 - Provision/buying of expensive Respirators (N95)- difficult for health workers
 - Provision of Face Masks to each patient may be difficult
- ⇒ **TB Infection Control is Health System Strengthening issue!!**

Further Action is required

- 1. TB/HIV Collaboration- (improving!) and HIV program has gained better awareness of the importance of TB infection Control, the role of the three I's**
 - Effective Communication of both programs and Communication at all levels! (To be replicated at Regions and each Health Facility level)**
 - Intensifying TB case finding, is an important activity!- Improving case detection rate is mandatory!**
- 2. Clear indicators- for TB Infection Control and three I's, with clearer accountability and responsibility**
- 3. Further strengthen Infection control measures, in each facility**
- 4. Developing SOPs, IECs....**
- 5. Resource Mobilization (More collaboration with/from Partners!)**
- 6. Capacity Building and Supportive Supervision (Involving Partners)**
- 7. Effective M&E**

Actions for 2008-2009

- ❖ Finalizing establishment of TB/HIV Advisory Body at Regional and Health Facility level (including intermediate levels, Zones and Woredas)**
- ❖ TB/HIV training for General Health workers, using new training material, including infection control**
- ❖ TB/HIV Implementing site expansion**
- ❖ Stand alone TB infection control training (where applicable)**
- ❖ Strengthening Monitoring & Evaluation of TB/HIV Collaborative Activity at National level**

Thank You