

TB/HIV Program: Working together to Achieve Universal Access to HIV and TB Prevention, Care, and Treatment

AFFECTED COMMUNITIES' CONTRIBUTION TO TB/HIV COLLABORATIVE ACTIVITIES

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Introduction

- What role affected communities can play in achieving universal access to TB/HIV collaborative activities
- What needs to happen to support communities to play this role of increasing bottom up demand for TB/HIV collaboration.



Introduction cont'd

- Though tuberculosis is curable it still remains one of the main killers of PLHA. About 30% of PLHA globally are co-infected with TB.
- HIV literacy among people living with HIV has helped them understand their illness and helps them play a part in the management of their condition.
- Need to create same environment for management of TB.



Community empowerment

- Community empowerment and engagement has been a cornerstone of the scale up of the HIV response.
- It has been recognised in the WHO TB Control Strategy as an activity critical to achieving TB/HIV collaborative services
- The HIV community is one of the structures that can take on the leadership role (but needs support).



TALCs experience

- TALC started off as an HIV organisation but is now taking a leading role in the issues around TB/HIV co-infection
- In 2006, TALC undertook a community monitoring and research project in 3 provinces in Zambia to assess the level at which the WHO Interim Policy on TB/HIV collaborative activities is being used. (Zambia is one of the countries that is a signatory to this policy)



TALCs experience

- Three of the main findings: Though there are efforts being made to intergrate TB/ HIV programs, there was still a separation of services on the ground
- Though a TB/HIV Joint Collaborative Body (JCB) exists in Zambia, there was no meaningful representation of affected communities on JCB
- Very little information available on the co-infection



Advocacy phase - TALC

- TB training for HIV activists
- TB training for leaders of support groups, CBOs, health care workers from ART and TB corners
- Created an HIV desk at the TB clinics
- Meetings with representatives of TB and HIV community organisations
- Meeting with stakeholders (NAC, NTP, etc)
- Press conference
- Future plans: IEC campaign, advocacy around the 3I's

How communities can support HIV and TB programs

1. Creating an activist movement for TB/HIV which can create demand for increased collaboration at local/national levels (e.g. TB info desk at VCT sites and ART centres and vice versa) etc
2. Activists can increase political support for TB and TB/HIV on national and global level



How communities can support HIV and TB programs cont'd

3. Activists have a vital role to play in treatment support and completion, infection control and intensified case finding
4. Have TB champions as role models and to reduce stigma
5. Formation of TB support groups that can provide a platform for those affected to share views, offer support
6. Have the affected working as treatment supporters for both TB and HIV

Supporting communities to play these roles

TB and TB/HIV literacy: –

- The science of TB and HIV, the co-infection, 3 Is-community sensitization
- Policy framework e.g. TB/HIV collaborative policies at global and national levels
- Research and resources considerations need to be addressed in improving TB/HIV collaboration



Supporting communities to play these roles cont'd

- Communities are much more than just DOTS supporters and have a bigger role to play in the collaborative activities
- Global and VERY IMPORTANTLY, the national policy and programs must be supportive of these efforts
- There needs to be meaningful involvement of the affected communities at all levels including decision making levels.



Conclusion

We are the ultimate beneficiaries of these services and our insights will be critical in improving the service delivery and outcome measures.

TB has been 'medicalized' for too long and the fight against TB needs our support.

HIV and TB programs need to budget into their programs efforts that will support civil society partners in doing this important work.



Conclusion cont'd

The fight against TB/HIV co-infection will not be won without partnership between infected and affected communities and the TB/HIV programs. We are eager to play our role but need the leadership of the HIV programs and TB programs to work with us to ensure that the power of the community can be channelled to reach the vision of Universal Access for TB/HIV services.



Thank you,

Merci

