

Providing ARV and CPT for Persons with TB/HIV: Public and NGO Partnerships

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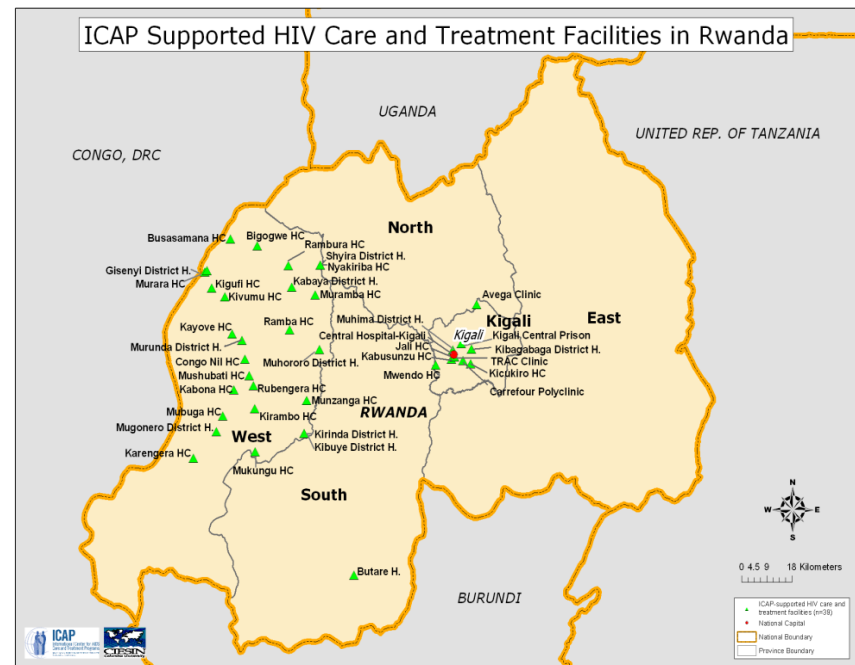


The International Center for AIDS care and Treatment Programs - ICAP

- USG funded NGO based at the Mailman School of Public Health/Columbia University
- Objectives:
 - Support MOH to achieve the HIV/AIDS care and treatment objectives of the National Strategic Plan
 - Enhance quality of life for people living with HIV/AIDS and their families
 - Assist Emergency Team to achieve PEPFAR objectives
- ICAP Principles that Guide Support of HIV Care and Treatment at Clinical Sites
 - Comprehensive family-centered approach
 - **TB/HIV service integration**
 - Multidisciplinary approach to care
 - Links between facilities and communities
 - Strong laboratory capacity including infant diagnosis

ICAP-Rwanda Program Implementation: a long path

- Year 1 (2005): Establish relationship with MOH
- Year 2-3 : How to Shift from centralized to decentralized HIV program?
- Year 4-5: Enhancing Quality
 - *Balancing quality with rapid expansion*
- 44 ICAP supported sites



ICAP-Rwanda TB/HIV Objectives

- **Provide support to the MOH in improving linkages between HIV and TB programs and services**
 - **Support the MOH to coordinate planning, implementation and monitoring of national integrated TB and HIV services**
- **Support HIV testing, care and treatment service delivery at district and site level including TB/HIV collaborative activities**

ICAP TB/HIV: Public – NGO Partnership

- Direct technical assistance at central level
 - TB/HIV TA based within the National TB Program
- Establishment of a national TB/HIV technical working group to harmonize and coordinate between partners
- Development of policies, guidelines and protocols, tools and training materials
- Implementation at 2 ICAP supported TB/HIV model centers

La tuberculose est la première cause de maladie et de décès chez les personnes infectées par le VIH

A chaque rendez-vous faites le dépistage intensif de la tuberculose chez toute personne VIH+ au moyen de ce questionnaire

	Oui	Non
1. Le patient tousse depuis ≥ 3 semaines ?	[]	[]
2. Le patient a des sueurs nocturnes depuis ≥ 3 semaines ?	[]	[]
3. Le patient a perdu ≥ 3 kg de poids pendant les 4 dernières semaines ?	[]	[]
4. Le malade a de la fièvre depuis ≥ 3 semaines ?	[]	[]
5. Le patient a eu un contact étroit avec un malade tuberculeux vivant dans la même maison ?	[]	[]

• Si 'Oui' à la question 1:
Faites l'examen de crachats et continuez l'évaluation du patient selon l'algorithme de diagnostic de la tuberculose pulmonaire du PNLT.

• Si 'Non' à la question 1 et 'Oui' à toute autre question: continuez l'investigation pour la tuberculose selon les signes cliniques. Reférez si nécessaire.

• Si 'Non' à toutes les questions: arrêtez les investigations pour tuberculose et répétez le dépistage intensif à la prochaine consultation.

♦ La tuberculose peut guérir même si la personne est infectée par le VIH
♦ Le traitement de la tuberculose est gratuit

REPUBLIQUE DU RWANDA
Ministère de la Santé
PNLT/IRAC



M&E of CPT and ART in TB Patients

Test du VIH		Prise en charge VIH		Lieu :		N° du dossier VIH :	
Date		CD4	Date :	/mm ³	Date :	/mm ³	
Lieu		Cotrimoxazole Non Oui			Date du début :		
Résultat		ARV Non Oui			Date du début :		

TEST VIH	PRISE EN CHARGE VIH		
+, -, NF	Unité PEC VIH	sous CTX	sous ARV
	n° dossier		

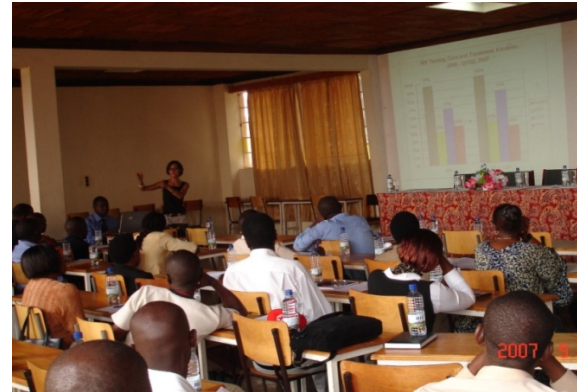
One-Stop Services for TB Patients with HIV through the TB service

- **HIV Counseling, Testing, Care and Treatment**
 - HIV CT (PIT)
 - Enrollment into care (or shift HIV file to TB service)
 - Venopuncture for CD4 count
 - Medical consultation, prescription of CTX, ART
 - Distribution of CTX and ART (shift pharmacy tools, follow up of ART and CTX stock cards)
 - AT the end of TB treatment the patient is referred and/or accompanied to the ART clinic for further follow up
- **Home visits for TB patients with HIV**
 - Contact tracing
 - HIV testing of family members

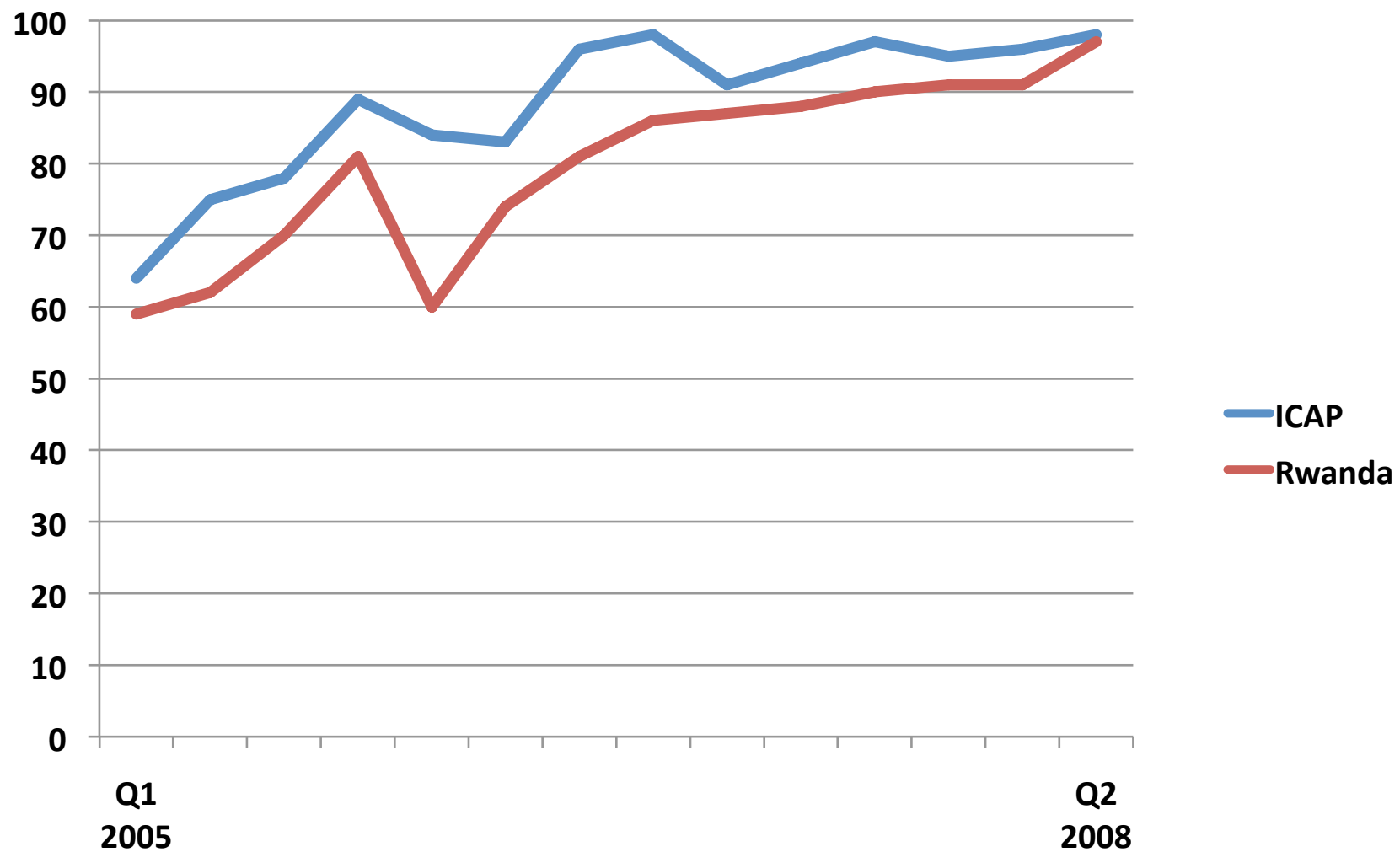


Scaling up to ICAP supported sites..... to sites nationwide

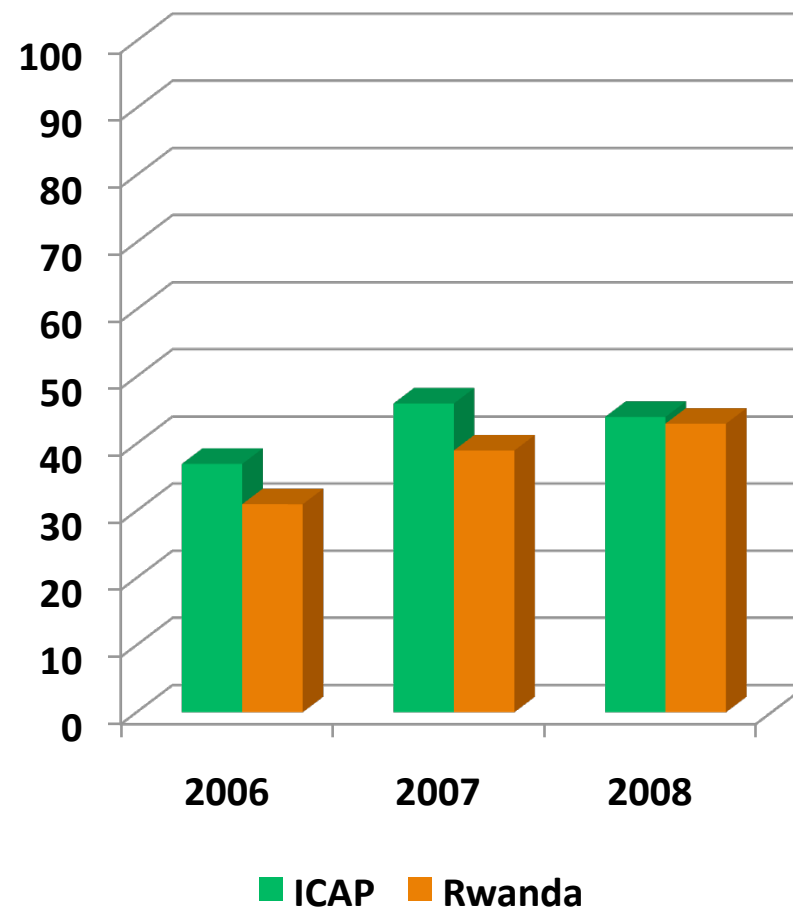
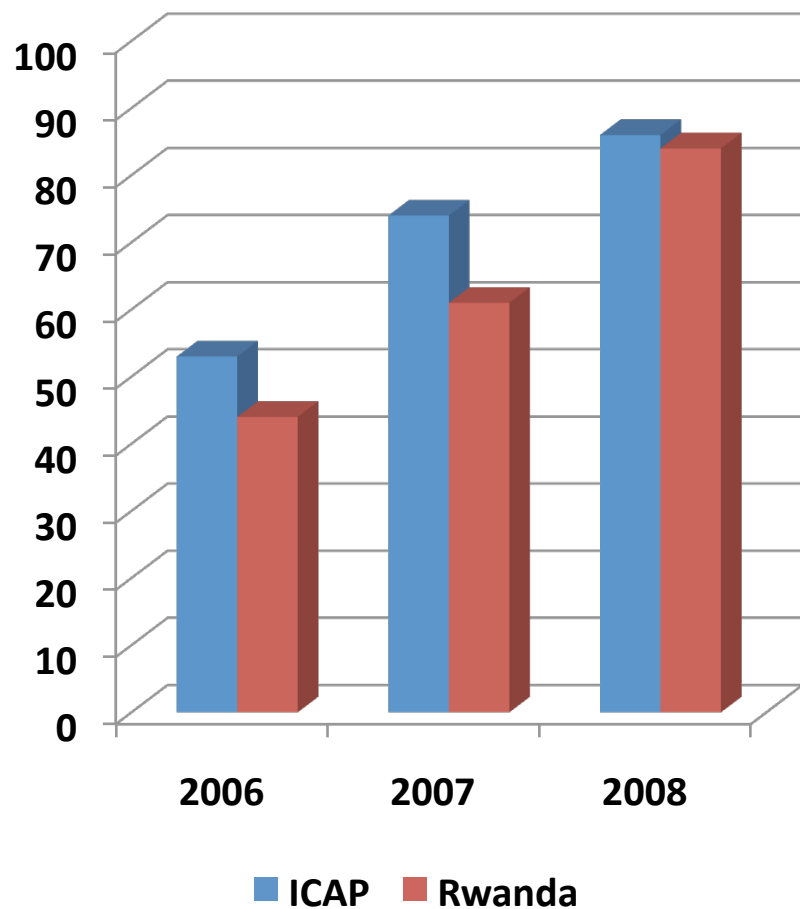
- **National TB/HIV WG adopted the integration approach of the model centers as the national model**
 - TRAC-Plus support for implementation of CPT and ART through TB services
- **Theoretical and practical training of partner institutions, TB and HIV service providers**
- **Intensive site support and supportive supervision**



HIV testing in TB patients, 2005 - 2008



CPT and ART in TB Patients, 2005 - 2008



Challenges

- **Coordination of efforts with the broader HIV and TB programs in Rwanda MOH**
 - Communication and collaboration between 2 traditionally vertical programs
 - Difference in TB/HIV approaches by different partners
 - Harmonization of M&E issues between MOH and partners
- **District/ Sites**
 - Reaching full coverage of one-stop services for TB patients with HIV especially at TB diagnostic and treatment centers without HIV services within the same facility
 - Establishing adequate human resources to supervise the program and monitor outcomes
 - Frequent movement of staff, staff training

Next steps

- **Strengthen the national TB/HIV working group to harmonize TB/HIV implementation strategies among MOH and partners and improve the decision making capacity**
- **Fully scale up implementation of one-stop services for patients TB and HIV**
- **Expand quality assurance/ quality improvement program for TB/HIV to non-ICAP sites**
- **Reinforce decentralization and district support to sites**

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