



HIV TESTING AND EXPANSION OF ART FOR TB PATIENTS,

BOTTLE NECKS CHALLENGES AND ENABLERS FOR SCALE UP IN KENYA

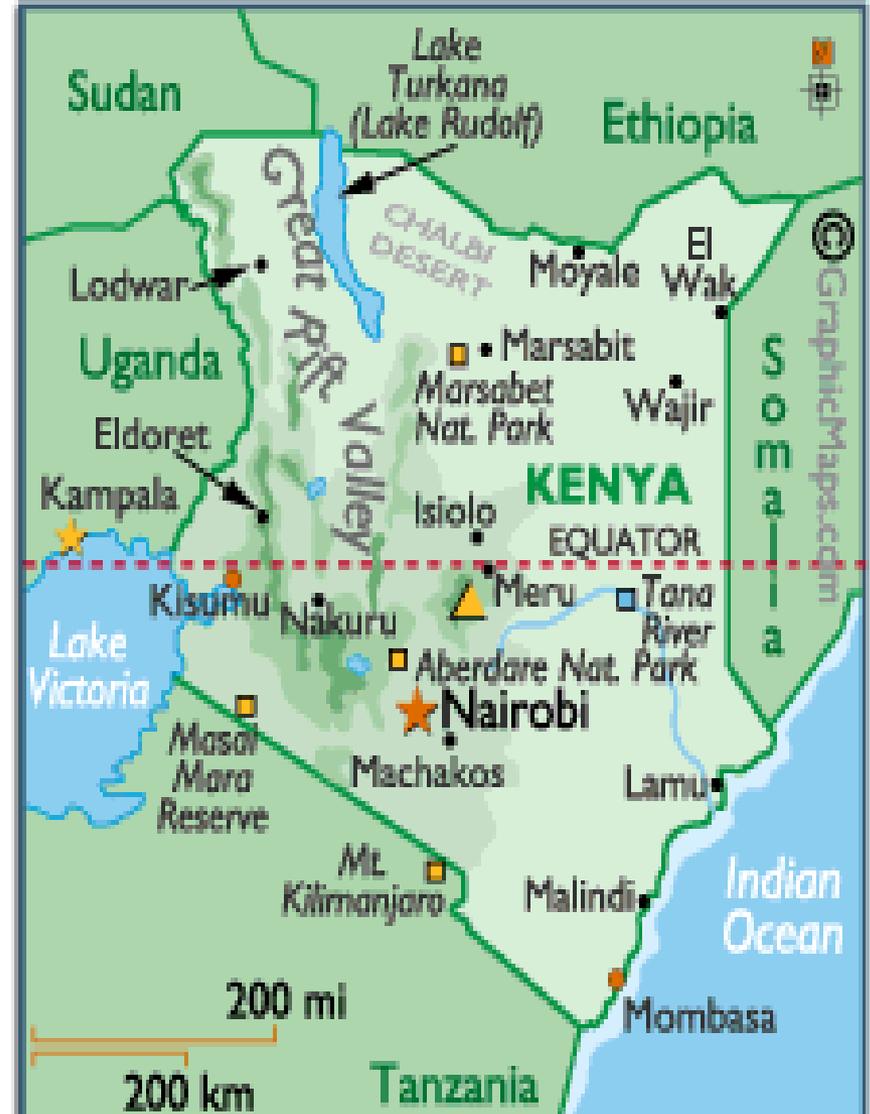
DR. JOSEPH SITIENEI, OGW
NTP MANAGER - KENYA



Kenya : Geography

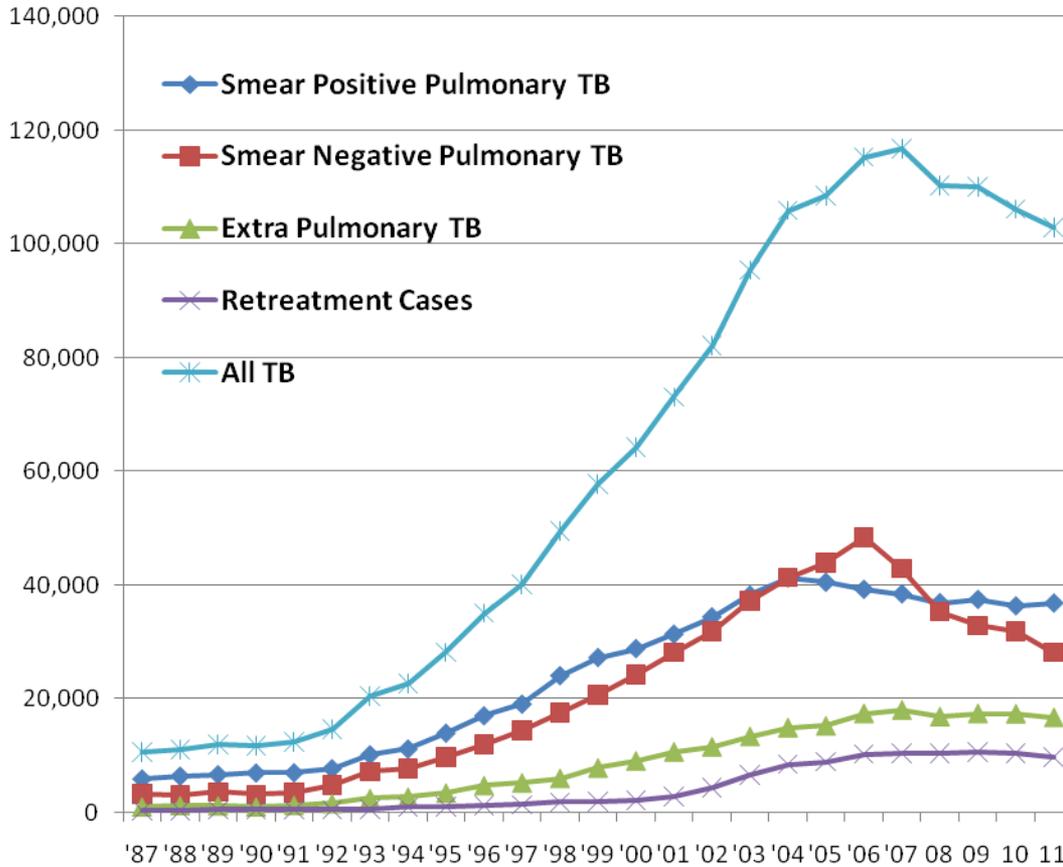


- Population: 40M
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Trend of TB cases: 1987-2011



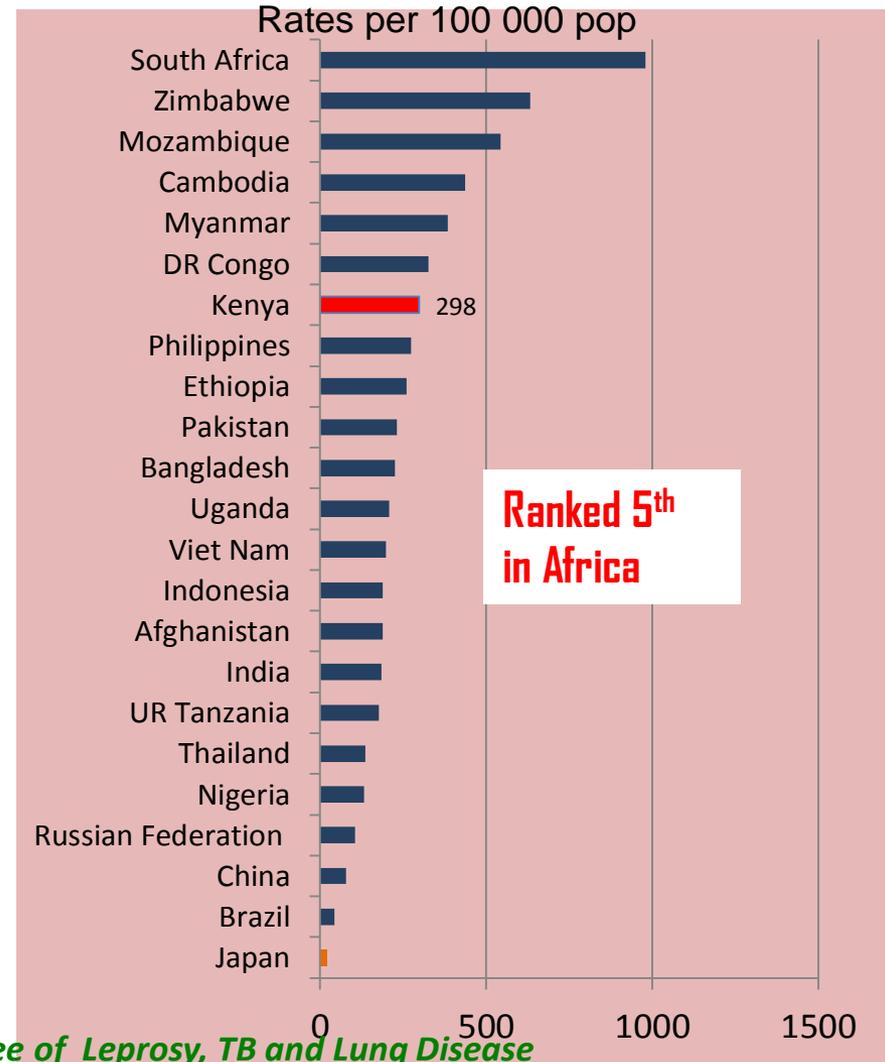
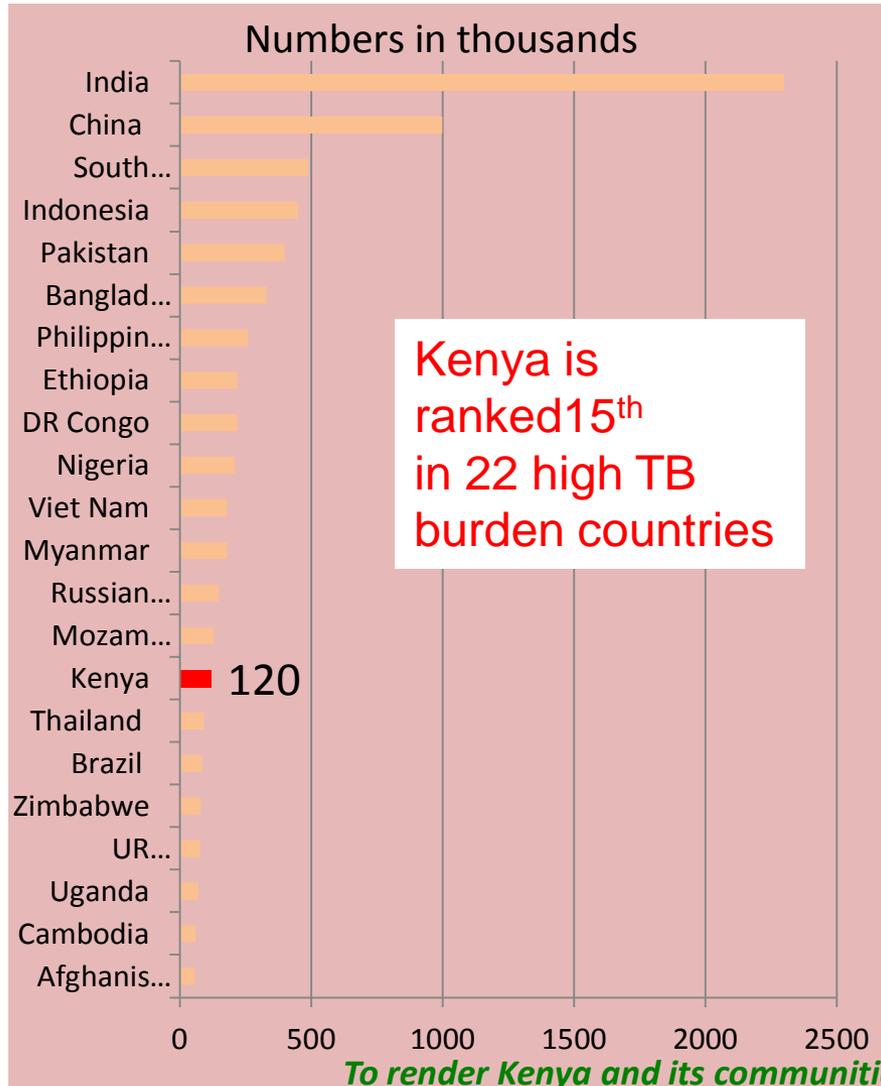
- TB and HIV are major public health concerns in Kenya
- Ranked 15th among the 22 high burdened countries, 5th in Africa
- TB burden mainly driven by HIV
- High HIV prevalence 40% among TB patients
- Control of HIV among TB patients is critical for further gains in TB control indicators

- 40% of TB patients with HIV (2011)
- National HIV sero prevalence 7.1% (2007)
- CDR (all forms) 82% - WHO (2011)
- Prevalence – 283/100,000 popn

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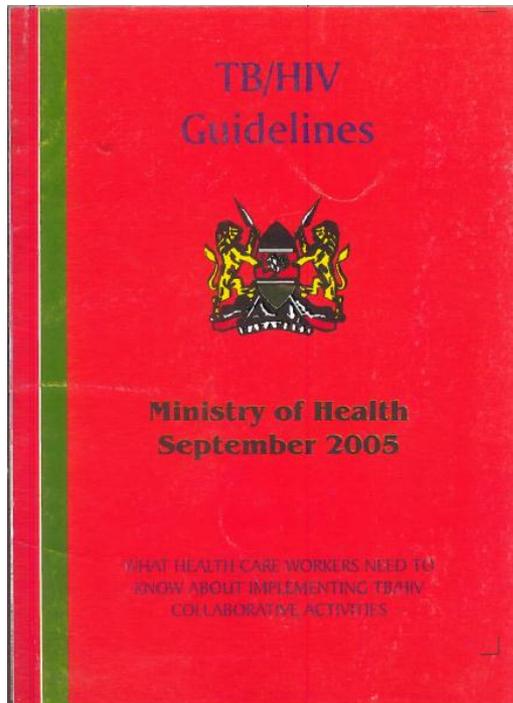
Estimated epidemiological burden of TB, 2010





HIV Testing

- HIV testing – entry point to comprehensive care
- Kenya stated implementing collaborative TBHIV activities in 3rd Quarter, 2005



- Developing and dissemination of TBHIV policy guidelines
- Developing training materials
- Introducing HIV testing in clinical settings



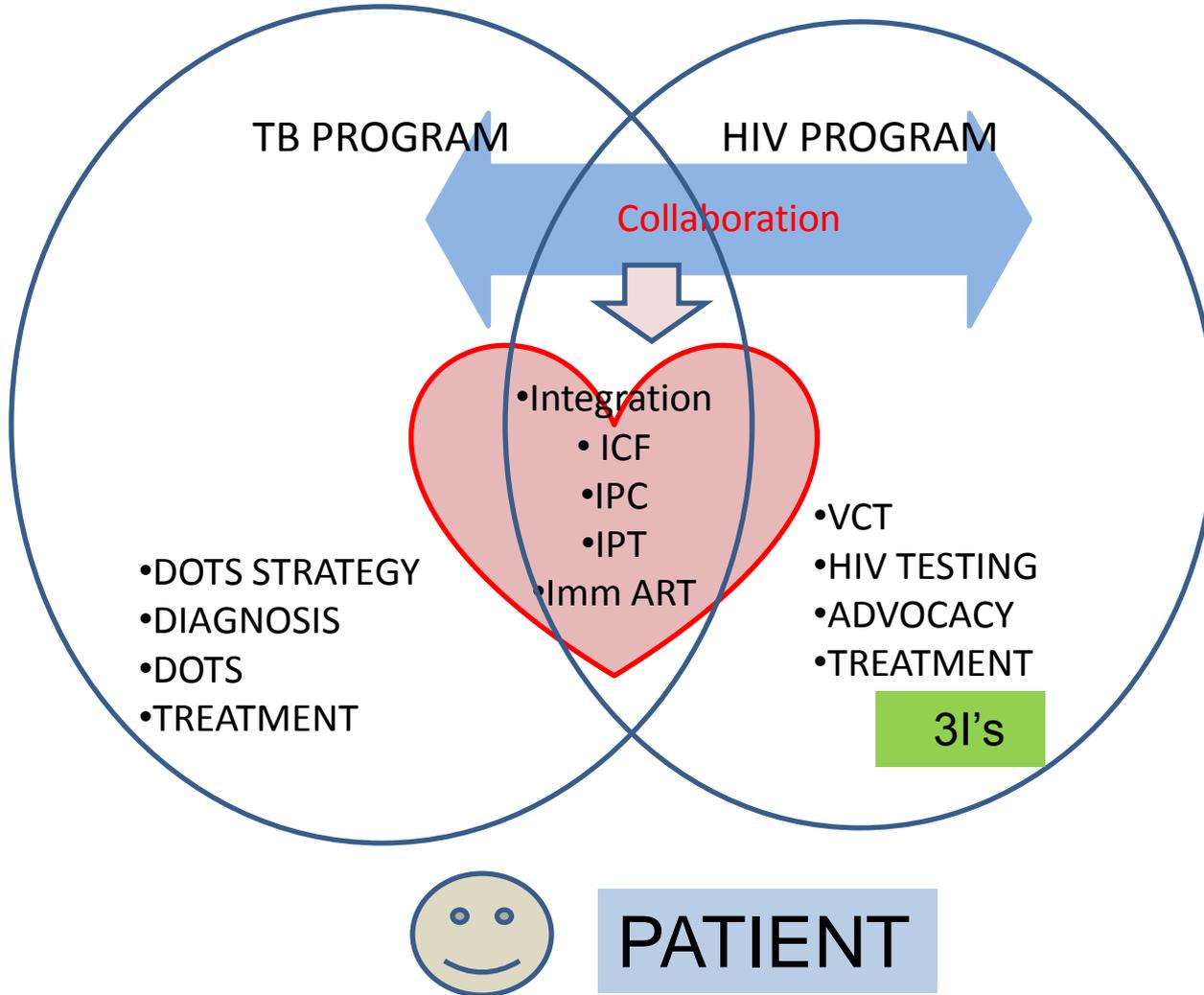
Models for ART scale-up



- Various model were presented for selection
 - Complete integration – “one stop shop”
 - Partial integration
 - Integration through strengthened referral linkages
- Facilities implement what works best for them



PARADIGM SHIFT: INTEGRATION OF SERVICES



MINISTRY OF HEALTH Serial No. _____
Health Facility Patient Referral Form

Name of patient/Client _____ Patient/Client No. _____
 Date _____ Male Female Age _____
 Physical address (Location) _____

Referred from: _____ Referred to: _____
Name of Facility Name of Facility

Referring Unit	From	To
Community		
ITC clinic		
Nursing		
IMMCTC		
HBC		
Pharmacy		
ARV clinic		
Other		
TB clinic (Observationally)		

Reasons for referral (Tick):

<input type="checkbox"/> Suspected TB	<input type="checkbox"/> Change of regimen
<input type="checkbox"/> Suspected HIV	<input type="checkbox"/> Suspected drug reaction
<input type="checkbox"/> For HBC	<input type="checkbox"/> Refusal from Treatment
<input type="checkbox"/> For psycho-social support	<input type="checkbox"/> For Investigation
<input type="checkbox"/> Due to other clinical complications	<input type="checkbox"/> For Nutritional support

Other(specificity): _____

Comments: _____

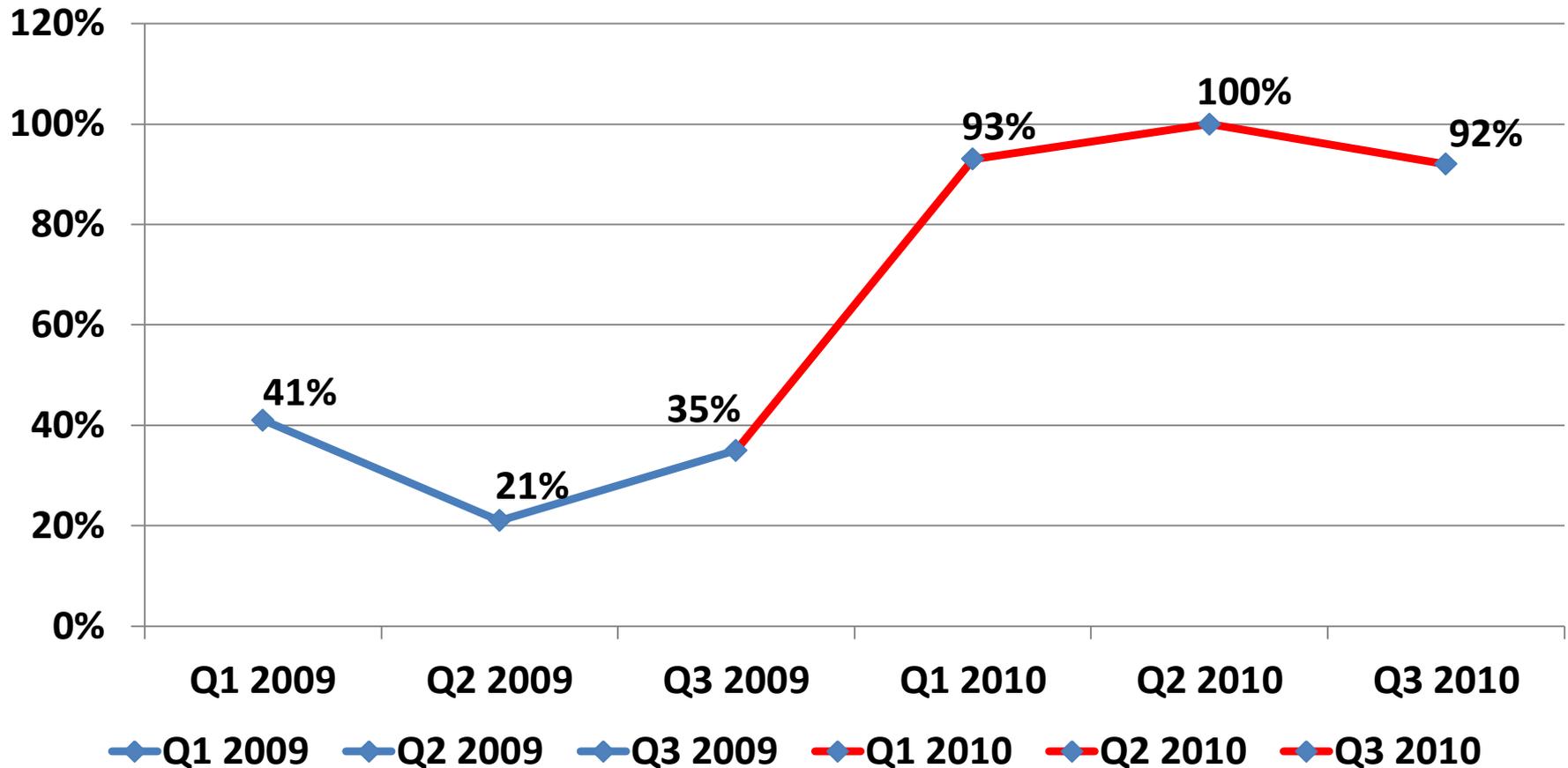
Referred by (Name): _____ Designation: _____ Signature: _____

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ART uptake pre & post integration

The case of Makueni Hospital



Full Integration Model



Patient with TB consents to HIV testing

TB / HIV co-infected patient identified

Enrolled into integrated TB / HIV clinic: CCC unique number, CD4 testing, Other baseline tests, Counselling, CPT and Multivitamins

Adults and Children: Initiate ARVs as soon as possible.

Adherence counselling and initiation of ARVs according to the national guidelines.
For patients referred from the CCC, review and change ARVs where necessary.
Anti-TBs, ARVs, and other medication given in the clinic.

Completion of TB treatment

Integration of patient to CCC to continue with HIV care and Treatment.

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Patient enrolled in HIV clinic.

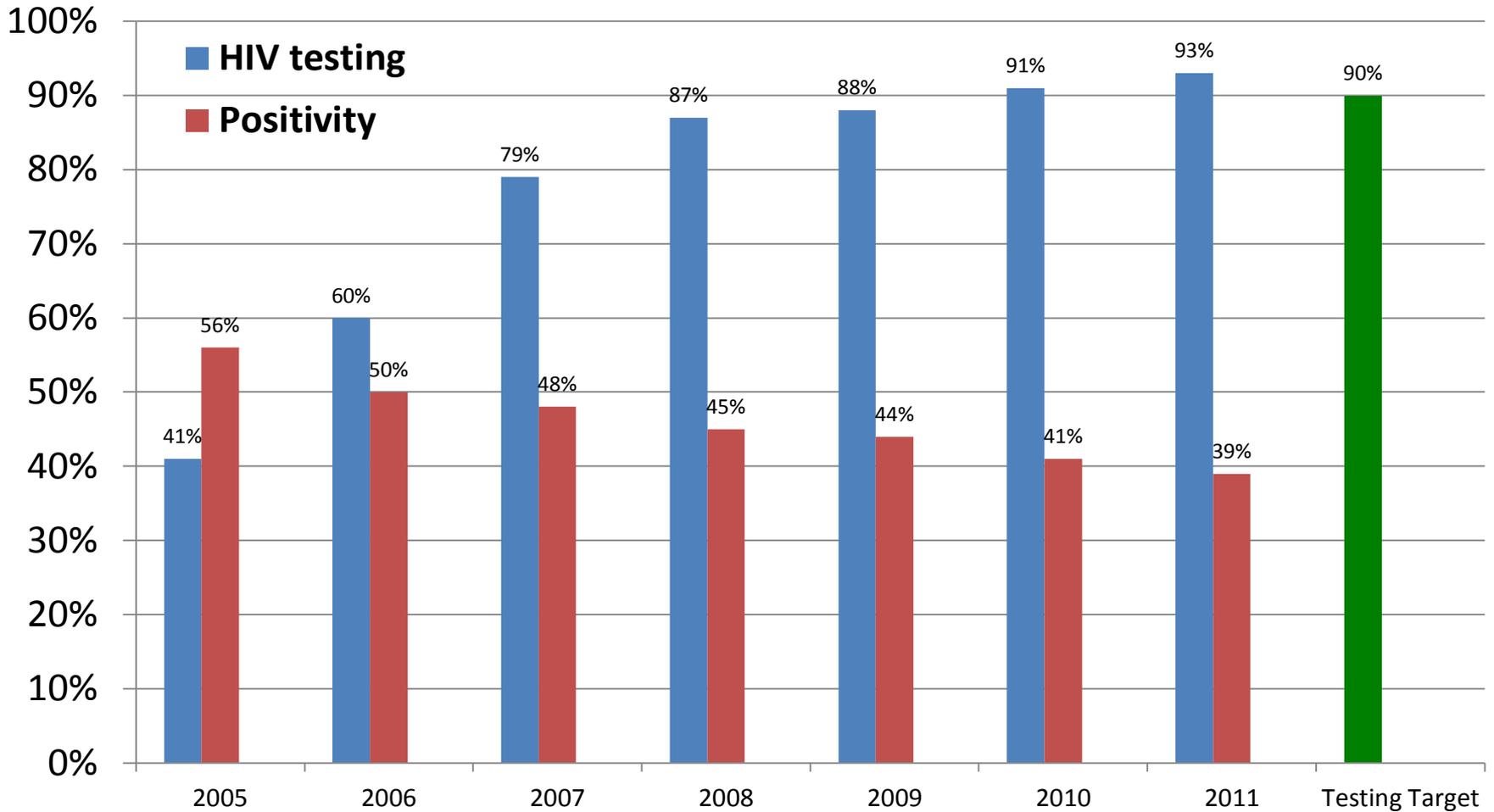
Patient undergoes TB ICF at every clinic visit.

TB / HIV co-infected patient diagnosed.

Referred for enrolment into the integrated TB / HIV clinic

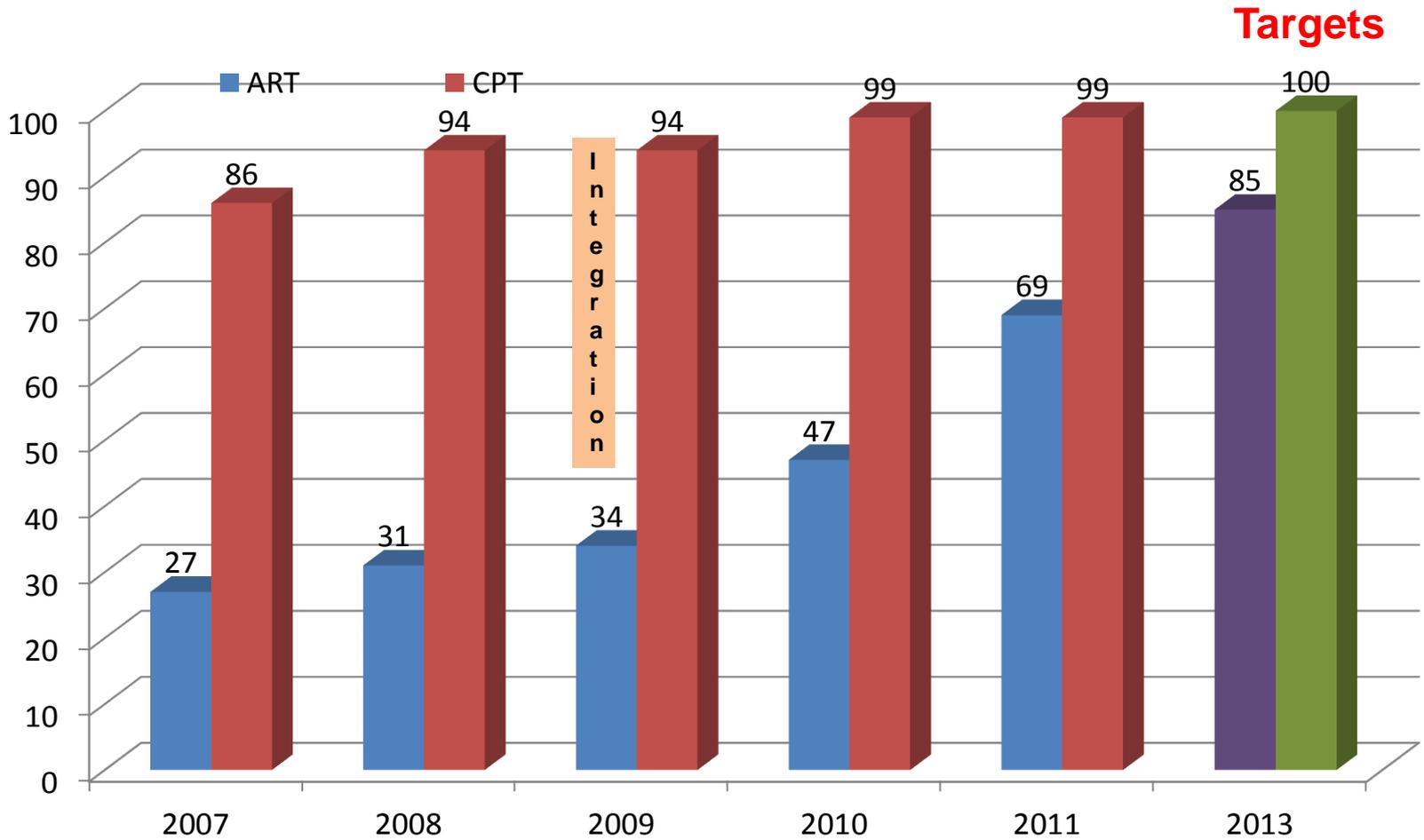


Results: HIV testing 2005-2011



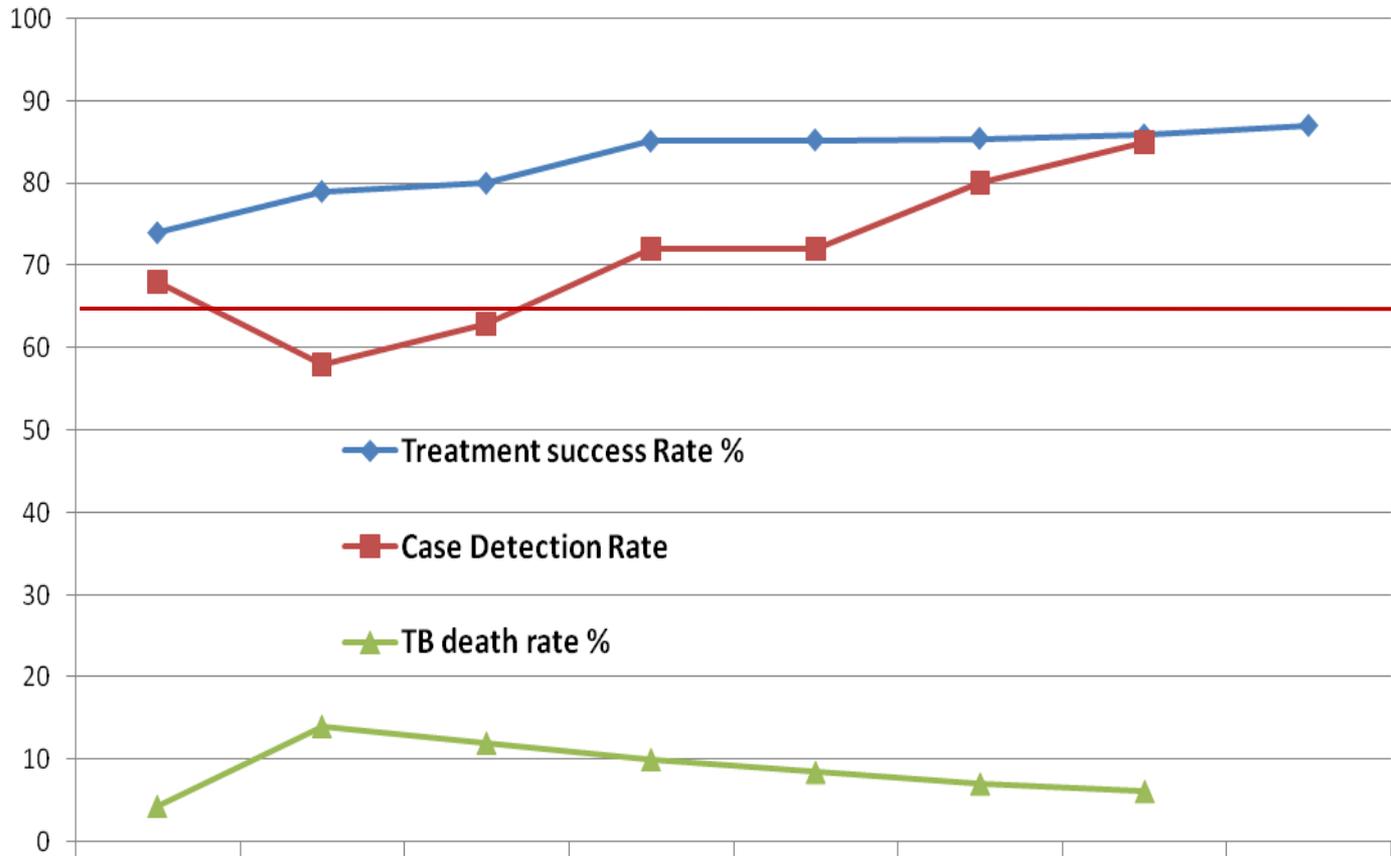


Results: ART and CPT up-take 2007-2011





Progress towards: MDGs



	1990'	2000'	2003'	2006'	2007'	2008'	2009'	2010'
Treatment success Rate %	74	79	80	85.1	85.25	85.43	85.86	87
Case Detection Rate	68	58	63	72	72	80	85	
TB death rate %	4.4	14	12	10	8.5	7.1	6.2	

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Lessons learnt



- Integration of TB and HIV services are possible and substantially increases ART uptake
- Quality of care improves:
 - Surveillance on drug interaction
 - Reduced loss to follow up
- Convenient to the patients
 - Reduced clinic visits
 - Reduced opportunity costs
- Reduced demands on Health facilities:
 - Sharing of equipment and resources including HR
- Task sharing
- Reduced need for an escort in referrals in fully integrated model
- Community mobilization is key – Both programs benefit

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Enablers



- Prioritization of integration and immediate provision of ARV in the national TBHIV agenda
- Committed HR
- Revision of national HIV treatment guidelines to promote access to ARVs
- Increased government and partners support for ARVs
- Strong monitoring and evaluation system
- Establishment of laboratory networking
- Strong implementing partner support
- Promoting innovation (Adopting models that work)



Bottlenecks



- Infrastructure- limited space within TB Clinics
- Limited human resource capacity
- High work load
- Stigma
- Limited decentralization of ART to lower level sites
 - Availability of ARVs





Challenges to Expansion



- High work load
- Integrating comprehensive HIV care in TB settings
- TB infection prevention and control
- Access to laboratory monitoring support especially at the decentralized sites
- Strengthening of referral linkages to HIV chronic care clinics after completion of TB treatment



THANK YOU