Africa Regional TB summit

4-6 March, 2019 | Kigali, Rwanda

Theme: *It’s time for Africa to step up efforts to find all missing people with TB*
ZIMBABWE NATIONAL TUBERCULOSIS CONTROL PROGRAMME - ICF in ZIMBABWE

Presented by:
Dr. C Sandy
Deputy Director AIDS and TB Programmes
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TB & HIV

- The introduction of antiretroviral therapy (ART) when administered to HIV-infected patients improves survival and reduces the incidence of new and recurrent TB.
- ART efficacious in improving immune function, suppressing viral load and protecting against TB, BUT
  - incidence of TB is still higher in those HIV-positive even when CD4 cell counts have improved when compared with those who are HIV negative.
- Despite ART, there remains an increased risk of mortality, which is strongly associated with prevalent TB at ART initiation and incident TB during ART.
- This justifies the need to rapidly diagnose, treat and prevent TB prior to and during ART.
- Intensified TB case finding (ICF) should be an integral part of HIV care and treatment programmes in order to identify both prevalent and incident TB among those HIV-infected.
Zimbabwe one of the countries on the top 30 high burden countries.

One of the 8 African countries with a high burden of TB, TB/HIV, MDR-TB

Highly vulnerable population
High prevalence of TB
Increasing problem of MDR-TB
Problems the program trying to address

• High proportion of TB patients co-infected with HIV 62%

• High incidence of TB among people living with HIV/AIDS (with HIV 221/100,000 compared to 140 without HIV)

• High Mortality among TB Patients coinfected (with HIV 38/100,000 as compared to without HIV 12/100,000)

• Low treatment outcome results among TB patients coinfected (81%)
  • Suggesting underlying risk related to HIV infection needed stronger control

Source: Global TB report 2018 and Routine programme data 2018
ICF in Zimbabwe

• The WHO recommends ICF among HIV-positive patients enrolled in ART programmes by routinely screening for active TB using the four-symptom checklist at every contact with a health worker
  • TB investigations among those identified as having presumptive follow
• Zimbabwe with a high HIV prevalence of 14.1% among 15–49-year olds, and a high TB/HIV co-infection rate of 62 % adopted ICF screening policy since 2013.
  • ICF started as a pilot in a few sites the focus then being to provide IPT
• ICF has two-fold benefits of:
  • identifying those who have TB and referring them for TB treatment
  • identifying those that do not have TB who are potentially eligible for IPT to prevent possible TB disease.
Challenges in ICF

• Failure to administer the screening tool
• Presumptive TB patients upon identification can be lost in the process of referral to a TB clinic for sputum collection especially if the ART and TB clinic services are not integrated in the same setting.
• Sputum samples collected from presumptive TB patients for direct smear microscopy and/or for Xpert MTB/RIF testing may also be lost.
• Tracing patients diagnosed with TB and the eventual initiation of anti-TB treatment may be associated with losses to follow-up along that referral continuum.
  • These losses to follow-up or delays between ICF and TB diagnosis and treatment can lead to worsening disease prognosis among those with TB disease and TB transmission in the community.
• Failure/weaknesses in recording and reporting
• Weak Laboratory Capacity
  • Supply chain weaknesses (shortages of laboratory reagents and consumables)
  • Access to laboratory testing
• Underutilization of Radiology services (Significant proportion of people with TB are asymptomatic)
• Coordination mechanism between key departments (TB, HIV, Lab, X-Ray)
Recommendations for Scale Up

• Capacitate community healthcare providers, PLHIV Peer Group Leaders to administer symptom screening check list

• Ensure one stop shop integrated TB/HIV care provision at all Health Facilities

• Expand use of Digital X-Ray for systematic bi-annual screening of High Risk Groups

• Build laboratory Capacity and Access to laboratory services- Specimen transportation, PSM, GeneXpert functionality

• Enhance skills of Health Care workers in Data Analysis and Utilization-
  • Formulate targets for facilities to guide scale up
  • Enhance cascade analysis skills to quickly identify bottlenecks and make management decisions quickly
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