

# Establish mechanisms to determine HIV status of TB patients in Rwanda

---

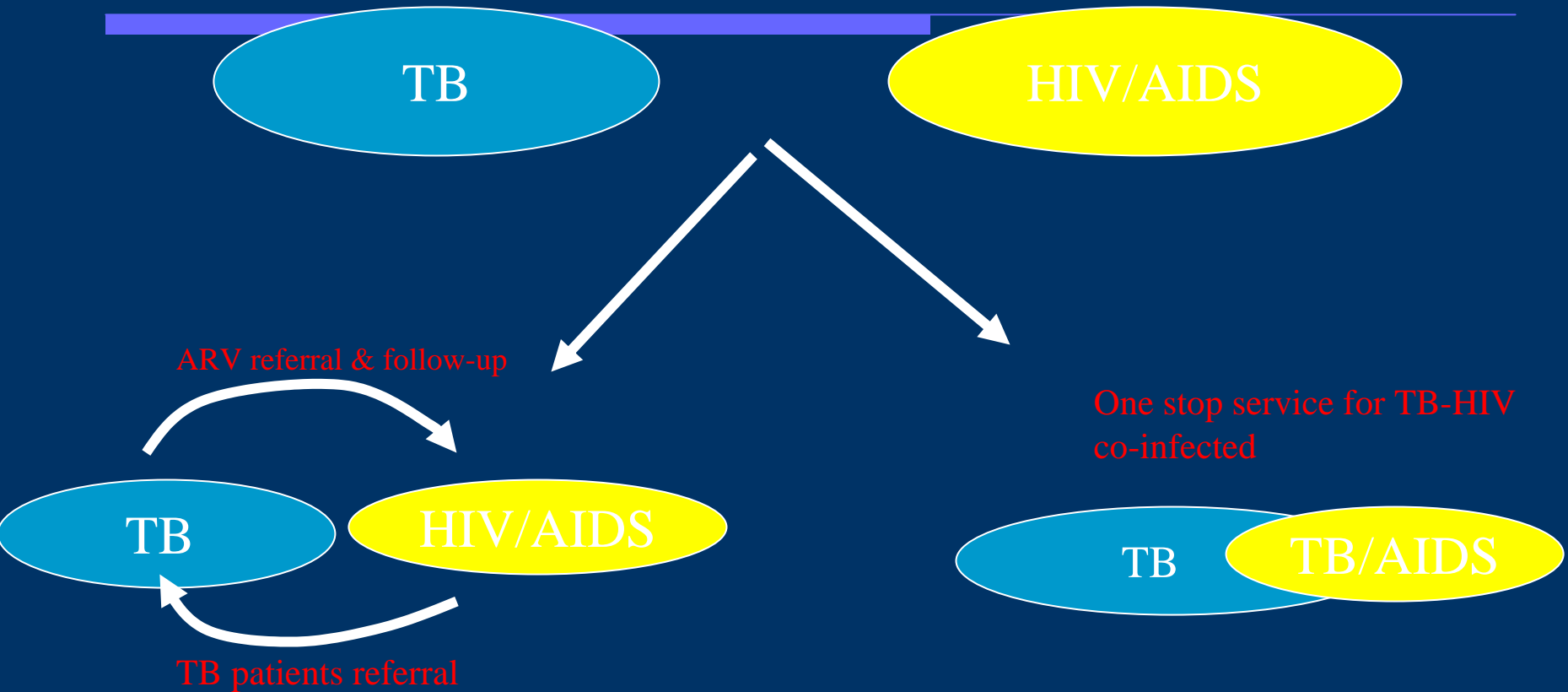
Dr Greet, PNILT

# HIV/TB-Two Cultures

- **TB culture:**
  - public health approach
  - established algorithms
  - standardized measures and outcomes
- **TB services:**
  - Standardized
  - simplified regimen
  - epidemic control
- **HIV as an “intruder”,** disrupting TB strategies and programs
- **HIV culture:**
  - strong political culture
  - human rights and individual patient oriented
  - rapid treatment paradigm changes
- **HIV services**
  - medicalized
  - clinically and patient oriented with only recent emerging public health practices
  - limited experience with TB treatment and public health approach
- **TB as a challenge-** but discomfort with treatment in HIV setting



# Which model of collaboration ?



# 1<sup>st</sup> Step: PNILT – TRAC meeting

---

- Representation from TB/HIV programs, gov't institutions, partners and int. experts
  - Objective: discuss TB/HIV integration, make decisions and recommendations to draft guidelines
-

# Suggestions from integration guidelines workshop, Feb. 2005

---

- Establishment of a TB/HIV working group
    - Joint planning and guidance on integration
  
  - All TB patients should either receive on-site HIV counseling and testing or be referred to the nearest site for counseling and testing.
    - TB programs to be responsible for ensuring all TB patients are offered HIV testing
    - TB personnel needs to be trained in counseling
    - HIV testing for TB patients should be free of charge
-

## 2<sup>nd</sup> step: How can this integration happen successfully?

---

### □ 3 options:

- Refer TB patients to VCT
  - Have a counselor come into the TB service for testing
  - The TB personnel will do the counseling and testing
-

# Rwanda: testing is available for TB patients through VCT services

---

- 4 National Reference Hospitals: HIV testing / CDT
  - 33 District Hospitals: VCT / CDT
  - Health Centers:
    - 69 : + CDT, + VCT
    - 81 : + CDT, - VCT
    - 36 : - CDT, + VCT
    - 175 HC : - CDT, - VCT
  - HIV testing is not always free of charge
-

# Testing policy

---

- ❑ Change from a Voluntary Counseling and Testing, client initiated?
  - ❑ To provider initiated, diagnostic testing with opt out strategy
-

## 2 Model sites:

---

### Kicukiro HC:

- TB and HIV services in the same facility
  - TB personnel trained for counseling
  - Patient is send to (V)CT service for testing

### Gisenyi DH:

- TB services at the hospital
  - VCT at the Gisenyi HC
    - TB personnel will do counseling and testing
    - Every ward has a counselor for in patients
-

# Remaining questions?

---

□ What about other health facilities in Rwanda?

- One model doesn't fit all

- TB diagnosis and treatment is very decentralised.

How to make sur TB patients aren't lost for testing?

---

# PNILT trimestrial epidemiological report

---

- HIV testing for TB patients registered during the trimester

case def.	Total number of TB patients registred	Number of TB patients tested for HIV	Number of TB patients who tested positive
PTB+ (NC, Re-tr.)			
PTB-, PTB0, EPTB			

- TB register has a column for HIV status
-

# TB screening for HIV+

---

- Symptoms screening for TB is not happening systematically for all HIV+
  - Diagnosis of TB is not free of charge (sputum smear, X-Ray)
-

# Thank You

---