

EVALUATING THE IMPACT OF ENHANCED TRAINING AND TOOLS TO STRENGTHEN HIV PREVENTION SERVICES IN TANZANIAN TB TREATMENT SETTINGS

TANZANIA

Background and Rationale

Although we now have effective treatments for HIV, nearly 60 percent of people living with HIV in sub-Saharan Africa are unaware of their status. One way to increase rates of HIV diagnosis is to leverage TB treatment settings as a place to offer routine HIV testing and counseling, as TB is often the most common presenting illness among people living with HIV. In fact, 39 percent of people with TB in the African Region who received an HIV test result in 2014 tested HIV-positive. The World Health Organization recommends

that all TB patients, their partners, and family members be offered HIV testing and counseling, but more research is needed to assess how health workers can best be supported to achieve this.

Study Overview

Between 2013 and 2015, ICAP collaborated with the Centers for Disease Control and Prevention (CDC) and Tanzania’s Ministry of Health and Social Welfare to conduct a quasi-experimental, multiple baseline study to assess the fea-



Box: The intervention package included:

A. Dissemination of and orientation on a set of five tools (two existing, two modified, and one new) to improve the documentation of partner testing and linkage to HIV clinical care

B. Providing health workers in TB clinics with enhanced training to:

- Deliver HIV testing and counseling to partners and couples
- Expand delivery and documentation of linkage to care for patients and partners newly diagnosed with HIV
- Conduct ART adherence counseling

C. Expanding the capacity of ex-TB patient volunteers to provide group education on HIV prevention and treatment

sibility, acceptability, and effectiveness of an enhanced HIV prevention service package implemented in TB clinic settings (see box). The interventions were implemented in 12 health facilities that included four referral hospitals, three health centers, and five directly observed treatment (DOTS) centers in Tanzania's Pwani Region. The health facilities were divided into three clusters, based on geography, with interventions started at different points in time depending on the cluster (see Figure). Researchers gathered data through interviews with health workers at each facility, retrospective abstraction of clinic records, and the analysis of quarterly summaries of ex-TB patient volunteer activity.

Key Findings

Preliminary findings indicate that:

- Almost all TB patients had a documented HIV status and the majority of TB/HIV co-infected patients were

receiving ART.

- HIV testing at the 12 TB clinics resulted in the diagnosis of a substantial number of HIV-positive individuals, as well as the identification of a considerable number of discordant couples.
- The percent of HIV testing and counseling clients recorded as receiving couples counseling increased in all three clusters during the study period, but documented linkage to HIV care and treatment was relatively low.
- The number of group education sessions conducted by ex-TB patient volunteers at health facilities and in the community increased over time.
- Results from health provider interviews demonstrated that the majority found the tools easy to use for documenting HIV testing and linkage to care.

Implications

Based on the preliminary findings:

- Partner and couples testing in TB clinics is a high-yield strategy to identify HIV-positive individuals in need of HIV treatment, as well as discordant couples in need of HIV prevention services.
- Health workers are willing and able to document TB/HIV services and should be provided with further training and mentorship to ensure adequate documentation.

Figure: Quasi-Experimental, Multiple Baseline Study Design

	2014				2015
	Q1	Q2	Q3	Q4	Q1
Cluster 1	Begin Intervention A	Begin Intervention B & C			Retrospective data abstraction
Clusters 2 and 3	Begin Intervention A		Begin Intervention B & C		