

JOINING FORCES TO COMBAT CO-INFECTION

Implementing a one-stop approach to TB/HIV in Malawi

When someone is HIV positive, he or she runs a 26 to 31 times greater risk of becoming a TB patient as well, the WHO estimates. Worse still, in the case of such a co-infection, the diseases intensify each other. In many developing countries TB is the major cause of death for HIV patients. In Malawi, 54% of the TB patients are co-infected with HIV. To save more lives, the TB and the HIV program has to work hand in hand. This is why KNCV is working in Malawi to realize one stop TB/HIV care.

When did KNCV start working in Malawi?

KNCV has provided technical assistance to Malawi since the early 80's. In 2015 we opened a country office with a number of permanent staff to implement the Challenge TB (CTB) project.

How severe is the co-infection in Malawi?

Among all Malawians, the HIV prevalence is 10.8% and remains the most important risk factor for developing active TB disease. In 2015, 54% of TB patients were co-infected with HIV. To reduce the risk to die, those patients who are dually infected require both treatment for TB as well as antiretroviral treatment for HIV. To save lives, we have to combat both diseases together, starting with testing and diagnoses.

Fighting the diseases simultaneously calls for close cooperation. How exactly does that go about?

Under CTB, we have extended our reach from central to the zonal and district levels, closer to the facilities where services are provided. From the facility level into the communities we support the National TB Program in their efforts to expand a well-coordinated and integrated approach to prevention, diagnosis and care of both diseases. Together with staff of the HIV and TB program our KNCV country staff visit facilities that provide services either in TB, HIV or both. We learn from each other, cooperate, and work with local staff gaining new perspectives on the TB/HIV situation, discover problems and discuss solutions on the spot.

Sounds like a true investment ...

Yes, it is. Together we need to develop a shared understanding of the complexities of dealing with >>



The three strategic objectives of KNCV in Malawi

1. Reduction of TB related mortality by 50% by the end of 2020 from the 2014 baseline.
2. Increase in Case Notification Rate (CNR) from 121 per 100,000 (2013) to 252/100,000 in 2020.
3. Increase treatment success rate for new smear positive TB cases from 84% in 2014 to 90% by the end of 2020.

To achieve this KNCV works closely together with the Malawian Ministry of Health, PEPFAR and USAID.

The country representative

Being a public health physician for over twenty years, and having lead programs in this capacity in Uganda, Ethiopia, Kenya, South Sudan and Somalia, Dr. Anthony Abura was recruited as KNCV's Country Representative in Malawi last October. The integration of TB and HIV control services is, in the area of management, the closest thing to his heart. "And not only because it is logical," he says, "given the interconnections between the diseases. The collaboration in Malawi is also born out of pragmatic reasons. In the recent past, there was a lack of funding for TB control, and as a result the supervision and monitoring of the TB program was not taking place on a regular basis."

Because the funding for monitoring HIV services has been secured, it was agreed to combine the monitoring of TB and HIV services and develop joint protocols. The preparations were finished in 2014, and in January 2015 the first joint visit was held. From this year on, they will take place on a quarterly

basis. "Joint supervisory visits with the HIV officers are useful." Dr. Abura explains, "because KNCV's staff can observe how the HIV teams monitor the services, and vice versa: we can learn from each other. The group is quite large, where each of the joint teams consist of ten or more officers, all working in different areas and often splitting up when entering a center – focusing on their particular expertise." HIV specialists, for example, work on antiretroviral therapy and prevention of mother to child transmission, among other things.

"We are supporting the government's effort to improve the systems needed to support comprehensive integrated TB/HIV services. This includes joint program monitoring, training health care workers on the clinical management of both TB and HIV, joint mentorship and improvement of TB infection control. KNCV is also looking to support the establishment of an electronic recording and reporting system to capture patient-specific information."

Our impact in short

As over half of Malawi's TB patients suffer from a HIV co-infection, KNCV supports the National TB Program to better integrate both TB and HIV programs. This will help to improve access to quality TB/HIV care, that ultimately will reduce the burden of disease and mortality.

>> two diseases in one patient. Timely access to reliable information on all patients is very important for all of us – without this information, we quite simply can't be efficient in combatting TB and HIV. Collecting data for both TB and HIV needs to be well supervised, well planned, well organized – and resources need to be well harmonized. Now data gathering is being integrated. This means the HIV and TB information now enters into one single data governmental system. Collecting, analyzing and sharing

results have become more efficient and accessible for professionals.

How about drug management, is that also integrated?

Unfortunately, to a large degree this is not yet the case. Both HIV and TB medicines and supplies are managed separately. However, the project has made this one of the first priorities. We contracted a procurement and supply chain expert, who works



The zonal approach in detail

KNCV's three zonal advisors, who have allocated the five zones among themselves, have one clear and plain but great task – in the words of Anthony Abura, KNCV's Representative in Malawi: "To strengthen the health system, through cooperation with the national TB control program."

The zonal advisors' role is primarily to strengthen and advise. In their position they are familiar with what is going on in the zones and they can support implementation at zonal level or even down to the district levels (they are of great help to the staff in the district facilities). A large part of what they do is facilitating quality training and supportive supervision. Since the advisors collaborate closely with the zonal TB officers, they are housed in the same offices in

Lilongwe, Zomba and Blantyre. "This is advantageous", Abura says, "because it improves communication and strengthens the exchange of information. Reports are more easily shared, this way. I call it a three-way beneficial communication, between us and them and the zones. It is mutually reinforcing."

The zonal TB advisors and the zonal TB officers all have the same level of TB expertise: in fact, before they joined KNCV's program, the advisors were also working within the NTP

"It is important to realize", Dr. Abura stresses, "that the contribution of the KNCV advisors is not solely providing technical expertise, but they also provide financial resources." Their work is complementary and supportive of the work

of the NTP zonal TB officers. "Having great ideas is easy," Dr. Abura continues, "but you also need the resources to carry them through. Our advisors call workshops and organize training sessions, mobilize participation and work with the zonal TB staff to create a work plan. The advisors can also identify grey areas that need to be discussed and assessed." For example, the quality standard of sputum collection sites was identified as one such grey area that warranted further analysis and discussion. The advisors can identify opportunities and call in the assistance of the consultants in The Hague. "KNCV is present in the field", says Abura, "and can follow and report back on any implementation, and any issues arising in the field can usually be sorted out directly. That's what makes this approach a success."

in the NTP office to help strengthening all aspects of the supply chain for TB medicines and supplies. Proper drug management is very important, to prevent stock out drugs in the facilities and ultimately interruptions in patients' treatment. Moreover, KNCV will support the procurement of life saving medicines for drug sensitive and drug resistant TB which is funded through the Global Fund. Timely quantification, procurement and distribution systems are key to ensure that the right drugs get to the right patient.

What about preventing people from getting co-infected? What does KNCV do to improve infection control?

The policies and practices of infection and prevention control have been scaled up into health facilities across Malawi, although they still have to be integrated. KNCV continues to support improving the health care workers' capacity to assess and implement infection control measures.

Malawi isn't the largest of countries, but North to South still covers a great distance. How does KNCV deal with this?

Malawi indeed has a very characteristic, "thin" shape, almost like Chile. A car ride from East to West might take two hours, but from North to South it is a fifteen hour drive. The country is divided into three administrative regions and five zones. These zones are subdivided into 28 districts. We have appoint-

Collecting, analyzing and sharing results have become more efficient and accessible for professionals.

ed three zonal advisors, who are cooperating locally with the Malawian government's zonal TB services, collaborating with 15 district TB officers, communities and health facilities. In this way, the CTB zonal advisors are present where the implementation is taking place and can provide capacity strengthening or give feedback wherever required.

How will KNCV develop its work in Malawi over the next years?

We will focus on our objectives which correlate with the National TB Strategic Plan. The CTB project



Photo Patrick Gomani, Zonal TB Advisor, Malawi. Patrick on the left is discussing safe sputum storages at Mangochi District Hospital.

The zonal advisor

Patrick Rex Gomani is one of the three KNCV zonal advisors. He is based in Zomba, the old capital of Malawi located in the south east zone. There are 6 districts in the zone with an estimated population of 3,8 million people. The zone has 1,374 health facilities (4 district hospitals, 1 central hospital, 6 mission hospitals, 159 health centers and 1,204 health posts). "I have worked in fighting TB and HIV for 17 years now," says Gomani. "It is my passion to improve care for patients by sharing my knowledge and experience with fellow health workers." Gomani travels within the district every day to visit health facilities and help them improve their services. He provides mentorship on case management organizes trainings and checks whether TB/HIV integration is evolving according to plan. "When I visit the Health Surveillance Assistant asks me 'could you tell us how we are performing at this facility?' Then together we look into the registers and see if they are progressing or when needed I help."

allows for a multi-year approach which we have just started and already begins to bear fruit. We will focus on active case finding among key populations, including children; further strengthening TB/HIV integration; and strengthening the diagnostic laboratory network and supply chain management. We will contribute to provide targeted technical assistance to improve TB infection control and the national TB surveillance system. Moreover, we will support the NTP's efforts to engage the non-public sector and finally, assist the country to make the Global Fund Investments a success. ■