



International Union Against
Tuberculosis and Lung Disease

Health solutions for the poor

PRESS RELEASE

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WORLD AIDS DAY 2011

Zimbabwe TB/HIV project makes headway

30 November 2011 / Harare, Zimbabwe – The theme of this year's World AIDS Day on 1 December is "Getting to Zero" – an ambitious goal for a country such as Zimbabwe, which ranks 169/169 on the human development index and where 14.3% of the population was HIV positive in 2009. But **the International Union Against Tuberculosis and Lung Disease (The Union)** and its partners in Zimbabwe can report that, while they have not yet reached "zero" new infections or deaths, their TB/HIV integrated care project in the Cities of Harare and Bulawayo has achieved important gains since it began in 2007.

Tuberculosis is a leading cause of death among people with HIV in Zimbabwe, as in other low-income countries, so addressing these two diseases jointly is a priority for the Ministry of Health and Child Welfare, National TB Programme, the National AIDS Programme and other stakeholders in the nation's health. In The Union's Integrated HIV Care for TB Patients Living with HIV/AIDS (IHC) Programme, TB services are an important entry point for HIV screening and care. Patients who come in to be tested for TB are also offered free HIV testing and counseling for themselves and their close contacts. All those who prove to be positive are offered treatment.

The results show how essential this integrated approach is to managing both diseases. For example, at the pilot sites, which are municipal primary health care clinics in Harare and Bulawayo, 3,098 TB patients have been treated between January 2008 and August 2011. Of these, 2,677 were willing to be tested for HIV and, of them, 79% proved to be HIV-positive.

Through this programme, 99% of the HIV-positive TB patients have received cotrimoxazole preventive therapy (CPT), which helps prevent a variety of infections, and 81% have been started on anti-retroviral treatment (ART), which is continued at the same clinics' HIV care rooms once their TB treatment is completed. Preliminary results show that ART retention at two years is approximately 75% among these patients.

Other results:

- Robust TB control services have been achieved at the pilot sites, which report less than 5% default among all TB patients.
- Operational research has been carried out to guide development of services. For example, a patient survey revealed that patients preferred to have access to comprehensive TB/HIV services at their primary health care clinics rather than at referral hospitals. They expressed a concern about long waiting times at the clinics, which has led to piloting of an appointment system. A survey to capture patients' opinions about the quality of services was undertaken in Bulawayo, and it showed that most patients were satisfied with the services that had been provided.

- Another study to examine the time that it took for anti-TB treatment to be started in infectious TB patients in Bulawayo indicated sputum microscopy turn-around time caused delays, even though 77% of patients were started on treatment within three days of receiving the microscopy results. This resulted in a strengthened transport system for specimens to be taken from the clinics to the laboratory and an agreement that the results of all smear-positive specimens would be communicated by telephone to the referring clinics where the TB nurse then contacts the patient.
- The positive results of the collaboration between The Union and the Health Services Departments in the Cities of Harare and Bulawayo have been recognised. The approach to integrated TB/HIV care that has been developed will be expanded not only to other municipal clinics in these largest cities in the country but also to other urban centres.

“The success achieved by the projects in Zimbabwe show that progress can be made even under difficult conditions. ‘Getting to Zero’ is a goal that can only be reached one patient at a time. While the recent UNAIDS report shows that the number of new infections is declining, it is essential that our campaign against TB and HIV stay strong and focused with sufficient funds to function effectively for many years to come”, said Dr Nils E Billo, Executive Director of The Union.

The IHC Programme in Zimbabwe is funded by a grant from the European Commission.

About The Union

The mission of the International Union Against Tuberculosis and Lung Disease (The Union) is to bring innovation, expertise, solutions and support to address health challenges in low and middle-income populations. With nearly 10,000 members and subscribers from 150 countries, The Union has its headquarters in Paris and offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. Its scientific departments focus on tuberculosis and HIV, lung health and non-communicable diseases, tobacco control and research. Learn more at www.theunion.org