

# Integrated TB and HIV Services for Pregnant Women Living with HIV in Mashonaland East Province, Zimbabwe: Opportunities and Challenges in Low Resources Settings

V. Chitiyo<sup>1</sup>, K. Webb<sup>1</sup>, T. Ndor<sup>1</sup>, S. Page-Mtongwiza<sup>1</sup>, A. Mushavi<sup>2</sup>, B. Engelsmann<sup>1</sup>

<sup>1</sup>Organisation for Public Health Interventions and Development, Harare, Zimbabwe, <sup>2</sup>Ministry of Health and Child Care, PMTCT and Pediatric HIV Care and Treatment, Harare, Zimbabwe

Families and Communities for Elimination HIV- FACE HIV Program

## BACKGROUND

- Approximately 90% of pregnant women living with HIV reside in Africa.[1]
- PLHIV are at high risk of developing TB disease – 29 times compared to HIV negative counterparts.[2]
- HIV and tuberculosis (TB) disease during pregnancy results in unfavourable outcomes for both mother and infant.[3]
- HIV and TB co-infected is a major cause of morbidity and non-obstetric deaths among women.[4]
- In Zimbabwe approximately 69% of TB cases are co-infected with HIV.[5]
- HIV prevalence among women attending antenatal care (ANC) in Zimbabwe is high, 15.9%.[6]
- An integrated approach for TB/HIV services is required to improve maternal health outcomes and elimination of new HIV and TB infections among children.
- In partnership with the Ministry of Health and Child Care, Mashonaland East Province we assessed opportunities and challenges to integration of TB/ HIV services for pregnant women in ANC.

## DESCRIPTION

- In November-December 2014, the PEPFAR/USAID funded OPHID Families and Communities for the Elimination of HIV (FACE) program supported an assessment of integration of TB/HIV services for pregnant women.
- 10 health facilities (four hospitals and six primary care facilities) in two of 56 districts supported by OPHID were randomly selected for assessment using routinely collected program data at each facility.
- Data from health facility registers of HIV positive women who accessed routine ANC/PMTCT services between Oct 2013 and Sept 2014 were abstracted.
- A retrospective review from Oct 2013 and Sept 2014 for women of reproductive age 15-49 collected routinely under the TB program was conducted.
- Client name, age and address were used to manually link the clients across the ANC/PMTCT and TB registers.

## LESSONS LEARNED

### Population of women attending ANC

- 3,477 first ANC bookings were recorded, October 2013 to September 2014 (1 year).
- 99% of the pregnant women were tested for HIV and received their results.
- HIV prevalence among the women attending ANC (newly tested and known HIV positive status) was 15.9% (n=554).
- Of the 257 known HIV positive women 77% (n=199) were already on ART.
- There was near universal access to antiretroviral therapy (ART) as 97% were initiated on ART, consistent with Option B+ being implemented in the country.

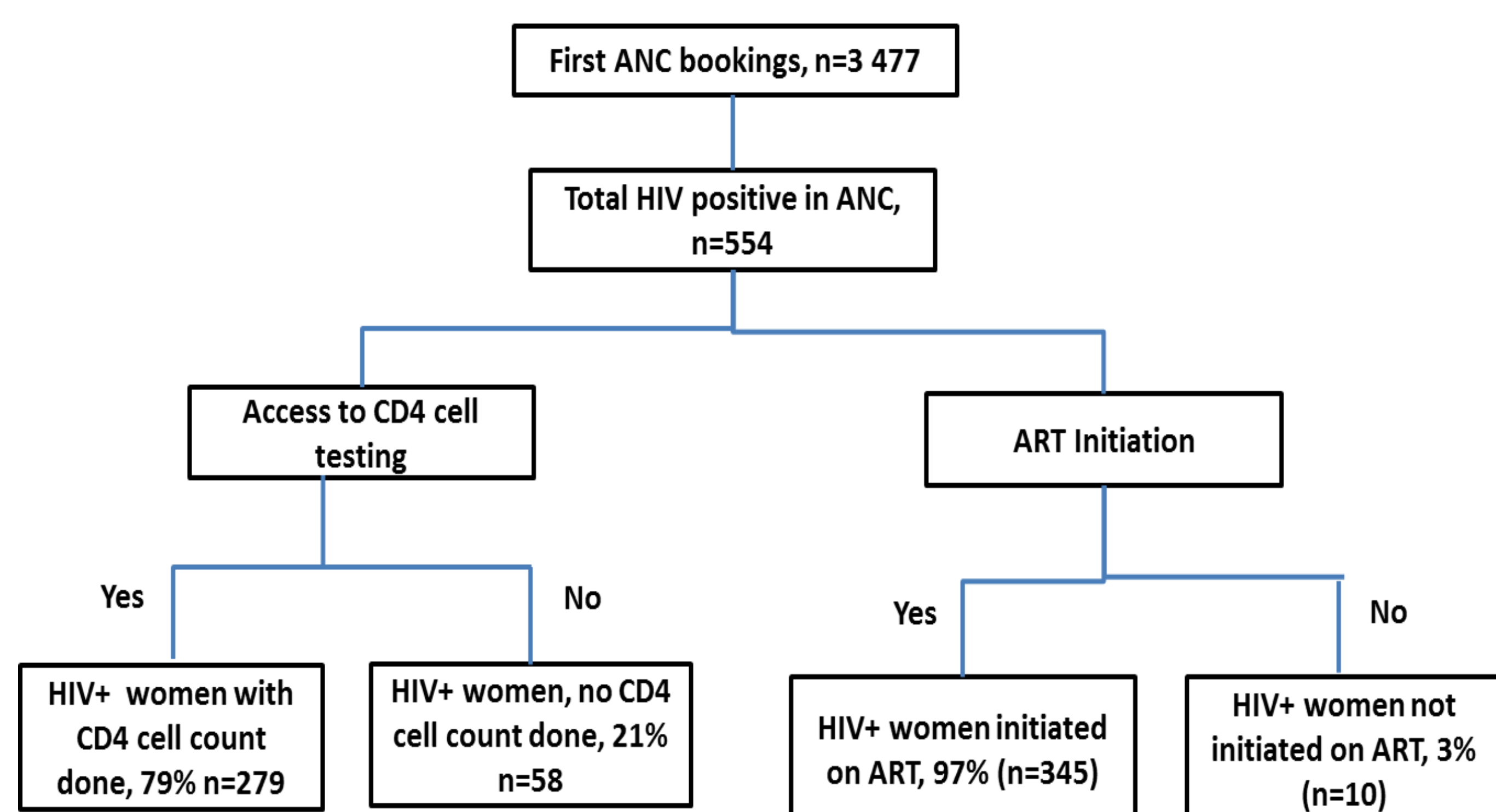


Figure 1. Uptake of HIV services among pregnant women for PMTCT

### Documented uptake of TB Services among HIV-positive women, 15-49 years

- 227 presumptive TB cases of women aged 15-49 with documented HIV positive test result were recorded in the presumptive TB registers.
- Of these 98% (222) submitted sputum for investigations.
- 16 cases had sputum smear positive results representing a case detection rate of 7%.
- 81% of the detected cases were new smear TB cases.
- Treatment outcomes: a) 5 cases were treated successfully b) 3 of the women died, c) 5 were not evaluated and d) 3 transferred out.

## LESSONS LEARNED continued

### Integrated TB/HIV services for HIV Positive Pregnant Women in ANC

- There are two models of integrated TB/HIV services for women attending ANC:
  - Primary care facilities have a fully integrated model (excluding laboratory diagnostic testing), where TB and PMTCT services are provided in the same room by the same staff.
  - District and mission hospitals have a partially integrated model where services are co-located at the same health facility, but offered in separate departments and rooms. Services are synchronized through referral of clients.
- 99% (n=548/554) of the HIV positive pregnant women in ANC were screened for TB using the symptom screening tool.
- Very few presumptive TB cases were found among the pregnant women living with HIV, 5 out of 548 women screened for TB in ANC.
- There was no documentation of the symptom screening outcomes of all the ANC attendees.
- 4 pregnant women submitted sputum for laboratory investigations and all had sputum smear negative results.
- Lack of standard referral systems to ensure all women referred for TB services have access to the required services along the TB/HIV continuum of care.

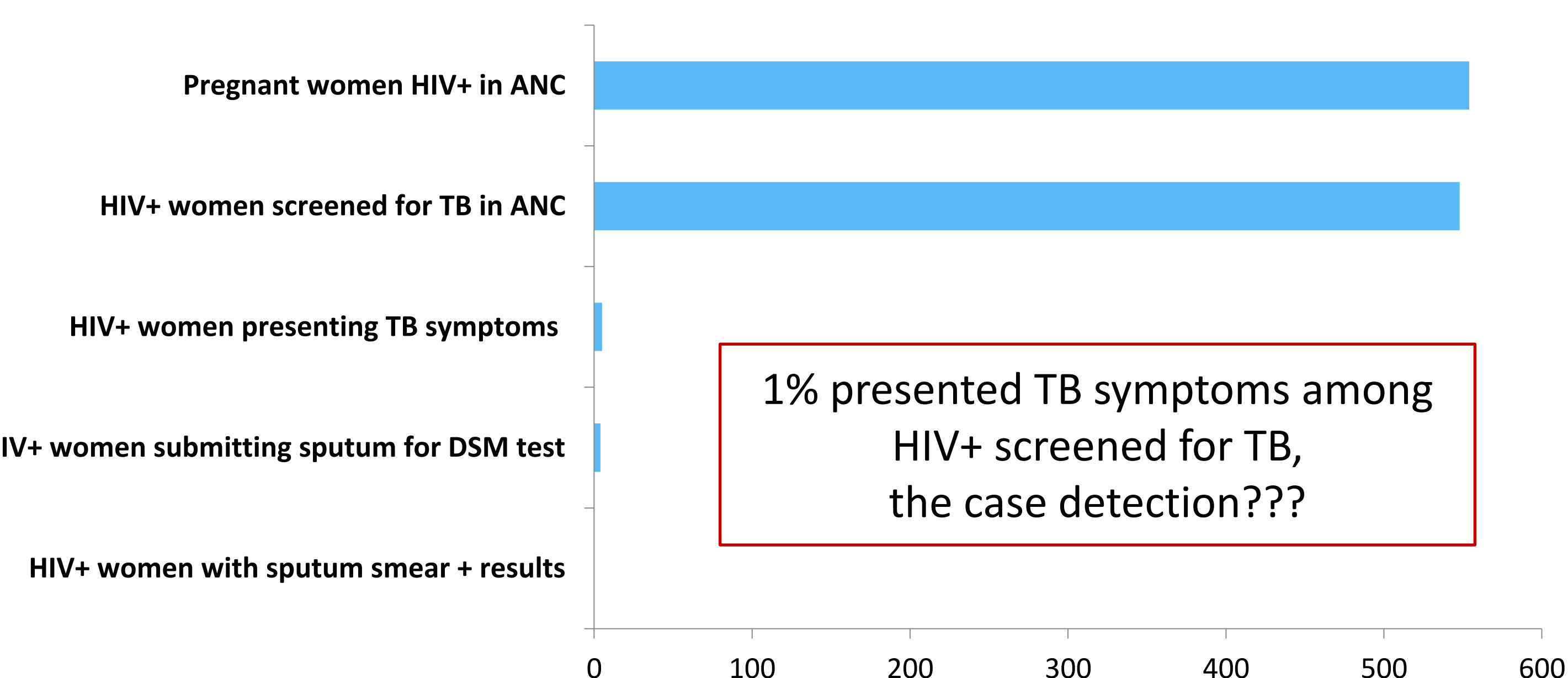


Figure 2: Uptake of TB services among HIV+ pregnant women in ANC

### Opportunities and Challenges for Integrated TB/HIV Services for ANC Attendees

- Existence of national policy and guidelines on integrated TB/HIV services with PMTCT program being one of the priority entry points for access to TB services and care for HIV positive pregnant women identified during ANC.
- Large number of women accessing ANC services reflects an important opportunity for integrating TB/HIV services particularly early detection of TB in high risk women living with HIV and their exposed infants post-delivery.
- However, challenges in offering integrated TB/HIV services identified include:
  - lack of documentation of the screening outcomes;
  - weak or poor communication and sharing of information systems between services, specifically in referral based model of integration at hospital level;
  - poor linkages between the PMTCT and TB registers hinder active follow-up of referred clients;
  - inconsistency of sputum sample collection at primary healthcare facilities for laboratory investigations.

## NEXT STEPS

- Strengthening integration of TB/HIV services for pregnant women in ANC in Zimbabwe has potential to significantly contribute to the reduction of TB morbidity and mortality in PLHIV and prevent secondary infections in infants.
- Addressing the structural challenges affecting provision of integrated services through coordinated monitoring and documentation of services provided will support active follow-up of patients by healthcare providers to minimise lost opportunities along the TB/HIV continuum of care.
- Collaborative support and supervision for the PMTCT and TB programs for optimization of support systems and ensure HIV positive mothers and children access comprehensive treatment and care.
- To explore the perceptions of TB/HIV co-infected mothers towards the provision of integrated TB/HIV care during routine ANC services

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