

HEALTH REPORTER: focus on linking tuberculosis and HIV services
10 July 2007

produced by the [IDS Health and Development Information](#) team
in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is [linking tuberculosis and HIV services](#). The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#)

[Health Reporter archive](#) - an archive is now available on the Health Resource Guide. See previous issues of the Health Reporter at www.eldis.org/go/topics/resource-guides/health/health-reporter

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk

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Feature: linking tuberculosis and HIV services

Tuberculosis (TB) is the major cause of illness and death for people living with HIV, and in sub-Saharan Africa, the HIV epidemic is undermining attempts to control tuberculosis through the directly observed treatment strategy (DOTS). Given this, the World Health Organization (WHO) emphasises the importance of planning and managing collaborative TB and HIV activities. Linking these activities can facilitate quick diagnosis of dual TB-HIV infection, provide beneficial interventions and coordinate complex treatment issues that might arise.

The African Medical and Research Foundation (AMREF) works towards integrating HIV and TB prevention and treatment programmes in several countries including Somalia, Kenya and South Africa. The organisation works with the local community, health care providers, governments and support groups for people living with HIV and AIDS (PLWHA) to provide counselling to TB patients for HIV testing and treatment, and promotes TB screening and prevention therapy amongst PLWHA.

AMREF has documented the experiences and lessons learned from implementing these programmes. Barriers to integration include a lack of knowledge about the link between TB and HIV, stigma and discrimination surrounding HIV and AIDS and poor understanding and misperceptions about TB amongst PLWHA. On the other hand, strong partnerships between provincial, district and local government departments have been important in integrating TB and HIV programmes successfully, and support at the community and family level has increased compliance for TB and HIV treatment.

For more information see:

- The African Medical and Research Foundation (AMREF)
www.amref.org/
- Tuberculosis section on the health resource guide
www.eldis.org/go/topics/resource-guides/health/tuberculosis
- HIV and AIDS resource guide
www.eldis.org/go/topics/resource-guides/hiv-and-aids
- 'Collaboration to kill: HIV/AIDS and TB' Scidev.net opinion piece
www.scidev.net/dossiers/index.cfm?fuseaction=dossierreaditem&dossier=22&type=3&itemid=635&language=1

Recommended readings on linking tuberculosis and HIV services

Tuberculosis in sub-Saharan Africa: opportunities, challenges, and change in the era of antiretroviral treatment

Authors: E. L. Corbett; B. Marston; G. J. Churchyard

Produced by: The Lancet, 2007

This Lancet article reviews how commitments to antiretroviral (ARV) treatment affect tuberculosis control and sets out the changes that are needed to address HIV and tuberculosis in a coordinated manner. The article begins by examining the burden of HIV and tuberculosis in Africa and how the HIV epidemic has challenged the Directly Observed Treatment Strategy (DOTS) as a way of controlling tuberculosis. The authors argue that collaboration between tuberculosis and HIV/AIDS treatment programmes is needed, along with a unified public-health vision towards the prevention and treatment of these interacting diseases.

To achieve closer collaboration, the article recommends: more training and retention of health-care workers in joint HIV and tuberculosis management; increased funding for integrated tuberculosis and HIV activities; increased funding for tuberculosis control programmes to support HIV diagnosis and initiation of HIV care; and more rapid diagnosis and effective treatment of both HIV-positive and HIV-negative patients with tuberculosis.

Finally the article explores different models of delivery for coordinated tuberculosis and HIV treatment services and the challenges to using these including limited human resources, weak management and health systems, and inadequate clinical and laboratory infrastructure.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32283&type=Document

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Joint tuberculosis/HIV services in Malawi: progress, challenges and the way forward

Authors: R. Chimzizi; A. Harries

Produced by: Bulletin of the World Health Organization : the International Journal of Public Health, 2007

This article in the Bulletin of the World Health Organization reviews the progress made on a three-year tuberculosis (TB)/HIV plan implemented in Malawi between 2003 and 2005. The objectives of the plan were to scale up HIV testing among TB patients and, for HIV-positive TB patients, to provide cotrimoxazole preventive therapy (which provides protection against bacterial infections including pneumonia) and facilitate access to antiretroviral (ARV) treatment. The paper finds that the proportion of TB patients tested for HIV increased from 15 per cent in 2003 to 47 per cent in 2005. During this time, the majority of HIV-positive TB patients started cotrimoxazole preventative therapy.

Barriers to testing TB patients for HIV include: irregular supplies of HIV-testing reagents, staff forgetting to refer patients or patients themselves not undergoing HIV testing and counselling after being registered and placed on anti-TB treatment. The paper recommends that ways to improve HIV-testing uptake need to be found, including the integration of HIV testing into the TB registration process itself. The monitoring systems for HIV and TB need to explicitly include the relevant parameters, for example, TB monitoring tools which include data on numbers of TB patients who have been tested for HIV, who are HIV-positive, and who have started antiretroviral therapy.

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Integrating TB and HIV care in Mozambique: lessons from an HIV clinic in Beira

Authors: M. Micek

Produced by: CORE group, 2005

This paper describes a strategy of integrating TB and HIV care in Beira city, Mozambique. The strategy includes aggressively diagnosing and treating TB among an HIV-positive population presenting for care at a newly functioning HIV clinic. The paper finds that integration of TB diagnosis and treatment among HIV-positive patients is critical to help reduce the morbidity and mortality with HIV. However, despite an aggressive approach to TB diagnosis and treatment, the mortality rate of TB-HIV patients remains high in Mozambique, likely due in part to the lack of universal access to highly active antiretroviral therapy (HAART).

The paper recommends that sustained attention to early diagnosis and treatment of TB among HIV-positive patients, and to effective counselling regarding the benefits of HIV care, is needed to continue to retain TB-HIV patients in HIV care and reduce their morbidity and mortality in resource poor settings. Improving access to additional clinical interventions, such as treatment of latent TB infection and HAART, are also urgently needed to realise the full benefits of integrated TB-HIV care. [adapted from author]

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HIV and TB in the context of universal access: what is working and what is not?

Produced by: Stop TB Partnership, 2007

This paper reports on a meeting co-organised by the World Health Organization, UNAIDS and international organisations, to accelerate an effective and joint response to the epidemic of HIV-related tuberculosis (TB). The paper highlights the achievements of the global TB/HIV working group from the Stop TB Partnership, and discusses

the concept of universal access to HIV services and its importance and contribution to TB prevention, diagnosis and treatment services. It also highlights some critical issues that have been neglected in the global response to HIV-related TB, including the optimal treatment regimens to use when treating TB and HIV at the same time.

The paper recommends that the global TB/HIV working group should pay greater attention to the TB/HIV situation in Eastern Europe and Asia, and focus on addressing structural and health systems barriers. National policymakers should include TB prevention, diagnosis and treatment in national HIV strategic plans and TB strategic plans should also include HIV prevention, treatment and care services. Civil society, including non-governmental organisations should press for inclusive formulation of TB/HIV targets, and be aware of them when holding governments and institutions accountable for their achievements.

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Global tuberculosis control: surveillance, planning, financing: WHO report 2007

Produced by: World Health Organization , 2007

This eleventh annual report on Tuberculosis (TB) by the World Health Organization (WHO) assesses whether national TB control programmes (NTP) around the world met the 2005 targets of 70 per cent case detection and 85 per cent cure, and examines the effectiveness of the Stop TB strategy. The paper finds that TB is still a major cause of death worldwide, but the global epidemic is on the threshold of decline - in 2005 the TB incidence rate was stable or in decline in all six WHO regions, and had reached a peak worldwide. Most government health services now recognise that TB control must go beyond DOTS (the recommended strategy for controlling TB, however, the broader Stop TB Strategy is not yet fully operational in most countries.

The report concludes that the NTPs worldwide narrowly missed the 2005 targets for case detection and treatment success. A major effort is needed to step up collaborative TB/HIV activities and the management of drug-resistant TB. Also, the global TB burden is not yet falling fast enough to satisfy the more demanding targets set by the Stop TB Partnership within the Millennium Development Goals framework: at the current rate of progress, the 1990 prevalence and mortality rates will not be halved worldwide by 2015.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=31239&type=Document

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Other recommended readings

Why the development industry should get over its obsession with bad sex and start to think about pleasure

Author: S. Jolly

Produced by: Institute of Development Studies, Sussex, UK, 2007

The development industry has emphasised the dangers of sex and sexuality - in relation to population control, disease and violence. This negative approach to sex has been filtered through a view of gender which stereotypes men as predators, women as victims, and fails to recognise the existence of transgender people. In reality, pleasure and danger are often entwined - not least because for many, seeking pleasure entails breaking social rules. How should development actors negotiate this ambiguous mix of pleasures and dangers in sexuality?

This question is important to many aspects of human development - such as dealing with HIV/AIDS, tackling sexual violence, and supporting more fulfilling relationships. The author finds that part of the answer is to move to more positive framings of sexuality which promote the possibilities of pleasure as well as tackling the dangers at the same time the promotion of sexual pleasure can contribute to empowerment, particularly but not only for women, sexual minorities, and people living with HIV/AIDS, who may have been subject to social expectations that sexual pleasure is not for them.

The pleasures of safer sex can also be promoted to reduce HIV/AIDS transmission and improve health. The author points out that these are important ends but also stresses that it would be sad to reduce sexual pleasure to a means of reaching development goals. Sexual pleasure can be wonderful in itself, and indeed it can be argued that people have a right to seek such pleasures, and that an enabling environment should be created for them to do so. [Adapted from Siyanda www.siyanda.org]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32264&type=Document

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Economic impact of abortion related morbidity and mortality: modelling worldwide estimates

Authors: R. Magnusson

Produced by: Globalization and Health, 2007

This paper estimates the monetary costs of the 19 million unsafe abortions that take place every year around the world. This includes the direct costs of treatment related morbidity and mortality to health systems, and indirect costs to the national economy and households - the cost to women when they suffer from abortion complications whilst they receive treatment and recuperate from such treatment. The paper estimates that annually:

- direct costs of treatment are approximately \$1.7 billion
- the cost of treating women from secondary infertility resulting from unsafe abortions is over \$2 billion
- the cost to women while they suffer from abortion complications and receive treatment is approximately \$800 million
- the impact of abortion related deaths to the economy is \$35 million and the impact of morbidity is around \$1 billion

The paper concludes that costing the impact of abortion-related morbidity more accurately requires that value of women's work in non-market settings is also taken into account, and better information is available about the precise costs of treating complications and the prevalence of different levels of complication.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32275&type=Document

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Is it worth it for Tanzania to invest in community midwives?

Produced by: White Ribbon Alliance for Safe Motherhood , 2006

This report by the White Ribbon Alliance for Safe Motherhood in Tanzania, summarises the key points discussed at a forum exploring the issues impacting on the maternal health crisis in Tanzania. Specifically, the forum looked at the current role and feasibility of promoting the use of community midwives to provide support and guidance for women through all stages of pregnancy, to coordinate services between the facility and community, and to manage the basic health of a community.

Consensus was reached that community midwives are vital in guiding women through safer pregnancies and saving the lives of women and newborns during childbirth and post pregnancy. It was agreed that the recruitment, training and deployment of midwives would be a positive step forward in improving the accessibility of health services, as well as reducing the existing burden on central health facilities.

The forum also stressed the need to use the current pool of human resources more effectively. Potential solutions to this include: clear definition of responsibilities, improving the wage structure, introducing incentive schemes, providing additional training and continuing education options as well as updating human resource approaches. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32206&type=Document

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Food sovereignty and nutrition in East and Southern Africa: a synthesis of case study evidence

Authors: M. Chopra; M. Tomlinson

Produced by: EQUINET: Network for Equity in Health in Southern Africa, 2007

This Equinet paper investigates the links between nutrition and food security interventions located within or closely linked with the health sector. It uses country case studies on existing food security and nutrition policies and programmes in East and Southern Africa (ESA).

The paper investigates the design and implementation of three important nutrition responses in ESA: food aid; HIV/AIDS-related nutrition interventions; and school feeding programmes. The paper finds that many of the programmes in ESA have no food sovereignty component, but are instead focused narrowly on food security. Food sovereignty includes prioritising local food production, offering fair prices for farmers, protecting farmers' access to seeds, land, water and other resources; and recognising and promoting the role of women in food production.

The paper concludes that if a food sovereignty approach is to succeed in improving health systems, there must be improved co-ordination and communication between ministries. The authors make several recommendations to governments to help them to implement a food sovereignty approach in their health systems. These include: working with different stakeholders; giving a greater voice to local communities; strengthen service provision at community health worker level; and deepen capacity for management and monitoring of comprehensive interventions

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32043&&type=Document

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Announcements

New look Eldis Health, Health Systems and HIV and AIDS Resource Guides

The new look [health](#), [health systems](#) and [HIV and AIDS](#) resource guides on Eldis, produced by the IDS health & development information team, have recently relaunched. The guides bring together and synthesise high-quality, accessible information on health and development drawn from a diversity of sources.

New features include:

- Improved navigation and more links to related resources in Eldis and elsewhere
- Better channels for users to contribute to the guides
- A more comprehensive list of health and development websites
- Regularly updated health and HIV specific events and announcements including jobs
- New look human resources for health dossier and key issues guides
- Expanded section on the Millennium Development Goals and how they relate to health.

Over the next few months, look out for in-depth coverage of maternal health, health, poverty and vulnerability, sexual and reproductive health, and aid architecture in health.

We are always pleased to hear user feedback about our side, including the recent changes and suggestions for new content for the guide. If you have any comments or would like further information, please contact [Rebecca Wolfe](#)

Course: TB/HIV Collaborative Activities Management, 13 - 17 August, 2007

This training programme, organised by German Leprosy and TB Relief Association (GLRA), Fondazione Maugeri, University of Brescia and All African Leprosy and Rehabilitation Training Centre (ALERT), will provide TB and HIV/AIDS managers with the necessary skills to plan, budget, implement and monitor TB/HIV collaborative projects and programmes.

The overall objectives of the training programme are:

- to develop managerial skills to plan and implement TB/HIV collaborative activities understanding the principles of TB and HIV/AIDS control
- to further develop skills for capacity building on TB/HIV

- to stimulate coordinated work between TB and HIV/AIDS programmes.

The course fee for the training is EUR 900.00. Accommodation and meals, as well as transportation in Addis Ababa/ALERT and the course material are included in this fee. For more information please contact Monika Hofmann or follow the full-text link.

For more information go to: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=32009&type=Item

Conference: 3rd African Conference on Sexual Health and Rights: Sexuality, Poverty and Accountability in Africa, Abuja, Nigeria

The conference seeks to bring together key actors in the field of Sexual Health and Rights to explore how sexuality has affected and can improve development in Africa, especially when working with women and youth. The conference will consist of plenary sessions, skills building activities, symposia, roundtables, poster presentations and exhibitions.

The following sub themes will be explored: Adolescent and Youth Sexuality; Women's Sexuality; Family Planning and Reproductive Health; HIV/AIDS and Sexuality; Sexuality and Religion; Sexual Abuse and Gender Based Violence ; Culture, Media and Arts; Sexuality and Knowledge Management; (Im)Mobility and Sexuality; Sexuality and the Law

For more information go to: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=32279&type=Item

See the complete list of new additions, announcements, job adverts at: www.eldis.org/health

The Health Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hivaids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

You are welcome to re-use material from this bulletin on your own website, provided that it is accompanied by an acknowledgement to Eldis and a link to the Eldis website (either to our home page or to the home page of one of our Resource Guides). An alternative way to add Eldis content to your website is by adding one of our [newsfeeds](#).

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Please forward this email bulletin to colleagues and networks who may be interested.

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