A Guide to Joint Monitoring & Evaluation for TB & HIV Programmes in Maldives

National TB Control Programme (NTP)
National AIDS Programme (NAP)

Health Protection Agency (HPA), Ministry of Health, Republic of Maldives

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Abbreviations/Acronyms

ACSM advocacy, communication and social mobilization

AIDS acquired immunodeficiency syndrome

ART antiretroviral therapy

CBO community-based organization

CPT co-trimoxazole preventive therapy

DOTS the basic package that underpins the Stop TB Strategy

HIV human immunodeficiency virus

HMIS health management information systems

IEC information, education and communication

IPT isoniazid preventive therapy

M&E monitoring and evaluation

MDR-TB multidrug-resistant tuberculosis

NAP national AIDS programme

NGO nongovernmental organization

NTP national TB control programme

PMTCT prevention of mother-to-child transmission of HIV

TB tuberculosis

TB/HIV the intersecting epidemics of TB and HIV

TBPT tuberculosis preventive therapy

UNAIDS Joint United Nations Programme on HIV/AIDS

VCT voluntary counselling and HIV testing

WHO World Health Organization

1. Introduction

The rapid growth of the human immunodeficiency virus (HIV) epidemic in many countries has resulted in an equally dramatic rise in the estimated number of new tuberculosis (TB) cases. HIV-related TB continues to increase even in countries with well-organized national TB control programmes (NTPs) that are implementing DOTS – the basic package that underpins the Stop TB Strategy. Full DOTS implementation is clearly insufficient to control TB where HIV is fuelling the TB epidemic, and control of HIV infection must therefore become an important concern for NTPs. In recognition of this, TB/HIV collaborative activities have been incorporated as major components of the Stop TB Strategy and the Global Plan to Stop TB[i].

In the Maldives both TB and HIV prevalence are considered low. With a population of about 340 000, Maldives has an estimated prevalence and incidence rate of all forms of TB respectively of 65 and 41 per 100 000 population respectively, in 2012. DOTS, the internationally recommended strategy for TB control were introduced in 1994 and nationwide coverage was achieved in 1996. The notification rate of all forms TB and new smear – positive cases were respectively 33 and 15, showing an increase compared to the steady decrease over the previous 5 years (mainly smear negative and extra pulmonary cases). Treatment success rate among new smear – positive cases is 81 % for the cohort of patients registered in 2011[ii].

Compared to many countries in the region, Maldives has a low prevalence of HIV. As of December 2013, a total of 19 HIV positive cases has been recorded among Maldivians and 332 HIV positive cases among the expatriate migrant labour force has been reported[iii]. The challenge for the Maldives is to ensure it remains a low HIV prevalence country despite increasing high risk behaviours among some population groups. Recent researches done in the country shows that the risk behaviours leading to HIV are well-established in the Maldives[iv]. A huge mobile population of male and female migrant workers, frequent travel for studies, business and other purposes add to the HIV risk. It will also be vital for the TB epidemic to remain low and not contribute to become an additional risk to increase the HIV prevalence; at the same time to prevent people living with HIV (PLHIV) from contracting TB.

2. Aim of this guide

This guide to joint monitoring and evaluation has been developed to assist the National TB and HIV control programmes to supervise and monitor the implementation of stand-alone and collaborative TB/HIV activities. It is intended to facilitate the collection of standardized data and help in the interpretation and dissemination of these data for programme planning and improvement and for reporting on indicators. It also aims to ensure consistency in provision of services and reporting across all service providers and stakeholders involved in TB, HIV and collaborative TB/HIV activities, avoiding duplication of effort in data collection by providing a core set of nationally accepted and standardized indicators for monitoring and evaluating programme performance. The data collected through this tool will provide evidence to support future programming of stand-alone and collaborative TB/HIV activities. This guide will be used with the Joint Monitoring & Evaluation tool for TB and HIV Programme; as guidance for administering the tool.

3. Target audience

This guide is intended for the National Programmes within Ministry of Health as well as other institutions and the service providers. It is specifically targeted for HIV and TB control programme managers at all levels; national, regional and island level TB and HIV service providers (Hospitals in Male', Public Health Units at Hospitals and Health Centres). It will also be beneficial for staff of development and technical agencies, nongovernmental organizations (NGOs), civil society and community-based organizations (CBOs) involved in supporting TB, HIV programmes and collaborative TB/HIV activities.

4. Collaborative Activities

The goal of collaborative TB/HIV activities is to reduce the burden of TB and HIV in populations affected by both diseases by expanding the scope of TB and HIV control programmes. The objectives underlying this goal are:

- to establish the mechanisms for collaboration between TB and HIV control programmes
- to reduce the burden of TB in people living with HIV
- to reduce the burden of HIV in TB patients

These objectives can be achieved only through effective implementation of DOTS, enhanced HIV prevention and care, and the delivery of additional collaborative TB/HIV activities. The additional collaborative activities address the interface of the intersecting TB and HIV epidemics and should be carried out as part of the health sector response to the dual TB/HIV epidemic. They will be more successful in the presence of effective implementation of national HIV and TB control strategies that are based on international guidelines. The recommended activities can be implemented by TB and HIV programmes, NGOs, CBOs or the private sector. Even in countries which don't have established TB/HIV collaborative activities when a joint monitoring system is introduced in a coordinated way for the TB and HIV activities it would increase the chance of identifying where the collaboration is needed hence start some initial collaborative activities. The aim should be to maintain rates below the global targets. The global targets and goals for TB and HIV have been formulated by international bodies as below:

International Development Goals

Targets have been set by a number of international bodies to stimulate global action to reduce the heavy burden of infectious disease, including TB and HIV, in the developing world. These targets are collectively referred to as the International Development Goals.

Millennium Development Goals (MDGs)

In 2000, the United Nations General Assembly accepted the goals and targets established in the Millennium Declaration. These targets embrace the WHO TB targets (70% case detection and 85% cure rate) and also propose to reduce TB prevalence and death rates by 50% of the year 1990 estimates by 2015. They also aim to halt, and begin to reverse, the spread of HIV by the year 2015.

United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, Declaration of Commitment

In June 2001, UNGASS reaffirmed the Millennium Declaration and set quantified global targets:
• To reduce HIV prevalence by 25% among young men and women aged 15–24 in the most affected countries by 2005 and by 25% globally by 2010;
• To reduce the proportion of infants infected with HIV by 50% by the year 2010.

The WHO Global Health Sector Strategy for HIV/AIDS, endorsed by the World Health Assembly in 2003, has adopted these targets.

The Global Plan to Stop TB 2006–2015

The Global Plan, launched in 2006 (and endorsed by the World Health Assembly in 2007), has set the following targets for TB/HIV to be reached by 2015:
• 26 million (100%) people living with HIV and attending HIV services screened for TB in 2015;
• 3.1 million newly diagnosed and eligible people living with HIV placed on IPT (isoniazid preventive therapy) annually;
• 2.9 million (85%) of TB patients in DOTS programmes HIV-tested and counselled annually;
• 400 000 (57%) of HIV-positive TB patients placed on ART (antiretroviral therapy) annually.

The END TB Strategy 2015 to 2035

Global strategy and targets for tuberculosis prevention, care and control after 2015
Vision: A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis
Goal: End the global tuberculosis epidemic

5. Supervision, Monitoring & Evaluation Guidelines

The guideline will look into the following aspects when conducting a monitoring visit at the health facilities that provide TB and HIV services. The tool should be administered at the service centre with all the relevant staff present in order to get a comprehensive result for the monitoring exercise.

Service Center: Service Delivery and Clinical Care

At every health care/service centre there needs to be a specific focal point identified to conduct and carry out the activities of the National TB Control Programme (NTC) and the National AIDS Programme (NAP). The name and contact details of the focal point have to be recorded on the monitoring form. The activities that are carried out under the National AIDS Programme (NAP) and the National TB Control Programme (NTP) have to be inquired and noted during the monitoring process. The following guidelines, protocols, charts and tools are to be present and readily available and accessible by the health care/ service provider at every health facility/centre for reference purposes. There has to be a check on which volume/version is available at the centre to see whether it is the latest/updated volume/version. This is to ensure that the most recent standard guidelines are followed and the patient receives the standard care during service delivery at all centres uniformly. *This list needs to be updated on the monitoring tool when a new volume/version of a document or a completely new document relevant to TB and HIV is released.*

- National Strategic Plan for TB Control 2014- 2019
- National Strategic Plan on HIV/AIDS 2012 – 2016
- The National Guideline for TB Control

- SOP for reporting and maintaining records for TB control programme for sub National level
- Laboratory Manual on smear microscopy for TB and its quality control
- DOTS providers procedures (flowchart) for Regional/Atoll Hospitals and Health Centers
- National Treatment Guideline on HIV
- Guidelines for the establishment of VCTC in the Maldives/ VCTC Operational Guidelines
- National Protocols on Blood Safety
- TB Contact Screening SOP
- Protocol for prevention and treatment of childhood TB
- Lung Health Guideline for Children
- Lung Health Guideline for Adults
- National PMTCT Guideline

The availability and the types of testing for TB and HIV at the service centre have to be recorded. Does HIV testing include VCT services and are there any provider initiated testing for ANC mothers or in screening for other necessary medical procedures. This includes if there is any protocol or procedure available for TB patients getting tested for HIV and vice versa. We should ensure that these tests are offered free of charge as the National Programmes mandates all government health care facilities to provide these tests free of charge as a requirement of the National programmes. There should be staff at the health care facility who are trained and able to provide services for the TB patient in accordance with the National guidelines including diagnosis (sputum collection methods), treatment with DOTS (correct methods of DOTS provision) and follow up regularly as per guidelines. It has to be ensured that the necessary contact screening and management (if required); for all the contacts of these cases have to be carried out as per the TB contact screening and management SOP provided by NTP.

Treatment/ Chemo-prophylaxis /Contact screening

There has to be extensive contact screening and all the children below the age of 5 years (0-5 yrs) in contact with sputum positive patients have to be started on chemo-prophylaxis (refer to National TB guideline)

DOTS

The gold standard of treatment for TB is DOTS (Directly Observed Therapy). We have to ensure that all patients who require TB medications are started on DOTS. There has to be separate drug boxes/kits (containers) for each patient with clearly marked labels and identification numbers. The procedure for administering DOTS (follow DOTS providers procedures (flowchart) for Regional/Atoll Hospitals and Health Centers) need to be strictly followed and once the medicines are administered it has to be ensured that this is entered into the treatment card immediately so that the chance of medication errors are minimised. The national Guideline has to be followed to ensure the proper administration of DOTS and made sure that the correct regimen is followed.

Service Providers - DOTS providers/Lab Technicians with TB suspects and patients

When a suspected case comes to the DOTS Centre or the laboratory for diagnosis; the DOTS provider and/or the lab technician will have to clearly explain to the patient the method of properly coughing out good quality sputum. If not the test results may not be very accurate as the client/patient may not be aware of the proper method of coughing out sputum for the test.

Once the patient is diagnosed and started on DOTS treatment, the DOTS provider will have to motivate the patient and educate him on the importance of compliance and continuing the treatment process till the specified time period. The DOTS provider will have to inform the patient about dangers of missing dosages and of the development of resistance and how much more difficult it is to treat drug resistant TB.

The DOTS provider/ lab technician will have to inform the patient about contact screening and the importance of sputum examination for symptomatic family contacts of smear positive patients and the prophylactic treatment for children under the age of 5 years. The National Guideline has to be followed to ensure that proper contact tracing and prophylactic treatment is administered.

The DOTS provider/ lab technician will need to inform the patient the date for the follow up sputum examination and ensure they come back on this date.

Service Center: Laboratory

The laboratory has to be staffed by a full time trained laboratory technician who will do the sputum microscopy investigations for the suspected and follow up TB patients.

Clearly printed out and displayed materials on standard operating procedures has to be visible and in addition there should be reference materials for this. A good functioning mechanism has to be in place for the SOPs to be followed and implemented at all times. The following guidelines, protocols, charts and tools have to be present and readily accessible at the Laboratory at every health facility/center.

- Laboratory Manual on smear microscopy for TB and its quality control
- Guidelines for the establishment of VCT in the Maldives/ VCT Operational Guidelines
- National Protocols on Blood Safety
- TB Contact Screening Guideline

The equipment and other consumables including a functional binocular microscope have to be available in the lab. The reagents in the lab have to be clearly labelled and the expiry dates and batch numbers marked. The record of quality control slides have to be maintained and stored properly in the lab by the lab technician. The lab has to be supplied with running water for the sputum microscopy. There has to be uninterrupted power supply to the lab

The laboratory registers has to be filled correctly, completed and kept up to date with all the necessary patient and investigation details. There has to be a separate register for AFB sputum microscopy and for VCT and HIV testing.

Service Center: Inventory/Stock keeping

Storage/ Stock – Central (National Programme)

The drugs need to be kept in a locked storage room/space and clearly marked with stock/batch dates visible and arranged such that the batch with early expiry are in front and distributed first. It has to be kept off the floor and away from the wall to keep it dry in order to avoid any damages. The correct temperature has to be maintained in the room/ storage facility. The drug inventory has to be

updated (medicine stock sheets completed) to ensure that there is sufficient amount of drugs in stock so that there will not be any shortages. The stock balance need to be checked and pre-order sent for new stock of medicines in a timely manner.

Storage/ Stock - Health Facility

The drugs need to be kept in a locked cupboard and clearly marked and it has to be arranged such that the drugs with early expiry are in front and used first. It has to be kept off the floor and away from the wall to avoid any damages. The correct temperature has to be maintained in the room/ storage facility and it should be made sure that it is kept dry. The drug inventory has to be updated (medicine stock sheets completed) to ensure that there are sufficient amount of drugs in stock so that there will not be any shortages. In addition to the drugs we have to ensure that there are sufficient consumables available in the health facility and a stock is maintained for these as well. The stock balance need to be checked and pre-order sent for new stock of medicines and consumables.

Service Center: Record keeping and data collection

TB Register

The National Programme database/register (central TB register) needs to be checked to ensure if it is maintained up to date. This database/register has to be used to compare the records of the Atoll registers and subsequent island level registers and records. The TB register has to be maintained to a standard format at all centres to keep a consistency of all the patient records so that this can be used as a source to feed into the reporting formats and the National Programme database/register at the central level. This would ensure that there are no missed records at all levels. In addition to the TB patient register there needs to be a contacts' register maintained and kept up to date at island, atoll and central level. In addition to the interview questions, checking of records, physical inspections and tallying of numbers need to be carried out.

The TB treatment card

The TB treatment card has to be properly maintained and up to date. It should clearly include the patient details, the date of treatment initiation and the treatment regimen and the treatment phase. It is very important that the correct treatment regimen for the correct type and phase is prescribed. Refer to National TB treatment guidelines to ensure this. The past history of TB treatment is vital to be noted and the follow up sputum examinations which are done every two months need to be entered in the treatment card.

6. Advocacy, Communication and Social Mobilization (ACSM)

The DOTS Centre should implement advocacy and communication activities for social mobilisation and spread messages about prevention of TB and HIV. In order to do so there needs to be an advocacy plan drawn up and these activities in cooperated the annual work plan of the center and these activities should be carried out as planned. There has to be IEC materials on awareness, prevention and treatment of TB/ HIV available and displayed for the patients and public; at the DOTS Centre and the laboratories that do the investigations.

References:

[i] A guide to monitoring and evaluation for collaborative TB/HIV activities – WHO 2009
[ii] National Strategic Plan for TB Control 2014-2019 – Health Protection Agency, Ministry of Health
[iii] HIV-CD Annual report 2013 – National AIDS Programme, Health Protection Agency, Ministry of Health
[iv] Biological and Behavioural Survey on HIV/AIDS – 2008, UNDP/Ministry of Health, Republic of Maldives