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Assessing integration of TB/HIV services at an antenatal care facility in Northern Cape, South Africa

CITATION

Peters JA, Heunis C, Kigozi G, Osoba T & Van der Walt M. 2015. Assessing integration of TB/HIV services at an antenatal care facility in Northern Cape, South Africa. *Public Health Action*, 5(1): 30-35.

ABSTRACT

Background: Integrated tuberculosis-human immunodeficiency virus (TB-HIV) service delivery as part of maternal health services, including antenatal care, is widely recommended. This study assessed the implementation of collaborative TB-HIV service delivery at a hospital-based antenatal care service unit.

Methods: A record review of a random sample of 308 pregnant women attending the antenatal care service between April 2011 and February 2012 was conducted. Data were extracted from registers and patient case notes. Outcomes included the proportion of women who underwent HIV counselling and testing (HCT), CD4 count testing, antiretroviral treatment (ART), cotrimoxazole preventive treatment (CPT), TB screening and isoniazid preventive treatment (IPT). Analysis measured variations in patient characteristics associated with service delivery.

Results: All women underwent HCT; 80% of those who tested HIV-positive were screened for TB. Most (85.9%) of the HIV-positive women received a CD4 count. However, only 12.9% of eligible women received ART prophylaxis on-site, only 35.7% were referred for initiation of ART, only 42.3% commenced IPT and none received CPT or further investigations for TB. HIV-negative women had 2.6 higher odds (95%CI 1.3–5.3) of receiving TB screening than their HIV-positive counterparts.

Conclusions: Although the identification of HIV-positive women and TB suspects was adequate, implementation of other TB-HIV collaborative activities was sub-optimal.