

**Quasi-experimental
evaluation of policy-
driven and evidence-
based interventions
to increase TB
patients' uptake of
HIV testing**



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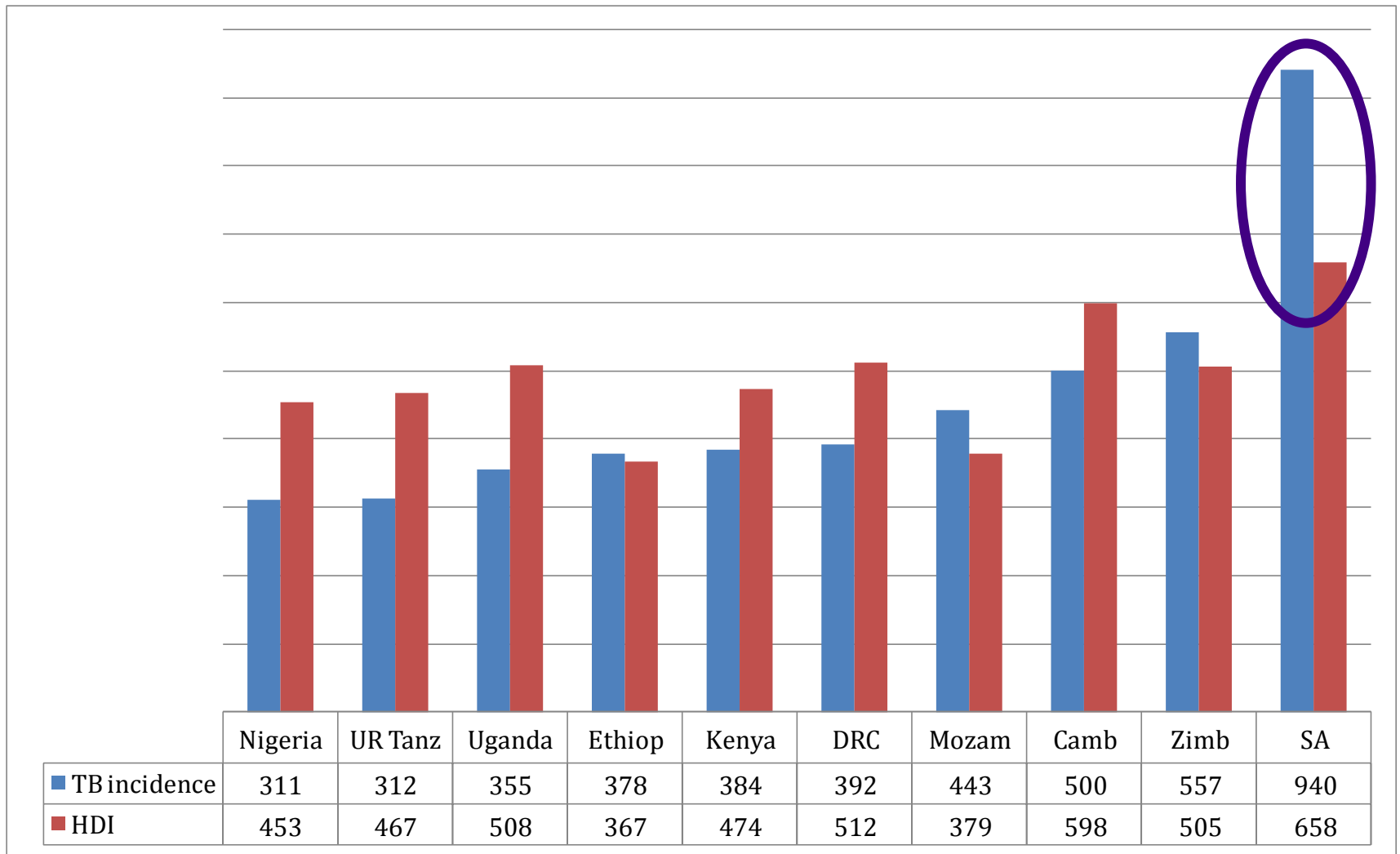
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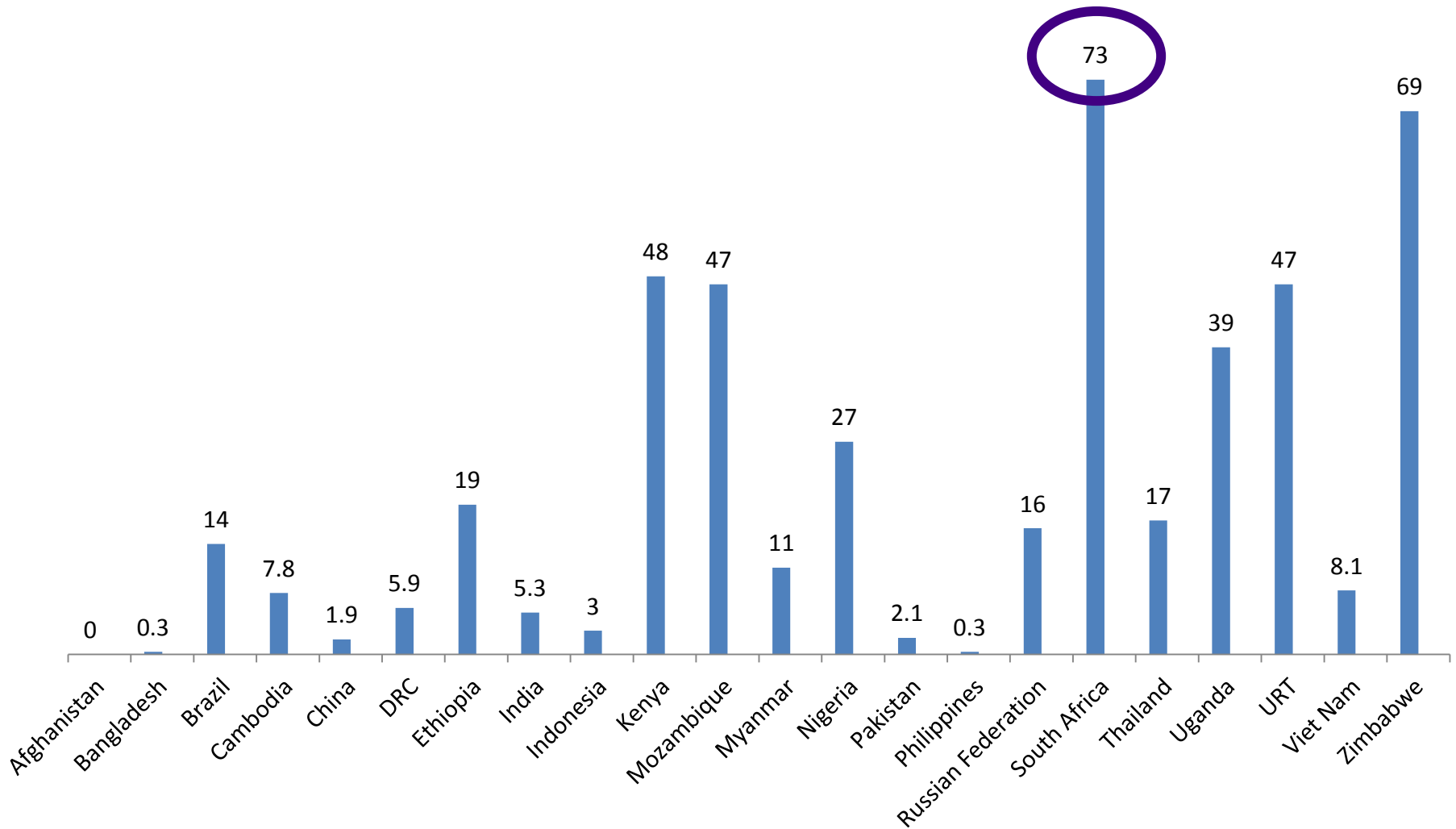
HDI of 10 countries with highest TB incidence, 2006



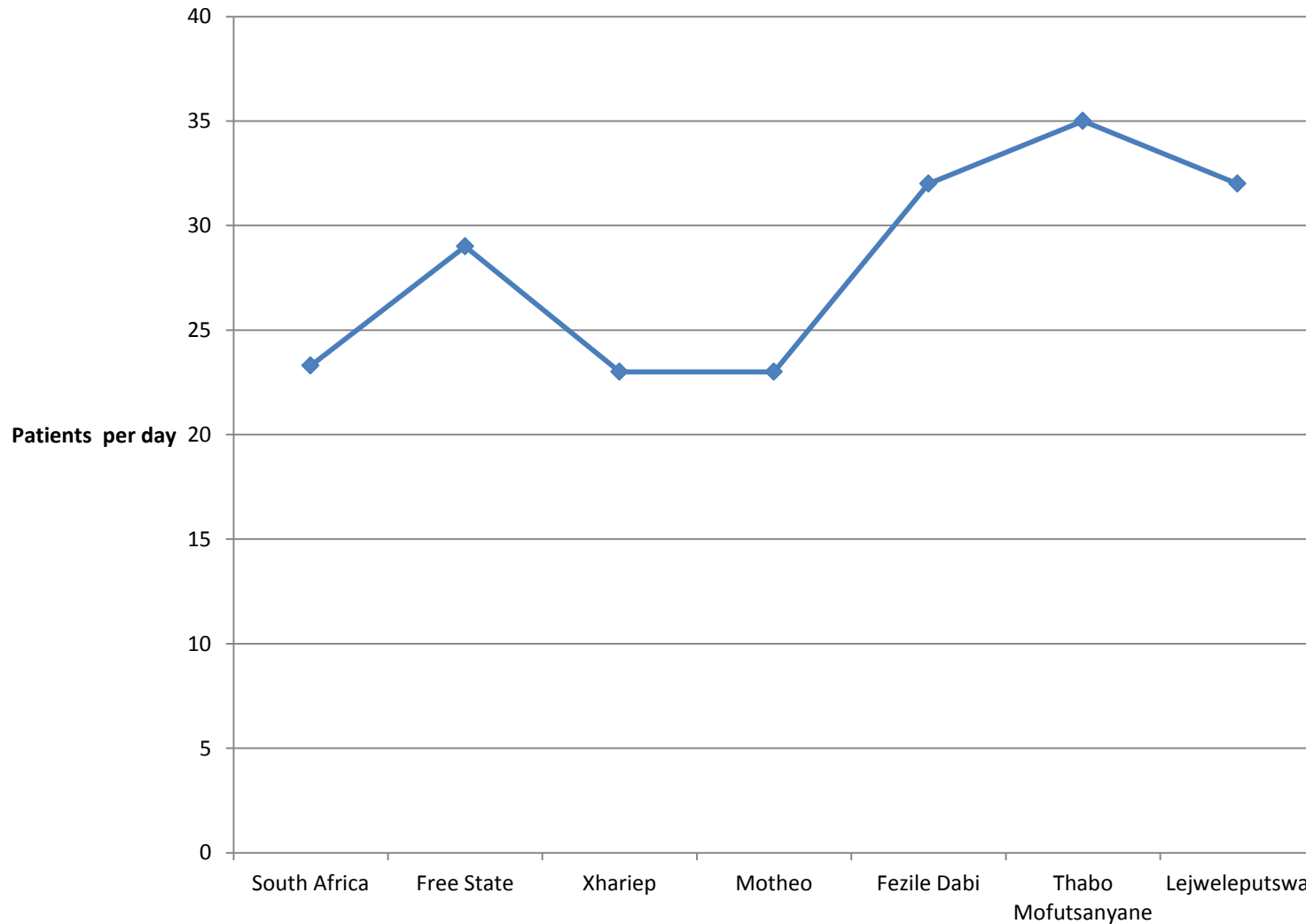
South Africa

- From AIDS-denialism to the largest antiretroviral treatment programme in the world
- South Africa has the largest number of PLWHA (5,7 million) in the world
- Extra-ordinary TB-HIV/AIDS co-epidemic
- High incidence (70%) of HIV among TB patients necessitates improved uptake of HIV testing
- Major policy shift: from VCT to PICT, i.e. from voluntary/client-initiated to routine/provider-initiated

HIV Incident TB cases, High-burden Countries, 2007



Nurse clinical workload, 2010

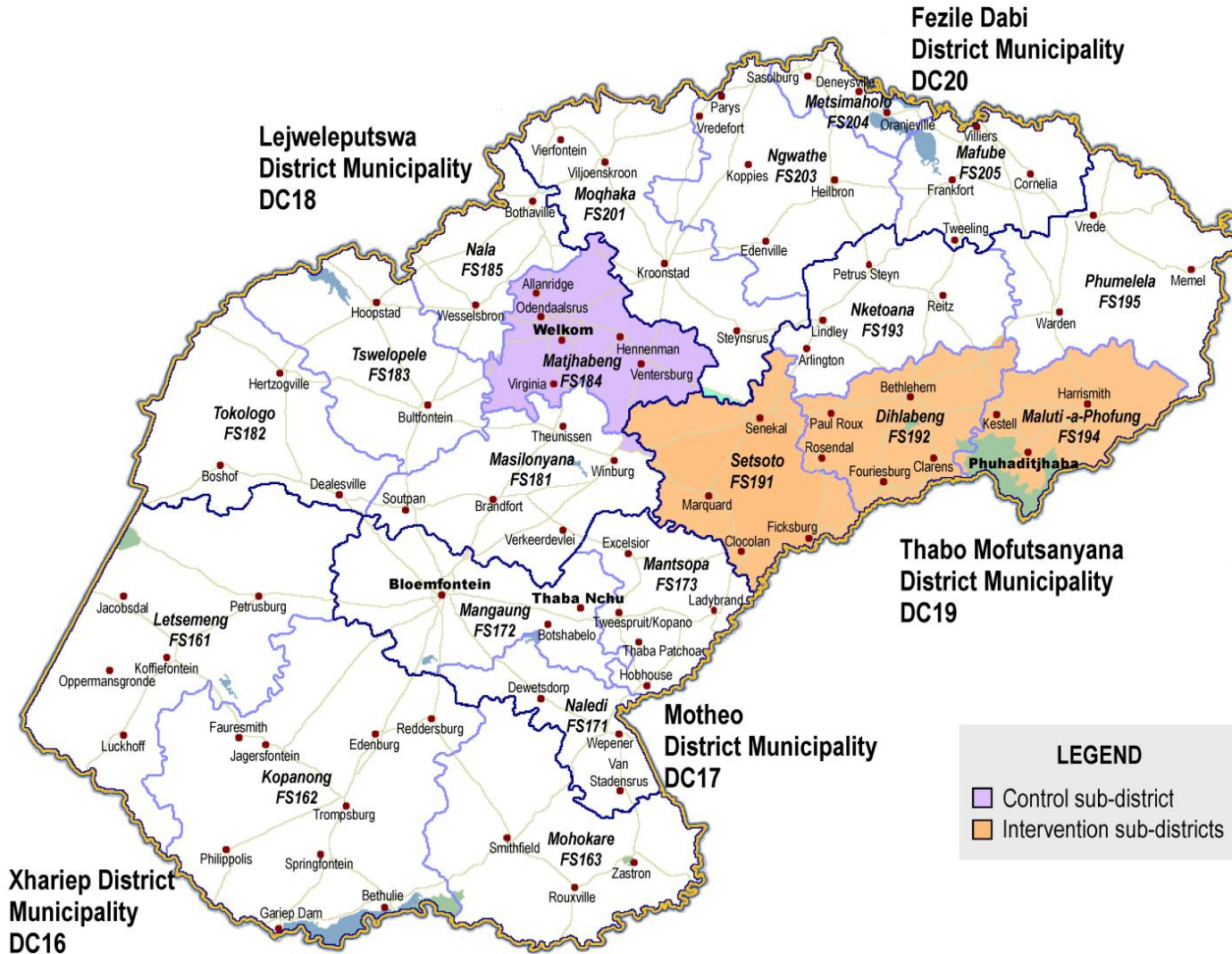


Source: Day et al. (2010)

CDC Public Health Evaluation

EVALUATING THE EFFECTIVENESS OF POLICY-DRIVEN AND EVIDENCE-BASED INTERVENTIONS TO INCREASE TB PATIENTS' UPTAKE OF HIV TESTING: A QUASI-EXPERIMENTAL STUDY IN PHC CLINICS IN THE FREE STATE, SOUTH AFRICA

Intervention and Control Areas



Collaborators

- Centre for Health Systems Research & Development (CHSR&D), University of the Free State (UFS)
- Health Information, Research and Training Directorate, Tuberculosis Management Directorate, and HIV&AIDS/STI & CDC Directorate, Free State Department of Health (FSDoH)
- University Research Corporation South Africa (URSA)
- National Institute for Communicable Diseases (NICD)
- State University of New York Downstate Medical Center (SUNY-DMC)
- Department of Sociology and Research Centre for Longitudinal and Life Course Studies, University of Antwerp (UA)

Design and Methodology

- Pre- and post-intervention assessment in experimental and control sub-districts:
 - 1) collecting routine programme data
 - 2) information collected through in-depth interviews with TB patients and relevant personnel
- Impact of training and mentoring interventions will be measured by pre- and post comparison of:
 - 1) the rate of uptake of HIV testing by TB patients
 - 2) TB patients' satisfaction with routine/PICT by nurses as well as HIV rapid finger-prick testing by community health workers
 - 3) professional and community health workers' PICT-related knowledge, ability, skills and attitudes

Training and Mentoring Interventions

- **Intervention 1:** Focus on high quality provider-delivered routine/PICT by nurses
- **Intervention 2:** Focus on quality counselling and performance of HIV rapid finger-prick testing by community health workers
- **Intervention 3:** Focus on allowing the clinics themselves to decide which and then to implement the model which suits their clinic best

Which intervention results in best:

- Uptake of HIV testing by TB patients?
- Satisfaction of TB patients with the chosen model?
- Knowledge, ability, skills and attitudes of the concerned groups of providers?