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Media release

Comprehensive TB-HIV care programme launched - '*THAT'S IT*' rolls out to North West

On 20 March a comprehensive TB-HIV care programme will be launched in North West Province in an effort to combat the dual epidemics more effectively.

The programme represents a unique partnership between the South African Medical Research Council (MRC), the Foundation for Professional Development (FDP) and the Department of Health, and will build on the experience gained with a pilot project launched in Richmond, KwaZulu-Natal, last year.

The programme, entitled ***THAT'S IT*** (Tuberculosis, HIV & AIDS Treatment Support and Integrated Therapy), is designed to ensure that patients suffering from TB and HIV receive a full range of services to effectively address both conditions.

The launch of the project close to World TB Day (on 24 March) is a means of drawing additional attention to the combined deadly effects of TB and HIV, especially within the context of a rising incidence of multi-drug resistant TB (MDR-TB) and the emergence of extensively drug resistant TB (XDR-TB). This year, more than 350 000 TB cases are expected in South Africa. On average, 60% of TB patients are also co-infected with HIV, with a first-time cure rate of only 50%, which poses a major risk to the development of future drug resistance.

Says Dr Karin Weyer, Director of the MRC's TB Research Unit: "Both MDR-TB and XDR-TB point to a failure of TB control. We need to cure TB the first time round, and step up drug resistance surveillance now that XDR-TB has emerged in all nine provinces". In addition, experts agree that infection control efforts need to be scaled-up urgently, especially in HIV settings, to prevent outbreaks of TB and drug-resistant TB in vulnerable groups.

"We have already trained more than 180 health care officials on airborne infection control in five of the nine provinces, who now need to implement effective infection control measures and transfer the skills to their colleagues. Training in the remaining provinces will be completed by June," Dr Weyer said.

TB services in South Africa are more often than not run in parallel to HIV services, which means that the dually-infected TB patient often has difficulty in getting appropriate HIV care. ***THAT'S IT*** represents a best-practice approach to a one-stop service for TB patients with HIV co-infection.

The **THAT'S IT** project in the Bophirima district of North West will be run with funding from the US President's Emergency Plan for AIDS Relief (PEPFAR) under the expertise of the MRC and the FPD. TB patients will receive comprehensive HIV services, including voluntary counselling and testing, prophylactic treatment to prevent other opportunistic infections, nutritional supplementation, and antiretroviral drugs (ARVs) should they need them. TB patients without HIV are included in wellness programmes aimed at helping them to stay HIV-negative. The project aims to provide comprehensive and integrated TB-HIV care in one of the most resource-limited and inaccessible areas in South Africa.

"The North West project has been carefully planned and will be driven from within the community, with strong support from community leaders. It will make treatment for dual infections much more accessible to people in the region" says Dr Margot Uys, project manager of **THAT'S IT**.

"Launching **THAT'S IT** in the North West close to World TB Day is very appropriate," says Dr Weyer. "TB patients have the right to quality care, which in our context includes the right of every patient with TB to access HIV care without fear of prejudice or stigmatisation."

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Contact: Dr Karin Weyer
Medical Research Council
Tel: 012 339 8550 (Office)
Mobile: 082 460 8836

Dr Margot Uys Foundation for Professional Research
Tel: 011 326 3232 (Office)
Mobile: 082 905 1005

For more information on the Medical Research Council of South Africa, please visit:

<http://www.mrc.ac.za/>

For more information on the Foundation for Professional Development, please visit:

<http://www.foundation.co.za/>

For more information on the US President's Emergency Plan for AIDS Relief, please visit:

<http://pepfar.pretoria.usembassy.gov/>

FACT SHEET 1

TB-HIV Facts:

- South Africa faces one of the worst dual epidemics of TB and HIV in the world, being ranked 2nd in terms of TB incidence (number of cases per capita) and 8th in terms of overall TB burden.
- A person infected with TB has only a 10% lifetime risk of getting active disease because the immune system keeps the TB infection in check; however, if such a person becomes infected with HIV the risk for active TB increases to 10% **per year** because of immune suppression.
- HIV not only increases the number of TB cases, but also alters the clinical course of TB disease. TB becomes more difficult to diagnose and can rapidly become fatal if not quickly diagnosed and treated.
- Policies for voluntary HIV counselling and testing of TB patients have been introduced in South Africa recently; however, uptake of these policies has been slow, given the stigma around TB and HIV still prevailing in many communities.
- Despite the fact that TB is curable (even when a patient is HIV-positive) many patients on TB treatment default from the 6-month regimen. The DOTS strategy for TB control has been shown to be highly successful in many parts of the world; however, South Africa is lagging behind with cure rates of less than 60%.
- Prematurely stopping TB treatment leads to the development of multidrug-resistant TB (MDR-TB) and extensively drug resistant TB (XDR-TB), which is extremely expensive and difficult to treat. Patients with MDR-TB, XDR-TB and HIV have a very high risk of dying. The two multi-drug resistant forms of TB can also easily be spread to HIV-infected individuals.