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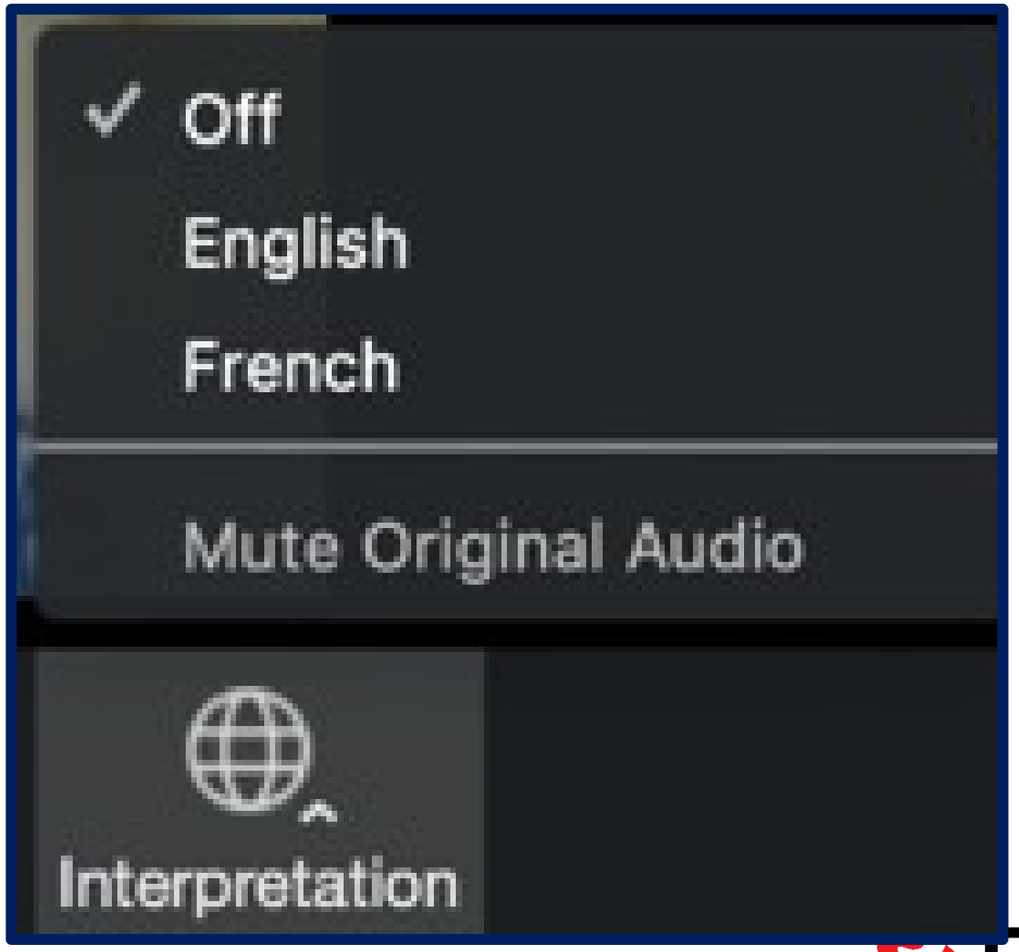

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Community-Led Response to HIV/TB Integration

Thursday, 9 October 2025, 3:30 – 5:00PM SAST

Pragashnee Murugan, ITPC Global
pmurugan@itpcglobal.org

Panellists


THERE IS NO
UNIVERSAL HEALTH COVERAGE
WITHOUT INTEGRATION OF

AGENDA

TIME (SAST)	ACTIVITY	FACILITATOR
3:30 – 3:35pm (5 minutes)	**Meeting Logistics & Introductions**	Pragashnee Murugan (ITPC)
3:35pm – 3:55pm ***(20 minutes)***	**Framing Remarks – HIV/ TB Integration** How integration tackles funding gaps? What are the definitions of life-saving integration? Community Engagement for integration & sustainable impact?	Blessi Kumar (GCTA)
3:55pm – 4:35pm (40 minutes)	**Examples of Community Engagement work in HIV/ TB Integration** Community response to integration Community insights for sustainable integration	Bactrin (ITPC) *Nelson Otwoma* (Kenya) *Lawrence Kuyongwa (*Malawi) *Grace Nyarath* (ASWA) *Dr. Clorata Gwanzura* (MoH Zimbabwe)
4:35pm – 4:45pm ***(10 minutes)***	**Discussions**	ALL
4:45pm – 4:50 pm (5 minutes)	**Reflections**	Rudo Kuwengwa (ICAP) Deo Mutambuka (Rwanda)
4.50pm - 5.00pm ***(5min)***	**Closing Remarks**	Pragashnee Murugan (ITPC)

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Community Advocacy Network: PLHIV networks from 22 countries in Sub-Saharian Africa

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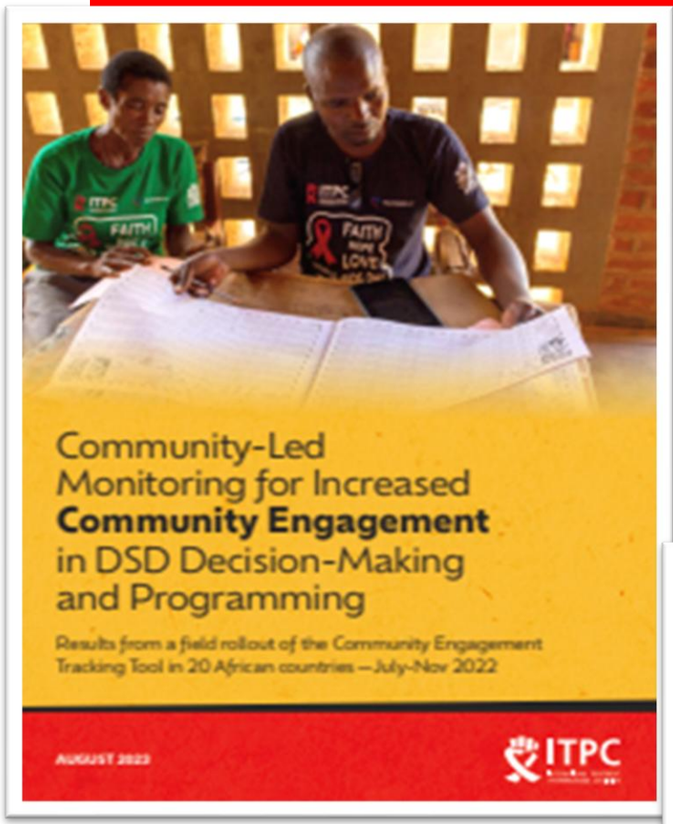
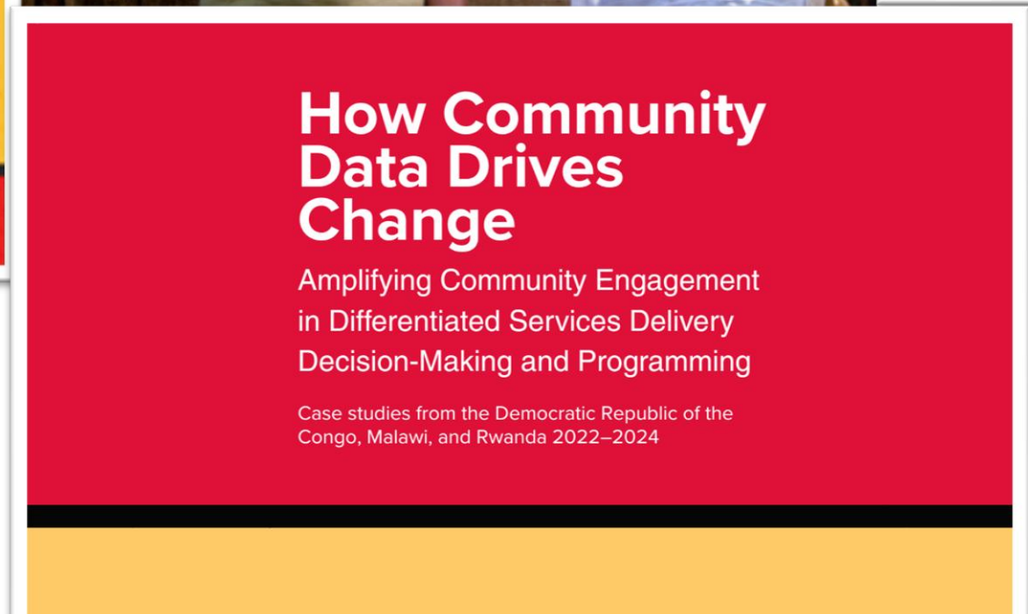
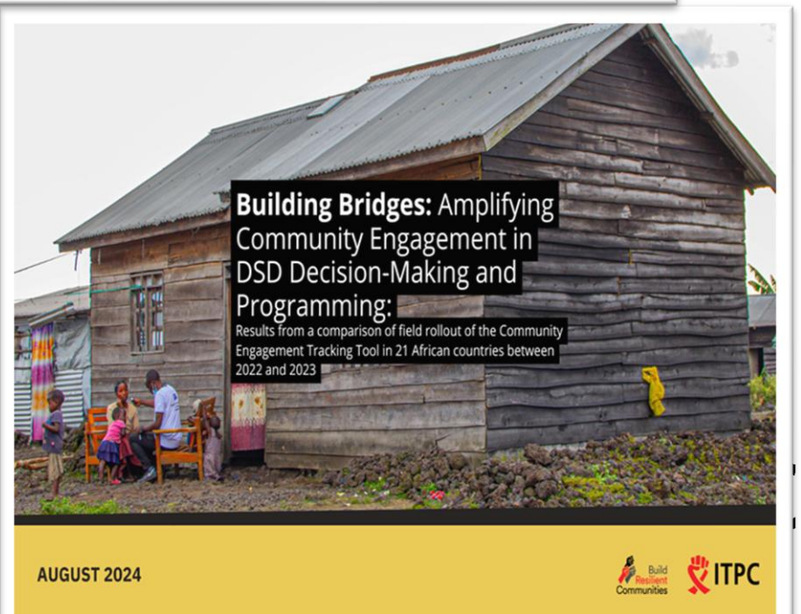
CE Resources: https://itpcglobal.org/our-work/build-resilient-communities/community-engagement







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Need for HIV/TB Integration in a Time of Crisis

Blessina Kumar

Global Coalition of TB Advocates

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Introducing The Global Coalition of TB Advocates - GCTA

GCTA is a coalition of TB affected individuals bringing the lived experience of TB to the global platform.

GCTA endeavours to bridge the gap between civil society organizations and other stakeholders, while ensuring that community is involved in all TB processes through:

- *Issue-Based Advocacy*
- *Coalition-Building and Strategic Communications*
- *Improving Governance, Accountability, and Representation*
- *Capacity Building*

Global Coalition of TB Advocates

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Membership

Global network of 560+ members across 72 countries

Global Coalition of TB Advocates

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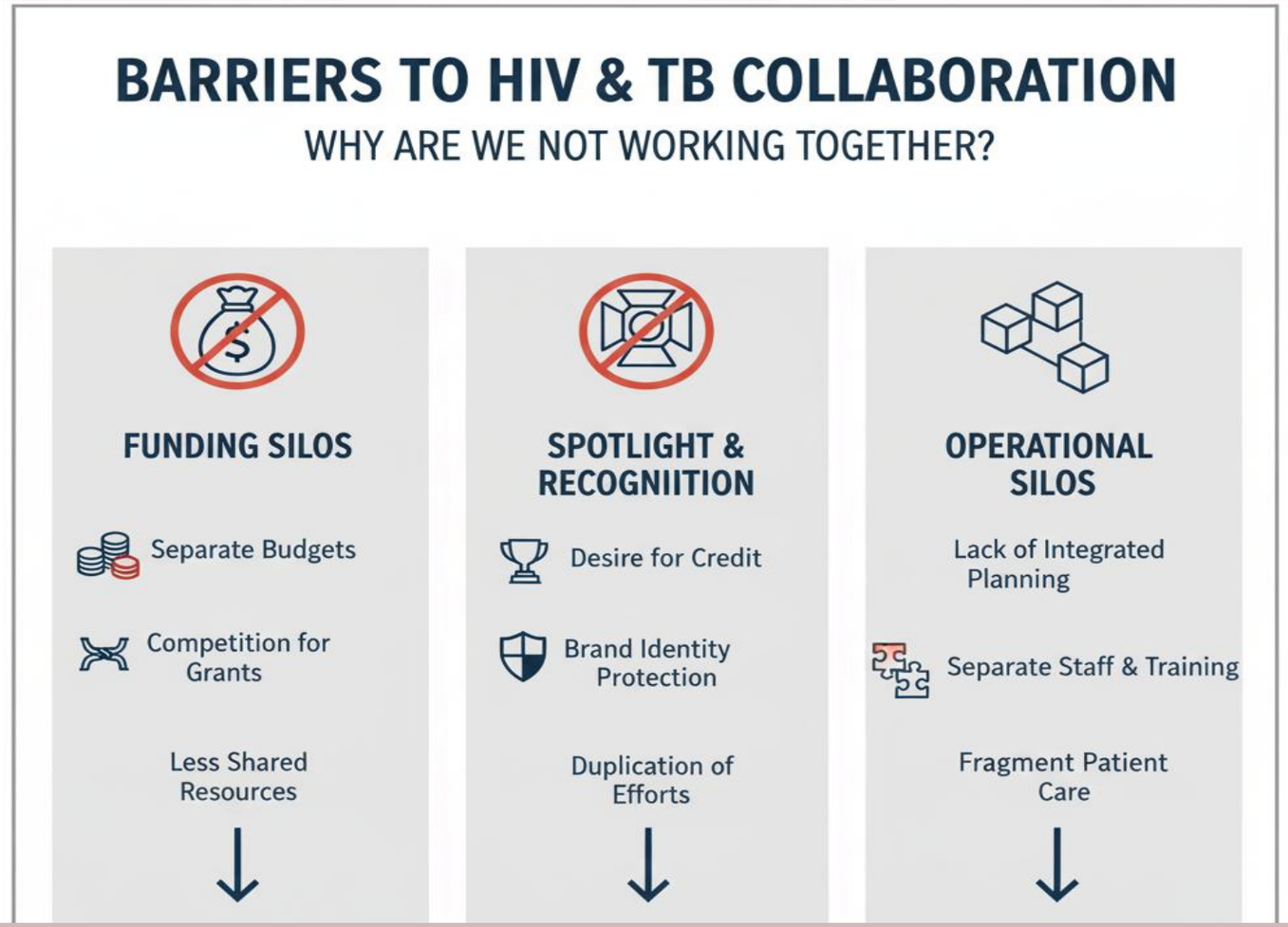
Collaboration – What are we afraid of?



Proposals (GF)

Ministries

Programs

Result – Missed opportunities and worse people outcomes

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Good practice example of ‘how to’
Shattering silos: The GCTA cross-disease network

Objective- To advocate for accelerated roll out of TPT

Situation when we started in 2023 (CLM findings)

- Sub optimal engagement with the community in a meaningful manner
- Only 6% of eligible household contacts received TPT in 2022
- 6H with no pyridoxin
- Issues of short supply
- Limited knowledge and awareness about TPT leading to no demand from the community
- Uptake very limited due to lack of knowledge
- 3 HP not part of the country plan

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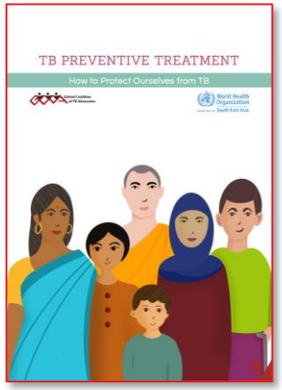
Shattering silos

The importance of shattering silos to catalyse transformative change in Health Advocacy

Action: PLHIV/ PWUD/ LGBTQI+/ SWN/ TB survivors

- Letters to PM for roll out of 3HP and 1 HP
- Meetings with NTEP
- Community Meetings
- Community Brochure on TPT
- Updates on TPT Guidelines
- CLM
- Advocacy
- In person Meetings



Success!! TPT rolled out in April 2024

Global Coalition of TB Advocates

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Real Integration

Enhanced Patient Outcomes

- Improved Diagnosis and treatment
- Reduced morbidity and mortality
- Better Treatment Adherence

Optimized Resource Utilization

- Cost Effective
- Efficient service delivery
- Maximized impact

Public Health Benefits

- Reduced disease transmission
- Achieving Global targets

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Real integration and Collaboration

- Is not an academic exercise but actions leading to lives saved
- Requires deliberate and intentional efforts
- Puts person based care top priority
- It's a win win for all

"The world has made defeating AIDS a top priority. This is a blessing. But TB remains ignored. Today we are calling on the world to recognise that we can't fight AIDS unless we do much more to fight TB as well"- Nelson Mandela 2004 AIDS Conference

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Way forward- All have a role to play

- Communities
- Implementers
- Donors
- Policy makers
- Technical partners

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Community – Led Response on HIV/TB Integration in Kenya

Nelson Otwoma
NEPHAK
Kenya
9 October 2025

ITPC

Outline

1. NEPHAK in Brief
2. TB/HIV Response
3. Integrated People Centred Health Services
4. Engagement in TB/HIV Integration
5. Summary of Engagements
6. Integrate with human face
7. Recommendations
8. Acknowledgements

NEPHAK in Brief

- ✓ NEPHAK is a national network uniting PLHIV in their diversity in Kenya.
- ✓ The network aspires for a nation where **Recipients of Care** are at the forefront and meaningfully involved in the interventions geared towards ‘improved health and well-being’ and where their rights are recognized and respected.
- ✓ We work to **leverage the lived experience**

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TB/HIV Response in Kenya

- ✓ The **colliding epidemics of HIV and TB** remain a public health challenge in Kenya; despite the country having made commendable progress in the response
- ✓ The country's HIV/TB co-infection is estimated at 25% and **TB remains the leading cause of sickness and death among PLHIV** in Kenya

  TB is a leading manifestation among PLHIV presenting with Advanced HIV Disease (AHD)
- ✓ From the outset, the Kenya MOH recognized the dangerous relationship between HIV and TB and put in place **mecahnisms to reduce the burden of TB among PLHIV**.
- ✓ TB/HIV integration in Kenya has long history with both successes and challenges in Kenya but also lessons for integrated people centred health services

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Integrated People-Centred Health Services

- ✓ The successful progress in the response to TB and HIV in Kenya has been with overelliance on external financing and the changing global financial landscape has adversely impacted both programs
- ✓ To ensure continuinity to care, the Kenya MOH is putting in place integrated people - centred health service delivery arrangement that include and prioritize HIV and TB
- ✓ **'Community Engagement'** is recognized as a key pillar for HIV and TB response and 'communities' **engage** at <u>policy, programming and service delivery</u> levels
- ✓ The Kenya MOH through NASCOP (HIV) and NLTLD (TB Program) prioritizes community engagement and has put in place structures and platforms for the engagement of 'recipients of care' in the TB/HIV integration agenda

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NEPHAK and TB/HIV Integration

- ✓ NEPHAK is strategically and visibly present in the mechanisms, platforms, structures and technical working groups set up by the Kenya MOH to promote health and well-being of communities and is also supporting service delivery for both TB and HIV with funding from the GFATM
- ✓ The network undertakes community led Monitoring (CLM) as feedback mechanism on the quality of integrated TB/HIV services and provides recommendations on what needs to improve
- ✓ NEPHAK provides a platform through which targeted advocacy and communications is mounted for a sustainable TB/HIV integration

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NEPHAK and TB/HIV Integration

NEPHAK engagement in TB/HIV integration: *1)Trained TB/HIV Champions 2) Partnerships with other networks including MoH 3 Engagement in MOH platforms 4) Service delivery*

Policy	Programs/Guidelines	Facility/Community
i. TB and TB Program HSWG ii. TB/HIV Integration Acceleration Meeting(s) iii. HIV Service Delivery Integration Summit iv. Engagement in GFATM GC7 reprioritization dialogues v. MOH & Partners Forum, including CCM to GFATM (feedback)	i. 'Integrated Guidelines' Workship ii. AHD Implementation Guidelines Meeting(s) iii. Discussion on Guidance and Blueprint on 'Integration' iv. Joint DSD and Laboratories assessment and review meetings v. Inclusion of TB/HIV 'indicators' in the Community-led Monitoring, data collection, analysis, feedback and advocacy	i. Sensitization of recipients of care on TB/HIV interactions ii. Mobilization of recipients of care to demand for integrated TB/HIV services, including Laboratories and Diagnostics; TPT and joint follow up iii. Service delivery (GFATM grant)

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Integration Engagement Challenges

Traditional challenge of coordinated, structured, meaningful community engagement, the TB/HIV integration presents with:

- ✓ **Human Resources:** Integration is suffering from the huge staff layoffs from the TB and HIV frontline clinics.
- ✓ **Donor restrictions:** Coupled with reduced funding, donor resource restriction is a barrier to TB/HIV integration and Community Engagement.
- ✓ **Docket:** The traditional challenge of the ‘docket’ has adversely impacted community engagement and the entire TB/HIV integration agenda.
- ✓ **Financial resources:** Country Ownership and government-to-government approach and reprioritization of biomedical interventions (treatment and care) critically hinders Community Engagement and demand creation.
- ✓ TB/HIV - related stigma and discrimination: Hinders optimal integration and community engagement

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Integrate with a human face!

- ✓ Lest we forget! *NEPHAK 2024 PLHIV Stigma Index 2.0 Report* confirmed that both HIV and TB are stigmatized and the level of stigma is higher for the co-infected!
- ✓ HIV and TB integration should be based on the realities of recipients of care

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Recommendations

- ✓ Meaningful engagement of recipients of care in the implementation of ‘integrated people - centred health services, TB/HIV integration requires that **recipients of care are empowered, resourced and capacitated**
- ✓ The Ministry of Health and partners should embrace **Community Led Monitoring as a mechanism for feedback on quality and how to improve integrated HIV/TB services**
- ✓ Government and partners must not sacrifice community engagement in the face of declining donor support. **Social contracting framework** that involve recipients of care needs to be in place
- ✓ TB and HIV treatment education on **‘Self - Care’** to enable recipients of care take charge of their health and create demand for TB/HIV services

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Strengthening HIV/TB Integration in Malawi: A Community-Led Approach

Harnessing Community Engagement for Sustainable Health Outcomes

Lawrence Khonyongwa

Malawi Network of People living with HIV and AIDS

9 October 2025

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MANET+

Malawi Network of People Living With HIV/AIDS

Background

- ✓MANET+ and other CSOs have been implementing a Joint HIV/TB project with funding from The Global Fund
- ✓Major target being men and women, people living with HIV, people from the mining communities

Reduce the number of new infections towards the elimination of HIV transmission by 2030

- Reduce HIV-related morbidity and mortality
- Reduce morbidity and mortality from tuberculosis

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Strategies

The major indicator for the project are number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals. In order to achieve this, the project has used the following strategies:

1. **Developing the capacity of exiting Community Sputum Collection volunteers** through mentorship and supervision in addition to provision of enablers and the use of modern technology for data collection.

2. **Peer groups and Expert Clients Engagements** to strengthen and engage peer groups and expert clients to effectively promote health equity and reduce stigma and discrimination.

3. **TB awareness and health promotion** to strengthen community health education and promotion to enable people to make informed decisions, reduce stigma, improve health-seeking behavior and adopt effective TB and HIV preventive measures.

4. **Combined paper based and electronic data collection methods** which ensure data flow and reporting. CSCPs use the paper-based method which is given to lead volunteers for purposes of entering into the electronic data base.

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Key Activities

- ✓ Conducted TB screening (case finding) including house to house mass screening campaigns
- ✓ Collection of sputum samples
- ✓ Initiation of referrals for testing and treatment
- ✓ Delivered results to individual recipients of care
- ✓ Provided treatment adherence support to both TB patients and people living with HIV.
- ✓ Provided health education at health centres and in the community
- ✓ On going documentation of data, compiling and submission of monthly reports

Phalula community sputum collection volunteers at work

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Outcomes

- ✓ Ministry of health Integrated community volunteers training manual has HIV, Tuberculosis and Malaria components in one document
- ✓ 21% increase in TB cases notification in quarter 2 of 2025 attributed to
  - Increased case finding effort at community level with 12% contributed by community volunteers through community sputum collection points and House to House TB screening intervention
  - 10% contribution from Mobile diagnostic units

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Results from CLM data

- ✓ Additional sputum collection points that led to TB detection.
- ✓ Increase in number of community sputum collection volunteers from 2 to 24 in Nkhunga and 7 to 10 in Chizumulu in Likoma district.
- ✓ The problem of missing samples has been eliminated in Nkhotakota District Health Office. Previously 54% of clients complained about missing samples
- ✓ Increase in ART service days
- ✓ Reduction in default rate for both people on ART and on TB medication.
- ✓ Increase in number of men attending antenatal clinics for HIV testing.
- ✓ There were no ART service providers at Chima facility in Likoma but now there are are 3 trained service providers waiting for certification to start working

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Key Population Led HIV TB Integration

Grace Nyarath
Africa Sex Workers Alliance
Kenya
9 October 2025

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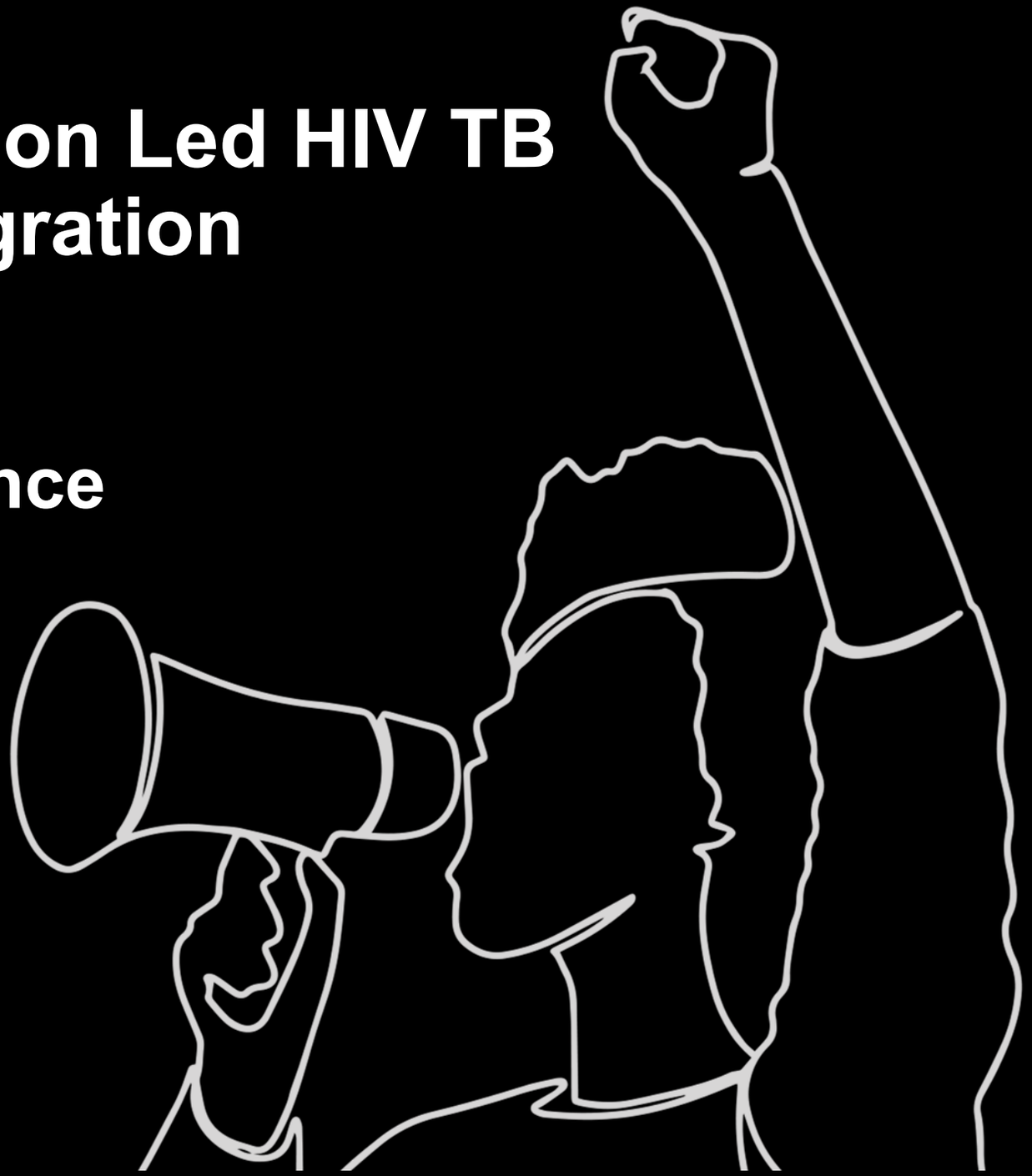

Community led actions and contributions

- ✓ Held multiple consultations with MoH, CASCOs, and KP groups (2 virtual, 2 physical)
- ✓ Developed and submitted the Key Population Implementation Plan Towards Sustainability – A Community-Created alternative to forced integration
- ✓ Advocated for typology-specific meetings to define unique needs for FSWs, MSM, PWUD & Trans persons

Busia & Kisumu:

- ✓ KP Community secured office space, data reporting tools, and MOU negotiations
- ✓ Commodity distribution managed by KP community for their peers
- ✓ KP Leaders engaged in decision-making and facility selection
- ✓ Government assigned contact persons to coordinate with KP community

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Promising practices in integration

- ✓ KP Community engagement in planning in Kisumu and Busia (e.g., facility lists shared with communities)
- ✓ Allocation of space for KP community teams in select health facilities
- ✓ Data reporting access provided (Busia: 16 facilities)
- ✓ Supportive healthcare workers in some locations
- ✓ Commodity distribution roles delegated to community outreach workers
- ✓ Inclusion of KP peer educators and leaders in service delivery structures

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Challenges and gaps

- ✓ No clear SOPs or transition guidance from Ministries of Health (MoH)
- ✓ Forced transition seen as a rights violation, risking reversal of KP-led gains
- ✓ Stigma and discrimination from health providers still widespread
- ✓ Lack of clarity on CSO roles post-transition
- ✓ Poor communication between government and community

In Nairobi & Busia

- ✓ Coercion and threats from CASCOs
- ✓ Facilities unprepared to receive KP clients
- ✓ No stipends for KP peer educators thus disrupting outreach
- ✓ Uncertainty over future support and access

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Community driven solutions for sustainable integration

- Ensure funding for peer educators to sustain outreach
- Leverage the KP implementation plan towards sustainability as a guiding framework
- Protect Drop-In Centers (DICs) and prevent their abrupt handover
- Develop and enforce clear transition SOPs in consultation with KPs
- Fund and convene typology-specific forums to build unified KP positions
- Train healthcare providers on stigma reduction and KP service packages

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Collaborative TB/HIV Activities in Zimbabwe: Progress and Community Engagement

Dr. Clorata Gwanzura
DSD, TB/HIV and Community Collaborations Medical Officer
MoHCC, Zimbabwe

ITPC

Outline

- Country Context
- Implementation, progress and successes
- Community Engagement

Build Resilient Communities ITPC

Country Context

Zimbabwe is heavily burdened by HIV/AIDS & TB

- 1,3M PLHIV (2024 estimates)
- HIV Prevalence: 10.49% (15-49 age group)
- HIV Incidence: 0.96 per 1000

In 2020, WHO reclassified Zimbabwe from the 30 high TB burden following sustained declines in TB incidence

- TB estimated incidence of 204 /100,000 population in 2022 (Global TB Report, 2023)
- Treatment coverage was 55% in 2022, increasing from 54% in 2021. (Global TB Report, 2023)
- An estimated 11,778 TB cases were missed in 2022

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Country Context

Zimbabwe has a double burden of TB/HIV and MDR-TB

- ✓The proportion of people coinfected with TB and HIV continues to decline
  - 80% in 2010, 70% in 2013, 54% in 2021 and 51% in 2022 (Global TB Reports)
- ✓TB mortality
  - Increased from 3,500 in 2018 to 4,950 in 2021 among HIV-positive people (partly attributable to Covid-19)
- ✓Widening gap between case notifications and TB incidence
  - In 2021, only 55% of estimated incident cases were notified

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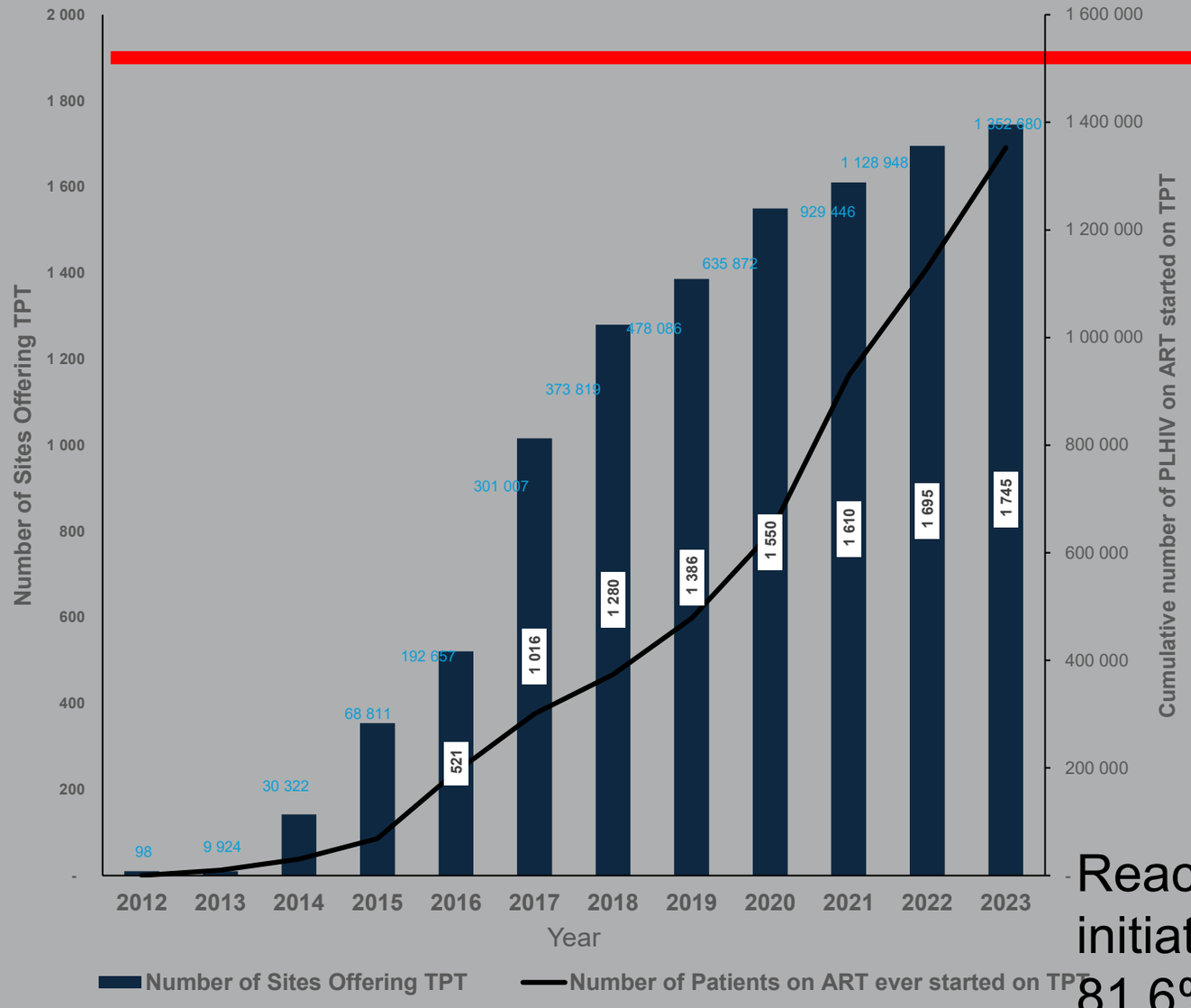
Zimbabwe National: Progress in TPT Implementation 2012 - 2023



Source: HMIS, 2023

2010 — 01 — Adapted WHO IPT Policy and Piloted IPT at 10 HFs

2012 — 02 — Initiated IPT to 98 patients in 10 facilities

2020 — 03 — Introduced Shorter TPT regimens

2023 — 02 — Reached cumulative 1,352,680 TPT initiations at 1,745 facilities

81.6% of all PLHIV on TPT reached between 2020 -2023

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Community Engagement

TB/HIV TWG membership

- ✓ Chair and voice
- ✓ Leads on community aspects

Co-creation of integrated guidance for community capacity building

- Job Aide for TB/HIV and TPT
- HIV Treatment Literacy manual
- Expert Patient Training manual

Joint development of IEC Materials

- Print media and short videos (MoHCC providing TA) to work against myths and misconceptions
- Pamphlets on TPT for PLHIV

CLM for TB

- Inclusion of TB in community led monitoring platforms – ZNNP+, JHWO

Community Engagement

PRIMARY HEALTH CARE • A HEALTHY NATION • MINISTRY OF HEALTH AND CHILD CARE • ZIMBABWE

EXPERT PATIENT TRAINING CURRICULUM

PARTICIPANT MANUAL

PRIMARY HEALTH CARE • A HEALTHY NATION • MINISTRY OF HEALTH AND CHILD CARE • ZIMBABWE

NATIONAL AIDS COUNCIL ZIMBABWE

znnp+ zimbabwe national network of people living with HIV

NATIONAL COMMUNITY HIV TREATMENT LITERACY MANUAL

A MANUAL TO SUPPORT HIV AND RELATED HEALTH LITERACY IN ZIMBABWE

Yiziphi indlela zokwelapha ezikhona?

i) I-3HP – ihlanganisa i-isoniazid le rifapentine **okunathwa kanye ngeviki okwenyanga ezintathu**

ii) I-6H – yi-isoniazid enathwa **kanye nsukuzonke okwenyanga eziyisithupha**

iii) I-3RH - yi-rifampicin kanye le-isoniazid okunathwa **kanye nsukuzonke okwenyanga ezintathu**

iv) I-Levofloxacin – I-levofloxacin inathwa **kanye nsukuzonke okwenyanga eziyisithupha**

- Yonke imithi yokwenqabela ufuba iyasebenza ngokufanayo ukubulala amagcikwane ofuba. Osebenza kwezempilakahle uzacebisa ngohlelo lokwelapha olufanele umuntu munye ngamunye Uhlelo lokwelapha olulodwa lwanele.

I-TPT iphephile yini?

- I-TPT iphephile emuntwini wonke kugoqela abantwana, abadala kanye labomama abazithweleyo.
- Uyacelwa ukuthi uvakatshele eklinika yakho masinyane ungaqala ukuhlangana lempumela ezingakhangelelwanga ngesikhathi unatha i-TPT.

Bika **ZONKE** izehlakalo ezimbi usebenzisa ifomu **le-MCAZ** lokubika izehlakalo ezimbi ngemva kokunatha umuthi elitholakala lapho osebenzela khona **LOBA**:

Uskane ikhodi yefomu

U-downlode i-app ye-MCA

Google Play | App Store

IMPAACT4TB

PREVENTING TB TO END TB

PRIMARY HEALTH CARE • A HEALTHY NATION • MINISTRY OF HEALTH & CHILD CARE • ZIMBABWE

Ukwenqabela isifiso sofuba

CLINTON HEALTH ACCESS INITIATIVE

Lessons Learnt

Service Integration

Integrating TB, HIV, and NCD services improves treatment adherence and outcomes, offering comprehensive care under one roof for patients

Community Engagement

Engaging and incentivizing CHWs enhances TB case finding and treatment adherence, crucial for successful interventions

Shorter TPT Regimens

Shorter TPT regimens like 3HP improve adherence and completion, reducing TB burden among PLHIV

Conclusions

- ✓ Zimbabwe has made great progress in addressing the dual burden of HIV and TB diseases
- ✓ The contribution from community and recipients of care has contributed significantly to the success of TB/HIV integration and uptake of TPT in the country

Acknowledgements

MOHCC –HIV, TB Program, Health care workers
National AIDS Council
PEPFAR
Global Fund
UN Agencies
Technical Partners
Civil Society Organizations

ITPC