

BONELA



The Botswana
Network on
Ethics, Law
and HIV/AIDS

BONELA TB/HIV ADVOCACY DOCUMENT

PRESENTED TO THE HONORABLE MINISTER OF HEALTH - LESEGO MOTSUMI

ON 24 MARCH 2009

GABORONE, BOTSWANA

STOP TB NOW

Save Lives
Transform TB/HIV Prevention
Diagnostics and Treatment



BONELA
The Botswana
Network on
Ethics, Law
and HIV/AIDS



TREATMENT
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Introduction

The Botswana Network on Ethics Law and HIV and AIDS (BONELA) is a non-governmental organization focusing on promoting a just and inclusive environment for people affected by HIV and AIDS through training and education, legal assistance, research and advocacy. Its mandate is in line with goal number 5 of the National Strategic Framework on HIV/AIDS, that is, 'promoting a strengthened ethical and legal environment'.

Since 2007, BONELA has expanded its programmatic focus to include newly emerging and pertinent issues relating to the national response to HIV and AIDS such as treatment literacy, sexual reproductive health issues of women living with HIV and AIDS, prevention initiatives for men who have sex with men and women who have sex with women, sex work and HIV and AIDS as well as gender issues, particularly domestic violence. The development of these programs was in recognition of the specific vulnerabilities to HIV and AIDS for each of the target groups and the need to develop targeted programs to address their needs.

Background to the Treatment Literacy Program

Botswana is one of the first African countries to roll out a free national HIV and AIDS treatment programme. Successful and sustained scale-up of this programme requires the involvement and empowerment of communities. Treatment literacy is a model that empowers communities with comprehensive knowledge on issues around HIV and AIDS. This model turns ordinary people into informed advocates for health, enabling them to support the scale-up of treatment in communities and to hold governments and policy makers accountable for the delivery of quality health services.

In 2006, BONELA established the Botswana Treatment Literacy Coalition (BTLC), which comprises different organizations and groups of people living with HIV and AIDS. The BTLC drives the planning, design, implementation and scale-up of the treatment literacy programme in Botswana, through treatment literacy workshops, awareness-raising campaigns and advocacy.

More than 500 people in communities have been trained on treatment literacy encompassing basic human anatomy, immunology, virology, opportunistic and sexually transmitted infections and ARV therapy. A core cadre of treatment literacy trainers was established in 6 districts to coordinate and sustain the program at district level. In recognition of the vulnerability of people living with HIV to TB infection, BONELA has since 2008 embarked on a TB campaign to address several emerging and pertinent issues particularly addressing its efforts towards mitigating the impact of TB on people living with HIV.

This advocacy document is part of the campaign, and outlines critical recommendations for the national TB response. A public service advertisement on TB infection control in communities, which was broadcast on prime-time national television was also produced in line with the campaign.

Infection Control

1. Infection Control in Hospitals

Hospitals and clinics are high-risk settings for TB infection, particularly in high HIV prevalence areas where more patients are likely to be in immuno-compromised. Prolonged exposure to TB bacilli, either through hospitalization or through long periods of time spent in waiting rooms, rapidly propagates infection and cross-infection in these settings. The screening and separation of potential or confirmed infectious TB cases from the general patient population is therefore a critical component of infection control, and is recommended by the World Health Organisation (WHO) *in Tuberculosis Infection Control in the Era of Expanding HIV care and treatment*.

This recommendation needs to be applied in public healthcare facilities in Botswana, which has one of the highest HIV prevalence rates in the world. We observe that at the Infectious Disease Control Centre in Gaborone, which provides care and treatment services for people living with HIV, coughing and non-coughing patients who could potentially be TB positive, queue in the same crowded room as other patients. A similar situation exists at Princess Marina Hospital, where patients believed to have drug-susceptible TB are admitted in the same wards possibly exposing them to cross infection. Botswana also maintains its policy of mandatory hospital-based treatment of Multi-drug Resistant (MDR) TB, which compounds these problems, while other countries such as Lesotho have adopted the community based MDR TB management strategy that is coupled with intensive community education to minimise cross infection issues that happen at health care facilities; relieve the unsustainable burden on health care facilities that is associated with prolonged isolation; as well as to promote infection control in the community¹.

Although Botswana's public health act allows for the mandatory isolation of DR TB patients, the issue of mandatory isolation raises public health and human rights concerns, particularly as it is often not comprehensively structured so as to cater for social support for the patient undergoing treatment and their immediate dependants. We believe a socio-economic background assessment is necessary to address patient's needs that might affect effective treatment outcomes. Patients may not be willing to be put in confinement whilst they are worried about who will support their family while they are in hospital or about losing their job. This has been recognised in South Africa, where DR TB patients who are hospitalised receive grants to meet their socio-economic needs while undergoing treatment, thus increasing their likelihood of adhering to treatment. Instead of compelling them through law, we can engage them by addressing the socio-economic needs so that ultimately, the patient is willing and ready for confinement. In light of DR TB where a patient is likely to be isolated or hospitalised for

¹ The Botswana National Tuberculosis Program Manual makes reference to the community based TB management strategy and observes that it can improve treatment adherence and treatment outcomes in a variety of settings. The strategy is also commended as cost effective.

a longer time, the reverse effect of this could possibly be that patients with DR TB remain underground and will not be forthcoming for treatment, care and support because they fear the negative socio-economic consequences of diagnosis and treatment.

We are aware that more structures are currently being built for the separate admission of TB patients, and plans are underway to fit health care facilities with filtration and radiation equipment to control the spread of TB. However, there is still a critical need for health care workers to implement simple and yet essential infection control measures such as patient education including cough etiquette in the clinical setting. Clearer guidelines are important to alleviate the poor infection control that is observed in health care facilities in Botswana, and hence the nosocomial spread of tuberculosis.

We recommend that:

- i) The Ministry of Health should accelerate the expansion of health care facilities to provide separate waiting areas and admission facilities for TB patients, such as the outdoors waiting shelter at Nyangagwe hospital in Francistown – and in the meantime should devise innovative ways of separating patients;
- ii) Public health facilities should begin, with immediate effect, to take simple measures to control the spread of TB – such as ensuring adequate natural ventilation, screening and separation of infectious TB patients from the general patient population (even as the process to transform structures is still in progress);
- iii) The Ministry of Health should work with stakeholders, including the Botswana Treatment Literacy Coalition/BONELA, to ensure that patients receive education on TB infection control in healthcare facilities. TB is an urgent issue because of many reasons, including increased cross border mobility, increasing number of DR TB and the high incidence of TB and HIV. An intensified community TB prevention education campaign is critical. The role of the Ministry would be to coordinate and harmonise the national response to TB.
- iv) The Ministry of Health should develop and disseminate guidelines for TB infection control in Botswana and provide training to civil society, based on the WHO recommendations. The current Botswana National TB Program manual is technical and not easy to use. Moreover, it is not inclusive of non state stakeholders in the national response to TB.
- v) Every health care facility should have a specific infection program or plan and appoint an infection control officer who will be responsible for ensuring that health care workers are aware of, and abide by the plan. Regular monitoring and reporting on these by each facility should be a requirement.

2. Infection Control in Correctional Facilities

High rates of tuberculosis have been noted in Botswana prisons². In addition to creating significant health problems within the correctional facilities, this also contributes to the spread of TB in the community when prisoners are released. Infection control in correctional facilities is vital and necessitates a more complex consideration of factors that are specific to these settings, but it is often neglected. Recognizing this as a global problem, the WHO in 2001 produced a manual for tuberculosis control in prisons.

We recommend that the Ministry of Health works with the Department of Correctional and Rehabilitative Services to:

- i) Conduct a situational analysis of the state of TB control in prisons;
- ii) Adopt and adapt the WHO recommendations on TB control in prisons for the Botswana setting, in consultation with other people working and living in prisons and taking note of best practice elsewhere in the region;
- iii) Facilitate education for prison officials and prisoners on TB control in prisons, in collaboration with the Botswana Treatment Literacy Coalition;
- iv) Appoint TB infection control officers in all correctional facilities to ensure that infection control guidelines are disseminated and adhered to and,
- v) Create adequate facilities for proper separation of infectious TB patients in prisons.

3. Infection Control in Communities

Infection control in communities is one of the most fundamental pillars of TB control. However, as a country, we are still lagging behind in doing comprehensive education on TB at community level. The Botswana Treatment Literacy Coalition has initiated TV and radio media campaigns to increase public awareness of TB and simple methods of infection control that can be practiced in homes, but much more remains to be done in this regard. Community education strategies need to be expanded further than what the Botswana National Tuberculosis Program Manual recommends, including use of mass media tools like radio, television and print. Already-existing HIV and AIDS community structures also present appropriate platforms for community TB education.

Contact tracing is another aspect of infection control in communities that needs strengthening as a matter of urgency. Some district-level facilities carry out contact tracing for their TB patients, but this is not done at Princess Marina hospital, which

² Report of the Review of the Botswana National Tuberculosis Program (2006)-Ministry of Health. Also see a study titled *Rapid Assessment of Tuberculosis in a large prison setting-Botswana (2002)* by CDC retrieved from <http://www.cdc.gov> on 17.02.09

handles the bulk of TB cases in Botswana. Furthermore, where contact tracing is carried out, health care workers face difficulties relating to balancing out the right of the patient to confidentiality with the need to protect close contacts from developing TB infection. The absence of clear guidelines creates confusion and inconsistency in this regard.

We recommend that:

- i) The Ministry of Health should work with the Botswana Treatment Literacy Coalition/BONELA to carry out widespread community education efforts on tuberculosis prevention and treatment;
- ii) The Ministry of Health should incorporate clear recommendations on contact tracing into their TB infection control guidelines, taking into consideration the rights of the patient.

TB/HIV INTEGRATION

4. Systematic Integration of TB and HIV Services

The “inadequate awareness of TB and HIV as two diseases in one patient” as stated by a Ministry of Health official, poses a significant barrier in the national TB response. The WHO has issued guidelines for implementing collaborative TB and HIV activities at the national and district level. While Botswana has responded to some of these recommendations, for example through the establishment of a national TB/HIV advisory committee that meets four times a year, as well as an attempt to harmonise TB/HIV collaborative services in the BNTP manual, there is still need to strengthen integration of these services at the district and primary healthcare and community level.

The TB programme has recommendations for dealing with HIV, and vice versa, but there is no established channel of regular communication between the National TB Programme and the antiretroviral programme – MASA which means new dawn, to ensure that these recommendations are being acted upon and that the programmes collaborate optimally with each other. Integrating TB and HIV services is associated with better treatment outcomes and more efficient utilization of resources in both disease programmes. However, it needs to be closely guided to ensure that services are integrated consistently and effectively, and that due attention is being paid to the importance of infection control when co-managing these diseases.

We recommend that:

- i) TB/HIV advisory committees should be formed in all major health care facilities, to ensure that these services are integrated at all levels;
- ii) The Ministry of Health should urgently develop a national training programme for health care workers on managing TB/HIV co-infection. Existing WHO materials can be adapted for this purpose and thereafter accelerate the expansion of these integrated services throughout the country;

- iii) The Ministry of Health should convene a TB/HIV collaboration meeting with MASA, the National TB programme and people living with HIV and AIDS, to evaluate the progress made in integration of HIV and TB services and to work on a joint strategy for improving collaborative activities between these two programmes in Botswana; and
- iv) The mandate of District Multi-sectoral HIV/AIDS committees should be expanded to include regular reporting on collaborative TB/HIV activities – such as is currently being done in Boteti sub-district.

ACCESS TO TB DR DRUGS

5. Green Light Committee

The Green Light Committee is an international initiative that helps countries to gain access funding for MDR-TB programmes and concessionally –priced second line anti-TB drugs from the Global Fund to fight AIDS, TB and Malaria. It also offers technical assistance to countries through the application and implementation process. BONELA is concerned that Botswana, as a country has not submitted a proposal to the Green Light Committee in order to benefit from this assistance.

Recommendations

I) We highly recommend that Botswana, through the Ministry of Health, apply to the Green Light Committee, as a matter of urgency to improve access to cheaper treatment. BONELA is willing to assist in the preparation of a proposal document by mobilising technical assistance.

Conclusion

Whereas we acknowledge that some progress has been made since the 2006 review of the BNTP, Botswana's national response to TB needs to be accelerated. A lot still needs to be achieved in the areas of infection control, management and care, diagnostics and procurement of quality TB drugs. In order to obtain optimal results as well as to share the burden of addressing TB/ HIV, concerted efforts need to be made to include all actors to achieve a true reflection of the national response to TB as well as HIV and AIDS.