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# INTEGRATING TB AND HIV SERVICES IN THE GENERAL HEALTH CARE SYSTEM IN RUSSIA

## Background

In 2004, the USAID-funded Quality Assurance Project (QAP) began to work with federal and regional health authorities in the Russian Federation to apply the improvement collaborative approach to design a model system on HIV/AIDS treatment, care and support in pilot sites in four cities: St. Petersburg (one of 18 districts), Orenburg, Engels, and Togliatti. The aim of the demonstration collaborative was to develop a municipal model for delivery of integrated treatment, care and support services, including tuberculosis (TB) testing and treatment, to persons living with HIV/AIDS (PLWHA). QAP worked with selected organizations in the four regions to develop a system for all HIV-positive patients to be tested for TB, receive Isoniazid preventive therapy (IPT) and, if necessary, be treated for TB. Key partners included local health authorities, infectious disease specialists from AIDS Centers and polyclinics, TB specialists, substance abuse specialists, social service providers, NGOs, and PLWHA.

QAP staff and participating providers analyzed the system of care for PLWHA, including collection of baseline data and description of patient flow through the care process. They found that only 30% of HIV-infected people were tested for TB, and in half of co-infected patients, TB was detected only at late stages of AIDS. No national guidelines existed for IPT, and in general there was very poor coordination of HIV and TB testing and treatment services between AIDS Centers, TB dispensaries and polyclinics. Moreover,

general health care providers and TB specialists lacked clinical knowledge about HIV infection.

## Improvement Strategies

A multi-disciplinary, cross-oblast team was created to coordinate TB-HIV improvement activities across the four pilot sites (see box on Improvement Objective). The improvement collaborative approach was used to organize inter-disciplinary team work and facilitate sharing of ideas and learning across sites.

QAP staff provided coaching to teams to develop standards for TB screening, referrals and the exchange of treatment and care information between medical facilities. Learning sessions were organized for participants to share results among themselves and with experts, and to discuss next steps. Results of the team's work were periodically presented to coordinating committees of leaders of participating institutions and health authorities.

Key changes introduced by the TB-HIV team included:

- Algorithms for HIV-TB counseling, TB screening and information exchange between services were developed and tested in the pilot sites
- Systematic X-ray screening of HIV patients was initiated at primary care settings and routine tuberculin testing introduced at AIDS Centers
- Staff of TB facilities, AIDS Centers and primary care settings were trained in HIV, HIV-TB and VCT

## Objectives for the TB-HIV improvement work

- Increase coverage of TB testing among HIV-infected patients in polyclinics through the use of microcopy and tuberculin skin tests, in addition to X-ray
- Organize IPT among HIV patients
- Improve inter-institutional cooperation among health care and social services facilities and non-governmental organizations for improved detection, prevention and treatment of TB in HIV patients
- Improve recording of HIV-TB co-infection
- Facilitate development of national guidelines on IPT

- AIDS Center specialists were deployed to TB facilities to provide TB-HIV counseling
- Forms to facilitate Information exchange between primary care, TB services and AIDS Center were designed and tested
- Cooperation established with NGOs to refer patients for TB screening, especially among most at-risk populations
- Outreach workers and hot-line staff were trained in HIV-TB counseling

These changes resulted in a steady increase in the number of HIV patients who were put on Isoniazid preventive therapy, screened for TB, and if found with

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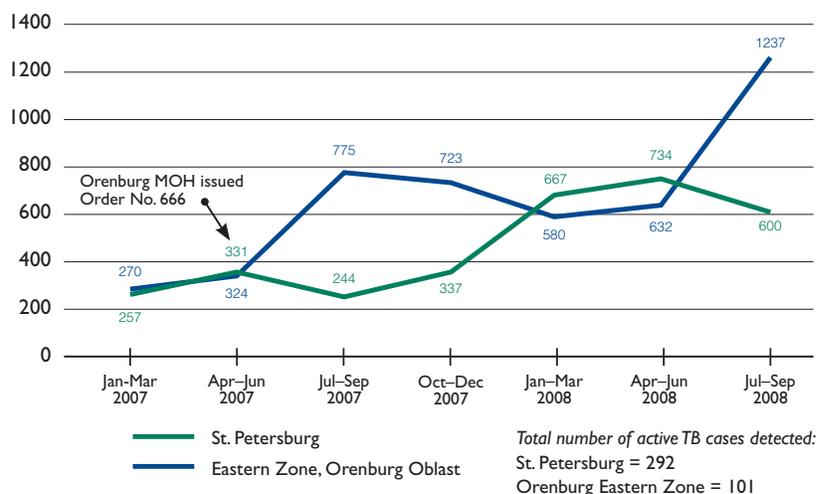
active TB, put on appropriate treatment. By late 2006, health authorities in St. Petersburg City and Orenburg Oblast asked for QAP support to scale up the improvements developed by the pilot sites to all 18 districts of St. Petersburg and 3 districts of surrounding Leningrad Oblast and to 3 additional cities in the Eastern Zone of Orenburg Oblast.

In 2007, the spread phase of the HIV/AIDS Treatment, Care and Support was launched, encompassing 73 facilities and 3 cities in Orenburg Oblast and 35 facilities in all 18 districts of St. Petersburg and 3 districts of Leningrad Oblast. Interdisciplinary teams of providers and their coaches from municipal health care departments were created to organize TB testing among HIV patients in polyclinics through implementation of testing algorithms and patient forms developed during the pilot phase. At the same time, QAP worked with local experts and health authorities in each region to prepare regulatory documents (orders, decisions, etc.) that would make the new TB testing, prevention, and treatment processes part of official Oblast policies.

## Results

- Over 100 patients are now screened monthly for TB at the AIDS Center in Orenburg, and more than 200 tested in polyclinics of Orenburg Oblast; before 2007, there was no screening in polyclinics. In St. Petersburg, there has been a 30% increase in the number of HIV patients tested for TB in 2008 compared to 2007.
- The practice of TB testing among HIV patients in polyclinics was institutionalized in May 2007 in Orenburg Oblast through the

## Expansion of TB testing among HIV-infected patients, St. Petersburg and Eastern Zone, Orenburg Oblast



MOH's Order No. 666. The order regulates implementation of TB testing procedures, implementation of IPT, and patient records. A similar regulatory document is now being prepared by the City Health Care Committee in St. Petersburg. Counseling and screening of HIV patients for HIV-TB co-infection is now institutionalized upon registration and at any visit to the AIDS Center and infectious disease specialists at polyclinics.

- In St. Petersburg, the collaborative helped establish linkages with NGOs who now refer patients for TB testing.
- Since November 1, 2006 to present, over 620 patients have received IPT in Orenburg, St. Petersburg, Togilatti and Saratov; a patient form for IPT developed by teams in the collaborative is now being considered by the Federal TB-HIV Center for preparation of national guidelines on IPT.

## Lessons

- Testing of HIV patients for TB in polyclinics can become a routine and integral part of patient's medical follow-up and will increase coverage if infectious disease and other related specialists are purposefully engaged in an organized process that is supported by health authorities.
- IPT implementation can reinforce the need for high quality TB testing; however, it will not become widely used unless national guidelines are in place.
- **Key message:** Successful implementation of new practices requires three components in place: supportive leaders, interested providers, and informed clients. The improvement collaborative proved to be an effective approach for improving inter-institutional cooperation and integration of TB and HIV services in Russia.