

**TUBERCULOSIS -RELATED RESEARCH**  
ProTEST  
2001-2005



- TITLE:** **The ProTEST Initiative**
- LSHTM STAFF:** Peter Godfrey-Faussett, Helen Ayles, Harry Hausler, Lilani Kumaranayake, Fern Terris-Prestholt, Charlotte Watts
- FUNDING:** WHO, UNAIDS, Lusaka Urban District Health Management Team, Malawi National Tuberculosis Programme, South African Department of Health

**SUMMARY**

The "ProTEST" initiative (coordinated by WHO in collaboration with UNAIDS, CIDA, NORAD, DFID and USAID) is investigating how to interrupt the sequence of events by which HIV infection fuels the tuberculosis epidemic, by promoting Voluntary Counselling and Testing (VCT) for HIV as an entry point to access to a range of HIV and tuberculosis prevention and care interventions. Pilot projects in different settings will be used to assess of the feasibility of operationalising the links between general health services and HIV and tuberculosis programmes necessary to provide access to a range of HIV and tuberculosis prevention and care interventions, with VCT for HIV as an entry point to access. The project outcomes are effectiveness, cost-effectiveness, affordability and acceptability.

WHO is establishing a steering group to provide oversight to the ProTEST projects in different sites. Projects are currently under way in South Africa (funded by CIDA), Malawi (funded by NORAD) and Zambia (funded by DFID). WHO plans to fund the implementation of projects in Uganda and another site in Zambia. The operational research projects currently under way require particular assistance in linking up technical areas (e.g. VCT for HIV, TB/HIV clinical management, TB preventive therapy), overall guidance in ensuring the measurement of the appropriate outcomes and evaluating the impact, and data management.

LSHTM is involved with all aspects of the ProTEST initiative: membership of the steering group; coordination of the pilot projects in South Africa and Zambia; regular supervisory visits to the site in South Africa, Malawi and Zambia; economic evaluation; evaluation of impact.

**TITLE:** **The Zambian ProTEST project: a package to reduce the impact of tuberculosis and other HIV-related diseases**

**LSHTM STAFF:** Peter Godfrey-Faussett, Helen Ayles, Vincent Tihon, Ginny Bond

**COLLABORATORS:** Ignatius Kaye we (Kara Counselling and Training Trust, Lusaka, Zambia); David Chipanta (African Network of People Living with HIV); Rosemary Kumwenda Phiri, (Lusaka Urban District Health Management Board)

**FUNDING:** DFID

## **SUMMARY**

In countries with a high prevalence of HIV infection, the best available control strategies, promoted by the world's aid agencies and WHO, are failing to prevent the rising incidence of tuberculosis. Tuberculosis affects predominantly young, economically active, adults, on whom the development of the poorest countries depends.

A complete package of measures is needed that takes into account the changes in the epidemiology of TB and that harnesses the community capacity that has arisen in most cities with a high prevalence of HIV. Such a package would reduce transmission of M.tuberculosis by improving case-finding and treatment; reduce reactivation of M.tuberculosis by establishing preventive therapy services and reduce transmission of HIV by enhancing voluntary HIV counselling and testing (VCT) services.

The proposed innovation will:

1. Encourage VCT as an entry point to integrated management and prevention of HIV-related TB
2. Enhance collaboration between government health services and community organisations
3. Introduce TB-related issues into HIV-related social mobilisation and activism

Its success will be measured by the impact on the community's burden of TB and other HIV related illness. Economic and social science evaluations will determine the potential cost-effectiveness and sustainability of the package. Success will also be measured by process indicators of demand for and acceptability of the package, equity of access to the services provided and cohort analysis of those treated for tuberculosis or with preventive therapy.

The objectives of the project are:

- (i) To enhance VCT services and associated support services
- (ii) To establish a service for active TB case-finding among people living with HIV (PLWH)
- (iii) To establish a service for preventing disease in PLWHs without active TB

- (iv) To make an inventory and establish referrals to additional support services in Lusaka
- (v) To increase attention to the combined problems of TB and HIV in social mobilisation activities
- (vi) To analyse the costs and benefits of each component
- (vii) To analyse the penetration of knowledge about and the equity of the service

**TITLE:** **Economic and epidemiological evaluation of ProTEST pilot projects in Zambia, Malawi, and South Africa**

**LSHTM STAFF:** Lilani Kumaranayake, Charlotte Watts, Peter Godfrey-Faussett, Fern Terris-Prestholt, Harry Hausler, Helen Ayles

**COLLABORATORS:** Agnes Muvira, Consultant to Malawi NTP, Rhabab Chimzizi and Nicola Hargreaves, Malawi ProTEST Project.  
Rokaya Ginwalla, Zambart , Ignatius Kayewe (Kara Counselling and Training Trust, Lusaka Zambia), Edina Sinanovic (Health Economics Unit, Cape Town), Pren Naidoo (South African Department of Health)

**FUNDING:** World Health Organisation, DFID, NORAD, South African Department of Health

## **SUMMARY**

The ProTEST initiative was designed, through operational research, to develop a district-based strategy for a joint TB and HIV programme, including voluntary counselling and testing and provision of isonazid preventive therapy. The study undertakes an economic and epidemiological analysis of the ProTEST pilot initiatives in Zambia, Malawi and South Africa. Cost and cost-effectiveness analysis using intermediate outcome measures and epidemiological impact (HIV infection and TB case averted) will be undertaken. In order to consider epidemiological impact, behavioural surveys related to voluntary counselling and testing, and the development of a mathematical model will be undertaken.

**Keywords:** costs, cost-effectiveness, economics, isonazid preventive therapy, cotrimoxazole, HIV disease, Malawi, Zambia, South Africa

**TITLE:** **The Prevention of Mother to Child HIV Transmission and ProTEST: A combined approach**

**LSHTM STAFF:** Helen Ayles, Peter Godfrey-Faussett, Virginia Bond, Lilani Kumaranayake

**COLLABORATORS:** National AIDS/TB/STD/Leprosy co-ordinator CboH, Zambia, MTCT Working Group, Lusaka, Kara Counselling and Training Trust, Lusaka, Zambia, Lusaka Urban District Health Management Board

**FUNDING:** WHO

## **SUMMARY**

In countries with a high prevalence of HIV infection, the best available control strategies, promoted by the world's aid agencies and WHO, are failing to prevent the rising incidence of tuberculosis. Tuberculosis affects predominantly young, economically active, adults, on whom the development of the poorest countries depends.

Recent initiatives aimed at preventing mother to child transmission of HIV are detecting women who are HIV positive, but are not addressing their healthcare needs in terms of prevention of opportunistic infections, TB detection, STI management etc. A complete package of measures is needed to encompass both of these initiatives and to harness the community capacity that has arisen in most cities with a high prevalence of HIV. Such a package would reduce transmission of M.tuberculosis by improving case-finding and treatment; reduce reactivation of M.tuberculosis by establishing preventive therapy services and reduce transmission of HIV by enhancing voluntary HIV counselling and testing (VCT) services and reduce mother to child transmission.

The proposed innovation will:

Encourage VCT and MTCT counselling and testing services as an entry point to integrated management and prevention of HIV-related TB, and STIs

Enhance collaboration between government health services and community organisations

Introduce TB-related issues into HIV-related social mobilisation and activism

Its success will be measured by the impact on the community's burden of TB and other HIV related illness. Economic and social science evaluations will determine the potential cost-effectiveness and sustainability of the package. Success will also be measured by process indicators of demand for and acceptability of the package, equity of access to the services provided and cohort analysis of those treated for tuberculosis or with preventive therapy

**Keywords:** MTCT, VCT, HIV, STIs, preventive therapy, sustainability

**TITLE:** ProTEST Expansion in Zambia

**LSHTM STAFF:** Helen Ayles, Peter Godfrey-Faussett

**COLLABORATORS:** Zambia CBoH- Dr L Kafwabulula, LDHMT- Dr M Makasa; ZAMBART- Dr J Banda, Dr K Shanaube

**FUNDING:** GFATM, WHO

### **SUMMARY**

The ProTEST initiative was piloted in Zambia, Malawi and South Africa. The successful pilots have stimulated the formation of international TB/HIV policy by WHO and the adoption of the initiative for roll-out in the countries involved (as well as several others)

As part of Zambia's successful bid to the GFATM, ProTEST expansion has been planned for all districts in Zambia. LSHTM, through ZAMBART project has been mandated to develop training materials for this expansion and to train districts in its implementation. ZAMBART project will monitor and evaluate the implementation of ProTEST in districts.

**Keywords:** TB/HIV, Programme roll-out

**TITLE:** **Economic and epidemiological evaluation of ProTEST pilot projects in Zambia, Malawi, and South Africa**

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