

Fact sheet: TB/HIV

A. What is TB/HIV co-infection and why is it important?

The dramatic spread of the HIV epidemic in the past two decades, in particular in sub-Saharan Africa, has been accompanied by a significant increase in the number of new tuberculosis (TB) cases.

Together, HIV and TB form a lethal combination, each contributing to the other's progress. HIV weakens the immune system and a HIV-positive person who is infected with TB bacilli is 20 times more likely to become sick with TB than someone infected with TB bacilli who is HIV-negative. HIV promotes the progression of recent and latent tuberculosis *infection* to active TB *disease*. The HIV epidemic has caused a substantial increase in the percentage of cases of smear-negative pulmonary and extra-pulmonary TB disease.

In the last two decades the number of new TB cases has tripled in high HIV-prevalence countries. TB is now the leading cause of death among people living with HIV in Africa and a major cause of death else where, globally accounting for almost 2 million deaths per year. It is also the most common presenting illness among people living with HIV, who are taking antiretroviral treatment.

In the context of applications to the Global Fund, at its November 2008 meeting, the Board recommended that TB/HIV collaborative activities be included in both HIV and Tuberculosis proposals (GF/B18/DP12). The Global Fund recognizes that many HIV and tuberculosis control activities are implemented with little interaction between the two programs, and as a result, insufficient attention may be given to the significant co-infection issues arising for people affected by HIV and/or tuberculosis. Applicants should therefore explain their plans for scale up to universal TB/HIV collaborative services, including a detailed description of TB/HIV activities, funding and indicators. Activities may include prevention, treatment, and/or care and support interventions.

B. Incorporating collaborative TB/HIV activities in Global Fund proposals

The WHO policy on collaborative TB/HIV activities is meant to provide guidance on recommended interventions countries should implement. **The Global Fund encourages Applicants to deliberate with partners, including WHO, UNAIDS and others, on which activities could be included in their TB and HIV proposals taking into account specific country context.**

Internationally recommended collaborative TB/HIV activities include:

A. Establishing the mechanisms for collaboration

- Setting up coordinating bodies for TB/HIV activities at all levels;
- Conducting surveillance of HIV prevalence among tuberculosis patients;

- Carrying out joint TB/HIV planning; and
- Joint monitoring and evaluation

B. Decreasing the burden of tuberculosis in people living with HIV/AIDS

- Promoting increased tuberculosis case finding;
- Introduction of isoniazid preventive therapy; and
- Ensuring tuberculosis infection control in health care and congregate settings

C. Decreasing the burden of HIV in tuberculosis patients

- Provision of HIV testing and counseling;
- Communication of HIV prevention methods;
- Introduction of cotrimoxazole preventive therapy;
- Provision of HIV/AIDS care and support; and
- Provision of antiretroviral therapy

The following are suggested **general activities** that build on the existing WHO policy and which countries are encouraged to consider:

- Conducting joint annual review meetings by TB and HIV programs and stakeholders at all levels;
- Encouraging maximal use of 'one-stop' services depending on the local context;
- Large-scale training to roll-out the implementation of revised and newly developed policies and guidelines for TB/HIV activities;
- Development of national guidelines for improved referral systems for TB/HIV.

The following activities/interventions are strongly recommended HIV services for TB patients and those persons presenting signs and symptoms of TB:

- Establishment and implementation of a national HIV testing policy that promotes testing of TB patients and TB suspects, and allows testing by non-lab professionals;
- Revision of National TB Control Program policy, where applicable, to include HIV testing for both TB patients and TB suspects;
- Provision of adequate space and infrastructure for HIV counseling and testing at TB clinics and other health care facilities;
- Provision of regular supervision with respect to national service delivery to ensure providers are consistently providing services;
- When HIV testing is not available on-site at the TB clinic, the patient or the specimen should be referred to an HIV test site. In the case of patient referrals, strict infection control measures should be applied;
- Consistent supply of test kits at all HIV test centers based on national targets, mechanisms for procurement and funding;

- Use of standardized HIV testing algorithm for patients with TB and protocols for counseling and testing, including a functioning quality assurance program;
- Implementation of a standardized reporting system, including patient identifiers, registers, reporting forms, referral system with common forms, and supervision by the Ministry of Health;
- Standardized initial training, certification and re-testing, and site supervision (i.e. establishment quality assurance) of test providers;
- Increasing human resource capacity through the provision of refresher trainings, adequate pay, motivation of staff, and professional recognition;
- Provision of technical assistance for: supply and procurement systems, Quality Assurance system, resource mobilization, operational research;
- Establishment of a policy to decentralize HIV services and shift tasks to nurses and other health cadres with supervision and mentorship; and
- Development of clear national directives on where antiretroviral therapy (ART) for HIV-infected eligible TB patients should start (either in ART or TB service, or in both delivery points).

Strengthening and enhancing the nationwide delivery of the “Three I’s” for TB/HIV

In order to accelerate TB/HIV collaborative activities delivery of the “Three I’s” needs to be strengthened and enhanced. Focus is needed on promoting a national dialogue and consultation to remove the policy barriers around the “Three I’s”:

- Isoniazid preventive therapy (IPT),
- Intensified TB case finding, and
- Infection control for TB.

The development of standardized tools and program guidance¹ is essential for ensuring the successful implementation of TB/HIV collaborative activities.

Implementation of Isoniazid Preventive Therapy

- Revise national TB policies and protocols to include IPT as a core part of HIV services;
- Development of standardized tools and program guidance regarding the implementation of IPT;
- Support Ministries of Health to develop M & E, including targets for ensuring HIV program implementation of IPT for people living with HIV;
- Development of national guidelines for improved referral systems for TB diagnosis; establish DOTS in HIV care settings;

¹ TB screening tools, standard operating procedures for TB infection control in HIV, TB and other services, and integrated national public health laboratory networks that include HIV and TB laboratory services such as HIV diagnostics and monitoring, smear-microscopy, EQA, liquid culture and fluorescence microscopy

- Development of job aids for TB screening and IPT implementation in all HIV/AIDS care facilities;
- Encouragement of maximal use of IPT as an essential component of HIV care and a key aspect of TB prevention and control; and
- Training to roll out the implementation of revised and newly developed IPT policies and guidelines.

Infection control for TB

- Initiation and facilitation of national dialogue and consultation to address the issue of infection control for TB within the larger health systems and infection control context. Infection control for TB should be central to scaling up HIV services but the HIV program will need to work with other stakeholders (e.g., TB program, blood-borne infection control, MoH infection control services, community stakeholders, etc.);
- Facilitate the definition of country-specific national targets for infection control implementation through national consultation and consensus-building.;
- Consider developing a national strategic plan for integrating infection control activities into routine HIV service delivery (e.g., finances, training, staff, etc.). The best plan would be one that is part of the overall HIV strategic plan;
- Facilitate the adaptation and implementation of the IMAI² TB/HIV facility level training module targeted at HIV service providers with TB infection control component; and
- Support engagement and training with members of National Networks of People Living with HIV to generate grass root demand for improved infection control in HIV and other services.

Improving diagnosis of TB in people living with HIV/AIDS (PLWHA)

- Revision of national TB policies and protocols to include TB screening and treatment as core HIV services;
- Support Ministries of Health to develop monitoring and evaluation, including targets for ensuring implementation and diagnosis of TB among people living with HIV;
- Development of national guidelines for improved referral systems; establish DOTS in HIV care settings;
- Development of job aids for TB screening and diagnosis in all HIV/AIDS care facilities;
- Conduct national mapping of diagnostic capacity for TB (chest x-ray, culture, biopsy) and earmark resources to improve and establish diagnostic facilities depending on the assessment and need; and
- Training of members of national networks of People Living with HIV to generate community demand for TB services.

² Integrated Management of Adolescent and Adult Illness (IMAI)

Monitoring and evaluation

- Develop consensus between National TB Programs and National AIDS Programs and other stakeholders about policy development and data access agreements;
- Set national targets for the implementation of collaborative TB/HIV activities through national consensus;
- Undertake, with advice from WHO, impact evaluations studies to ascertain the benefits of investing in TB control;
- Support TB/HIV monitoring and evaluation through the establishment of TB/HIV teams within the M & E unit/department of the Ministry of Health. Registers (HIV testing, pre-ART and ART CARE, TB) should be redesigned and develop based on international recommendations;
- Training with special emphasis on collection and use of HIV/TB-related data;
- Strengthen data collection systems through allocation of adequate human resources, supply and supervision from national to facility level; and
- Harmonize and standardize the monitoring and evaluation activities including TB/HIV indicators.

This fact sheet has been prepared in collaboration with technical partners, using the key resources below. For details and discussions on the strength of the evidence on the above recommendations, applicants are strongly encouraged to review the following key resources:

1. **Interim policy on collaborative TB/HIV activities WHO/HTM/TB/2004.330**
http://www.who.int/tb/publications/tbhiv_interim_policy/en/index.html
2. **Improving the diagnosis and treatment of smear-negative pulmonary and extrapulmonary tuberculosis among adults and adolescents Recommendations for HIV-prevalent and resource-constrained settings**
http://whqlibdoc.who.int/hq/2007/WHO_HTM_TB_2007.379_eng.pdf
3. **Three Is to reduce burden of TB in PLHIV**
<http://www.aidsmap.com/cms1270232.asp>
4. **Three I's Meeting Report, April 2008**
http://www.who.int/hiv/pub/meetingreports/WHO_3Is_meeting_report.pdf
5. **NTP TB management for children**
http://whqlibdoc.who.int/hq/2006/WHO_HTM_TB_2006.371_eng.pdf
6. **Guidelines for HIV surveillance among tuberculosis patients (Second edition) WHO/HTM/TB/2004.339**
http://whqlibdoc.who.int/hq/2004/WHO_HTM_TB_2004.339.pdf
7. **A guide to monitoring and evaluation for collaborative TB/HIV activities**
http://whqlibdoc.who.int/hq/2004/WHO_HTM_TB_2004.342.pdf
8. **Management of collaborative TB/HIV activities: Training for managers at the national and sub-national levels**
http://www.who.int/tb/publications/who_htm_tb_2005_359/en/index.html

9. Tuberculosis infection control in the era of expanding HIV care and treatment
http://whqlibdoc.who.int/hq/1999/WHO_TB_99.269_ADD_eng.pdf
10. Integrated Management of Adolescent and Adult Illness (IMAI) Modules
<http://www.who.int/3by5/publications/documents/imai/en/index.html>
11. Acute Care: Integrated management of Adolescent and Adult illness (WHO/CDS/IMAI/2004.1 Rev. 2)
http://www.who.int/hiv/pub/imai/en/acutecarerev2_e.pdf
12. Chronic HIV Care with ARV Therapy and Prevention, Integrated Management of Adolescent and Adult Illness Interim Guidelines
http://www.who.int/hiv/pub/imai/en/acutecarerev2_e.pdf
13. Patient Monitoring Guidelines for HIV Care and Antiretroviral Therapy (ART) 2006
<http://www.who.int/hiv/pub/ptmonguidelinesfinalv1.PDF>
14. Revised TB recording and reporting forms and registers - version 2006 WHO/HTM/TB/2006.373 http://www.who.int/tb/err/rr_final_forms_en.doc
15. Essential Actions for Effective TB Infection Control
http://www.stoptb.org/wg/tb_hiv/assets/documents/10%20Essential%20Actions%20for%20Effective%20TB%20Infection%20Control.pdf