

Policy for Collaborative TB/HIV Activities



Establish the mechanisms for collaboration

- 1. Set up a coordinating body for TB/HIV activities effective at all levels:** Coordinating bodies with equal representation from both TB and HIV sectors are needed at regional, district and local levels of the country to ensure effective collaboration between HIV and TB efforts.
- 2. Conduct surveillance of HIV prevalence among TB patients:** Surveillance is essential to inform programme planning and implementation. The method chosen for the surveillance depends on the underlying HIV epidemic state of the country.
- 3. Carry out joint TB/HIV planning:** TB and HIV programmes must devise joint national TB/HIV plans or introduce TB/HIV components to existing TB and HIV control plans. There should be clearly defined roles and responsibilities in guiding activities, and in mobilizing and managing resources.
- 4. Conduct monitoring and evaluation (M&E):** M&E assesses the quality, effectiveness, coverage and delivery of collaborative activities. A core set of indicators and data collection tools should be agreed upon. Both HIV and TB programmes should be involved in data collection and analysis.

Decrease the burden of TB in people living with HIV- the Three I's

- 5. Establish Intensified TB case-finding:** Screening for symptoms and signs of TB in places where HIV-infected people are concentrated, followed by diagnosis and prompt treatment, increases chances of survival, improves quality of life, and reduces transmission.
- 6. Introduce Isoniazid prevention therapy (IPT):** Isoniazid is a drug given to people with latent TB infection to prevent progression to active disease. HIV programmes should provide IPT for people living with HIV, provided the patient does not have active TB. IPT can be used with antiretroviral therapy (ART) drugs.
- 7. Ensure TB Infection control in health care and congregate settings:** TB transmission occurs where people with TB and HIV are crowded together, such as in hospital wards, prisons or military barracks. Such facilities must have TB infection control plans (supported by all stakeholders) that include administrative, environmental and personal protection measures to reduce transmission.

Decrease the burden of HIV in TB patients

- 8. Provide HIV testing and counseling:** The vast majority of HIV-infected people do not know their HIV status and seek health care from general service providers. HIV testing and counseling for TB suspects and patients offer an entry point for a continuum of prevention, care and support.
- 9. Introduce HIV prevention methods:** Recommendations include: promotion of safer and more responsible sexual behaviour, measures to ensure the safety of the blood supply and medical equipment, and provision of ART to pregnant women living with HIV for TB suspects and patients.
- 10. Introduce co-trimoxazole preventive therapy (CPT):** CPT is a low-cost, available therapy which prevents several secondary bacterial and parasitic infections. TB and HIV programmes should establish systems to provide CPT to eligible people living with HIV who have active TB.
- 11. Ensure HIV care and support:** TB and HIV programmes should ensure a continuum of care and support for people living with HIV, during and after TB treatment.
- 12. Introduce antiretroviral therapy (ART):** ART improves the quality of life and greatly improves survival for people living with HIV. TB and HIV programmes should create mechanisms to provide ART to eligible TB patients, and ensure continuity of ART after completion of TB treatment.



World Health Organization

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COLLABORATIVE TB/HIV
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