

# COLLABORATIVE TB/HIV ACTIVITIES INFORMATION NOTE

## Introduction

The dramatic spread of human immune deficiency virus (HIV) in the past two decades, in particular in sub-Saharan Africa, has been accompanied by a major increase in the number of new cases of tuberculosis (TB). In 2010, TB killed an estimated 1.68 million people, including 0.38 million deaths among TB patients who were HIV-positive. The interaction of TB with HIV presents additional challenges to TB control. It is crucial to improve and strengthen collaborative TB/HIV activities to reduce the burden of TB among people living with HIV (PLHIV) and reduce the burden of HIV among TB patients.

## What is HIV related tuberculosis?

Together, TB and HIV form a lethal combination. HIV weakens the immune system and promotes the progression of recent and latent *Mycobacterium tuberculosis* infection to active TB disease. A person living with HIV who is also infected with TB is 20 times more likely to become sick with active TB than someone who is HIV negative.

## Issues for consideration

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 PLHIV in Africa and a major cause of death elsewhere, accounting for almost 2 million deaths per year globally. It is also the most common presenting illness among PLHIV.

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

## TB/HIV Co-infection

In addition, in its report on Round 9 proposals, the TRP recommended “that both HIV and tuberculosis proposals should address TB/HIV collaborative activities unless compelling

reasons exist not to do so - even if no funding is sought from the Global Fund for these activities.”<sup>1</sup>

### **Incorporating collaborative TB/HIV activities in Global Fund proposals**

The WHO policy on collaborative TB/HIV activities<sup>2</sup> provides guidance on recommended interventions that countries should implement. The Global Fund encourages applicants to work with partners, including WHO and UNAIDS, to determine which activities to include in their TB and HIV proposals based on 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
- Joint monitoring and evaluation

#### **B. Decreasing the burden of tuberculosis in PLHIV by strengthening and enhancing the nationwide delivery of the “Three I’s for HIV/TB”**

- Establish intensified tuberculosis case-finding
- Introduction of isoniazid preventive therapy (IPT)
- Ensuring TB infection control in health care and congregate settings

The “Three I’s for HIV/TB” highlight the role of ART in TB and HIV prevention. There is a strong scientific evidence base supporting the fact that ART, by lowering a person’s viral load and restoring the immune system, significantly reduces HIV and TB. WHO recommends earlier ART at <350 CD4 and the immediate initiation of ART for all TB patients irrespective of CD4 count.<sup>3</sup>

#### **C. Decreasing the burden of HIV in TB patients**

- Provision of HIV testing and counseling
- Introduce HIV prevention methods
- Introduction of co-trimoxazole preventive therapy among eligible PLHIV
- Provision of HIV and AIDS care and support
- Provision of antiretroviral therapy

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<sup>1</sup> [http://www.theglobalfund.org/documents/board/20/BM20\\_09TRPBoardReport\\_Annexes\\_en/](http://www.theglobalfund.org/documents/board/20/BM20_09TRPBoardReport_Annexes_en/)

<sup>2</sup> [http://www.who.int/tb/publications/tbhiv\\_interim\\_policy/en/index.html](http://www.who.int/tb/publications/tbhiv_interim_policy/en/index.html)

<sup>3</sup> [Guidelines on antiretroviral therapy for HIV infection in adults and adolescents, WHO 2010](#)

#### **D. 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 evaluation 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 developed based on international recommendations. The two documents for international recommendations are:
  - For HIV registers: [The updated three interlinked patient monitoring for HIV care/ART, MCH/PMTCT and TB/HIV: standardized minimum data set and illustrative tools WHO 2009:](#)
  - For TB registers: [Revised TB recording and reporting forms and registers - version 2006:](#)
- Conduct 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
- Harmonize and standardize the monitoring and evaluation activities including TB/HIV indicators

#### **List of general activities that can be included in TB or HIV Global Fund proposals**

The following are suggested 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
- Development of national guidelines to provide integrated TB and HIV services at the same place and time as possible depending on local situation. In situations where delivery of integrated TB and HIV services is not possible, clear national guidelines and system should be developed for effective referral mechanisms.
- Large-scale training to roll-out the implementation of revised and newly developed policies and guidelines for TB/HIV activities

The following activities/interventions are strongly recommended HIV services for TB patients and 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 should be referred to an HIV test site or the specimens should be brought to the 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, assuring mechanisms for procurement and funding
- Use of a 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 systems, resource mobilization and operational research
- In countries where TB services are more decentralized to peripheral facilities, establish national policies and guidelines to use these TB services to decentralize and expand HIV prevention, treatment and care services through task shifting to nurses and other health cadres with facilitative supervision and mentorship. 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)

## What is new for Round 11?

### 1. Guidelines for intensified case finding and IPT provision

The latest guidelines on intensified case finding and IPT provision have been published since the last Global Fund round, and these require local adaptation and roll out in many countries applying for Global Fund support in 2011.<sup>4</sup>

Delivery of the “Three I’s for HIV/TB”, services primarily delivered through National AIDS Programs, needs to be strengthened and enhanced in order to accelerate TB/HIV collaborative activities. Policy barriers around the “Three I’s for HIV/TB” can be removed by promoting national dialogue and consultation. The development of standardized tools and program guidance is essential for ensuring the successful implementation of TB/HIV collaborative activities.

### 2. Changes in the WHO recommended initial TB diagnostic test in individuals suspected of HIV/TB: Genexpert MTB/RIF.

WHO has made a strong recommendation that the Genexpert MTB/RIF<sup>5</sup>, the new automated DNA test for TB, should be used as the initial diagnostic test in individuals suspected of MDRTB or HIV/TB.<sup>6</sup> National TB programs should determine whether the

<sup>4</sup> [World Health Organization. Guidelines for intensified tuberculosis case finding and isoniazid preventive therapy for people living with HIV in resource constrained settings Geneva, Switzerland: World Health Organization; 2010.](#)

<sup>5</sup> [http://www.who.int/tb/laboratory/new\\_rapid\\_test/en/index.html](http://www.who.int/tb/laboratory/new_rapid_test/en/index.html)

<sup>6</sup> [Rapid Implementation of the Xpert MDR/RIF diagnostic test; WHO, 2011.](#)

local context and disease epidemiology justify seeking additional resources from the Global Fund for the adoption of the new TB test.

In high HIV-prevalence settings, where Genexpert MTB/RIF is available, people living with HIV and with presumptive TB should be tested with it as the primary diagnostic test for TB. For those who are found to be rifampicin resistant, culture and DST facilities should be planned for.

### Further Reading / Resources

This Global Fund Information Note 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:

- Interim policy on collaborative TB/HIV activities, WHO/HTM/TB/2004.330  
[http://www.who.int/tb/publications/tbhiv\\_interim\\_policy/en/index.html](http://www.who.int/tb/publications/tbhiv_interim_policy/en/index.html)
- Improving the diagnosis and treatment of smear-negative pulmonary and extrapulmonary tuberculosis among adults and adolescents. Recommendations for HIV prevalent and resource-constrained settings, WHO/HTM/TB/2007.379.  
[http://whqlibdoc.who.int/hq/2007/WHO\\_HTM\\_TB\\_2007.379\\_eng.pdf](http://whqlibdoc.who.int/hq/2007/WHO_HTM_TB_2007.379_eng.pdf)
- Guidelines for intensified tuberculosis case finding and isoniazid preventive therapy for people living with HIV in resource constrained settings Geneva, Switzerland: World Health Organization; 2010.  
[http://whqlibdoc.who.int/publications/2011/9789241500708\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241500708_eng.pdf)
- Roadmap for rolling out Xpert MTB/RIF for rapid diagnosis of TB and MDR-TB. Geneva, Switzerland: World Health Organization 2010.  
[http://www.who.int/tb/laboratory/roadmap\\_xpert\\_mtb-rif.pdf](http://www.who.int/tb/laboratory/roadmap_xpert_mtb-rif.pdf)
- Guidance on ethics of tuberculosis prevention, care and control  
[http://whqlibdoc.who.int/publications/2010/9789241500531\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241500531_eng.pdf)