

Assessing TB/HIV collaborative activities

Objectives: at the end of the assessment reviewers should comment on:

- Availability and quality of national TB/HIV policy and guidelines
- The mechanisms of collaboration between TB and HIV services
- quantitative and qualitative analysis of recommended TB/HIV activities carried out at health facilities providing TB services
- quantitative and qualitative analysis of recommended TB/HIV activities carried out at health facilities providing HIV services
- Availability and quality of a monitoring and evaluation plan for TB/HIV activities

Background: The human immunodeficiency virus (HIV) pandemic presents a significant challenge to global tuberculosis (TB) prevention and control. TB is a leading preventable cause of death among people living with HIV. To mitigate the dual burden of TB/HIV in populations at risk of or affected by both diseases, the WHO published an update policy in 2012, to provide guidance for national programmes and stakeholders on how to implement and scale-up collaborative TB/HIV activities. The policy specifies three objectives for collaborative TB/HIV activities: (1) To establish and strengthen the mechanisms of collaboration and joint management between HIV programmes and TB programmes for delivering integrated TB and HIV services preferably at the same time and location; (2) To reduce the burden of TB in people living with HIV, their families and communities by ensuring the delivery of the Three I's for HIV/TB and the early initiation of ART in line with WHO guidelines; (3) To reduce the burden of HIV in patients with presumptive and diagnosed TB, their families and communities by providing HIV prevention, diagnosis and treatment. Twelve specific interventions are recommended in order to achieve the above objectives. Any review process should analytically describe the extent of implementation of such activities.

Location: TB units and HIV units, or points where service delivery is integrated, at the health-facility level or point-of-care level. Administrative offices deputed to plan and manage TB/HIV collaborative activities

Who should be interviewed: the TB programme manager, HIV programme manager, and the focal points for both programmes, if available. Meet providers of health services at delivery points. Meet with community-based organizations providing services to people with HIV or TB, or both. Include the private-for-profit sector representatives, whenever involved.

1. TB/HIV policy and guidelines

- a. Is there a national policy and are there national guidelines on TB/HIV collaborative activities?
 - i. When were both the TB/HIV policy and the guidelines last updated?
Are both the national policy and the guidelines aligned with international recommendations?
- b. Do both the national policy and the guidelines include the following key interventions? If not, what is the current policy or what are the current guidelines?
 - i. Are all TB patients tested for HIV?
 - ii. Do all HIV-positive patients with TB receive antiretroviral treatment (ART) regardless of their CD4 count?
 - iii. Is early ART given to HIV-positive TB patients within 8 weeks of starting TB treatment?
 - iv. Are people living with HIV screened for TB each time they visit a health facility?
 - v. Is isoniazid preventive therapy (IPT) offered to people living with HIV after active TB disease has been ruled out?
- c. Are TB/HIV collaborative activities included in the national response plans for TB or HIV, or both?

2. TB/HIV collaborative mechanisms

- a. Is there a TB/HIV coordination body at the national, regional or provincial level? Or is there a TB/HIV focal point at the district level or health-facility level?
- b. How do the TB units and the HIV units collaborate? Are they located in the same facility?
- c. How are TB services and HIV services integrated? Are patients referred for specific services or are services partly or fully integrated at TB facilities or at HIV facilities? What is the scale of each model? For example, do any health facilities offer fully integrated services or co-located services for TB and HIV? How many facilities use an integrated model?
- d. Are there any plans to scale-up the integration of TB and HIV services in the country? What are the targets?
- e. Is there a referral mechanism for HIV-positive TB patients who need care and support for HIV?
- f. What arrangements are in place to ensure that HIV care and treatment continue for HIV-positive patients after they complete treatment for TB?

3. Review of TB/HIV activities at health facilities providing TB services

- a. Are patients with TB counselled and tested for HIV? Where? How often? (Review and describe the approach.)
- b. Are HIV testing and counselling provided for patients presumed to have TB?
- c. What number and proportion of staff in the basic management unit have been trained to offer provider-initiated counselling and testing on site using rapid tests?
- d. Is a patient's HIV status recorded in the TB treatment register?
- e. Is HIV testing provided to all TB patients? What proportion of TB patients had their HIV status recorded in the TB treatment register (during the past year or past quarter)?
- f. If the uptake of HIV testing is low, where are the bottlenecks or what are the challenges to scaling-up HIV testing for TB patients?
- g. What is the prevalence of HIV among TB patients? What is the trend in prevalence?
- h. When CPT or ART is offered, is it recorded in the TB treatment register and on the patient's TB treatment card?

- i. What proportion of HIV-positive TB patients receive ART? (Review a cohort of patients for one quarter or for the past year depending on the number of HIV-positive TB patients in the cohort.) If coverage is low, what are some of the reasons for this?
- j. What proportion of HIV-positive TB patients received ART within 8 weeks after initiating TB treatment? If ART is usually delayed, what are the main reasons for the delay?
- k. What proportion of HIV-positive TB patients received CPT? (Review a cohort of patients for one quarter or for the past year depending on the number of HIV-positive TB patients.) If coverage is low, what are reasons for this?
- l. Who initiates and maintains ART for HIV-positive TB patients? Are TB health workers trained to and capable of initiating and supervising ART?
- m. Which TB treatment regimens are used for HIV-positive patients with TB? Are the regimens daily or intermittent? Do they include rifampicin throughout the course of treatment?
- n. What are the treatment outcomes for HIV-positive patients with TB at the end of TB treatment? What is the death rate of HIV-positive TB patients? If treatment outcomes are poor, or if the death rate is high, what are some of the reasons for these outcomes?

4. Review TB/HIV activities at facilities providing HIV services

- a. Are HIV-positive people routinely screened for TB? Where? How often? What is the screening algorithm?
- b. Are the results of TB screening and the administration of IPT to people living with HIV recorded in the HIV pre-Art and ART registers?
- c. How many or what proportion of people living with HIV who are receiving care (that is, according to the pre-ART and ART registers) were screened for TB symptoms during the past quarter or past year?
- d. If TB screening was not done, was rarely done or was poorly done, what are the main reasons?
- e. Is IPT provided to HIV-positive patients after active TB has been excluded? If so, what proportion of HIV-positive people newly enrolled in HIV care received IPT?
- f. Is adherence to IPT or the outcomes of IPT recorded in the registers or treatment cards?
- g. What proportion of HIV-positive patients complete IPT?

- h. What is the algorithm for diagnosing TB in HIV-positive people?
- i. Are different algorithms used to manage the treatment of HIV-positive people suspected of having TB? Is the Xpert MTB/RIF test or other rapid molecular test used? How many patients have been diagnosed using the Xpert MTB/RIF test?
- j. What proportion of HIV-positive patients has bacteriologically confirmed TB? What proportion of HIV-positive patients has smear-positive TB, clinically diagnosed disease, smear-negative TB or extrapulmonary TB ?
- k. What are the main concerns about diagnosing TB in patients who are HIV-positive?
- l. Are measures in place to control the spread of TB infection in facilities caring for HIV-positive patients or in facilities offering integrated TB services and HIV services? Are there any concerns about infection control in these facilities?

Indicators for: Assessing TB/HIV collaborative activities		
Indicator	Calculation	Source of information
Percentage of TB patients tested for HIV	Numerator: number of TB patients who were tested for HIV infection Denominator: total number of TB patients	TB treatment register
Percentage of TB patients who are HIV-positive	Numerator: number of TB patients who are HIV-positive Denominator: number of TB patients who were tested for HIV infection	TB treatment register
Percentage of HIV-positive TB patients receiving ART	Numerator: number of HIV-positive patients with TB who are receiving ART Denominator: number of HIV-positive patients with TB	TB treatment register, treatment cards
Percentage of HIV-positive TB patients receiving CPT	Numerator: number of HIV-positive patients with TB who are receiving CPT Denominator: number of HIV-positive patients with TB	TB treatment register, treatment cards

Treatment success rate for HIV-positive patients with TB	<p>Numerator: number of HIV-positive TB patients who successfully completed treatment</p> <p>Denominator: total number of HIV-positive TB patients who were treated</p>	TB treatment register
Death rate of HIV-positive patients with TB	Proportion of HIV-positive patients with TB who died during TB treatment	TB treatment register
Percentage of HIV-positive people receiving care for HIV and screened for TB	<p>Numerator: number of HIV-positive people who were screened for TB</p> <p>Denominator: number of HIV-positive people registered in HIV care</p>	HIV pre-ART and ART registers
Percentage of HIV-positive people newly enrolled in HIV care and receiving IPT	<p>Numerator: number of HIV-positive people receiving IPT</p> <p>Denominator: number of HIV-positive people newly registered in HIV care during the reporting period</p>	HIV pre-ART and ART registers

ART, antiretroviral therapy; CPT, co-trimoxazole preventive therapy; IPT, isoniazid preventive therapy.