

# **Planning workshop to accelerate the implementation of HIV/TB collaborative activities in selected African countries Addis Ababa, Ethiopia, 13-14 November 2008**

## **Summary report**

### **Background**

Tuberculosis (TB) is the most common life-threatening disease and a leading cause of death among people living with HIV, even among those receiving antiretroviral treatment. While there has been considerable recent progress in the African Region with the provision of interventions to reduce the impact of HIV among TB patients, the progress has not been as significant in preventing, diagnosing and treating TB in people living with HIV. There is a need to accelerate the implementation of these interventions, which are called the Three Is for HIV/TB (isoniazid preventive treatment, intensified case finding for active TB, and infection control for TB), as core component of HIV care and treatment services.

The World Health Organization, in collaboration with partner organizations, conducted a two day planning workshop in Addis Ababa, Ethiopia, 13-14 November 2008, to accelerate nationwide scale-up of collaborative HIV/TB activities with special emphasis on the Three Is for HIV/TB. The objectives of the workshop were to share experiences of countries in the implementation of HIV/TB collaborative activities, draft country specific road maps for critical actions needed for nationwide scale-up of collaborative HIV/TB activities and to agree upon a mechanism of monitoring and evaluation of the nationwide scale-up of HIV/TB collaborative activities at country level.

The participants of the workshop included national HIV and TB programme managers or their representatives from the following 14 sub-Saharan African countries: Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Sudan, Swaziland, Tanzania, Uganda and Zambia, and representatives from the following partner agencies: All Africa Leprosy, Tuberculosis and Rehabilitation Training Centre, Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention, Family Health International, Foundation for Innovative Diagnostics, German Leprosy and TB Relief Association, Global Fund to Fight AIDS, Tuberculosis and Malaria, partners of the United States President's Emergency Plan for AIDS Relief (Catholic Relief Services, Harvard PEPFAR/AIDS Prevention Initiative, International Center for AIDS Care and Treatment Programs), International Union Against Tuberculosis and Lung Disease, KNCV Tuberculosis Foundation, Office of the United States Global AIDS Coordinator, UNAIDS, United States Agency for International Development, the World Bank and WHO headquarter, region and country staff. In total, more than 70 people participated in the workshop.

The workshop built on previous efforts and experiences to enhance nationwide scale-up of collaborative HIV/TB activities, including the planning workshop organized by WHO

and the Office of the United States Global AIDS Coordinator in March 2007<sup>1</sup> and the WHO Meeting on the Three Is in April 2008<sup>2</sup>. It was preceded by the 14<sup>th</sup> meeting of the TB/HIV Core Group of the Stop TB Partnership<sup>3</sup>, and a field visit to the HIV/TB clinic of the Zewditu hospital and the Bole Health Centre in Addis Ababa. Technical presentation on key areas were delivered followed by implementation experiences from countries and discussions. The key areas covered included: progress in nationwide implementation of HIV/TB collaborative activities, screening and diagnosing TB in people living with HIV and provision of isoniazid preventive therapy as part of the package of care for people living with HIV, prevention of TB transmission in health care facilities, HIV/TB monitoring and evaluation and integrated HIV and TB services delivery. The discussions led to the development of a list of key actions in each of these areas to accelerate the nationwide implementation of collaborative HIV/TB activities (Annex 1). The key action steps outlined were discussed in small country groups and lead to the developed of draft country specific roadmaps for nationwide scale-up of collaborative HIV/TB activities (Annex 2).

At the end of the workshop, a panel discussion involving Catholic Relief Services, Foundation for Innovative Diagnostics, Global Fund to Fight AIDS, Tuberculosis and Malaria, International Union Against Tuberculosis and Lung Diseases, KNCV Tuberculosis Foundation, United States Government and the World Bank was conducted and critical issues around resource mobilization and technical assistance were discussed.

### **Key conclusions and recommendations**

The following were the key conclusions and recommendations from the workshop.

National targets for HIV/TB activities: Experiences from pioneer countries which expanded the scale-up of collaborative HIV/TB activities have shown that setting national targets facilitates nationwide implementation and helps mobilize political commitment from the HIV and TB control programmes, and other broader stakeholders.

Engagement of stakeholders: National and local stakeholders working on HIV and TB need to be engaged in the design, planning, implementation and monitoring of collaborative HIV/TB activities through effective HIV/TB coordinating bodies at all levels to coordinate the national response and accelerate nationwide implementation.

Supportive policy environment: National HIV and TB programmes need to take a bold leadership role to create a conducive and supportive policy environment by developing appropriate policy and operational guidelines, training manuals and protocols in line with international recommendations to facilitate implementation of collaborative activities.

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<sup>1</sup> Workshop report available on: [http://www.stoptb.org/wg/tb\\_hiv/assets/documents/Meeting%20report.pdf](http://www.stoptb.org/wg/tb_hiv/assets/documents/Meeting%20report.pdf)

<sup>2</sup> Meeting report available on: [http://www.who.int/hiv/pub/meetingreports/WHO\\_3Is\\_meeting\\_report.pdf](http://www.who.int/hiv/pub/meetingreports/WHO_3Is_meeting_report.pdf)

<sup>3</sup> Meeting report available on: [http://www.stoptb.org/wg/tb\\_hiv/assets/documents/14CG%20Meeting%20Report.pdf](http://www.stoptb.org/wg/tb_hiv/assets/documents/14CG%20Meeting%20Report.pdf)

Effective and efficient supply management system: National HIV and TB programmes need to ensure the availability of a constant supply of HIV and TB diagnostic tools, drugs, recording and reporting forms and other important commodities.

Expansion of HIV testing: HIV testing is the gateway for collaborative TB/HIV activities. Therefore, particular emphasis should be given on how to scale-up provider initiated HIV testing not only for TB patients but also for those presenting with signs and symptoms of TB (TB suspects). The use of rapid tests and provision of the test by the clinicians dealing with TB patients and suspects need to be promoted.

Support pre-service training to include HIV/TB: Special focus should be given to ensure the inclusion of the 12 HIV/TB collaborative activities, including infection control, through revising the curriculum of pre-service training of health workers.

Promote joint on-job training activities and post training follow-up: Promote joint and integrated training of health care workers in order to prevent the impact of absenteeism of health workers on their day to day services. Design a mechanism to provide continuous on-job training, clinical mentoring and supportive supervision (co-supervision by the TB and HIV programmes) of health workers.

Joint annual national review meetings: Conduct combined annual review meetings by HIV and TB programmes and stakeholders at all levels, and biannual joint external review missions.

Improve monitoring and evaluation: Ministries of Health should take the leadership to establish one standardized national HIV/TB monitoring and evaluation system, which should include standardized recording and reporting formats. These standardized forms should be implemented by all partners working in the country and should inform the national monitoring system.

Laboratory strengthening: Laboratory strengthening efforts should be framed within established national laboratory policies and aimed at improving the utility of existing diagnostic methods through developing standard operating procedures and also promoting the rapid implementation of new technologies to assist the diagnosis of TB in people living with HIV. Laboratory strengthening efforts should have an integrated and comprehensive platform approach and should also assist diagnosis of other diseases and the strengthening of the health system. It was highlighted that the collaboration between UNITAID, WHO and the Foundation for Innovative Diagnostics to promote the uptake of new technologies, offers a good opportunity to strengthen laboratory services and improve TB diagnosis among people living with HIV.

Community engagement: It was agreed that the engagement of civil society and affected communities (for example people living with HIV) is a crucial component of an effective national response to HIV/TB and it was suggested that national programmes create conducive environments and capacity building to ensure meaningful engagement.

Decentralization of chronic HIV care and antiretroviral treatment services:

Decentralization of HIV treatment services into peripheral facilities/health centers through task shifting and clinical mentoring was suggested as a critical step towards nationwide scale-up of collaborative HIV/TB activities.

Integration of TB and HIV services: Where feasible, integration of HIV and TB services particularly at primary facilities, should be promoted. As much as possible, HIV and TB care clinics should be co-located in the same facility although not necessarily in the same room. Implementation of TB infection control measures in such setups should be emphasized.

Resource mobilization: The workshop participants highlighted the increased availability of resources that will enable nationwide scale-up of collaborative HIV/TB activities. Apart from global sources of funding such as the Global Fund, it was noted that funding opportunities mainly from the United States government agencies (PEPFAR and USAID) and the World Bank exist at country level, and countries are encouraged to step up their local communication to mobilize resources. It was also noted that there are administrative and procedural barriers for easy access to funds from local sources. Countries urged that funding agencies should simplify their procedures for disbursement of funds. At the board meeting of the Global Fund it was decided that, in addition to that all HIV proposals are urged to have a TB component and vice versa, country coordinating mechanisms need to explain their plans for scale-up to universal access of HIV/TB collaborative services during extension of grants and for new grants, which should further stimulate nationwide scale-up of collaborative HIV/TB activities.

Technical Assistance: WHO's commitment to coordinate and strengthen technical support to countries was reinforced. Maximizing the use of the TB Technical Assistance Mechanism (TBTEAM) of the Stop TB Partnership, which offer a platform for coordination of technical assistance to avoid duplication of efforts by partners, was underlined. The Foundation for Innovative Diagnostics and also UNITAID (which supports primarily low-income countries with laboratory commodities and second-line anti-TB and antiretroviral drugs) are working in selected African countries to strengthen TB laboratory services and can be approached for collaboration. KNCV and the Union remain very much involved in the provision of technical assistance to the participating countries also through the TB Control for Assistance Programme, TBCAP, coordinated by KNCV.

### **Next steps**

At the end of the workshop, it was agreed that the country representatives should finalize the roadmaps drafted during the workshop (Annex 2) and ensure country-level follow-up by national consultations and subsequent implementation of the action steps. The country planning process and implementation will be followed through mentorship and intensified technical assistance by WHO and technical agencies, which will identify focal points to follow-up the implementation of the roadmaps. Regular communication of the focal points and the different partner agencies in the form of telephone conferences will

be established. The progress of the implementation of the roadmaps will be monitored by countries, WHO and partners in May 2009.

## **Annex 1: Key action steps for nationwide scale-up of HIV/TB collaborative activities with a focus on activities to reduce the burden of TB in people living with HIV**

### **1. Specific actions for intensified TB case finding among people living with HIV**

- Develop simplified algorithms and job aids for TB screening and diagnosis and make them available to all HIV/AIDS care facilities.
- Screen all people living with HIV for TB during each facility visit.
- Conduct national mapping of diagnostic capacity for TB (smear microscopy, culture, chest X-ray and biopsy) and earmark resources to improve and establish diagnostic facilities depending on the assessment and need.
- Provide all available investigations, including smear microscopy, chest X-ray and rapid culture, for suspected TB cases.
- Establish national targets for the proportions of patients that should be screened and diagnosed in different settings.
- Conduct massive integrated training to roll out the implementation of revised and newly developed policies and guidelines with regard to intensified TB case finding.

### **2. Specific actions for isoniazid preventive therapy**

- Build consensus of HIV and TB policy makers as well as people from affected communities on the country's standpoint and/or targets for the provision of isoniazid preventive therapy.
- Include isoniazid preventive therapy as an essential component of HIV care and treatment services and as a comprehensive approach to preventing, diagnosing and treating TB.
- Integrate isoniazid preventive therapy as part of HIV services that include screening for TB and infection control efforts - in other words the Three Is forms the foundation for high standard of care for people living with HIV.

### **3. Specific actions for TB infection control**

- Develop a TB infection control policy either as part of an overall infection control plan or as a specific TB infection control plan. Define roles and responsibilities for the implementation of the infection control policy.
- Sensitize decision makers in Ministries of Health about the threats posed by poor infection control practices.
- Develop a national infection control plan including monitoring and supervision of activities by for example the use of infection control officers. This plan should include all aspects of TB infection control described in the upcoming WHO policy on TB infection control (first trimester of 2009).

- Strengthen the monitoring and evaluation of collaborative HIV/TB activities in national HIV control programmes, including TB infection control activities.
- Separate potentially infectious cases from susceptible patients such as people living with HIV.
- Address stigma of TB through careful patient flow consideration.
- Promote outpatient treatment of TB and ensure assignment of adequate human resources to rapidly assess and triage patients.
- Conduct training of health workers on infection control using WHO guidelines and existing training materials.
- Include a TB infection control component in HIV training materials.
- Increase community awareness about infection control.

#### **4. Specific actions for monitoring and evaluation**

- Develop consensus between national HIV and TB programmes and other stakeholders about policy development and data access agreements.
- Encourage maximal use of "one-stop" services depending on the local situation and with due emphasis to TB infection control.
- Set national targets for the implementation of collaborative HIV/TB activities through national consensus.
- Support HIV/TB monitoring and evaluation by establishing HIV/TB teams within the monitoring and evaluation unit or department of the Ministry of Health and re-design and develop standardized tools following international recommendations (HIV care registers (pre antiretroviral and antiretroviral treatment registers, registers for voluntary counselling and testing) and TB registers).
- Conduct training with special emphasis on collection and use of data by all health workers.
- Strengthen data collection systems through allocation of adequate human resources, supply and supervision from national to facility level. Invest on non-clinical data clerks for data collection.
  - Suggested frequency of monitoring is quarterly at facility level and biannual at national level
  - Harmonize the monitoring and evaluation activities across donors
  - Encourage internal and external joint TB and HIV programme reviews.
- Update TB registers with HIV variables including:
  - HIV test performed
  - HIV result
  - HIV care
  - Co-trimoxazole prophylaxis
  - Antiretroviral treatment
- Update HIV care/antiretroviral treatment card, pre-antiretroviral treatment and antiretroviral treatment registers with TB variables including:
  - TB status assessment
  - Treatment for TB
  - If TB is excluded, provide isoniazid preventive therapy

- Conduct HIV/TB co-management reviews:
  - Establish a system to reconcile patient data
  - Check for quality of care
  - Standardize data reporting

## **5. Specific actions for integrated service delivery**

- Encourage maximal use of "one-stop" services (co-location of HIV and TB care clinics in the same facility although not necessarily in the same room) depending on the local situation and with due emphasis to TB infection control.
- Link TB screening and isoniazid preventive therapy to antiretroviral treatment provision along with other useful interventions such as long-lasting insecticidal nets for malaria prevention.
- Develop a clear national directive where to start antiretroviral treatment for HIV infected eligible TB patients (either in HIV or TB service, or in both delivery points).
- Ensure the infrastructure of adequate space for HIV counseling and testing at TB clinics and other point of care facilities.
- Establish policy to decentralize HIV services and task shift to nurses and other health cadres with continuous supervision and clinical mentorship.
- Build in to national service delivery, constant co-supervision to ensure providers are consistently providing high-quality services.
- Develop national guidelines for improved referral systems.
- 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. While sending patients for test to HIV test sites, strict infection control measures should be applied.
- Guarantee consistent supply of HIV and TB commodities where needed and ensure proper channels for procurement and funding. test kits at all testing centers provided by the HIV programme based on national targets, mechanisms for procurement and funding.

## **Annex 2: Draft country action plans or roadmaps (see separate document)**

## Annex 3: Agenda

### Planning workshop to accelerate the implementation of HIV/TB collaborative activities in selected African countries Addis Ababa, Ethiopia, 13-14 November 2008

#### Agenda

TIME	TITLE/ACTIVITY	SPEAKER	CO-SPEAKER
<b>Day 1: Thursday 13 November 2008</b>			
08:30 – 08:45	Opening, welcoming remarks, objectives and expected outcomes of the workshop		E. Nathanson
<b>Session 1. HIV/TB epidemiology, progress in implementation of collaborative HIV/TB activities and global initiatives</b>			
Chair: A.D. Harries, International Union Against Tuberculosis and Lung Disease Rapporteur: R. Pastore, WHO Mozambique			
08:45 – 09:00	HIV/TB epidemiology and progress in global and regional implementation of HIV/TB collaborative activities	H. Wembanyama	H. Getahun
09:00 – 09:30	<b>General plenary discussion:</b> What are the enablers, success stories, challenges for nationwide scale-up of collaborative HIV/TB activities?  What are the key action steps for nationwide scale-up of collaborative HIV/TB activities?		
<b>Session 2. Screening and diagnosing TB in people living with HIV and provision of isoniazid preventive therapy (IPT) as part of the package of care for people living with HIV (PLHIV)</b>			
Chair: A. Mwinga, Zambia Rapporteur: B. Pazvakavambwa, WHO Zimbabwe			
09:30 – 09:45	Screening and diagnosing TB in people living with HIV: challenges and ways forward	H. Getahun	F. Lule R. Granich
09:45 – 10:00	Screening for TB in people living with HIV	Tanzania	



10:00 – 10:15	The evidence that isoniazid reduces the risk of developing active TB in PLHIV	R. Granich	AFRO
10:15 – 10:45	Coffee Break		
10:45 – 11:45	<b>Discussion on TB screening and preventive therapy:</b> What is needed to scale-up TB screening and IPT among PLHIV? What are the key action steps?		
<b>Session 3. Prevention of TB transmission in health care facilities</b>			
Chair: J. van Gorkom, KNCV, the Netherlands Rapporteur: B. Gama, WHO Swaziland			
11:45 – 12:00	TB infection control in the era of MDR-TB, XDR-TB and expanding HIV treatment and care	A. Salomão	F. Scano
12:00 – 12:15	Improving TB infection control	Lesotho	
12:15 – 13:15	<b>Discussion on TB infection control:</b> What is needed to scale-up TB infection control? What are the key action steps?		
13:15 – 14:15	Lunch		
<b>Session 4. HIV/TB Monitoring and Evaluation</b>			
Chair: J. Sitienei, Kenya Rapporteur: O. Kaluwa, WHO Botswana			
14:15 – 14:30	Implementing the revised HIV and TB recording and reporting forms, and harmonization of HIV/TB indicators	C. Gunneberg	AFRO
14:30 – 14:45	Implementation of revised TB and HIV recording and reporting: country experience	Zambia	
14:45 – 15:30	<b>Discussion on monitoring and evaluation and indicators:</b> What is needed to scale-up implementation of revised recording and reporting forms? What are the key action steps to improve monitoring and evaluation of collaborative HIV/TB activities?		
15:30 – 16:00	Coffee Break		

### Session 5. Coordination and integration of HIV and TB health service delivery

Chair: Y. Assefa, Ethiopia  
 Rapporteur: E. Negussie, WHO Switzerland

16:00 – 16:15	Integrating TB and HIV services: what does it entail?	F. Lule	E. Negussie H. Getahun R. Granich
16:15 – 16:30	Experiences in integrating TB and HIV care services	Malawi	
16:30 – 17:15	<b>Plenary discussion on service delivery:</b> What is needed to scale-up the delivery of integrated TB and HIV services? What are the key action steps?		
17:15	Closing		
17:15-18:00	Closed meeting of rapporteurs and facilitators of country group discussions to summarize the action points that are raised during the five sessions. These action points will be finalized and will be available to guide the country specific discussions. Countries will discuss the adoption of these action points in their group work on day two.		

<b>Day 2: Friday 14 November 2008</b>			
<b>Session 6. Country-by country discussions on priority key actions needed to scale-up collaborative HIV/TB activities with particular focus on reducing the burden of TB in people living with HIV</b>			
Chairs: H. Getahun and R. Granich, WHO Switzerland Rapporteur: E. Nathanson, WHO Switzerland			
08:30 – 09:00	Introduction to country specific group work	H. Wembanyama	A. Salomão
09:00 – 10:30	Country discussions/group work		
10:30 – 11:00	Coffee break		
11:00 – 12:30	Country discussions/group work continued		
12:30 – 13:30	Lunch		
13:30 – 14:00	Compilation of group work results		
14:00 – 15:30	Country presentations and plenary discussion on priority actions needed to scale-up interventions needed to reduce the burden of TB in people living with HIV		
15:30 – 16:00	Coffee break		
16:00 – 17:00	<p>Panel discussion on technical support and resource mobilization and on ways to accelerate the response for nationwide scale-up of collaborative HIV/TB activities</p> <ul style="list-style-type: none"> <li>• Catholic Relief Services</li> <li>• Foundation for Innovative Diagnostics</li> <li>• Global Fund to Fight AIDS, TB and Malaria</li> <li>• KNCV Tuberculosis Foundation</li> <li>• United States Government, International Union Against Tuberculosis and Lung Disease</li> <li>• World Bank</li> </ul>		
17:00 – 17:20	Conclusions of the workshop and discussions on next steps		
17:20 – 17:30	Closure of workshop		

## **Annex 4: List of participants**

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