

# Accelerating the implementation of collaborative HIV/TB activities in selected sub-Saharan African countries

*A planning meeting co-organized by Office of the Global AIDS Coordinator, the World Health Organization and the Bill and Melinda Gates Foundation on behalf of the Global TB/HIV Working Group of the Stop TB Partnership.*

*March 6-7, 2007. Washington DC*

## Meeting Summary Report

The Office of the Global AIDS Coordinator (OGAC), the World Health Organization (WHO) and The Bill and Melinda Gates Foundation organized a planning meeting to accelerate the implementation of collaborative HIV/TB in selected sub-Saharan African countries, which carries the brunt of the burden of the TB and HIV dual epidemic. The countries included were Ethiopia, Kenya, Namibia, Rwanda and Zambia. Participants at the meeting included National TB and HIV/AIDS Control Programme managers, heads of national TB and HIV laboratories, HIV/TB focal points from country PEPFAR teams and representatives from the Centers for Disease Control and Prevention (CDC), the Bill and Melinda Gates Foundation, the Global Fund against AIDS, TB and Malaria, OGAC, the United States Agency for International Development (USAID), WHO and selected members of the Core Group of the TB/HIV Working Group of the Stop TB Partnership. The meeting was open by Ambassador Mark Dybul who reiterated the importance of collaborative TB/HIV activities and announced the availability of an additional \$50 million supplemental funding for all PEPFAR focus countries for HIV/TB in 2007. Dr Tom Kenyon, principal deputy coordinator of OGAC introduced the objectives of the meeting which was to develop concrete action steps to accelerate the implementation of collaborative TB/HIV activities through harvesting experiences and best practices at country level. A plenary presentation that reviewed the problem and laid out scenarios to accelerate the implementation of collaborative TB/HIV activities was given by Dr Anthony Harries of the Ministry of Health of Malawi, and Family Health International. Thematic round tables were conducted in priority areas and key activities that need to be considered for the country round tables were developed. All countries developed a set of draft activities that will be further developed and refined through national consultation and consensus and will be submitted to existing funding mechanisms such as the Global Fund round seven, FY 2007 supplement funding, FY 2008 country operational plans (COPs), and through USAID funding cycles. The country planning process will be followed up through mentorship, web-based information exchange and a half day monitoring meeting in conjunction with the upcoming HIV Implementers Meeting, which will be held on 16-19 June 2007 in Kigali, Rwanda. The critical lessons from this planning process will be harvested as part of the follow-up to assist the replication of the exercise to other countries through different mechanisms including the Global TB/HIV Working Group of the Stop TB Partnership.

The following are the key conclusions and recommendations from the meeting:

**Factors that contributed to nationwide scale-up:** The following are key factors that were cited as crucial to accelerate the nationwide expansion of collaborative TB/HIV activities harvested from the discussion on best practices from Malawi, Kenya and Rwanda:

- **Setting national targets** for collaborative TB/HIV activities facilitated implementation in Kenya where between 50-67% of TB patients were tested for HIV, and, as a result, 84-88% and 25-29% of HIV infected TB patients had access to cotrimoxazole and ART, respectively, during the four quarters of 2006. Similarly, setting national targets assisted the accelerated implementation of collaborative activities in Rwanda and Malawi. It also helps to mobilise political commitment from the TB and HIV control programs.
- **Creating conducive policy environment** with the development of appropriate policy and operational guidelines, training manuals and protocols in line to international guidelines.
- **Stakeholders engagement** through effective HIV/TB coordinating bodies at all levels was useful to coordinate the national response and accelerate the implementation.

- **Expanding HIV testing facilities** and allowing front line TB clinicians and nurses to test not only TB patients but those presenting with signs and symptoms of TB ("TB suspects") helped to achieve a 15-fold increase in the number of TB patients tested for HIV between 2004 and 2006 in Kenya. Similarly nationwide availability of HIV testing was the key for success in Rwanda and Malawi.
- **Intensive, continuous training and supportive supervision** of health workers contributed to the successes documented in Kenya and Rwanda.
- **Implementing revised recording and reporting formats** on collaborative TB/HIV activities has contributed to the documentation of the progress of implementation in all the countries. The importance of including TB components in HIV registers and HIV components in TB registers was particularly emphasized in line to international guidelines.
- **Effective and constant supply** of HIV test kits, drugs and other important commodities was also crucial for accelerated implementation.

**Challenges for nationwide scale-up:** During the meeting key challenges for nationwide expansion of collaborative TB/HIV activities were also discussed. The following were highlighted as key bottlenecks for nationwide expansion:

- Shortage of trained manpower and workload on existing staff.
- Failure to recognize the importance and relevance of TB to HIV care, prevention and treatment, and the failure of national TB and HIV programs to collaborate on joint TB/HIV activities.
- Weak monitoring and evaluation system and lack of responsible body for it. In some countries, activities are happening, but there is no system to capture it and inform the programmes in ways that will improve performance.
- Lack of national level policies and guidelines including training manuals to promote the implementation of collaborative TB/HIV activities.
- Lack and difficulty of integration of TB and HIV services at service delivery point.
- Limited diagnostic capacity to diagnose particularly smear negative TB. Weak laboratory system, with poor EQA, insufficient human resources and centralized culture facilities.
- Weak or non-existent infection control measures
- Concerns about INH prophylaxis giving rise to drug resistance, by key decision makers and service providers.
- The need for more infrastructure such as rooms for testing and counselling for HIV
- Centralized ART services, while TB service delivery is highly decentralized to the periphery.

It was reiterated that these challenges need to be overcome in order to accelerate the implementation of collaborative TB/HIV activities.

**Priority key actions for priority areas:** The thematic round tables discussed the following six priority areas and described the concrete actions that are needed to accelerate their implementation: (1) Provider initiated HIV testing for TB patients; (2) Improving the diagnosis of TB in people living with HIV, and provision of ART; (3) TB infection control and prevention of XDR TB; (4) Intensified TB case finding and TB preventive therapy in HIV/AIDS care settings; (5) Laboratory strengthening especially the development of capacity for culture and drug susceptibility testing; quality assurance system and decentralization of culture facilities and ; (6) Monitoring and evaluation of collaborative TB/HIV activities. The critical actions and activities developed for each of the priority areas are annexed to this report (**see annex I**). These priority actions were made available for the country discussions to assist the development of activities to adapt the suggested activities taking into consideration country specific factors and context.

**Funding sources and cycles:** The following funding cycles available for the implementation of collaborative TB/HIV activities have been discussed during the meeting. Countries are encouraged to note the availability of these resources and the relevant deadlines for application.

- **PEPFAR funding cycles:** PEPFAR is currently defining the process for the **FY 2007 supplemental funding**. Guidelines for the supplemental funding will be available for countries at the end of March 2007. Funds could be available mid-2007. The planning for Country operational plans (COPs) for FY 2008 is already under way in many countries. The FY 08 plans are expected to be developed between April - September 2007 and PEPFAR teams are preparing to engage with partners. The due date for 2008 COPs is **September 30, 2007** and funding will be available mid-2008.
- **The Global Fund:** The call for proposals for round 7 of the Global Fund is already out. Due date for proposals is **July 4, 2007**. Proposals for funding must generally be made through country coordinating

mechanisms. Re-programming of already approved funding is also possible to meet newly identified challenges or issues not addressed in the original proposal.

- **USAID:** has programmed 92 million USD for TB, which can also be used for TB/HIV in its focus countries. Country resources are programmed by USAID field office staff, which generally works with NTPs, as well as NGOs, and other in-country partners. The deadline for submitting operating plans is in **September 2007**.

**Country action plans:** Country participants, usually representing the TB and HIV control programs including laboratories, country USG team and experts from partner organizations joined forces in country round tables to develop country specific action steps and activities to accelerate the nationwide implementation of collaborative TB/HIV activities. It was agreed that these actions and activities must be followed up by consultations with national stakeholders once the participants are back in their home countries. Immediate engagement and consultation with in-country USG team was particularly emphasized for the 2007 supplemental funding for TB/HIV and for immediate roll out of the planned activities. The meeting participants underlined the importance of coordinated technical assistance by agencies such as WHO and the International Union, to assist the development of the plans and roll out their implementation. Draft country action plans are posted on the Share Point site at <http://sharepoint.who.int/sites/StopTB/hivtbdc> and available only for registered users and participants of the meeting.

**Recommendations and next steps:** At the conclusion of the meeting the following next steps and recommendations were agreed upon in order to ensure the continuity of the planning process and ensure its implementation by countries.

- **Urgent in-country consultations and consensus building meetings** with key national TB and HIV stakeholders were strongly recommended for all countries to get support for the planned activities and to accelerate the planning process.
- **Follow-up meeting at the June HIV implementers meeting:** A half day follow-up meeting of the five countries involved will be held during the HIV implementers meeting in Kigali, Rwanda on June 16-19, 2007. Countries will present a progress note for their planning process and their draft plans for feedback and discussion. Representatives from a few other countries will join the meeting to harvest lessons. Participants of the Washington DC meeting were also encouraged to submit abstracts for the June HIV implementers meeting so as to keep the visibility of HIV/TB high. Deadline for abstract submission is due on March 15, 2007.
- **Mentorship of country teams:** Moderators of country round tables will continue as mentors for the development of the plans in the run-up to the June HIV implementers meeting and the finalization and submission of the country plans to the different funding mechanisms available, but notably to the FY 2007 supplemental funding and FY 2008 COPs.
- **Share Point information exchange:** The Share Point that was established for the preparation of the meeting will continue to be live and serve as a source of information for the in-country planning process. All relevant background documents and presentations from the meetings will be uploaded into the Share Point for easy access to the participants of the meeting. Countries are encouraged to use this Share Point to develop their plans and enhance discussions and experience sharing during the planning process.
- **Coordinated technical assistance :** The importance of technical assistance to facilitate the planning process and to eventually ensure the successful implementation of the plans was underlined. Particular emphasis needs to be given for laboratory strengthening and enhancing the TB diagnostic and HIV testing capacities in countries, as well as for infection control. Enhancing regional capacity for laboratory strengthening including leadership in sub-Saharan Africa needs to be prioritized. Countries need to map their technical assistance needs as part of the planning process. Resources need to be mobilized for partner organizations to provide effective and coordinated technical assistance in light of the country plans.

## **Annex I : Results of Thematic Round Table Discussions**

### **Priority actions for accelerated implementation of collaborative TB/HIV activities**

**1. Provider initiated HIV testing and counseling for TB patients:** the following are **high priority activities** that will be crucial for accelerating the implementation of provider initiated HIV testing and counseling for TB patients and need to be considered during the preparation of country HIV/TB plans.

- *Create awareness of the critical importance of HIV testing among TB patients*
- *Establish and implement national HIV testing policy that promotes testing of TB patients and TB suspects, and allows testing by non-lab professionals*
- *Issue recommendation that the policy of the National TB Control Program should include HIV testing for both TB patients and TB suspects*
- *Ensure the infrastructure of adequate space for HIV counseling and testing at TB clinics and other point of care facilities*
- *Build in to national service delivery ,constant supervision 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 . While sending patients for test to HIV test sites strict infection control measures should be applied .*
- *Consistent supply of HIV test kits at all testing centers provided by HIV program 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 MOH*
- *Test providers should be provided with standardized initial training, certification and retesting, and site supervision (establish quality assurance)*
- *National authorities to increase human resources capacity through provision of refresher trainings, adequate pay, motivation of staff, and recognition of importance of work*
- *Provision of technical assistance for supply/procurement system, QA system, resource mobilization, operational research, and information through WHO/CDC on test kits that do not need cold chain, and suggested combinations of test kits.*
- *Consider other sources of funding including seed money within each government, Global Fund, bilateral donors, loans, World Bank (coordinated, planned distribution of funds)*

## 2. Diagnosis of TB in PLHIV and ART for HIV infected TB patients

The following are **high priority activities** that will be crucial for accelerating the implementation of expedited diagnosis and treatment of TB and ART for TB patients and need to be during the preparation of country HIV/TB plans

- *Countries should develop national policies and guidelines in accordance with internationally agreed policies and strategies*
  - *Revise national TB policies and protocols to include HIV testing and other services as core TB services.*
  - *Revise national HIV/AIDS policies and protocols to include TB screening and treatment as core HIV services.*
  - *Establish policy to decentralize HIV services and task shift to nurses and other health cadres with supervision and mentorship.*
  - *Develop a clear national directive where to start ART for HIV infected eligible TB patients (either in ART or TB service, or in both delivery points).*
- *Establish national targets for the coverage of the activities (for e.g. proportion of TB diagnosis and treatment among PLHIV and the proportion of HIV infected TB patients to be put on ART).*
- *Develop job aids for TB screening and diagnosis in all HIV/AIDS care facilities.*
- *Conduct national mapping of diagnostic capacity for TB (CXR, culture, biopsy) and earmark resources to improve and establish diagnostic facilities depending on the assessment and need.*
- *Conduct combined annual review meeting by TB and HIV programs and stakeholders at all levels.*
- *Encourage maximal use of 'one-stop' services depending on local situation.*
- *Conduct massive training to roll out the implementation of revised and newly developed policies and guidelines.*
- *Develop national guidelines for improved referral systems.*
- *National authorities and partners to improve the human resource base through training, retention, recruitment and task shifting.*
- *Increase uptake during pre-service training and revise pre-service training curricula to include collaborative TB/HIV activities.*
- *Encourage south-south exchange and experience sharing.*
- *Conduct biannual external review missions*
- *Build the evidence base for the use of ART in TB patients, and develop guidelines for special groups such as pregnant women, children and patients on second line drugs ( This is mainly global level action).*

### 3. TB infection control and prevention of XDR-TB

The following are **high priority activities** for the national decision-makers that will be crucial for accelerating the implementation of TB infection control and prevention of XDR TB and need to be considered during the preparation of HIV/TB country plans.

- *The 1999 WHO TB Infection Control Guidelines should be revised in light of MDR- and XDR-TB, and need to give particular guidance to countries on how to measure whether infection control is being implemented in a facility and in a country (e.g. indicators). [Global recommendation]*
- *TB infection control policy should be established to ensure the inclusion of TB infection control either as a general facility or as a TB specific plan. The policy should define who has the responsibility and authority to enforce it.*
- *Decision makers in Ministries of Health should be sensitized to threats posed by poor infection control policies.*
- *Donors should require infection control components in country plans and proposals. For example, Technical Review Panel of the Global Fund should consider infection control components in round 7. WHO should ensure this is covered in the TB technical briefing at the start of the TRP addressing Round 7.*
- *Isoniazid Preventive Therapy should be widely implemented as part of TB infection control activity as it involves screening for TB, which in turn stops transmission.*
- *National infection control plans must be prioritised with intensified monitoring and supervision for example through the use of infection control officers.*
- *Strengthen the monitoring and evaluation of collaborative TB/HIV activities in national HIV control programs, including TB infection control activities.*
- *TB screening among PLHIV should be encouraged, evaluated and data used to inform program regularly.*
- *Accelerate diagnosis of TB patients through accessible and rapid (24/7) smear microscopy in outpatient and casualty services.*
- *Promote outpatient treatment of TB and ensure assignment of adequate human resources to rapidly assess/triage patients.*
- *Address stigma of TB through careful patient flow consideration*
- *Separate potentially infectious cases from susceptible patients such as PLHIV.*
- *Conduct training of health workers in infection control using WHO guidelines and existing training materials such as the ones from South Africa.*
- *Include a TB infection control component in HIV training materials.*
- *Increase community awareness about infection control.*
- *A sample infection control plan can include the following*
  - *Screen all patients for TB*
  - *Implement respiratory hygiene/cough etiquette*
  - *Ensure well ventilated waiting areas*
  - *Speed up management of patients*
  - *Ensure rapid diagnostic investigation of TB suspects*
  - *Use and maintain environmental control measures*
  - *Train and educate staff*
  - *Provide voluntary and confidential HIV counseling and testing for staff and access to treatment*
  - *Monitor the TB infection control plan's implementation*

#### 4. Intensified TB case finding and TB preventive therapy

The following are **high priority activities** for national decision-makers that will be crucial for accelerating the implementation of intensified TB case finding and TB preventive therapy that need to be considered during the preparation of country HIV/TB plans.

- *Establish national policy for TB screening and diagnosis among (1) patients receiving HIV services, including ART clinics, PMTCT, and VCT, (2) those who are hospitalized, and (3) those attending TB clinics (probably exists no?).*
- *Provide all available investigations including smear microscopy, CXR and rapid culture for those with suspected TB*
- *Establish national targets for the proportions of patients who are screened and diagnosed in different settings.*
- *Create a regular monitoring and evaluation system for intensified case finding that will inform program performance*
- *Develop implementation plan to achieve targets, including human resources, physical infrastructure, training, equipment, and health commodities management.*

## 5. Laboratory strengthening

A. The following are **high priority activities** that will be crucial for strengthening laboratories including quality assurance system an decentralization of culture services to accelerate the overall implementation of collaborative activities that need to be considered during the preparation of country HIV/TB plans.

- **Policy changes**

- *Establish national laboratory policy with the aim of strengthening existing diagnostic methods and developing standard operating procedures for non existing tools.*
- *Develop a national level, costed plan for expansion of TB laboratory activities, including for culture and drug susceptibility testing.*
- *Recruit TB laboratory expert in WHO Africa Regional office (regional action point)*
- *Ensure the inclusion of TB laboratory participants into regional workshops such as for WHO-AFRO HIV lab meetings and vice versa.*
- *Integrate private sector laboratories into quality assurance and training activities.*
- *Coordination of donors to avoid duplication of effort and conflicting expert advises(global action point)*
- *Establish communication strategy and forum for different partners working in TB and HIV laboratories. For example communication among supranational laboratories, Working Groups of the Stop TB Partnership and FIND (global action point)*

- **Infrastructure**

- *Develop supply chain management and leverage*
- *Establish basic infrastructure needs (Basic safety package) for national reference, regional and decentralized laboratories.*
- *Establish additional supranational laboratory in Africa (recommendation for WHO to coordinate)*
- *Build adequate laboratory infrastructure*
  - *Identify standard equipment specifications*
  - *Establish maintenance system for infrastructure (equipment safety)*

- **Training and human resources**

- *Conduct regional training workshops on existing technologies and related activities such as bio-safety cabinet certification (global action)*
- *Establish training centers in Africa (global action)*
- *Standardize and conduct training of laboratory consultants (global action)*
- *Conduct general laboratory leadership/management training, which is not specific to TB (global action)*
- *Establish regional/global taskforce for laboratory human resources strategy (global action).*
- *Develop national human resources plan for laboratory*



- *Establish TB surveillance system among health workers*
- *Conduct inventory of human resources for laboratory*
- **Quality assurance**
  - *Establish a global/regional Taskforce to accredit National Reference Laboratories, which in turn will ensure performance of national reference laboratories. (global action for Stop TB Partnership)*
  - *Ensure full implementation of microscopy EQA system*
  - *Develop SOPs for national laboratory networks to strengthen existing methods and accelerate the implementation of new ones.*

B. The following are **medium priority activities** that will be crucial for strengthening laboratories including quality assurance system an decentralization of culture services to accelerate the overall implementation of collaborative activities that need to be considered in country plans.

- **Expanding culture, drug susceptibility testing and new technologies**
  - *Consider the implementation of new technology for smear microscopy (e.g. LED microscopy), rapid drug susceptibility testing technology, molecular techniques, and MGIT.*
  - *Expand culture facilities in intermediate (regional or provincial ) laboratories setting initial targets and planning over two years.*
- **Optimize microscopy**
  - *Expand the use of fluorescence microscopy.*
  - *Implement existing strategies to increase sensitivity of microscopy in accordance to global and regional guidelines.*
  - *Strengthen smear microscopy through establishing EQA, ensuring quality and supply of equipment and staff training.*
- **Technical assistance:** *Establish small core of international experts to provide technical assistance for the planning and implementation of the plans in countries.*

## 6. Monitoring and evaluation

The following are **high priority activities** for national level decision makers that will be crucial for strengthening monitoring and evaluation of collaborative TB/HIV activities that need to be considered during the preparation of country HIV/TB plans.

- *Develop consensus between NTP and NAP and other stakeholders about policy development and data access agreements.*
- *Set national targets for the implementation of collaborative TB/HIV activities through national consensus.*
- *Support TB/HIV monitoring and evaluation*
  - *Establish TB/HIV teams within the M and E unit/department of the MoH*
  - *Re-design and develop standardized tools.*
    - *VCT registers*
    - *ART registers*
    - *HIV care registers*
    - *TB registers*
  - *Conduct training with special emphasis on collection and use of data*
  - *Strengthen data collection system through allocation of adequate human resources, supply and supervision from national to facility level.*
  - *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 program reviews.*
- *Update TB registers with HIV variables*
  - *HIV test performed (Y/N/previous test with data)*
  - *HIV result (+/-)*
  - *HIV care (Y/N/end date)*
  - *CPT (Y/N/start date)*
  - *ART (Y/N/Start date/ARV number)*
- *Update HIV registers with TB variable*
  - *HIV test performed (Y/N/for HIV + refer to HIV care)*
  - *TB symptoms (Y/N)*
  - *If TB symptoms Y- treat for TB*
  - *If TB is excluded- IPT*
- *Conduct TB/HIV co-management review*
  - *Establish a system to reconcile patients*
  - *Check for quality of care*
  - *Standardize data reporting*