



**Accelerating the implementation of the *Three I's for HIV/TB*  
and earlier initiation of ART in Southern African countries  
Johannesburg, South Africa, 14-18 March 2011  
Workshop Report**

## **Background**

At least one third of the estimated 33 million people living with HIV globally are infected with *Mycobacterium tuberculosis*. HIV is the strongest risk factor for developing TB in those with latent or new *M. tuberculosis* infection. The relative risk of TB among people living with HIV, compared with the risk of HIV-uninfected persons ranges from 20 to 37-fold. In 2009, there were an estimated 1.1 million people with TB disease living with HIV, of whom approximately 80% were in the African Region, and 380,000 HIV-related TB deaths (23% of all TB deaths). In Southern African countries, 2009 TB/HIV co-infection rates were extremely high ranging from 58% in Namibia and South Africa to 83% in Swaziland.

The World Health Organization (WHO) has recommended 12 collaborative TB/HIV activities as part of core HIV and TB prevention, care and treatment services. They include interventions which reduce TB morbidity and mortality in people living with HIV and prioritize earlier initiation of ART and the *Three I's for HIV/TB*: intensified case finding of TB (ICF), isoniazid preventive therapy (IPT), and infection control for TB (IC), which should be essential components of HIV prevention, care and treatment services. The establishment of a coordinating body for TB/HIV activities at all levels and that include the community is also recommended as part of the 12 collaborative activities.

WHO, in collaboration with President's Emergency Plan for AIDS Relief (PEPFAR), conducted a five-day workshop in Johannesburg, South Africa, 14-18 March 2011, to accelerate the implementation of the *Three I's for HIV/TB* and earlier initiation of ART in Southern Africa. The objectives of the meeting were 1) to review the status of implementation of the *Three I's for HIV/TB* and earlier initiation of ART in the Region; 2) share best practices and discuss enablers and challenges for nationwide scale-up; 3) identify priority actions to improve recording and reporting formats and strengthen monitoring and evaluation; 4) discuss the role and opportunities to strengthen mutual and equal partnerships with civil society; 5) draft country specific action plans (for further consultation through subsequent national processes) including priority activities to scale-up the *Three I's for HIV/TB* and earlier initiation of ART, and identify follow-up mechanisms.

The workshop was attended by 75 participants including national AIDS and TB programme managers or their representatives, HIV treatment and care focal points, HIV/AIDS monitoring and evaluation focal points, TB/HIV focal persons, TB/HIV advocates representing civil society and US government (USG) representatives of the following eight Southern African countries: Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Representatives from CDC, OGAC and the US Agency for International Development (USAID) headquarters, and from WHO headquarters, region and country staff also participated.

The new WHO guidelines on ICF/IPT, ART, TB Infection Control in Health Care Facilities, Congregate Settings and Households and the Three Interlinked Patient Monitoring System were presented and discussed. Technical presentations on key areas were delivered followed by implementation experiences from countries and group and plenary discussions. The key areas covered included: progress on global and regional implementation of the *Three I's for HIV/TB* and earlier initiation of ART; intensified TB Case finding and Isoniazid Preventive Therapy; Infection Control; Xpert MTB/RIF diagnostic test; harmonized TB/HIV indicators, the three interlinked patient monitoring system for HIV care/ART, MTCT/PMTCT and TB/HIV, and advocacy on the *Three I's for HIV/TB*. TB/HIV advocates representing civil society led a panel discussion on the call for accountability in the TB/HIV response and presented the *Three I's for HIV/TB* advocacy toolkit developed by the AIDS and Rights Alliance for Southern Africa (ARASA). The group discussions led to the development of a list of priority activities to accelerate the implementation of the *Three I's for HIV/TB* and earlier initiation of ART, and their monitoring and evaluation (Annex 1). The priority activities were incorporated into the country specific draft action plans taking into consideration national and local contexts. A panel discussion involving CDC, OGAC, USAID and WHO was conducted to discuss technical assistance and resource mobilization. The workshop was followed by site visits to Esselen Community Health Center (CHC), Helen Josef Hospital, Daveyton CHC and J. Dumane health facility.

## **Key conclusions and recommendations**

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

### Intensified TB Case Finding and Isoniazid Preventive Therapy

Most countries have policies on ICF/IPT although not yet revised according to the latest WHO guidelines that overcome the operational barriers impeding the scale-up of IPT such as the use of tuberculin skin test (TST) and chest x-ray, concern about emergence of drug resistance and ownership of isoniazid by TB programmes. South Africa which was the first country to adopt the new WHO guidelines, put 120,000 patients on IPT in 2010 compared to 23,500 in 2009 (more than a four fold increase within a year). A conducive and supportive policy environment including the development of appropriate operational guidance and tools, training manuals and protocols is essential for rapid scale-up.

*Recommendations:*

- National AIDS and TB programmes to urgently update national policies on ICF/IPT and align them with latest WHO recommendations.
- National AIDS and TB programmes to develop and disseminate operational tools and guidance; revise pre and in-service training manuals; organize ongoing supervision and mentorship activities; and support advocacy plan for ICF/IPT.
- National AIDS and TB programmes to ensure uninterrupted supply of isoniazid in HIV and TB clinics, and primary health care facilities, wherever people living with HIV seek care, through effective and efficient forecasting, procurement and distribution system.
- National AIDS and TB programs to identify key logistic barriers for expanded and expedited availability of INH in facilities that provide HIV prevention and treatment services and address them accordingly as a matter of urgency.
- National AIDS programmes to take the ownership of the *Three I's for HIV/TB* activities as TB screening, IPT and effective infection control measures are part of basic HIV care package.

Infection Control

While the existence of national policy on infection control and a plan to scale-up is important, ownership of infection control activities at facility level is key to successfully implementing effective infection control measures. Experiences from Botswana and South Africa, where emergence of XDR-TB have emphasized the importance of infection control, have shown that ownership is facilitated by the existence of infection control plan and guidelines as well as a focal person or committee at facility level; training and involvement of all levels of health care workers, other clinic staff, community workers and respective communities; and implementation of protective measures for health care workers.

*Recommendations:*

- National AIDS and TB programmes to finalize the national TB Infection Control policy and plan for scale-up in line with international recommendations to ensure implementation of effective measures at all levels of health care system, including laboratories.
- National AIDS and TB programmes, in collaboration with civil society, to jointly develop and disseminate training and education materials for use at facility and community level.
- National AIDS and TB programmes to conduct TB infection control facility assessments of old and new structures.
- National AIDS and TB programmes to ensure protection of health care workers and conduct routine surveillance of both active TB disease and skin-test conversions (where performing skin-test is feasible) among health care workers.
- National AIDS and TB programmes to liaise with prison health system to establish regular TB screening of prisoners, implement TB infection control measures and ensure availability of IPT in prison settings.

- National AIDS and TB programmes to ensure prompt diagnosis and treatment of drug-resistant TB and mobilization of resources to scale-up the use of Xpert MTB/RIF diagnostic test.

### ART initiation

All countries, except Mozambique, South Africa and Botswana with regards to ART eligibility criteria for people living with HIV, have revised their ART guidelines which are aligned with the latest WHO recommendations. Combined and earlier ART and TB treatment reduces death and AIDS-related events with a dramatic effect on those with severe immunosuppression (CD4 count <50 cells/mm<sup>3</sup>). Integration of TB and HIV services and decentralization to primary health care and antenatal care settings together with task-shifting of HIV testing and counselling to lay providers, and nurse-led initiation of ART, were key enablers in increasing the uptake of ART in people living with HIV and those with TB co-infection as observed in South Africa and Swaziland.

### *Recommendations:*

- National AIDS and TB programmes to revise national ART eligibility criteria, if not yet done, in line with international recommendations to ensure earlier access to ART for people living with HIV and those with TB co-infection (i.e., ensuring that all people with TB diagnosed with HIV receive ART).
- National AIDS and TB programmes to promote the integration and decentralization of HIV and TB services, and task-shifting mechanisms based on local and national context.

### Monitoring and evaluation

It was noted that poor monitoring and evaluation including the non standardisation of indicators and data capturing system was a major problem in most of the countries. The standardised indicators for the *Three I's for HIV/TB* are part of harmonized and internationally agreed TB/HIV indicators<sup>1</sup>. These TB/HIV indicators need to be captured by HIV implementers and need to inform one national monitoring and evaluation system run by the Ministries of Health. It was also mentioned that WHO will collect data on TB screening and IPT only through the HIV universal access reporting system as of 2011. To avoid data redundancies and to encourage AIDS programs to take ownership of providing IPT for PLHIV, data on TB screening and IPT will no longer be collected through the TB monitoring and evaluation system. The provision of ART for people with TB is a life saving intervention that has very low coverage in all of the countries and the need for meticulous and reliable collection of the data was emphasised. This will entail the reconciliation of data and collaborative work between TB and HIV data managers at all levels. There was a major call from the workshop participants to WHO to harmonise the timing of HIV and TB data collection so as to ensure quality data.

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<sup>1</sup> A guide to monitoring and evaluation for collaborative TB/HIV activities. WHO 2009. Accessible at [http://whqlibdoc.who.int/publications/2009/9789241598194\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241598194_eng.pdf)

*Recommendations:*

- National AIDS programmes to revise their recording and reporting formats and tools in line with the three interlinked patient monitoring system (3ILPMS) to ensure capture of data on the *Three I's for HIV/TB*.
- National AIDS and TB programmes to identify mechanisms to reconcile data on ART uptake among people with TB disease living with HIV as collected by the two programmes.
- National AIDS programmes to introduce pre-ART registers, if not yet available, that also capture information on TB screening and IPT.
- National AIDS and TB programmes need to strengthen referral systems between services where they are not yet integrated. Regular monitoring and evaluation supervision should be jointly conducted by the two programmes.
- WHO to align timing of reporting HIV and TB data for annual reports and increase turn-around time for reporting.
- National AIDS and TB programmes to provide information on programmes performances to the community and form formal partnerships with civil society to monitor and evaluate collaborative TB/HIV activities at district and facility level.

Civil society engagement

The engagement of civil society, including non-governmental, faith-based, community-based and patient-based organizations delivering health services and advocacy groups, is a crucial component of an effective national HIV/TB response. During the workshop it was noted that there is a lot of room for TB and AIDS programme managers and civil society organisations to work together ranging from planning, implementation and also establishing an accountability mechanism to ensure the delivery of quality services for people living with HIV. Partnership between civil society and national HIV and TB programmes should be prioritised to accelerate the implementation of the *Three I's for HIV/TB* and earlier initiation of ART. Civil society plays a role in demand generation for services and call for accountability in the national TB/HIV response.

*Recommendations:*

- National AIDS and TB programmes to partner with civil society in the adaptation, planning, implementation, advocacy and monitoring and evaluation of the *Three I's for HIV/TB* and earlier initiation of ART.
- National AIDS and TB programmes should partner with civil society to raise awareness and create demand on the *Three I's for HIV/TB* and earlier initiation of ART by developing information, education and communication tools and strategies.
- Civil society to hold national AIDS and TB programmes and partners accountable in the implementation of the *Three I's for HIV/TB* and earlier initiation of ART.

Resource mobilization

Funding opportunities from PEPFAR and USAID exist at country level and activities to scale-up the *Three I's for HIV/TB* identified during the workshop should be included in the 2011 PEPFAR Country Operational Plans. Additional mechanisms for funding and technical assistance through partners of TB CARE I and II are also available for all the countries

*Recommendations:*

- In-country USG partners and Ministries of Health to discuss available resources to support the implementation of the *Three I's for HIV/TB* and earlier initiation of ART.
- National AIDS and TB programmes to ensure the inclusion of priority actions defined during the workshop in PEPFAR 2011 Country Operating Plans and Global Fund round 11.

Technical assistance

WHO and USG partners reiterated commitment to provide, coordinate and strengthen technical support to countries on planning, implementation and monitoring and evaluation of the *Three I's for HIV/TB* and earlier initiation of ART as well as on laboratory strengthening.

**Follow-up mechanisms**

The following were follow up mechanisms proposed by participants from respective countries.

Botswana

- To brief MOH and leadership within two weeks of the workshop and get approval on the *Three I's for HIV/TB* draft national action plan. The AIDS programme will be invited to take ownership of the *Three I's for HIV/TB*. The laboratory will be engaged and existing plans to introduce Xpert MTB/RIF will be incorporated into the efforts to scale-up the *Three I's for HIV/TB*.

Lesotho

- To incorporate priority activities identified during the workshop in the national plan for the *Three I's for HIV/TB* that has just been developed, and finalize the plan.

Namibia

- To brief the AIDS and TB programmes, the TB/HIV technical working group and civil society on the outcomes of the workshop within the next two weeks. The priority actions identified in the plan will be incorporated in the Country Operational Plan and Global Fund Round 11 application.

Mozambique

- To brief the TB and AIDS programmes and invite AIDS programme to take ownership of the *Three I's for HIV/TB*. WHO will be informed on the outcomes of the briefing.

South Africa

- To meet with leadership to finalize the draft national action plan developed during the workshop and submit to WHO regional office. Experience gathered during the workshop will help inform the existing efforts to plan and implement the *Three I's for HIV/TB*.

### Swaziland

- To call a meeting of the national TB/HIV committee and report on the outcomes of the workshop. The AIDS programme will be invited to take ownership of the *Three I's for HIV/TB*. Solicit feedback and commitment from partners to support the plan developed at the workshop.

### Zambia

- To brief MOH and leadership and get the TB/HIV technical working group engaged. Provincial and district planning is coming-up and the activities defined at the workshop will be incorporated into it. A resource mapping to identify what is already happening and planned regarding the *Three I's for HIV/TB* will be performed.

### Zimbabwe

- To brief the AIDS and TB sub-committees within the next two weeks, and partners at upcoming partnership meeting. Focus will be given on developing monitoring and evaluation tools and training materials related to the *Three I's for HIV/TB*.

## **Annex 1: Priority activities to accelerate the implementation of the *Three I's for HIV/TB* and earlier initiation of ART.**

### ICF/IPT and earlier initiation of ART

- Revise national policies on ICF/IPT according to WHO latest recommendations and develop operational guidance and tools for scale-up.
- Include the *Three I's for HIV/TB* as part of basic HIV care package under the responsibility of HIV programmes.
- Adopt simplified symptom-based TB screening algorithms and disseminate them at all HIV care facilities, in community and in prison settings.
- Screen all people living with HIV for TB at each contact with health services.
- Assess national TB diagnostic capacity (smear including sputum transportation, turn-around time to report results, culture, drug-susceptibility testing) and mobilize resources to strengthen TB diagnostic capacity including use of Xpert MTB/RIF.
- Guarantee uninterrupted supply of isoniazid drug within HIV health care facilities.
- Conduct pre and in-service training on the *Three I's for HIV/TB* and organize on-the-job supervision and mentorship.
- Explore task shifting to nurses for ART initiation and to lay providers and community cadres for HIV testing and counselling.
- Integrate and decentralize TB and HIV services into primary health care and antenatal care settings.
- Establish national targets for ICF/IPT and initiation of ART.
- Revise HIV recording & reporting tools to capture ICF/IPT.
- Partner with civil society to inform and educate patients (e.g. through TB and HIV expert clients) on the importance of the *Three I's for HIV/TB* and earlier initiation of ART.

### Infection Control

- Ensure that national TB infection control policy has been developed 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.
- Develop and utilize training and advocacy materials to ensure implementation of TB infection control measures by health care workers, patients, and community.
- Implement TB infection control managerial, administrative and environmental activities at all levels of the healthcare system, including laboratories, and in prison settings.
- Conduct infection control assessments of existing facilities, analyse how to best use facility structures, renovate when necessary and include TB infection control aspects into new buildings.
- Procure protective equipment for health care workers such as N95 masks. Conduct routine surveillance of active TB disease among health care workers.
- Ensure prompt diagnosis and treatment of drug-resistant TB cases, mobilize resources for scaling-up use of Xpert MTB/RIF and ensure availability of second line anti-TB drugs.
- Include civil society representatives in infection control committee at facility level and in the development of infection control plan. Engage with civil society in training, advocacy and outreach efforts to improve infection control at household level.

### Monitoring and evaluation

- Strengthen national monitoring and evaluation systems and tools to capture data for the *Three I's for HIV/TB* by AIDS programmes.
- Update HIV care/ART cards, pre-ART and ART registers and reporting tools with TB variables including TB screening at last visit, provision of IPT and TB treatment. Introduce pre-ART registers that capture TB variables.
- Disseminate revised monitoring and evaluation tools and train health care workers on TB/HIV indicators and revised tools.
- Conduct regular meetings with TB, HIV and MCH/PMTCT programmes at national, provincial, district and facility levels, to discuss and validate data on the *Three I's for HIV/TB* and initiation of ART, and annual meeting to harmonize reports for external partners and donors.
- Conduct joint monitoring and evaluation supervision to health facilities by the HIV and TB programmes.
- Allocate adequate human resources for monitoring and evaluation, adopt electronic systems when feasible, and train and mentors data clerks and programme managers at all levels on monitoring and evaluation. Ensure data quality through periodical reviews and regular supportive supervision by TB and AIDS programmes.
- Strengthen monitoring and evaluation of TB infection control at facility level. Incorporate TB infection control in routine HIV and TB joint monitoring supervisions.
- Provide information on HIV and TB programmes performances to community and form partnerships with civil society to monitor and evaluate activities at district and

facility level. Engage with civil society to generate demand for HIV and TB services, increased uptake and improved adherence.

- Engage with civil society in operational research to identify gaps in access to and provision of services.

## **Annex 2: Resource materials**

- Guidelines for intensified tuberculosis case finding and isoniazid preventive therapy for people living with HIV in resource constrained settings. WHO 2010. Accessible at [http://whqlibdoc.who.int/publications/2011/9789241500708\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241500708_eng.pdf)
- WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households. WHO 2009. Accessible at [http://whqlibdoc.who.int/publications/2009/9789241598323\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241598323_eng.pdf)
- Antiretroviral therapy for HIV infection in adults and adolescents: recommendations for a public health approach, 2010 revision. WHO 2010. Accessible at [http://whqlibdoc.who.int/publications/2010/9789241599764\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599764_eng.pdf)
- Three interlinked patient monitoring systems for HIV care/ART, MCH/PMTCT, TB/HIV: Standardized minimum data set and illustrative tools. WHO 2010. Accessible at [http://www.who.int/hiv/pub/imai/three\\_patient\\_monitor/en/index.html](http://www.who.int/hiv/pub/imai/three_patient_monitor/en/index.html)
- A guide to monitoring and evaluation for collaborative TB/HIV activities. WHO 2009. Accessible at [http://whqlibdoc.who.int/publications/2009/9789241598194\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241598194_eng.pdf)