

# Guidance to intensify the uptake and scale-up of collaborative TB/HIV activities in Global Fund grants and processes (Final Version)

This guidance document was developed by the Global Fund Technical Working Group on TB/HIV. Members of the Working Group were: A. Bloom (USAID); L. Ditiu (Stop TB Partnership); A. Fakoya (Global Fund); H. Getahun (WHO); G. Hirnschall (WHO); M. Johnson (PEPFAR); M. Raviglione (WHO-Chair); B. Schwartzlander (UNAIDS); M. Yassin (Global Fund). The following individuals also contributed to the development of the guidance: B. Coggin (OGAC); R. Granich (UNAIDS); L. Nelson (WHO) and E. Wandwalo (Global Fund). Members of the Global Fund TB and HIV/AIDS Diseases Committees reviewed and endorsed the guidance document.

## **1. Rationale:**

The Board of the Global Fund and its Technical Review Panel have recognized the limited coverage of collaborative TB/HIV activities within grants of the Global Fund and expressed concerns, calling for measures for improvement. Most notably, during its 18<sup>th</sup> regular meeting in November 2008, the Board made note of the slow progress in implementing collaborative TB/HIV activities and emphasized that all applicants should include and implement significant, robust tuberculosis (TB) interventions in their HIV/AIDS proposals and HIV/AIDS interventions in their TB proposals. Furthermore, the Board has requested that the Secretariat revise its processes, including its guidelines for grant renewal requests and require that, in respect to continued funding for TB or HIV grants, Country Coordinating Mechanisms (CCMs) delineate their plans for scale up of universal access to TB/HIV collaborative services and explicitly articulate what TB-HIV activities, funding, and indicators will be included.

Despite these measures, the overall uptake of collaborative TB/HIV activities in TB and HIV grants has been very low. GF cumulative expenditures (2002-2011) for TB/HIV activities were very low representing 4% (\$60 million) within Global Fund TB grants and 1% (\$76 million) within HIV grants. Opportunities exist to revive and strengthen efforts to improve the uptake of collaborative TB/HIV activities in TB and HIV grants through concerted actions by CCMs, national TB and HIV programmes, technical agencies, partner organizations, and the structures (e.g. TRP, Secretariat) and processes of the Global Fund (e.g. grant renewals and the New Funding Model). Global efforts need to be expedited to achieve the Global Plan to Stop TB's target of reducing HIV-related TB deaths by 50% by 2015 as expressed in the 2011 UN High Level Political Declaration on HIV/AIDS.

The main purpose of this guidance document is to describe concrete action steps to Global Fund stakeholders at national and global levels to improve the uptake of collaborative TB/HIV activities in GF grants with the goal of nationwide scale-up.

## **2. Background:**

HIV-associated TB accounts for 30% of all TB deaths and 25% of all AIDS deaths. The vast majority (90%) of these estimated cases and deaths are in the African and South-East Asian regions. Despite being eligible for ART (irrespective of CD4+ count), people living with HIV (PLHIV) with TB proportionally receive less ART than all PLHIV (e.g. 54%

of all eligible vs. 48% of PLHIV with TB in 2011). A new molecular rapid TB test (Xpert MTB/RIF) substantially increases the speed and quality of TB diagnosis among PLHIV. Integrated TB and HIV service delivery has been shown to increase the chances of TB patients to receiving ART by 60%, and to shorten the initiation time by 72 days (Kerschberger et al, 2012), and to reduce mortality by almost 40% (Hurega et al, 2010).

Although there have been encouraging global scale-up of collaborative TB/HIV activities over the years, the overall coverage of services remains low. In addition, the progress and the rate of implementation have varied substantially among countries. Analysis conducted among the top ten countries accounting for 71% of the estimated global burden of HIV-associated TB in 2011 (DR Congo, Ethiopia, India, Kenya, Mozambique, Nigeria, South Africa, Uganda, Zambia, and Zimbabwe) identified the following key challenges:

- Slow and conservative uptake of evidence based global policies by national policy makers, including the provision of early ART for TB patients regardless of CD4 cells count, isoniazid preventive therapy, and a rifampicin based regimen throughout the course of TB treatment.
- Insufficient planning and resources to quickly roll out national policies and evidence based practices once developed (e.g. resource needs for nationwide training, supplies such as ART, IPT and HIV test kits).
- Logistical and administrative challenges to the introduction of updates to existing practices and systems (e.g. monitoring and evaluation formats, drug supply).
- Mismatch between increased access and coverage of HIV testing for TB patients and minimal access to antiretroviral therapy and other interventions for HIV-positive TB patients including co-trimoxazole preventive treatment and HIV prevention.
- Centralized (often in hospitals) and over-sophisticated ART services (often initiated by medical doctors) and decentralized (often in peripheral health facilities) and nurse- initiated TB services.
- Non-harmonized, non-standardized and duplicative TB/HIV monitoring and evaluation system despite the availability of globally harmonized and standardized TB/HIV indicators, formats and tools.
- Delay in the diagnosis of TB among PLHIV and a high level of unfavorable treatment outcomes.

### **3. Core principles of the guidance:**

The core principles of the Global Fund outlined in its Framework Document, and the New Global Fund Strategy 2012-16 govern the implementation of this TB/HIV guidance:

- **Country ownership** and country-led collaborative TB/HIV activities will improve the uptake of TB/HIV activities in Global Fund grants. The new funding model, focusing on providing implementers with more flexible timing, better alignment with national strategies, and greater predictability on the process and the level of funding available will help countries better plan, tailor, and implement collaborative TB/HIV activities based on the local situation.
- **Investing for impact** and focusing Global Fund resources on the highest impact interventions based on strategic investment frameworks and approaches. Collaborative TB/HIV activities have proven to be high impact and effective interventions contributing for quality of care for PLHIV. As such they help meet Global Fund goals to promote investments in high impact and evidence-based interventions.

- **Increased efficiency** between HIV and TB programmes and services through opportunities and efforts to harmonise and coordinate national guidelines, tools and processes to provide integrated TB and HIV care and services at health facility and community levels. Existing facilities and resources of the decentralised TB services can serve as a platform to expand access and provide critical HIV treatment and prevention services not only for HIV positive TB patients but also to others living with HIV or at risk of HIV.
- **Effective monitoring and evaluation** with standardised indicators and data capturing formats harmonised with one national monitoring and evaluation system to enable effective measurement and assessment of performance and impact is the other cornerstone of the guidance document. Harmonisation and coordination of training, facilitated supervision, and monitoring and evaluation efforts are essential.

#### **4. Proposed actions and activities**

The overall goal of collaborative TB/HIV activities is to decrease the burden of TB and HIV in people at risk of or affected by both diseases (WHO, 2012). The objectives are: (1) to establish and strengthen the mechanisms of collaboration and joint management between HIV programmes and TB-control programmes for delivering integrated TB and HIV services preferably at the same place and time; (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* (intensified TB case-finding followed by high-quality anti-tuberculosis treatment, isoniazid preventive therapy (IPT) and infection control for TB) and the early initiation of ART in line with WHO guidelines; and (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.

The following are suggested actions and activities to address critical challenges and improve the uptake of collaborative TB/HIV activities to ensure nationwide scale up through the use of GF grants and processes at both national and global levels.

##### **4.1. National TB and HIV programmes and other implementers**

- Establish or strengthen National TB/HIV Coordinating bodies and define terms of reference based on internationally agreed policies and local context in order to deliver integrated TB and HIV services by maximizing synergy.
- Assess the country TB/HIV policy and programme environment including progress, challenges, opportunities and context specific solutions through a situational analysis based on locally tailored methodology.
- Harmonize national TB/HIV policies and programme guidance with evidence based internationally accepted policies and guidelines. If there are inconsistencies and/or disagreements, initiate national consultation and dialogue to resolve issues (e.g. implementation of IPT, TB infection control, and the provision of ART for TB patients).
- Provide HIV testing for all TB patients and individuals presenting with TB signs and symptoms, and establish appropriate linkages with ART and HIV services to ensure that the full spectrum of HIV care is provided for individuals testing HIV positive.
- Promote task shifting of ART initiation to nurses and explore locally responsive and acceptable decentralized HIV care models utilizing TB nurses and the primary care facilities providing TB services.

- Address collaborative TB/HIV activities for special populations at risk of TB and HIV such as people who inject drugs, prisoners, women, children and migrants.
- Set time-bound national targets for the implementation of collaborative TB/HIV activities through national consensus involving both HIV and TB stakeholders.
- Strengthen TB/HIV monitoring and evaluation through the establishment of a national standard and system with close collaboration and harmonization between the TB and HIV programmes as well as National AIDS Councils (or their equivalents).
- Develop or redesign existing HIV and TB registers including those for pre-ART, ART care, TB, ePMTCT, and harm reduction services based on international recommendations. The updated three interlinked patient monitoring for HIV care/ART, MCH/PMTCT and TB/HIV document published by Global Fund, UNICEF, WHO and UNAIDS provide the minimum standardized data set and illustrative tools. The WHO revised TB recording and reporting forms and registers, which are updated on regular basis, should be used for updating TB registers.
- Strengthen data collection systems for tracking care, treatment, and logistic of supplies through allocation of adequate human and financial resources, and supervision from national to facility level.
- Conduct regular, joint TB and HIV supervisory visits and annual review meetings through the involvement of all stakeholders including community groups.
- Expand the placement of Xpert MTB/RIF in facilities providing HIV treatment and prevention services to expedite the diagnosis and treatment of TB among people living with HIV and prevent unnecessary deaths. In MDR prevalent settings access to drug susceptibility testing has to be ensured.

#### **4.2. Country Coordinating Mechanisms (CCMs)**

- Encourage the development and submission of joint national TB and HIV concept notes that include TB/HIV components promoting efficient and effective use of resources and optimizing existing opportunities to respond to each country's unique TB/HIV challenges.
- Include TB/HIV as a standing agenda item whenever TB and HIV concepts notes and grant renewals are discussed in line with the NFM (e.g., concept note development, grant preparation, country dialogue and expression of demand).
- If needed, commission a nationwide assessment to examine the status, progress, and scale of implementation of collaborative TB/HIV activities to solicit locally acceptable solutions to be considered either for funding applications (new or continued) or oversight of programme implementation and reprogramming.
- Include the chair(s) of the national TB/HIV coordinating body to CCM and guarantee policy and strategy transfer into the work of the CCM and expand the representation of TB and HIV stakeholders, including those who bring the perspectives of affected communities and civil society organizations.
- Regularly use periodic reviews of existing TB/HIV programmes to implement evidence- and consensus-based national strategic decisions that will help nationwide scale up of collaborative TB/HIV activities.

#### **4.3. Global Fund Technical Review panel**

- Consider the recruitment of TB/HIV experts in Technical Review Panel structures (permanent technical review panel, alternate member pool, ad hoc panel or support group pool).

- Regularly monitor and ensure the inclusion of the latest policies and strategies related to collaborative TB/HIV activities in the review of HIV and TB concept notes from HIV and TB prevalent countries.

#### **4.4. Global Fund Secretariat**

- Support the establishment and functioning of an Operational Working Group composed of partners and technical agencies to specifically work together with Fund Portfolio Managers of the Global Fund Secretariat to ensure harmony and synergy between TB and HIV grants.
- Work with technical partners to build the capacity of country teams within the Secretariat and support them in their efforts to raise TB/HIV issues within the country dialogue and discussions related to the New Funding Model.
- Promote harmonization and coordination of resources and activities at country level with other key donors of TB/HIV activities, notably but not exclusively PEPFAR (HIV) and USAID (TB).

#### **4.5. Technical agencies and partners**

- Encourage collaborative TB/HIV activities are part of the development of National Strategic Plans and/or investment justifications, including full costing in the expression of demand.
- Assist countries in the revision or updating of their national policies in line with evidence based global policies and programme guidance. Special attention should be paid to the provision of ART for TB patients regardless of CD4 cells count, isoniazid preventive therapy, and rifampicin based regimen through out the course of TB treatment and supporting a national consultation to unblock policy and programme bottlenecks.
- Provide technical assistance and support to national TB and HIV programmes to address and narrow gaps in (a) increased access and coverage of HIV testing for TB patients and low coverage of antiretroviral therapy (b) centralized ART services and decentralized TB services including the development of integrated TB and HIV service delivery models and task shifting and (c) the policy and practice of TB infection control measures.
- Support harmonized and standardized TB/HIV indicators to inform one national TB/HIV monitoring and evaluation system.
- Actively support periodic reviews of existing TB and HIV grants at country level and identify gaps that can be addressed either through reprogramming or request for continued support.
- Harmonise regular joint supervision visits and annual review meetings with the National TB and HIV programmes and ensure the inclusion of TB/HIV at all levels.

### **5. Monitoring progress, process indicators and milestones**

Standardised TB/HIV indicators recommended by WHO, UNAIDS, OGAC and the Global Fund (WHO, 2009) should be used to measure the progress in implementation of collaborative TB/HIV activities. While the adoption of this indicators is crucial to measure nationwide scale up, additional process indicators and milestones are necessary to monitor the implementation of the actions described in this Global Fund guidance document. The following are suggested process

indicators and milestones to be used at a minimum by national and global stakeholders considering Global Fund grant renewal and the NFM (e.g., concept note development, grant preparation, country dialogue and expression of demand). The periodicity for measuring and reporting should be country specific aligned with the timing of the Global Fund processes.

#### **5.1. National TB and HIV programmes and other implementers**

- Number of new TB/HIV policies and tools addressing bottlenecks developed.
- Adoption of consensus-based national TB/HIV targets.
- Number of facilities providing integrated TB and HIV services.
- Percentage of districts implementing standard M& E system

#### **5.2. Country Coordinating Mechanisms (CCMs)**

- Percentage of HIV and TB concept notes and/or grant renewals that include TB/HIV
- CCM membership of the chair(s) of the National TB/HIV Coordinating Body
- Frequency of TB/HIV agenda item in CCM meetings discussing TB and HIV
- Trend and percentage of funds allocated for TB/HIV in TB grants
- Trend and percentage of funds allocated for TB/HIV in HIV grants

#### **5.3. Global Fund Technical Review panel**

- Number of TB/HIV experts included in its structures
- Percentage of HIV and TB concept notes and/or grant renewals that include TB/HIV
- Trend and percentage of funds allocated for TB/HIV in TB grants
- Trend and percentage of funds allocated for TB/HIV in HIV grants

#### **5.4. Global Fund Secretariat**

- Establishment and functioning of an operational technical working group

#### **5.5. Technical agencies and partners**

- Percentage of countries supported that include TB/HIV in National Strategic Plans.
- The number of joint supervision visits and annual review meetings with the National TB and HIV programmes.