

WHO policy on collaborative TB/HIV activities

Guidelines for national
programmes and
other stakeholders



World Health
Organization

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Summary of declaration of interests

All members of the Policy Updating Group were asked to complete a World Health Organization (WHO) *Declaration of interests for WHO consultants* form. Five members of the group declared a conflict of interest. Constance Benson declared consulting, scientific and technical advisory work on antiretroviral therapy new drug development with Merck, GlaxoSmithKline and ViiV for less than US\$ 5000 each. Pedro Cahn declared ongoing research support and consulting work with Abbott for an amount of US\$ 3000. He declared receiving US\$ 2000 from Bristol-Myers Squibb and US\$ 2000 from Tibotec for serving on a speakers' bureau. He also declared scientific advisory work for Merck, Pfizer, GlaxoSmithKline and Avexa for an amount of US\$ 2000 each. Mark Harrington declared giving testimony to the Institute of Medicine of the United States National Academies in panels on multidrug-resistant TB in 2008 and 2009. Charles Holmes declared employment by Gilead up to January 2008 in the clinical research unit focusing on phase I studies of experimental antiretroviral drugs. He declared no financial or other interest in Gilead. Salim S. Abdool Karim declared receiving US\$ 2500 from Merck to attend the advisory panel meeting on microbicides in March 2011.

The declared conflicts of interest were discussed within the WHO Steering Group and with the Policy Updating Group before deliberations on the policy document, and it was concluded that these conflicts would not prohibit any of the members from participating in the process. Declarations of interest were collected from all non-WHO reviewers. Four peer reviewers declared potential conflicts of interest. Helen Ayles declared an ongoing research grant for her research unit with Delft Diagnostic Systems of € 100 000 to develop a computer-aided diagnostic for reading digital chest X-rays as well as having received a digital chest X-ray unit for an amount of US\$ 250 000. François Boillot declared being the owner, director of and employed by a consulting company providing services in international health including in TB/HIV issues. Susan Swindells declared consulting services (advisory board) with Pfizer in 2008 (US\$ 1800) and 2009 (US\$ 1750), with Merck in 2009 (US\$ 3500), with Tibotec in 2009 (US\$ 1500) and with Abbott Molecular in 2010 (US\$ 1000). She also declared previous research support to her institution from Bristol Myers Squibb that ended in 2010 (US\$ 14929), from Pfizer that ended in 2011 (US\$ 28125) and ongoing research support from GlaxoSmithKline for an amount of US\$ 104034 and US\$ 60676. Jay K. Varma declared non-monetary support (supplies and equipment) in 2010 valued at approximately US\$ 10 000 from Cellectis to the government research unit of China and collaborators in Inner Mongolia to examine the prevalence of TB in health-care workers in collaboration with the United States Centers for Disease Control and Prevention. The WHO Steering Group discussed these declarations and concluded that they would not exclude the reviewers from the process. All declarations of conflict of interests are retained on electronic file by the WHO Stop TB Department.

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Contents

Abbreviations	7
Executive summary	8
1. Background and process	10
1.1 Introduction	10
1.2 Scope of the policy	10
1.3 Target audience	10
1.4 Process of updating the policy	11
1.5 Quality of evidence and strength of recommendation	12
1.6 Adaptation of the policy	13
2. Goal and objectives of collaborative TB/HIV activities	14
3. Recommended collaborative TB/HIV activities	14
A Establish and strengthen the mechanisms for delivering integrated TB and HIV services	15
A.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels	15
A.2. Determine HIV prevalence among TB patients and TB prevalence among people living with HIV	16
A.3. Carry out joint planning to integrate the delivery of TB and HIV services	17
A.3.1. Models of integrated TB and HIV service delivery	18
A.3.2. Resource mobilization and capacity building	19
A.3.3. Involving nongovernmental and other civil society organizations and communities	19
A.3.4. Engaging the private-for-profit sector	20
A.3.5. Addressing the needs of key populations: women, children and people who use drugs	20
A.3.6. Advocacy and communication	20
A.3.7. Operational research to scale up collaborative TB/HIV activities	20
A.4. Monitor and evaluate collaborative TB/HIV activities	21
B Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy (the <i>Three I's</i> for HIV/TB)	22
B.1. Intensify TB case-finding and ensure high-quality antituberculosis treatment	22
B.2. Initiate TB prevention with Isoniazid preventive therapy and early antiretroviral therapy	23
B.3. Ensure control of TB Infection in health-care facilities and congregate settings	25
C Reduce the burden of HIV in patients with presumptive and diagnosed TB	26
C.1. Provide HIV testing and counselling to patients with presumptive and diagnosed TB	26
C.2. Introduce HIV prevention interventions for patients with presumptive and diagnosed TB	27
C.3. Provide co-trimoxazole preventive therapy for TB patients living with HIV	28
C.4. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV	28
C.5. Provide antiretroviral therapy for TB patients living with HIV	29
4. National targets for scaling up collaborative TB/HIV activities	30
5. References	31

Abbreviations

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
BCG	Bacille Calmette–Guérin (vaccine)
CBO	community-based organization
CPT	cotrimoxazole preventive therapy
DOT	directly-observed treatment
DOTS	the basic package that underpins the Stop TB Strategy
GRADE	grading of recommendations assessment, development and evaluation
GRC	guidelines review committee
HCW	health-care worker
HIV	human immunodeficiency virus
IPT	isoniazid preventive therapy
MCH	maternal and child health
MDG	Millennium Development Goal
NGO	nongovernmental organization
PMTCT	prevention of mother-to-child transmission
PICO	population, intervention, comparison, outcome
TB	tuberculosis
TB/HIV	the intersecting epidemics of TB and HIV
TST	tuberculin skin test
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Executive summary

In 2004, the World Health Organization (WHO) published an interim policy on collaborative TB/HIV activities in response to demand from countries for immediate guidance on actions to decrease the dual burden of tuberculosis (TB) and human immunodeficiency virus (HIV). The term interim was used because the evidence was incomplete at that time. Since then, additional evidence has been generated from randomized controlled trials, observational studies, operational research and best practices from programmatic implementation of the collaborative TB/HIV activities recommended by the policy. Furthermore, a number of TB and HIV guidelines and policy recommendations have been developed by WHO's Stop TB and HIV/AIDS departments. Updated policy guidelines were therefore warranted to consolidate the latest available evidence and WHO recommendations on the management of HIV-related TB for national programme managers, implementers and other stakeholders.

The process of updating the policy was overseen by a WHO Steering Group and advised by a Policy Updating Group that followed WHO recommendations for developing guidelines. The Policy Updating Group comprised policy-makers, programme managers, experts in TB and HIV, donor agencies, civil society organizations including people living with HIV, and a grading of recommendations assessment, development and evaluation (GRADE) methodologist. The WHO Steering Group prepared the initial draft, which was circulated to the Policy Updating Group and discussed via e-mail and a conference call. The refined draft policy was reviewed again by the members of the Policy Updating Group and sent to a wide range of peer reviewers before finalization.

These policy guidelines on collaborative TB/HIV activities are a compilation of existing WHO recommendations on HIV-related TB. They follow the same framework as the 2004 interim policy document, structuring the activities under three distinct objectives: establishing and strengthening mechanisms for integrated delivery of TB and HIV services; reducing the burden of TB among people living with HIV and initiating early antiretroviral therapy; and reducing the burden of HIV among people with presumptive TB (that is, people with signs and symptoms of TB or with suspected TB) and diagnosed TB.

Unlike the 2004 document, the updated policy emphasizes the need to establish mechanisms for delivering integrated TB and HIV services, preferably at the same time and location. Those working to integrate the services should consider the epidemiology of HIV and TB, the health-system factors that are specific to individual countries, the management of HIV programmes and TB-control programmes and evidence-based models of service delivery. In addition, mechanisms for delivering the integrated services should be established as part of other health programmes such as maternal and child health, harm reduction services and prison health services. Monitoring and evaluation of collaborative TB/HIV activities should be done within one national system using standardized indicators and reporting and recording formats. TB prevalence surveys should include HIV testing, and HIV surveillance systems should incorporate TB screening as routine practice. The updated policy recommends setting national and local targets for collaborative TB/HIV activities through a participatory process (for example, through the national TB/HIV coordinating body and national consultations) to facilitate implementation and mobilize political commitment. Long-term and medium-term national strategic plans aligned with the health system of individual countries should be developed to scale up activities nationwide. National HIV programmes and TB-control programmes should establish linkage and partnerships with other line ministries

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