

TB/HIV Monitoring & Advocacy Project Interview Tool

This interview tool is based upon the *Interim Policy on Collaborative TB/HIV Activities* of the World Health Organization.¹ It is designed to help you investigate how the *TB/HIV Policy* is being implemented in your country.

Instructions: Please provide brief but complete answers to each of the questions below based on the information you have gathered during your research, drawing upon your own observations, key informant interviews, strategic documents and experience regarding the availability and quality of TB/HIV collaborative services. In instances where information is not available or accessible, please comment on the reasons and circumstances. Be sure to include direct quotes from interviews and supporting documents wherever possible to support the answers collected and establish your principle findings/conclusions. A completed version of the interview tool is due on **April 30, 2007**.

1. MECHANISMS FOR COLLABORATION

The *TB/HIV Policy* recommends the establishment of a coordinating body; surveillance of HIV prevalence among TB patients; joint TB/HIV planning; and monitoring and evaluation.

1.1 Set up a coordinating body for TB/HIV activities at all levels

Is there a joint coordinating body (JCB) for TB/HIV activities in your country?

Yes ☐ No ☐

Does it work at the:

- | | | | | |
|-----------------------------|-----|--------------------------|----|--------------------------|
| • national level? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • regional level? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • district level? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • local or community level? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please check all that apply.

If no to any of the above, what are the reasons why the JCB doesn't exist? What needs to happen for a JCB to be established? Are there similar bodies that can take up the task of TB/HIV joint planning? After answering these questions, please skip to question 1.2.

If yes to any of the above, what is the structure of the JCB, how frequently does it meet and how open is it to community input and participation? Briefly outline the JCB's main functions and responsibilities. What are the strengths of the JCB? What are the limitations of the JCB?

¹ The WHO *Interim Policy on Collaborative TB/HIV Activities* is available in English, French, Spanish and Russian at: <http://www.who.int/hiv/pub/tb/tbhiv/en/>.

Please note: The 12 TB/HIV collaborative activities outlined in the *Policy* are not applicable for all countries. TB/HIV collaborative activities should be implemented according to the HIV prevalence rate of the geographic area being monitored. PHW/TAG will work with grantees during the orientation workshop to help determine the HIV prevalence rates in the geographical area or administrative unit they propose to monitor.

Does the JCB include members from the national HIV/AIDS program *and* the national TB program?

Yes ☐ No ☐

Are there representatives of TB/HIV coinfecting communities, or from people living with HIV/AIDS organizations or TB patient support groups on the JCB?

Yes ☐ No ☐

(Sources: NACP, NTP, Ministry of Health, community-based organizations, people living with HIV/AIDS and/or TB)

1.2 Conduct surveillance of HIV prevalence among tuberculosis patients

Is information about HIV prevalence among TB patients collected at the:

- | | | |
|-------------------|------------------------------|-----------------------------|
| • national level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • regional level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • local level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please check all that apply.

If yes to any of the above, what are the mechanisms (sentinel, cross sectional, periodic) to collect this data?

Is this information available to the public?

Yes ☐ No ☐

If you were able to find this information, please note where you found it and what the information contains. Based on your knowledge, does the information accurately reflect the situation on the ground? If you were unable to find it, please note who you asked and what they said.

(Sources: NACP, NTP, Ministry of Health, health care workers, people living with HIV/AIDS and/or TB)

1.3 Carry out joint TB/HIV planning

1.3.1 Joint strategic plan

Does the JCB have a strategic plan for TB/HIV at the:

- | | | |
|-------------------|------------------------------|-----------------------------|
| • national level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • regional level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • local level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please check all that apply.

If no, is TB/HIV addressed in other strategic plans? Which ones? After answering these questions, please skip to question 1.2.2.

If yes, are you and other community activists able to get a copy of the plan(s)?

Yes ☐ No ☐

Do community activists know the objectives and activities in the plan(s)? If not, why not?

Did community activists participate in the formulation of the plan(s)?

Yes ☐ No ☐

Does the strategic plan(s) reflect the community's priorities?

Yes ☐ No ☐

If not, what is missing?

Is there a role outlined for community advocates to play in the implementation of the plan(s)?

Yes ☐ No ☐

Comments:

(Sources: NACP, NTP, Ministry of Health, community-based and non-governmental organizations)

1.3.2 Funding

What is the level of government funding available for TB/HIV activities?

Is information publicly available on how international funds are being used to support TB/HIV activities?

Yes ☐ No ☐

Is the government able to implement the TB/HIV activities outlined in the *Policy* with the current available funding?

Yes ☐ No ☐

If there is not enough funding for TB/HIV activities, please ask about which activities are not supported and some of the reasons why. If possible, what is an estimate of the funding gap?
Is there any international funding for TB/HIV activities?

(Sources: NACP, NTP, Ministry of Health, donors)

1.3.3 Training and capacity building

Is there a training manual for health care workers, which clearly outlines how to manage coinfecting patients?

Yes ☐ No ☐

If no, what kinds of training do health care workers need? Please include specific examples.

If yes, do the TB/HIV plans include training for community organizations and advocates?

Yes ☐ No ☐

Are PLWHA networks involved in training and capacity building preparations?

Yes ☐ No ☐

Please comment on how these trainings could be effectively organized and who should be involved in developing and implementing them?

Are TB and HIV testing services available at local clinics?

Yes ☐ No ☐

Is there a system for health care workers and service providers to refer coinfecting patients between TB and HIV/AIDS clinics?

Yes ☐ No ☐

Please comment on how this system works, highlighting any difficulties or problems faced by health care workers and any obstacles to access services for TB/HIV coinfecting patients.

(Sources: NACP, NTP, PLWHA networks, health care workers at both HIV/AIDS and TB clinics, people living with HIV/AIDS and/or TB)

1.3.4 TB/HIV communication: advocacy, program communication and social mobilization

Is the government providing information to the public about the elevated risk of TB among people living with HIV/AIDS (i.e. dangers of TB/HIV coinfection; prevention methods; symptoms; availability of services; treatment options)?

Yes ☐ No ☐

Does the government or JCB have a plan to make sure this information reaches affected communities? (i.e. leaflets, radio broadcasts, television ads, print ads)?

Yes ☐ No ☐

Please comment on the effectiveness of these materials and on their availability to affected communities and individuals.

Do community organizations and people at risk for TB or TB/HIV know about and have access to this information?

Yes ☐ No ☐

Are community organizations and people at risk for TB or TB/HIV involved in education plans or outreach activities to inform others in the community about TB/HIV?

Yes ☐ No ☐

If yes, how are they involved?

What other kinds of communication and information-sharing activities do you think are needed in your country/region/district/community? What are the gaps and what can be done to make a difference?

Are community groups carrying out advocacy activities with decision-makers to ask for improved TB/HIV services?

Yes ☐ No ☐

If yes, what kind of activities are they performing? How are they doing this? Have they been successful? If there is no community advocacy, please explain the reasons why.

What kind of training and support do you think community groups need to help them become more involved in TB/HIV social mobilization and advocacy activities?

(Sources: NACP, NTP, health care workers, PLWHA networks, community-based and non-governmental organizations)

1.3.5 Community involvement in collaborative TB/HIV activities

Do community-based or non-governmental organizations integrate TB prevention, diagnostic and care services into the HIV/AIDS prevention, care and support services?

Yes ☐ No ☐

If yes, how? If not, why not and are there plans to integrate these services in the future?

Are TB and HIV/AIDS patient support groups involved in planning, implementation and advocacy around collaborative TB/HIV activities?

Yes ☐ No ☐

If yes, how? Please provide specific examples.

If not, why not and are there plans to involve HIV/AIDS and/or TB patient support groups in TB/HIV collaborative activities in the future?

(Sources: NACP, NTP, health care workers, PLWHA networks, community-based and non-governmental organizations)

1.4 Conduct monitoring and evaluation

Are there any official efforts to monitor and evaluate TB/HIV collaborative activities?

Yes ☐ No ☐

If no, are there plans to monitor and evaluate TB/HIV activities in the future?

If yes, how is it being done? Are they monitored through the TB program, HIV program or both?

Is the monitoring data available to community organizations?

Yes ☐ No ☐

Are the people who use TB and HIV services consulted in evaluations activities?

Yes ☐ No ☐

Are these evaluations being used to improve the quality of TB and HIV services?

Yes ☐ No ☐

Is the government producing a report on the core TB/HIV indicators as recommended by WHO²?

Yes ☐ No ☐

Are community groups involved in monitoring and evaluating TB/HIV activities and services?

Yes ☐ No ☐

If yes, how are they involved? If not, why not?

² WHO. A guide to monitoring and evaluation for collaborative TB/HIV activities. Field test version. Geneva, 2004.
Public Health Watch

(Sources: NACP, NTP, Ministry of Health, health care workers, community-based and non-governmental organizations)

2. ACTIVITIES TO DECREASE THE BURDEN OF TB IN PLWHA

2.1 Establish intensified TB case-finding

Is TB testing offered or encouraged at HIV testing and counseling centers?

Yes ☐ No ☐

Please comment

(Sources: NACP, NTP, health care workers, people living with HIV/AIDS and/or TB)

2.2 Introduce isoniazid preventive therapy

Is isoniazid preventive therapy (IPT) offered to people living with HIV/AIDS?

Yes ☐ No ☐

Do people living with HIV/AIDS have access to information about IPT?

Yes ☐ No ☐

If yes, what kind of information is available and is it effective?

Do people living with HIV/AIDS who do not have active TB have access to IPT as part of their package of care?

Yes ☐ No ☐

If not, why not? Please comment on what the obstacles are for making IPT available and how you think these obstacles can be overcome?

Where is IPT available?

HIV clinic	<input type="checkbox"/>
TB clinic	<input type="checkbox"/>
Public Hospital	<input type="checkbox"/>
Other	<input type="checkbox"/> Please specify: _____

Please check all that apply.

(Sources: NACP, NTP, health care workers, donors, people living with HIV/AIDS and/or TB)

2.3 Ensure control of TB infection in health care and congregate settings

Are there any guidelines on how to separate people presenting TB symptoms from people living with HIV/AIDS and others at high risk of TB?

Yes ☐ No ☐

If yes, who developed these guidelines? Are these guidelines being followed in HIV testing, counseling and care centers?

Do the guidelines address issues of patient confidentiality? Please comment.

(Sources: NACP, NTP, and health care workers)

3. ACTIVITIES TO DECREASE THE BURDEN OF HIV IN TB PATIENTS

3.1 *Provide HIV testing and counseling*

Is HIV testing and counseling offered to all TB patients?

Yes ☐ No ☐

If HIV testing and counseling is available, is it available for free or is there a fee?

If HIV testing and counseling is not available to all TB patients, please specify when and where some TB patients do have access.

Does the TB control program provide HIV testing and counseling in TB centers?

Yes ☐ No ☐

If not, have they established a referral linkage with the HIV/AIDS program to do so?

(Sources: NACP, NTP, health care workers, people living with HIV/AIDS and/or TB)

3.2 *Introduce HIV prevention methods*

Does the TB control program have an HIV prevention strategy?

Yes ☐ No ☐

If yes, does the strategy target people most at risk of HIV infection? (Including transmission through sexual activity, mother-to-child, and injection drug use). If not, is there a referral linkage with the HIV/AIDS program to do so?

Are clients attending TB clinics screened for sexually transmitted infections?

Yes ☐ No ☐

If yes, are those patients with symptoms of sexually transmitted infections treated or referred to the relevant treatment providers? Is there any data on referrals?

Are HIV prevention services available through the TB control program?

Yes ☐ No ☐

Please comment on the extent to which TB centers offer HIV prevention services and information (on mother-to-child transmission; harm reduction; reduction of work place and hospital acquired exposure to HIV infection).

(Sources: NACP, NTP, health care workers, people living with HIV/AIDS and/or TB)

3.3 Introduce co-trimoxazole preventive therapy

Is co-trimoxazole preventive therapy available to eligible people living with HIV/AIDS who have active tuberculosis?

Yes ☐ No ☐

If not, why not. Please comment.

If yes, is there ongoing patient monitoring of drug side effects?

(Sources: NACP, NTP, health care workers, people living with HIV/AIDS and/or TB)

3.4 Ensure HIV/AIDS care and support

Are people living with HIV/AIDS who are diagnosed with TB provided with any of the following HIV/AIDS care and support services?

- | | |
|-----------------|--|
| Nutrition | <input type="checkbox"/> |
| Palliative Care | <input type="checkbox"/> |
| Home Based Care | <input type="checkbox"/> |
| Prevention | <input type="checkbox"/> |
| PMTCT | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Please specify: _____ |
| None | <input type="checkbox"/> |

Please check all that apply.

Has the TB program established a referral linkage with the HIV/AIDS program to provide the continuum of care and support for people living with HIV/AIDS who are receiving or have completed TB treatment?

Yes ☐ No ☐

Please comment.

(Sources: NACP, NTP, health care workers, people living with HIV/AIDS and/or TB)

3.5 Introduce antiretroviral therapy (ART)

Are all HIV positive TB patients assessed for eligibility of ART?

Yes ☐ No ☐

If no, what are the criteria for eligibility and who determines which patient receives ART?

What drugs are available for someone who is coinfectd with TB and HIV? Is proper care taken to monitor drug interactions? How is this issue addressed by the TB control program?

Is ART available for HIV-positive TB patients?

Yes ☐ No ☐

If no, has the HIV/AIDS program and TB program created a mechanism to provide ART to eligible HIV-positive tuberculosis patients?

Yes ☐ No ☐

Please comment.

(Sources: NACP, NTP, Ministry of Health, health care workers, people living with HIV/AIDS and/or TB)

Other comments or observations:

Appendix A: Key Terminology

Isoniazid preventative therapy (IPT):

Isoniazid preventative therapy can be given to individuals with latent or dormant TB infection in order to prevent progression to active TB disease. It is very important to make sure the person does not already have active TB before beginning IPT therapy. Isoniazid is given daily as self-administered therapy for six to nine months.

Since HIV-infected people could develop TB before antiretroviral therapy is prescribed, and since there is no evidence against combined use, use of antiretroviral drugs does not prohibit the use of isoniazid preventative therapy.

Cotrimoxazole preventive therapy (CPT): Cotrimoxazole preventative therapy is promoted by WHO and UNAIDS for the prevention of several secondary bacterial and parasitic infections in eligible adults and children living with HIV/AIDS in Africa. TB patients are eligible for this therapy.

Rifampicin: Rifampicin is a bacteriocidal antibiotic drug used to treat *Mycobacterium* infections, including tuberculosis and leprosy.

Drug Interactions: Rifampicin induces activity of a liver enzyme (CYP3A4) that lowers the levels of certain other HIV medications that are also processed by the same mechanism. This drug-to-drug interaction is problematic when Rifampicin is used with most NNRTI and Protease Inhibitor class of HIV medications. However, one NRTI (efavirenz/ Sustiva ®) is an exception; it is recommended that an efavirenz based regimen be used with Rifampicin as its levels in the body are less impacted by Rifampicin. The dose of efavirenz may need to be adjusted to counteract any Rifampicin interaction. The other alternate to Rifampicin is a more expensive Rifampicin derivative drug Rifabutin.

Antiretroviral therapy (ART): Standard antiretroviral therapy (ART) consists of the use of at least three antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease. When antiretroviral drugs are given in combination, HIV replication and immune deterioration can be delayed, and survival and quality of life improved.

Effective HIV/AIDS care requires ART as a treatment option. Without access to ART, people living with HIV/AIDS cannot attain the fullest possible physical and mental health and cannot play their fullest role as actors in the fight against the epidemic, because their life expectancy will be too short. The availability of ART can serve as an incentive for people to be tested for HIV. It also transforms HIV infection into a chronic condition through its positive effect on life expectancy. ART is a lifelong treatment requiring a high adherence rate to achieve long-term benefits and minimize the development of drug resistance.³

³ Key terminology Information collected from:

Interim Policy on Collaborative TB/HIV Activities. Geneva, World Health Organization, 2004 (<http://www.who.int/hiv/pub/tb/tbhiv/en/>).

World Health Organization. Antiretroviral Therapy (ART). Accessed September 18, 2006 from: <http://www.who.int/hiv/topics/arv/en/>