THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL POLICY GUIDELINES FOR COLLABORATIVE TB/HIV ACTIVITIES

TB:HIV

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ABBREVIATIONS

AIDS:	Acquired Immunodeficiency Syndrome
CBO:	Community Based Organisation
CCHP:	Council Comprehensive Health Plan
CDC:	Centre for Disease Control and Prevention(America)
CHAI:	Clinton HIV/AIDS Initiative
CHMT:	Council Health Management Team
CPT:	Cotrimoxazole Preventive Therapy
DACC:	District AIDS Control Coordinator
DMO:	District Medical Officer
DTLC:	District Tuberculosis and Leprosy Coordinator
GLRA:	German Leprosy and TB Relief Association
HBC:	Home Based Care
HIV:	Human Immunodeficiency Virus
IPT:	Isoniazid Preventive Therapy
I-TECH:	International Training and Education Centre on HIV
MOHSW:	Ministry of Health and Social Welfare
MNH:	Muhimbili National Hospital
NACP:	National AIDS Control Programme
NGO:	Non Governmental Organisation
NMSF:	National Multisectoral Framework on HIV/AIDS
NTLP:	National Tuberculosis and Leprosy Programme
PATH:	Programme for Appropriate Technology in Health
PEPFAR:	President's Emergency Plan for AIDS Relief (America)
PLHA:	People Living with HIV/AIDS
PMTCT:	Prevention of Mother-to-Child Transmission
RACC:	Regional AIDS Control Coordinator
RMO:	Regional Medical Officer
RTLC:	Regional Tuberculosis and Leprosy Coordinator
OPD:	Out-Patient Department
STI:	Sexual Transmitted Infection
TACAIDS:	Tanzania Commission for AIDS
TB/HIV:	Tuberculosis and Human Immunodeficiency Virus Co-infection
TB:	Tuberculosis
THIS:	Tanzania HIV/AIDS Indicator Survey
TWG:	Technical Working Group
WHO:	World Health Organisation

FOREWORD

There is increasing evidence demonstrating the close association between tuberculosis (TB) and the human immunodeficiency virus (HIV) infection. HIV fuels progression to active disease in people who are already infected with TB. Similarly, TB is the major cause of mortality among PHLA. The intertwined relationship between TB and HIV suggests that neither of the epidemics can be effectively controlled without regard to the other. They must be tackled simultaneously to decrease morbidity, mortality, and transmission of TB while avoiding the emergence of drug resistance.

The Ministry of Health and Social Welfare (MOHSW) has developed the National Policy Guidelines for colaborative TB/HIV activities representing its intention, on behalf of the Government of Tanzania, to address TB and HIV jointly. The guidelines demonstrate the commitment of the Ministry to fight the dual epidemics and provide the basis for action in collaborative TB/HIV activities by the National TB and Leprosy Programme (NTLP), the National AIDS Control Programme (NACP), and other stakeholders to work synergistically to reduce the burden of TB/HIV co-infection.

The Ministry engaged a wide range of stakeholders that participated in a lengthy process to effectively shape and finalise the policy document. The policies presented here reflect the substantial input, informed expert opinions, content, and quality of work that were contributed by all of the stakeholders throughout this process.

The Ministry is satisfied that this document reflects national and international standards for policy guidelines. Because of the extensive process to involve a wide range of stakeholders and various organizations, the Ministry is confident that the appropriate implementation of the policy guidelines will bring the anticipated positive impact for people affected by the TB and HIV epidemics.

It is important to note that this policy is just one dimension of the Government of Tanzania's efforts to combat the dual epidemics and should not be regarded as a panacea to the TB and HIV epidemics. Other dimensions that the Government of Tanzania is considering include increasing the availability of resources to implement the policy, supporting the organisational structure through which the policy guidelines will be practiced, developing the overall management system of collaborative TB/HIV activities, and supporting a system of policy implementation as well as actual service delivery.

The Ministry will update the national guidelines as new knowledge in the field of TB/HIV is generated Stakeholders are therefore requested to communicate important and relevant experience to the Ministry so as to facilitate future updating of the guidelines.

Finally, it is the hope of the MOHSW that every one of the stakeholders will effectively comply with the policy guidelines. Let everyone play their part and it will be accomplished.

Wilson C. Mukama
Permanent Secretary
Ministry of Health and Social Welfare
Tanzania
8 January, 2008

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Dr. Donan W. Mmbando
Director for Preventive Services
Ministry of Health and Social Welfare
8 January, 2008

SECTION ONE

1.0. Introduction

1.1 Background to the policy guidelines

TB and HIV/AIDS pose significant global public health problems. TB and HIV are overlapping epidemics. Both have been declared global emergencies demanding global attention. The World Health Organisation (WHO) declared TB to be a global emergency in 1993, and the United Nations (UN) declared HIV/AIDS to be a global emergency in 2001. UN member countries and other international organisations have committed themselves to address the TB and HIV/AIDS crises with urgency. But efforts to address the two problems have been carried out separately, resulting in an inadequate global impact on the dual epidemics.

There is an increasing recognition of the need to strengthen collaboration between national TB and HIV/AIDS programmes and other stakeholders in countries around the world because of the overlapping nature of TB and HIV infection. In particular, there is evidence that HIV infection weakens the immune system, thereby fuelling the TB epidemic among people living with HIV/AIDS (PLHA). On the other hand, TB is the main opportunistic infection and leading cause of deaths among PLHA. In many countries, TB cases have been increasing in tandem with rising HIV prevalence. In sub-Saharan Africa, for instance, a fourfold rise in TB cases related to the HIV epidemic has been reported. The situation in Tanzania is not different from that in many sub-Saharan countries.

A review of the implementation of collaborative TB/HIV activities that took place in 2005 showed that TB/HIV activities had been established, but there was no national policy framework to guide the implementation process. Thus, a policy framework is needed to guide stakeholders in scaling up collaborative TB/HIV activities to address the dual epidemics.

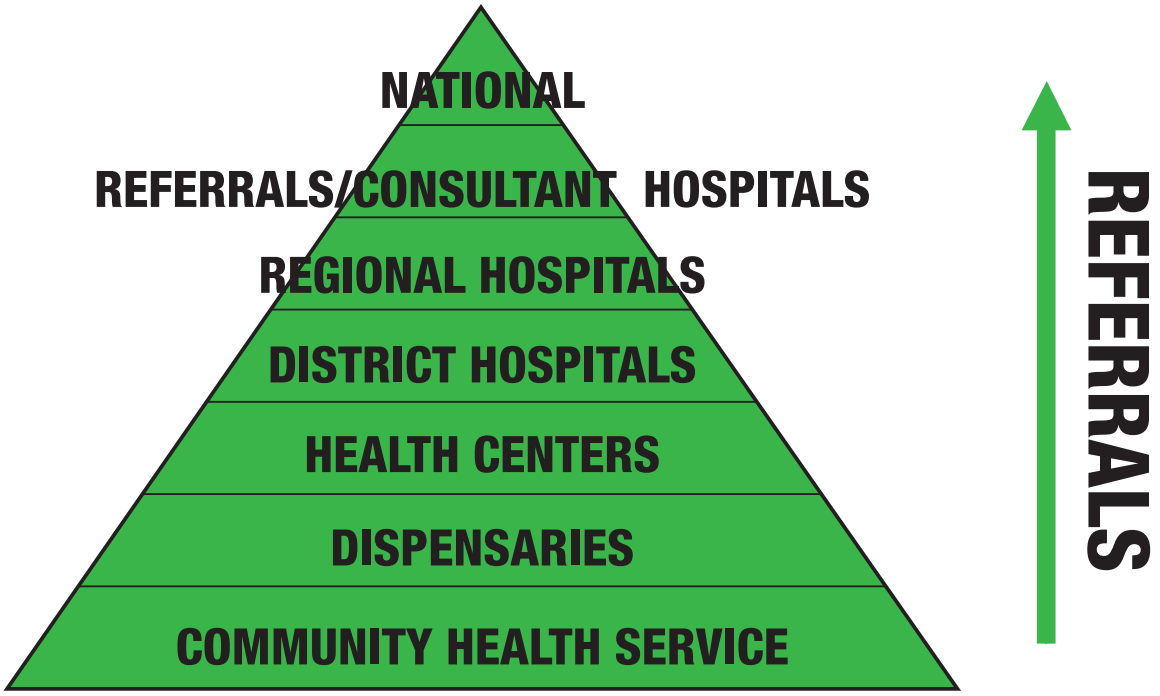
At the global level, the World Health Organisation (WHO) formulated an interim policy in 2004 to guide member states in implementing collaborative TB/HIV activities. The policy stated the objectives of collaborative TB/HIV activities as follows:

1) To establish the mechanisms for collaboration between TB and HIV/AIDS programmes.
2) To reduce the burden of TB in people living with HIV/AIDS.
3) To reduce the burden of HIV in TB-infected patients.

These objectives laid the basis for development of policy guidelines on collaborative TB/HIV activities in Tanzania.

1.2. Framework for implementation of collaborative TB/HIV activities

The national health system in Tanzania is very well structured, cascading through seven referral levels, namely: national, referral/consultant, regional, district, health centre, dispensary, and community. The structure is characterised by an increasing degree of specialisation in staff (clinical and administrative), medications, and equipment.



The villages are the grassroots level of the health care system. They provide preventive services as well as home-based care and support in the communities. The dispensaries, health centres, and district hospitals are the entry points into the formal health care system, offering primary health services and care. Regions offer secondary hospital-based health care to support services offered at the lower-level facilities, and the referral/consultant facilities offer the highest level of hospital services. The national level provides services for treatment of diseases and special cases requiring facilities and equipment that are not available in the country by offering referrals outside the country.

The national level is responsible for policy formulation, strategic planning, resource mobilisation, standards formulation, and coordination of national health services. The regional level is accountable for translation of policies and strategies, quality control monitoring, and evaluation, including supportive supervision of the district level. The lower level (districts and communities) is responsible for provision of primary health care services. Collaborative prevention and control activities for the two epidemics of TB and HIV/AIDS will take place within this framework.

The private sector, particularly not-for-profit enterprises and nongovernmental organisations (NGOs), provides a substantial amount of health services, especially to the rural population in Tanzania, whereas private-sector for-profit enterprises contribute substantially in providing health services to the urban population. This situation, coupled with the recent emphasis on public/private partnership in health, presents an opportunity for the private sector to participate in the collaborative TB/HIV activities.

SECTION TWO

2.0. Rationale for the policy guidelines

2.1. TB/HIV situation in Tanzania

The number of TB cases in Tanzania is rising primarily as a result of the increase in the prevalence of HIV. About 50% of TB patients in Tanzania are co-infected with HIV, accounting for 60-70% of the increase in the number of TB patients in the country. The first Tanzania HIV/AIDS Indicator Survey, (THIS) conducted in 2003-2004, indicated that 7% of the adult population in Tanzania is infected with HIV.

TB is one of the most common opportunistic infections among PLHA. Reports from the National Tuberculosis and Leprosy Programme (NTLP) indicate that reported TB cases of all forms increased six-fold from 11,843 in 1983 to 65,465 in 2004.

The situation with the HIV pandemic is equally serious. The number of AIDS cases increased from 3 in 1983 to an estimated 1840,000 in 2004. It is not known exactly how many people are living with HIV/AIDS in Tanzania. However, the number of PLHA in 2005 was estimated to be almost 1.9 million. The pandemic shows strong regional, age, sex, socioeconomic, and rural/urban setting variations.

2.2. The Importance of policy guidelines

TB and HIV prevention and control in Tanzania is organised under two separate programmes using different control strategies. While TB prevention and control is the responsibility of the NTLP, HIV prevention and control is the responsibility of NACP.

The NTLP is well organised at the central, regional, and district levels with 100% DOTS coverage throughout the country. Treatment success rate among TB patients is over 80%. Case finding of TB patients is passive and integrated into the primary health care system.

The organisation of the NACP is similarly decentralised at regional and district levels. The HIV prevention and control programme receives a high degree of pragmatic political commitment and extensive involvement of partners in the private sector (both for-profit and not-for-profit enterprises) throughout the country. Whereas the NACP is responsible for coordination of HIV/AIDS response in the health sector, the broad multisectoral response is coordinated by the Tanzania Commission for AIDS (TACAIDS). TACAIDS was established by an Act of Parliament in 2001 and placed under the direction of the Prime Minister's Office. TACAIDS formulated a national policy on HIV/AIDS, which was published in 2001, and a National Multisectoral Strategic Framework (NMSF) on HIV/AIDS, which was articulated in 2003.

The linkage and close interaction between the two epidemics create a greater need for the NTLP, NACP, and other stakeholders to closely work together at the national, regional, district, and community levels in the health system. However, the absence of policy guidelines on TB/HIV constituted a bottleneck affecting harmonious and seamless implementation of these activities. These policy guidelines are intended to provide guidance for the implementation of the collaborative TB/HIV activities. Instead of the previous separate strategies for addressing a dual health problem, it is necessary to have a joint strategy for combating the epidemics. The guidelines will be reviewed and updated periodically as new information emerges globally and locally.

SECTION THREE

3.0 Goal and objectives of collaborative TB/HIV policy guidelines

3.1 Goal of the policy guidelines

The goal of policy guidelines is to facilitate the NTLP, NACP, and other stakeholders in synergising their endeavours towards decreasing the burden of TB and HIV in populations affected by both infections. Collaborative TB/HIV activities will accelerate an effective response to the epidemic of HIV-associated TB in the affected population by bridging the implementation gap between isolated and separate TB and HIV programmes.

The principal purpose of these policy guidelines is to develop, establish, and articulate some basic concepts that will govern the implementation of collaborative TB/HIV activities among the NTLP, NACP, and other stakeholders in the country. The vision of these policy guidelines is to create a sound framework and guiding principles for best practices of rationality, effectiveness, efficiency, and consistency in developing and implementing strategies for collaborative TB/HIV/activities

It is the mission of these policy guidelines to support the NTLP, NACP, and other stakeholders, by providing the best practical normative principles to be observed in the process of decision-making for collaborative TB/HIV activities. This mission is to enhance the efforts of the MOHSW in accelerating the response to the dual epidemics of TB and HIV/AIDS.

3.2 Objectives of the policy guidelines

3.2.1 Overall objective of the policy guidelines

The overall objective of these policy guidelines is to provide a framework for ensuring transparent and consistent processes in developing comprehensive collaborative TB/HIV activities. This objective emphasises the need for joint decision-making processes that take into account the comparative advantages of the NTLP, NACP, and other stakeholders.

The guidelines focus on collaborative activities addressing the close association between the TB and HIV/AIDS epidemics that are carried out as part of the national response.

3.2.2 Specific objectives of the policy guidelines

1. To provide a framework for all stakeholders in implementing collaborative TB/HIV activities in Tanzania.

2. To identify various areas, possibilities, and opportunities for collaboration among the NACP, NTLP, and other stakeholders in providing comprehensive care and support for people living with TB/HIV co-infection.

3. To provide guidance in establishing mechanisms for collaboration among the national TB and HIV programmes and other stakeholders.

4. To ensure that there are regular joint working sessions to inform implementing partners and stakeholders about collaborative TB/HIV activities.

5. To provide a framework that will facilitate integrated capacity building in care provision, prevention, research, monitoring, and evaluation of collaborative TB/HIV activities.

6. To guide and support the design and implementation of effective collaborative TB/HIV activities in the country.

7. Seek political commitment of the government to support mobilisation of resources for collaborative TB/HIV activities.

8. To coordinate and harmonise collaborative TB/HIV activities implemented in the country by various stakeholders.

3.2.3 Guiding principles of the policy guidelines

These policy guidelines are based on the following principles:

1. Strong political commitment of the government through the MOHSW to support the collaborative TB/HIV policy.

2. Wide dissemination, lobbying, and advocacy for the policy to be accepted by all stakeholders at all implementation levels.

3. Willingness of all stakeholders within the entire health care delivery system to implement the collaborative TB/HIV activities policy.

4. Consideration of the strengths and weaknesses of the NTLP, NACP, and other stakeholders in implementing collaborative TB/HIV activities.

5. Resource sharing in implementing collaborative TB/HIV activities at all levels.

6. Availability and sharing of accurate, up-to-date, and comprehensive information on TB/HIV co-infection and collaborative TB/HIV activities.

7. Well-defined and accessible package of essential TB and HIV/AIDS interventions at all levels of healt care delivery.

8. Availability of a well-defined and comprehensive strategic plan for collaborative TB/HIV activities.

SECTION FOUR

4.0 Collaborative TB/HIV activities

The MOHSW commits itself to the endeavour of dramatically reducing TB and HIV morbidity and mortality through comprehensive collaborative TB/HIV activities. The strategies adopted in these guidelines are in line with global efforts to combat dual TB/HIV epidemics recommended by the WHO. The strategies take into account the key values of effectiveness, efficiency, equity, equality, and timeliness of delivery.

The following collaborative TB/HIV activities are recommended to be implemented in the country.

4.1 Establish mechanisms for collaboration between TB and HIV/AIDS programmes

4.1.1. Set up effective coordinating bodies for TB/HIV activities at all levels.

TB/HIV coordinating bodies are needed to ensure more effective collaboration between existing TB and HIV/AIDS programmes at all levels.

Policy Statements

The MOHSW will establish coordinating committees and mechanisms for collaboration among the NTLP, NACP, and other stakeholders at the national, regional, and district levels. Below the district level, the TB/HIV coordinating committees will be composed of members of the existing Health Facility Boards. These boards will include TB/HIV activities as a permanent agenda item at their regular meetings.

The following coordinating committees will be formed:

A. National TB/HIV Coordinating Committee
B. Regional TB/HIV Coordinating Committees
C. District TB/HIV Coordinating Committees

The proposed membership and functions of the committees are described below.

A. National TB/HIV Coordinating Committee

A.1. Members

The National TB/HIV Coordinating Committee will include the following members:

• Chief Medical Officer	Chairperson
• Director for Preventive Services (MOHSW)	Secretary
• National Collaborative TB/HIV Coordinator	Secretariat
• Programme Manager (NTLP)	Secretariat
• Programme Manager (NACP)	Secretariat
• Director for Hospital Services (MOHSW)	Member
• Director for Human Resource Development	Member

• Representatives of key partners who provide substantial support for TB/HIV activities in the country as appointed by MOHSW	Members
• Programme Officer responsible for TB/HIV activities in NACP	Member
• Programme Officer responsible for TB/HIV activities in NTLP	Member
• Representative of TB/HIV patient support groups	Member
• Representative from the community	Member

A.2 Functions

The functions of the National TB/HIV Coordinating Committee will include but not be limited to the following:

- Endorse strategic and annual plans for collaborative TB/HIV activities. Endorse guidelines, rules and regulations for collaborative TB/HIV activities at all levels.
- Receive and appraise periodic technical and financial progress reports, including audited financial statements.
- Mobilise necessary human, financial, and material resources required to implement TB/HIV plan of operations, including capacity building.
- Coordinate partners and other stakeholders supporting implementation of collaborative TB/HIV activities.
- The National TB/HIV Coordinating committee will meet twice a year and whenever a need arises

A.3 National TB/HIV Technical Working Group

A.3.1 Members

• Programme Manager (NTLP)	Co-Chairperson
• Programme Manager (NACP)	Co- Chairperson
• National Collaborative TB/HIV Coordinator	Secretary
• Technical Officers of key partners supporting MOHSW in TB/HIV (4)	Members
• Programme Officer WHO	Member
• TB/HIV programme officer in NACP	Member
• TB/HIV programme officer in NTLP	Member
• Representative from institutions of higher learning	Member
• Representative from research institutions	Member
• Representative from private health sector	Member
• Representative from faith based organizations	Member
• Selected individual(s) in their capacity	Member
• Representative from National hospitals	Member
• Representative from Pharmaceutical Supplies Unit	Member

A.3.2 Functions

The functions of the National TB/HIV Technical Working Group will include but not be limited to the following:

- Develop guidelines for collaborative TB/HIV activities.
- Review and appraise implementation of strategic and annual plans for collaborative TB/HIV activities at all levels.
- Receive and appraise periodic technical and financial progress reports.
- Appraise and approve terms of references for backstopping consultants for collaborative TB/HIV activities.
- Oversee implementation of operational research, monitoring, and evaluation in order to develop sound, evidence-based best practices in collaborative TB/HIV activities.
- Advise on adoption of new national/international/global initiatives on collaborative TB/HIV activities
- Participate in national/international/global initiatives on collaborative TB/HIV activities
- Report to the national TB/HIV coordinating committee on the progress of implementing collaborative TB/HIV activities in the country
- The TWG will meet on quarterly basis and whenever a need arises

B. Regional TB/HIV Coordinating Committees

B.1. Members

The Regional TB/HIV Coordination Committees will be composed of the following members:

• Regional Medical Officer	Chairperson
• TB/HIV officer	Secretary
• TB and Leprosy Coordinator	Secretariat
• AIDS Control Coordinator	Secretariat
• Health Secretary	Member
• Planning Officer	Member
• Multisectoral AIDS Coordinator	Secretariat
• Nursing Officer	Member
• Health Officer	Member
• Pharmacist	Member
• Laboratory Technologist	Member
• District Medical Officers	Member
• Representatives of partners supporting TB/HIV activities	Member
• Representative of faith-based organizations supporting TB/HIV activities	Member
• Representative of NGOs supporting TB/HIV activities	Member
• Representative of TB/HIV patient support groups	Member
• Representative from the community	Member

B.2. Functions

The functions of the Regional TB/HIV Coordination Committees will include but not be limited to the following:

- Receive and translate policies and directives from the national level for implementation at district level.
- Identify and allocate human and financial resources to support the districts.
- Support districts in developing credible plans of operations for collaborative TB/HIV activities.
- Provide oversight through regular monitoring and supervision of district–level operations.
- Receive and appraise periodic technical and financial progress reports from the districts.
- Coordinate and harmonise different TB/HIV implementing partners in the region.
- The Regional TB/HIV Coordinating Committees will meet quarterly and whenever a need arises

C. District TB/HIV Coordinating Committees

C.1 Members

The District TB/HIV Coordinating Committees will be composed of the following members:

• District Medical Officer	Chairperson
• TB/HIV officer	Secretary
• AIDS Control Coordinator	Secretariat
• TB and Leprosy Coordinator	Secretariat
• Health Secretary	Member
• Planning Officer	Member
• Council Multisectoral AIDS Coordinator	Secretariat
• Nursing Officer	Member
• Health Officer	Member
• Pharmacist	Member
• Laboratory Technologist	Member
• Representative of partners supporting TB/HIV activities	Member
• Representativeoffaith-basedorganisationssupporting TB/HIV activities	Member
• Representative of NGO supporting TB/HIV activities	Member
• Representative of TB/HIV patient support groups	Member
• Representative of the community	Member
• Representative of the health centre	Member
• Medical officer incharge of the district hospital/DDH	Member

C.2 Functions

The functions of the District TB/HIV Coordination Committees will include but not be limited to the following:

- Translate policies and directives for implementation at the district and community levels.

- Facilitate joint planning and integration of TB/HIV activities into CCHP.
- Mobilise and allocate adequate human, financial, and material resources needed for TB/HIV activities.
- Ensure that the community is fully involved in joint planning and implementation of collaborative TB/HIV activities.
- Oversee implementation of joint TB/HIV activities in the district.
- Review progress of implementation of TB/HIV activities in the district.
- Provide support for regular monitoring and supervision of collaborative TB/HIV activities in the district.
- Coordinate and harmonise different TB/HIV implementing partners in the region.
- The District TB/HIV Coordinating Committees will meet quarterly and whenever a need arises

C.3 Health Facility Information exchange meetings

C.3.1 Members

- Health workers from TB clinic
- Health workers from CTC
- Health workers from PMTCT
- Health workers from VCT
- Health workers from STI clinic
- Health workers from HBC
- Health facility in-charges
- Representative from NGOs/CBOs
- Selected individual(s) in their capacity

C.3.2 Functions

Health facility Information exchange meetings will perform but not be limited to the following functions

- Review and appraise implementation of collaborative TB/HIV activities at the health facility.
  - To update, review and exchange records of individual TB/HIV patients in the health facility
  - To ensure that all HIV/AIDS and TB patients are screened for TB and HIV respectively
  - To ensure that all HIV/AIDS and TB patients who were referred have been registered and receive appropriate services
  - Receive and appraise periodic technical progress reports.
  - To ensure that all there is adequate supplies for HIV/AIDS and TB services in the health facility
  - Report to the district coordinating committee on the progress of implementing collaborative TB/HIV activities
  - The meetings will be held at least once per month

4.1.2 Establishment of position of National TB/HIV Coordinator and officers

Although the MOHSW will establish collaborative TB/HIV committees, the committees will not be involved in day-to-day operations of the collaborations. The ministry will establish a position to oversee the daily execution and implementation of the collaborative TB/HIV activities at the national, regional, and district levels.

Policy Statements

1 The MOHSW will establish the position of a National TB/HIV Coordinator and technical officers at the national level and TB/HIV officers at regional and district levels.
2 The coordinator and officer positions will be sustained until their functions are mainstreamed in the health system
3 The coordinator and officers will serve as secretaries of the collaborative TB/HIV coordinating committees at the respective levels of function.
4 The coordinator and officers will be responsible for implementation of day-to-day collaborative TB/HIV activities at the respective levels of function.
5 The coordinator and officers will report to the head of health care services at the respective levels of function.

4.1.3 Conduct Surveillance of HIV Prevalence among TB Patients

Surveillance is essential for informing programme planning and implementation. Unfortunately, in many countries, including Tanzania, there is a lack of reliable data on the prevalence and incidence of TB/HIV cases. It is imperative to continuously gather, record, and disseminate up-to-date data on TB/HIV co-infection so that informed planning can be established and maintained in the country.

Policy Statements

1 The NTLP and NACP will modify and continuously update recording and reporting forms and registers to capture information on TB/HIV in accordance with efforts to control the epidemics.
2 Service providers will receive training in the use of modified and updated data collection tools in order to gather information on collaborative TB/HIV activities.
3 Data from the routine HIV testing and counselling of TB patients will be used for surveillance of HIV prevalence among TB patients.
4 Data from the routine TB screening among PLHA will be used for surveillance of TB prevalence among PLHA.
5 Sentinel surveys will be conducted at various time intervals to complement the information garnered from routine data collection.
6 The MOHSW will strengthen the quality of routine data collection at care and treatment clinics for monitoring TB/HIV co-infection among people living with TB and HIV, which will be complemented by sentinel surveys.

4.1.4 Carry out joint TB/HIV planning

The extensive interaction between TB and HIV infection necessitates that the NTLP and NACP work together at all levels of the health care delivery system in strategic planning for the provision of comprehensive, high-quality, and effective health service packages to individuals affected by TB and HIV.

Policy Statements

1 The MOHSW will identify and document existing and emerging opportunities for collaboration at the national, regional, district, and community levels and widely disseminate such information to relevant programmes on a regular basis.
2 The NTLP and NACP will carry out joint TB/HIV strategic planning in collaboration with other stakeholders. The planning will clearly stipulate the roles and responsibilities of each programme and stakeholder at every level.
3 The NTLP and NACP will widely disseminate and advocate the TB/HIV strategic plan so that it may be espoused by all partners and stakeholders and incorporated into their annual action plans.
4 The national TB/HIV strategic plan will form the basis for formulating collaborative TB/HIV activities by the regions, districts, communities, and other stakeholders.
5 The NTLP and NACP will conduct strategic planning meetings, workshops, and seminars with various stakeholders, NGOs, private-sector entities, the media, religious leaders, and traditional healers in order to organise and participate in collaborative TB/HIV activities.

4.1.4.1 Resource mobilisation for TB/HIV

It is indisputable that countries cannot succeed in the fight against TB/HIV co-infection without adequate human and financial resources. Indeed, the lack of adequate resources has been a major problem in implementing plans for collaborative TB/HIV activities.

Policy Statements

1 Based on the TB/HIV strategic plan, the NTLP and NACP will develop a joint mobilisation strategy for human, financial, material, and infrastructure resources.
2 Proposals to solicit resources for implementing planned collaborative TB/HIV activities will be prepared within the framework of coordinating bodies at all levels.
3 The MOHSW will make available adequate resources for implementing collaborative TB/HIV activities that will be incorporated into the joint TB/HIV strategic plan at all levels including Council Comprehensive Health Plans (CCHP)

4.1.4.2 TB/HIV capacity building

The quantity and quality of staff in terms of knowledge, skills, and attitude is critical for successfully implementing and managing collaborative TB/HIV activities. Likewise, the supply management function is essential for ensuring uninterrupted availability, high quality, and sufficient quantity of equipment and appliances, anti-TB/HIV drugs, and working environments.

Policy Statements

1 The NTLP and NACP will draw up a joint training plan to provide pre-service and in-service training along with continuing medical education on collaborative TB/HIV activities for all categories of health care workers.
2 The MOHSW will ensure that there is sufficient capacity in the health care delivery system (e.g., supervision, logistic management, laboratory services, medication supply, and referral

mechanisms) for effective implementation of collaborative TB/HIV activities.

3 All existing curricula for medical and allied health schools will be reviewed for the purpose of mainstreaming collaborative TB/HIV activities.
4 All TB/HIV curricula will be accredited within the existing system of accreditation for pre-service and in-service curricula.
5 TB and HIV training will be harmonized and integrated throughout pre-service and in-service curricula.

4.1.4.3 TB/HIV Advocacy, Communication, and Social Mobilisation

A well-designed TB/HIV advocacy, communication, and social mobilisation strategy that aims at influencing policy decisions, programme implementation, and resource mobilisation is needed for collaborative TB/HIV activities. Social mobilisation is important for ensuring public awareness and securing broad consensus and social commitment among all stakeholders. This is critical for stigma mitigation and TB/HIV prevention efforts, as well as for encouraging participation in collaborative TB/HIV activities.

Policy Statements

1 The NTLP and NACP, in collaboration with other stakeholders, will develop and implement joint TB/HIV advocacy, communication, and social mobilisation strategies at all levels.
2 The joint strategy will ensure the mainstreaming of HIV components into TB programmes and TB components into HIV programmes.

4.1.4.4 Patient Empowerment and Community Involvement

Central to efforts to combat TB/HIV co-infection are the patients themselves and the communities in which they live. In order to succeed, it is imperative that the patients and their communities are involved in the design, implementation, and evaluation of the collaborative TB/HIV activities. This is important for continuum of care and linkage to other supportive services.

Policy Statements

1 The NTLP and NACP, with other stakeholders, will ensure that patients and their communities are involved in collaborative TB and HIV activities.
2 Community TB prevention and care programmes will include HIV/AIDS prevention, care, and support activities in their services.
3 TB patient and PLHA support groups, community-based organisations, and communities will participate in the advocacy, planning, implementation, and evaluation of collaborative TB/HIV activities.
4 Interventions at the community level will be comprehensive, and will be conducted in accordance with the TB/HIV strategic plan.

4.1.5 Monitoring and Evaluation of Collaborative TB/HIV Activities

Monitoring and evaluation provide the framework for checking progress on a continuous basis and assessing the quality, effectiveness, coverage, delivery, and impact of collaborative TB/HIV activities. This framework is critical in making strategic decisions to plan performance improvements of the collaborative TB/HIV activities.

Policy Statements

1 The NACP and NTLP will develop and implement a plan that clearly stipulates indicators for monitoring and evaluation of collaborative TB/HIV activities at all levels.
2 The Monitoring and Evaluation plan will be based on existing national and international guidelines.
3 Service providers, supervisors, stakeholders, and implementing partners in the collaborative TB/HIV activities will receive orientation and appropriate training in the use of the plan.
4 Data collected in the process of monitoring and evaluation will be shared with relevant stakeholders at all levels so that appropriate responses may be taken.

4.1.5.1 Operational Research to Enhance Collaborative TB/HIV Activities

Operational research is needed for the advancement of pragmatic knowledge. It is important in informing policy decisions, improving performance, and documenting best practices in the implementation of collaborative TB/HIV activities at various levels of the health care delivery system. A balanced operational research agenda is needed to provide guidance for the NTLP, NACP, and other stakeholders as they engage in this important endeavour.

Policy Statements

1 The NTLP and the NACP, in collaboration with other stakeholders and partners, will develop a joint TB/HIV operational research strategy. The operational research strategy will identify priority research areas.
2 The priority research areas will be reviewed from time to time in order to address strategic shifts that might become desirable as conditions warrant.
3 Programmes at all levels of collaborative TB/HIV activities are encouraged to design and carry out operational research for generating science-based information to improve performance in their collaborations.
4 The NTLP and NACP will collaborate with researchers in the design implementation, dissemination, and utilisation of operational research findings.

4.1.6 Partnership Development and Collaboration

The issue of TB/HIV co-infection extends beyond the public health sector. Accordingly, success in combating the problem is impossible if prevention and control is seen as the sole responsibility of the MOHSW. There is a need, therefore, to create, nurture, and sustain an effective working partnership among relevant elements of the public and private sectors at all levels including other stakeholders. To achieve improved outcomes, partnerships among the various stakeholders must be supported by clear governance structures for managing implementation of collaborative TB/HIV activities at all levels.

Policy Statements

1 The NACP and NTLP will work with partners from all relevant sectors in planning, implementing, monitoring, and evaluating collaborative TB/HIV activities to ensure the most effective response to the intertwined TB and HIV/AIDS epidemics.
2 The MOHSW will work with the collaborative TB/HIV committees to facilitate partnerships at all levels in implementing joint TB/HIV activities.
3 The NACP and NTLP will organise and guide utilisation of multisectoral and multidisciplinary expertise to structure, finance, deliver, and manage TB/HIV co-infection prevention and control activities.
4 The NACP and NTLP will work through the MOHSW to cultivate a conducive partnership environment by soliciting supportive political leadership and advocating the creation of political and legal frameworks to support the partnership.
5 The National Policy Guidelines for Collaborative TB/HIV Activities set forth the guiding principles for all implementing partners.

4.2 Decrease the Burden of TB in PLHA

4.2.1 Establish Intensified TB case finding

Intensified TB case finding involves screening for symptoms and signs of TB in settings where HIV-infected people are concentrated. Early identification of signs and symptoms of TB, followed by diagnosis and prompt treatment in people living with HIV/AIDS, their household contacts, groups at high risk for HIV, and those in congregate settings (e.g., prisons, police quarters, military barracks, refugee camps, mining camps, schools, and living quarters for workers, especially labour-intensive agricultural areas), increases the chances of survival, improves quality of life, and reduces transmission of TB in the community.

Policy Statements

1 The MOHSW will work to ensure efficient and effective management of TB/HIV co-infected patients in care and treatment centres, counselling and testing sites, PMTCT sites, and sexually transmitted infection clinics.
2 The MOHSW will implement and oversee a two-way mechanism for TB/HIV referral cases among various levels in the health care system. This mechanism will ensure that referring service providers receive useful feedback about their patients.
3 All PLHA and persons newly diagnosed with HIV infection will receive screening for TB symptoms and signs at all sites providing HIV/AIDS services and will receive information about available TB services.
4 Council Health Management Teams (CHMT) will ensure that health care workers and the populations they serve are made aware of and receive knowledge about interactions between TB and HIV, with the aim of better identifying patients who may be TB infected and referring them for diagnosis on a regular basis.

4.2.2 Isoniazid Preventive Therapy (IPT)

Isoniazid is given to individuals who have latent infection with Mycobacterium tuberculosis in order to prevent progression to active disease. Exclusion of active TB is critically important before this therapy is started. Isoniazid is given daily for six to nine months. This therapy requires several steps to be taken, including identification of HIV-positive patients, screening to exclude active TB, and monitoring of patients' adherence to treatment.

In Tanzania, the introduction of IPT as a routine programme intervention will be based upon national and international guidelines. All accredited health facilities will be required to offer IPT and establish mechanisms to monitor patient adherence.

Policy Statements

1 Health facilities with sufficient capacity will be accredited to offer IPT in strict compliance with the national guidelines.
2 Isoniazid will be provided to all eligible patients free of charge in accredited health facilities.
3 Information on the criteria and the process of accreditation to offer IPT will be available to all health facilities and HIV/AIDS care and treatment centres.
4 The MOHSW will develop a procurement and logistics management strategy for sustainable provision and supply of isoniazid at service delivery points.
5 The MOHSW will be the accrediting body and will regularly monitor and evaluate the use of IPT in the country.

4.2.3 Ensuring TB Infection Control in Health Care and Congregate Settings

TB infection control will be concentrated in health care and congregate settings where people with TB and HIV are frequently confined in crowded conditions. Measures to reduce TB transmission include administrative, environmental, and personal protection measures, which generally are aimed at reducing exposure to M tuberculosis among health care workers, prison staff, police and their clients, and other persons in the congregate settings.

Administrative measures should include early recognition, diagnosis, and treatment of TB patients, particularly those with pulmonary TB, and quarantine of suspected pulmonary TB patients until a diagnosis is confirmed or excluded. Environmental protection should include maximising natural ventilation and direct sunlight. Personal protection should include shielding of HIV-positive persons from possible exposure to TB infection.

Policy Statements

1 Health care settings will develop TB infection control plans that include administrative, environmental, engineering and personal protection measures to reduce transmission of TB.
2 Infection prevention and standard precautions will be operational in all health care settings.
3 All HIV-positive health care workers with disclosed serostatus will be advised not to work in TB clinics and will receive protection from TB infection.

4 All health care workers will receive information about the increased risk of acquiring TB among HIV infected persons.
5 At all health care settings, PLHA will be counselled and screened for early detection of TB infection and offered education on prevention and control of TB infection.
6 All health care facilities will be encouraged to set-up special isolation ward for infectious TB patients who meet the criteria for admission.
7 The MOHSW and its partners will develop strategies to address TB/HIV co-infection in all congregate settings.

4.3 Decrease the Burden of HIV in TB Patients

4.3.1 HIV Counselling and Testing

HIV counselling and testing for TB patients offers an entry point for a continuum of prevention, care, support, and treatment for HIV/AIDS patients as well. Diagnostic HIV counselling and testing should be provided in all TB clinics as part of provider-initiated services.

Policy Statements

1 All TB patients will be offered HIV counselling and testing services. In all cases, informed consent will be obtained and confidentiality will be maintained.
2 The national policy on provider-initiated counselling and testing will be the guideline for all providers of counselling and testing services.

4.3.2 HIV Prevention Methods

The close association between TB and HIV infection necessitates that specific policies will be needed to guide the nation in introducing and implementing HIV preventive services for all TB patients.
Policy Statements

1 All TB patients will be offered HIV/AIDS prevention services using appropriate methods of prevention and control targeting sexual, parenteral, or vertical transmission according to the national guidelines.

4.3.3 Provision of Cotrimoxazole Preventive Therapy

TB patients who are co-infected with HIV are eligible to receive cotrimoxazole prevention therapy. Cotrimoxazole therapy is effective in preventing secondary bacterial and parasitic infections.

Policy Statements

1 The MOHSW will develop a procurement and logistics management strategy for sustainable provision and supply of cotrimoxazole at service delivery points.
2 All TB patients with HIV co-infection will receive cotrimoxazole free of charge as preventive therapy against several secondary bacterial and parasitic infections.
3 Cotrimoxazole preventive therapy will be available to patients in accordance with the national guidelines of the MOHSW.

4.3.4 HIV/AIDS Care and Support

Access to health care for PLHA is a basic human right that includes the provision of clinical treatment and supportive services as part of a continuum of comprehensive HIV/AIDS care strategy.

Home-based care is an integral approach to involving the community in the prevention, care, and support of TB/HIV co-infected patients. It is necessary, therefore, to create a comfortable environment in which communities will be fully involved in the care and support of TB/HIV patients.

Policy Statements

1. PLHA who are receiving or have completed TB treatment will be provided with a continuum of HIV/AIDS care and support services.
2. PLHA who are co-infected with TB will receive home-based care as part of continuum of care and support services.
3. HIV/AIDS care and support will be provided in accordance with national guidelines.

4.3.5 Provision of Antiretroviral Therapy

Tanzania began providing antiretroviral drugs to HIV-infected persons in 2004 through a national care and treatment programme under the MOHSW. Antiretroviral therapy improves the quality of life and greatly improves survival rates for PLHA. Treatment is life long, requiring high levels of adherence in order to achieve long-term benefits and minimise the risk of developing drug resistance. Antiretroviral drugs are provided free of charge to eligible patients.

Policy Statements

1 Eligible TB/HIV patients will receive antiretroviral treatment in accordance with national care and treatment guidelines.

2 Patients with TB/HIV co-infection who complete their TB treatment will be referred to the nearest care and treatment clinic for continuation of antiretroviral treatment.

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Ministry of Health and Social Welfare
P.O. Box 9083
Dar es salaam
Tel: +255 22 2124500
Fax: +255 22 2124500
Email: tantci@intafrica.com