

COLLABORATIVE TB/HIV ACTIVITIES

COUNTRYWIDE IMPLEMENTATION OF THE „3I’s” STRATEGY

Introduction

HIV is the strongest risk factor for developing tuberculosis (TB) disease in those with latent or new *Mycobacterium tuberculosis* infection. The risk of developing TB is between 20 and 37 times greater in people living with HIV than among those who do not have HIV infection. TB is responsible for more than a quarter of deaths in people living with HIV. In response to the dual epidemics of HIV and TB, the World Health Organization (WHO) has recommended collaborative TB/HIV activities as part of core HIV and TB prevention, care and treatment services.¹ They include interventions that reduce the morbidity and mortality from TB in people living with HIV, such as early provision of antiretroviral therapy (ART) for people living with HIV in line with WHO guidelines and the *Three I’s strategy* for HIV/TB: Intensified TB case-finding (ICF) followed by high-quality antituberculosis treatment, Isoniazid preventive therapy (IPT) and Infection control (IC) for TB. The policy recommends the use of a simplified clinical algorithm for TB screening that relies on the absence or presence of four clinical symptoms (current cough, weight loss, fever and night sweats) to identify people eligible for IPT or for further diagnostic work-up of TB. Managerial direction at national and sub-national levels is needed to implement administrative, environmental and personal protective measures against TB infection in health-care facilities and congregate settings.²

Georgian National TB and HIV programs are fully accept WHO’s recommendations. Since 2006, the collaborative TB/HIV activities have successful outcomes, but strengthening of the mechanisms for delivering integrated TB and HIV services, countrywide implementation of all aspects of “3I’s” Strategy and recommendations of updated policies is still necessary.

From February 27 to March 2, 2012, TB-HIV and Tree I’s Trainings of Trainers (TOT) workshop: “Enhancing Capacity to Implement TB/HIV and the “Three I’s” was conducted in Tbilisi, Georgia with funding and support of USAID/PATH (international nonprofit organization). Participants of workshop were certified as trainers of trainings and are responsible to share received knowledge and practical skills countrywide. Thus, this project created in-country capacity that can successfully be used for expanding the “3I’s” training initiative countrywide and contributing towards improving quality of TB-HIV services. USAID Georgia Tuberculosis Prevention Project (TPP) plans to support these educational activities and after revision and adaptation of training program will conduct updated trainings for expanding coverage of TB/HIV collaborative interventions and improving quality of delivered TB/HIV services countrywide.³

Goal:

The training course aims to improve provider's knowledge and skills in screening, prevention and management of co-infection in TB and HIV patients.

Target Group:

The training course is intended for TB and HIV physicians and VCT consultants, who are responsible in detection and prevention of TB and HIV, and management of TB/HIV co-infection within TB and HIV settings of civil sector and penitentiary system.

Objectives:

At the end of the training course, participants will improve their knowledge in TB and HIV related aspects and will be able to:

- Identify TB in HIV infected patients by using of a simplified clinical algorithm for TB screening;
- Interpret results of instrumental examinations and laboratory tests used to diagnose Latent TB Infection (LTBI) and Active TB diseases;
- Identify HIV/AIDS in TB patients;
- Interpret laboratory tests used to diagnose HIV/AIDS;
- Initiate IPT for HIV positive patients;
- Initiate Cotrimoxazole Preventive Treatment (CPT) for HIV positive TB patients;
- Ensure high quality TB treatment for HIV positive patients with confirmed active TB;
- Timely initiate appropriate ART for HIV positive patients with confirmed active TB;
- Manage the most common side effects of ART and TB treatment;
- Ensure clinical monitoring of TB/HIV co-infection through full period of treatment;
- Use environmental and personal protective measures against TB infection;
- Ensure implementation of administrative TB infection control measures in health-care facilities;
- Participate or plan ACSM activities for supporting of collaborative TB/HIV activities;

The participants will improve their counseling skills and will be able to:

- Improve awareness of TB and HIV patients about importance of prevention TB or HIV co-infection;
- Educate patients about ways of transmission, risks and symptoms of TB and HIV;
- Provide psychological support for co-infected TB/HIV patients, their family members and close friends;
- Avoid ART and TB treatment default among co-infected TB/HIV patients;
- Identify causes of TB and HIV related stigma in community.

List of the topics:

1. Mechanisms for delivering integrated TB/HIV activities – Updated approaches and recommendations of WHO;
2. Model of the quality-assured TB and HIV services delivery in Georgia – Challenges and solutions in the public sector and penitentiary system (importance of coordination with nongovernmental and community based organizations);
3. “3Is” Strategy and importance of its components: Intensified TB case-finding (ICF) followed by high-quality antituberculosis treatment, Isoniazid preventive therapy (IPT) and Infection control (IC) for TB;
4. Intensified TB Case Finding (ICF) in HIV/AIDS services by using of a simplified clinical algorithm for TB screening;
5. Diagnosis of Latent TB infection (LTBI) and Active TB in HIV positive persons; Laboratory tests (including rapid molecular tests e.g. Xpert MTB/RIF) and instrumental examination for exclusion or confirmation of active TB;
6. Standard duration and dosages of Isoniazid preventive therapy (IPT) for HIV positive persons;
7. Intensified HIV Case Finding (ICF) in TB services; HIV counseling for TB patients;
8. Serological tests (typically, ELISA and/or rapid tests) for HIV antibodies and western blot confirmatory test for diagnosis of HIV/AIDS;
9. TB treatment for HIV positive newly diagnosed TB cases;
10. Early initiation of ART in TB/HIV co-infected patients; Cotrimoxazol preventive therapy (CPT) for TB/HIV co-infected patients;
11. Management of common side effects during ART and TB treatment; Psycho-social support of co-infected patients for adherence to ART and TB treatment;
12. Management of TB/HIV co-infection in special situations (in children and pregnant women);
13. Administrative, environmental and personal protective measures against TB infection in health-care facilities;
14. Advocacy, Communication and Social Mobilization (ACSM) to support collaborative TB/HIV activities.

Duration of the trainings

Two days training course, with duration of 16 hours, will be delivered in 10 small groups for 10-12 trainees in each group. The sessions of the course includes lectures presented as slide shows and followed by specially prepared exercises or case discussions. At the end of the course participants will work in groups (the course agenda is outlines in Table 1; the newest publications, based on which training course was prepared, see in references below-1, 2, 4-11).



Table N 1: Collaborative TB/HIV Activities

Countrywide Implementation of the “3Is” Strategy

A g e n d a

Day 1

Time	Session	Trainer
10:00 – 10:45	Mechanisms for delivering integrated TB/HIV activities – Updated approaches and recommendations of WHO;	Pati Gabunia Nata Bolokadze
10:45 – 11:30	Model of the quality-assured TB and HIV services delivery in Georgia – Challenges and solutions in the public sector and penitentiary system (importance of coordination with nongovernmental and community based organizations);	Nana Kiria Eka Sanikidze Lia Papitashvili
11:30 – 12:15	“3Is” Strategy and importance of its components: Intensified TB case-finding (ICF) followed by high-quality antituberculosis treatment, Isoniazid preventive therapy (IPT) and Infection control (IC) for TB.	Pati Gabunia Nata Bolokadze
12:15 -13:00	Lunch	
13:00 – 14:30	Intensified TB Case Finding (ICF) in HIV/AIDS services by using of a simplified clinical algorithm for TB screening;	Nana Kiria Eka Sanikidze Lia Papitashvili
14:30 – 15:15	Diagnosis of Latent TB infection (LTBI) and Active TB in HIV positive persons; Laboratory tests (including rapid molecular tests e.g. Xpert MTB/RIF) and instrumental examination for exclusion or confirmation of active TB;	Nana Kiria Eka Sanikidze Lia Papitashvili
15:15 – 16:00	Standard duration and dosages of Isoniazid preventive therapy (IPT) for HIV positive persons;	Nana Kiria Eka Sanikidze Lia Papitashvili
16:00 – 16:45	Intensified HIV Case Finding (ICF) in TB services; HIV counseling for TB patients;	Pati Gabunia Nata Bolokadze
16:45 – 17:30	Serological tests (typically, ELISA and/or rapid tests) for HIV antibodies and western blot confirmatory test for diagnosis of HIV/AIDS;	Pati Gabunia Nata Bolokadze

Day 2

Time	Session	Trainer
10:00 – 10:45	TB treatment for HIV positive newly diagnosed TB cases;	Nana Kiria Eka Sanikidze Lia Papitashvili
10:45 – 11:30	Early initiation of ART in TB/HIV co-infected patients; Cotrimoxazol preventive therapy (CPT) for TB/HIV co-infected patients;	Pati Gabunia Nata Bolokadze
11:30 – 12:15	Management of common side effects during ART and TB treatment; Psycho-social support of co-infected patients for adherence to ART and TB treatment;	Nana Kiria Eka Sanikidze Lia Papitashvili
12:15 -13:00	Lunch	
13:00 – 13:45	Management of TB/HIV co-infection in special situations (in children and pregnant women);	Pati Gabunia Nata Bolokadze
13:45 – 15:15	Administrative, environmental and personal protective measures against TB infection in health-care facilities;	Nana Kiria Eka Sanikidze Lia Papitashvili
15:15 – 16:45	Advocacy, Communication and Social Mobilization (ACSM) to support collaborative TB/HIV activities;	Nana Kiria Eka Sanikidze Lia Papitashvili
16:45 – 17:30	Work in groups	

References:

1. Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource-constrained settings; WHO, 2011
http://whqlibdoc.who.int/publications/2011/9789241500708_eng.pdf
2. WHO policy on collaborative TB/HIV activities, Guidelines for national programmes and other stakeholders; WHO, 2012
http://whqlibdoc.who.int/publications/2012/9789241503006_eng.pdf
3. Tuberculosis Prevention Project, Strategic Approach (2011-2015) and Year 2 Work plan 2012-2013
4. Implementing Collaborative TB/HIV Activities, Programmatic Guide; The Union, 2012
http://www.theunion.org/index.php?id=758&cid=2091&fid=57&task=download&option=com_flexicontent&Itemid=43&lang=en
5. Priority research questions for TB/HIV in HIV-prevalent and resource-limited settings; WHO, 2010; http://whqlibdoc.who.int/publications/2010/9789241500302_eng.pdf
6. Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: towards universal access, recommendations for a public health approach, 2010 version
7. Antiretroviral therapy for HIV infection in adults and adolescents, recommendations for a public health approach, 2010 revision
8. WHO policy on TB infection control in health-care facilities, congregate settings and households, 2009
9. Policy guidelines for collaborative TB and HIV services for injecting and other drug users: an integrated approach, 2009
10. A guide to monitoring and evaluation for collaborative TB/HIV activities, 2009 (adjudicated by GRC as a non guideline)
11. Delivering HIV test results and messages for re-testing and counseling in adults, 2010