THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL POLICY GUIDELINES FOR COLLABORATIVE TB/HIV ACTIVITIES

2016

Table of Contents

ABBREVIATIONS 3
FOREWORD 5
AKNOWLEDGEMENTS 7
1.0. Introduction 8
1.1. Background to the policy guidelines 8
1.2. The process for policy development 8
1.3. Target audience 9
2.0. Rationale for the Policy Guidelines 10
2.1. TB/HIV situation in Tanzania 10
2.2. The Importance of policy guidelines 10
2.3. Achievements and Challenges in Policy Implementation 11
2.3.1. Achievements 11
2.3.2 Challenges 12
3.0. Goal and objectives of collaborative TB/HIV policy guidelines 14
3.1. Goal of the policy guidelines 14
3.1.1. Purpose 14
3.1.2. Mission 14
3.1.3. Vision 14
3.2. Objectives of the Policy Guidelines 14
3.2.1. Overall objective of the policy guidelines 14
3.2.2. Specific objectives of the policy guidelines 14
3.2.3. Guiding principles of the Policy Guidelines 15
4.0 Collaborative TB/HIV activities 16
4.1 Strengthen the mechanisms of collaboration and joint management between HIV programmes and TB-control programmes for delivering integrated TB and HIV services 18
4.1.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels 19
4.1.2. Determine HIV prevalence among TB patients 29
4.1.3 Determine TB prevalence among People living with HIV 30
4.1.4Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services 30
4.1.5. Engagement of NGOs and CBOs in implementation of TB/HIV activities 33

4.1.6. Strengthen an integrated M&E system for Collaborative TB/HIV Activities that informs both NTLP and NACP annual operational plans 34
4.1.7. Addressing the need of Key populations for HIV and TB 35
4.2. Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy (the Three I's for HIV/TB) 37
4.2.1. Intensify TB case finding implemented at all HIV care and treatment and all other healthcare facility settings 37
4.2.2. Provide High-quality TB treatment for HIV-infected TB patients 37
4.2.3. Initiate TB prevention with IPT for both adults and children; 38
4.2.4. Initiate TB prevention through early initiation of ART as per national guidelines 38
4.2.5 Ensure control of TB infection in health facilities; 38
4.2.6 Ensure control of TB infection in congregate settings 39
4.3. Reduce the burden of HIV in patients with presumptive and diagnosed TB 40
4.3.1. Provide HIV testing and counselling to patients with presumptive TB 40
4.3.2. Provide HIV testing and counseling to patients diagnosed with TB and Multi-drug resistant TB 40
4.3.3. Provide HIV prevention interventions for patients with presumptive and diagnosed TB 40
4.3.4. Provide co-trimoxazole preventive therapy for TB patients living with HIV 40
4.3.5. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV 41
4.3.6. Provide antiretroviral therapy for TB patients living with HIV irrespective of CD4 count as per national guidelines 41
5. References 43

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
APHTA	Association of Private Health Facilities in Tanzania
ART	Antiretroviral Therapy
CBHS	Community Based HIV and AIDS Services
CBO	Community Based Organization
CSO	Civil Society Organizations
CCHP	Council Comprehensive Health Plan
CDC	Centre for Disease Control and Prevention
CD4	Cluster of differentiation 4
CHMT	Council Health Management Team
CPT	Cotrimoxazole Preventive Therapy
CTC	Care and Treatment Clinics
DACC	District AIDS Control Coordinator
DMO	District Medical Officer
DOD	Department of Defense (America)
DOTS	Direct Observed Therapy short course
DTLC	District Tuberculosis and Leprosy Coordinator
FBO	Faith Based Organizations
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IPT	Isoniazid Preventive Therapy
KNCV	KNCV Tuberculosis Foundation
KP	Key Populations
MARPs	Most at Risk Populations
MOHSW	Ministry of Health and Social Welfare
M&E	Monitoring and Evaluation
MSD	Medical Stores Department
MSM	Men who have sex with men

NACP	National AIDS Control Programme
NGO	Non Governmental Organization
NMSF	National Multisectoral Framework on HIV/AIDS
NPO	National Professional Officer
NTLP	National Tuberculosis and Leprosy Programme
PLHIV	People Living with HIV
PMORALG	Prime Minister's Office for Regional Authority and Local Government
PMTCT	Prevention of Mother-to-Child Transmission
PWID	People Who Inject Drugs
RACC	Regional AIDS Control Coordinator
RCH	Reproductive and Child Health
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
TFDA	Tanzania Food and Drug Authority
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
TWG	Technical Working Group
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

FOREWORD

TB and HIV are overlapping epidemics whereby HIV infection weakens the immune system, thereby fueling the TB epidemic among people living with HIV (PLHIV), and on the other hand, TB is the main opportunistic infection and leading cause of deaths among PLHIV. The intertwined relationship between TB and HIV suggests that neither of the epidemics can be effectively controlled without regard to the other. In 2008, the Ministry of Health and Social Welfare (MOHSW) developed the National Policy Guidelines for collaborative TB/HIV activities representing its intention, on behalf of the Government of Tanzania, to address TB and HIV jointly.

The revision of the Policy Guidelines follows evidence that has been generated globally from randomized controlled trials, observational studies, operational research, and best practices from programmatic implementation of the collaborative TB/HIV activities and a number of TB and HIV guidelines and policy recommendations have been developed by WHO's Stop TB and HIV/AIDS departments including the 2012 WHO updated TB/HIV policy guidelines and the 2015 WHO M&E guide for collaborative TB/HIV activities.

The revised policy 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 revise 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.

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.

Dr. Mpoki M. Ulisubisya
Permanent Secretary
Ministry of Health and Social Welfare
Tanzania
05 Jan, 2016

AKNOWLEDGEMENTS

The policy guideline for collaborative TB/HIV activities in Tanzania is the result of collective efforts and strong commitment from Ministry of health, Community Development, Gender, Elderly and children and partner institutions working within and outside the country. The Ministry wishes to thank the Centre for Disease control (CDC) for providing both funding and technical support to implement this activity.

The Ministy acknowledges the technical support from the consultant Dr Sode Matiku of New Dimension Consulting (NEDICO), and TB, TB/HIV implementing partners(KNCV, WHO, AGPAHI, and EGPAF) who allowed their staff to participate fully and work hand in hand to review and adapt the WHO TB/HIV collaborative activities policy guideline into the Tanzanian context. The MOHSW also recognizes with thanks the role played by Dr. Beatrice Mutayoba (Manager, NTLP), Dr Wanze Kohi (TB/HIV Coordinator) and Dr. Angela Ramadhani (Manager, NACP), who provided technical and coordination support throughout the whole process.

Lastly , but not least the Ministry would like to thank all Ministry of health, Community Development , Gender, Elderly and children staff from NTLP and NACP for their valuable contributions towards finalization of this guideline.

Dr. Neema Rusibamayila

Director for Preventive Services

Ministry of Health and Social Welfare

17 Dec, 2015

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. In particular, there is evidence that HIV infection weakens the immune system, thereby fueling the TB epidemic among people living with HIV/AIDS (PLHIV). On the other hand, TB is the main opportunistic infection and leading cause of deaths among PLHIV. Both diseases have been declared global emergencies demanding global attention. The World Health Organization (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 organizations have committed themselves to address the TB and HIV/AIDS crises with urgency.

In 2004, the World Health Organization (WHO) formulated an interim policy to guide member states in implementing collaborative TB/HIV activities. Following the release of the interim policy, Tanzania begun the process of developing mechanisms for TB/HIV integration. A National policy guideline for collaborative TB/HIV activities and the TB/HIV Advisory Committee were established in 2007. Surveillance of TB/HIV data for national reporting purposes has been improving over these years whereby data on TB/HIV indicators such as HIV testing in TB patients and TB screening among PLHIV are routinely tracked, where by the prevalence of HIV among TB patients, stands at 37%.

Since then, additional evidence has been generated globally 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. In 2012, WHO updated the policy guidelines to consolidate the latest available evidence and WHO recommendations on the management of HIV-related TB for national programme managers, implementers and other stakeholders; and in 2015, WHO issues M&E guide for collaborative TB/HIV activities.

1.2. The process for policy development

NTLP external review for TB and collaborative TB/HIV activities that took place in 2014 showed that TB/HIV activities had been established, but there were a number of challenges including; poor access to diagnostic services, very low involvement of private sector and non-state actors, inadequate supportive supervision, inadequate public knowledge of TB and stigma, and inadequate penetration of community-based interventions into vulnerable communities.

Thus, the revision of the policy framework is needed to guide stakeholders in strengthening collaborative TB/HIV activities to address the dual epidemics.

The new WHO policy recommendations stated the objectives of collaborative TB/HIV activities as follows:

1) To establish and strengthen the mechanisms for delivering integrated TB and HIV services
2) To reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy (the *Three I's for HIV/TB*)
3) Reduce the burden of HIV in patients with presumptive and diagnosed TB

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

1.3. Target audience

These policy guidelines are intended for decision-makers in the field of health and for coordinators and health care providers of TB-control and HIV control programmes working at all levels in the entire health sector. These include the private sector, donors, researchers, academia, non-governmental organizations and other civil society organizations supporting such programmes and people living with, at risk of or affected by HIV and TB. The recommendations contained in these guidelines also have important implications for the strategic directions and activities of other line ministries working on TB, HIV or harm reduction services, such as ministries responsible for prisons, mining and workplace health services, youth in education facilities as well as other stakeholders in maternal and child health programmes.

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 37% of TB patients in Tanzania are co-infected with HIV. The current Tanzania HIV/AIDS Indicator Survey, (THMIS) conducted in 2011-2012, indicated that 5.1% of the adult population in Tanzania are infected with HIV.

TB is one of the most common opportunistic infections among PLHIV. 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 65,732 in 2013.

The situation with the HIV epidemic is equally serious. Reports from the National AIDS Control Programme (NACP) indicate that the number of AIDS cases increased from 3 in 1983 to an estimated 2,199,809 in 2012. However, the number of PLHIV enrolled at the CTC by 2012 was 1,135,390. The epidemic shows strong regional, age, sex, socioeconomic, and rural/urban setting variations.

The HIV epidemic has resulted in an explosion of TB to epidemic proportions in many parts of the world, especially in sub-Saharan Africa, including Tanzania. HIV-associated TB has challenged and constrained gains made in TB care and control, and TB is the leading preventable cause of death among PLHIV, accounting for 30% of AIDS-related deaths. It is estimated that 10-15% of PLHIV are infected with TB globally. The lifetime risk of developing active TB among PLHIV co-infected with TB is 30-50%, compared to a lifetime risk of 5-10% in HIV-negative individuals. According to the NTLP annual report of 2013, about 37% of all TB patients in Tanzania are co-infected with HIV

2.2. The Importance of policy guidelines

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

The NTLP is well organized at the central, regional, and district levels with 100% DOTS coverage throughout the country. Treatment success rate among TB patients is over 85%. Case finding of TB patients is passively integrated into the primary health care system and actively through engaging community health care workers.

The organization of the NACP is similarly decentralized 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 has national policy on HIV/AIDS, which was revised in2011, and a National Multi-sectoral Strategic Framework (NMSF) on HIV/AIDS, which was launched in 2013.

The linkage and close interaction between the two epidemics created a strong collaboration between NTLP, NACP, and other stakeholders to closely work together at the national, regional, district, and community levels in the health system. However, the program review in 2014 and routine TB/HIV data revealed a number of challenges in achieving program goals for TB/HIV that need to be addressed. These updated policy guidelines are intended to provide guidance for the implementation of the collaborative TB/HIV activities in line with new WHO recommendations and country implementation evidences. The guidelines will be reviewed and updated periodically as new information emerges globally and locally.

2.3. Achievements and Challenges in Policy Implementation

Although TB/HIV integration started in Tanzania since 2007, it is still on scale up phase. It is therefore critical at this stage to identify major achievements and challenges that must be overcome. The following is a summary of the major achievements and challenges thus far the country has experienced in implementing TB/HIV collaborative activities.

2.3.1. Achievements

- **HIV Testing and Counseling for TB Patients:** HIV testing and counseling for TB patients is usually offered and documented in TB clinics. HIV testing among TB patients increased from 50% in 2007to 83% in 2014. Therefore, it is necessary to improve this indicator by implementing effective strategy for HIV testing and counseling to all TB patients, and ensure that HIV test results are recorded in the TB register.
- **Co-trimoxazole preventive therapy:** Co-trimoxazole prophylaxis is given to all HIV-infected adults and children in Tanzania regardless of whether they are on antiretroviral therapy (ART) or not. Tuberculosis patients who are co-infected with HIV are eligible for this therapy. In 2013, 98%of TB/HIV co-infected clients attending TB clinics received at least a dose of Co-trimoxazole prophylaxis.
- **Provision of IPT:** In 2011, Tanzania started phase one of IPT programme in 21sites. From 0ctober 1, 2014 to September 30, 2015 a total of 27, 982 eligible PLHIV enrolled in the CTC were initiated IPT in 256 sites. All PLHIV are screened for TB and the diagnosis cascade is followed to rule out active Tuberculosis and those found eligible
- **Integrated TB/HIV services:** The scale up of provision of integrated TB/HIV services (under one roof services) in Tanzania has been gradually increasing in regional and

district hospitals, FBO hospitals including health centers . TB and HIV services (counseling and testing for HIV, ART, TB screening and treatment) are provided all at the integrated facilities by the staff trained high quality to provide TB and HIV services.. This approach makes it easier to ensure comprehensive care to a co-infected patient and has increased ART uptake among TB/HIV co-infected clients. By 2014, 310health facilities were providing under one roof TB/HIV services throughout Tanzania.

- **TB Screening among HIV/AIDS clients:** Active TB case finding among PLHIV at CTC is well performed using the national TB screening questionnaire that was developed by the ministry as part of collaborative TB/HIV services. In 2014 over 95% of PLHIV in care were screened for TB.

2.3.2 Challenges

- **Provision of IPT among PLHIV adult and children:** The phase one of IPT program encountered a number of challenges including interruptions of IPT supply, poor providers' acceptability to IPT and poor coordination in IPT logistics. An external review of the Programme conducted in 2014 recommended stronger integration of IPT into routine HIV services. Furthermore, IPT was not provided to children living with HIV on routine basis. The NTLP has developed guidelines for provision of IPT to children.
- **Integration of TB/HIV services into RCH:** Integration of TB/HIV services into RCH is still sub-optimal. However, there is a room to implement available interventions such as PMTCT Option B + and RCH platform to integrate with TB/HIV services.
- **Coordination and Linkages:** There is a weak coordination among the HIV and TB programmes as well as implementing partners. There is inadequate joint planning or implementation of TB/ HIV activities at the regional and the district levels. MOHSW is working to strengthen the collaboration and coordination between the two programmes and implementing partners at the national and district level.
- **ART for TB Patients:** Provision of ART to persons with HIV during TB treatment at 73%versus 100% target. Therefore, the referral process and tracking of TB patients for ART must be improved for all TB/HIV co-infected patients.
- **Infection Control Measures and Implementation:** National TB Infection Control Guidelines exist and have been widely circulated, yet facility based implementation plans and quality management systems are still weak.
- **Intensified TB case finding among PLHIV in CTCs and other relevant settings:** Active TB case finding among PLHIV has been performed systematically in CTCs. Other settings such as VCT centers, PMTCT/RCH Clinics are ideal places to screen PLHIV for TB. NACP and NTLP are working towards strengthening systems for intensified TB case finding among PLHIV in CTC and other relevant settings.

- **Integration of TB/HIV care into Community Health Care Services and Civil Society:** There is weak TB/HIV service provision at the community level due to inadequate resources and weak collaboration. Community TB Care and Community Home Based Care have significant potential for integration but remain separate. Expansion of TB/HIV services into civil society through Engage - TB approach has been limited. NTLP is working to enhance coordination between existing community care programmes and integration of TB/HIV care into civil society.

3.0. Goal and objectives of collaborative TB/HIV policy guidelines

3.1. Goal of the policy guidelines

The goal of these TB/HIV policy guideline is to facilitate the NTLP, NACP, and other stakeholders in synergizing their endeavors towards decreasing the burden of TB and HIV in populations affected by both infections in Tanzania. 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.

3.1.1. Purpose

The principal purpose of this policy guideline is to strengthen the understanding of the basic concepts that will govern the implementation of collaborative TB/HIV activities among the NTLP,NACP, and other stakeholders in Tanzania.

3.1.2. Mission

To enhance the efforts of the MoHSW in accelerating the response to TB and HIV/AIDS by providing best practical normative principles to be observed in the process of decision-making for collaborative TB/HIV activities to NTLP, NACP and other stakeholders.

3.1.3. Vision

To have 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

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 leadership, coordination, implementation and joint decision making by NTLP, NACP programmes and other stakeholders for TBHIV collaborative activities. It emphasizes the need for joint decision-making processes that take into account the comparative advantages of the NTLP, NACP, and other stakeholders.

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 mobilization of resources for collaborative TB/HIV activities.
8. To coordinate and harmonize collaborative TB/HIV activities implemented in the Tanzania by various stakeholders.

3.2.3. Guiding principles of the Policy Guidelines

These TB/HIV policy guidelines are based on the following principles:

1. Strong political commitment of the Tanzania 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.
4. Consideration of the strengths and weaknesses of the NTLP, NACP, and other stakeholders in implementing collaborative TB/HIV activities.
5. Resource mobilization and sharing to implementers of 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 health 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 endeavor 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.

Adopted TB/HIV collaborative activities are outlined below:

A. Strengthen the mechanisms of collaboration and joint management between HIV programmes and TB-control programmes for delivering integrated TB and HIV services
A.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels
A.2. Determine HIV prevalence among TB patients,
A.3. Determine TB prevalence among People living with HIV
A.4. Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services
A.5. Engagement of NGOs and CBOs in implementation of TB/HIV activities
A. 6.Establish an integrated national M&E system for collaborative TBHIV activities that informs both NTLP and NACP annual operational plans
A.7. Addressing the need of Key populations for HIV and TB
B. Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy (the Three I's for HIV/TB)
B.1. Intensify TB case finding implemented at all HIV care and treatment and all other healthcare facility settings
B. 2.Provide High-quality TB treatment for HIV-infected TB patients
B. 3. Initiate TB prevention with IPT for both adults and children
B. 4. Initiate TB prevention through early initiation of ART as per national guidelines
B. 5. Ensure control of TB infection in health facilities
B. 6. Ensure control of TB infection in congregate settings

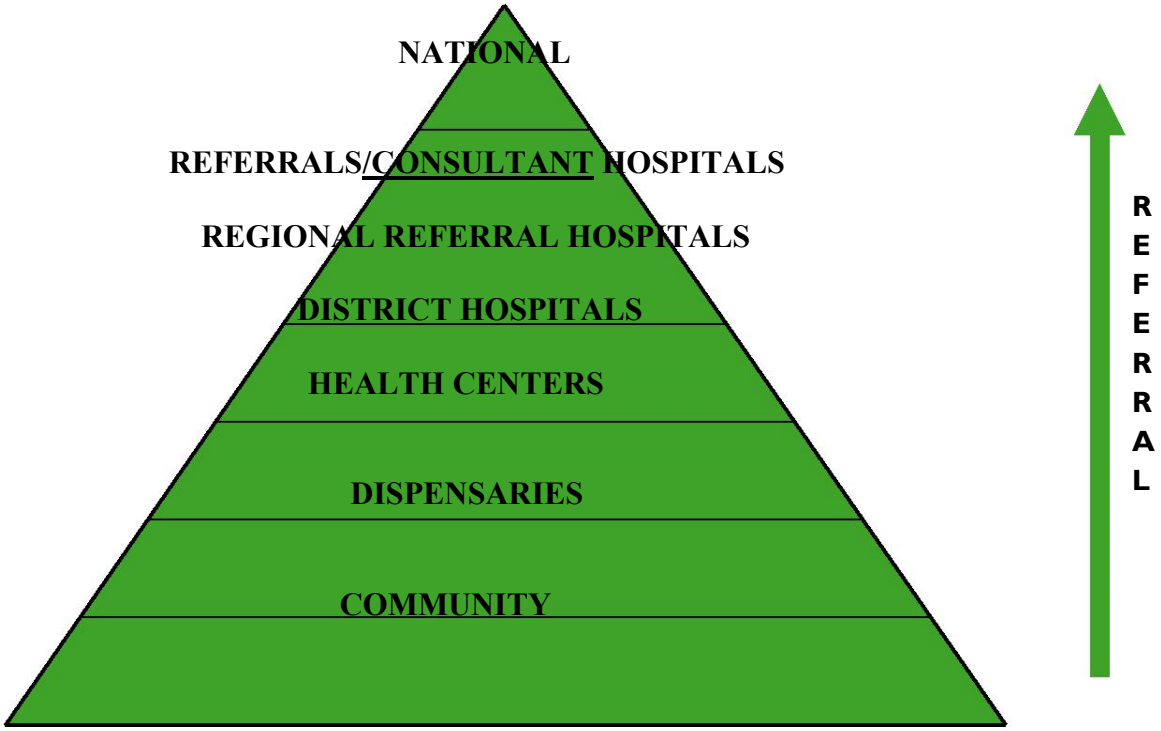
C. Reduce the burden of HIV in patients with presumptive and diagnosed TB
C.1. Provide HIV testing and counselling to patients with presumptive TB
C.2. Provide HIV testing and counseling to patients diagnosed with drug-sensitive TB and drug resistant TB
C.3. Provide HIV prevention interventions for patients with presumptive and diagnosed TB
C.4. Provide co-trimoxazole preventive therapy for TB patients living with HIV
C.5. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV
C.6. Provide antiretroviral therapy for TB patients living with HIV irrespective of CD4 count as per national guidelines

4.1 Strengthen the mechanisms of collaboration and joint management between HIV programmes and TB-control programmes for delivering integrated TB and HIV services

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 characterized by an increasing degree of specialization in staff (clinical and administrative), medications, and equipment.

Fig.1 Referral Levels for the National Health System in Tanzania



The communities 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 centers, 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 primarily responsible for policy formulation and strategic planning for the entire health system. In additional to that resource mobilization, standards formulation, and coordination of health services are obligated to implementers at all levels. 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.

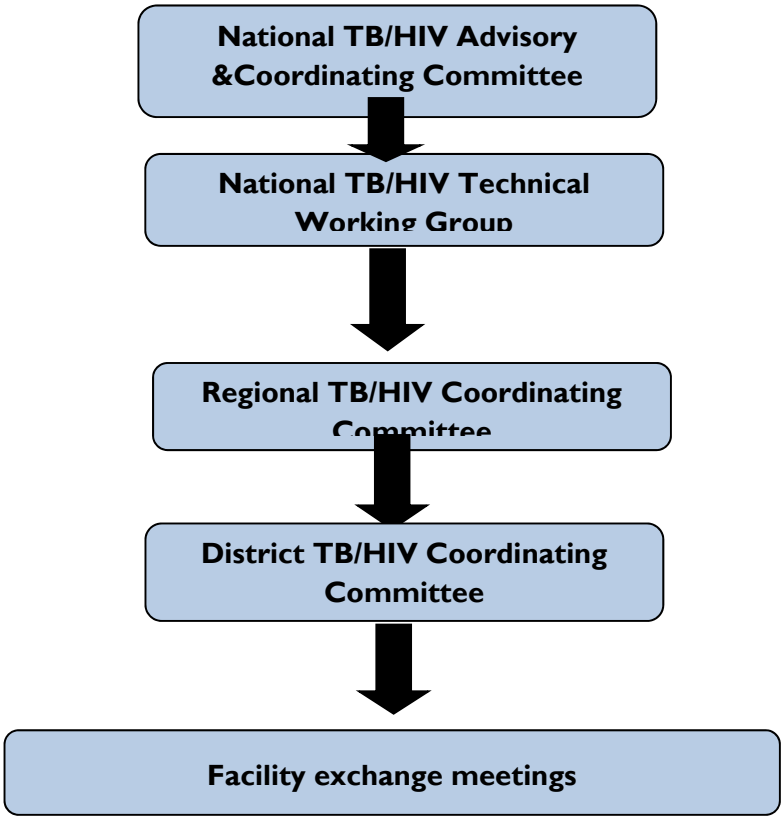
The private sector, particularly not-for-profit enterprises and nongovernmental organizations (NGOs), provides a substantial amount of health services, especially to the rural population in Tanzania, whereas private-sector for-profit enterprises contribute substantially in providing health services to 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.

4.1.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels

4.1.1.1 *TB/ HIV coordinating bodies at all levels*

Joint TB/HIV coordinating bodies need to be strengthened to ensure more effective collaboration between NTLP, NACP and other stakeholders at all levels.

Fig 2: Organogram of TB/HIV Coordinating Committees and Technical Working Groups



Policy Statements

1. The MOHSW will strengthen the role of joint coordinating committees and mechanisms for collaboration based on performance and achievements among the NTLP, NACP, other stakeholders at the national, regional, and district levels.
2. The MOHSW will have a clear mechanism for coordination of partners engaged separately by the NTLP and the NACP. Under supervision of the National TB/HIV Coordinating Committee, NTLP and NACP will jointly:
    - Develop a partnership coordination and implementation plan
    - Ensure data ownership nationally
    - Encourage collaborative research.
3. The role of the Coordinating Committee is to ensure implementation of the collaborative TB/HIV joint plan, by supporting strong and transparent partnerships, strengthening resource mobilization and enhancing TB/HIV advocacy at all levels.
4. The committee shall also be charged with the responsibility of monitoring the implementation of TB/HIV collaborative activities at their respective levels:

A. National level

A.1National TB/HIV Coordinating Committee

The National TB/HIV Coordinating Committee will technically be advised by the National TB/HIV technical working group.

The proposed membership and functions of the committee are described below:

A.1.1 Members

The National TB/HIV Coordinating Committee includes the following members:

• Chief Medical Officer	Chairperson
• Director for Preventive Services (MOHSW)	Vice Chairperson
• Programme Managers (NTLP& NACP)	Secretariat
• TB/HIV Coordinators (NACP & NTLP)	Secretariat
• Director for Hospital Services (MOHSW)	Member
• Assistant Director RCH	Member

• Director General MSD, TFDA	Members
• Director for Human Resource Development	Member
• Country directors of key partners who provide substantial support for TB/HIV activities in the country as appointed by MOHSW (WHO, CDC, DOD, USAID)	Members
• Representative of TB/HIV patient support groups	Member
• Representative from Ministry of Home Affairs	Member
• Representative from Ministry of Energy and Minerals	Member

A.1. 2 Functions

The National TB/HIV Coordinating Committee meets twice a year and whenever a need arises. Its key functions include:

- Endorse strategic and annual plans, guidelines, rules and regulations for collaborative TB/HIV activities at all levels.
- Receive and appraise periodic technical and financial progress reports.
- Mobilize 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.
- Ensure the involvement of civil society organizations including Non-Governmental and community organizations, and individuals in collaborative TB/HIV activities.

A.2 National TB/HIV Technical Working Group

A.2.1 Members

• Deputy Programme Manager (NTLP& NACP)	Co-Chairperson
• TB/HIV Coordinators (NACP & NTLP)	Secretariat

• National PMTCT Coordinator	Member
• Technical Officers of key partners supporting MOHSW in TB/HIV (WHO, CDC, DOD, USAID)(4) - NPO	Members
• Representative from institutions of higher learning	Member
• Representative from research institutions	Member
• Representative from private health sector	Member
• Representative from NGOs and other CSOs	Member
• Selected individual(s) in their capacity	Member
• Representative from National specialized hospital	Member
• Representative from Pharmaceutical Supplies Unit	Member

A.2.2 Functions

The National TB/HIV Technical Working Group meets on quarterly basis and whenever a need arises. Its functions include the following:

- Oversee and advise on implementation of collaborative TB/HIV interventions as outlined in both TB and HIV national strategic plans
- Review and provide inputs on developed guidelines for collaborative TB/HIV activities.
- Review implementation of strategic and annual plans for collaborative TB/HIV activities.
- Receive periodic technical and financial progress reports.
- Review terms of references for consultancy work on collaborative TB/HIV activities.
- Review progress of 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.
- Oversee coordination of partners supporting collaborative TB/HIV activities.
- Identify and recommend implementation of specific interventions targeting key populations for HIV and TB.

B. Regional level

B.1 Regional TB/HIV Coordinating Committees

B.1. 1 Members

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

• Regional Medical Officer	Chairperson
• Regional TB and Leprosy Coordinator (RTLC)	Secretariat
• Regional AIDS Control Coordinator (RACC)	Secretariat
• Regional RCH Coordinator	Member
• Regional Health Secretary	Member
• Regional Planning Officer	Member
• Regional Multisector AIDS Coordinator	Secretariat
• Regional Health Officer	Member
• Regional Pharmacist	Member
• Regional Laboratory Technologist	Member
• Representatives of partners supporting TB/HIV activities	Member
• Representative of faith-based organizations supporting	Member

TB/HIV activities	
• Representative from NGOs and other CSOs including TB/HIV support groups	Member
• Representative APHTA	Member
• Representative from other related ministry officials at regional level (e.g. Mining, Prison)	Member

B.1.2. Functions

The Regional TB/HIV Coordinating Committees meet quarterly and whenever a need arises. Its functions include the following:

- Receive and translate policies and directives from the national level for implementation at district level.
- Identify and allocate human, financial and material 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 harmonize different TB/HIV implementing partners in the region.
- Identify and recommend implementation of specific interventions targeting key populations for HIV and TB.

C. District level

C.1 District TB/HIV Coordinating Committees

C.1.1 Members

The District TB/HIV Coordinating Committee is composed of the following members:

• District Medical Officer	Chairperson
• District TB/HIV officer	Secretary

• District AIDS Control Coordinator (DACC)	Secretariat
• District TB and Leprosy Coordinator (DTLC)	Secretariat
• District Health Secretary	Member
• District RCH Coordinator	Member
• Council Multisectoral AIDS Coordinator	Secretariat
• District Nursing Officer	Member
• District Health Officer	Member
• District Pharmacist	Member
• District Laboratory Technologist	Member
• Representative of partners supporting TB/HIV activities	Member
• Representative of NGOand CBO supporting TB/HIV activities including patient support groups	Member
• Social welfare officer	Member
• Nutritionist	Member
• Representative APHTA	Member
• Representative from other related ministry officials at district level (e.g. Mining, Prison)	Member

C.1.2 Functions

The District TB/HIV Coordinating Committees meet quarterly and whenever a need arises. Its functions include 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.

- Mobilize 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 harmonize different TB/HIV implementing partners in the district.
- Identify and recommend implementation of specific interventions targeting key populations for HIV and TB.

D. Health Facility level

D.1 Health Facility Information exchange meetings

The health facility information exchange meetings will serves as link between TB and HIV.

D.1.1 Members

• Health facility in-charge	Chairperson
• Health workers from CTC	Secretariat
• Health workers from TB clinic	Secretariat
• Health workers from PMTCT	Member
• Health workers from VCT	Member
• Health workers from STI clinic	Member
• Health workers from HBC	Member
• Matron	Member
• Health secretary	Member
• RCH personnel	Member
• Laboratory personnel	Member
• Representative from NGOs/CBOs supporting TB/HIV activities including patient support groups	Member
• Community health worker	Member
• Social Welfare officer	Member
• Representative from health facility committee	Member
• Selected individual(s) in their capacity	Member

D.1.2 Functions

Health facility Information exchange meetings are held at least once per month. They perform the following functions:

- Review and recommend on implementation of collaborative TB/HIV activities at the health facility.
- Update, review and exchange records of TB/HIV reports in the health facility
- Review that all HIV/AIDS clients and TB patients are screened for TB and HIV respectively
- Review that all HIV/AIDS clients and TB patients who were referred have been registered and receive appropriate services
- Review periodic technical progress reports prior submission.
- Regularly review stock positions for HIV/AIDS and TB supplies and commodities for services in the health facility and advise accordingly
- Report to the district coordinating committee on the progress of implementing collaborative TB/HIV activities.
- Identify and recommend implementation of specific interventions targeting key populations for HIV and TB.

4.1.1.2 Maintaining the position of TB/HIV Coordinators and officers at National and district levels

The ministry has established positions of TB/HIV coordinators at national level and TB/HIV Officers at district level to oversee the execution and implementation of the collaborative TB/HIV activities at their respective level.

Policy Statements

1. The established positions of a National TB/HIV Coordinators at the national level and TB/HIV officers at district levels will be sustained.
2. The coordinators and officers will serve as secretaries of the collaborative TB/HIV coordinating committees at the respective levels of function.
3. The coordinators and officers will be responsible for implementation of day-to-day collaborative TB/HIV activities at the respective levels of function.
4. The coordinators and officers will report to the head of health services at the respective levels of function.

4.1.2. Determine HIV prevalence among TB patients

Surveillance of HIV infection among TB patients is essential for informing programme planning and implementation. In Tanzania, all TB patients are counseled and tested for HIV to determine 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. 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.
2. Data from the routine HIV testing and counselling of TB patients will be used for

surveillance of HIV prevalence among TB patients.

3. Prevalence surveys will be conducted at various time intervals to complement the information gathered from routine data collection.
4. The NTLP will strengthen the quality of routine data collection in TB clinics for monitoring TB/HIV co-infection among TB patients, which will be complemented by prevalence surveys.

4.1.3 Determine TB prevalence among People living with HIV

Routine TB screening is essential in reducing the burden of TB among PLHIV. In Tanzania, all HIV clients routinely screened for TB using the National TB screening questionnaire. 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.

1. Data from the routine TB screening among PLHIV will be used for surveillance of TB prevalence among PLHIV.
2. Sentinel surveys will be conducted at various time intervals to complement the information gathered from routine data collection.
3. The NACP will strengthen the quality of routine data collection at care and treatment clinics for monitoring TB/HIV co-infection among people living with HIV, which will be complemented by sentinel surveys.

4.1.4Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services

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. This includes joint 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 each level.
3. Advocate TB and HIV strategies embedded in national plan, so that they may be adopted by all partners and stakeholders and incorporated into their annual action plans.
4. TB and HIV strategies embedded in national 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 including CSOs, private-sector entities, the media, religious leaders, traditional healers and key affected populations in order to organize and participate in collaborative TB/HIV activities.

4.1.4.1. Resource mobilization 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 plan, the NTLP and NACP will develop a joint mobilization 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 and PMORALG will make available adequate resources for implementing collaborative TB/HIV activities that will be incorporated into the joint TB/HIV 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 medicines, equipment and supplies.

Policy Statements

1. The MOHSW in collaboration with PMORALG will ensure that there is sufficient capacity in the health care delivery system (e.g., human resource, supervision, logistic management, laboratory services, medical supplies, and referral mechanisms) for effective implementation of collaborative TB/HIV activities.
2. The NTLP and NACP will draw up a joint training plan to provide in-service training along with continuing medical education on collaborative TB/HIV activities for all categories of health care workers.
3. MOHSW will continue reviewing medical and allied health schools existing curricula for 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.

4.1.4.3 TB/HIV Advocacy, Communication, and Social Mobilization

A well-designed TB/HIV advocacy, communication, and social mobilization strategy that aim at influencing policy decisions, programme implementation, and resource mobilization are needed for collaborative TB/HIV activities. Social mobilization 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 mobilization 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 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. Community HIV prevention and care programmes will include TB prevention, care, and support activities in their services.
4. TB patient and PLHIV support groups, community-based organizations, and communities will participate in the advocacy, planning, implementation, and evaluation of collaborative TB/HIV activities.
5. Interventions at the community level will be comprehensive, and will be conducted in accordance with the TB and HIV strategic plans.
6. Incorporate issues of human rights addressing barriers in TB and HIV services.

4.1.4.5. 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, NACP and NTLP including their partners in other

line Ministries (eg. Ministries responsible for prison, mining etc), private for profit sector and civil society organizations should work together to provide access to integrated services. This 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 collaborative TB/HIV coordinating committees to facilitate partnerships at all levels in implementing joint TB/HIV activities.
3. The NACP and NTLP will organize and guide utilization 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.

4.1.5. Engagement of NGOs and CBOs in implementation of TB/HIV activities

NGOs and other CSOs working in the communities especially on HIV have many existing strengths including strong links with the community. These include; members who are part of the infected and affected communities reached; systems for training staff and volunteers; experience in outreach programmes; treatment support to communities; and working with local health facilities. These grass root organizations also have strong ties to national programmes and local health management teams; and they are culturally appropriate and often highly effective support to the communities they serve. These strengths can be built on to help in implementation of collaborative TB/HIV activities at community level.

Policy Statements

1. Services for TB prevention, diagnosis, treatment and care can be integrated with those for HIV, and vice versa, through community-based organizations such as community-based TB care or HIV home-based care.
2. Civil society organizations including nongovernmental and community-based organizations should advocate, promote and adhere to national TB and HIV guidelines, including monitoring and evaluation of TB/HIV activities using nationally recommended indicators.

4.1.6. Strengthen an integrated M&E system for Collaborative TB/HIV Activities that informs both NTLP and NACP annual operational plans

Monitoring and evaluation provides the means to assess the quality, effectiveness, coverage and delivery of collaborative TB/HIV activities. It promotes a learning culture within and across the programmes and ensures continuous improvement of individual and joint programme performance. It involves collaboration and inter-linkages between programmes in implementation of TB, HIV activities through a harmonized framework.

- Provide the framework for measuring progress on a continuous basis for quality delivery and impact of collaborative TB/HIV activities.
- Ensuring proper management of human and financial resources for TB/HIV collaborative activities *(by ensuring that the resources are being utilized, services are being accessed, activities are occurring in a timely manner, and expected results are being achieved).*
- Strengthen collaboration and inter-linkages between programmes in implementation of TB, HIV activities through a harmonized framework.

Policy Statements

1. The NACP and NTLP will develop and implement a plan/framework that clearly stipulates indicators for monitoring and evaluation of collaborative TB/HIV activities at all levels.
2. The M&E plan/framework will be based on existing national and international guidelines.
3. Service providers, supervisors, and stakeholders 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 to relevant stakeholders at all levels so that appropriate responses may be taken.

4.1.6.1. Reporting and Recording for TB/HIV Patients

In Tanzania, both the NTLP and the NACP have established recording and reporting systems to track TB and HIV/AIDS programs respectively.

Policy Statements

1. The NTLP and NACP will modify and continuously update recording and reporting tools 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. NTLP and NACP shall maintain core recording and reporting activities for TB and HIV/AIDS independently.
4. NTLP and NACP through TB/HIV officers should ensure that data are of high quality.
5. Health workers from the respective disease programmes should understand their reporting obligations which are clearly stated in this policy and may be modified

periodically by the two programmes.

4.1.6.2. 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 endeavor.

Policy Statements

1. The NTLP and the NACP, in collaboration with other stakeholders and partners, will develop a joint TB/HIV operational research agenda. The operational research agenda 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/evidence-based information to improve performance in their collaborations.
4. The NTLP and NACP will collaborate with researchers in the design, implementation, dissemination, and utilization of operational research findings.

4.1.7. Addressing the need of Key populations for HIV and TB

HIV prevalence's among key populations have been reported to be high. Estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS) suggest that as many as 50% of all new HIV infections worldwide occur in people from key populations[1]. Available data from recent studies in Tanzania gives the prevalence of HIV among people who inject drugs (PWIDS) to be 16%, Men who have sex with men (MSM) to be 22.2% and Female Sex Workers (31.4%)[2].

Most at Risk Populations (MARPs) for TB includes PLHIV, miners, fishing communities, prisoners, elderly and children. These groups have high rates of new TB infection. Addressing the needs of key populations and MARPs in implementation of collaborative TB/HIV activities is likely to improve the response to TB/HIV in the country.

Policy Statements

1. The joint TB/HIV plans especially in settings where KP fuels the HIV epidemic should ensure that services for prevention, diagnosis, treatment and care of TB are combined with preventive and harm reduction measures, including the provision of testing for

[1]UNAIDS 2013 unpublished Spectrum estimates

[2]Mmbaga EJ, Moen K, Mpembeni R, Kirei N, Mbwambo J, Leshabari M. HIV prevalence and risk profile of men who have sex with men and people who inject drugs in Dar es Salaam, Tanzania (2014)

hepatitis B and C infection, and appropriate referrals.

2. Prisons should ensure that integrated services are available to deliver effective prevention, including TB infection control measures, diagnosis and treatment of HIV, TB and hepatitis as well as harm reduction services.
3. The joint TB/HIV plans should include services for prevention, diagnosis, treatment and care of TB and HIV in congregate settings including mining, methadone clinics, boarding schools and fishing communities.

4.2. Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy (the Three I's for HIV/TB)

4.2.1. Intensify TB case finding implemented at all HIV care and treatment and all other healthcare facility settings

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 labor-intensive agricultural areas), increases the chances of survival, improves quality of life, and reduces transmission of TB in the community.

Policy Statement

1. The MOHSW will work to ensure efficient and effective management of TB/HIV co-infected patients in care and treatment clinics, in counselling and testing sites, maternal and child health, 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 PLHIV 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 *at every visit.*
4. All presumptive TB cases from HIV/AIDS clinics should be properly evaluated and confirmed TB cases should promptly referred to TB DOT centers.
5. Provision of rapid molecular tests such as X-pert MTB/RIF for diagnosis of TB and drug resistant TB among HIV-positive patients presumed to have TB.

4.2.2. Provide High-quality TB treatment for HIV-infected TB patients

Proper management of TB in HIV infected TB patients involves prescribing the correct doses of the recommended treatment regimen in an appropriate formulation for the right duration; providing counseling and ancillary care as necessary; managing any adverse reactions that arise; and ensuring adherence until treatment is completed. Directly observed therapy is the standard of care for TB treatment.

Policy Statements

1. All people living with HIV diagnosed with TB should be started on Anti-TB according to national guidelines
2. The MoHSW will strengthen procurement and logistics management system for sustainable provision and supply of high quality Anti-TB drugs at service delivery points

4.2.3. Initiate TB prevention with IPT for both adults and children;

Isoniazid is given to all eligible PLHIV 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 is based upon national and international guidelines. All approved health facilities are required to offer IPT and establish mechanisms to monitor patient adherence.

Policy statements

1. Health facilities that meet criteria for IPT provision will be approved to offer IPT in strict compliance with the national guidelines.
2. Isoniazid will be provided to all eligible patients free of charge in approved health facilities providing HIV care and treatment services.
3. The MOHSW will strengthen procurement and logistics management system for ensuring uninterrupted supply of Isoniazid at service delivery points.
4. The MOHSW will regularly monitor and evaluate the use of IPT in the country.

4.2.4. Initiate TB prevention through early initiation of ART as per national guidelines

Based on experience and available evidence, use of ART improves quality of life and survival for PLHIVs. Optimal time of ART initiation is important for desirable health outcome in terms of reducing risk of death, disease progression including tuberculosis, and occurrence of serious adverse events.

Policy Statements

1. All PLHIV with no TB disease should be initiated on ART according to national guidelines.

4.2.5 Ensure control of TB infection in health facilities;

TB infection control will be concentrated in health care 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 and their clients.

Administrative measures should include early recognition, diagnosis, and treatment of TB patients, particularly those with pulmonary TB, and triage of clients with cough symptoms. Environmental protection should include maximizing natural ventilation and direct sunlight. Personal protection should include shielding of HIV-positive persons and health care providers from possible exposure to TB infection.

Policy statements

1. Health care settings will develop TB infection control plans that include administrative, environmental, and personal protection measures to reduce transmission of TB.
2. Infection prevention and standard precautions will be operational in all health care facilities.

3. All HIV-positive health care workers with disclosed sero status 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, PLHIV will be counseled and screened for early detection of TB infection and offered education on prevention and control of TB infection.

4.2.6 Ensure control of TB infection in congregate settings

TB Infection control measures intend to prevent the spread of TB within congregate settings. The infection control measures are based on three hierarchical measures; Administrative, environmental control and use of personal protective equipment. The MoHSW in collaboration with stakeholders will monitor and evaluate the implementation of TB infection control in congregate settings. Generally, the measures are aimed at reducing exposure to *M. tuberculosis* among prisoners, prison staff, police and their clients, students in boarding schools and other persons in the congregate settings.

Policy statement

1. The MOHSW and its partners will develop strategies to address TB/HIV co-infection in all congregate settings.
2. All staff in congregate settings such as prisons and schools will receive information about the increased risk of acquiring TB among inmates.
3. TB infection prevention and standard precautions will be operational in all prisons and other congregate settings.

4.3. Reduce the burden of HIV in patients with presumptive and diagnosed TB

4.3.1. Provide HIV testing and counselling to patients with presumptive TB

HIV counselling and testing for presumptive and diagnosed TB offers an entry point for a continuum of prevention, care, support, and treatment for HIV/AIDS.

Policy Statements

1. All presumptive and diagnosed TB will be offered HIV counselling and testing services.

4.3.2. Provide HIV testing and counseling to patients diagnosed with TB and Multi-drug resistant TB

HIV counselling and testing for TB patients offers an entry point for a continuum of prevention, care, support, and treatment for HIV/AIDS. 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.
2. All family members of TB/HIV co-infected patients will be offered HIV Counseling and Testing
3. The national policy on provider-initiated counselling and testing will be the guideline for all providers of counselling and testing services.
4. TB prevalence surveys will include HIV counselling and testing.

4.3.3. Provide HIV prevention interventions for patients with presumptive and diagnosed TB

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 presumptive and diagnosed TB patients as well as their partners 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.

4.3.4. Provide co-trimoxazole preventive therapy for TB patients living with HIV

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 strengthen procurement and logistics management system 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 and in accordance with the national guidelines.

4.3.5. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV

Access to health care for PLHIV 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 involve 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. PLHIV who are receiving or have completed TB treatment will be provided with a continuum of HIV/AIDS care and support services.
2. PLHIV who are co-infected with TB will receive Community Based HIV and AIDS Services (CBHS) as part of continuum of care and support services and in accordance with the national guidelines.

4.3.6. Provide antiretroviral therapy for TB patients living with HIV irrespective of CD4 count as per national guidelines

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 survival rates for PLHIV. Treatment is life long, requiring high levels of adherence in order to achieve long-term benefits and minimize the risk of developing drug resistance. Antiretroviral drugs are provided free of charge to eligible patients.

Policy Statements

1. All health facilities with a capacity to provide TB and HIV treatment services should be facilitated to integrate such services under one roof as per national guidelines.
2. All TB/HIV co-infected clients should be initiated on ART regardless of CD4 counts within 2 weeks of TB treatment and treated in accordance with the national care and treatment guidelines
3. Patients with TB/HIV co-infection who complete their TB treatment will be referred to the nearest care and treatment clinic for continuation of ART.

5. References

1. NTLP (2008): National Policy Guidelines for Collaborative TB/HIV Activities
2. WHO (2012): WHO policy on collaborative TB/HIV activities: Guidelines for national programmes and other stakeholders.
3. WHO (2015): A guide to monitoring and evaluation for collaborative TB/HIV activities
4. NACP(2014): National Guidelines for clinical Management of HIV/AIDS, Dar es Salaam, Tanzania
5. NTLP (2013): Manual of the National Tuberculosis and Leprosy Programme, Dar es Salaam, Tanzania.
6. UNAIDS (2013) unpublished Spectrum estimates
7. Mmbaga EJ, Moen K, Mpembeni R, Kirei N, Mbwambo J, Leshabari M. HIV prevalence and risk profile of men who have sex with men and people who inject drugs in Dar es Salaam, Tanzania (2014)