

Provider-initiated and Delivered HIV Testing and Counseling in TB Clinical Settings: Overview

In order to meet the aim of universal access to treatment for all who need it by 2010, the leaders of the Group of Eight (G8) and the United Nations General Assembly have invoked an international commitment to expand HIV treatment in resource-limited settings. Fulfilling this commitment will require innovation in HIV prevention, treatment and care programs. Formidable challenges exist. For example, it is estimated that less than 10% of people in countries with generalized or emerging HIV epidemics know their HIV status. Implementing provider-initiated and delivered HIV testing and counseling (PTC) will make HIV testing and counseling more feasible and accessible to all. A priority group for PTC is patients who have signs and symptoms consistent with HIV-related disease who are likely to have HIV infection and to need care and treatment, such as patient with tuberculosis (TB).

Until recently most HIV counseling and testing has been done in centers designated for voluntary counseling and testing (VCT). VCT centers can be located in the community or within a health care facility such as a district hospital. In either instance, clients choose to seek VCT and the first user of the test result is the client, who uses the information to make personal life decisions. The majority of clients are HIV-negative, and counseling focuses on risk behaviors and risk reduction. In contrast, PTC is initiated by the clinician when an individual is seeking medical care. The clinician recommends, offers, and performs HIV testing and counseling within the context of the medical evaluation, unless the patient refuses. Many patients tested through PTC in TB clinical settings are HIV-positive. Thus, counseling focuses on preventing the spread of HIV and linkage to HIV care and treatment.

In countries with generalized HIV epidemics, prevalence of HIV among TB patients ranges from 15-80%. Along with hospital medical inpatient wards, TB programs are the clinical sites where PTC can detect the highest proportion of patients in need of HIV care, antiretroviral treatment (ART), and interventions to prevent further HIV transmission. Also, because TB programs have decades of experience with standardized treatment procedures, including recording and reporting, integrating PTC into TB programs is feasible and can serve as a model for integrating PTC into all clinical care settings, as recommended by UNAIDS and the World Health Organization.

Incorporating HIV testing and counseling services into TB clinical settings will impact the operations of the clinic and require training of the providers to deliver the services. For this reason, it is recommended that both providers and clinic administrators attend this training.

Provider-initiated and Delivered HIV Testing and Counseling

This training program offers a standardized approach to providing PTC in TB clinics. The protocol for service includes patient education, informing the patient of the importance of testing for HIV and the clinic's policy of recommending and offering testing for all TB patients, rapid testing, providing the patient's test results, and support and referral for care. PTC is geared toward areas of generalized HIV epidemics in countries with high rates of HIV and TB. In these settings, TB is one of the most common opportunistic infections in HIV-infected persons.

Decisions before Implementation: Procedures and Policies

There are a number of decisions that national and district-level TB and HIV programs need to consider before implementing a PTC program in TB clinics and the training provided in this manual. If the country has regional- or provincial-level health administration, they will need to be included in the chart below as well. The activities in the modules of this training are based on some assumptions that may not reflect your country's decisions. In addition, preparation and training at the three levels (national, district, and local/clinic) will be different for the topics outlined in the training. Therefore, consider the issues in the following chart, and tailor the training modules to reflect the decisions made about PTC in your country and district.

First, however, is the decision about where to begin testing TB patients for HIV. It is strongly recommended that testing begin first in areas where HIV care and treatment is available.

Issue	National Level	District Level	Facility Level	Country-specific Information
Coordination between TB control program and HIV program				
Meetings between the two programs and relevant parties to establish a coordinating body and mechanisms for collaboration	1. National TB and HIV programs meet to plan policies 2. National level meets with district level	District Health Officer to coordinate and facilitate linkages between 2 programs	Discussion between staff at 2 clinics. Need to inform HIV care clinic about PTC in TB clinics	
Need for referral cards/forms to facilitate access to care and communication between HIV and TB clinics	Need for standardized card/forms; Can be adapted from sample provided in training manual	Supply of card/forms	Use of card/forms	
Patient support services	Determine need for mobilizing peer support groups or patient support personnel	Facilitation of linkages between TB clinic and HIV services Decisions about getting a patient support person for the clinics	Need for inventory of all HIV support services in the community Can a patient support person be on staff at the TB clinics?	
Lab Issues				
Who will collect the sample (e.g., provider, lab technician, lay counselor)?	Determine national level policies on who may obtain blood/saliva samples or perform HIV tests	Provide input into this decision; May vary from district to district	Provide input into this decision; May vary from clinic to clinic	

Issue	National Level	District Level	Facility Level	Country-specific Information
How will the samples be labeled (e.g., patient's name or a code to preserve confidentiality)?	National HIV program may have policy about HIV testing that needs to be considered	Follow national protocol	Follow national protocol	
Will the HIV test be performed by the provider or lab technician?	What are the national standards about who can perform HIV testing?	If performed in lab, are labs available for all clinical sites so that patients can be tested and receive results on the same day?	If performed in lab, determine procedures for sample collection and transport, and for results to be returned to the clinic	
How will training on HIV testing be provided?	National lab training programs	Is training needed and how will this be provided?	Can personnel be released for training?	
Can HIV test results be returned to patient on the same day? If not, what is an alternative plan?	The national HIV program may want to give guidance on alternative plan if HIV test result not available the same day as sample is collected	If testing is performed in the laboratory, assess capacity of lab to perform tests in timely manner	Providers must be aware of turnaround time for patient results Alternative plan: Clinics should decide on a process that will ensure the patient gets their HIV results at their next visit if results not available the same day as specimen collected	
How will quality assurance (QA) of HIV testing by labs or providers be handled?	Are national standards available?	Implement national standards at district labs Training needed Protocols and logistics	Follow national standards for QA Implementation of QA procedures	
HIV Clinical Care				
Providing cotrimoxazole preventive therapy and/or ART in TB clinical setting	Decision as to whether cotrimoxazole preventive therapy and/or ART are provided in TB clinical setting	Follow national protocol	Follow national protocol	

Issue	National Level	District Level	Facility Level	Country-specific Information
Clinical Visit				
How will private space for discussion of HIV be provided?	Funding for renovations, if needed	Determination of whether renovations are needed	Determination of how clinics can adjust the existing physical space, if needed, for privacy at the least cost and in a timely manner	
How will the impact of providing additional services on the TB control program be managed?	Update work plans, roles, responsibilities, and time management issues	Update work plans, roles, responsibilities, and time management issues	Update work plans, roles, responsibilities, and time management issues	
At which patient encounter will HIV PTC be introduced (time of diagnosis or during investigation for TB)?	May be national level decision as to when to introduce HIV PTC into TB care	May be district level decision as to when to introduce HIV PTC into TB care	Provide input into these decisions	
Will the clinic test partners of TB patients as well?	Programs need to ensure partner testing either at the TB clinic, another facility, or through referral, preferably to VCT	Input into this decision	Input into this decision	
How will training be provided?	Training of trainers Curriculum revisions	Training of clinic personnel: how, when, who, where On-site supervision after training	Release of personnel for training On-site supervision after training	
Procurement				
How will adequate supplies/consumables be assured? (e.g., rapid test kits, condoms if to be distributed in TB clinic)	Ensure that national procurement and logistics system addresses needs of integrated TB and HIV resources	Assure supplies of commodities	Order supplies, stock	
Record-Keeping				
Data elements to include in the TB clinic register	National standards of data elements for HIV to include in TB register	Input into this decision	Input into this decision	

Issue	National Level	District Level	Facility Level	Country-specific Information
Need for pre-printed revised registers	Printing of new registers may be a national level responsibility	Obtain new registers and keep supplies for clinics	Order new registers	
Information for other records such as TB treatment cards	Need national standards of information regarding HIV to include in TB treatment cards	Input into this decision	Input into this decision	
Need for revised TB treatment cards	Print new TB treatment cards may be a national level responsibility	Obtain new TB treatment cards and keeping supplies for clinics	Order new TB treatment cards	
Information for laboratory register (if test is performed in lab)	Need national standards of information regarding HIV to include in lab register	Input into this decision	Input into this decision	
Need for confidentiality of records	National HIV program may have standards	Assure that standards are followed	Maintain records in a confidential manner, which may require purchase of locking cabinets and staff training	
Patient Education				
Will written patient education/information (e.g., brochures, posters) be provided?	Development of these materials may need to be done at the national level: who, how, what, when	Procedure for obtaining supplies from national level and distributing to local level	Order supplies, stock	
Will group education be provided?	Sample script provided in the training manual may need to be edited, based on country policy	Training of group educators	Personnel to perform tasks Impact of using existing staff on clinic flow	

Issue	National Level	District Level	Facility Level	Country-specific Information
Will audiovisual materials be provided to the clinics?	Development of these materials may need to be done at the national level: who, how, what, when	Procedure for obtaining supplies from national level and distributing to local level	Training on use of audiovisual materials	
Monitoring and Evaluation				
Decide on indicators to monitor based on data elements (see record-keeping above)	Standardize at national level	Assure that indicators are reported	Report indicators in timely manner	
Reporting interval/period (e.g., quarterly)	Standardize at national level	Assure that reports are timely	Appoint person(s) responsible for reporting	
Develop periodic reporting form	Standardize at national level	Assure supply of forms	Order supply of forms	
Supportive supervision after training during implementation and scale-up	Standardize at national level; provide some supportive supervision	Provide supportive supervision from district level	Work with supervisors	

TB Clinical Settings

The management of patients with TB varies from country to country, urban to rural settings, and district-level care facilities to health post clinics. Patients may be investigated, diagnosed, and treated all in the same setting, e.g., outpatient department or chest clinic. Alternatively, they may be evaluated in one setting, referred for diagnosis to another setting, and receive treatment in yet another setting.

Each clinic team will need to decide when during investigation or diagnosis PTC will be performed. These decisions need to be made in collaboration with the District TB Coordinator.

For the purposes of this training, we have assumed that patients are evaluated, diagnosed, and treated in the same setting. Patients undergo PTC during the first visit after they are diagnosed with TB. The training also assumes that rapid HIV tests are used. In many places, procedures or policies may be different. You should adapt this training to fit the policies and procedures where you are training.

Training to Help TB Clinics Incorporate PTC

This training is designed to help staff in TB clinical settings understand what needs to be done to incorporate HIV testing into clinical procedures and how to counsel patients both on the need for testing and on the results. Providers (medical officers, clinical officers, nurses) will practice the skills they will need to talk with TB patients about the need for testing for HIV and to tell patients the results of their test. Providers will also get an overview of the clinical considerations related to treating patients who have TB and HIV infection.

Training Approach

This training is designed using a team approach to planning, training, and implementation of PTC in TB clinics. The rationale for using the team approach is that incorporating HIV testing will have an impact on the entire clinic, not just the providers. The team includes clinical officers, nurses, administrators, managers, lab personnel, counselors, and possibly others such as persons living with HIV infection who work as patient supporters.

Ideally, each clinic will send one person from each of the categories listed above to attend the training together. During part of days one and two of the training, the team will develop a plan for their clinic that includes administrative, policy, implementation, and operational issues. The final training modules are designed for the specific responsibilities of the provider.

Training of Trainers

The materials in this training package are designed for trainers to use with clinic staff and others who will be implementing PTC in TB clinics. If countries or districts choose to train trainers to deliver this training package, they may want to consider adding a component that helps trainers understand and practice good training techniques, such as effective methods of giving lectures, promoting discussion in groups, and role-playing. The Global AIDS Program at CDC encourages the use of an effective technique called “Teachback” that incorporates these issues within the whole training package and uses the content of the course as the basis for practicing training techniques. The contact information for this package can be found in the “Other Resources” section below.

Training Agenda/Time Frame

The agenda for the training is under the second tab in this notebook. Please notice that the course is divided into sections to be completed within a time frame that is bounded by the beginning of the day, tea or coffee breaks, lunch and the end of the day. This may vary for each setting or country. Trainers may find that they need to adjust the schedule based on the participants’ ease or difficulty of learning the material, or to allow for customary times for lunch and breaks.

Other Resources

Training packages which may be of use in scale up of provider-initiated and delivered HIV testing and counseling in TB programs:

Centers for Disease Control and Prevention, World Health Organization. Rapid HIV testing. Atlanta, CDC, 2005.

Centers for Disease Control and Prevention. *TB/HIV Surveillance: Training of Trainers Course*. Atlanta, CDC, 2006.

Centers for Disease Control and Prevention, Global AIDS Program. *Teachback Methodology*, Atlanta, CDC 2005.

World Health Organization. Tuberculosis care with TB-HIV comanagement. Integrated management of adolescent and adult illness (IMAI). WHO, 2006.

World Health Organization. TB/HIV: A clinical manual. Geneva, WHO, 2nd edition, 2003.

World Health Organization. Scaling up antiretroviral therapy in resource-limited settings: Treatment guidelines for a public health approach, 2003 revision. Geneva, WHO, 2003.

Components of Roll-Out and Training of PTC in TB Programs

The following is a summary of the components of the training and implementation package with the issues that have associated costs for those who need to budget for adapting the training materials and conducting the training.

Pre-Training Stakeholders' Preparation

- Meeting of national TB and HIV leadership and stakeholders to decide policy on PTC, address country-specific contents of training materials, and plan revisions of TB registry, treatment card, or other means of recording and reporting TB/HIV information (see Decisions before Implementation, pp. 2-6 of this Overview).

Conducting the Training

Budget implications for training the trainers, support for trainees, facility and materials, technical assistance:

- Per diems:
 - Training of Trainers (TOT) 3 to 3.5 days per diem for trainers
 - Training of Clinic Staff = 3.5 to 4 days per diem for trainers plus participants

Facility for training: as above: 3 to 3.5 days for TOT; 3.5 to 4 days for training participants

- Transportation costs to/from trainings
- Materials:
 - Trainer's manuals ≈ 15 per country
 - Participant's manuals and job aids (number determined by the country)
(cost estimate for printing all materials ≈ \$3000 – 4000 \$US)
 - We recommend that countries obtain the following WHO and CDC publications for each of their participants:

Stop TB Department, Department of HIV/AIDS, Department of Child and Adolescent Health and Development. *TB/HIV: A Clinical Manual*; 2nd edition. Geneva: World Health Organization, 2004. (or latest edition)

WHO. *Scaling Up Antiretroviral Therapy in Resource-Limited Settings: Treatment Guidelines for a Public Health Approach (Revised)*. Geneva: World Health Organization, 2003. (or latest revision)

CDC. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR* 2006; 55(No. RR-14).

Modifying the Manuals to Reflect Your Country's Decisions

Once your country has developed its own policies and procedures, these training materials can be adapted to reflect these decisions. The following lists the issues that are in the Decisions Before Implementation chart and the page numbers in the manual where you will find relevant text that may need to be changed.

Your country's policy on HIV testing for TB patients: Module Two, page 4

Patient Education

Written patient education:

Module Two, pages 6-7
Module Four, page 7
Demonstration Clinic

Oral group education: Module Two, page 7
Module Four, pages 7-9
Demonstration Clinic

Clinical Visit

At which patient encounter will the patient be tested for HIV? Overview, page 4
Module Two, page 7
Module Three, page 8

When during the encounter will patient be tested? Module Three, page 8
Module Four, page 4

Will clinic test partners? Module Three, pages 19, 25-26
Script flipchart: 4: Prevention messages for HIV-negative patients
Script flipchart: 6: Prevention messages for HIV-positive patients

Laboratory Issues

Will provider or laboratory technician collect the blood sample?
Module Two: Protocol diagram
Module Two: page 9
Module Three, pages 1, 13-14, 17
Module Four, page 4

Will the HIV test be completed by provider or laboratory technician?
Module Two: Protocol diagram
Module Two: page 9
Module Three, pages 1, 13-14, 17
Module Four, page 4
Script flipchart: 2: Performing the Rapid HIV Test

Ensuring delivery of HIV test results on the same day/Plan B

Module Three: pages 9,13-14

Module Four: page 4

National standards for quality assurance of HIV testing

Module Four: pages 21-25, 28-29

Coordination between TB Control Program and HIV Program

Referral forms to and from HIV treatment clinics

Module Four: pages 10-11

Patient support services

Module Two: page 11

Module Three: page 23-25

Module Four: page 12

Script flipchart: 5: Inform patient of the result: Positive HIV test results

Record-Keeping

National standards for data elements in TB clinic register

Module Four, pages 16-18

Pre-printed registers

Module Four, pages 16-18

National standards of information on treatment cards

Module Four, pages 16-18

National standards of information about HIV included in the lab register

Module Four: pages 16-18

National standards on confidentiality of records

Module Four: pages 16-18

Monitoring and Evaluation

Standardized indicators

Module Four: pages 21-24

Reporting interval

Module Four: pages 22-24

Periodic reporting form

Module Four: pages 23, 26