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.

<table>
<thead>
<tr>
<th>Issue</th>
<th>National Level</th>
<th>District Level</th>
<th>Facility Level</th>
<th>Country-specific Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination between TB control program and HIV program</td>
<td>1. National TB and HIV programs meet to plan policies</td>
<td>District Health Officer to coordinate and facilitate linkages between 2 programs</td>
<td>Discussion between staff at 2 clinics. Need to inform HIV care clinic about PTC in TB clinics</td>
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<td>2. National level meets with district level</td>
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<tr>
<td>Meetings between the two programs and relevant parties to establish a coordinating body and mechanisms for collaboration</td>
<td>Need for standardized card/forms; Can be adapted from sample provided in training manual</td>
<td>Supply of card/forms</td>
<td>Use of card/forms</td>
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<tr>
<td>Need for referral cards/forms to facilitate access to care and communication between HIV and TB clinics</td>
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<tr>
<td>Patient support services</td>
<td>Determine need for mobilizing peer support groups or patient support personnel</td>
<td>Facilitation of linkages between TB clinic and HIV services</td>
<td>Need for inventory of all HIV support services in the community</td>
<td>Can a patient support person be on staff at the TB clinics?</td>
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<td></td>
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<td>Decisions about getting a patient support person for the clinics</td>
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<tr>
<td>Lab Issues</td>
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<tr>
<td>Who will collect the sample (e.g., provider, lab technician, lay counselor)?</td>
<td>Determine national level policies on who may obtain blood/saliva samples or perform HIV tests</td>
<td>Provide input into this decision; May vary from district to district</td>
<td>Provide input into this decision; May vary from clinic to clinic</td>
<td></td>
</tr>
<tr>
<td>Issue</td>
<td>National Level</td>
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<tr>
<td>How will the samples be labeled (e.g., patient’s name or a code to preserve confidentiality)?</td>
<td>National HIV program may have policy about HIV testing that needs to be considered</td>
<td>Follow national protocol</td>
<td>Follow national protocol</td>
<td></td>
</tr>
<tr>
<td>Will the HIV test be performed by the provider or lab technician?</td>
<td>What are the national standards about who can perform HIV testing?</td>
<td>If performed in lab, are labs available for all clinical sites so that patients can be tested and receive results on the same day?</td>
<td>If performed in lab, determine procedures for sample collection and transport, and for results to be returned to the clinic</td>
<td></td>
</tr>
<tr>
<td>How will training on HIV testing be provided?</td>
<td>National lab training programs</td>
<td>Is training needed and how will this be provided?</td>
<td>Can personnel be released for training?</td>
<td></td>
</tr>
<tr>
<td>Can HIV test results be returned to patient on the same day?</td>
<td>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</td>
<td>If testing is performed in the laboratory, assess capacity of lab to perform tests in timely manner</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>How will quality assurance (QA) of HIV testing by labs or providers be handled?</td>
<td>Are national standards available?</td>
<td>Implement national standards at district labs Training needed Protocols and logistics</td>
<td>Follow national standards for QA Implementation of QA procedures</td>
<td></td>
</tr>
</tbody>
</table>

HIV Clinical Care

<p>| 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 |                               |</p>
<table>
<thead>
<tr>
<th>Issue</th>
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<th>District Level</th>
<th>Facility Level</th>
<th>Country-specific Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Visit</td>
<td>Funding for renovations, if needed</td>
<td>Determination of whether renovations are needed</td>
<td>Determination of how clinics can adjust the existing physical space, if needed, for privacy at the least cost and in a timely manner</td>
<td></td>
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<tr>
<td>How will private space for discussion of HIV be provided?</td>
<td></td>
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</tr>
<tr>
<td>How will the impact of providing additional services on the TB control program be managed?</td>
<td>Update work plans, roles, responsibilities, and time management issues</td>
<td>Update work plans, roles, responsibilities, and time management issues</td>
<td>Update work plans, roles, responsibilities, and time management issues</td>
<td></td>
</tr>
<tr>
<td>At which patient encounter will HIV PTC be introduced (time of diagnosis or during investigation for TB)?</td>
<td>May be national level decision as to when to introduce HIV PTC into TB care</td>
<td>May be district level decision as to when to introduce HIV PTC into TB care</td>
<td>Provide input into these decisions</td>
<td></td>
</tr>
<tr>
<td>Will the clinic test partners of TB patients as well?</td>
<td>Programs need to ensure partner testing either at the TB clinic, another facility, or through referral, preferably to VCT</td>
<td>Input into this decision</td>
<td>Input into this decision</td>
<td></td>
</tr>
<tr>
<td>How will training be provided?</td>
<td>Training of trainers Curriculum revisions</td>
<td>Training of clinic personnel: how, when, who, where On-site supervision after training</td>
<td>Release of personnel for training On-site supervision after training</td>
<td></td>
</tr>
<tr>
<td>Procurement</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>How will adequate supplies/consumables be assured? (e.g., rapid test kits, condoms if to be distributed in TB clinic)</td>
<td>Ensure that national procurement and logistics system addresses needs of integrated TB and HIV resources</td>
<td>Assure supplies of commodities</td>
<td>Order supplies, stock</td>
<td></td>
</tr>
<tr>
<td>Record-Keeping</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Data elements to include in the TB clinic register</td>
<td>National standards of data elements for HIV to include in TB register</td>
<td>Input into this decision</td>
<td>Input into this decision</td>
<td></td>
</tr>
<tr>
<td>Issue</td>
<td>National Level</td>
<td>District Level</td>
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<td>---------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Need for pre-printed revised registers</td>
<td>Printing of new registers may be a national level responsibility</td>
<td>Obtain new registers and keep supplies for clinics</td>
<td>Order new registers</td>
<td></td>
</tr>
<tr>
<td>Information for other records such as TB treatment cards</td>
<td>Need national standards of information regarding HIV to include in TB treatment cards</td>
<td>Input into this decision</td>
<td>Input into this decision</td>
<td></td>
</tr>
<tr>
<td>Need for revised TB treatment cards</td>
<td>Print new TB treatment cards may be a national level responsibility</td>
<td>Obtain new TB treatment cards and keeping supplies for clinics</td>
<td>Order new TB treatment cards</td>
<td></td>
</tr>
<tr>
<td>Information for laboratory register (if test is performed in lab)</td>
<td>Need national standards of information regarding HIV to include in lab register</td>
<td>Input into this decision</td>
<td>Input into this decision</td>
<td></td>
</tr>
<tr>
<td>Need for confidentiality of records</td>
<td>National HIV program may have standards</td>
<td>Assure that standards are followed</td>
<td>Maintain records in a confidential manner, which may require purchase of locking cabinets and staff training</td>
<td></td>
</tr>
</tbody>
</table>

### Patient Education

<table>
<thead>
<tr>
<th>Will written patient education/information (e.g., brochures, posters) be provided?</th>
<th>Development of these materials may need to be done at the national level: who, how, what, when</th>
<th>Procedure for obtaining supplies from national level and distributing to local level</th>
<th>Order supplies, stock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will group education be provided?</td>
<td>Sample script provided in the training manual may need to be edited, based on country policy</td>
<td>Training of group educators</td>
<td>Personnel to perform tasks Impact of using existing staff on clinic flow</td>
</tr>
</tbody>
</table>
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:


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:


    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

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**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