Strengthening HIV-TB integration

A case study from Alliance Ukraine
This case study is one in a series produced by the International HIV/AIDS Alliance (the Alliance). The series brings together good practice to define and guide the Alliance’s community-level programming in a range of technical areas, including:

- human rights and the greater involvement of people living with HIV (GIPA)
- research, evaluation and documentation
- HIV prevention
- sexual and reproductive health and rights and HIV integration
- HIV and tuberculosis (TB)
- HIV programming for children
- HIV and drug use.

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<table>
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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<tr>
<td>Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>IPT</td>
<td>isoniazid preventive therapy</td>
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<tr>
<td>LO</td>
<td>Linking Organisation</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<tr>
<td>NCC</td>
<td>National Coordination Council</td>
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<tr>
<td>The Network</td>
<td>The All-Ukrainian Network of People Living with HIV</td>
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<tr>
<td>PSM</td>
<td>procurement and supply management</td>
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<tr>
<td>TPSM</td>
<td>treatment and procurement and supply management</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive summary

Many non-governmental and other civil society organisations working in HIV are now seeking to integrate TB into their work. These organisations often have particular strengths that can be useful in TB programming, such as an understanding of their local context, an ability to reach key populations, and the capacity to provide peer support and tackle stigma.

The challenge

However, many of them do not know how practically to integrate TB into their work. They often encounter barriers related to the misconception that TB programming is highly technical; they may experience difficulties in fundraising for TB; and they may lack trained staff who understand TB programming. Moreover, there are few case studies documenting the steps that HIV civil society organisations can follow to successfully integrate TB into their HIV work. This case study provides a detailed account of how Alliance Ukraine strengthened its capacity to implement TB programming. It will be particularly relevant for other organisations working in countries with a high burden of HIV and TB who are considering integrating TB into HIV work.

Ukraine has a high burden of both HIV and TB, with one in five TB patients also being HIV positive. However, responding to TB and HIV in Ukraine has been challenging due to a vertical health system and limited capacity in the TB sector. HIV and TB are continuing to impact significantly on key populations, who are often isolated and hard to reach. For instance, around 50% of HIV/TB co-infected patients in Ukraine are people who inject drugs.

The response

The convergence of injecting drug use and TB in Ukraine provided the Alliance with an entry point into TB programming. Alliance Ukraine wanted to respond to the holistic needs of those affected by the HIV epidemic, and that meant a long-term commitment to TB integration. So the Alliance sought to position itself at the centre of the national response to TB, participating in national technical working groups and identifying TB as a priority in its organisational strategy.

As a result of these and other efforts, Alliance Ukraine became a Principle Recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) Round 1 HIV grant in 2004.

Alliance Ukraine worked with implementing partners to approach TB integration from various angles. Initially, programme activities all fell within the scope of the Alliance’s existing expertise: creating information and educational materials on HIV/TB co-infection; providing referrals; and addressing TB within the framework of opportunistic infection management.

In addition, transferrable expertise, such as procurement and supply management (PSM), supporting the national monitoring and evaluation (M&E) system, and case management, was put to use to position Alliance Ukraine within the country’s TB response.

As an HIV organisation targeting hard-to-reach key populations, Alliance Ukraine already had a mechanism in place to learn about specific TB programming issues at the service delivery level. Using its strong communication and advocacy skills, Alliance Ukraine was able to engage policymakers on those issues, helping to create an environment in which the integration of HIV and TB responses could be most meaningful for those affected and most efficient for those involved.

What the Alliance Ukraine programme has created is an HIV response that addresses TB and other comprehensive needs of the target population, supported by a multidisciplinary team of health service providers, up-to-date protocols based on international evidence and policies, and a broad network that carries essential information and messages to and from patients and policymakers.
Lessons learnt

Based on their experience in Ukraine, the Alliance’s HIV/TB team have summarised the essential organisational capacity requirements in TB integration as follows:

1. A basic knowledge of TB as a communicable disease, of technical terms used in TB programming, and of the architecture of the national TB programme.

2. Good case management capacity, including strong partnerships to support it, and funding that enables its implementation.

3. An ability to engage in advocacy (either to lead it or mobilise others to do so) to create an enabling environment for integration to succeed, including good intersectoral coordination and a shared vision and direction between government and civil society.

Key messages from this case study, and essential questions for any HIV organisation considering TB integration, are included below.

Key messages

Key message 1
TB prevention and treatment among HIV target populations is an integral part of HIV work. But whether, when and how to integrate is a strategic question best answered by understanding the local epidemic and the needs of your target populations.

Key message 2
In order to work in HIV/TB integration, a basic knowledge of TB and an ability to work with the TB sector and influence policymakers are essential. Further capacity-building needs will be determined by the scope of your HIV/TB intervention.

Key message 3
Starting TB work need not be too challenging. Begin with activities that your organisation can deliver confidently, and then align new areas of work to your organisation’s long-term goals and ambitions.

Key message 4
A good HIV organisation already has areas of expertise and strengths that can be used to support nascent TB programming. Typical examples are outreach, community mobilisation and case management. Use your comparative advantage to create a niche for your organisation.

Key message 5
Vertical health system structures, with a focus on specific diseases, often create challenges to integrated service provision. For this type of health system to facilitate HIV/TB integration, close cooperation between the two sectors is essential. Coordinated or joint advocacy by HIV and TB service providers (doctors, other health professionals and civil society) to national-level policymakers promotes change.

Key message 6
Finding the right partners at grassroots, regional and national levels is essential for effective delivery of interventions and better influencing decision-makers. Partnerships help to promote the voices of your target groups, and allow you to reflect them in your programming and communicate them to policymakers.
Key questions to ask before embarking on TB integration

- What is the burden of TB in the region where your organisation works? Is TB prevalence high among key populations in the region where your organisation works?
- Is TB integration strategic for your organisation's HIV response? Does your organisation have resources to commit to integration, or does it need to bring in additional resources?
- Does your organisation have partners who already work with populations at higher risk of TB?
- Is your organisation already working collaboratively with national health service providers, including the national TB programme, or can it engage with them with fairly easily?
- What care package of integrated HIV/TB services does your target population need?
- What expertise is required to provide such a package of services? Does your organisation have that expertise or have access to it? If not, how can this expertise be progressively built?
- What type of integration (referral, co-location or full integration) is most appropriate in your current health care settings?
- Does the national health system support provisional integration through initiatives such as leading on or facilitating intersectoral coordination, leading policy change and allocating budget for integration?
- Does the your organisation or national health system offer incentives for health service providers to take on integration?
Introduction: the purpose of this case study

TB is also the leading cause of death among people living with HIV. In addition, when a person with latent TB infection contracts HIV, they are 20 to 30 times more likely to develop active TB than those who do not have HIV. While both HIV and TB can be treated, this requires timely and close cooperation between HIV and TB services, and can become complex within the vertical structure of health care systems.

Since Alliance programmes aim to reduce the number of deaths from HIV, TB co-infection is a key area of concern for any Alliance Linking Organisation (LO). While the need for TB integration has been strongly felt across Alliance LOs, the level of progress has varied among countries and LOs. In many countries, health systems are vertically structured, and responsibilities for HIV and TB are located in separate sectors. Even where there are referral systems in place, stigma around HIV and other structural barriers can make it difficult for HIV patients to access TB services, and vice versa. Many HIV organisations can also find it difficult to understand the architecture of the national TB programme, together with the medical and technical terms used in TB programming. In addition, most LO funding comes from donors who allocate resources by disease. For all these reasons, it has proved difficult for many HIV organisations to develop organisational capacity and a programmatic track record for TB work, and many LOs are struggling to find an entry point into TB through their HIV work.

Alliance Ukraine, despite working with a vertical health care structure, has managed to initiate TB integration, and this case study documents the process. The aim is to demonstrate how an HIV organisation gradually expanded its track record and expertise in TB to become a leading organisation in responding to HIV/TB co-infection in the country. Alliance Ukraine’s work on TB integration is mainly carried out through programmes resourced by the Global Fund. Since Alliance Ukraine implements these programmes in partnership with other organisations and onward-granting partners, it should be noted that this case study documents the HIV/TB integration path of Alliance Ukraine-led programmes rather than that of Alliance Ukraine as a single LO. To make this case study a more useful tool, it also provides examples of work and refers to other relevant tools.

Integrating TB into Alliance Ukraine-led programmes has been a strategic, long-term commitment and an important part of Ukraine’s HIV response. The most prominent TB integration work takes the form of an integrated care approach, addressing the comprehensive needs of people affected by HIV, drug use and TB. However, despite international support, Ukraine’s TB sector remains significantly underfunded, and the integration of HIV and TB has so far been led by HIV organisations, including the HIV/TB co-infection component of the Global Fund Round 9 TB grant. This case study offers useful lessons that can contribute to addressing HIV and TB in the context of LOs’ HIV response. It also refers to the Alliance’s Good Practice Guide: Community-based TB/HIV integration. (See below for the eight good practice standards and six essential actions for successful integration).

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2. These include the programmes of the World Bank and PATH, funded by USAID.
Alliance Ukraine’s work illustrates how an LO can apply some of the principles of good HIV programming, such as the Alliance good practice standards. Implementing these standards is one of the ways that the Alliance, our partners and other organisations define and promote a unified and quality-driven approach to HIV programming. The Alliance uses an assessment of whether an organisation meets these programming standards in its accreditation process. It uses the results of the assessment to develop an action plan to strengthen integrated programming. You can also use the standards to perform a self-assessment and find out how your organisation is doing.

The standards below represent the important components of good practice for TB/HIV integration that all community organisations should strive to reach. They are based on scientific evidence and the Alliance’s experiences in HIV programming. In reality, few organisations working in HIV or TB have the opportunity or resources to design and implement a comprehensive programme of all the services that these standards cover. To begin, pay particular attention to the standards that are relevant for the work you are doing now, and plan to meet the other standards as your organisation has the opportunity and means to do so, or partner with other groups that can complement the services you provide to build a more comprehensive package.

### Good practice standards

1. **Good practice standard 1:** Our organisation implements an organisational strategy that supports the integration of HIV and TB activities.

2. **Good practice standard 2:** Our organisation collaborates with other HIV and TB organisations working in our country, and our TB/HIV work is aligned with the strategies and objectives of the national AIDS and TB control programmes.

3. **Good practice standard 3:** Our organisation actively engages HIV- and TB-infected and affected community members in planning, implementing and evaluating our TB/HIV activities.

4. **Good practice standard 4:** Our organisation ensures that all people living with HIV have access to TB screening, co-trimoxazole preventive therapy, and either isoniazid preventive therapy or full TB treatment as appropriate.

5. **Good practice standard 5:** Our organisation ensures that all people offered HIV testing also receive understandable information about the risks of TB infection and TB disease.

6. **Good practice standard 6:** Our organisation provides people with TB symptoms, TB infection, or confirmed TB disease with information on HIV, and refers them for HIV counselling and testing.

7. **Good practice standard 7:** Our organisation implements infection control guidelines that reduce the risk of TB transmission to people living with HIV, including those who work or volunteer for our organisation.

8. **Good practice standard 8:** Our organisation implements strategies to address both TB- and HIV-related stigma.

### Essential actions

1. **Essential action 1:** Understand TB, TB/HIV and the global context.

2. **Essential action 2:** Know the TB situation in your country (or your area).

3. **Essential action 3:** Choose activities suitable for your organisation.

4. **Essential action 4:** Create or strengthen appropriate partnerships.

5. **Essential action 5:** Plan, implement and measure the success of your activities.

6. **Essential action 6:** Fund your activities.
**Background**

Ukraine is an HIV and TB high-burden country. The first incidence of HIV was reported in 1987, and the World Health Organization (WHO) first identified TB as an epidemic in Ukraine in 1995, with 21,459 new cases (or 41.6 cases per 100,000 population) that constituted 7.1% of all new cases in the WHO European Region. The incidence is estimated to have peaked in 2010 at 46,000 (101.2 per 100,000 population), with a small decline in 2011. By 2011, Ukraine was bearing an even greater proportion of all European TB cases, estimated at 10.6%. Ukraine has now been identified by WHO as one of 18 high-priority countries for controlling TB in the WHO European Region. It is also one of 27 multidrug-resistant TB (MDR-TB) high-burden countries.

The HIV epidemic is particularly concentrated among people who inject drugs, commercial sex workers and men who have sex with men. The burden on people who inject drugs is particularly high, at 28.6% of all cases of HIV infection.

Currently, Ukraine is also one of 41 TB and HIV high-burden countries globally. Data from 2010 show that the number of TB cases co-infected with HIV infection was 4,501 (up by 92% from 2,345 in 2007), representing 13% of all TB cases in Ukraine and 28.4% of TB cases with HIV infection in the WHO European Region. In 2011, there were 8,100 TB cases co-infected with HIV infection out of a total of 40,000 TB cases, meaning that one in five people with TB were also estimated to be HIV positive. In 2012, 3,875 HIV positive people died, 2,765 of whom were co-infected with both TB and HIV. The data therefore demonstrate the close relationship between TB and HIV in Ukraine, with TB contributing to 72% of deaths among HIV positive patients in 2012. TB is also the most frequent AIDS-indicative disease in Ukraine, as is the case globally.

In addition, the increase of MDR-TB puts further strain on efforts to control HIV and TB, with 16% of newly detected cases and 44% of re-treated cases being identified as MDR-TB. A further characteristic of the TB/HIV epidemic in Ukraine is the high burden on people who inject drugs. At the beginning of 2012, 19% of the 6,632 patients on substitution maintenance therapy had active TB.

Tackling TB and HIV in Ukraine means working with the challenges of a health system that is not only vertical but also 'in transition', as described in Ukraine's proposal for the Global Fund Round 9 TB grant. For the TB programme supported by the Global Fund Round 9 grant, the Three I's for TB/HIV approach were applied to its HIV/TB co-infection activities, following WHO guidelines. The national TB programme had already adopted directly observed therapy – short course (DOTS) in 2007, and was being guided by 15 objectives and targets for 2011. Although historically the TB sector has been supported by donors such as the World Bank, severe underfunding has continued to pose challenges around the sector's capacity to implement an efficient or consistent response through a shortage of human resources, an absence of up-to-date medical protocols, out-dated medical and laboratory facilities, and an inadequate supply of appropriate pharmaceutical products.

4. European Centre for Disease Control (2003), TB surveillance report.
12. The estimated number of HIV positive TB patients in 2011 is 5,893, or 19% of the estimated total HIV positive population. Data source: WHO, Ukraine Tuberculosis Profile, generated on 25 April 2013. https://extranet.who.int/whoaReports/Repeat&name=/WHO_HQ_Reports/G2/PROD/EXT/ TB CountryProfile/ISG2-ua1outtype=p df; ECDC (2013), TB surveillance report estimates 8,100 TB cases with HIV infection out of all TB cases (40,000).
15. In addition to ART, WHO recommends implementation of the Three I’s for TB/HIV to reduce the burden of TB among people living with HIV. The Three I’s for TB/HIV comprise of: intensified TB case finding; isoniazid preventive therapy; and infection control for TB. See http://www.who.int/hiv/topics/tb/3is/en/index.html (accessed on 12 February 2013).
16. See Annex 2 for WHO guidelines and policy related to the Three I’s for TB/HIV.
HIV has a significant impact on key populations, who are often isolated and hard to reach. Targeting HIV and TB simultaneously has been emphasised by the WHO’s Interim Policy of Collaborative TB/HIV Activities18 adopted by Ukraine, which aims to decrease the burden of TB among people living with HIV, while at the same time decreasing the burden of HIV among people with TB. Proposals made in the Global Fund Round 9 highlighted a need for more intensified case finding, improved education of health service providers, the introduction of isoniazid preventative therapy (IPT) and improved infection control in TB and HIV clinics, and in areas where people living with HIV congregate.

Since almost half of HIV/TB co-infected patients are injecting drug users,19 harm reduction activities have been introduced into TB services, as well as scale up of testing and counselling for HIV. In concentrated epidemics, it is important to harness civil society as a key stakeholder that can be pivotal in facilitating change through outreach work. This is reflected in Pillar 5 of WHO’s Stop TB Strategy,20 which aims to empower people with TB and create partnerships within communities.

The Alliance began work in Ukraine in 2000, and in 2001 formed Alliance Ukraine, which latter became an independent linking organisation in 2009. In 2004, Alliance Ukraine began work on Global Fund Round 1 grant, which mainly focussed on HIV treatment and the development of a comprehensive package of HIV services in order to address the holistic needs of key populations. An integrated package of services was identified through participatory assessments. This integrated service package was essential for ensuring that key populations who were hard-to-reach populations, and who would otherwise access few if any essential services due to multiple layers of stigma and discrimination, accessed services. During this participatory assessment, the provision of health services in separate facilities was identified as a barrier to access to services. It became apparent that HIV services were provided at a higher and more central level of the health system, meaning many patients needed to travel long distances, while TB services had already been devolved to primary health care.

HIV/TB integration as articulated in Ukrainian HIV/AIDS and TB programmes

**National AIDS Programme (2009–2013)**

- Provision of TB diagnostics among HIV-infected patients to ensure treatment.
- Development and implementation of referral services for diagnosis, treatment and management of patients with HIV/TB co-infection at national and regional levels.
- Implementation of the integrated services model for HIV/AIDS and TB treatment among people who inject drugs.

**National TB Programme (2012–2016)**

- Development of procedures for coordination and implementation of the joint action plan for tackling HIV/TB co-infection at national and regional levels. These include prevention, diagnosis monitoring and evaluation, based on relevant international recommendations.
- Development and adoption of indicators to assess progress on the joint action plan on HIV/TB co-infection.
- Provision of access to opportunistic infection treatment for HIV/TB co-infection patients.
- Provision of access to antiretroviral therapy for HIV/TB co-infection patients.
- Implementation of pre- and post-test counselling and testing for HIV/TB co-infection patients.
- Creation and implementation of a mechanism for the integrated care of HIV/TB co-infection patients, and for patients with triple diagnoses (TB, HIV and drugs).
- Development and implementation of national and regional plans of action to inform communities and involve them in TB prevention activities.

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19. This statistic is from Alliance Ukraine’s programme monitoring data. Ukraine’s official data published by the Ukrainian Centre for Disease Control and Prevention in 2012 suggests 10%.
TB remained an underfunded sector. Hospitals, laboratories and their staff had been deprived of essential upgrading and training due to lack of financial resources. Several applications for a TB grant from the Global Fund had been turned down before the Round 9 TB grant was finally accepted in 2010.

Alliance Ukraine, together with the All-Ukrainian Network of People Living with HIV (the Network) and other civil society and international stakeholders, ran an effective advocacy campaign that resulted in establishing the Presidential Council for AIDS, TB and Drug Addiction by a decree in December 2007 – a platform that brought TB on board with HIV and drug use issues. At about the same time, Alliance Ukraine started developing a niche in the supply of pharmaceuticals and other health products, which became important in relation to procuring TB supplies.

Alliance Ukraine took a significant step towards HIV/TB integration with the start of Global Fund Round 9 at the end of 2010. An HIV/TB team was formed, further strengthening the knowledge base and expertise within Alliance Ukraine. Alliance Ukraine was made a sub-recipient within the national programme, charged with integrating the approach to HIV and TB. The Alliance is now scaling up the response to HIV/TB co-infection and procuring pharmaceutical products because this was an area in which they had comparative strength.

Currently, Alliance Ukraine is playing a leading role in the country’s response to HIV and AIDS in a number of areas, including HIV/TB co-infection within a wider context of integrated care service provision, in order to respond to the needs of affected communities. To achieve this, the Alliance’s model of planning, implementation and M&E is closely aligned with Global Fund requirements.
Case study

Ukraine has a high burden of HIV, with prevalence concentrated among key populations, particularly people who inject drugs. This case study looks at the successes and challenges of Alliance Ukraine’s TB work in order to highlight key issues for HIV organisations to consider as they start TB work.

The case study is structured as follows:

1. Overview of Alliance Ukraine’s HIV/TB work
2. Lessons learnt by Alliance Ukraine
3. Basic organisational capacity requirements for successful HIV/TB integration by HIV organisations
1. Overview of Alliance Ukraine’s HIV/TB work

The year 2004 was a milestone for Alliance Ukraine. A large Global Fund Round 1 grant had allowed the Alliance to embark on a large-scale HIV programme that placed people at the centre of its treatment, prevention, and care and support work ➜ Essential action 6: Fund your activities. By 2004, Alliance Ukraine and its implementing partners were already providing comprehensive HIV services in care and support work. This was followed by the Alliance Ukraine strategy for 2006–2010, which included treatment and prevention of TB as one of the objectives. ➜ Good practice standard 1.

However, TB integration did not come about immediately or easily in Ukraine and for Alliance Ukraine. Nationally, by the end of 2012 only 54.8% of those who were both TB and HIV positive had received treatment for both infections.23

Zahedul Islam, Alliance Ukraine’s director responsible for HIV/TB programmes, said:

Tuberculosis is an acute and complex problem for people living with HIV/AIDS in Ukraine. Integration of TB services into the existing programmes is inevitable to meaningfully reduce mortality from HIV/AIDS and improve quality of life of the patients. Sufficient time and a holistic approach is needed for TB service integration, which was pioneered by the Alliance back in 2004 under the Global Fund Round 1 programme. Over the years momentum has grown and the Alliance has played a significant role in catalyzing civil society organisation’s active participation in existing changes of HIV/TB service integration that are still need to be enhanced. Despite active the participation of civil society organisations, it’s imperative that the governmental leadership, state financing and patient-oriented approaches should be considered as cornerstones of sustainable programme implementation.

In 2004, in order to establish integrated package of services, multidisciplinary teams were formed consisting of medical staff (from the health sector) and outreach workers. This followed participatory assessments to identify an integrated package of comprehensive services for key populations. During that year, Alliance Ukraine and its implementing partners trained 20 multidisciplinary teams.24 However, at that time, in line with the Global Fund’s programme priority of antiretroviral therapy (ART) scale-up, the focus of the training was ART. During the first years of this programme, HIV/TB co-infection

Combination of HIV drugs.
was addressed as a part of opportunistic infection management and therefore TB was not central to the training activities. TB only began to be included in the training programme in 2007. As a result of Alliance Ukraine’s long-term efforts, in 2010 the organisation was finally able to say that it had established sufficient capacity and partners to take on TB as a part of its main work and that it was determined to lead the country’s fight not only against HIV/AIDS but also TB.25

Alliance Ukraine and its implementing partners started to address TB initially through approaches they were familiar with: producing information, education and communication materials, and providing referral services. They already had the means to reach both primary and secondary beneficiaries of the programme. They also had a strategy ready to provide TB services within a comprehensive care package. However, what was needed at this stage were publications on TB from an HIV perspective, and creating these turned out to be relatively easy for Alliance Ukraine’s implementing partners to achieve → Essential action 3: Choose activities suitable for your organisation.

Between 2004 and 2007, with some technical support, Alliance Ukraine and partners published:

- ‘What you should know about tuberculosis and HIV/AIDS’ – a chapter in a textbook and teachers’ manual used for health subject in grade 5 (first year of secondary school, ages 10 and 11), created by the non-governmental organisation (NGO) Children’s Fund Health through Education. Training using this publication was provided to methodologists and teachers in Ukraine.
- Opportunistic infections, a booklet for people living with HIV, by the NGO Heart to Heart (Cherkassy)
- I want to know, a booklet for prisoners on TB, harm reduction and HIV, by the NGO New Day.

These activities were supported by external consultants and also drew on Alliance Ukraine’s internal expertise, with manuscripts being reviewed by Alliance Ukraine’s editorial board before publication. In addition, Alliance Ukraine and its partners initiated a system of providing cross-disciplinary services to meet the specific needs of key and other marginalised populations. The system, as a part of integrated care services, included referrals for testing for TB, hepatitis B, hepatitis C and sexually transmitted infections, either by co-locating as many services as possible to one site, or by providing one-stop-shop services, or by redirecting services to different locations. This meant building good relationships for referrals → Good practice standard 2. Offering information, education and communication materials and referrals enabled Alliance Ukraine, without prior hands-on experience in providing TB treatment services, to start building a track record in the area of TB. Later, this led to further opportunities in this area.

Ukraine’s vertical health system, stigma towards people living with HIV – including among TB doctors – and poorly equipped TB hospitals made collaboration between the HIV and TB sectors a challenge. So in parallel to the information, education and communication and referral work, Alliance Ukraine started preparing the ground for HIV/TB integration by raising awareness of the underfunded and neglected TB sector, while simultaneously raising the profile of HIV (which was still needed in the country). As a result of a strong civil society organisation lobbying, which included Alliance Ukraine, a Presidential Decree on Improvement of the Government Administration in the Area of Response to HIV/AIDS and Tuberculosis in Ukraine was issued in December 2005.26 It was primarily relationship-building that had enabled this development to occur at the country’s most senior political level, and Alliance Ukraine had achieved this by ensuring that its representatives had participated in the national HIV and TB working groups that were influencing national policymaking.

Following this, the government (Ukrainian AIDS Centre and the Ministry of Health), with the support of Alliance Ukraine, developed a set of national protocols to standardise ART provision. One of these – ‘Clinical protocol for providing medical assistance to patients with combined diseases: TB and HIV infection’ (2007) – contained general clinical recommendations on TB treatment for people living with HIV, and was developed to guide the work of TB and HIV doctors. The protocol was created by a working group of national HIV and TB experts, including Alliance Ukraine’s own expert from its treatment team → Good practice standard 2.

26. Another example of raising the profile of TB through HIV work is the All-Ukrainian Conference Partnership of Non-Governmental Organizations and the State Criminal and Penitentiary Service of Ukraine in Response to HIV/AIDS and TB Epidemic at Penitentiary Facilities and Among Persons, Released from Penitentiary Facilities held in 2007 (see Alliance Ukraine (2007), Alliance Ukraine annual report 2007).
Meanwhile, Alliance Ukraine’s advocacy work, in partnership with other stakeholders, continued to pursue effective HIV interventions for its target populations. Achievements included TB screening for those newly registered with AIDS centres, and a requirement for AIDS centres to make TB doctors available.27 The Alliance led this advocacy work by participating in ministry of health working groups on TB, HIV and TB/HIV issues. The Alliance and other civil society stakeholders were co-chairs of the National Coordinating Council (Ukraine’s CCM) where they represented and advocated on HIV/TB integration. Advocacy was also strongly directed to regional coordination council meetings on HIV and TB. The main bottleneck to implementing the new procedures was the lengthy validation process required by the national standards.

Alliance Ukraine’s advocacy work has always been based on effective partnerships it has built with national and international players in the country. For instance, in 2006 a local NGO was in dialogue with the governor of the region and established common ground on the importance and urgency of fighting HIV/AIDS, TB and drug use.28 While this bottom-up approach has played a key role in developing patient-centred integrated care services, Alliance Ukraine mainly owes this initiative to regional coordinators29 and the regional coordination councils. The regional coordinators play a pivotal role in advocating for the interests of HIV service organisations and vulnerable populations at the regional level, working with regional coordination councils and regional partners for HIV and other communicable diseases including TB sector. Good practice standard 2.

TB activities in the Global Fund Round 1 HIV grant/programme

Jointly with the Ukrainian AIDS Centre, Alliance Ukraine:

- developed a clinical protocol for the treatment of HIV-infected TB patients
- developed recommendations, including ‘Diagnosis of extra-pulmonary tuberculosis in HIV-infected and AIDS patients’
- developed voluntary counselling and testing instructions for HIV patients at TB, narcological and sexually transmitted infection clinics
- provided voluntary counselling and testing for patients at TB clinics
- provided tuberculin skin tests to HIV-infected patients at AIDS centres
- developed training modules and conducted joint training for infectious disease and TB doctors to improve the clinical management of patients with TB/HIV co-infection
- implemented the clinical mentoring of infectious disease and TB doctors from the national level to the regions through joint monitoring visits in order to provide advice on managing patients with TB/HIV co-infection
- created and procured equipment for a histological laboratory for diagnosis of extra-pulmonary tuberculosis at the AIDS centre
- procured equipment for ultrasound diagnostics at a state clinic (the Institute of Epidemiology and Infectious Diseases)
- initiated harm reduction programmes in TB dispensaries (Cherkassy region), and TB doctors’ involvement in TB care projects to key populations and other marginalised groups.

Good practice standard 2:

Our organisation collaborates with other HIV and TB organisations working in our country and our TB/HIV work is aligned with the strategies and objectives of the national AIDS and TB control programmes.

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29. The regional coordinator system was introduced by Alliance Ukraine in 2005. By 2011 there were 12 regional coordinators operating in 16 of the 27 regions.
Roles of regional coordinating councils and regional coordinators

There are 25 Regional Coordinating Councils (RCC) in Ukraine. The RCCs are regional equivalents to the National Coordinating Council on HIV and TB, which is Ukraine’s CCM. RCC is a platform for coordination of activities at the regional level (including intersectoral matters), but it is also a place where issues around implementation are discussed and brought up to the national level as necessary. Membership of an RCC includes the regional coordinator, representatives of the local authority, HIV and TB doctors, and civil society organisations working in the respective region. Meetings are usually held every quarter.

Regional coordinators (RC) were brought into place in 2005 by the Round 1 programme to strengthen the regional approach of the interventions. RCs make a significant contribution to ensuring interaction between different sectors; expanding partner relations between state and public sectors; involving community members in solving their problems; participating in regional programme development to counteract issues such as HIV, TB, drug use and other related matters; providing assistance in creating a system of integrated services; etc. As members of RCCs, RCs take initiatives to raise and address various issues, including policy-related matters such as demanding intersectoral cooperation or bringing in decision-making power at the level of local authorities.

Source: Alliance Ukraine (2009), Annual report 2009, p.19

The Global Fund’s Round 6 HIV grant implementation started in 2006, and Alliance Ukraine and the Network30 became co-principal recipients. In the context of the Round 6 grant, they both worked on HIV/TB co-infection, with Alliance Ukraine taking responsibility for addressing integrated care for people who inject drugs ➔ Essential Action 6: Fund your activities.

In 2007, three years after Alliance Ukraine had first introduced an integrated care approach, training programmes for multidisciplinary teams finally included TB. The topic was treatment of people with HIV/TB co-infection and drug dependency. Training needs grew as the programmes expanded coverage,31 and from 2007 to 2008 an integrated approach to case management32 of patients with combined diagnosis of drug dependency, HIV and TB was also introduced to 47 specialists.

In 2007, Alliance Ukraine also created an independent department for treatment and procurement and supply management (TPSM), and developed ‘Procedures for the procurement of medical commodities’ to improve its own procurement capacity.33 With a transparent procurement system now in place, the TPSM department passed the Global Fund’s capacity evaluation. As part of the Round 6 programme, Alliance Ukraine procured health products related to TB for the first time during 2007 and 2008; namely, TB diagnostic materials, including tests, rapid tests, and TB drug sensitivity test kits for patients with HIV/TB co-infection.

The year 2010 also marked another major milestone for Alliance Ukraine: it was selected as a sub-recipient of a Global Fund TB grant ➔ Essential action 6: Fund your activities thanks to its experience in TB work and procurement and supply management (PSM) capacity. The Round 9 TB grant enabled Alliance Ukraine to boost its TB capacity by establishing an HIV/TB team, whose members – TB and HIV medical doctors – are now central to the organisation’s HIV/TB work (see Annex 1 for job descriptions of the HIV/TB team members).

30. The Network was a single major sub-recipient in the Global Fund Round 1 HIV grant. This enabled it to build organisational capacity in order to become a co-principal recipient to Alliance Ukraine in subsequent grants (Rounds 6 and 10) and a key partner to Alliance Ukraine.

31. Alliance Ukraine developed distance-learning courses for outreach workers covering TB and MDR-TB, among other HIV topics.


33. When the Global Fund Round 1 programme started, procurement of antiretroviral drugs and substitution therapy drugs and tests was carried out with the support of and guidance from the Alliance secretariat.
Alliance Ukraine was selected as one of five sub-recipients of the TB grant, and assigned two responsibilities: 1) PSM to support the whole programme; and 2) and implementation of the HIV/TB co-infection component.

Regarding Alliance Ukraine’s PSM responsibility, the expertise required for procuring TB pharmaceutical products is essentially the same as for antiretroviral drugs. Moreover, the Alliance’s PSM capacity was an existing organisational strength that had secured its Round 9 TB grant. In other words, the Alliance’s longstanding experience in developing PSM capacity meant that it had been simultaneously preparing itself for this future opportunity to engage in TB work.34

During the first phase of the TB programme, funding for PSM was almost $US6.8 million. Before the programme began, Alliance Ukraine’s PSM specialists had carefully designed and planned the purchase of laboratory equipment and second-line pharmaceutical products to treat MDR-TB – a process that was led by the TPSM Director, Associate Director: Treatment, and Head of PSM. Once the programme started in 2011, the PSM team made extensive preparations for the delivery of second-line medications for TB treatment.35 Alliance Ukraine studied the risks associated with the implementation of these supplies and developed steps to mitigate them. Alliance Ukraine had four main objectives within the HIV/TB co-infection component:

1. Establish a mechanism for HIV and TB services to collaborate in providing comprehensive medical, psychological and prevention services to vulnerable populations.

2. Reduce the burden of TB among HIV positive people by employing early TB diagnostics, TB prevention and infection control measures Good practice standard 4.

3. Reduce the burden of HIV among TB patients by employing HIV prevention, voluntary counselling and treatment services, ART, and prevention of opportunistic and sexually transmitted infections Good practice standard 6.

4. Participate in establishing a national M&E system for the epidemic of TB/HIV co-infection.36
1. Strengthen the mechanism for collaboration at local, national and regional levels
The aim was to establish a mechanism for HIV and TB services to collaborate in providing comprehensive medical, psychological and prevention services to vulnerable populations. The aim was also to sensitise decision-makers, health care providers and stakeholders to engage effectively in TB/HIV collaboration at all levels.

The following activities are being implemented:
- Establish a multidisciplinary HIV and TB working group to support the technical capacity of the National Coordinating Council and the Committee on HIV and TB of the Ministry of Health.
- Support the regional coordination mechanisms financially to improve their capacity to develop joint TB/HIV plans.
- Conduct two joint biennial review meetings on TB and HIV programmes with stakeholders.

2. Reduce the burden of TB among HIV positive people
Under this component, the Three I’s for TB/HIV are being implemented:
- Intensified case finding, including supporting the revision of national HIV/TB policies and protocols, distributing the documents to health care providers along with training materials for familiarisation with the new policies and protocols, and providing training based on those materials. This work also targets people living with HIV to increase their awareness and knowledge of HIV/TB co-infection.
- Isoniazid preventive therapy – national TB policies and protocols will be reviewed by national and international experts to include IPT in HIV services and to develop standardised tools and policy guidance on the implementation of IPT. The HIV and TB working group is developing an operational plan for IPT implementation in the routine care of people living with HIV. Some information materials will also be developed for health workers and people living with HIV to improve their knowledge of the effectiveness of IPT in preventing TB.
- Infection control for TB – developing a national strategy for infection control that contains guidelines for TB and other related services, particularly to minimise the risk of people living with HIV contracting TB. The programme also supports monitoring visits and operational research to evaluate the benefits of infection control compliance at the workplace. It also supports establishing separate isolation rooms for people living with HIV in some AIDS centres and a penitentiary institution.

3. Reduce the burden of HIV among TB patients
- Provide HIV testing and counselling – adapting international provider-initiated testing and counselling guidelines for local use, developing a plan for their roll out in the context of TB services, and distributing them.
- Introduce harm reduction activities in TB services – in Ukraine, almost half of those with HIV/TB co-infection also inject drugs.
- Introduce co-trimoxazole preventive therapy – developing policies, guidelines and clinical standards on co-trimoxazole preventive therapy for patients with HIV/TB co-infection as an effective way of preventing opportunistic infections. Procurement, distribution and monitoring of the administration of the drugs are also being carried out.
- Access to comprehensive services for co-infected TB patients – developing a referral mechanism to share antiretroviral and TB drugs between the two vertical services, and a system to involve each other in their planning and forecasting processes. Also developing and implementing a referral mechanism to ensure uninterrupted substitution maintenance therapy for patients treated at inpatient TB dispensaries.

4. Participate in establishing a national M&E system for the epidemic of TB/HIV co-infection
- Establish a national M&E system for TB/HIV co-infection that includes evaluating the existing TB/HIV M&E system; developing a TB/HIV M&E plan with performance indicators for TB/HIV activities; establishing advocacy for the TB/AIDS M&E unit at national level; adjusting TB and HIV data collection systems to be consistent with each other and informative about the TB/HIV epidemic.
- Develop a training module ‘Ensuring an effective TB/HIV co-infection M&E system: accounting and reporting, cooperation among TB and AIDS services on data exchange and strategic information management’.
- Build the capacity of M&E specialists from both sectors in M&E and strategic information management.
Alliance Ukraine’s most significant achievement in the programmatic area of HIV/TB integration through the Round 9 opportunity has been establishing the HIV/TB team. This development means that Alliance Ukraine is now able to implement programmes for early diagnosis of TB and provide technical support for implementing the national TB programme. This achievement has further strengthened Alliance Ukraine’s national credentials, confirming the organisation as a leader in the national TB response. In 2011, the number of integrated service centres increased from 8 in the previous year to 34.

In Ukraine, a number of challenges remain to integrating TB into HIV work: the institutional challenges of vertical systems; legislative constraints around TB diagnosis and treatment; and stigma around HIV among health care providers from other sectors. However, progress is being made. At the national level, joint planning between the HIV and TB sectors has begun, with a conference that brought together representatives of the HIV and TB sectors to identify common issues they could work on together. In addition, Alliance Ukraine and other organizations are working to address both HIV and TB stigma. An opportunity for NGOs to participate in the TB response is also opening up, with a set of questions to screen TB among people living with HIV and other key populations being developed for NGO use.

Alliance Ukraine has continually focused on providing key populations with comprehensive HIV services in a way that is effective and meaningful for such populations. The organisation has also sought to establish a comprehensive medical and social assistance system for those in need. The approach has been clear and consistent: in order to stabilise implementation of ART and opioid substitution therapy in the dual epidemics of TB and HIV driven by injecting drug use, HIV prevention have been linked to treatment of TB as well as provision of hepatitis care to HIV positive patients and other groups at high risk of HIV.

**Examples of comprehensive care services on the ground**

Opioid substitution therapy with methadone was introduced in Mykolayiv; the methodological guide Triple diagnosis was published for health care providers; a client referral mechanism between medical specialists (narcologists, TB doctors, infectious disease doctors) and civil society organisations was developed; prevention activities among people who inject drugs was established; a comprehensive package of services was available; counselling by a TB doctor and encouragement of clients to take chest X-rays was made available.

The practice of integrated provision of methadone substitution therapy to people who inject drugs has been implemented intensively in Ukraine. In 2010, eight centres were providing methadone substitution therapy and facilitating patient access to diagnostics and treatment of HIV, TB and sexually transmitted infections. By the end of the year, 900 patients in Ukraine were receiving integrated assistance.

By the end of 2012, Alliance Ukraine had contributed to the country’s response to HIV/TB co-infection through the Global Fund Rounds 1, 6, and 10 HIV grants as well as Round 9 TB grant. Key contributions of the Alliance Ukraine-led programmes since 2004 include the following:

- For the first time, a tripartite memorandum of understanding between the Ukrainian AIDS Centre of the Ministry of Health, the Ukrainian TB Centre of the Ministry of Health of Ukraine, and Alliance Ukraine was developed and signed in 2011. This identified joint strategies for responding to TB and TB/HIV co-infection, and greatly improved cooperation with the ministry of health.

- Also in 2011, a national HIV and TB working group was established, which holds regular meetings on issues such as developing and revising clinical protocols, implementing infection control, planning TB/HIV M&E, developing operational research and discussing results.

- Alliance Ukraine mobilised other stakeholders, including the ministry of health, the state service on HIV/TB, and others to develop clinical protocols on TB and TB/HIV co-infection. Following this, and for the first time, issues relating to the nature and organisation of care for TB/HIV patients at different levels were included in clinical protocols.
• Alliance Ukraine also developed a training module ‘Current issues of case management of HIV-TB co-infection: the best national and international practices’. This module received a positive assessment from the Head of Scientific and Expert Council on HIV/AIDS and Tuberculosis at the state service on HIV/AIDS and other communicable diseases, and was recommended for use by phthisiatrians and infectious disease physicians.

• A new practice was introduced for the first time in Ukraine of involving NGOs in providing harm reduction services for TB patients at TB clinics. Over the period of programme implementation, 10,492 TB patients, including 4,045 injecting drug users, received HIV prevention services. The intervention resulted in a scale-up of this activity throughout Ukraine.

• In order to involve NGOs more actively in TB screening, detection and support of TB patients, a series of trainings for NGOs on TB prevention was developed and conducted during 2011 and 2012. Training materials were reviewed and approved at the meetings of the HIV and TB working group. Over the period of programme implementation, 11 trainings were conducted and 327 people were trained. This initiative has resulted in a new activity – TB screening and referrals to medical facilities for further TB detection – that 326 individuals from 44 NGOs have been implementing among key groups since April 2013.

• Informational materials for people living with HIV and medical personnel – ‘What should I know about tuberculosis?’ and ‘Prophylactic isoniazid treatment: what is it?’ – were developed and disseminated among medical institution and NGOs.

• Alliance Ukraine actively worked on improving collaboration between HIV and TB services on M&E at the national level. As a result, core indicators for monitoring and evaluating TB and HIV were developed, which became a part of the national TB M&E plan.

• The training module ‘Ensuring an effective M&E system of TB/HIV co-infection: accounting and reporting, cooperation TB and AIDS services on the data exchange and management of strategic information’ was developed for the M&E specialists and medical doctors of the TB and HIV services. The module was approved by the state service and recommended for the further training of TB and HIV service specialists. From the beginning of the Round 9 TB programme, nine training sessions were conducted and 181 M&E specialists were trained. For the first time, specialists from two services were trained at the same time and in one venue. This helped to improve communication between services, and establish mutual understanding and cooperation on M&E of TB and HIV at the regional level.

• Two operational research projects were conducted: ‘Mapping of diagnostic, preventive and treatment TB services among people living with HIV and groups vulnerable to HIV’ and ‘Access of TB patients to voluntary counselling and testing for HIV, the quality of its implementation and referral for diagnosis and treatment of HIV infection’. Results identified bottlenecks in cooperation between the two services on prevention, detection and treatment of TB/HIV, and suggested how to solve these problems.

• In order to improve the environment for and quality of HIV pre- and post-test counselling for TB patients, voluntary counselling and testing offices were established in 25 TB institutions.

• Isolation wards for TB diagnosis among HIV positive patients were established in seven HIV centres and one regional prison, meeting international standards of infection control.

Stigma is one of the most widespread and difficult challenges in the fight against TB. In many places, people with TB, or suspected of having TB, are discriminated against by providers in the health system, family members, community members and employers. This derives from ignorance or misinformation, usually because people associate TB with behaviours or conditions they perceive as negative, like poverty, poor hygiene, drug use or HIV infection. Overcoming stigma is an important and challenging role for civil society organisations.

Through education, open dialogue and advocating for the rights of people with TB, just as they do for people living with HIV, civil society organisations can help overcome this major barrier to stopping TB. It is also important to address HIV stigma, as this can occur alongside TB stigma.
2. Lessons learnt by Alliance Ukraine

Even for Alliance Ukraine, an organisation that is at the heart of Ukraine’s national HIV and TB responses, providing integrated HIV and TB services has not been without its challenges and bottlenecks. These have mainly related to the health system environment (vertical set-up, insufficient funding for TB, human resources) and the stigma and discrimination faced by key populations – particularly people affected by HIV, TB and drug use.

For an HIV organisation seeking to provide TB services, the vertical structure of Ukraine’s national health system has been a hindrance to providing directly observed TB treatment at integrated care sites for HIV-related services. A review of the National Tuberculosis Programme in Ukraine (performed in 2010) reported that ‘one of the major challenges in diagnosing, treating and ultimately preventing TB among people living with HIV is the vertical nature of the two national programmes’.38 Furthermore, transfer of TB pharmaceutical products has not always been timely,39 which can cause loss to follow-up of patients. These challenges have been partially addressed through case management schemes – which are projects run by local NGOs as implementing partners, who are supported by Alliance Ukraine both technically and financially. These have created operative systems for HIV and TB detection among patients, and enabled TB treatment support to patients through comprehensive case management.

In the short term, while the health system is still structured vertically, closer cooperation between HIV and TB services is essential. This means initiatives both at national and regional levels, and specifically:

- development and implementation of a national HIV/TB strategic plan, supported by a joint action plan and M&E indicators
- cooperation between HIV and TB services at the regional level in resolving challenges as they arise (in Ukraine, where there are no national guidelines on service integration of HIV and TB, the regional health administration is mandated to allow health care institutions to transfer pharmaceutical products and co-locate professionals, thereby improving service provision for most-at-risk populations)
- involvement of civil society in HIV/TB service provision at the regional level – in collaboration with the government’s vertical system.

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39. This is due to the complicated tendering system and procurement process at the state level, and also to the fact that any transfer of drugs from the National AIDS Centre to a TB clinic depends on the personal relationship between the heads of the two institutions.
3. Basic organisational capacity requirements for successful HIV/TB integration by HIV organisations

Alliance Ukraine’s HIV/TB capacity-building has developed organically in response to the organisation’s long-term, consistent and participatory approach of putting the target population at the centre of service development, backed by funding that has enabled a strong pool of human resources to develop. It should also be noted that Alliance Ukraine’s programmes involve a number of other parties (government, health sector outlets, implementing partners, regional coordinators) whose capacity has also been built as part of Alliance Ukraine’s technical support work.

Alliance Ukraine’s HIV/TB team has summarised the basic organisational capacity requirements in integrating TB into their HIV work as follows:

1. Prevention and treatment of TB should be seen as an integral part of HIV work. However, most HIV organisations are not familiar with the architecture of their national TB programme, the medical and technical terms used in TB programming, and other basics of TB such as the transmission routes, which is different from that of HIV. Also, while HIV organisations are experts on key population issues in relation to HIV, they are often not sufficiently experienced with TB patients to work with them effectively. Therefore, HIV organisations should acquire essential knowledge of TB and the necessary shift in attitudes (see Annex 2 for a list of resources).

2. Good case management is very important for successful treatment of HIV/TB co-infection. This is an area in which civil society organisations can have a comparative advantage when working with implementing partners, since developing tools and technical support packages for their partners in relation to case management also strengthens their own capacity. For Alliance Ukraine, developing clinical protocols, charts, training and mentoring helped strengthen its own case management. Good partnerships are also essential for effective implementation of case management. When programming, be sure to factor in funding for case management, including technical support and partnership building in order to be able to work effectively with the government and the country’s TB sector (see Annex 2 for Alliance Ukraine’s case management learning resource, and Annex 3 for a successful example of how outreach workers helped change the lives of their patients).

3. In order for HIV/TB integration to be successful, good intersectoral coordination is essential. Also, the government and the civil society must possess the same vision and direction. If this has not yet been achieved, advocacy work will be necessary. Not all HIV organisations may have a track record in advocacy. An organisation can acquire the skills to carrying out influential advocacy by learning from organisations that already have the technical know-how, or by hiring experts to provide technical support and mentoring related to advocacy.
Conclusion: contributing to successful HIV/TB integration

Alliance Ukraine describes Ukraine’s HIV/TB integration model as ‘co-location of services’, and believes that services ideally can go a step further for true integration to occur, where all services are delivered in the same room by a single team. The co-location model may not be appropriate in all cases. For instance, a person living with HIV who undergoes TB screening at an HIV clinic or NGO service point, may need further diagnostic testing at a diagnostic TB clinic. Nevertheless, co-location of services is an important step forward towards better meeting the needs of patients.

In conclusion, Alliance Ukraine has identified six key messages that are essential to successful HIV/TB integration:

1. Integrating TB as a response to the needs of the target population

Alliance Ukraine has long been strategically committed to an integrated care approach to integrating TB into Ukraine’s HIV programmes. TB was first included in the package of integrated care services in response to the needs of patients who have least access to health care and the highest risk of mortality related to HIV and high-risk behaviours. These are patients with a dual or triple diagnosis of injecting drug use, HIV and/or TB. An integrated care approach, which focuses on developing trust and teamwork between the patient and a doctor who is supported by a case manager, has proved an effective strategy in Ukraine. For instance, Dr Andrey Mandabura from the Crimean Republican Narcological Dispensary, has said that TB testing at a narcological dispensary was largely ineffective before integrated care was introduced, as without good case management, patients were often lost between testing and treatment. Alliance Ukraine has also developed a mechanism for early TB detection in HIV case management (see Annex 4 for the mechanism).

The experience in Ukraine suggests that a programme’s success in TB integration depends on the circumstances, concerns and needs of patients being understood and addressed in a way that they are comfortable with ➜ see Good practice standard 3. However, a particular approach or intervention that was successful in Ukraine may not necessarily bring about the same result in different country. In Ukraine, where people who inject drugs predominate among the affected population, stigma around TB, HIV and drug use is high, hospital facilities and medical supplies for TB are outdated, and funding for TB is insufficient which provides entry points for interventions. It is essential to ‘know your epidemic’ in developing a TB integration strategy, and to do so from the patients’ point of view ➜ Essential action 2: Know the TB situation in your country.

An important part of a strategic approach to integration is to analyse the nature of the epidemics – HIV and TB and beyond – and on the basis of this to determine how best to develop integrated care services (where to locate them). For Alliance Ukraine, identifying that all at-risk populations were vulnerable to HIV, viral hepatitis and TB in Ukraine encouraged the organisation to begin work on preventing these infections as a harm reduction component.

Before embarking on TB integration, an HIV organisation should ask itself:

• What is the burden of TB in the region where your organisation works? Is TB prevalence high among key populations in the region where your organisation works?

• Is TB integration strategic for your organisation’s HIV response? Does your organisation have resources to commit to integration, or does it need to bring in additional resources?
Well, I started to … feel unwell, and right at that moment they took an X-ray. Shortly it turned out that I had early stage TB. Well, then … I was under medical supervision, so I was being seen every day to get TB medications … and to check that nothing else was wrong with me … If I were not on this programme, I would be dead.”  

Opioid substitution therapy patient, aged 35, Odessa

2. Emphasising capacity-building

Prevention and treatment of TB is part of HIV work, and HIV organisations should not see TB as a separate issue. Although capacity-building for TB integration among LO staff, implementing partners and health service providers could be a long-term commitment requiring sustained funding (depending on the extent of integration and partners available to work with), work on HIV/TB integration does not always have to be supported by substantial training initiatives. HIV organisations will already have their own niche in HIV work, and some basic TB knowledge could be sufficient to start with. However, in order to influence policy to promote cross-sectoral collaboration, a basic knowledge of and ability to work with the TB sector is essential. There are some readily available resources by Alliance Ukraine, WHO and other organisations that can provide this (see Annex 2).

3. Starting TB work with expertise already present in the organisation

Trying to do something completely new can be challenging, and is less likely to succeed than a type of activity that is already familiar to the organisation. For Alliance Ukraine, the entry points were information, education and communications materials, referral and advocacy for TB within its HIV programmes – with PSM for TB following immediately afterwards. For an introductory TB activity, budget a small amount in the next project or programme for an easily manageable intervention in TB. This could be done through an external consultant, who could then go on to train key staff members and implementing partners.
4. Applying transferable skills

Related to the above, it is also important that the organisation knows what skills and expertise could be transferred from HIV to TB work. Alliance Ukraine’s HIV/TB team suggests that HIV organisations often have a comparative advantage in outreach and case management, or at least some grounding in this to build on. For Alliance Ukraine, in addition to outreach and case management, the organisation’s transferrable skills included PSM and M&E.

5. Creating a policy and institutional environment that promotes intersectoral collaboration

The main aim of HIV/TB intervention is to reduce deaths as well as infections. For this to succeed, HIV/TB institutional policies have to be regulated and coordinated.

Bringing TB and HIV services together can be difficult, and governments (health systems) need to understand this. Integration is often new to state medical practitioners; TB doctors often do not wish to treat HIV patients; and there are usually high levels of stigma around HIV and TB. Advocacy to bring HIV/TB together is essential.

For HIV/TB integration to succeed, and for HIV/TB co-infection to be addressed effectively, intersectoral collaboration is key. However, Alliance Ukraine’s experience demonstrates that this kind of collaboration can be challenging to deliver. Integration can occur at various levels, and the level at which TB and HIV can be integrated largely depends on how much intersectoral collaboration is established in the country. In Ukraine, integrated care service sites are described as ‘co-location’: various services are brought into one location so that patients do not need to travel from one place to another to receive services. The wider environment that exists for integration should also be taken into account in planning integration work.

Influencing policymakers to change that environment is also an activity that Alliance Ukraine has prioritised. Through lobbying jointly with the other civil society organisations, the national coordinating body for HIV (such as the CCM or NCC) incorporated TB into their remit. This in effect brought the neglected TB sector to prominence in Ukraine.

Key message 3
Starting TB work need not be too challenging. Begin with activities that your organisation can deliver confidently, and then align new areas of work to your organisation’s long-term goal and ambitions.

Key message 4
A good HIV organisation already has areas of expertise and strengths that can be used to support nascent TB programming. Typical examples are outreach, community mobilisation and case management. Use your comparative advantage to create a niche for your organisation.

Key message 5
Vertical health system structures, with a focus on specific diseases, often create challenges to integrated service provision. For this type of health system to facilitate HIV/TB integration, close cooperation between the two sectors is essential. Coordinated or joint advocacy by HIV and TB service providers (doctors, other health professionals and civil society) to national-level policymakers promotes change.
6. Establishing or using existing partnerships at national and regional levels

In order to use the voices of patients, key populations, communities and implementing partners to influence programmes and policies, good partnerships at national and regional levels are essential. In Ukraine, the grassroots links to the national programme (including Global Fund-financed programmes) through the regional coordinating councils that communicate with the national coordinating council, and the regional coordinator system connects the regional coordinating councils to Alliance Ukraine.

Key message 6
Finding the right partners at grassroots, regional and national levels is essential for effective delivery of interventions and better influencing decision-makers. Partnerships help promote the voices of your target groups, and allow you to reflect them in your programming and communicate them to policymakers.
A final remark

Alliance LOs are all operating in different country, epidemiological, donor and funding contexts. Therefore, this case study has tried to extract what is essential to TB integration through an illustration of the path Alliance Ukraine and its programmes have taken during the last nine years. The six key messages highlight these essential elements – although some of them might appear rather large to be called ‘elements’.

Alliance Ukraine’s HIV/TB programming is consistent with the Alliance’s good practice standards (although Alliance Ukraine’s programming preceded development of the standards). This case study could therefore serve as an additional resource to understand how to apply the standards in programming.

Alliance Ukraine hopes that the six key messages and eight good practice standards will help and encourage LOs to start or strengthen their TB integration work.

Finally, in early 2013, while this case study was still in draft form, the Ukraine government established the Ukrainian National Centre for Disease Control by merging the national HIV and TB centres. This new development is a direct result of the Global Fund Round 9 TB grant and the country’s need to establish a national body to serve as a principal recipient for Round 9 Phase II. With this institutional merger, Alliance Ukraine looks forward to the further integration of HIV and TB policies and services in Ukraine. Alliance Ukraine remains one of the main sub-recipients of the Round 9 Phase II TB grant, mainly focusing on procurement and supply management of health products. Due to lack of funding under Phase II, part of the Alliance’s HIV/TB activities have been re-programmed through the Round 10 HIV grant.
Bibliography

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Annex 1: Job descriptions of the Alliance Ukraine core HIV/TB team members

1. Programme Manager: HIV/TB; treatment team; treatment, procurement and policy department (reports to Associate Director: Treatment. Supervises two programme officers)

**Overall role**

To provide managerial support and technical advice to the Associate Director: Treatment and senior management team in issues related to the organisation of TB treatment within the framework of the TB projects implemented by the Alliance. To oversee routine in-country operations in the field; contribute to the development of the Alliance’s overall strategies related to TB treatment; coordinate development and implementation of programmatic activities related to treatment according the Alliance’s procedures; provide leadership for the TB treatment unit within the Alliance’s TPSM team.

**Personal attributes**

The post-holder must possess excellent organisational, analytical and communication skills; good managerial skills and attention to detail; and deep understanding of the TB and HIV/AIDS epidemics in Ukraine. The post-holder must be well organised, have strong interpersonal skills and must be able to use judgement, diplomacy and discretion whenever appropriate. S/he should have excellent administrative and computer skills, and be able to work autonomously and collaboratively as part of a team. S/he must use these attributes effectively to fulfil the role. The post-holder must, additionally, have a strong commitment to a positive representation of the Alliance, combined with a commitment to confronting TB and HIV/AIDS in developing countries. All Alliance staff must possess a sense of collaboration and mutual understanding, and a willingness to assist colleagues.

**Key responsibilities**

- Provide, through functional line management, technical and managerial leadership to the Alliance Ukraine TB treatment unit within the treatment team in order to ensure successful and uninterrupted implementation of treatment programmes, and to develop adequate capacity of the unit:
  - Regularly review and provide recommendations on the current structure, procedures, systems and capacity of the TB unit.
  - Along with the Associate Director: Treatment, define roles and responsibilities, and identify gaps and training needs of the Alliance Ukraine TB unit, and work with them to recruit, train and mentor necessary staff.
  - Help define respective roles and responsibilities of the Alliance Ukraine and all the key partners in the area of TB treatment for successful project implementation. Ensure appropriate coordination mechanisms are in place.
  - Advise partner organisations regarding the development and implementation of appropriate policies, procedures, practices and systems to ensure timely provision of TB treatment within the framework of the projects.
  - Ensure cooperation with partner units, organisations and consultants to support uninterrupted TB treatment programmes (when necessary) and timely achievement of indicators.
  - Lead and coordinate provision of technical support to the TB treatment unit of Alliance Ukraine, as well as partner organisations in the area of TB treatment:
    - Identify areas of technical support required to strengthen the TB treatment unit of the Alliance Ukraine and partner organisations in the area of TB treatment.
    - Based on the areas identified, develop technical support plans for the TB treatment unit of the Alliance Ukraine and partner organisations.
    - Make efforts to address the technical support needs in a timely and cost-effective manner.

Specifically, the Programme Manager: HIV/TB will be responsible for:

- Organising the work of consultants involved in the activities of the Alliance Ukraine TB treatment unit to successfully achieve the goals of the TB treatment programmes (development of terms of reference, supervision of the quality of consultancy provided, relevance of support provided by the consultants, etc.).

- Coordinating the Alliance Ukraine TB treatment unit with all other teams within Alliance Ukraine on issues related to the organisation of TB treatment.

- Collecting and sharing information related to TB treatment activities implemented within the framework of Alliance Ukraine projects, as well as with all the relevant stakeholders, specifically related to:
  - TB treatment
  - HIV/TB issues
  - clinical implications of TB treatment programmes – outcomes and progress
  - others.

- Developing annual/quarterly plans and reports for the TB treatment unit, as well as for the Alliance Ukraine.

- Helping define respective roles and responsibilities of Alliance Ukraine and the Ministry of Health, AIDS Committee, AIDS Centre and other governmental and non-governmental structures involved in the TB/HIV/sexually transmitted infection treatment and prevention process. Ensure appropriate coordination mechanisms are in place.

- Conducting a review of current TB/HIV-related activities (development of guidelines for TB/HIV, training of medical professionals, etc.).
implemented other duties imposed by the Associate Director:

- Continuously improve professional and personal skills relevant to the job through self-training and corporate training courses.
- Implementing other duties imposed by the Associate Director: Treatment and department director that are required for the successful programme activity of the department.

2. Programme Officer: TB/HIV; treatment team; treatment, procurement and policy department

Overall role

Programme Officer: TB/HIV will provide support to the Alliance Ukraine and its partner organisations (sub-recipients) in all areas of HIV/TB, including prevention and treatment. S/he will work in close liaison with the Alliance Ukraine field programmes department, Programme Manager: HIV/TB and consultants to ensure that the indicators and tasks undertaken by the Alliance are achieved in the best possible way, that donor requirements are passed on to partner organisations and are complied with, and that funds disbursed to Alliance sub-recipients are properly accounted for. In particular, the post-holder will provide but not be limited to permanent support to develop the technical and organisational capacity of NGOs and governmental organisations working with vulnerable groups in provision of services for decreasing the burden of TB in people living with HIV, including TB diagnostic and treatment and other medical services/issues as needed.

Responsibilities

- To analyse existing documentation, and contribute to the development and institutionalisation of new approaches to TB diagnostics and treatment, as well as other medical services/issues for people living with HIV; and to distribute information about the reasons for and importance of TB diagnostics and treatment for people living with HIV.
- To collect and analyse all relevant information required for successful delivery of programme activity, and to develop a system for linkages among treatment and prevention programmes, scaling up access of vulnerable groups’ representatives to various treatment-related services.
- To participate in the organisation, preparation and delivery of trainings on relevant topics.
- To gather, process and analyse information on programme activity in the context of the general system of monitoring and evaluation of its performance in the organisation.
- To monitor programme activity on directions and projects implemented by partner organisations.
- To find out the organisation’s technical support needs for work related to TB diagnostics and treatment, and other medical services/issues for people living with HIV.
- To provide technical support to recipient organisations, involving answering requests and consulting as much as professional knowledge allows; coordinating provision of technical support (including international) to the organisation’s work related to TB diagnostics and treatment, and other medical services/issues for people living with HIV.
- To contribute to the development of technical support plan(s) if needed, and ensure their implementation.
- To coordinate activities with the relevant teams within the Alliance, as well as with other organisations working in the HIV and TB areas.
- To prepare concepts and programme activity in accordance with the priorities and strategic tasks of the organisation.
- To prepare the department’s workplans and the strategies of projects implemented by partner organisations in order to guarantee successful performance of the programmes.
- To prepare documentation and reports on programme activities.
- To compile a report on work done as needed.
- To provide technical assistance to project specialists and partner organisations.
- To obtain management’s approval for consultants and programme staff recruitment.
- To discharge other duties imposed by the management and required for successful programme activity in the department.
3. Programme Officer: HIV/TB; treatment team; treatment, procurement and policy department

**Overall role**

Programme Officer: HIV/TB will provide support to the Alliance Ukraine and its partner organisations (sub-recipients) in all areas of HIV/TB, including prevention and treatment. S/he will work in close liaison with the Alliance Ukraine field programmes department, Programme Manager: HIV/TB and consultants to ensure that the indicators and tasks undertaken by the Alliance are achieved in the best possible way, that donor requirements are passed on to partner organisations and are complied with, and that funds disbursed to Alliance sub-recipients are properly accounted for. In particular, the post-holder will provide but not be limited to permanent support to develop the technical and organisational capacity of NGOs and governmental organisations working with vulnerable groups in the provision of services for decreasing the burden of HIV/AIDS in TB, including the prevention programme, voluntary counselling and testing, HIV/AIDS diagnostics and treatment, sexually transmitted infections and other medical services/issues as needed.

**Personal attributes**

The Programme Officer must possess excellent organisational, analytical and communication skills; good managerial skills and attention to detail; deep understanding of the HIV/TB epidemic in Ukraine; be aware of the basic directions and problems in providing medical care for patients with TB and HIV/AIDS (treatment, diagnostics). The post-holder must also be well organised, have strong interpersonal skills, and must be able to use judgement, diplomacy and discretion whenever appropriate. S/he should have excellent administrative and computer skills, and be able to work autonomously and collaboratively, as part of a team. S/he must use these attributes effectively to fulfil the role. The post-holder must, additionally, have a strong commitment to a positive representation of the Alliance, combined with a commitment to confronting HIV/AIDS and TB in developing countries.

**Responsibilities**

- To analyse existing documentation, and organise and contribute to development and institutionalisation of new approaches to HIV/AIDS diagnostics and treatment as well as other medical services/issues for TB patients (guidelines, methodological documents); and to distribute information about the reasons for and importance of HIV prevention, diagnostics and treatment in TB services.
- To collect and analyse all relevant information required for successful delivery of programme activity, and to develop a system for linkages among treatment and prevention programmes, scaling up access of vulnerable groups’ representatives to various treatment-related services.
- To participate in the organisation, preparation and delivery of trainings on relevant topics.
- To gather, process and analyse information on programme activity in the context of the general system of monitoring and evaluation of its performance in the organisation.
- To monitor programme activity on directions and projects implemented by partner organisations.
- To find out the organisation’s technical support needs for work related to HIV prevention, diagnostics and treatment, and other medical services/issues for TB patient (substitution therapy, sexually transmitted infections).
- To provide technical support to recipient organisations, involving answering requests and consulting as much as professional knowledge allows; coordinating provision of technical support (including international) to the organisation’s work related to HIV prevention, diagnostics and treatment, and other medical services/issues for TB patients.
- To contribute to the development of technical support plan(s) if needed, and ensure their implementation.
- To coordinate activities with the relevant teams within the Alliance, as well as with other organisations working in the HIV and TB areas.
- To prepare concepts and programme activity in accordance with the priorities and strategic tasks of the organisation.
- To prepare the department’s workplans and the strategies of projects implemented by partner organisations in order to guarantee successful performance of the programmes.
- To prepare documentation on programme activity.
- To prepare reports on programme activities.
- To compile a report on work done as needed.
- To provide technical assistance to project specialists and partner organisations.
- To define and obtain management’s approval for consultants and programme staff recruitment.
- To discharge other duties imposed by the management and required for successful programme activity in the department.
Annex 2: Resources on programming and case management


Tuberculosis: a guide for adults and adolescents with HIV. Available at: http://www.cdc.gov/hiv/resources/brochures/tb.htm


Harm reduction lessons: www.aidslessons.org.ua/en

This online course developed by Alliance Ukraine is in English, Russian and Ukrainian, and provides some basic information needed by any outreach worker. It comprises 20 modules, including TB, MDR-TB, TB/HIV (modules 6 and 7) and case management (module 20). A textbook for this course has also been published, although only in Russian, and is available at: http://www.aidsalliance.org.ua/ru/library/our/2012/urok1_preview.pdf

Alliance Ukraine has also developed the following training programmes for NGOs (also available in Ukrainian):

- TB prevention among key populations
- Implementing harm reduction programmes at TB clinics.
Overcoming HIV, TB and drug use

In early September 2011, an outstanding event occurred in the life of one of our regular clients. But all should be in order. Oleg spent more than 15 years in places of confinement. When Oleg got liberty, he had nobody and nothing, except for a bunch of diseases (HIV, tuberculosis and hepatitis C). And again the life has got back into routine: drugs, police, dropping centres. One of the days Oleg met a delicate girl. Oksana had never used drugs, but being totally lonely person (no relatives, no friends), she fixed on sportsmanlike, jolly Oleg. They began to live together. Soon a child was born; unfortunately the boy suffers from Down’s syndrome.

As before, Oleg remained an active drug user. The family always lacked money, even for the most necessary things. One day, near the drug point-of-sale he acquainted with a social worker from CF Gromadske zdorovya (Public Health) in the city of Kryvyi Rig, and became a harm-reduction project participant. At that time his health was still worsening, TB and hepatitis were burning. Oleg confessed that he had wanted to quit drugs for a long time, cure and find a job; that he really loved his family, wanted to set the example to his son and was afraid to die, leaving after him only negative memories. Oleg asked for help sincerely, and the social worker told him that he was ready to help, but Oleg should remember it will not be easy and quick to change everything for the better, and he had to arm himself with patience.

At first Oleg took the cure in a TB treatment clinic. After signing out of it, he took detox, started visiting the community centre of the foundation on a regular basis, refused communication with his former friends. Oleg endeavoured to change his life with all his strength. All this time the social workers were with him, ready to support, teach and inspire. Oleg was examined in the AIDS centre, took two TB treatment courses, and his state of health improved significantly. And in early September Oleg said that he and Oksana decided finally to legalise their relationships and get married officially.

On the day of wedding the social workers made every effort that Oleg and Oksana would memorise this event for a long time: they hired a car, bought flowers, brought a video camera, a photo camera, and after the official part they arranged a feast in the pizzeria Celentano. The newlyweds were impressed with the warmth and participation of the social workers, because they could not even think that they would have a real wedding.

Now, Oleg has quitted drug use completely, and thanks to adherence to treatment he was practically cured of TB, got fresher, found a job. However, as before, Oleg and Oksana visit the community centre frequently, because it is the place where they could feel the warmth and support of friends for the first time in many years.

Source: Alliance Ukraine annual report 2011, p.43, contributed by social workers from the NGO Gromadske zdorovya (Public Health) based in Kryvyi Rig.
Annex 4: Detection of clients with lung TB symptoms in case management

The case manager should screen for the presence of lung TB symptoms in their clients using a screening survey (a cough for more than two weeks, febrile or sub-febrile temperature, weight loss, thorax pain, blood spitting, peripheral lymph node swelling).

If there are symptoms suggesting TB, the case manager must carry out the sequence of actions necessary to confirm or rule out TB diagnosis detailed in the general TB detection algorithm.

General TB detection algorithm in HIV/TB case management

- **Screening survey data** (cough for more than two weeks, febrile or sub-febrile temperature, weight loss, thorax pain, blood spitting, peripheral lymph node swelling)
- **Presence of symptoms:**
  - Encourage the client to go for TB analysis
  - Provide information on the analysis facility and its working hours
  - Accompany the client (if needed)
- **No symptoms:** the client is provided with information on TB
- **If the client does not visit a medical facility:**
  - Encourage the client to go for a TB examination
  - Organise sputum collection*
- **Refer to a medical facility or to a phthisiatrian**
  - The medical worker contacts the case manager to encourage the client to be examined (if needed)
  - Accompany the client to the examination (if needed)**
    - (sputum analysis for acid-resistant bacteria, X-ray, other)
- **TB diagnosis confirmed**
- **TB diagnosis is not confirmed**
  - Inpatient treatment
  - Outpatient treatment
  - Remote treatment control†
  - Treatment control and adherence forming‡

Notes:

* Sputum collection must be organised in the open air near the NGO premises or in another dedicated place (sputum collection points). Sputum sampling and delivery to a laboratory must be performed by a trained project employee, with the agreement of a TB dispensary.

** At the TB diagnostics stage, a phthisiatrian may direct the patient to other specialists (such as an orthopedist, urologist, dermatologist or surgeon) or for additional examinations (such as CT scan, MRT (magnetic resonance tomography) or pathological material sampling for biopsy) that are not performed in the TB dispensary. The case manager must organise these consultations and/or examinations in other treatment facilities, and accompany the client if needed.

† During the inpatient treatment, the case manager does not communicate with the client directly – phone communication is possible, if needed. It is necessary to maintain contact with the hospital physician. If the client arbitrarily quits treatment (or is expelled for breaking the regimen), it is necessary to find the client and encourage them to resume treatment.

‡ At the outpatient treatment stage, the case manager must support direct connection between the client and their physician (phthisiatrian) in order to control the treatment regimen. Creating adherence to TB treatment is necessary at all stages of treatment. Quitting most often occurs while the patient is transferred from inpatient to outpatient treatment regimen.
About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.