

SIERRA LEONE JOINT TB/HIV COLLABORATION

Rationale

The goal of collaborative TB/HIV activities is to decrease the burden of TB and HIV in populations affected by both diseases by expanding the scope of TB and HIV programmes.

The expanded scope of the new TB control strategy includes interventions against TB and interventions against HIV.

Most activities fall in the middle of the spectrum with much potential overlap, for example:

- Increased community involvement can benefit both TB diagnosis and care, and HIV/AIDS care and prevention
- IPT is a concern of both TB services (which are likely to supply and monitor the isoniazid) and of VCCT services (whose clients will benefit).

At the service delivery level, reciprocal synergies exist between service providers:

- TB patients have a high rate of STIs (and would benefit from STIs screening and treatment)
- HIV-positive clients have a high rate of TB (and therefore benefit from TB screening and treatment) and TB patients have a high rate of HIV (and therefore benefit from VCCT).

Collaborative Activities

1. Establishment of a coordinating body for TB/HIV activities at all levels

The existence of a TB/HIV coordinating body at all administrative levels of the health service with representation from major stakeholders is important for determining the level of political commitment in the fight against the two diseases.

The coordinating bodies should at least meet quarterly.

Resources:

Responsible persons: TB and HIV/AIDS Programmes

2. Surveillance of HIV among TB patients

Surveillance of HIV prevalence among TB patients will give information about the epidemics of both TB and HIV.

There are three main methods for surveillance of HIV among TB patients:

- Routine HIV testing
- Sentinel Surveillance
- Periodic Special Surveys

Resources:

Responsible persons: TB and HIV/AIDS Programmes

3 Intensified TB case-finding among PLWHA

PLWHA attending for HIV testing and counseling or HIV treatment and care should be screened for TB.

Any confirmed case of HIV should be referred to DOTS centre for TB screening.

Resources:

Responsible persons: VCCT Counsellors

4 Provision of HIV Testing and Counselling

All TB patients should be offered an HIV test. It is preferable that this occurs within the DOTS Centres.

Resources:

Responsible persons: DOTS Providers

5. Access to Antiretroviral treatment

All HIV-positive registered TB patients eligible for ARV should be provided with the drugs.

Resources:

Responsible persons: TB and HIV/AIDS Programmes