ing many of these key elements in delivering treatment.

Effective collaboration between HIV/AIDS and TB control programmes in the context of "3 by 5" was demonstrated in Malawi, which is now rapidly heading towards nationwide coverage of collaborative TB/HIV activities and ARV scale-up. Regional TB officers in Malawi will be responsible for monitoring the new ART programme in the same way they monitor the recording and reporting of TB diagnosis and treatment from their respective districts. The TB officers were trained on ART delivery systems and use of the newly developed monitoring and evaluation tools that build on the cohort analysis approach of TB control. Central units of the national TB control and HIV/AIDS programmes conduct joint analysis of the data collected. HIV and TB control programmes can work effectively together to use the lessons from the DOTS strategy to achieve the ambitious "3 by 5" target.

ART to TB patient is feasible but still a dream for most

The high prevalence of HIV among TB patients (over 75% in some settings) indicates that TB programmes can be an important entry point for ART where high numbers of PLWHA who would be eligible for ART are already in contact with the health service. Preliminary data presented from Durban, South Africa, demonstrated that integrating ART into existing TB clinic services is feasible and improved treatment outcomes for both diseases. Similarly, joint delivery of TB and HIV services (including ART) in Khayelitsha, South Africa, benefits both patients and staff. Patients receive care for both TB and HIV in one visit and staff develop expertise in managing both diseases, while improved treatment outcomes boost staff morale. However, in reality, access to ART for HIV-infected TB patients remains very limited in most countries. In Malawi, the mismatch between TB treatment that is decentralized, down to primary health centres, and centralized hospital-based ART limits access to ART for many TB patients, especially those furthest from the hospitals. In Thylo district, only 13% of eligible HIV-positive TB patients were eventually started on ART. Decentralization of ART from hospitals to primary care would greatly improve ART access and equity.

The choice of using generic or branded drugs for ART scale-up is a country choice. There is concern, however, about establishing parallel systems for ART delivery (one generic, the other for branded drugs), particularly where multiple partners are involved. This compromises standardized treatment and drug access for patients.

Stigma – double trouble

HIV-infected TB patients often bear a double burden of stigma, one for TB and another for HIV. Lack of training on HIV and TB resulted in negative attitudes of service providers and further fuelled the stigma experienced by coinfected patients in Ukraine, for example. In the Russian Federation, it was reported that up to 90% of PLWHA reported stigmatization. In the United Republic of Tanzania, many HIV-infected TB patients preferred to stay at home due to fear of stigma. Provision of home-based care for TB/HIV by community volunteers from a faith-based nongovernmental organization (PASADA) in the United Republic of Tanzania was instrumental in improving the care provided to HIV-infected TB patients, including enhancing community awareness against stigma. It was particularly recognized that the double stigma poses a huge challenge in scaling up universal and high-quality HIV testing and counselling for TB patients in high-HIV prevalence settings.

UNAIDS/WHO joint policy statement on HIV testing

The recent UNAIDS/WHO joint policy statement on HIV testing was applauded for responding to the need for a paradigm shift in HIV testing policy. This accelerates knowledge of HIV status in those at risk and thus ensures their access to the most appropriate prevention, treatment, care and support.

The policy statement (http://www.who.int/hiv/pub/vct/en/

Type	Target groups
VCT	Individuals or couples who wish to know status for planning or prevention
Routine	Patients at high risk for HIV (STI clinics) or for whom an important intervention is available (PMCT)
Diagnostic	Patients with signs or symptoms that are consistent with HIV or AIDS (e.g. TB)
Mandatory	Body fluids, blood or tissue donors, pre-recruitment

hivtestingpolicy04.pdf) does not support mandatory testing of individuals on public health grounds. It recommends that HIV testing be confidential, accompanied by counselling and only conducted with informed consent.

Adoption of the UNAIDS/WHO joint policy statement into a national policy and development of national operational guidelines and training curriculum are essential for both HIV care and treatment of TB patients, and for HIV prevention. The positive impact of post-test counselling on behaviour change and HIV transmission should not be forgotten, and participants were encouraged to add another letter to the familiar ABC of HIV prevention.

- **A**bstain and delay getting sexually active
- **B**e faithful – reduce number of partners
- **C**ondom use – must be consistent
- **D**iagnosis – know your status

Kenya is rapidly scaling up counselling and testing services and implementation of routine and diagnostic HIV testing in clinical settings. It has recently published updated guidelines on HIV testing following the joint WHO/UNAIDS policy statement that strongly support diagnostic testing.

"Failure to provide HIV testing when symptoms or signs of HIV disease may be present is substandard care and is not acceptable".

Guidelines for HIV Testing in Clinical Settings – Kenya Ministry of Health (2004)

HIV testing and counselling – the door to care and prevention

HIV testing and counselling is the doorway through which TB patients and the general population can access the most appropriate prevention, treatment and support services for TB and HIV. It was recognized, however, that ensuring nationwide universal coverage of high-quality rapid HIV testing and counselling for TB patients and the general population in high-HIV settings would be a challenge. Malawi is heading towards nationwide coverage of HIV testing for TB patients and has an ambitious plan for testing 750000 people for HIV between 2004 and end of 2005. To meet this target during the first two quarters of 2004, 240 health workers have been trained as full-time counsellors and in the use of rapid HIV testing. Furthermore, strengthening referral networks between TB, HIV, PMTCT, STI and VCT services, and establishing reliable supplies management (e.g. HIV test kits) are also crucial for rapid scale-up of HIV testing and counselling services.

Enablers for nationwide expansion of HIV testing for TB patients

- Availability of knowledgeable, trained and committed health workers at service delivery points.
- Availability of diagnostic HIV testing at TB service delivery points.
- Facilities conducting HIV testing in the consulting (counselling) room.
- HIV testing for TB suspects in addition to confirmed TB patients.
- HIV testing earlier in the course of TB illness.
- Increasing availability of services such as isoniazid and co-trimoxazole preventive therapies and ARV for HIV-positives.
- Increasing community awareness of the TB/HIV link and the benefits of testing.
- Participation of PLWHA in the planning and implementation of activities.
- Uninterrupted supply of HIV test kits.

The peril of health workforce crisis: who is going to do it?

The serious shortage of human resource capacity is a major constraint to the rapid scale-up of collaborative TB/HIV activities. The dearth of technical and administra-