METHODODOLOGY ANNEX
FROM POLICY TO PRACTICE: HOW THE TB-HIV RESPONSE IS WORKING

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Background

In 2014, ACTION investigated whether the guidelines had been translated into commitments at global and national levels and produced the report *From Rhetoric to Reality: an Analysis of Donor and Implementing Country efforts to Scale up the TB-HIV Response*.

ACTION’s analysis in 2014 found that WHO’s recommendations for the 12 high impact TB-HIV collaborative activities had not been embraced equally across high burden countries or by donors. In addition, despite having fewer resources, TB programs carried out the majority of joint TB-HIV efforts, while HIV programs often neglected the recommended collaborative activities. To address these gaps, ACTION recommended that national HIV strategic plans prioritize TB-HIV collaborative activities—with a specific focus on screening all people living with HIV for TB—to ensure access to TB prevention, testing, treatment, and care. ACTION emphasized that these services should be monitored and reported on annually. The recommendations also encouraged national TB programs to reduce barriers to care due to out-of-pocket costs, as well as detailing suggestions for international actors:

- The leadership in countries with high TB-HIV burdens should comply with Global Fund guidelines, established in November 2013, that require applications submitted for funding include TB and HIV together—single (joint) TB-HIV concept notes.
- PEPFAR should expand its rollout of GeneXpert (a rapid 2-hour diagnostic test for TB that detects TB DNA and drug resistance in sputum samples).
- DFID should conduct a thorough review of health programs in high TB-HIV burden countries.
- The World Bank should provide countries with specific guidance on TB-HIV interventions in the context of their health investments.

Two years later, ACTION is evaluating whether or not progress has been made by high burden countries or donors to address the gaps.

Units of analysis

COUNTRIES INCLUDED IN ANALYSIS

In 2014 ACTION began by looking at countries where collaborative activities could make the most difference for TB outcomes, and thus focused on 32 countries with the highest percentage (20 percent and higher) of co-infection among people with TB. Within these countries, ACTION looked for mentions of the 12 WHO-recommended TB-HIV collaborative activities in national TB strategic plans, national HIV strategic plans, and country plans of major donors.
To assess progress two years later, ACTION decided to look more broadly at the full TB-HIV disease burden. Therefore, using WHO’s most expansive definition of 41 countries with a high burden of TB-HIV, ACTION looked again at publicly available documents for active policies and projects to determine whether collaborative activities were more visible or prominent than in 2014.

To complement the document reviews, six very different country settings were selected for qualitative research to contextualize the document review findings, examine what barriers remain to expanding TB-HIV collaborative activities, and view to what extent the policies on paper match the reality of patients’ experience.

Table 1: WHO’s List of 41 High Burden TB-HIV Countries 2009 – 2015

<table>
<thead>
<tr>
<th>Country</th>
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<th>Country</th>
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<tbody>
<tr>
<td>Angola</td>
<td>Côte d’Ivoire</td>
<td>Mali</td>
<td>Tanzania</td>
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<tr>
<td>Botswana</td>
<td>Djibouti</td>
<td>Mozambique</td>
<td>Thailand</td>
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<tr>
<td>Brazil</td>
<td>DRC</td>
<td>Myanmar</td>
<td>Togo</td>
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<tr>
<td>Burkina Faso</td>
<td>Ethiopia</td>
<td>Namibia</td>
<td>Uganda</td>
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<tr>
<td>Burundi</td>
<td>Ghana</td>
<td>Nigeria</td>
<td>Ukraine</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Haiti</td>
<td>Russia</td>
<td>Vietnam</td>
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<tr>
<td>Cameroon</td>
<td>India</td>
<td>Rwanda</td>
<td>Zambia</td>
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<tr>
<td>Central African Republic</td>
<td>Indonesia</td>
<td>Sierra Leone</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Chad</td>
<td>Kenya</td>
<td>South Africa</td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>Lesotho</td>
<td>Sudan</td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td>Malawi</td>
<td>Swaziland</td>
<td></td>
</tr>
</tbody>
</table>

DONORS INCLUDED IN ANALYSIS

Though it is difficult to track specific TB-HIV financing, the selection of major donors to analyze was based on the scale of their HIV or TB funding, as well as potential to scale up TB-HIV funding based on government commitment to overseas development assistance. Donors included in this analysis were the same as those in ACTION’s 2014 analysis: The Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Kingdom Department for International Development (DfID), the United States President’s Emergency Plan for AIDS Relief (PEPFAR), and the World Bank.

1 WHO’s list of TB-HIV high burden countries for the period 2016–2020 has decreased from 41 countries to 30 countries. However, the report here used the list of 41 countries defined as priority TB-HIV countries from 2009 through 2015. This same group of 41 countries was used from 2009 until the end of 2015, including to report TB-HIV statistics in WHO’s Global Tuberculosis Report 2015. Additionally, the list of 41 countries was used by the Global Fund to determine which countries need to submit single joint concept notes for TB and HIV.
Comparison between 2014 and 2016 findings

Because the 2016 analysis includes a different set of countries (41 countries instead of the 32 analyzed in 2014), the two reports—From Rhetoric to Reality and From Policy to Practice—are not directly comparable. Therefore, to demonstrate changes over time, ACTION developed a new 2014 baseline using the 41 countries including within the 2016 analysis, for comparison over time between 2014 and 2016. For countries that were included in the 2014 analysis, we went back and determined if the document reviewed in 2014 was the most up-to-date document at that time. For example, if we reviewed a TB national strategic plan 2007 – 2010 in 2014 it was because we couldn’t find the updated TB national strategic plan 2011 – 2015. However, because more documents are online now on http://www.nationalplanningcycles.org/ we were able to update the documents reviewed to reflect the policies during the review in March – May 2014. For countries that we did not have information on, we conducted initial searches for the documents.

Quantitative Analysis

SEARCH TERMS USED

ACTION searched the following publicly available documents for active policies and projects for mention of the WHO’s TB-HIV collaborative activities between March and May 2016: TB national strategic plans, HIV national strategic plans, Global Fund TB grants, Global Fund HIV grants, Global Fund TB/HIV grants, UK DfID projects, U.S. PEPFAR Country Operational Plans, and World Bank projects. Only documents in either English or French were considered for review. National strategic plans for TB and for HIV were considered publicly available if they were easily accessible through a google search, listed on www.nationalplanningcycles.org, or available on a ministry of health website. Global Fund grants were considered publicly available if they were available on www.theglobalfund.org, UK DfID projects were considered publicly available if they were listed on https://devtracker.DfID.gov.uk/. U.S. PEPFAR Country Operational Plans were considered publicly available if they were listed on http://www.pepfar.gov/countries/cop/index.htm, and World Bank projects were considered publicly available if they were searchable through projects and operations on www.worldbank.org.
The following search terms were used to determine if an activity was considered to be mentioned in the document. A binary coding system was used. If an activity was mentioned, it was coded as “1”. If it was not mentioned, it was coded as “0”.

<table>
<thead>
<tr>
<th>WHO TB-HIV Collaborative Activity</th>
<th>English search terms</th>
<th>French search terms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels</strong></td>
<td>Specific to a coordinating body – not just joint planning “Coordination”; “coordinating body”; “strengthen TB-HIV”; “Steering committees”, any mention of National TB Programmes and National HIV/AIDS Programmes working together, any mention of regional coordination on TB-HIV; MOU between National TB and National HIV programs</td>
<td>Coordination ; intégration ; co-infection ; programme(s) nationale(s) qui travailler/travaillerai/et c. ensemble ; coordination régionale</td>
</tr>
<tr>
<td><strong>A.2. Determine HIV prevalence among TB patients and TB prevalence among people living with HIV</strong></td>
<td>“Prevalence”; “Rate of HIV among TB patients recorded”; “prevalence recorded”; “status recorded”; “TB patients with HIV status recorded in the TB register”; “identify”; “identification”; “TB/HIV co-surveillance”; if there is an indicator to lower prevalence it assumes that prevalence will be recorded/determined.</td>
<td>Prévalence ; prévalence tuberculose ; les gens avec le SIDA ; maladie(s)/infection(s) opportuniste(s) ; co-infection</td>
</tr>
<tr>
<td><strong>A.3. Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services</strong></td>
<td>Any mention of TB or HIV programs working together “Collaboration”; “Planning”; “Integrate delivery of services”; “joint planning”; establishment of a TB/HIV coordinator, references to trainings on TB-HIV</td>
<td>Collaboration ; coopération ; coordination ; prestations de services intégrés</td>
</tr>
<tr>
<td><strong>A.4. Monitor and evaluate collaborative TB/HIV activities</strong></td>
<td>“data collection”; Any time an activity was monitored and/or evaluated in project documents, or explicitly listed to be measured – has to be related to TB-HIV</td>
<td>Chaque fois qu’une activité était suivi et/ou évalué dans les dossiers des projets, ou listé explicitement d’être mesuré</td>
</tr>
<tr>
<td><strong>B.1. Intensify TB case-finding and ensure high quality antituberculosis treatment</strong></td>
<td>“Intensified case finding”; “DOTS”; “TB treatment”; “Treatment of TB”; “Three I’s”; “TB screening”; “screen for TB”; “GeneXpert”; “Xpert”; “active case finding”; HIV patients screened for TB”; number of ‘laboratory confirmed cases’; TB cases notified;</td>
<td>DOTS ; le traitement de TB ; Trois I ; Intensification ; Isoniazide ; infection ; écarter la possibilité de TB ; le dépistage de TB ; GeneXpert ; Xpert ; intensification de la recherche des cas de TB ; maladies/infections opportunistes</td>
</tr>
<tr>
<td><strong>B.2. Initiate TB prevention with Isoniazid preventive</strong></td>
<td>“Isoniazid”; “isoniazide”; “IPT” (only with reference to TB, not malaria); “Isoniazid</td>
<td>INH ; Trois I ; isoniazide ;</td>
</tr>
<tr>
<td>WHO TB-HIV Collaborative Activity</td>
<td>English search terms</td>
<td>French search terms</td>
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<tr>
<td>therapy and early antiretroviral therapy</td>
<td>preventive therapy; “preventive therapy”; “early ART”; “Initiate early ART”; “Three I’s”; “Preventive Treatment with Isoniazide”; “latent”; HIV+ people treated for latent TB or LTBI</td>
<td>prévention ; IPT (sans référence à la malaria) ; chimio prophylactique l’isoniazide</td>
</tr>
<tr>
<td>B.3. Ensure control of TB Infection in health-care facilities and congregate settings</td>
<td>“Infection control”; “IC”; “Three I’s”</td>
<td>Trois I ; contrôle ; Lutte contre l’infection</td>
</tr>
<tr>
<td>C.1. Provide HIV testing and counselling to patients with presumptive and diagnosed TB</td>
<td>Must be specified for patients with diagnosed and presumptive TB: “HIV counselling and testing”; “HCT”; “VCT”; “Test for HIV”; “HIV counselling”; “PITC”; “Document HIV status”; “percentage of TB patients who had an HIV test recorded”</td>
<td>Appui psychosocial et conseil sur le VIH pour les gens avec TB diagnostiqués ou TB active présumée</td>
</tr>
<tr>
<td>C.2. Provide HIV prevention interventions for patients with presumptive and diagnosed TB</td>
<td>Must be specified for patients with diagnosed and presumptive TB, focus specifically on PREVENTION: “HIV prevention”; “HIV prevention methods”; “harm reduction”; “behavioural change communication”; “BCC”; “condoms”; “pregnant women”; “Opioid substitution therapy”; “syringe exchange”; “referrals” for services</td>
<td>Prévention ; réduction des méfaits/risques ; changement de comportement (pour les gens avec TB diagnostiqués ou TB active présumée)</td>
</tr>
<tr>
<td>C.3. Provide co-trimoxazole preventive therapy for TB patients living with HIV</td>
<td>“Co-trimoxazole”; “Co-trimoxazole preventive therapy”; “Cotrimoxazole” “CPT”; “CTX”; “CXT”; “prophylaxis” (only for patients already diagnosed with HIV)</td>
<td>Cotrimoxazole ; CPT ; CTMm co-trimoxazole</td>
</tr>
<tr>
<td>C.4. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV</td>
<td>Must be specified for patients with TB-HIV co-infection, more focus on TREATMENT and CARE: “HIV treatment and care”; “HIV prevention”; “HIV prevention methods”; “HIV care”; “behavioural change communication”; “BCC”; “provide HIV services”; “nutritional support”; “palliative care”; “ambulatory care”; “treatment adherence support for TB and HIV”</td>
<td>VIH ; prévention ; changement de comportement ; coinfection</td>
</tr>
<tr>
<td>C.5. Provide antiretroviral therapy for TB patients living with HIV</td>
<td>Must be specified for patients with TB-HIV co-infection: “ART”; “antiretroviral therapy”; “test and treat”; mention of ‘percentage receiving both TB and HIV treatment’.</td>
<td>ARV ; traitement ; traitement antirétroviral ; TAR ; TARV</td>
</tr>
</tbody>
</table>

**REVIEW OF NATIONAL STRATEGIC PLANS**

ACTION searched for the most recent national strategic plans for HIV and TB among the 41 high burden countries. The following websites were used in the search:
If an NSP was unavailable on the website, ACTION conducted a google search and visited the country’s Ministry of Health website to determine if such plan existed. Countries whose plans reviewed in the 2014 analysis were automatically added to the 2014 retroactive baseline. For the countries that were not included in the 2014 analysis, ACTION conducted a search of national strategic plans that were available as of 2014. The searches yielded 27 TB national strategic plans for 2014 and 26 national strategic plans for 2016, and 34 HIV national strategic plans for 2014 and 36 national strategic plans for 2016.

2014 TB national strategic plans reviewed
* was reviewed in 2014 for the report From Rhetoric to Reality
1. Botswana; National TB Program Manual 2007*
3. Burundi; Plan Stratégique de Lutte Contre La Tuberculose 2011 – 2015
4. Cambodia; Health Strategic Plan for Tuberculosis Control in the Kingdom of Cambodia 2011 – 2015
5. Cameroon; National Tuberculosis Strategic Plan 2010-2014*
6. Republic of Congo; Plan Stratégique National de Lutte Contre La Tuberculose 2014 - 2018
10. Ghana; The National Tuberculosis Health Sector Strategic Plan for Ghana 2009 – 2013
11. Haiti; Programme National de Lutte Contre la Tuberculose Plan Stratégique 2009 – 2015
12. India; National Strategic Plan for Tuberculosis Control 2012 – 2017
15. Lesotho; The National TB Programme Policy & Manual 2008*
16. Malawi; Ministry of Health National Tuberculosis Control Programme Manual 2012*
17. Mali; Plan Stratégique Tuberculose Relance de la lutte antituberculose au Mali 2013-2017
18. Myanmar; Five year National Strategic Plan for Tuberculosis Control 2011 – 2015
19. Namibia; National Guidelines for the Management of Tuberculosis 2011*
20. Nigeria; The National Strategic Plan for Tuberculosis Control 2010 – 2015*
21. South Africa; National Strategic Plan for TB, HIV, and STIs 2012 – 2016*
22. Swaziland; National Tuberculosis Control Strategic Plan 2010 – 2014*
23. Tanzania; National TB & Leprosy Program (NTLP) Strategic Plan 2009/10 – 2015/16*
24. Uganda; Manual of The National Tuberculosis and Leprosy Programme 2010*
26. Zambia; Zambia Tuberculosis Program Stop TB Strategic Plan Implementation Update 2008 – 2012*
27. Zimbabwe; National Tuberculosis Control Program Five Year Strategic Plan 2009 – 2013*

2016 TB national strategic plans reviewed
2. Burkina Faso; Plan Stratégique de Lutte Contre la Tuberculose 2008 – 2012
4. Cambodia; Health Strategic Plan for Tuberculosis Control in the Kingdom of Cambodia 2011 – 2015
5. Cameroon; Plan Stratégique de Lutte Contre la Tuberculose au Cameroun 2015 – 2019
6. Republic of the Congo; Plan Stratégique National de Lutte Contre la Tuberculose 2014 – 2018
7. Côte d’Ivoire; Plan Stratégique National de Lutte Contre la Tuberculose 2012 - 2015
10. Ghana; The National Tuberculosis Health Sector Strategic Plan for Ghana 2009 – 2013
11. Haiti; Programme National de Lutte Contre la Tuberculose Plan Stratégique 2009 – 2015
12. India; National Strategic Plan for Tuberculosis Control 2012 – 2017
15. Malawi; Ministry of Health National Tuberculosis Control Programme Manual 2012
16. Mali; Plan Stratégique Tuberculose Relance de la lutte antituberculose au Mali 2013 – 2017
17. Myanmar; Five year National Strategic Plan for Tuberculosis Control 2011 – 2015
18. Namibia; National Guidelines for the Management of Tuberculosis 2011
21. Swaziland; National Tuberculosis Control Strategic Plan 2010 – 2014
22. Tanzania; National TB & Leprosy Program (NTLP) Strategic Plan 2009/10 – 2015/16
23. Uganda; Manual of The National Tuberculosis and Leprosy Programme 2010
26. Zimbabwe; National Tuberculosis Control Program Five Year Strategic Plan 2009 – 2013

2014 HIV national strategic plans reviewed
* was reviewed in 2014 for the report From Rhetoric to Reality
1. Botswana; The Second National Strategic Framework for HIV and AIDS 2010-2016*
2. Burkina Faso; Cadre stratégique de Lutte Contre Le VIH, Le SIDA et Les Infections Sexuallement Transmissibles (CSLS) 2011 – 2015
5. Central African Republic ; Cadre stratégique national de lutte contre le VIH SIDA 2012-2016*
6. Chad; Plan stratégique National de Riposte Au SIDA 2011 – 2015*
8. Republic of the Congo; Cadre Stratégique National de Lutte Contre le VIH/SIDA et les IST 2014 – 2018
10. Djibouti; Plan Stratégique National de lutte Contre le VIH 2008 – 2012
17. Lesotho; National HIV and AIDS Strategic Plan 2006 – 2010*
18. Malawi; Malawi National HIV and AIDS Strategic Plan 2011 – 2016*
20. Myanmar; Myanmar National Strategic Plan on HIV and AIDS 2011 – 2015*
23. Rwanda; HIV/AIDS National Strategic Plan 2009 – 2012*
25. South Africa; The National Strategic Plan for HIV, TB, and STIs 2012 – 2016*
27. Swaziland; National Strategic Framework for HIV and AIDS 2009 – 2014*
28. Tanzania; The Third National Multi - Sectoral Strategic Framework for HIV and AIDS 2013/14 – 2017/18*
30. Togo; Plan stratégique national de lutte contre le SIDA et les infections sexuellement transmissibles 2012-2015*
31. Uganda; National strategic plan for HIV & AIDS (revised) 2011 – 2015*
32. Vietnam; the National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a Vision to 2020*
34. Zimbabwe; Zimbabwe National HIV and AIDS Strategic Plan 2011 – 2015

2016 HIV national strategic plans reviewed
2. Burkina Faso; Cadre stratégique de Lutte Contre Le VIH, Le SIDA et Les Infections Sexuellement Transmissibles (CSLS) 2011 – 2015*
5. Cameroon; Plan stratégique national de lutte contre le VIH, le SIDA et les IST 2014 – 2017
6. Central African Republic; Cadre stratégique national de lutte contre le VIH SIDA 2012 – 2016*
7. Chad; Plan stratégique National de Riposte Au SIDA 2011 – 2015*
8. China; China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS 2006 – 2010*
9. Republic of the Congo; Cadre Stratégique National de Lutte Contre le VIH/SIDA et les IST 2014 – 2018
10. Côte d’Ivoire; Plan Stratégique National de Lutte Contre l’Infection à VIH, le SIDA et les IST 2011 – 2015*
11. Djibouti; Plan Strategic National de lutte Contre le VIH 2008 – 2012
12. Democratic Republic of Congo; Plan Stratégique National de Lutte Contre le VIH et le SIDA 2014 – 2017
14. Ghana; National HIV and AIDS, STI Policy 2013*
15. Haiti; Plan Stratégique National Multisectoriel 2012 – 2015 Révisé Avec Extension à 2018
19. Lesotho; National HIV and AIDS Strategic Plan 2011/12 – 2015/16
20. Malawi; Malawi National HIV and AIDS Strategic Plan 2011 – 2016
22. Myanmar; Myanmar National Strategic Plan on HIV and AIDS 2011 – 2015
25. Rwanda; Rwanda HIV and AIDS National Strategic Plan 2013 – 2018
27. South Africa; The National Strategic Plan for HIV, TB, and STIs 2012 – 2016
28. Swaziland; the extended National Multisectoral HIV and AIDS Framework 2014 – 2018
29. Tanzania; The Third National Multi - Sectoral Strategic Framework for HIV and AIDS 2013/14 – 2017/18
31. Togo; Plan stratégique national de lutte contre le SIDA et les infections sexuellement transmissibles 2012 – 2015
32. Uganda; National HIV and AIDS Strategic Plan 2015/16 – 2019/20
33. Ukraine; M&E Plan for national strategic plan for its HIV response 2014 – 2018
34. Vietnam; the National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a Vision to 2020

REVIEW OF GLOBAL FUND GRANTS

A search was done on the Global Fund’s website for TB grants, HIV grants, and TB/HIV grants that were active as of April 2016. ACTION only included grants that had at least one grant document available online, such as a grant performance report or a grant scorecard. This search yielded 60 HIV grants, 35 TB grants, and 13 TB/HIV grants active March – May 2016.

To develop a retroactive baseline from 2014 using the 41 countries, the same search was conducted using grants that were operating as of April 2014. This resulted in 60 HIV grants and 37 TB grants. TB/HIV grants were not available in 2014 as the development of single (joint TB-HIV) concept notes had not been fully implemented.

2014 Global Fund TB grants reviewed
* was reviewed in 2014 for the report From Rhetoric to Reality
1. AGO-911-G05-T: Expanding and Improving Diagnostic and Treatment Services for Tuberculosis in Angola (Angola)
2. BUR-810-G10-T: Strengthening Tuberculosis control based on Stop-Tuberculosis strategy and Ensure the quality and harmlessness of pharmaceutical products including labile blood products (Burundi)
3. BRN-708-G06-T: Renforcement de la lutte contre la tuberculose au Burundi (Burundi)
4. CMR-910-G09-T: Scaling up malaria control for impact in Cameroon (Cameroon)* note: this is actually a TB grant mislabeled as malaria
5. CAF-911-G09-T: Strengthening of the Stop TB Program (Central African Republic)*
6. TCD-810-G07-T: Strengthening TB prevention means and care for patients (Chad)*
7. CHN-S10-G14-T: Reduce the morbidity and mortality of tuberculosis in China (China)
8. COG-810-G02-T: Decentralization and Implementation of Prevention and Complete Care Actions of People Living with HIV/AIDS in the Republic of the Congo (Congo)*
9. CIV-S10-G10-T: Preventing multi-resistant tuberculosis by improving comprehensive care of tuberculosis (Cote d’Ivoire)*
10. CIV-S10-G11-T: Preventing multi-resistant tuberculosis by improving comprehensive care of tuberculosis (Cote d’Ivoire)*
11. DJB-013-G06-T: Support to Djibouti’s National Tuberculosis Program in order to improve access to tubercular care among vulnerable populations (Djibouti)
12. ZAR-911-G13-T: Support for tuberculosis control in Democratic Republic of Congo (Democratic Republic of Congo)
13. ZAR-911-G14-T: Support for tuberculosis control in Democratic Republic of Congo (Democratic Republic of Congo)
14. ETH-T-FMOH: No title (Ethiopia)
15. HTI-911-G08-T: Strengthening and Improvement of DOTS Strategy in Haiti (Haiti)*
16. IDA-T-CTD: Consolidating and scaling-up the revised national tuberculosis control program (RNTCP) to achieve Tuberculosis related MDGs, provide universal access to drug resistant TB control services, & strengthen civil society involvement in TB care and control (India)
17. IDA-T-WVI: Providing universal access to DR TB control services and strengthening civil society involvement in TB care and control (India)
18. KEN-S11-G1-T: To steer the country towards the achievement of the TB Millennium Development Goals in line with the Global Stop TB Strategy (Kenya)*
19. KEN-S11-G12-T: To steer the country towards the achievement of the TB Millennium Development Goals in line with the Global Stop TB Strategy (Kenya)*
20. LSO-810-G08-T: Scaling up access to quality, community-based, integrated management of MDR/XDR-TB and HIV in Lesotho (Lesotho)*
21. MLW-708-G06-T: Towards Sustainable and Equitable Tuberculosis Control (Malawi)*
22. MAL-013-G10-T: Strengthening the Directly Observed Treatment Strategy (DOTS) and Moving towards Universal Access (Mali)
23. MOZ-708-G07-T: Reducing Tuberculosis Morbidity and Mortality in Mozambique by 2102, through strengthening of the National Tuberculosis Control Program at all levels (Mozambique)*
24. MYN-T-SCF: Scaling up of TB Control in Myanmar (Myanmar)
25. MYN-T-UNOPS: TB control to reduce morbidity, mortality and transmission of TB in Myanmar (Myanmar)
26. NMB-T-MoHSS: No Title (Namibia)*
27. NGA-T-ARFH: Further DOTS Expansion (Nigeria)*
28. NGA-T-IHVN: Further DOTS expansion while addressing MDR-TB prevention and control (Nigeria)*
29. RWN-T-MoH: Rwanda National Tuberculosis Control Strategic Plan 2009-2012 (Rwanda)*
30. SLE-708-G06-T: Project to Strengthen the Implementation of DOTS Activities in Sierra Leone (Sierra Leone)
31. SWZ-T-NERCHA: Expand access to high quality DOTS; address TB/HIV co-infections and emergency response to the challenge of MDR-TB (Swaziland)*
32. TNZ-607-G09-T: Acceleration of TB and TB/HIV services in Tanzania (Tanzania)*
33. TGO-T12-G12-T: Reducing Morbidity and Mortality due to Tuberculosis in Togo in line with the Millennium Development Goals (Togo)
34. UGD-T-MoFPED: No Title (Uganda)*
35. ZAM-711-G26-T: Zambia TB program stop TB strategic plan implementation updated 2008-2012 (Zambia)*
36. ZIM-809-G12-T: Towards universal access: Improving accessibility to high quality DOTS in Zimbabwe (Zimbabwe)*

2016 Global Fund TB grants reviewed
1. AGO-911-G05-T: Expanding and improving Diagnostic and Treatment Services for Tuberculosis in Angola (Angola)
2. BFA-T-PADS: Scaling-up of high impact interventions in the fight against TB based on the STOP TB strategy (Burkina Faso)
3. BRN-708-G06-T: Renforcement de la lutte contre la tuberculose au Burundi (Burundi)
4. KHM-T-CENAT: Cambodia TB (Cambodia)
5. CMR-910-G09-T: Scaling up malaria control for impact in Cameroon (Cameroon) note: this is actually a TB grant mislabeled as malaria
6. CMR-T-MOH: Untitled new grant (Cameroon)
7. TCD-T-FOSAP: Ministre du Plan et la Cooperation Internationale (Ministry of Planning and International Cooperation) (Chad)
8. CHN-S10-G14-T: Reduce the morbidity and mortality of tuberculosis in China (China)
9. COG-810-G02-T: Decentralization and Implementation of Prevention and Complete Care Actions of People Living with HIV/AIDS in the Republic of the Congo (Republic of the Congo)
10. CIV-S10-G11-T: Preventing multi-resistant tuberculosis by improving comprehensive care of tuberculosis (Côte d’Ivoire)
11. DJB-013-G06-T: Support to Djibouti’s National Tuberculosis Program in order to improve access to tubercular care among vulnerable populations (Djibouti)
12. COD-T-CARITAS: Investing for impact against Tuberculosis and HIV in the Democratic Republic of Congo (Democratic Republic of Congo)
13. COD-T-MOH: Speeding up of Universal Access to Prevention, Treatment and Support Services (Democratic Republic of Congo)
14. ETH-T-FMOH: No Title (Ethiopia)
15. HTI-911-G08-T: Strengthening and Improvement of DOTS Strategy in Haiti (Haiti)
16. IDA-T-CTD: Consolidating and scaling-up the revised national tuberculosis control program (RNTCP) to achieve Tuberculosis related MDGs, provide universal access to drug resistant TB control services, & strengthen civil society involvement in TB care and control (India)
17. IDA-T-WVI: Providing universal access to DR TB control services and strengthening civil society involvement in TB care and control (India)
18. KEN-T-AMREF: To steer the country towards the achievement of the TB Millennium Development Goals in line with the Global Stop TB Strategy (Kenya)
19. KEN-T-TNT: To steer the country towards the achievement of the TB Millennium Development Goals in line with the Global Stop TB Strategy (Kenya)
20. LSO-810-G08-T: Scaling up access to quality, community-based, integrated management of MDR/XDR-TB and HIV in Lesotho (Lesotho)
21. MLW-708-G06-T: Towards Sustainable and Equitable Tuberculosis Control (Malawi)
22. MAL-013-G10-T: Strengthening the Directly Observed Treatment Strategy (DOTS) and Moving towards Universal Access (Mali)
23. MOZ-T-MOH: Reinforcing the collaboration for a better response to HIV and TB in Mozambique (Mozambique)
24. MYN-T-SCF: Scaling up of TB Control in Myanmar (Myanmar)
25. MYN-T-UNOPS: TB control to reduce morbidity, mortality and transmission of TB in Myanmar (Myanmar)
26. NMB-T-MOHSS: No title (Namibia)
27. NGA-T-ARFH: Further DOTS Expansion (Nigeria)
28. NGA-T-IHVN: Further DOTS expansion while addressing MDR-TB prevention and control (Nigeria)
29. RWA-T-MOH: Rwanda National Tuberculosis Control Strategic Plan 2009-2012 (Rwanda)
30. SLE-708-G06-T: Project to Strengthen the Implementation of DOTS Activities in Sierra Leone (Sierra Leone)
31. SWZ-T-NERCHA: Expand access to high quality DOTS; address TB/HIV co-infections and emergency response to the challenge of MDR-TB (Swaziland)
32. TZA-T-MOF: Scale up TB and HIV interventions in Tanzania (Tanzania)
33. UGA-T-MOFPED: No title (Uganda)
34. VNM-T-NTP: VNM NTP (Vietnam)
35. ZWE-T-MOHCC: Getting to ZERO TB Deaths in Zimbabwe: Intensifying efforts to Find, Treat and Cure all TB Cases (Zimbabwe)

2014 Global Fund HIV grants reviewed
* was reviewed in 2014 for the report From Rhetoric to Reality
1. AGO-405-G03-H: Reducing the Burden of HIV/AIDS in Angola (Angola)
2. BFA-H-SPCNLS: Universal Access through securing ARV treatments , strengthening of PMTCT and strengthening HIV prevention for most at risk populations (Burkina Faso)
3. BUR-H-IPC: Universal Access through securing ARV treatments , strengthening of PMTCT and strengthening HIV prevention for most at risk population (Burkina Faso)
4. BRN-809-G07-H: "PRIDE/BURUNDI" Intensification and Decentralization program for the Fight against AIDS in Burundi (Burundi)
5. BRN-813-G11-H: Intensification and Decentralization Program for the fight against AIDS in Burundi (Burundi)
6. KHM-H-NCHADS: Continued achievement of Universal Access of HIV/Sexually Transmitted Infections Prevention, Treatment and Care services in Cambodia (Cambodia)
7. CMR-011-G10-H: Universal access to PMTCT, comprehensive care for PLWHA and HIV prevention among most at risk populations in Cameroon (Cameroon)*
8. CMR-011-G11-H: No title (Cameroon)*
10. CAF-911-G09-T: Strengthening of the Stop TB Program (Central African Republic)*
11. TCD-810-G05-H: Strengthening of the national response to HIV/AIDS for transition to the scale of prevention structures and global treatment (Chad)*
12. COG-911-G06-H: Strengthening of HIV prevention for young people not attending school who are at highest risk and of the care for children living with HIV in the Republic of the Congo (Congo)*
13. COG-911-G05-H: Scaling up of insecticide-treated nets and access to artemisinin therapeutic combinations in Congo (Congo)*
14. CIV-910-G12-H: Strengthening the national response to HIV in order to scale up prevention to comprehensive care, factoring in gender and key populations at high risk of HIV infection (Cote d’Ivoire)*
15. CIV-910-G13-H: Strengthening the national response to HIV in order to scale up prevention to comprehensive care, factoring in gender and key population at high risk of HIV infection (Cote d’Ivoire)*
16. DJB-613-G05-H: Continue the fight against HIV/AIDS in Djibouti (Djibouti)
17. COD-H-SANRU: Integration of the HIV-AIDS prevention, care and treatment services packet in 239 priority health zones in the Democratic Republic of Congo (Democratic Republic of Congo)
18. GHA-809-G12-H: Reinforcing the Scale Up of HIV Services by Strengthening HIV Prevention and Effective Targeting (Ghana)
19. GHA-809-G11-H: Reinforcing the Scaling Up of HIV Services: Strengthening HIV Prevention and Effective Targeting (Ghana)
20. GHA-809-G10-H: Reinforcing the Scaling Up of HIV Services: Strengthening HIV Prevention and Effective Targeting (Ghana)
21. HTI-102-G09-H: Haiti’s Response to HIV/AIDS (Haiti)*
22. IDA-91-G21-H: Priority Response to Accelerate the National Programme with Difficult to Reach Key Populations in Underserved Areas (India)
23. IDA-H-IHAA: Strengthening community systems that benefit MSM, Transgender and hijra communities, as well as those providing Care and Support for PHLA in India (India)
27. IND-H-NU: Indonesia Response to HIV: Government and Civil Society Partnership in 21 Provinces (Indonesia)
28. KEN-H-KRC: The road towards an HIV free society (Kenya)*
29. KEN-H-MOF: No Title (Kenya)*
30. LSO-809-G06-H: Stepping Up Universal Access: A Multi-Sectoral partnership Response to HIV at the Community Level (Lesotho)*
31. LSO-813-G09-H: Stepping Up Universal Access: A Multi-Sectoral Partnership Response to HIV at the Community Level (Lesotho)*
32. LSO-H-MoFDP: To prevent the spread of HIV/AIDS and mitigate the impact of HIV/AIDS among orphans and vulnerable children in Lesotho (Lesotho)*
33. MLW-H-NAC: The Way Forward: Scaling up and improving the national response to HIV and AIDS in Malawi and intensifying HIV/AIDS behavioral change communication (BCC) for all and scaling up of HIV prevention services for young people in Malawi (Malawi)*
34. MOZ-911-G10-H: Responding to the HIV epidemic in Mozambique through effective government - civil society partnerships (Mozambique)*
35. MOZ-911-G09-H: Responding to the HIV epidemic in Mozambique through effective government - civil society partnerships (Mozambique)*
36. MYN-H-SCF: HIV prevention, care and treatment (Myanmar)
37. MYN-H-UNOPS: Reduction of HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact in Myanmar (Myanmar)
38. NMB-202-G01-H-00: Scaling up the Fight Against HIV/AIDS in Namibia (Namibia)*
39. NMB-202-G07-H: Scaling up the fight against HIV and AIDS in Namibia (Namibia)*
40. NGA-H-ARFH: Association for Reproductive and Family Health (ARFH) (Nigeria)*
41. NGA-H-NACA: To reduce morbidity and mortality from HIV/AIDS in Nigeria (Nigeria)*
42. NGA-H-SFHNG: Scaling-up sensitive HIV/AIDS prevention, treatment, and care and support interventions for adults and children in Nigeria (Nigeria)*
43. RWN-H-MoH: Scaling up access to HIV/AIDS services with focus on prevention in Rwanda (Rwanda)*
44. SAF-304-G04-H: Strengthening and expanding the Western Cape HIV/AIDS prevention, treatment and care programmes (South Africa)*
45. SAF-H-NACOSA: Leveraging Partnership to achieve the goals of south Africa's HIV&AIDS and STI National Strategic Plan 2007-2011 (South Africa)*
46. SAF-H-NDOH: Increasing access to Integrated Tuberculosis and HIV Services at the Primary Health Care and Community Levels (South Africa)*
47. SAF-H-RTC: Increasing Access to Integrated Tuberculosis and HIV Services at the Primary Health Care and Community Levels (South Africa)*
48. SAF-H-NRASD: Increasing Investment for Accelerated Impact of the National Strategic Plan for HIV and TB, 2012-2016 (South Africa)*
49. TNZ-405-G06-H: Condom Procurement for the Social Marketing Sector (Tanzania)*
50. TNZ-809-G12-H: Sustaining the Momentum: The March Towards Universal Access to HIV and AIDS Services in Tanzania (Tanzania)*
51. TNZ-809-G13-H: Sustaining the Momentum: The March Towards Universal Access to HIV and AIDS Services in Tanzania (Tanzania)*
52. TGO-809-G08-H: Strengthening and expansion of prevention services and overall management of PLWHA in the context of universal access in Togo (Togo)*
53. TGO-809-G09-H: Strengthening and expansion of prevention services and overall management of PLWHA in the context of universal access in Togo (Togo)*
54. UGD-708-G07-H: Scaling up Prevention, Care, Treatment and Health Systems Strengthening for HIV/AIDS (Uganda)*
55. UGD-708-G13-H: Scaling up Prevention, Care, Treatment and Health Systems Strengthening for HIV/AIDS (Uganda)*
56. ZAM-011-G29-H: No title (Zambia)*
57. ZAM-811-G28-H: No title (Zambia)*
58. ZAM-H-CHAZ: Scaling-Up Prevention and Impact Mitigation, Strengthening Health Systems, and securing and sustaining equitable access to ART commodities and services (Zambia)
59. ZAM-H-UNDP: Securing and sustaining equitable access to ART (Zambia)
60. ZIM-809-G11-H: Addressing critical gaps in HIV Prevention, Treatment, Care and Support (Zimbabwe)

2016 Global Fund HIV grants reviewed
1. BFA-H-SPCNLS: Universal Access through securing ARV treatments, strengthening of PMTCT and strengthening HIV prevention for most at risk populations (Burkina Faso)
2. BRN-809-G07-H: "PRIDE/BURUNDI" Intensification and Decentralization program for the Fight against AIDS in Burundi (Burundi)
3. BRN-813-G11-H: Intensification and Decentralization Program for the fight against AIDS in Burundi (Burundi)
4. KHM-H-NCHADS: Continued achievement of Universal Access of HIV/Sexually Transmitted Infections Prevention, Treatment and Care services in Cambodia (Cambodia)
5. CMR-011-G10-H: Universal access to PMTCT, comprehensive care for PLWHA and HIV prevention among most at risk populations in Cameroon (Cameroon)
6. CMR-011-G11-H: No title (Cameroon)
7. TCD-810-G05-H: Strengthening of the national response to HIV/AIDS for transition to the scale of prevention structures and global treatment (Chad)
8. TCD-H-FOSAP: Ministre du Plan et la Coopération Internationale (Chad)
9. COG-911-G06-H: Strengthening of HIV prevention for young people not attending school who are at highest risk and of the care for children living with HIV in the Republic of the Congo (Republic of the Congo)
10. COG-911-G05-H: Scaling up of insecticide-treated nets and access to artemisinin therapeutic combinations in Congo (Republic of the Congo) Note: This is an HIV grant mislabeled as malaria
11. CIV-910-G12-H: Strengthening the national response to HIV in order to scale up prevention to comprehensive care, factoring in gender and key populations at high risk of HIV infection (Côte d'Ivoire)
12. CIV-910-G13-H: Strengthening the national response to HIV in order to scale up prevention to comprehensive care, factoring in gender and key population at high risk of HIV infection (Côte d'Ivoire)
13. DJB-613-G05-H: Continue the fight against HIV/AIDS in Djibouti (Djibouti)
15. ETH-H-HAPCO: To prevent 70,000 to 80,000 new HIV infections by 2017 through high impact and targeted prevention programs, intensified HIV testing and counselling, elimination of MTCT and quality care and treatment (Ethiopia)
16. GHA-H-ADRA: Reinforcing the Scale Up of HIV Services by Strengthening HIV Prevention and Effective Targeting (Ghana)
17. GHA-H-PPAG: Reinforcing the Scaling Up of HIV Services: Strengthening HIV Prevention and Effective Targeting (Ghana)
18. HTI-102-G09-H: Haiti’s Response to HIV/AIDS (Haiti)
19. IDA-910-G21-H: Priority Response to Accelerate the National Programme with Difficult to Reach Key Populations in Underserved Areas (India)
20. IDA-H-IHAA: Strengthening community systems that benefit MSM, Transgender and hijra communities, as well as those providing Care and Support for PHLA in India (India)
21. IDA-H-NACO: Increasing Access and promoting comprehensive Care, Support and Treatment (India)
22. IDA-H-PLAN: PMTCT in public sector (India)
23. IDA-H-SAATHI: SVETANA: Scaling up of HIV Care and Private Sector PPTCT Services in India (India)
25. IND-H-NU: Indonesia Response to HIV: Government and Civil Society Partnership in 12 Provinces (Indonesia)
26. KEN-H-KRCS: The road towards an HIV free society (Kenya)
27. KEN-H-TNT: No Title (Kenya)
28. LSO-H-MOFDP: To prevent the spread of HIV/AIDS and mitigate the impact of HIV/AIDS among orphans and vulnerable children in Lesotho (Lesotho)
29. LSO-H-PACT: Stepping Up Universal Access: A Multi-Sectoral Partnership Response to HIV at the Community Level (Lesotho)
30. MLW-H-NAC: The Way Forward: Scaling up and improving the national response to HIV and AIDS in Malawi and intensifying HIV/AIDS behavioral change communication (BCC) for all and scaling up of HIV prevention services for young people in Malawi (Malawi)
32. MAL-813-G11-H: no title (Mali)
33. MOZ-H-MOH: Reinforcing the collaboration for a better HIV and TB response in Mozambique (Mozambique)
34. MYN-H-SCF: HIV prevention, care and treatment (Myanmar)
35. MYN-H-UNOPS: Reduction of HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact in Myanmar (Myanmar)
36. NMB-202-G01-H-11: Scaling up the Fight Against HIV/AIDS in Namibia (Namibia)
37. NMB-202-G07-H: Scaling up the Fight Against HIV/AIDS in Namibia (Namibia)
38. NGA-H-ARFH: Association for Reproductive and Family Health (ARFH) (Nigeria)
39. NGA-h-NACA: To reduced morbidity and mortality from HIV/AIDS in Nigeria (Nigeria)
40. NGA-H-SFHNG: Scaling-up sensitive HIV/AIDS prevention, treatment, and care and support interventions for adults and children in Nigeria (Nigeria)
41. RUS-H-OHI: Improving access to HIV prevention, treatment, and care services for key populations in Russia (Russia)
42. RWA-H-MOH: Scaling up access to HIV/AIDS services with focus on prevention in Rwanda (Rwanda)
43. SLE-H-NAS: Filling Implementation Gaps in the National HIV and AIDS Response - towards Achievement of Accelerated Universal Access in Sierra Leone (Sierra Leone)
44. SAF-304-G04-H: Strengthening and expanding the Western Cape HIV/AIDS prevention, treatment and care programmes (South Africa)
45. SAF-H-NACOSA: Leveraging Partnership to achieve the goals of south Africa’s HIV&AIDS and STI National Strategic Plan 2007-2011 (South Africa)
46. SAF-H-NDOH: Increasing access to Integrated Tuberculosis and HIV Services at the Primary Health Care and Community Levels (South Africa)

47. SAF-H-NRASD: Increasing Investment for Accelerated Impact of the National Strategic Plan for HIV and TB, 2012-2016 (South Africa)

48. SAF-H-RTC: Increasing Access to Integrated Tuberculosis and HIV Services at the Primary Health Care and Community Levels (South Africa)

49. SAF-H-SCI: South Africa HIV (South Africa)

50. SWZ-H-CANGO: Reduction of HIV in Swaziland (Swaziland)

51. TNZ-405-G06-H: Condom Procurement for the Social Marketing Sector (Tanzania)

52. TNZ-809-G13-H: Sustaining the Momentum: The March Towards Universal Access to HIV and AIDS Services in Tanzania (Tanzania)

53. TZA-H-MOF: Scale up TB and HIV interventions in Tanzania (Tanzania)

54. TGO-H-PMT: Accelerating the implementation of prevention services and quality care in the fight against the epidemics of HIV and TB (Togo)


56. UKR-H-UNICEF: Emergency Fund grant to ensure continuity of essential HIV-related commodities and services to Donetsk and Lugansk regions of Ukraine (Ukraine)

57. VNM-H-VAAC: The Global Fund supported project on HIV/AIDS (Vietnam)

58. VNM-H-VUSTA: VNM VUSTA (Vietnam)

59. ZAM-H-UNDP: Securing and sustaining equitable access to ART (Zambia)

60. ZIM-H-UNDP: Addressing critical gaps in HIV Prevention, Treatment, Care and Support in Zimbabwe (Zimbabwe)

2016 Global Fund TB-HIV grants reviewed

1. BFA-C-IPC: Scaling-up of high impact and integrated community interventions in the fight against HIV and TB (Burkina Faso)

2. CAF-C-IFRC: Emergency Program to ensure the continuity of prevention, care, treatment of persons living with HIV/AIDS and TB in the Central African Republic (Central African Republic)

3. HTI-C-PSI: HTI – C – PSI (Haiti)

4. MWI-C-MOH: Towards TB/HIV Epidemic Control in Malawi: Bringing Innovations to Scale (Malawi)

5. MOZ-C-FDC: Reinforcing the collaboration for a better response to HIV and TB in Mozambique (Mozambique)

6. THA-C-DDC: TB/HIV Thailand (Thailand)

7. THA-C-RTF: Investing for Impact against Tuberculosis and HIV (Thailand)

8. UGA-C-TASO: Supporting Uganda’s Response to HIV/AIDS (Uganda)

9. UKR-C-AUA: Investing for impact against Tuberculosis and HIV (Ukraine)

10. UKR-C-AUN: Investing for impact against Tuberculosis and HIV (Ukraine)

11. UKR-C-UCDC: Investing for impact against Tuberculosis and HIV (Ukraine)

12. ZMB-C-CHAZ: Zambia – TB/HIV (Zambia)

13. ZMB-C-MOH: Zambia – TB/HIV (Zambia)
REVIEW OF UK DFID PROGRAMS

All information on UK DFID programs was gathered through the development tracker website https://devtracker.DfID.gov.uk/. ACTION reviewed currently operating programs (as of April 2016) that had a mention of “TB” and/or “HIV” and/or “AIDS” and determined whether the programs took place in any of the 41 high burden TB-HIV countries. Regional programs that included at least one of the 41 countries were included for review. The UK DFID documents reviewed for mention of TB-HIV collaborative activities were business cases and annual reviews, depending on availability. Programs were only considered for review if documents were publicly available on the development tracker website.

To develop a retroactive baseline from 2014 using the 41 countries, the same search was conducted using projects that were operating as of April 2014. There were 14 projects active in April 2014 and 12 projects active in April 2016, which are listed below.

2014 DFID projects reviewed
* was reviewed in 2014 for the report From Rhetoric to Reality
1. Increasing Access to Reproductive Health Commodities (Ethiopia)
2. HIV Prevention Project (Malawi)*
3. The Three Millennium Development goal Fund for addressing essential maternal and child health needs of poor and vulnerable women, children and for people with HIV, Tuberculosis and Malaria in Burma (Myanmar)
4. Support for Conflict Affected People and Peacebuilding (Myanmar)
5. Enhancing Nigeria’s response to HIV/AIDS (Nigeria)*
6. Strengthening South Africa’s Revitalised Response to AIDS and Health (South Africa)*
7. HIV/AIDS Prevention Programme (Uganda)*
8. Intensifying HIV Prevention in Zambia Programme (Zambia)*
9. No Title project ID GB-CHC-1127488-ZAM (Zambia)
10. Sexual and Reproductive Health and HIV Prevention in Zimbabwe (Zimbabwe)*
11. Harnessing Non-State Actors for Better Health for the Poor (Africa regional)*
12. Reducing Tuberculosis and HIV in Mining Communities of Southern Africa (Africa regional)
13. Africa Health Markets for Equity Programme (Africa regional)

2016 DFID projects reviewed
1. Increasing Access to Reproductive Health Commodities (Ethiopia)
2. HIV Prevention Project (Malawi)
3. The Three Millennium Development goal Fund for addressing essential maternal and child health needs of poor and vulnerable women, children and for people with HIV, Tuberculosis and Malaria in Burma (Myanmar)
4. Support for Conflict Affected People and Peacebuilding (Myanmar)
5. Enhancing Nigeria’s Response to HIV/AIDS (Nigeria)
6. Strengthening South Africa’s Revitalised Response to AIDS and Health (SSARAH) (South Africa)
7. Intensifying HIV Prevention in Zambia Programme (Zambia)
8. Sexual and Reproductive Health and HIV Prevention in Zimbabwe (Zimbabwe)
9. Harnessing Non-State Actors for Better Health for the Poor (Africa regional)
10. Reducing Tuberculosis and HIV in Mining Communities of Southern Africa (Africa regional)
11. Africa Health Markets for Equity Programme (Africa regional)
12. Evidence for HIV Prevention in Southern Africa (Africa regional)

REVIEW OF U.S. PEPFAR COUNTRY OPERATIONAL PLANS

Country Operation Plans (COPs) were reviewed from fiscal year 2015, which was the most recent year available as of April 2016. All COPs reviewed were on PEPFAR’s website at http://www.pepfar.gov/countries/cop/index.htm. A total of 28 COPs were reviewed as part of the 2016 analysis. To develop a retroactive baseline from 2014 using the 41 countries, the same search was conducted COPs from fiscal year 2013. A total of 27 plans were reviewed as part of the retroactive 2014 baseline analysis.

2014 PEPFAR Country Operational Plans reviewed
* was reviewed in 2014 for the report From Rhetoric to Reality

1. Angola
2. Botswana*
3. Burundi
4. Cambodia
5. Cameroon*
6. Côte d’Ivoire*
7. Democratic Republic of Congo
8. Ethiopia
9. Ghana
10. Haiti*
11. India
12. Indonesia
13. Kenya*
14. Lesotho*
15. Malawi*
16. Mozambique*
17. Namibia*
18. Nigeria*
19. Rwanda*
20. South Africa*
21. Swaziland*
22. Tanzania*
23. Uganda*
24. Ukraine
25. Vietnam
26. Zambia*
27. Zimbabwe*

2016 PEPFAR Country Operational Plans reviewed

1. Angola
2. Botswana
3. Burundi
4. Cambodia
5. Cameroon
6. Côte d’Ivoire
7. Democratic Republic of Congo
8. Ethiopia
9. Ghana
10. Haiti
11. India
12. Indonesia
13. Kenya
14. Lesotho
15. Malawi
16. Mozambique
17. Myanmar
18. Namibia
19. Nigeria
20. Rwanda
21. South Africa
22. Swaziland
23. Tanzania
REVIEW OF WORLD BANK PROJECTS

For a review of World Bank projects, ACTION first determined which World Bank projects had a theme of TB and/or HIV. Then a search was conducted among all World Bank projects/operations that were coded listed under the health sector. Only active projects, financed by IDA or IBRD, were then selected for this review. Once all of the data was downloaded into an excel spreadsheet, projects that were not among the 41 high burden TB-HIV countries were eliminated. A comparison was then made among the separate TB project list and HIV project list in order to remove any duplicate projects, meaning that the same project was coded under both the TB and HIV themes. Documents reviewed for World Bank Projects include the most recent Project Appraisal Document provided on the World Bank website as well as all relevant indicators listed. If a PAD was not available, the most recent Project Information Document was reviewed. A total of 21 World Bank projects were reviewed in the 2016 analysis. A total of 22 World Bank projects were included in the 2014 retroactive baseline for this report.

2014 World Bank projects reviewed
* was reviewed in 2014 for the report From Rhetoric to Reality
1. Botswana National HIV/AIDS Prevention Support Project (Botswana)*
2. AIDS-SUS (National AIDS Program – National Health Service) (Brazil)
3. Public Health Laboratory Networking Project (Burundi)*
4. Health Sector Support Investment –SWAP (Cameroon)*
5. Population and HIV/AIDS Additional Financing (Chad)
6. DJ Improving Health Sector Performance (Djibouti)
7. DRC Additional Financing Primary Health Care (Democratic Republic of Congo)
8. Accelerating Universal Access to Early and Effective Tuberculosis Care (India)
9. National AIDS Control Support Project (India)
10. Indonesia: PNPM Peduli (Indonesia)
11. Health Sector Support (Kenya)*
12. Total War on HIV & AIDS – TOWA additional financing (Kenya)*
13. Lesotho Maternal & Newborn Health PBF (Lesotho)
14. Malawi Nutrition and HIV/AIDS Project (Malawi)*
15. Health Commodity Security Project (Mozambique)*
16. Health Service Delivery (Mozambique)*
17. HIV/AIDS Program Development Project II (Nigeria)*
18. Health, HIV/AIDS and TB Project (Swaziland)*
19. Health Systems Strengthening Project (Uganda)*
20. HIV/AIDS Prevention Additional Financing (Vietnam)
22. East Africa Public Health Laboratory Networking Project (East Africa regional)*
2016 World Bank projects reviewed

1. Reproductive Health Project – Additional Financing (Burkina Faso)
2. Burundi Public Health Laboratory Networking Project (Burundi)
3. Additional Financing to Cameroon Health Sector Support Project (Cameroon)
4. Cameroon Health Sector Support Investment (SWAP) (Cameroon)
5. DJ Improving Health Sector Performance (Djibouti)
6. Karnataka Health System Development Reform Project (India)
7. National AIDS Control Support Project (India)
8. Accelerating Universal Access to Early and Effective Tuberculosis care (India)
9. ID-TF Additional Financing for PNPM Peduli (Indonesia)
10. Health Sector Support (Kenya)
11. Lesotho Maternal & Newborn Health PBF (Lesotho)
12. Malawi Nutrition and HIV/AIDS Project (Malawi)
13. Health Service Delivery (Mozambique)
15. Swaziland Health, HIV/AIDS and TB Project (Swaziland)
16. Uganda Reproductive Health Voucher Project (Uganda)
17. Uganda Health Systems Strengthening Project (Uganda)
18. Abidjan-Lagos Trade and Transport Facilitation Project – ALTTFP (Africa regional)
19. AFCC2/RI-3A EA PH Laboratory Networking Project Additional Financing (Africa regional)
20. AFCC2/RI-East Africa Public Health Laboratory Networking Project (Africa regional)

Qualitative analysis

IN DEPTH INTERVIEWS

ACTION carried out 70 in-depth interviews with stakeholders in six countries: Côte d’Ivoire, Haiti, Indonesia, Kenya, South Africa, and Ukraine. The decision to focus on these countries was (based on all 41 high burden countries by region) determined by the country’s co-infection rate, the number of bilateral donors that consider the country a priority, whether there were ACTION partners or allies in country to support the work, whether it was politically feasible and safe to travel, if the country was a member of BRICS or La Francophonie, and if the country was being considered for ACTION expansion.

The interviews were semi-structured, so no two interviews were the same. All interviews were conducted by the following ACTION partner staff: David Bryden, Faith Cordell, Rachael Crockett, Sarah
Kirk, James Ndimbili, Bruno Rivalan, Mandy Slutsker, and Victoria Trela... interviewed (including whether the interviewee preferred to be quoted by name, role, or remain fully anonymous. All interviewees agreed to be recorded. Interviewees were aware that they could stop the interview at any time. Interviews were later transcribed by hand and evaluated for coding.

The following interview guides were used to guide the process.

**Interview guide – Govt. officials, donors, civil society & care providers**

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| 1. | Can you tell us who you are and what your role is in the organization?  
**Probe** for Care Providers and Civil Society: Where do you receive your funding? |
| 2. | How are TB and HIV programs managed in your city/country? Are they completely separate entities?  
**Probe**: How has this changed in the last two years (since 2014)?  
**Probe**: Who determines policies on TB and HIV? |
| 3. | How do you think your country / city / community is doing at integrating TB and HIV services?  
**Probe**: Can you give specific examples of activities or programs where TB and HIV are addressed together successfully?  
**Probe**: What challenges have you had addressing TB and HIV together?  
**Probe** for civil society: How are you included in decisions/programming by donors and government officials?  
When policy changes are made, how are you made aware of the changes? |
| 4. | What barriers to care do TB and HIV patients face? Can you provide a specific example where you noticed a gap/barrier in accessing TB and HIV care?  
**Probe**: How did this impact your work?  
**Probe**: What affect do you think barriers to care have on patients? |
| 5. | Imagine for a moment that you receive a positive HIV test at a government health clinic. You also have a cough, and other symptoms of TB. Describe how the ideal medical clinic would address this. Walk me through what should happen next.  
**Probe**: Is this what actually happens? |
| 6. | Two years ago, the Global Fund voted to have joint concept notes for TB and HIV. What are your thoughts on this decision? Have you seen any specific changes as a result of this decision? |
| 7. | If you had the opportunity to change a specific TB or HIV policy in your country – what would it be? Why? |
| 8. | What unfunded gaps do you see in TB-HIV integration? |
**Interview guide - former or current affected community member/patients**

1. **Can you tell us about yourself? Where do you live? What do you do as an occupation?**

2. **Can you describe for me what drove you to seek medical care?**
   - **Probe:** where did you seek care? Why did you choose that location/place?
   - **Probe:** did you wait at all to seek care? What caused you to wait?
   - **Note:** was the clinic public or private?

3. **Explain for me what happened when you received your test results.**
   - **Probe:** who met with you? What did they say?

4. **How were you treated by medical providers? How did your diagnosis make you feel?**

5. **If the interviewee identifies as HIV-positive ask the following:**
   - Describe what health care providers told you about tuberculosis.
   - **Probe:** were you given any TB preventative care? (IPT)

6. **If the interviewee received a positive TB diagnosis and has unknown HIV status ask the following:**
   - Describe what health care providers told you about HIV.
   - **Probe:** were you given any information on HIV prevention?

7. **If you could change anything about your experience, what would it be?**

**QUALITATIVE CODING**

The qualitative coding analysis followed these steps: (1) reading each of the in-depth interviews to get an overall idea of concepts and themes related to TB-HIV integration, (2) identifying codes that represented larger themes in TB-HIV policies and practice, and (3) condensing and summarizing the content of the coded groups. All transcripts were manually coded within a defined coding frame which included both deductive and inductive codes. Deductive codes were developed on the basis of an extensive literature review of TB-HIV integration policies and practice. Inductive codes were developed upon thorough examination of the transcripts as new themes and categories emerged. Codes were continuously revised and refined throughout the analysis process, reducing overlap and redundancy. Interviews were coded by the following ACTION partner staff and interns: Yanira Garcia, Maggie McCarten-Gibbs, Waiswa Nkwanga, Xochitl Sanchez, and Mandy Slutsker.
**Coding for TB-HIV Interviews**

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<th>Structural challenges</th>
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<tr>
<td>1. Transportation barriers</td>
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<td>2. X-rays, other tests not covered</td>
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<td>3. Clinics located separately</td>
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<th>Systemic challenges</th>
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<td>1. Stockouts</td>
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<td>2. Separate M&amp;E systems</td>
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<td>3. Separate management of programs</td>
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<td>4. Government agencies not collaborating</td>
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<th>Human resources</th>
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<td>1. Community health workers</td>
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<td>2. Nurses – can they administer tests? Treatment?</td>
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<td>3. Capacity issues</td>
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<td>1. Anything that is going well</td>
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<th>Why a specific TB-HIV collaborative activity is or is not happening</th>
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<td>1. IPT</td>
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<td>2. ART initiation</td>
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<td>3. Confusion over responsibility</td>
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*More detailed data is available upon request. Contact Mandy Slutsker at mslutsker@action.org*