Additional material 2: Status of implementation of WHO recommended collaborative TB/HIV activities in Batibo District Hospital. July 2009		
Recommended collaborative TB/HIV activities	**Status of implementation in BDH**	**Reasons for implementation or non-implementation in BDH as reported by hospital staff**
Reduce the burden of TB in people living with HIV: The 3Is: *Intensified case finding, Isoniazid Preventive Therapy (IPT) and Infection control in health care and congregate settings*		
• TB screening and diagnosis in HIV positive patients	No	• No screening questionnaire to roll out latent TB infection • No training of staff in tuberculin skin (TST) techniques • TST not available in the hospital
• Isoniazid preventive therapy for HIV patient with latent TB	No	• No training of staff in IPT protocol • INH not available in the hospital • Fear of staff to initiate monotherapy (INH) to a patient with active TB
• TB infection control in the hospital	No	• Staff not aware about the 5 required elements of this recommendation to meet TB control policy consistent with international guidelines.
Reduce the burden of HIV in people infected with TB		
• HIV counseling and testing offered to TB patients	Yes	• Availability of supplies for HIV testing . e.g: regular supply of HIV testing kits to the hospital.

		• Affordability of HIV testing: HIV testing fee for TB/HIV co-infected patients was waived and this as a consequence of a national policy taken in 2007. • Introduction of the provider- initiated HIV testing and counseling (PITC) approach in the hospital in 2007. • Availability and affordability of ARV treatment in the HIV unit of the hospital. Most of the respondents declared that the HIV unit boosted their morale in requesting for HIV testing to patients. They also observed that with HIV treatment in the hospital, patients were more likely to accept HIV testing as access to ART was possible for HIV positive cases (before the creation of the HIV unit, HIV positive cases were referred to the Regional Hospital and usually, most of these patients opt not to go due to distance (45km). • Appointment of a TB/HIV counselor in 2005 at the TB unit in charge of HIV counseling of TB patient and referral to the HIV unit for HIV testing.
• Provision of HIV prevention among TB patients	No	• Free condoms not available for TB patients at the TB unit.
• Cotrimoxazole preventive therapy to TB/HIV patients	Yes	• Availability of free cotrimoxazole. However, recurrent stock outs of this drug due to lack of supply from the central level impedes the smooth implementation of this intervention.
• HIV care and support to TB/HIV patients	Yes	• Creation of the HIV unit in the hospital in 2005 • Availability and affordability of ARV drugs in the hospital • Postings to the HIV unit of community relay agents (community

		health workers) for home-based care activities.
• Antiretroviral therapy to TB/HIV co-infected patients	Yes	• Availability and affordability of ARV drugs in the hospital with the creation of the HIV unit in in 2005.

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