

A Modified Delphi survey: Offering non-TB services for people with TB and their household contacts

i. Survey Introduction

Thank you for taking the time to share your expertise in this survey!

This survey aims to explore the opportunities and challenges of offering additional (non-TB) services to people with TB and/or their household members. We are not asking about TB-specific screening, diagnosis or care, which is covered by WHO guidelines.

Screening for health conditions is defined as use of tools (including medical tests) to check for diseases or health conditions before a person develops any signs or symptoms. A condition could be physical or mental, or something with social or psychological impacts. Services might be related to health or other issues, such as social support. Current recommendations are to screen for TB among people with diabetes and HIV, and for diabetes and HIV among people with TB. People who have TB should also have a nutritional assessment. TB however has many other effects that might also need to be taken into account. Whilst screening for TB among household contacts (HHC) is recommended, other services are usually not included as part of TB household contact screening. We are interested in learning from your expertise to build knowledge about integrated services for either people with TB, their household members, or both. We also want to understand practical considerations when offering such services.

We expect the survey to take 20 to 35 minutes to complete.

The Delphi process consists of multiple rounds of surveys. You are currently being invited to participate in round 2 of the survey.

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ii. Findings from round 1 of the Survey

In Round 1, we received 223 responses from diverse experts located in 44 countries.

- 98.2% of experts agreed that TB patients should be offered additional non-TB services
- 84% of experts agreed that these services should also be offered to household members
- Implementation considerations mentioned by respondents included local and TB epidemiology and health system constraints, including service availability for the general population
- **Affected community (n=13) gave preference to providing psychosocial services for patients & HHCs**

Q1 Please read the [participant information sheet](#) before completing the sections below to give your consent to participate in the study.

Please indicate whether you agree with the following statements:

If you have any questions or would like to get in touch with the team, please email claire.calderwood2@lshrm.ac.uk

- I acknowledge that I have read the information sheet for the study. I have had the opportunity to consider the information, ask questions and have these answered to my satisfaction.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. To withdraw from the study, simply exit the form at any time
- I understand that any information that may identify me will not be shared with anyone outside the research team.
- I understand that if the data provided by me may be useful to subsequent relevant studies, further ethics committee approval will be sought before any data sharing is conducted.
- I agree to take part in the above named study.

Q1. Please enter your full name to confirm that you consent to participate in the study

Q2. Please enter your email address. *If you do not have an email address, or do not wish to provide this, leave this question blank. We will use your email address to let you know about the results of the study and invite you to participate in future rounds of the survey should you wish to.*

Q3. In which country are you employed / based? *You may list multiple*

Q4 How would you describe your gender?

You may select multiple options.

- Woman
- Man
- Non-binary
- Transgender
- Prefer not to say

Q5 How would you describe your employer/organization?

You may select multiple if required

- International NGO (1)
 - National/local NGO (2)
 - Community-based organization (3)
 - National TB programme (4)
 - National NCD programme (5)
 - Ministry of Health (6)
 - Academic institution (7)
 - Research organisation (8)
 - World Health Organization (9)
 - Diagnostic manufacturer (10)
 - Private-sector healthcare provider (11)
 - Public-sector healthcare provider (12)
 - No affiliation (13)
 - Other (14) _____
-

Q6 What is your professional background?

You may select multiple if required

- Public health professional (1)
- Patient/survivor (2)
- Civil society advocate (3)
- Researcher (4)
- Policymaker / professional (5)
- Doctor (6)
- Nurse (7)
- Community / Lay healthcare worker (8)
- Laboratory scientist (9)
- Monitoring & evaluation specialist (10)
- Other (11) _____

iii. Key Definitions

“TB programme” refers to whoever delivers TB services. This includes National TB Programmes (NTPs), private TB care providers, TB NGOs etc and is dependent on context.

“Holistic care” is about caring for the whole person — providing for physical, mental, spiritual, and social needs.

“Referral services” refer to other non-TB health or social care programmes (e.g. non-communicable disease services, social welfare or disability programmes) which are open to the general population. People with TB or household contacts may be referred to these services to address a specific non-TB issue e.g. diabetes, alcohol dependency etc. Often, these services are not provided in the same place that TB care is delivered.

“Non-TB condition” refers to any disease, syndrome, status or determinant that impacts health, other than TB (e.g. smoking, diabetes, HIV, financial hardship, mental health, hepatitis, nutrition).

“Non-TB screening” refers to the use of tests, diagnostics and assessments to determine whether a non-TB condition exists e.g. smoking questionnaire, HIV test, psychosocial assessment, blood test, measurement of height and weight, etc.

“Provision of care” refers to services that may be delivered after diagnosis of a condition to help treat and/or manage that condition i.e. nutritional supplementation, anti-retroviral medication, psychological counselling, pulmonary rehabilitation, hypertensive medication etc.

A. People with TB

Q7. Please indicate your agreement with the following principal statements:

For people with TB

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
People treated for TB should be routinely screened for relevant non-TB conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB care providers should provide screening for relevant non-TB conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB care providers should incorporate care for relevant non-TB conditions, during the period of TB treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q8a The definition of ‘relevant non-TB condition’ among people with TB should be determined by the following factors:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The local disease burden (among the general population)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The association of the condition with TB risk or TB outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability to provide screening using a simple, cheap and accurate test, with results available on the same day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability to provide affordable and effective treatment locally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The feasibility of integrating care for the condition with TB treatment, during the period of TB treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The feasibility of continuing/sustaining care beyond the period of TB treatment (if required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptability of screening and care for the non-TB condition in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q8b Motivations for integrating screening and care for ‘relevant non-TB conditions’ into systematic screening for people with TB include the following:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is important to provide holistic, person-centred care for people with TB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrated care will improve TB treatment outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrated care will improve the health & wellbeing of people with TB, during and after TB treatment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TB treatment period offers an excellent opportunity for integrated care, given the long period of health care engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q9 Risks of integrating screening and care for ‘relevant non-TB conditions’ into TB treatment programmes include the following for people with TB:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Integrating screening for relevant non-TB conditions into TB care could reduce the quality of TB care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrating provision of relevant non-TB services into TB care could reduce the quality of TB care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q10 B. Household contacts of people with TB

Please indicate your agreement with the following principal statements:

For household contacts of people with TB

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Household contacts of people treated for TB should be routinely screened for relevant non-TB conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB care providers should offer and provide screening for relevant non-TB conditions to TB household contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB care providers should incorporate care for relevant non-TB conditions for TB household contacts, during the period that the household member with TB is receiving TB treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q11 The definition of ‘relevant non-TB condition’ among household contacts of people with TB should be determined by the following factors:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The local disease burden (among the general population)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The association of the condition with TB risk or TB outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability to provide screening using a simple, cheap and accurate test, with results available on the same day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability of affordable and effective treatment locally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The feasibility of integrating care for the condition with TB preventive treatment (TPT), during the period of preventive TB treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The feasibility of continuing/sustaining care beyond the period of TB preventive treatment (if required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptability of screening and care for the condition amongst TB household contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q12 Motivations for integrating screening and care for ‘relevant non-TB conditions’ into systematic screening for TB household contacts include the following:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Holistic, person-centred care is important for TB household contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrated relevant non-TB and TB screening for TB household contacts will improve participation in TB screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrated relevant non-TB and TB screening for TB household contacts will improve uptake and completion of TB preventive therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The interaction with the TB affected household during TB screening is a good opportunity to provide non-TB screening to TB household contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering TB screening that incorporates relevant non-TB screening and care will improve the health & wellbeing of TB household contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q13 Risks of integrating screening and care for ‘relevant non-TB conditions’ into systematic screening for TB household contacts include the following:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Integrating screening for relevant (non-TB) conditions for TB household contacts could reduce the quality of TB screening and delivery of TB preventive therapy (if relevant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrating provision of relevant (non-TB) services for TB household contacts could reduce the quality of TB screening and delivery of TB preventive therapy (if relevant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q14 C. Community Screening in high TB incidence settings

Please indicate your agreement with the following principal statements for community TB screening in high TB incidence settings:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Community-wide systematic TB screening programs are a good opportunity to screen for other conditions that are important to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People participating in community-wide systematic TB screening in high TB incidence settings should be offered screening for relevant non-TB conditions as part of the TB screening programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programmes screening for relevant non-TB conditions during community-wide systematic TB screening have a responsibility to ensure participants can access relevant non-TB care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q16 D. Evidence Generation & Funding

The principles of evidence generation and funding for ‘relevant non-TB conditions’ include the following:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Currently, there is not enough evidence for integration of non-TB screening and non-TB services as part of routine TB care for people receiving TB treatment to make policy & guideline recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Currently, there is not enough evidence for integration of non-TB screening and non-TB services during systematic screening of household contacts to make policy & guideline recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research measuring the selection, effectiveness and feasibility of offering non-TB services as part of routine TB care for people receiving TB treatment should be prioritised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research measuring the selection, effectiveness and feasibility of offering non-TB services as part of systematic TB screening for TB household contacts should be prioritised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic healthcare funding should support non-TB screening amongst people receiving TB treatment (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic healthcare funding should support provision of care for non-TB services amongst people receiving TB treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q17 Among people undergoing TB screening (for example, TB household contacts or as part of community-wide or targeted screening programmes):

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
International TB funding organisations (e.g. Global Fund, Bill & Melinda Gates Foundation, USAID, etc) should provide financial support for <u>screening</u> for non-TB conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International TB organisations (e.g. Global Fund, Bill & Melinda Gates Foundation, USAID, etc) should provide support for <u>provision</u> of relevant non-TB services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q18 Among people receiving TB treatment:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
International TB organisations (e.g. Global Fund, Bill & Melinda Gates Foundation, USAID, etc) should provide support for <u>screening</u> for relevant non-TB conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International TB organisations (e.g. Global Fund, Bill & Melinda Gates Foundation, USAID, etc) should provide support for <u>provision</u> of relevant non-TB services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any notes or comments may be included here:

Q19 D. Setting-specific questions

Please enter one country where you are familiar with the TB care & prevention service:

Q20 What is your relationship with this country / was your past relationship?

- I live here / have lived here
- I work with people here / have worked with people here (including remote work and intermittent travel)
- I have never lived or worked with people here

Q21 People with TB

What non-TB screening or services (if any) are already routinely offered to people with TB in this setting?

- None
- HIV screening
- Diabetes screening
- Mental Health support
- Social Protection
- Nutritional support
- Hepatitis B screening
- Hypertension screening
- Other _____

Q22 If any non TB screening or services are currently offered, please describe how this screening or service is provided to people with TB in this setting

(e.g, are services co-located or is referral needed, is this service provided by the TB programme, another government department/programme or an external agency, is this rolled out nationally, or only available in some areas?)

Q23 Please rank in order of most important (1) to least important (12) the screening / services you believe should be offered to people receiving TB treatment in this setting.

You may leave blank the services you do not believe should be included.

- _____ HIV
- _____ Diabetes
- _____ Mental health
- _____ Nutrition
- _____ Chronic lung disease
- _____ Financial hardship
- _____ Hypertension
- _____ Smoking
- _____ Alcohol use disorder
- _____ Substance use
- _____ Cardiovascular disease
- _____ Other _____

Q24 If you yourself were diagnosed with TB in this setting, which services would you like the TB service to offer to you as part of routine TB care?

Q25 Household Contacts of People with TB

What non-TB screening services (if any) are already routinely offered to household contacts of people with TB in this setting

- None
 - HIV screening
 - Diabetes screening
 - Mental Health support
 - Social Protection
 - Nutritional support
 - Hepatitis B screening
 - Hypertension screening
 - Other _____
-

Q26 If any non TB screening or services are currently offered, please describe how this screening or service is provided to household contacts of people with TB in this setting

(e.g., are services co-located or is referral needed, is this service provided by the TB programme, another government department/programme or an external agency, is this rolled out nationally, or only available in some areas?)

Q27 Please rank in order of most important (1) to least important (12) only the screening / services you believe should be offered to household contacts of people with TB in this setting.

You may leave blank the services you do not believe should be included.

- _____ HIV
- _____ Diabetes
- _____ Mental health
- _____ Nutrition
- _____ Chronic lung disease
- _____ Financial hardship
- _____ Hypertension
- _____ Smoking
- _____ Alcohol use disorders
- _____ Substance use
- _____ Cardiovascular disease
- _____ Other _____

Q28 If you yourself lived in a household with someone who was recently diagnosed with TB in this setting, which services would you like the TB service to offer to you?

Q29 Any final notes or comments may be included here:
