Table 8: Summary of Recommendations in Included Guidelines

Recommendations and supporting evidence	Quality of evidence and strength of recommendations
WHO (2017)[25]	
"Health education and counselling on the disease and treatment adherence should be provided to patients on TB treatment (p. 20)."	Strong recommendation, moderate certainty in the evidence
"A package of treatment adherence interventions may be offered to patients on TB treatment in conjunction with the selection of a suitable treatment administration option (p. 20)."	Conditional recommendation, low certainty in the evidence
"One or more of the following treatment adherence interventions (complementary and not mutually exclusive) may be offered to patients on TB treatment or to health-care providers: • tracers and/or digital medication monitor • material support[a] to patient • psychological support to patient • staff education (p. 20)."	• Conditional recommendation, very low certainty in the evidence • Conditional recommendation, moderate certainty in the evidence • Conditional recommendation, low certainty in the evidence • Conditional recommendation, low certainty in the evidence
NICE (2016)[26]	
Improving adherence: case management including directly observed therapy "TB case managers should ensure the health and social care plan (particularly if directly observed therapy is needed) identifies why a person may not attend for diagnostic testing or follow a treatment plan, and how they can be encouraged to do so. It should also include ways to address issues such as fear of stigmatisation, support needs and/or cultural beliefs, and may include information on…any enablers or incentives to overcome anything that is stopping diagnosis or treatment [2012, amended 2016] (p. 57-58)."	Offer/should = for the vast majority of patients, the intervention will do more good than harm[30]
"The health and social care plan should define the support needed to address any unmet health and social care needs (for example, support to gain housing or other benefits, or to help them access other health or social care services) [2012, amended 2016] (p. 58)."	Offer/should = for the vast majority of patients, the intervention will do more good than harm[30]
Other strategies to encourage people to follow their treatment plan "Multidisciplinary TB teams should implement strategies for active and latent TB to encourage people to follow the treatment plan and prevent people stopping treatment early. These could include: • health education counselling and patient-centred interviews [2006, amended 2016] • tailored health education booklets from quality sources (see section 1.1.2) [2006, amended 2016] • incentives and enablers to help people follow their treatment regimen [new 2016] (p. 59)."	Offer/should = for the vast majority of patients, the intervention will do more good than harm[30]

Recommendations and supporting evidence	Quality of evidence and strength of recommendations
Accommodation during treatment • "Multidisciplinary TB teams should assess the living circumstances of people with TB. Where there is a housing need they should work with allied agencies to ensure that all those who are entitled to state-funded accommodation receive it as early as possible during their treatment, for example, as a result of a statutory homelessness review and identified need. [2012, amended 2016] • Multidisciplinary TB teams, commissioners, local authority housing lead officers and other social landlords, providers of hostel accommodation, hospital discharge teams, Public Health England and the Local Government Association should work together to agree a process for identifying and providing accommodation for homeless people diagnosed with active pulmonary TB who are otherwise ineligible for state-funded accommodation. This includes people who are not sleeping rough but do not have access to housing or recourse to public funds. The process should detail the person's eligibility and ensure they are given accommodation for the duration of their TB treatment. [2012, amended 2016] • Local government and clinical commissioning groups should fund accommodation for homeless people diagnosed with active TB who are otherwise ineligible for state-funded accommodation. Use health and public health resources, in line with the Care Act 2014. [2012, amended 2016] • Public Health England, working with the Local Government Association and their special interest groups, should consider working with national housing organisations such as the Chartered Institute of Housing, Homeless Link, Sitra and the National Housing Federation to raise the profile of TB. This is to ensure people with TB are considered a priority for housing [new 2016] (p. 76-77)."	Offer/should = for the vast majority of patients, the intervention will do more good than harm[30]
Canadian Tuberculosis Standards, Chapter 5 (2017)[3]	
"The decision by a care provider to initiate treatment of active TB implies a commitment to ensure that all the recommended doses are taken without interruption. The goal of active TB treatment is to take 100% of prescribed doses. This is best done by providing a comprehensive, patient-centred treatment program[b] (p. 15)."	Conditional recommendation, based on weak evidence
Canadian Tuberculosis Standards, Chapter 13 (2017)[24]	
"Homeless people with medical conditions associated with a high risk of reactivation should be considered for special measures to enhance adherence, such as directly observed LTBI treatment and/or incentives and enablers (p. 16)."	Conditional recommendation, based on weak evidence
"Those at highest risk of reactivation should be considered for special measures to enhance adherence, such as directly observed LTBI treatment and/or incentives and enablers (p. 17)."	Conditional recommendation, based on weak evidence

TB = tuberculosis; LTBI = latent tuberculosis infection; NR = not reported.

[a]"Material support can be food or financial support: meals, food baskets, food supplements, food vouchers, transport subsidies, living allowance, housing incentives, or financial bonus. This support addresses indirect costs

incurred by patients or their attendants in order to access health services and, possibly, tries to mitigate consequences of income loss related to the disease (p. 20)."

[b]This program includes the use of use of incentives and enablers as well as social service support (e.g., childcare, housing assistance, referral for treatment of substance abuse, and providing transportation).