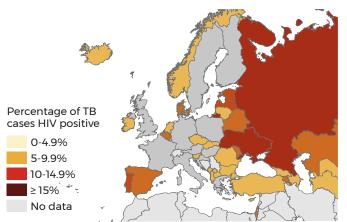
# A survey on collaborative TB/HIV activities in countries of the WHO European Region

### What this survey adds

- All responding countries have guidelines for management of TB/HIV co-infection.
- Models of care for TB/HIV co-infection differ between countries.
- Collaborative TB/HIV activities as recommended by WHO are not universally implemented.

### Background

Tuberculosis (TB) and HIV cause significant suffering in Europe. It is estimated that 27 000 patients have both diseases. The distribution of co-infected patients is heterogeneous in Europe (see Map). Collaborative activities are needed to take best care of those with TB/HIV co-infection.



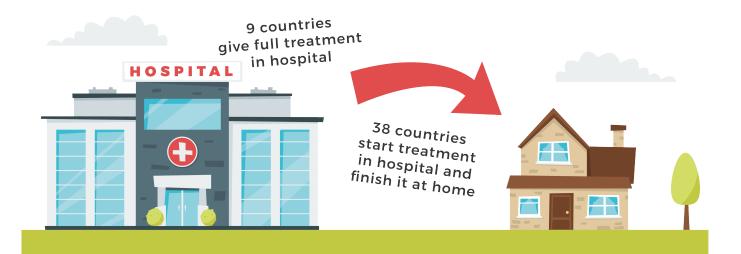
Map: HIV prevalence among TB patients in Europe, 2016 (Source: ECDC/WHO Europe Tuberculosis surveillance and monitoring in Europe, 2018)

### Methods

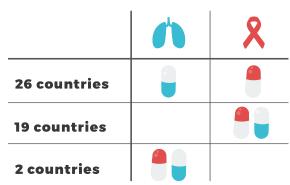
A survey was done in 2016/2017 to National TB Focal Points and in 2018 to National HIV Focal Points to collect information on collaborative TB/HIV activities.

### Results

- 47/55 countries responded (total response rate 85%)
- 28/47 (60%) countries had specific national guidelines; 10/47 (21%) used the WHO policy on collaborative TB/HIV activities guidelines; 9/47 (19%) used other guidelines (e.g. European AIDS Clinical Society).
- The guidelines recommend testing all TB patients for HIV (40/47; 85%), testing all people living with HIV for active TB (34/47; 72%) and latent TB infection (LTBI) (30/47; 64%).
- In 42/47 (89%) countries TB patients are screened for HIV by the TB specialist; in the other countries they are referred to the HIV specialist for testing.
- People living with HIV are screened by the HIV specialist for active TB in 34/47 and for LTBI in 27/41 (66%) of the countries, while in the other countries they are referred to the TB specialist. In 6 countries people living with HIV are not tested for LTBI.
- In 38/47 (81%) countries TB/HIV patients are initially hospitalized for treatment. In 9/47 (19%) countries patients are hospitalized for the whole duration of treatment.



During hospitalization, in 26/47 (55%) countries, HIV specialists treat HIV and TB specialists treat TB. Another model, implemented in 16/47 (42%) countries, is HIV specialists treating both TB and HIV. In 3/47 (8%) countries, the TB specialists treat both diseases



 Ambulatory patients can get their TB and HIV medication at the same place in 26/38 (68%) countries. In 11/38 (29%) countries patients will need to go to two different facilities for their medication.

# Barriers for implementation of TB/HIV collaborative activities

- Availability of drugs
- Lack of resources and funding
- Limited collaboration and communication between TB and HIV services
- Absent clinical guidelines for the management of TB/HIV patients
- Refusal to offer HIV tests to TB patients
- Different cultures of HIV and TB health care workers
- Confidentiality issues regarding HIV status

## Good practices in TB/HIV collaborative activities

- Collaboration with other disease programmes
  (hepatitis, opiate substitution therapy)
- National Advisory Groups for providing recommendations on treatment and care of TB/HIV patients
- Platform to discuss policies in TB/HIV care
- Merging of TB and HIV clinics or implementing one point or one window service
- Collaboration to conduct research on TB/HIV
- Involvement of non-governmental organizations
- Interdepartmental and intersectoral cooperation in the penitentiary sector
- Cooperation between TB/HIV clinics and street teams
- Provide joint Monitoring & Evaluation and supervision of TB/HIV programme

#### Participating countries in the survey

Albania, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Portugal, Republic of Moldova, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, Turkey, Ukraine, United Kingdom and Uzbekistan

## Members Wolfheze working group on collaborative TB/HIV activities

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