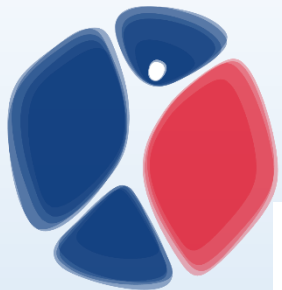




Wolfheze Workshops 2019 HIV/TB

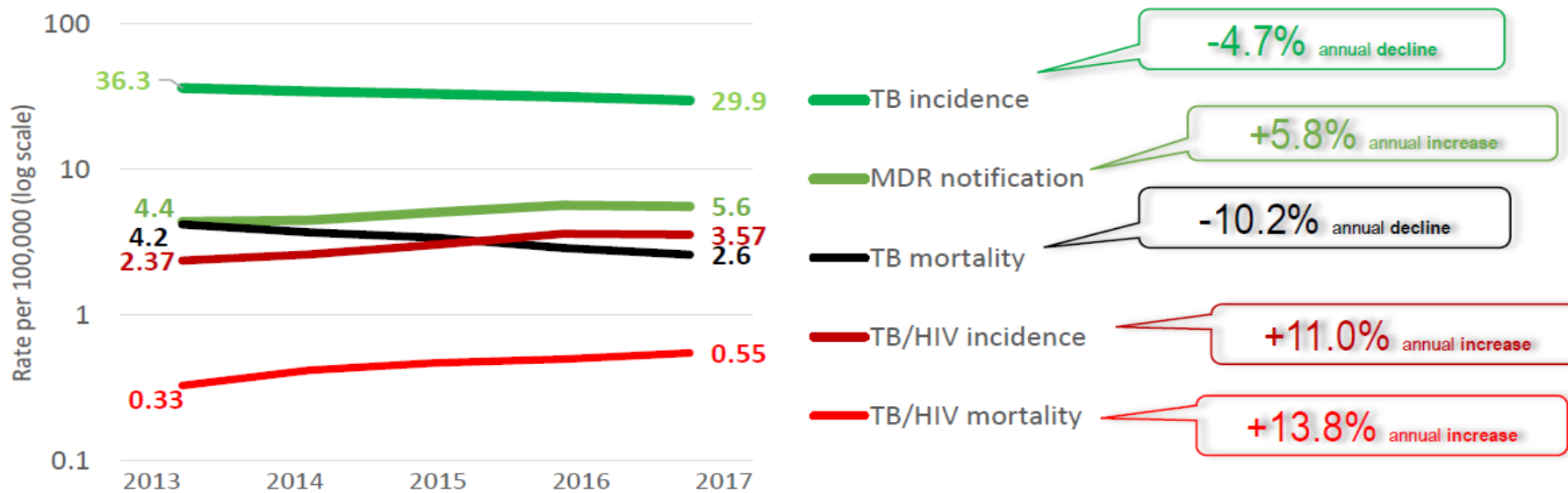
Civil Society Forum on HIV, TB and viral hepatitis

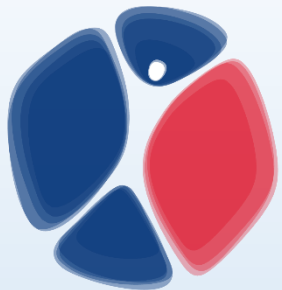




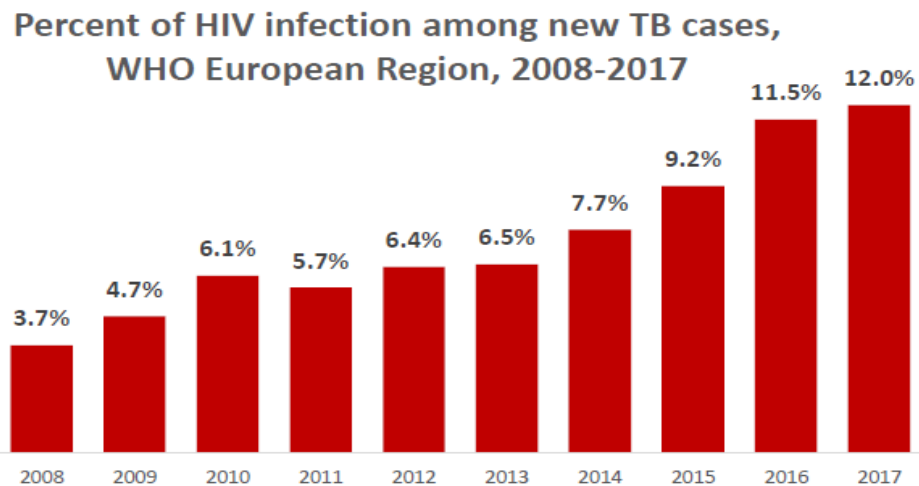
Europe has the fastest decline in TB new diagnoses and TB mortality, but MDR-TB and TB/HIV co-infection is growing

TB incidence, MDR notification, TB/HIV incidence and TB mortality, TB/HIV mortality rates per 100 000 WHO European Region, 2013-2017





HIV co-infection among TB patients still rising



1 in 8

New TB patients notified in the WHO European Region in 2017 was

HIV positive





Integrating collaborative TB and HIV services for people who inject drugs (PWID) *(Consolidated Guidelines, 2016)*

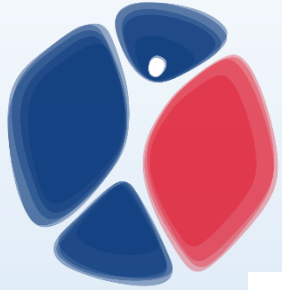
- A. Establish and strengthen mechanisms for the integrated delivery of services for PWID:

- B. Reduce the joint burden of TB, HIV, viral hepatitis and other comorbidities among PWID through the integrated delivery of comprehensive services:

- C. Ensure a standard of health care in prisons equivalent to outside prisons, through the linkage to services in the community.

Integrating collaborative TB and HIV services within a comprehensive package of care for people who inject drugs

Consolidated Guidelines
Geneva, 2016

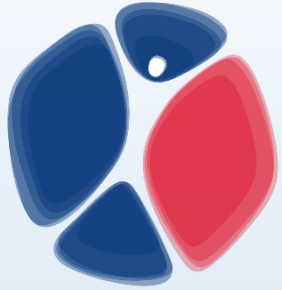


AFEW
International Интернешнл

Barriers

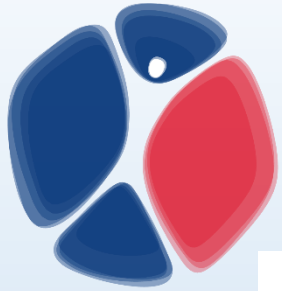
Barriers for implementation of TB/HIV collaborative activities

- Lack of resources and funding
- Limited collaboration and communication between TB and HIV services
- Historical antagonism between the pulmonologists and the infectious disease specialists.
- Incentives and social support for both categories of patients are not financed by government.
- Gaps in availability of drugs



Barriers for implementation (2)

- Absent clinical guidelines for the management of TB/HIV patients
- A fundamental difference of opinion on the relevance, effectiveness and safety of LTBI-screening practices among PLHIV.
- Sub-optimal treatment of LTBI as HIV patients are mainly treated in Infectious Disease (ID) facilities, while TB testing and treatment are only prescribed in TB facilities.
- Sub-optimal infection control programmes in ID hospitals, as there are many cases of patients with active pulmonary disease who are treated in these facilities rather than in TB facilities.



Barriers for implementation (3)

- Some hospitals refuse to offer HIV tests to TB patients.
- For data protection, HIV cases are anonymously reported, therefore TB and HIV cases cannot be linked at any level.
- Data confidentiality legislation precludes recording the HIV status of TB patients in national TB notification data.