

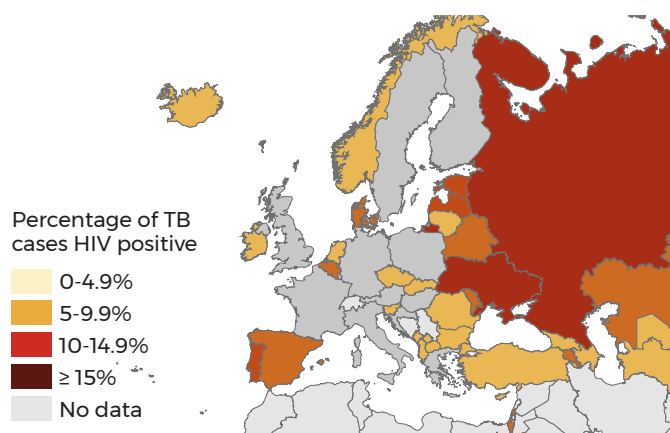
A survey on collaborative TB/HIV activities in countries of the WHO European Region

What this survey adds

- All 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.



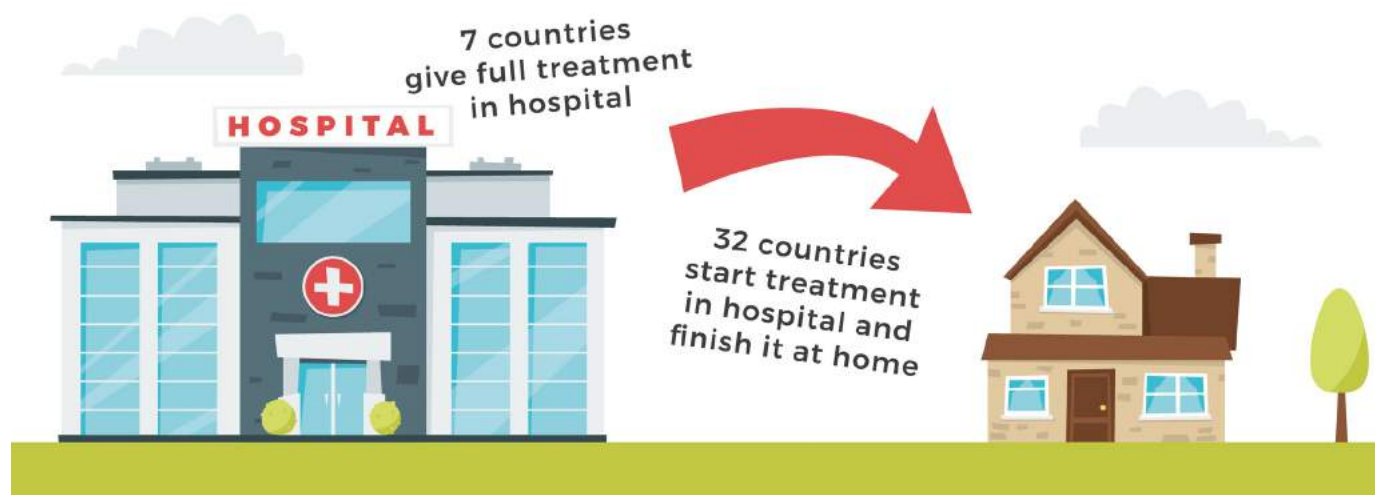
Map: HIV prevalence among TB patients in Europe, 2016 (Source: ECDC/WHO Europe Tuberculosis surveillance and monitoring in Europe, 2018)

Methods

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

Results









- 40/55 countries responded (total response rate 73%) *
- 25/40 (63%) countries had specific national guidelines; 8/40 (20%) used the WHO policy on collaborative TB/HIV activities guidelines; 7 (18%) used other guidelines (e.g. European AIDS Clinical Society) .
- The guidelines recommend testing all TB patients for HIV (33/38**; 87%), testing all people living with HIV for active TB (30/40; 75%) and latent TB infection (LTBI) (25/40; 63%).
- In 35/39 (90%) countries TB patients are screened for HIV at the TB clinic, while in 4/39 (10%) countries TB patients are referred to the HIV clinic for testing.
- People living with HIV are referred to the TB clinic for screening for active TB in 11/38 (29%) of the countries and for LTBI in 10/33 (30%) of the countries.
- In 32/39 (82%) countries TB/HIV patients are initially hospitalized for treatment. In 7/39 (18%) countries patients are hospitalized for the whole duration of treatment.



* 3 countries responded but did not fill in the questionnaire due to low number of cases.

** Not all countries answered all questions.

- In 25 (63%) countries HIV specialists treat HIV and TB specialists treat TB. Another model, implemented in 13 (33%) countries, is HIV specialists treating both TB and HIV.

| | | |
|---------------------|--|--|
| |  |  |
| 25 countries |  |  |
| 13 countries | |   |
| 2 countries |   | |

- Ambulatory patients can get their TB and HIV medication in the same hospital or facility in 22/33 (67%) countries. In 11/33 (33%) 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, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Ireland, Israel, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Luxembourg, Malta, Monaco, 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

- Anke van Dam, Director AFEW, The Netherlands (chair)
- Daria Podlekareva, CHIP, University of Copenhagen, Denmark (vice-chair)
- Raquel Duarte, NTP manager, Portugal
- Svetlana Pak, Senior consultant KNCV country office, Kazakhstan
- Olga Pavlova, Senior Program Officer PATH, Ukraine
- Alena Skrahina, Director Pulmonology and TB Research Centre, Belarus
- Adriana Socaci, NTP manager, Romania,
- Piret Viiklepp, Head Tuberculosis Registry, Estonia
- Marieke J. van der Werf, Head Disease Programme Tuberculosis, ECDC, Sweden
- Jamshid Gadoev, WHO country office, Uzbekistan (secretariat)
- Gerard de Vries, consultant, KNCV & TB Coordinator RIVM, The Netherlands (secretariat)

Acknowledgements:

- Survey respondents of countries of the WHO European Region
- Sarah van den Berg, junior consultant, KNCV
- Douwe de Vries for the Graphic Design

For further information contact:
Gerard de Vries (gerard.devries@kncvtbc.org)