

Challenges in the collaboration between TB and HIV programmes based on the two surveys of the Wolfheze Working Group

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Wolfheze Working Group on
Collaborative TB/HIV activities

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Background

- The number of TB/HIV cases more than doubled in the WHO European Region in the last decade (from 13 000 to 34 000).
- The HIV prevalence in incident TB cases increased from 3% (2007) to 12% (2016).
- Strong collaborative activities between TB and HIV programmes and professionals at all levels have been advocated.
- It is not known what models and levels of integration are applied in WHO European Region countries.

Wolfheze Working Group

- Started in 2015
- Conducted two surveys on policy & guidelines, diagnosis, treatment and surveillance of TB and HIV, and good practices, **barriers** and research.
- 2017: survey sent to National **TB** focal points of the 53 WHO European Region countries + Liechtenstein and Kosovo.
- 2018: survey sent to National **HIV** focal points of the same countries.

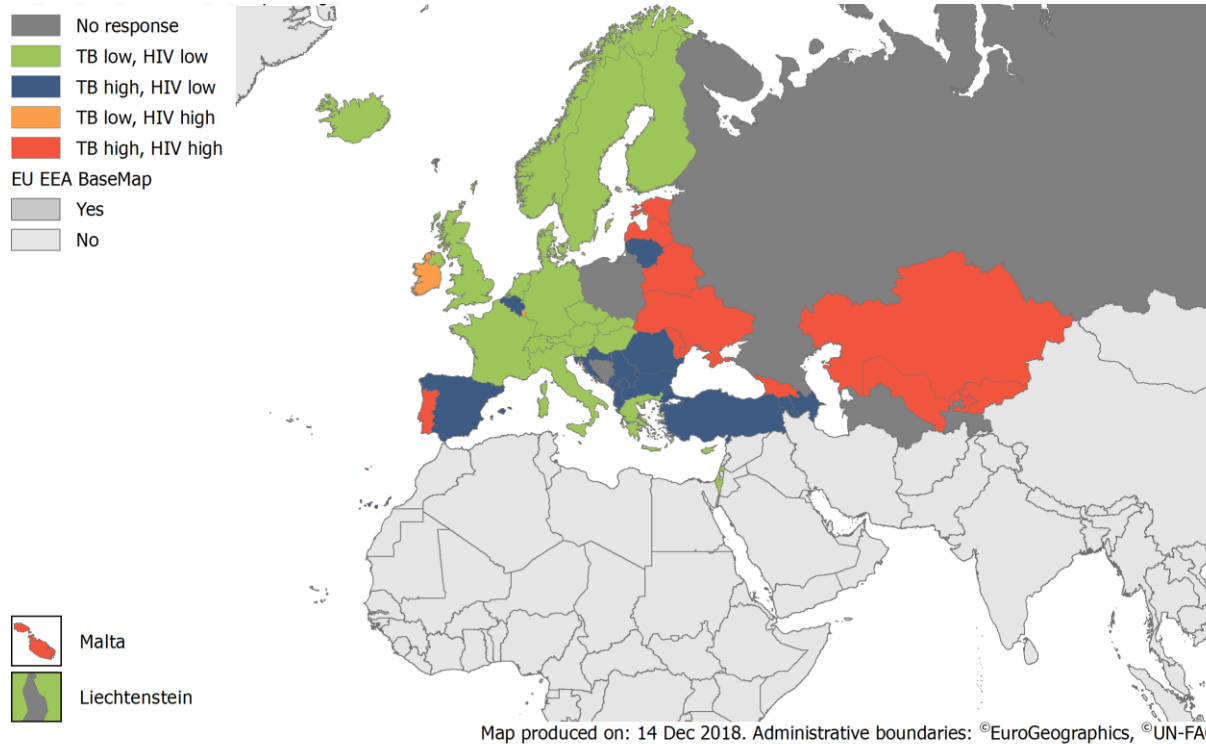
Overview of respondents to the survey

	Survey among TB focal points	Survey among HIV focal points	Total
Separate responses by TB and HIV focal point*	12	12	12
Joint response by TB and HIV focal point	10	10	10
Response by TB focal point only	18	-	18
Response by HIV focal point only	-	7	7
No response	-	-	8
Total	40	29	55

* discrepant result were identified by the authors and aligned by the responding focal points.

47/55=85%

Tuberculosis and HIV incidence in responding countries



TB low: incidence < 10 cases per 100,000 pop.

HIV low: incidence < 10 cases per 100,000 pop.

TB high: incidence \geq 10 cases per 100,000 pop.

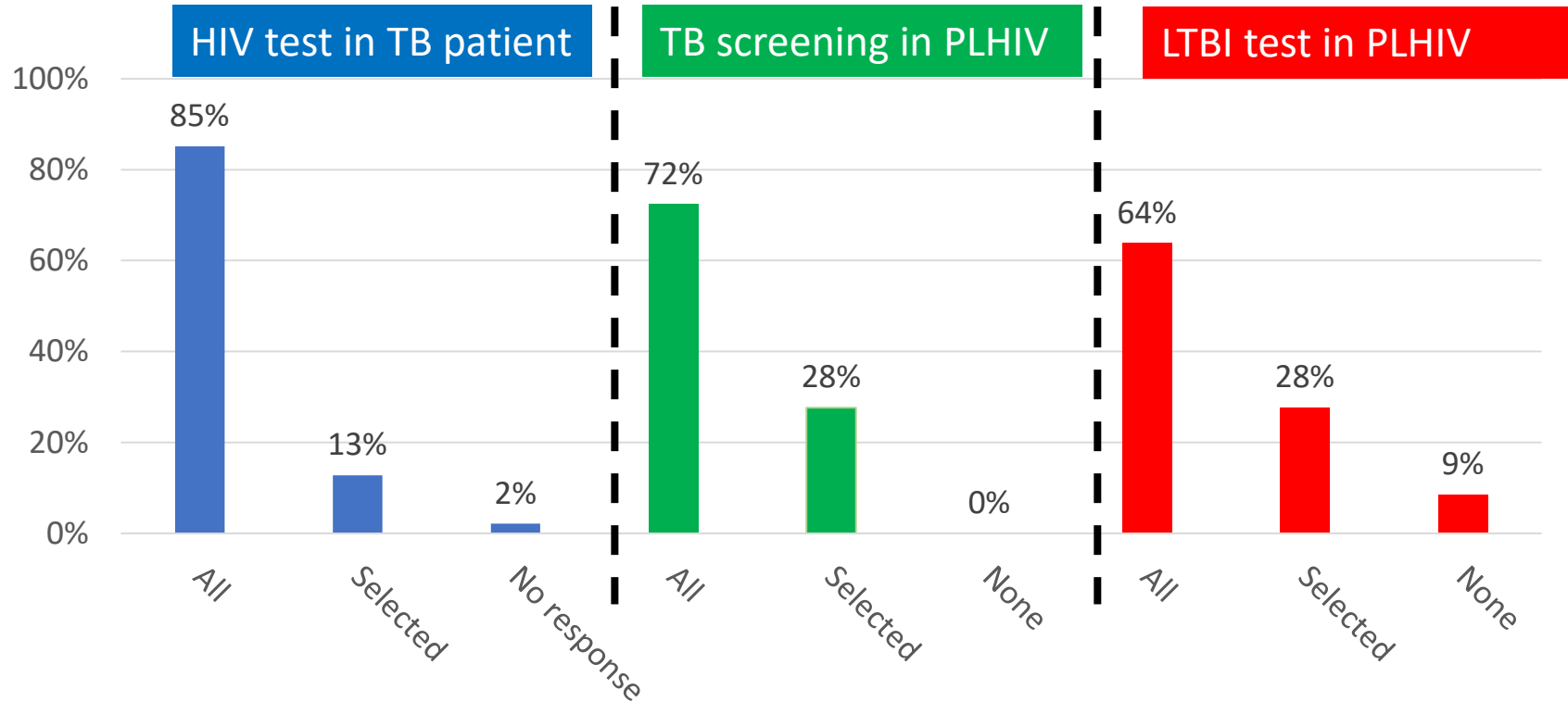
HIV high: \geq 10 cases per 100,000 pop.

Data from: ECDC/WHO Europe TB and HIV/AIDS Surveillance and Monitoring Reports, 2017

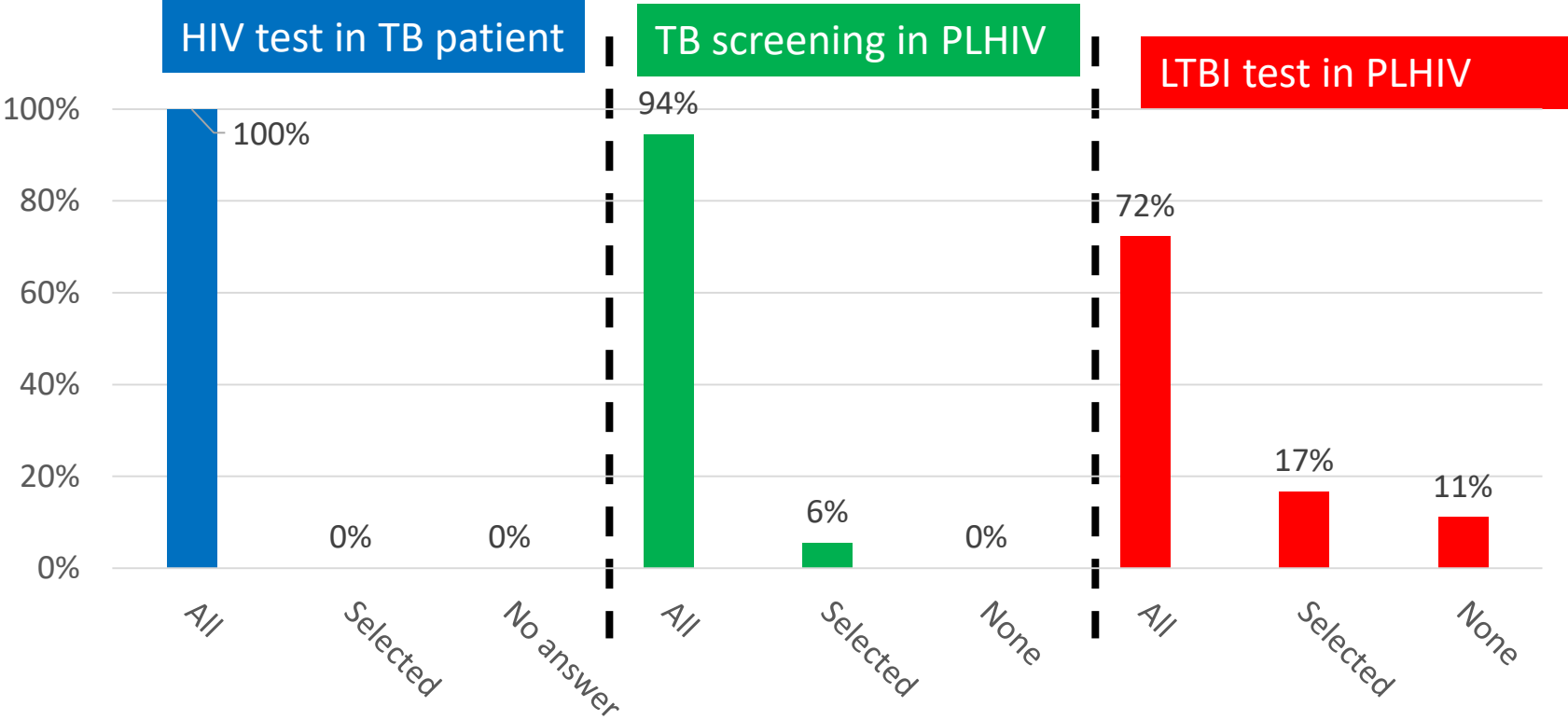
Policy & guidelines

- 28 (60%) countries had national TB/HIV guidelines (regulations or strategy)
- 19 (40%) used other guidelines, such as
 - WHO policy on collaborative TB/HIV activities (n=10),
 - European AIDS Clinical Society guidelines (n=3)
 - other (n=6)

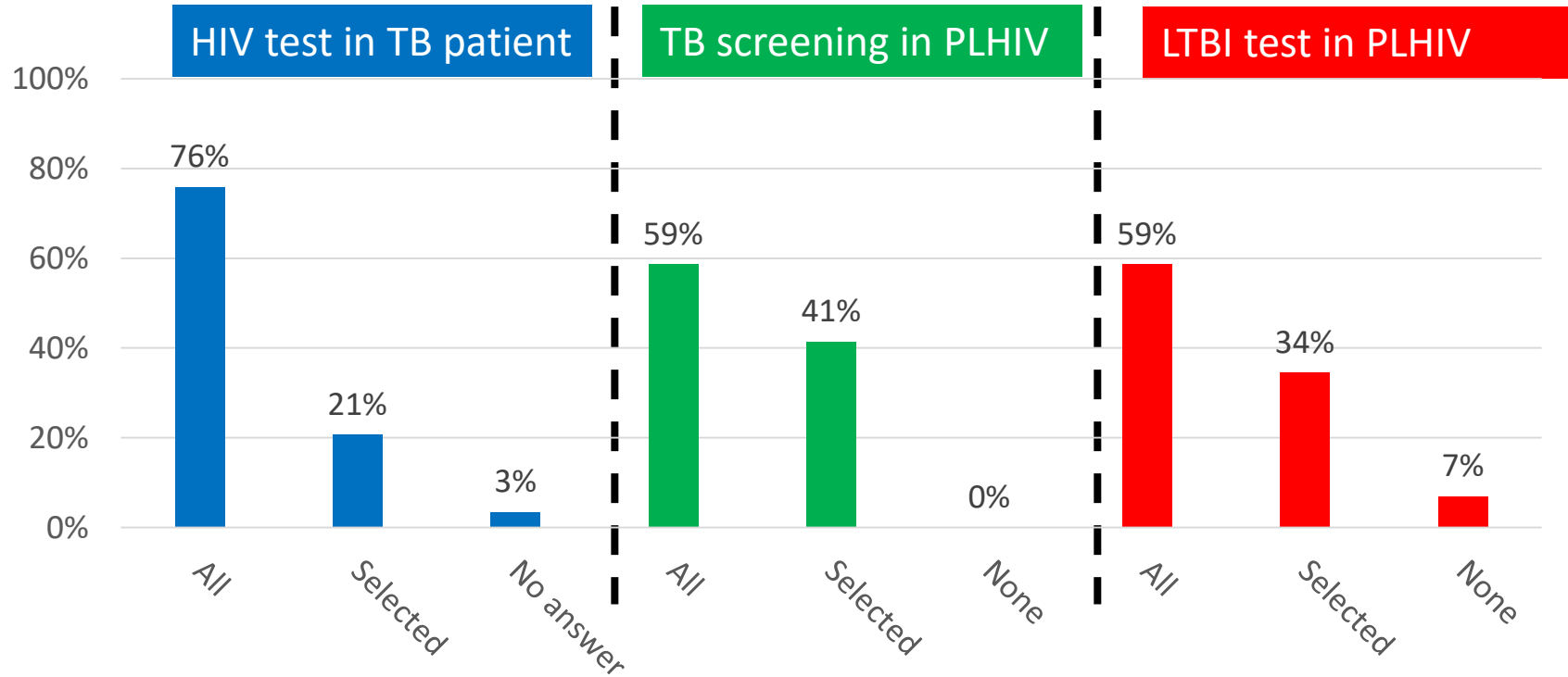
Testing & screening policies



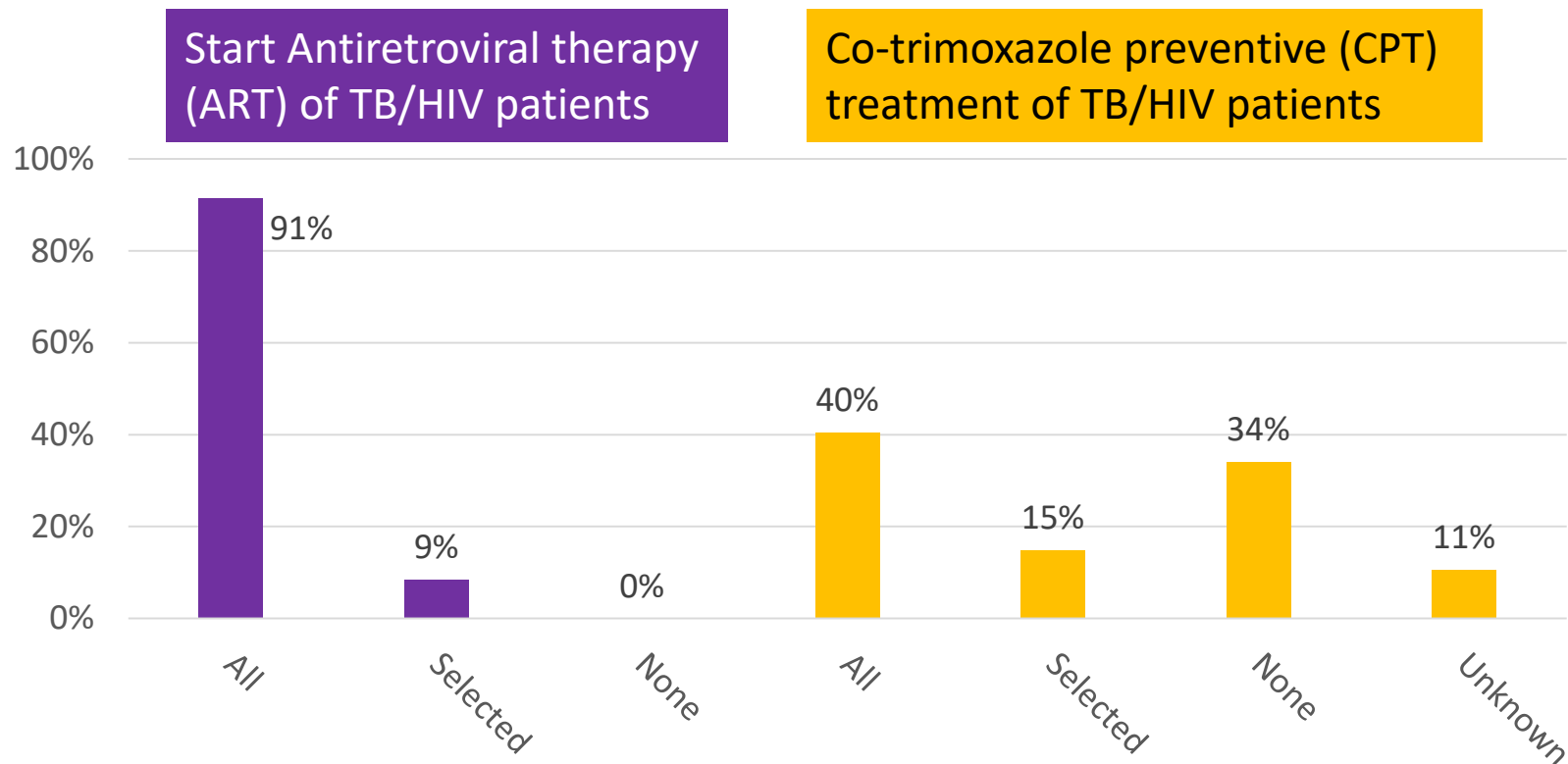
Testing & screening policies (non-EU/EEA)



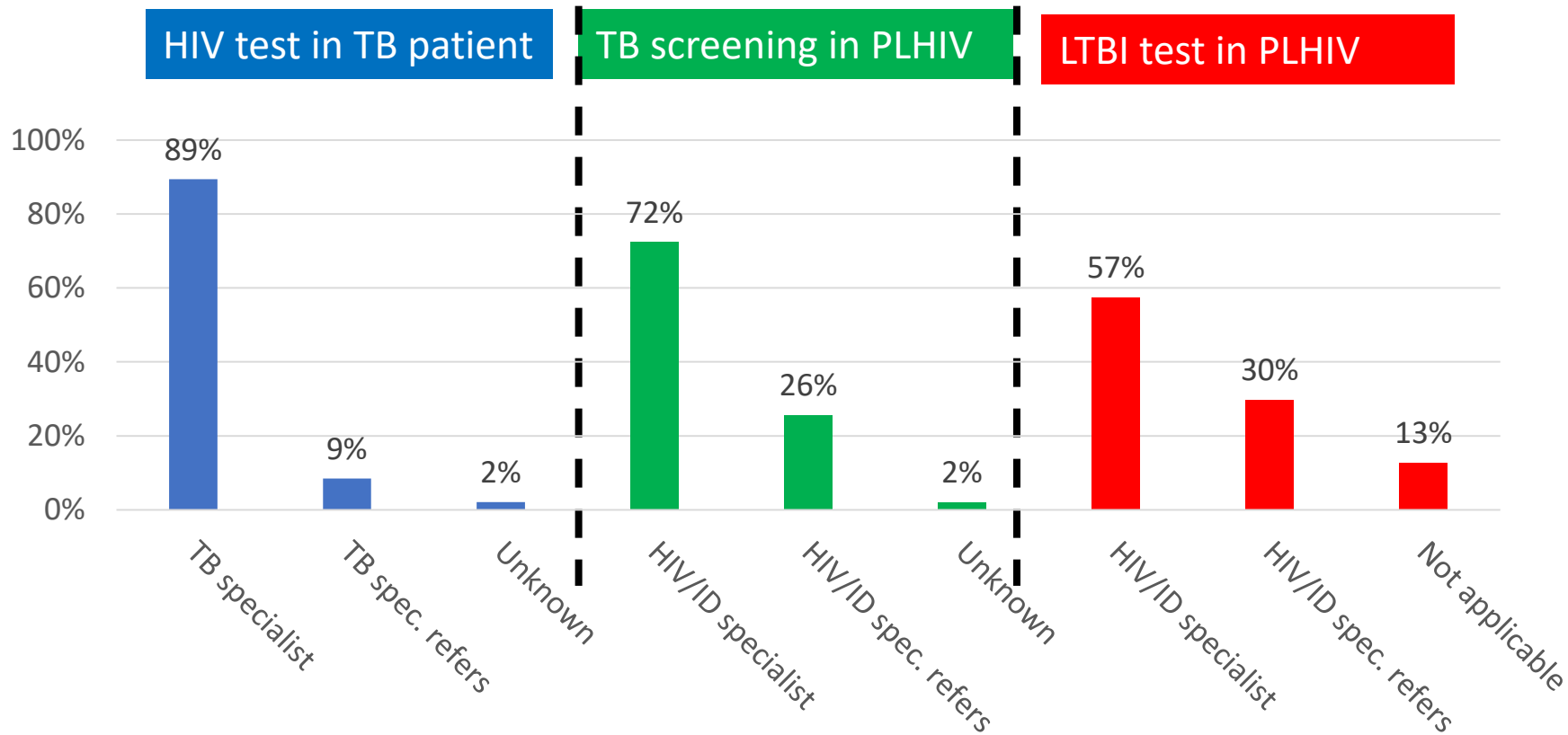
Testing & screening policies (EU/EEA)



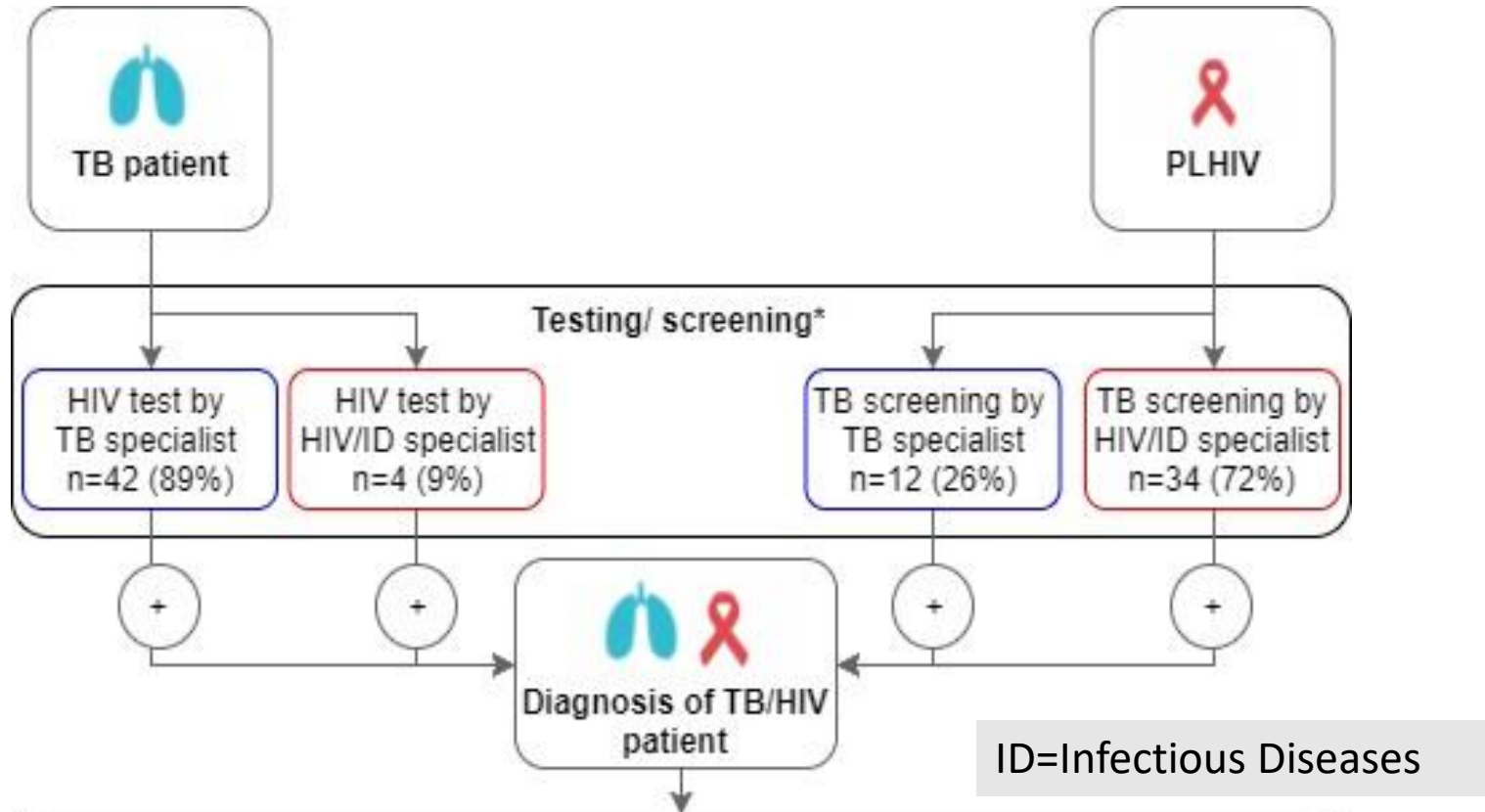
Policy on provision of ART and CPT



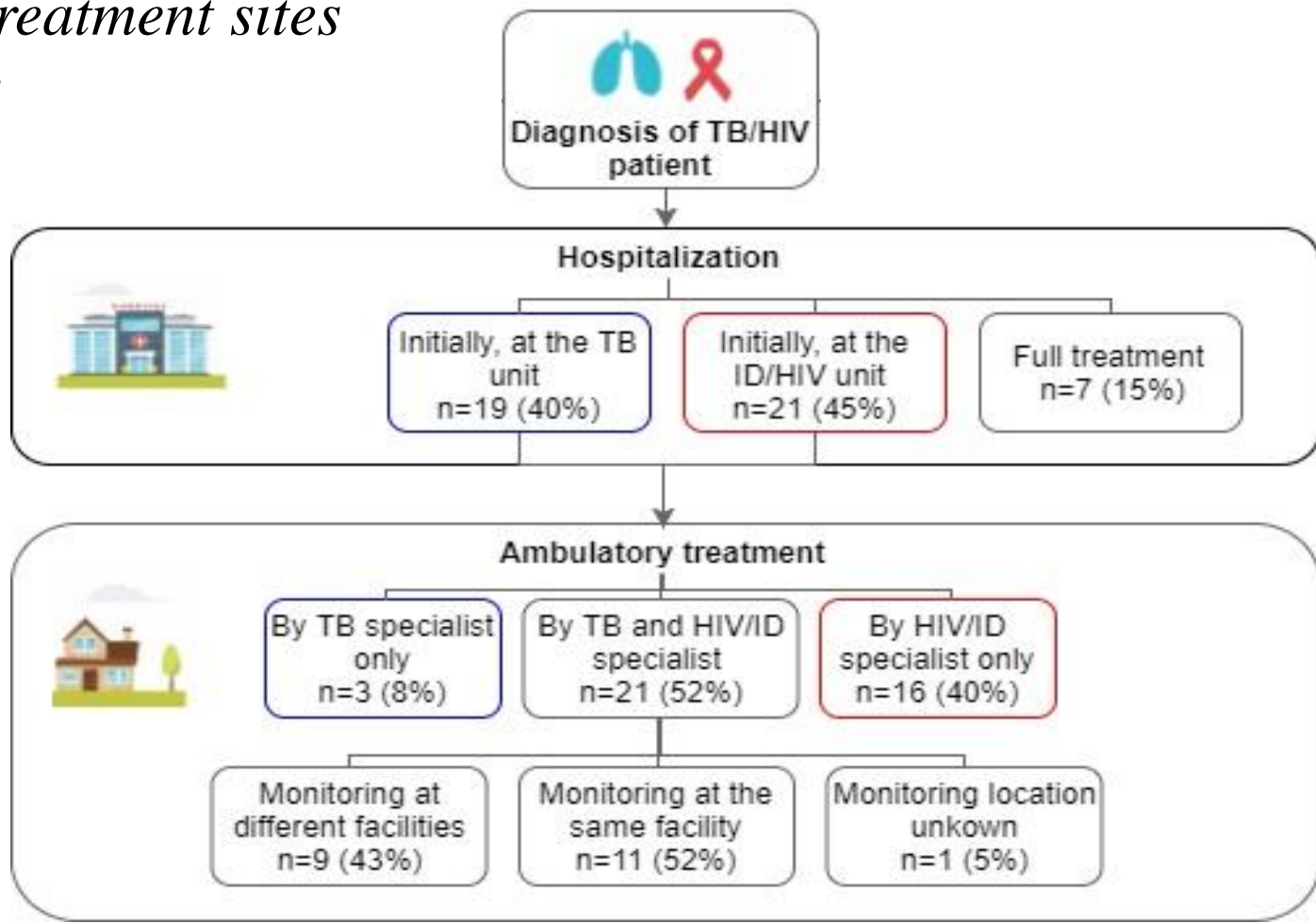
Which specialist provides screening?



Overview of treatment providers and locations for the diagnosis



Overview of treatment sites and providers



Coverage for LTBI screening and treatment

- LTBI screening coverage:
 - 37 (79%) countries: no information
 - 10 (21%) countries reported a (estimated) coverage, varying from 0%, 30%, 80% and 90% or more in seven countries.
- Only 4 countries reported proportion LTBI-positive: 11%, 30%, 50% and 100%.
- These countries also reported on LTBI treatment initiation: 90%, 50%, 25% and 100% respectively.

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.

Conclusions and recommendations

- In most countries TB and HIV services are well integrated.
- The level of integration varies. In some countries, TB/HIV co-infected patients are treated by different specialists in different facilities and in 7 countries patients were admitted throughout TB treatment.
- There is a place for improvement:
 - better integration,
 - all should receive ART,
 - all TB patients should be screened for HIV,
 - PLHIV should be screened for TB.

Conclusions and recommendations

- Provide ambulatory treatment in countries where treatment and care is in the hospital for the full duration.
- Need for better data collection of LTBI screening and LTBI treatment of PLHIV.
- In general: opportunities for better collaboration between the two professional groups and programmes

Conclusions and recommendations

- To consider further integration of TB and HIV services into the wider Public Health services with a people-centered model of care provision, especially when we are talking about key vulnerable population.
- Limitation of the two surveys: It collected information from national TB and HIV focal points and does not necessarily reflect the actual TB/HIV collaboration at implementation level.

Acknowledgement

- Survey respondents (national TB and HIV focal points) of countries in the WHO European Region

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