



European
AIDS Treatment
Group



TB/HIV Co-infection: a snapshot of the crisis

Ageing with HIV – Lifecycle Approach
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Key issues and challenges

- According to WHO, TB is the number one infectious killer globally (followed by HIV)
- TB is the main cause of death among people living with HIV (in some countries, accounting for up to 2/3 all deaths in people with HIV)
- Siloed approach – little to no integration of services for HIV and TB
- Diagnosis in HIV-positive patients is more complicated
- Treatment of TB in HIV-positive patients makes treatment longer
- Both diseases are stigmatised, which means double stigma for patients

TB problems contributing to HIV-TB crisis

- TB responses globally have been and remain underfunded
- Domestic spendings have been largely inefficient (e.g. prevailing hospitalisation approach instead of ambulatory care)
- Directly Observed Treatment (DOT) approach requires patients to receive treatment every day while being at presence of medical professional. In practice this means patients having to travel every day to the DOT centres

TB problems contributing to HIV-TB crisis

- Treatment for drug-resistant TB requires taking large amounts of pills and injections during long periods
- No truly rapid and easy TB testing (sputum and X-ray needed for diagnosis)
- Only two new drugs since 40 years; new medicines pipeline is disgustingly scarce
- For second-line drugs, severe side-effects are common
- Civil society engagement in TB response is limited or non-existent

TB problems contributing to HIV-TB crisis

- Community of people with TB experience only starts to emerge and is not present in most countries of the European Region
- Patient-centred approach in most countries is just a nice slogan, which has nothing to do with the reality
- Approach is mostly medicalised with no psychosocial services available
- Human rights issues (confidentiality, right to work, discrimination, travel restrictions, compulsory treatment, etc.)