

Eyes and ears

Integration of TB-HIV services still poor

Kakaire Kirunda, Uganda

An article from the HDN Key Correspondent Team

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"Tuberculosis [TB] is the only disease that I've had since I discovered that I was HIV-positive that has nearly killed me. As you may already know, it killed four of my brothers who should be here now, but they didn't have the drugs. If I hadn't taken my anti-TB drugs as I did in 1996 I would have died and become an AIDS statistic."

Those were the sentiments presented by leading Zambian HIV and TB activist Winstone Zulu at a media briefing during the 38th Union World Conference on Lung Health in Cape Town.

Zulu's remarks were supported by the fact that while TB is curable, it is the leading cause of death among the 40 million people living with HIV (PLHIV) around the world. In some sub-Saharan countries, up to 70 or 80% of people with TB are co-infected with HIV.

And as Dr Alasdair Reid, the HIV-TB advisor for UNAIDS observed, "As many as one in five of these patients will die despite treatment for TB. Up to a half of the reported AIDS deaths are caused by TB, yet we know that in 2005 almost 70% of TB patients were tested for HIV worldwide and less than one out of every 200 people living with HIV were screened for TB."

Reid said he thought that the global community was missing vital opportunities to offer better care and prevention, and prevent unnecessary deaths among people living with HIV and TB.

He argued that if HIV testing was offered to all TB patients the HIV status of thousands more people would be detected and they could be offered the chance to take life-saving antiretroviral (ARV) drugs.

"If we screened all people living with HIV for tuberculosis regularly we could avert thousands of additional AIDS deaths," Reid said, adding that through the early diagnosis of TB and treatment "we could prevent thousands of cases of tuberculosis with better use of isoniazid preventive therapy."

Isoniazid preventive therapy is a simple antibiotic taken for six months that can greatly reduce the risk of PLHIV developing TB. According to Reid, these life-saving activities could be achieved through greater collaboration between TB and HIV programmes.

But in some countries where collaborative efforts between TB and HIV programmes are trying to take root, a ridiculous situation has developed among some activists, that is threatening this initiative.

"This may not be so polite to say but in some of the countries where we are working there is jealousy the TB and HIV programmes," revealed Dr Paula I Fujiwara, the senior technical advisor and director of the department of HIV for the International Union Against Tuberculosis and Lung Disease (the Union).

"The HIV programme has been the big kid on the block and TB is the little kid. And in the activities we are doing to get TB patients access to HIV care we have found out that when they found out that we could actually do something, they started to get a little scared that we are taking over their territory."

According to Dr Fujiwara, this is preventing collaboration in some countries. She said that the situation in some places is so serious that the Union has had to establish national committees to address the issue and that it has been very difficult to get people involved in TB and HIV programmes to meet each other.

Professor Anthony D Harries, who works as a technical assistant for HIV care and support under Malawi's Ministry of Health, said that the situation was even worse in countries where HIV and TB programmes are geographically separated.

"You could say there are phones, cell phones, you have got email but that doesn't help. You need face to face meetings on a regular basis to have good collaboration. So if your TB programme is on the eastern side of the city and your HIV programme is the western side that creates a major problem," said Harries.

But all hope is not lost and in Malawi, the set up of a national TB-HIV task force has started to facilitate cooperation. "In Malawi, it is called the TB-HIV Care and Treatment Technical Working Group. TB needs care and HIV needs care. This has helped us move things in the last one year [towards] integrating our monitoring tools," Harries said.

The Union is another organization espousing collaborative activities in TB and HIV high-burdened countries. Dr Fujiwara said the union launched its integrated programme of care for tuberculosis patients living with HIV in 2005. The programme is now operating in Benin, the Democratic Republic Congo, Myanmar, Uganda and Zimbabwe.

According to Dr Reid, the governing body of UNAIDS has proposed the hosting of a special session on TB to highlight the threat of TB for PLHIV at its forthcoming meeting in April 2008.

Key Correspondent Team
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The KC Team is coordinated by Health & Development Networks (HDN).

Website: www.thecorrespondent.org Email: info@thecorrespondent.org