

### Accelerating the implementation of collaborative TB/HIV activities in the WHO European Region

# HIV testing for TB patients and suspects: the gateway for HIV treatment and care

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### Central Asia region profile:

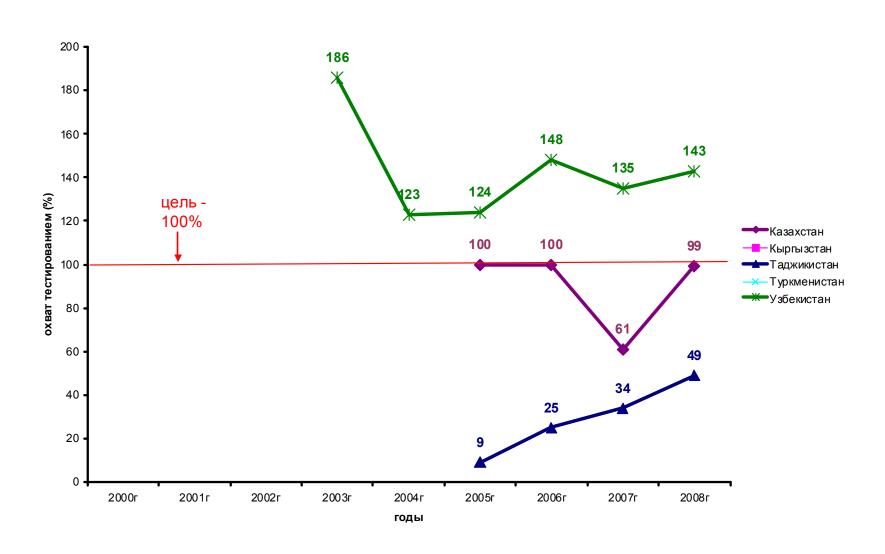
High prevalence of MDRTB

- HIV prevalence is low but increasing
- HIV among new TB cases increasing, for instance in Kazakhstan - 0,8% in 2003 till 1,2% in 2008

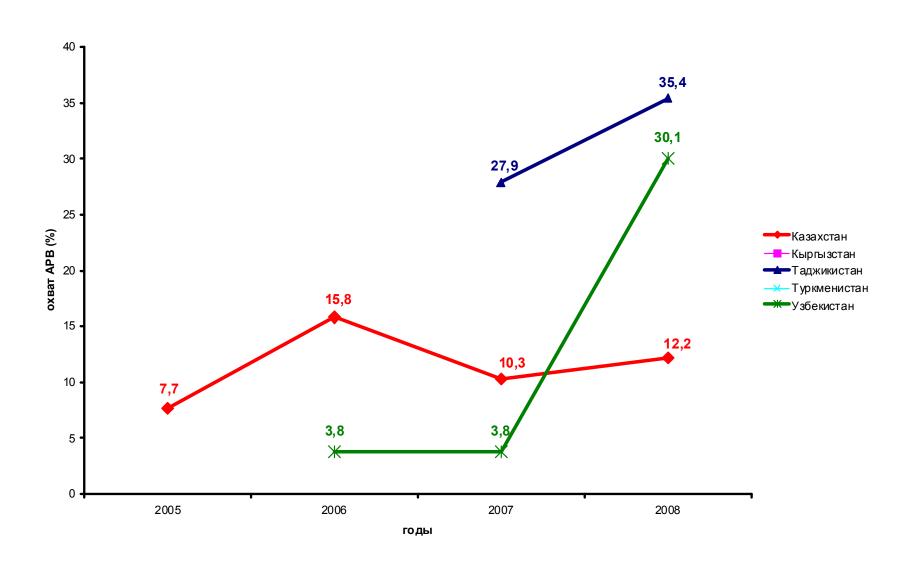
#### % of PLWHA died from TB, 2007 - 2009

	2007	2008	2009
Kazakhstan	35%	36%	44,8%
Kyrgyzstan	48,8%	32,5%	39,8%
Tajikistan	56,7%	95,5%	12,9%

### (%) TB patients HIV tested in CA countries 2000-2008



### (%) TB-HIV patients on ART in Central Asia, 2005-2008



#### TB-HIV policy:

- National orders
- Protocols
- Guidelines
- TB-HIV collaborative activities plans

#### **Coordination body:**

- TB-HIV Technical Working groups
- TB-HIV national coordinators

### HIV care and treatment according to policy documents

- HIV Testing for all TB patients maintained by voluntary counseling
- ART
- CPT (TB/HIV patients)
- IPT (all PLWHA, incl. those who had TB in the past, TB contacts when contact is identified)

#### **Practice:**

- Two vertical programs
- Lack of national TB-HIV strategy
- Poor understanding of NTP and NAP programs' roles
- Poor collaboration
- Coverage of TB patients with HIV testing is still low and not maintained with voluntary counseling

#### Practice:

- Lack of M&E
- Lack of surveillance system or it is not reliable.
- Lack of information exchange

#### As a result:

- Tuberculosis is diagnosed late.
- HIV care is not provided or provided too late.
- Most of TB-HIV patients died.

#### **Example:**

30,8 % (2369 out of 7690) of TB patients were HIV tested in 2008.

Among them 48 (2,0%) TB patients had positive result of HIV test.

17 (35,4%) TB/HIV patients died.

#### Conclusion

 Providing HIV testing to TB patients allow timely start HIV treatment and provide adequate care to TB-HIV patients and save their lives.

### Thank you!

