Portugal – an example of best practice

High incidence of TB/HIV coinfection among people who inject drugs in Portugal has spurred the establishment of integrated services for the treatment of HIV, TB and drug dependence. Two integrated service-delivery models in the city of Porto were assessed in a WHO-commissioned project in 2011, which showed that service integration improves accessibility to, and quality of, care for people who inject drugs.[7] One of the two models featured a dedicated outpatient care centre at Joaquim Urbano Hospital, with a multidisciplinary team providing HIV, TB, hepatitis and drug-dependency care in accordance with combined protocols. The other was more loosely structured, with multiple existing health programmes working together to deliver services at locations convenient to clients, such as local health centres and their own homes. The WHO assessment suggested that key success factors for TB/HIV integration may include the involvement of outreach teams, a client-centred approach and effective multiagency collaboration.

Reference

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About the Regional Collaborating Committee on Tuberculosis Control and Care

The WHO Regional Office for Europe established the Regional Collaborating Committee on Tuberculosis Control and Care (RCC–TB) through a consultative process involving civil society organizations, technical partners and donors. The mission of RCC¬–TB is to achieve universal access to evidence-based TB and multidrug and extensively drug-resistant TB (M/XDR–TB) prevention, diagnosis, treatment and care across the Region. Key objectives are to strengthen involvement and foster collaboration between national and international partners in TB and M/XDR–TB prevention, control and care. Its aims are to raise awareness about TB, advocate for resource mobilization and catalyse exchange of best practice. The Regional Office's programme for TB and multidrug-resistant TB serves as secretariat for the RCC–TB and an RCC–TB steering group oversees and governs key activities. For more information, please contact tuberculosis@euro.who.int.

Integrated TB/HIV care

A key to achieving better tuberculosis outcomes in the WHO European Region

What is integrated TB/HIV care?

The frequency of occurrence of tuberculosis (TB) and HIV coinfection across settings has signalled the need to prioritize collaboration between TB and HIV programmes. One aspect of this collaboration, *integrated TB/HIV care,* encompasses multiple service-delivery models, including screening patients at AIDS clinics for TB and providing HIV treatment to coinfected patients at TB facilities.

Why is integration needed in the WHO European Region?

The early detection and treatment of TB for people with HIV and HIV among TB patients is crucial to the control of both epidemics. Integrated TB/HIV care has been shown to be an effective strategy in pursuing epidemic control.

TB and HIV data make it clear why this strategy must be prioritized. An estimated 350 000 new TB cases occurred in the European Region in 20121 and more than 2 million are thought to have HIV.[2] TB infection is much more likely to progress to active TB disease in HIV-positive people,3 and TB is one of the most common AIDS-indicative diseases diagnosed in the Region.[4]

The co-epidemic of TB and HIV among people who inject drugs is a major public health issue in the Region, further underscoring the need for integration. An additional factor is the threat of multidrug-resistant TB, which is more difficult and more costly to treat and which presents more burdensome treatment regimens for patients.

What is preventing greater TB/HIV service integration?

The striking absence of integrated TB/HIV services in many of the settings
in which they are needed in the Region does not reflect a lack of technical knowledge. The 2012 WHO policy on collaborative TB/HIV activities5 (Table 1) and the 2013 Management of tuberculosis and HIV coinfection: clinical protocol for the WHO European Region3 provide clear evidence-based guidance for a comprehensive approach to the co-epidemics of TB and HIV, including recognition of the role of harm-reduction services for people who inject drugs. The Policy guidelines for collaborative TB and HIV services for injecting and other drug users6 is another important WHO resource. What is lacking is the political leadership required to compel TB and HIV programme managers to work together.

Table 1. WHO-recommended collaborative TB/HIV activities[5]

A. Establish and strengthen the mechanisms for delivering integrated TB and HIV services

A.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels.
A.2. Determine HIV prevalence among TB patients and TB prevalence among people living with HIV.
A.3. Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services.
A.4. Monitor and evaluate collaborative TB/HIV activities.

B. Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy

B.1. Intensify TB case-finding and ensure high-quality anti-TB treatment.
B.2. Initiate TB prevention with isoniazid preventive therapy and early antiretroviral therapy.
B.3. Ensure control of TB infection in health care facilities and congregate settings.

C. Reduce the burden of HIV in patients with presumptive and diagnosed TB

C.1. Provide HIV testing and counselling to patients with presumptive and diagnosed TB.
C.2. Provide HIV prevention interventions for patients with presumptive and diagnosed TB.
C.3. Provide co-trimoxazole preventive therapy for TB patients living with HIV.
C.4. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV.
C.5. Provide antiretroviral therapy for TB patients living with HIV.

What needs to change?

Health systems need to expand the number of sites offering integrated TB/HIV services, with decision-making based on reliable data about both epidemics. This will require increased use of standardized TB/HIV indicators and improvements in how data are recorded and reported. Attention must be given to the human resources required for integrated TB/HIV care, with suitable pre-service and in-service training for all types of health care workers. Civil society organizations and affected communities should be involved in all aspects of planning, implementation and monitoring.

The policy context

The 2007 Berlin Declaration on Tuberculosis emphasized the need for Member States of the WHO European Region to strengthen collaboration between TB and HIV programmes. Unfortunately, progress since then has been disappointing. The transition to the WHO post-2015 global TB strategy makes this an opportune time to revitalize collaborative efforts, including integrated TB/HIV services. This is synergistic with the "Health 2020" European health policy framework, with its emphasis on people-centred health systems that more effectively organize services around patients' needs. Since many of those who are at high risk for TB and HIV belong to socially marginalized populations, prioritizing TB/HIV service integration also speaks to the need to address social determinants of health inequities, a key element of the "Health 2020" vision.

POLICY-MAKERS NEED TO:

1. **establish or enhance the role of national TB/HIV coordinating bodies;**
2. **set time-bound targets for the integration of TB and HIV services; and**
3. **champion the integrated TB/HIV service-delivery models that are most suitable for national and local contexts and high-risk populations, such as prison inmates and people who inject drugs.**