



## Facilitating Better Management of Patients with HIV and TB



The first orientation meeting in Uzbekistan resulted in formation of the multi-sectoral Technical Working Group.



The Technical Working Group is designing protocols and guidelines for linking the TB and AIDS Services for better management of co-infected patients.



The trained professionals from the two Services offer joint case management to TB and HIV co-infected patients.

As in the other countries of CIS, Tuberculosis (TB) is the major HIV opportunistic infection in Central Asia. Some 30% of patients develop Tuberculosis during the course of the disease and in about 40% of fatal cases active Tuberculosis is found at autopsy. In Kazakhstan by 2005, out of 1156 AIDS patients various clinical forms of Tuberculosis were diagnosed in 530 persons, or 45.8% of all cases. The initial situation assessment run by the CAPACITY Project in the Spring of 2005 revealed weak interaction between the independently operating AIDS and TB Services, working as vertical systems. Following the assessment, the CAPACITY Project promoted development of cooperation between these two services in Uzbekistan, Tajikistan, and Kyrgyzstan. For the first time representatives from the Ministries of Health and Justice, national and regional TB and AIDS Centers and other partners gathered to establish mechanisms for linking TB and AIDS services to address the growing needs of co-infected patients. Technical Working Groups were established in these countries, which reviewed and adapted protocols, guidelines and training programs based on WHO recommendations.

Hundreds of medical specialists and health managers were trained by national teams of trainers. TB/HIV model sites were selected in each country, two in Uzbekistan, and one in each Kyrgyzstan and Tajikistan. In Kyrgyzstan the model includes both civil population and penitentiary institutions. The models are implemented to test and refine the approaches for management of co-infected patients. New patient registration forms and an electronic surveillance database were introduced to monitor patient flow and outcomes. Government orders, stipulating that TB and AIDS services will be linked for better patient management, were designed and approved by high-level government officials. In Kyrgyzstan, a joint order was signed by both the Ministry of Health and the Ministry of Justice. The results of the monitoring of TB/HIV interaction at the model sites demonstrated that the patients now have better access to the services. The TB clinics are offering voluntary HIV counseling and testing to TB patients from people at higher risks for HIV, and the AIDS centers refer persons positively tested for HIV for TB testing and prevention treatment. Patients with the co-infection now receive adequate treatment in accordance with national protocols. A referral system from Primary Health Care institutions to the TB and HIV services is being developed.

In Tajikistan and Uzbekistan, WHO officials recognized that the protocols developed with the technical assistance from the CAPACITY Project are the most suitable for the management of the patients with dual infections. The representatives of the national AIDS and TB services also agreed that the new registration forms for TB and HIV patients create an effective system for the patients management. The participants of the Models implementation in Uzbekistan and Kyrgyzstan have agreed that the TB/HIV Model should be scaled up throughout these countries. The training on the management of physicians based on the protocols developed for the Models was included in the curricula of the institutions for advanced medical training in Uzbekistan and Tajikistan. Sustainability of the Models and scaling up is planned through their integration with the National AIDS programs with funding from the Global Fund in three countries. Similar efforts are now being developed in Kazakhstan.

