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Outline

- The Threat of TB particularly drug resistant TB to people living with HIV
- Personal Experience with TB
- Gaps
- Recommendations



Background

- Though TB is curable it still kills large numbers of people especially PLHA
- The majority of cases of tuberculosis in people living with HIV occur in sub-Saharan Africa, where up to 80% of TB patients may be co-infected with HIV.
- Without proper treatment approximately 90% of people living with HIV die within weeks of developing TB disease
- DR TB is very difficult to cure, especially in people who are HIV positive.



Personal Experience with TB

- Had extra pulmonary TB before knew HIV+ status
- Dry cough meant no sputum for smear positive test
- 4 X-rays done in 6 months with no TB detected
- Put on TB treatment due to clinical signs presented
- Underwent 8 months therapy
- Had no information about the relation between the two diseases



Threat of Drug Resistant TB in PLHAs

- DR/TB is often fatal for PLHA as it is usually not diagnosed and mistaken for TB relapse in most third world countries
- Treatment for DR TB can be very disheartening for PLHA as the treatment can be long and have severe side effects
- Pill burden and drug fatigue affect adherence
- Lack of treatment literacy and general information on co-infection encourages stigma in communities
- Treating DR TB is a heavy financial burden for individual people and the healthcare system.
- TB is a disease of poverty
- Lack of patient centred approach for TB



Gaps: What should be done to address DR TB among PLHA

- Encourage patient centred approach for treatment
- Staff to be trained to deal with both TB and HIV and provide coordinated services
- Engage more TB champions in the communities who will talk openly about how they managed to cope with TB
- Increase leadership of networks of PLHA and support groups in advocacy for TB/HIV Collaborative activities , TB science and policy literacy
- Strengthen TB treatment adherence



Gaps: What should be done to address DR TB among PLHAs

- Advocate governments to provide proper diagnostics in the Labs that will make it easy to diagnose TB. Lab strengthening is very important if we are to combat DR TB
- Task shifting - empower PLHA to work as TB/HIV supporters in health centres (job creation/poverty alleviation)
- Advocate for the development of integrated management systems of reporting of the two diseases for easier M & E (implement the WHO Interim Policy TB/HIV Collaborative Activities)



Recommendations

- Effective public awareness on co-infection (especially DR TB)
- More education and meaningful involvement of affected communities to take ownership of the disease like the way it has been for HIV
- Implement infection control, especially in HIV care settings
- More information on IPT and its advantages for PLHA
- Increased community education programmes on co-infection and adherence. Adherence is our best weapon against DR TB



Recommendations Contd.

- Increased resources for TB Research & Diagnostics (rapid tests)
- Lab strengthening very vital to combat DR TB
- Improved management capacity, better management systems and adequate trained and motivated staff at all levels
- Diagnostics should be accessible at local level
- Consistent supply of quality TB drugs
- Governments should address TB in the context of a broader anti-poverty agenda



The burden of carrying
the pain of both
tuberculosis and HIV







- Thank you