Health Care Delivery for HIV-positive people with tuberculosis in Europe

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BACKGROUND

- We have previously shown that mortality rates of HIV/TB coinfected patients were higher in Eastern Europe (EE) than Western Europe (WE).
- This was to some extent related to modifiable clinical factors.

OBJECTIVE

- To compare HIV and TB services provided in clinics in EE and WE
- To compare our findings study in 2013.

METHODS

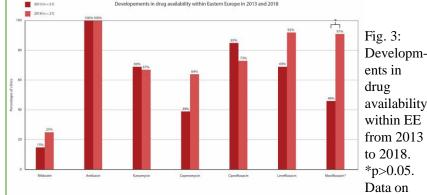
- 26 European HIV/TB clinics participating in the 'TB:HIV study' were invited, to complete a questionnaire regarding four aspects of care;
- 1) Delivery of health care
- 2) TB diagnostics
- 3) Drug susceptibility testing, and
- 4) TB drug availability. 23 clinics participated.
- A 'TB-HIV care score' was calculated for each based on results from the 4

RESULTS

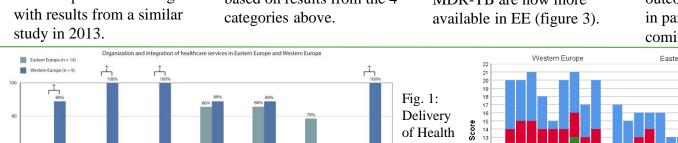
- Delivery of health care was more fragmented in EE than WE (figure 1).
- The general diagnostic and treatment approach did not differ across Europe.
- WE clinics in general had a higher 'TB:HIV Care Score' than EE clinics. The score varied substantially within EE (figure 2).
- Compared with 2013, GeneXpert and TB drugs with activity against MDR-TB are now more

CONCLUSION

This study documents differences across Europe in health care management for TB-HIV patients. Whereas HIV/TB care remain disintegrated in EE, TB diagnostics and TB drug accessibility generally improved in EE since 2013, although there was considerable heterogeneity within EE. These differences need to be addressed if treatment outcome is to be improved in parts of Europe in the coming years.



*p>0.05. Data on individual drugs was only included if collected in both studies.



Care in

Eastern

Western

Europe

*p<0.05.





