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REPORT OF ROUND TABLE 1

**The health sector response to the dual epidemic of TB and HIV/AIDS**

INTRODUCTION

1. The Round Table discussion on *The health sector response to the dual epidemic of TB and HIV/AIDS* was held on 11 October 2002. The objective of the Round Table was to identify the key actions required both at the regional and country levels in order to improve and accelerate the health sector's response to the dual epidemic. The Round Table was chaired by Dr David Parirenyatwa, Minister of Health and Child Welfare, Zimbabwe, and facilitated by Professor Ahmed Latif of Zimbabwe. About 80 delegates participated in the discussion.

DISCUSSION POINTS

2. The Round Table deliberated on the following issues:
- increasing access to drugs and the highly-active antiretroviral therapy (HAART) for the management of opportunistic infections and TB;
  - improving capacity in terms of human resources for implementing interventions to address the dual epidemic of TB/HIV;
  - reducing the stigma and discrimination associated with TB and HIV/AIDS;
  - key policy and programme actions for a coordinated approach to the dual epidemic.

ISSUES RAISED

3. *Increasing access to drugs and HAART for the management of TB, HIV/AIDS and opportunistic infections*
- more financial resources were required for the management of TB and HIV/AIDS beyond those available from the Global Fund. Innovative resource mobilization should be undertaken to help complement existing resources;
  - regional purchasing should be explored as a means of increasing access to drugs. In this respect, the Round Table recognized the efforts of the Southern African Development Community (SADC) and the Economic Community of West African States (ECOWAS) towards bulk purchasing of drugs and antiretrovirals;
  - the issue of access to drugs should be linked to services for diagnosis and follow-up;

- (d) decentralization of care to bring services closer to communities was important in assuring drug access;
- (e) in order to improve geographical access to drugs, their local production needed to be encouraged.

4. *Improving capacity in terms of human resources for implementing interventions to address the dual epidemic of TB and HIV/AIDS.*

- (a) it was considered necessary to increase the training of personnel for voluntary counselling and testing (VCT);
- (b) different cadres should be trained at different levels in order to support services for counselling, home-based care and treatment for TB and HIV/AIDS;
- (c) a holistic approach to training should be adopted to ensure that both TB and HIV/AIDS were considered;
- (d) it was necessary to review the issue of training of enrolled nurses and other lower cadres which had been suspended in some countries, without neglecting existing training opportunities for those cadres;
- (e) consideration should be given to using lay counsellors and non-laboratory personnel in the provision of VCT services;
- (f) training of counsellors should be institutionalized;
- (g) a marketing strategy which emphasizes, appreciates and values staff should be explored as a means of retaining them.

5. *Reducing stigma and discrimination associated with TB and HIV/AIDS.*

- (a) there was need for a communication strategy aimed at behavioural change to address negative attitudes towards people living with HIV/AIDS (PLWHA) and those suffering from TB;
- (b) strong community involvement could demystify HIV/AIDS;
- (c) it would be necessary to mobilize religious leaders and other members of the community to address the issues of stigma and discrimination;
- (d) there was need to develop a communication strategy to emphasize community action in addressing TB and HIV/AIDS.

6. *Key policy and programme actions for a coordinated approach to the dual epidemic of TB and HIV/AIDS.*

- (a) member countries should consider different options for improving access to drugs, including free treatment and payment based on assessed ability to pay;
- (b) nutritional aspects, including micronutrients, should be part of TB and HIV/AIDS treatment and care programmes;
- (c) laboratory capacity should be strengthened to include the monitoring of drug resistance;
- (d) countries should accelerate the implementation of resolutions passed by African Heads of State and Government on the removal of taxes and duties and review regulations on tariffs for essential TB and HIV/AIDS drugs and supplies;

- (e) there was need to review and harmonize regulations pertaining to Trade-Related Intellectual Property Rights (TRIPS) and related issues;
- (f) advocacy should be undertaken at the highest level for coordinated and integrated delivery of TB and HIV/AIDS services;
- (g) mechanisms should be developed for sharing information and best practices from countries already implementing integrated TB/HIV programmes;
- (h) countries should coordinate government and NGO actions in the planning and implementation of TB/HIV interventions.

## RECOMMENDATIONS

### 7. *For Member States:*

- (a) to adopt a coordinated and integrated approach in addressing the dual epidemic of TB and HIV/AIDS;
- (b) to train health workers to use innovative approaches and enhance their capacity to deliver services for TB and HIV/AIDS;
- (c) to review patent and trade laws to facilitate both the importation and local production of generic drugs;
- (d) to decentralize prevention and care programmes to district and community levels.

### 8. *For WHO:*

- (a) to develop a regional strategy and guidelines on joint TB and HIV/AIDS control and disseminate it to all Member countries;
- (b) to facilitate a regional approach to the local production of essential drugs and supplies;
- (c) to continue to provide technical support in the implementation of TB and HIV/AIDS activities.

## CONCLUSION

9. The Round Table recognized the importance of the dual epidemic of TB and HIV/AIDS and the need to take urgent appropriate actions. It also agreed on the importance of prevention in tackling the dual epidemic.