



HIV vs TB : treatment support ~~and~~ supervision VS?

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HEALTH
RESEARCH**

Daftary | Union NAR 2025 Highlights



Disclosures

WHO Global TB Programme

Stop TB Partnership

TB Europe Coalition

SSHRC and NIH grants

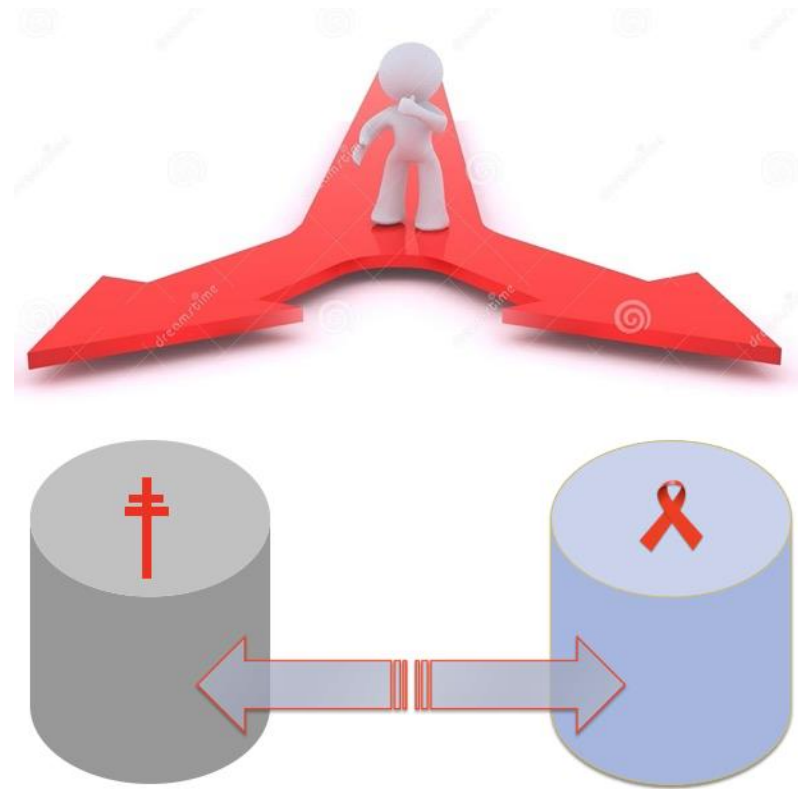
I have no conflicts of interest to disclose

Outline

- Consider the evolving ways by which we manage people affected by TB while they receive TB treatment and care
- Borrow on lessons learned from people receiving care for TB and an associated coinfection, HIV, to illuminate blind spots



Insights from South Africa 2005 to present day



Acknowledgements



Integrating patients' perspectives into integrated tuberculosis-human immunodeficiency virus health care

A. Daftary,* N. Padayatchi†

Adherence in the Treatment of Patients With Extensively Drug-Resistant Tuberculosis and HIV in South Africa: A Prospective Cohort Study

Max R. O'Donnell, MD, MPH,*†‡ Allison Wolf, MPH,* Lise Werner, MSc,‡
C. Robert Horsburgh, MD, MUS,§ and Nesri Padayatchi, MBChB, MSc‡||

J Acquir Immune Defic Syndr • Volume 67, Number 1, September 1, 2014

The contrasting cultures of HIV and tuberculosis care

Amrita Daftary^{a,b}, Liviana Calzavara^c and Nesri Padayatchi^b

AIDS 2015, **29**:1–4

Dynamic needs and challenges of people with drug-resistant tuberculosis and HIV in South Africa: a qualitative study

Amrita Daftary, Shinjini Mondal, Jennifer Zelnick, Gerald Friedland, Boitumelo Seepamore, Resha Boodhram, K Rivet Amico, Nesri Padayatchi, Max R O'Donnell

Provider perspectives on drug-resistant tuberculosis and human immunodeficiency virus care in South Africa: a qualitative case study

A. Daftary,*† N. Padayatchi†

Preferential adherence to antiretroviral therapy over tuberculosis treatment: A qualitative study of drug-resistant TB/HIV co-infected patients in South Africa

Amrita Daftary^{a,b*}, Nesri Padayatchi^b and Max O'Donnell^{b,c,d}

Global Public Health, 2014
<http://dx.doi.org/10.1080/17441692.2014.934266>

BMJ Global Health

Fighting TB stigma: we need to apply lessons learnt from HIV activism

Amrita Daftary,^{1,2} Mike Frick,³ Nandita Venkatesan,⁴ Madhukar Pai^{1,5}

Clinical Infectious Diseases

MAJOR ARTICLE



Electronic Dose Monitoring Identifies a High-Risk Subpopulation in the Treatment of Drug-resistant Tuberculosis and Human Immunodeficiency Virus

Jennifer R. Zelnick,¹ Amrita Daftary,^{2,3} Christina Hwang,⁴ Amy S. Labar,⁵ Resha Boodhram,² Bhavna Maharaj,³ Allison K. Wolf,⁶ Shinjini Mondal,⁷ K. Rivet Amico,⁸ Catherine Orrell,⁹ Boitumelo Seepamore,¹⁰ Gerald Friedland,¹¹ Nesri Padayatchi,³ and Max R. O'Donnell^{1,4*}

Approaches to care in TB programs

[XDRTB] no one tells us what is going on with it for that period of two years, is it treatable or not.

They confiscating people here [at hospital]...not giving information.

[My son] just ran away...because they told me about [TB] in his presence.

You need to encourage me and console me, show me that this is not the end of the day. I am still going to live.

[My TB providers] have the tendency of shouting and being rude.

If [provider] gives you food, she gives it while she is at the door ... I felt so bad.

I just take [medicine] with a spoon so that it will be as if I am drinking it then throw them away ... throw them in a sink.

Contrast with care in HIV programs

I don't default [ARV's]. This is our free way.

We are told about our viral load and CD4 count... [this] really motivates...but I did not know anything about my culture results, my MDR results, my sputum.

[TB clinic] no one is taking care of you that much, if you are in a right place, where you are. While [HIV clinic] you are taken care of... there is a difference... it's as if we are paying money.

At the TB clinic I just go and take my tablets. At the HIV clinic I stay and talk... I say 'hi' ... cause what's bringing that person here, it's the same thing that brings me here.

I never dodge [ARVs]. It's because before you take ARVs they tell us tablets might do this and do this, if you don't take it on time this is what is happening... If I can dodge, I dodge TB...lots of tablets, they are bitter, they are sour... so many side effects.

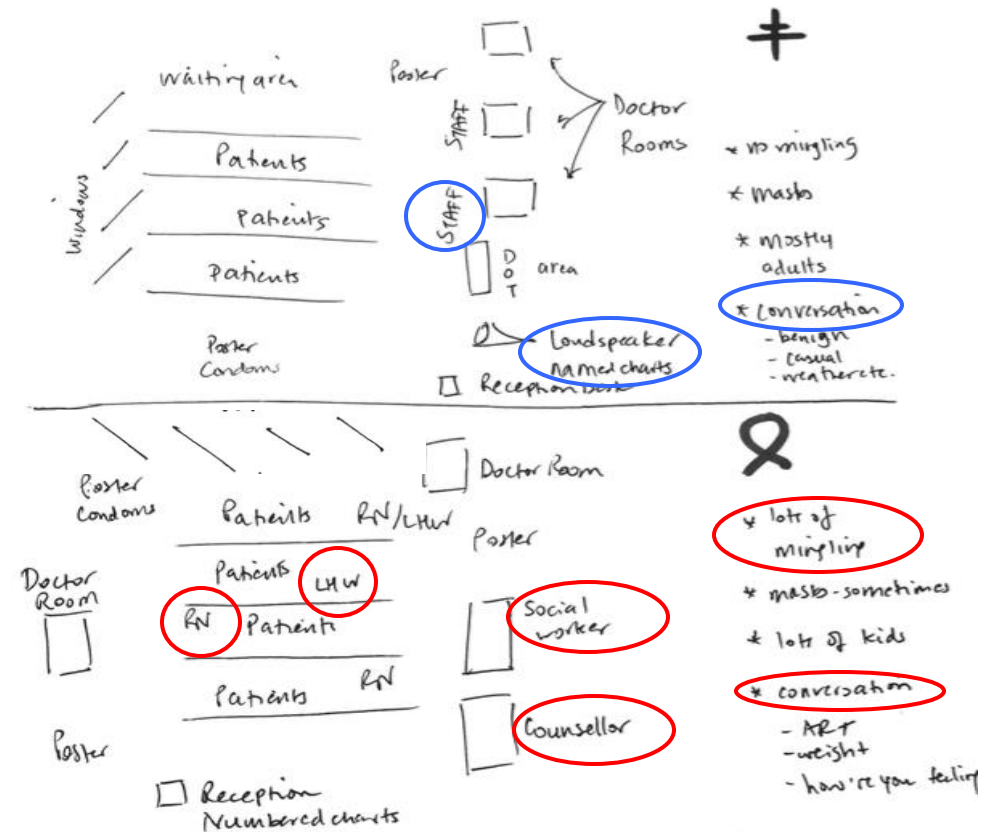
They should explain... steps 1, 2, 3, and 4 that you should expect... If they can offer us counselling like with HIV, I will be able to better understand what I've got, explain it better to my family and be encouraged to take my treatment.

Distinct social spaces and relations

Patients will tell you their problems at home and stuff like that, that affect them taking [TB] treatment properly, and sometimes we don't know how to deal with that. We're not equipped to deal with the social problems.

[HIV providers] know the social aspects, they know the treatment aspects, they know the side-effect profiles... are very empathetic. They listen when patients talk.

We [HIV providers] understand them better. I think that's why they sort of relate with us in a much better way, because we don't discriminate.



Contrasting “cultures” of care

The TB and HIV Epidemics:
History Learned and Unlearned

David A. Hansell

The Dual Epidemics of Tuberculosis
and AIDS: Ethical and Policy Issues
in Screening and Treatment

Ronald Bayer, PhD, Nancy Neveloff Dubler, LLB, and
Sheldon Landesman, MD

INT J TUBERC LUNG DIS 10(12):1312-1317
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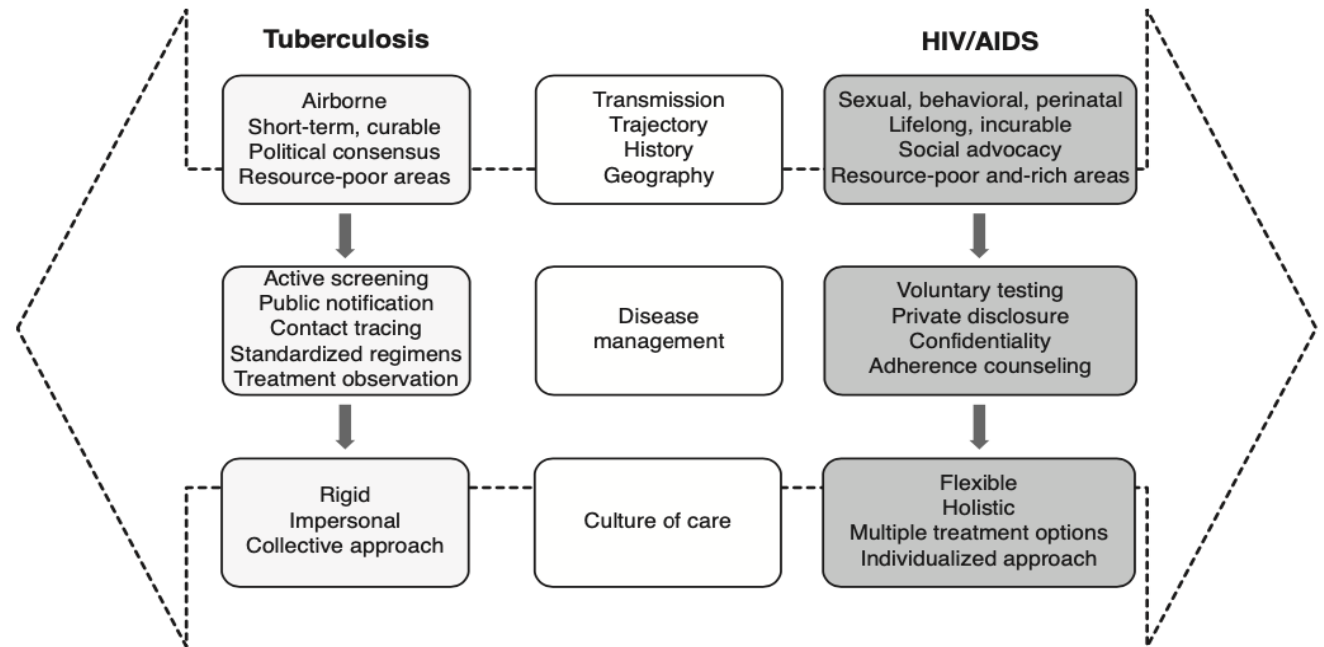
UNRESOLVED ISSUES

Science and social justice: the lessons of HIV/AIDS activism
in the struggle to eradicate tuberculosis

Special Guest Lecture given during the 36th Union Conference on Global Lung Health,
Palais des Congrès, Paris, France, 18–22 October 2005

Z. Achmat

Treatment Action Campaign, Muizenberg, Western Cape, South Africa

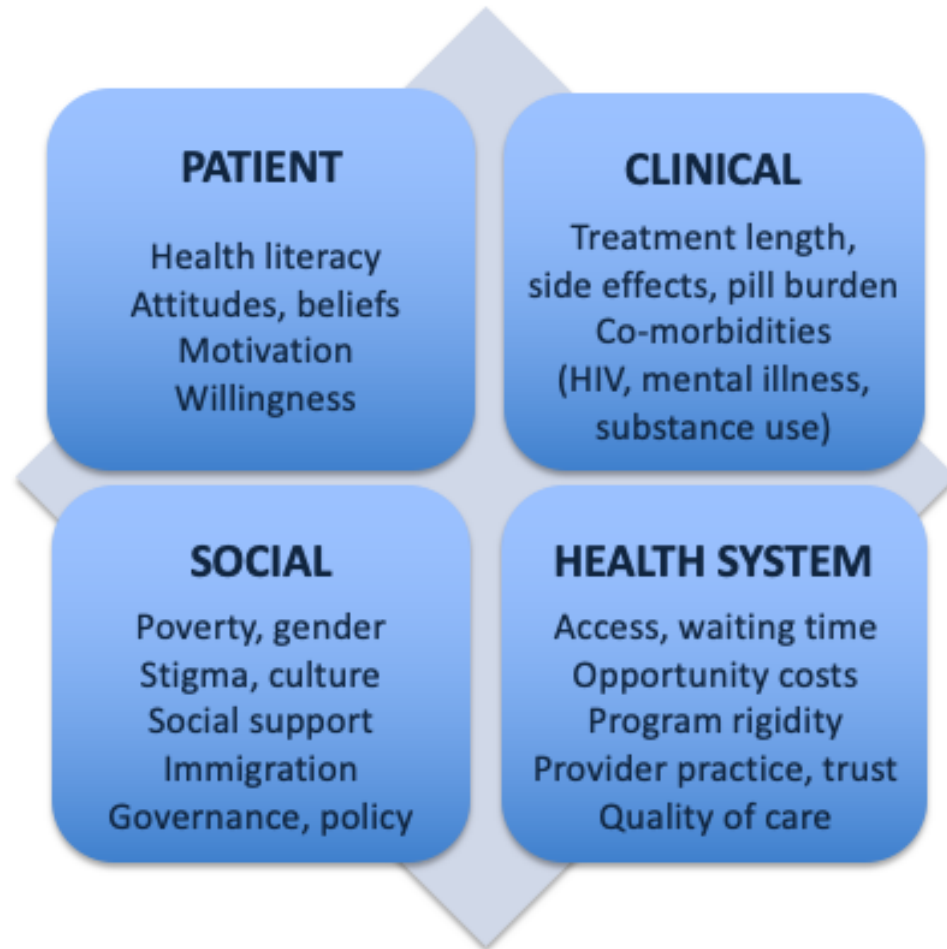


The contrasting cultures of HIV and tuberculosis care

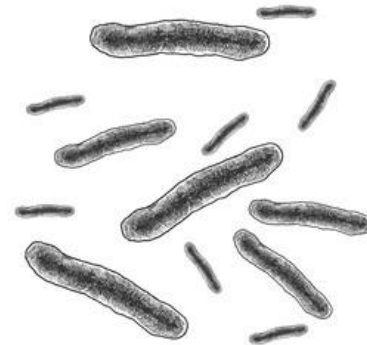
Amrita Daftary^{a,b}, Liviana Calzavara^c and Nesri Padayatchi^b

AIDS 2015, 29:1–4

DOT is a symptom of a bigger 'blind spot'



Flawed foundation?



INT J TUBERC LUNG DIS 25(10):784–787
© 2021 The Union
<http://dx.doi.org/10.5588/ijtld.21.0327>

Person-centred care in TB

INT J TUBERC LUNG DIS 28(11):517–520
© 2024 The Union <http://dx.doi.org/10.5588/ijtld.24.0338>

EDITORIAL

Building social equity and person-centred innovation into the end TB response

SUMMARY

Reducing systemic inequities in testing, access to care, social protection – and in the scientific process – is essential to end TB. Incorporating social science methods and expertise on inequity into the mainstream TB response would help ensure that political commitments to equity move beyond symbolic gestures. We convened a meeting between TB social scientists, people with lived experience, civil

society and community members to discuss equity within the global TB response. Here, we propose five means by which a social science lens can strengthen equitable, person-centred responses and reconcile the public health significance of TB with the principles of social justice.

KEY WORDS: tuberculosis; social sciences; research agenda; health equity; call to action

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Northwestern Journal of Human Rights

Volume 23, Number 1 (2024)

DISMANTLING THE DOGMA OF DOT: A HUMAN RIGHTS-BASED REVIEW OF DIRECTLY OBSERVED THERAPY FOR TUBERCULOSIS

Brian Citro, Dr. Jennifer Furin, Rhea Lobo, Ingrid Schoeman, Timur Abdullaev, and James Malar

[Home](#) > [Social Theory & Health](#) > [Article](#)

‘Nation’, ‘Migration’ and Tuberculosis

Article | Published: 23 July 2007

Volume 5, pages 267–284, (2007) [Cite this article](#)

HIV guidelines emphasize support and empowerment

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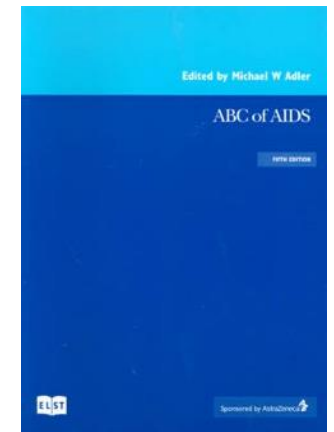
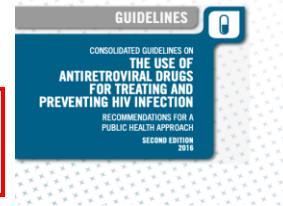
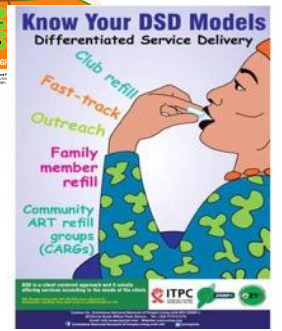
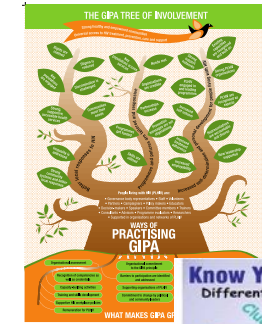
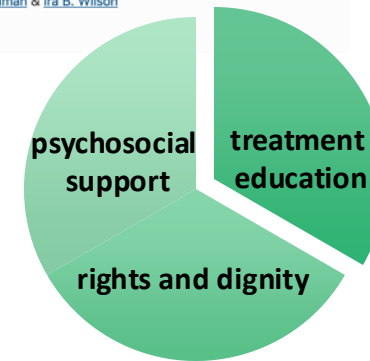
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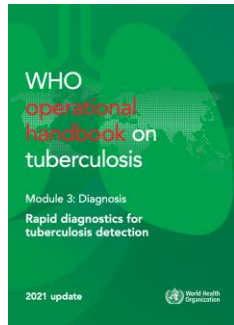
Health Literacy in HIV Treatment: Accurate Understanding of Key Biological Treatment Principles is Not Required for Good ART Adherence

M. Barton Laws, Michael Danielewicz, Aadia Rana, Laura Kogelman & Ira B. Wilson

AIDS and Behavior 19, 635–644 (2015) | [Cite this article](#)

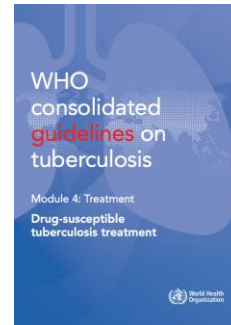


Where are we in TB ?



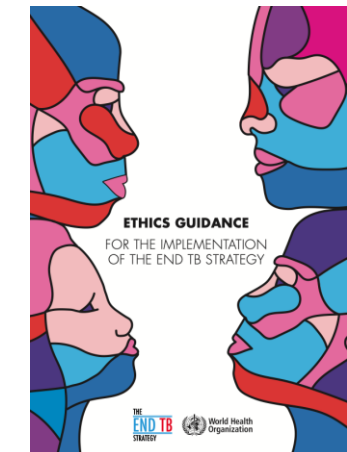
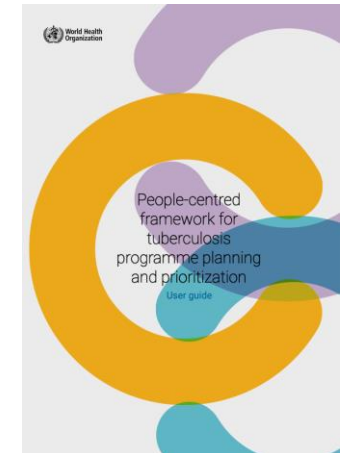
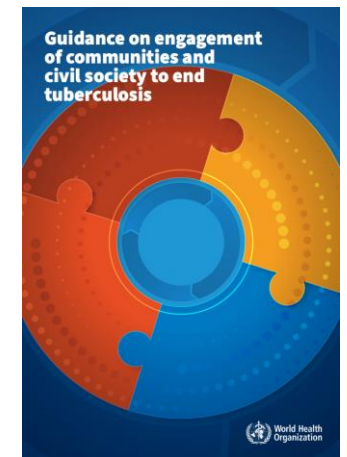
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TB education maintains focus on cure and containment



INT J TUBERC LUNG DIS 22(3):336–341
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<http://dx.doi.org/doi:10.5588/ijtld.17.0363>

A rapid review of treatment literacy materials for tuberculosis patients

J. Brumwell,* E. Noyes,[†] S. Kulkarni,[†] V. Lin,[†] M. C. Becerra,^{†‡} C. M. Yuen^{†‡}

Duke Global Health Institute, Duke University, Durham, North Carolina, [†]Department of Global Health and Social Medicine, Harvard Medical School, Boston, Massachusetts, [‡]Division of Global Health Equity, Brigham and Women's Hospital, Boston, Massachusetts, USA

- ✓ Symptomology
- ✓ Transmission pathways
- ✓ Infection control measures
- ✓ Treatment information and adherence
- ✓ Treatment monitoring measures

Leaving out vital information that people with TB actually want to know

- When will I stop being contagious
- Can I sleep with my partner / child
- When can I return to work / school
- What do I tell my friends and family
- How do I deal with the side effects
- What effects should I be most concerned about
- What foods should I eat or avoid – do I need food
- How do I deal with people stigmatizing me
- How can I change my refill schedule or appointment date
- Where can I access some financial assistance
- Can I talk to someone who has been through this



People-centeredness has gained traction

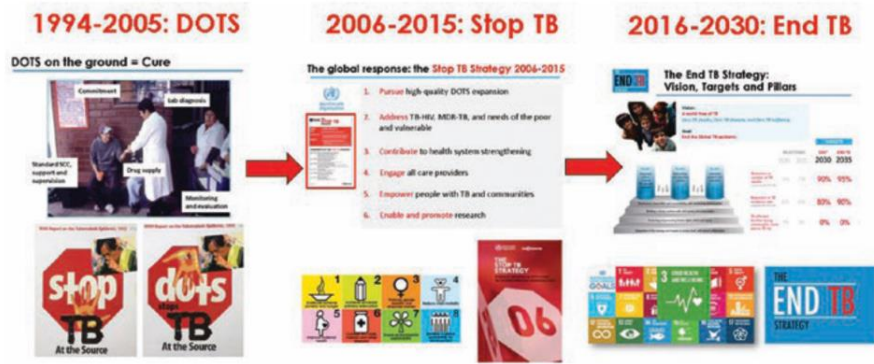
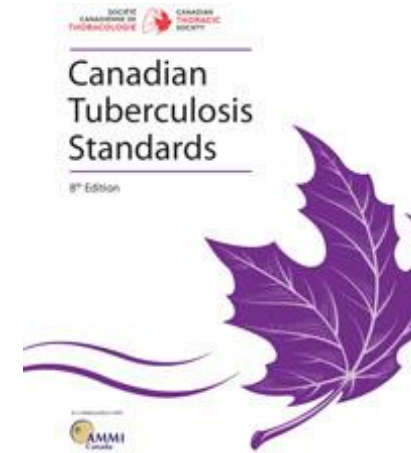


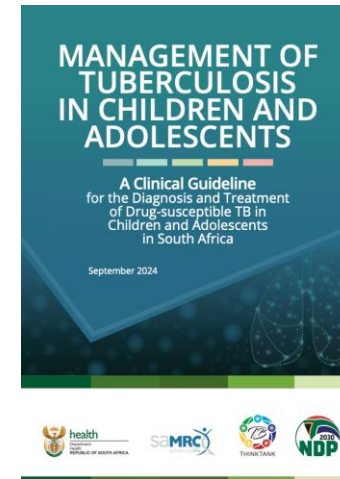
Fig. 5.1 Evolution of the WHO-recommended global TB control strategies (1994 to 2030)

García-Basteiro & Raviglione, 2021



Chapter 12: An introductory guide to tuberculosis care to improve cultural competence for health care workers and public health professionals serving Indigenous Peoples of Canada

Jonathan L. Dunn, Marlene Larocque, Deborah Van Dyk, Eduardo Vides, Faiz Ahmad Khan, Tom Wong, Richard Long & Gonzalo G. Alvarez





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 - Additional Population-Specific Considerations
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But we have a ways to go !

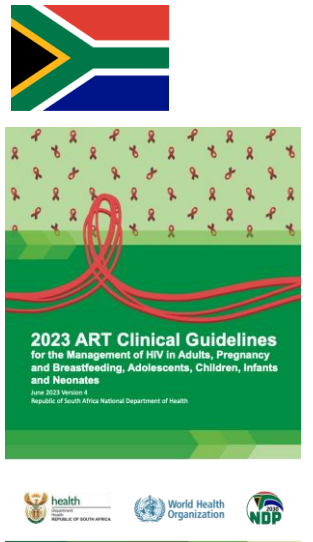


Managing the Client on ART

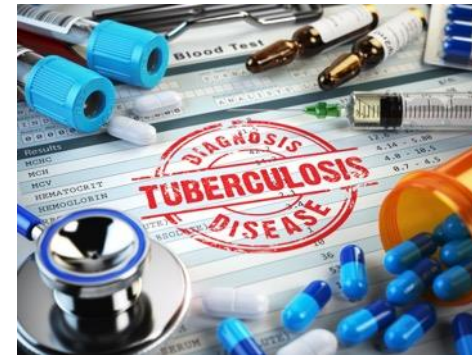
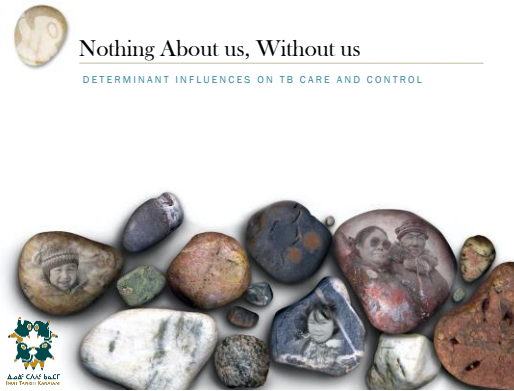
- Monitoring on ART
- Screening for TB at follow-up Visits
- Routine HIV VL Monitoring Schedule on ART
- VL Monitoring Algorithm for Clients on TLD
- Assessing an Elevated Viral Load
- Clinician considerations for providing Enhanced Adherence Counselling (EAC)
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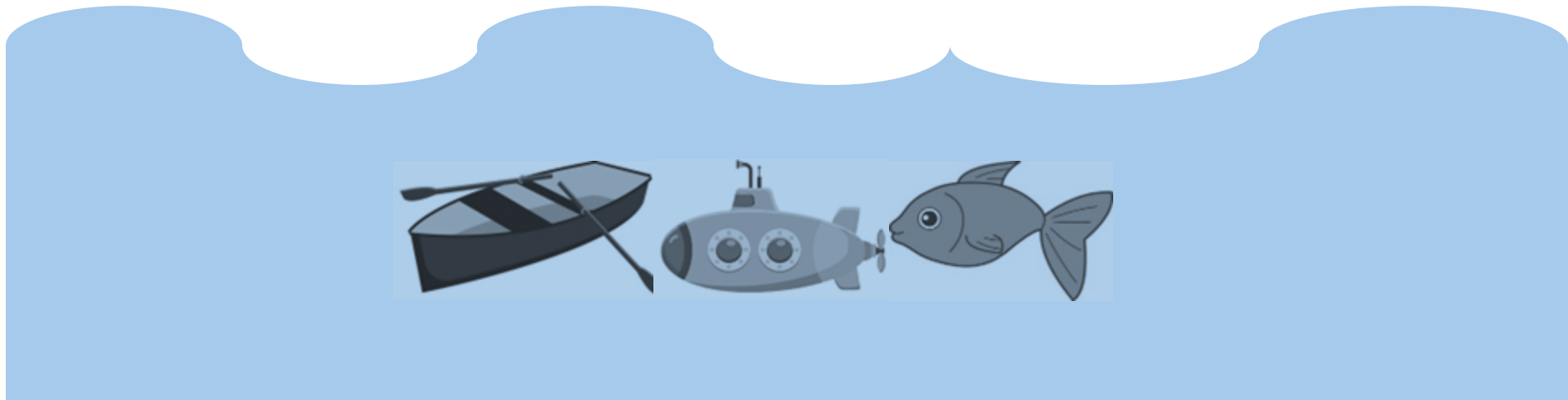


And we will.. with community efforts... and others'



Wrap up

- ✓ Consider the evolving ways by which we manage people affected by TB while they receive TB treatment and care
- ✓ Borrow on lessons learned from people receiving care for TB and an associated coinfection, HIV, to illuminate blind spots



Thank you

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[qualitative course](#)

