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HepHIV 2026 by EuroTEST 2-3 NOVEMBER · DUBLIN

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EUROGUIDELINES IN CENTRAL AND EASTERN EUROPE NETWORK GROUP

Management of TB Infection in People Living with HIV
MANAGE-TBI Study

TB/HIV Intersectional Stigma and Tuberculosis Infection Management: A Scoping Review of Global Evidence and Evidence Gaps in Central and Eastern Europe

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OBJECTIVES

• The Central and Eastern Europe (CEE) region has the highest rates of tuberculosis (TB) and HIV co-infections in Europe[1]. Active TB cases are mainly driven by progression of TB infection (TBI).

• Individuals affected by both, TB and HIV, frequently experience intersectional stigma, characterized by the synergy of stigmas associated with these conditions[2]. Intersecting stigmas related to HIV and TB amplify prejudices and may be an important obstacle for TBI testing and management among people with HIV (PWH).

• This review aimed to:

(1) Map global evidence on TB/HIV intersectional stigma and its effect on healthcare engagement, including TB preventive treatment.

(2) Identify evidence on HIV- and TB-associated stigma in CEE.

(3) Examine gaps in the evidence on intersectional stigma and TB management in CEE.

METHODS

• Literature search was conducted in two databases (PubMed and Web of Science) to identify peer-reviewed articles.

• The search strategy combined keywords including "HIV", "Tuberculosis/TBI", "stigma/barriers", "TB preventive therapy/adherence", "Central and Eastern Europe" and their synonyms.

• An initial search focused on CEE but was expanded globally due to limited literature. Additional searches examined HIV- and TB-related stigma independently in CEE.

• Inclusion criteria: studies written in English, studies including information on stigma and adherence to medication and/or barriers and facilitators, studies about HIV and/or TB.

• Exclusion criteria: no report on stigma/discrimination, confounding stigmatized conditions, not a primary study, low reporting quality.

RESULTS

12 studies included

Limited CEE-specific evidence on intersectional TB/HIV stigma and TB infection management.

• Nine studies addressed global TB/HIV-related stigma and TBI/TB management, three studies examined HIV- and TB-related stigma in CEE.

• Global studies were based in Sub-Saharan Africa, and reported stigma-related barriers to TB preventive treatment and healthcare engagement.

• CEE studies described HIV- and TB-related stigma individually, including community and healthcare-related discrimination.

• No evidence directly examined TB/HIV intersectional stigma and TBI management in CEE.

Table 1. GLOBAL EVIDENCE
TB/HIV intersectional stigma, TB infection and TB management, CEE countries are not included

Treatment context	Main stigma-related finding	Relevance to TB management
TPT in adults with HIV (n=4)	Community stigma associated with TB and/or HIV [3, 6] Stigma associated with TB [4]	Stigma led to lower TPT uptake and adherence [3, 6] Challenges in implementation of infection control procedures [4] In one study, stigma did not affect TB management [5]
TPT in children and adolescents with HIV (n=2)	HIV and TB associated community stigma [7, 8]	Stigma led to lower adherence and/or initiation to TPT [7, 8]
TB treatment in people with HIV (n=3)	Anticipated stigma associated with TB [9] Perceived stigma associated with TB [10] Stigma associated with TB [11]	Seeking TB treatment in the vicinity was difficult, due to fear of being identified by neighbors [9] Lower stigma scores predicted higher medication adherence [11]

Table 2. CENTRAL AND EASTERN EUROPE EVIDENCE
HIV-related and TB-related stigma examined separately

Stigma domain	Type of Stigma	Relevance to healthcare
HIV-related stigma (n=2)	Institutional stigma [12] Institutional and workplace stigma [13]	Discrimination, including refusal of care and breach of confidentiality [12] Treatment insecurity and workplace discrimination created severe psychosocial stress [13]
TB-related stigma (n=1)	Perceived and community stigma [14]	Self-treatment following TB diagnosis and isolation from social network [14]

TB - Tuberculosis, TPT - Tuberculosis Preventive Treatment

CONCLUSIONS

• **Evidence Gap:** There is a substantial evidence gap regarding TB/HIV intersecting stigma and TBI management in CEE.

• **Global evidence:** Included studies describe stigma-related barriers to healthcare engagement. Stigma is mostly community- and disclosure-driven, affecting TPT initiation, adherence and completion.

• **CEE-specific findings:** Studies on HIV- and TB-associated stigma individually report community and healthcare stigma.

• **Future Research Directions:** Building on the identified evidence gap and informed by existing studies, further research will investigate intersecting TB/HIV stigma in CEE and how it influences TBI management. The work will include development of a stigma survey that will be implemented among medical doctors and healthcare workers, people with HIV and TB patients.

Scan here for detailed evidence table.

Would you like to join our study? Scan here and go to MANAGE TBI Study: Feasibility Form

REFERENCES

[1] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2026 – 2024 data. Stockholm: ECDC/WHO Regional Office for Europe; 2026.

[2] Amrita Daftary, HIV and tuberculosis: The construction and management of double stigma, Social Science & Medicine, Volume 74, Issue 10, 2012, Pages 1512-1519, ISSN 0277-9536, https://doi.org/10.1016/j.socscimed.2012.01.027.

[3-14] A detailed list of studies included in the scoping review can be seen after scanning the QR code.

This work was supported by WEEPI Foundation Stage 2 grant as part of the Manage-TBI Project (ID 337-2025).