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SORT IT TB Key Population

"Nothing for or about us, without us", focus on key populations to end tuberculosis and its coinfection

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Ending tuberculosis, its drug resistant forms and coinfection calls for strong government's commitment, as well as enabling and engaging communities addressing the needs of key populations. A thorough understanding of how best to serve and include the key populations is fundamental for making policy decisions to attain these commitments.

Through the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) based at World Health Organization and its Structured Operational Research and Training Initiative (SORT IT) [1], we have supported non-governmental organizations and community-based groups to build further evidence on the key populations in selected countries of eastern Europe and central Asia. In this special edition, 8 papers from, Armenia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine are providing new data and guiding action with a focus on the vulnerable and key populations. Tilloeva *et al*. have identified that one out of every five TB patients in Tajikistan are recorded from the key population [2]. We shall underline that there is often stigma associated with the key population and some patients may not disclose their social determinants and vulnerabilities and therefore the percentage of the key population may be even higher that what is recorded and reported. An example of this was further confirmed in the study conducted by Sluzhynska *et al.* [3]. who reviewed the reported modes of HIV transmission among men having sex with men at a subnational level in Ukraine and proved possible underreporting. Dzhangaziev *et al*. present subnational data and emphasized that a revived strong and robust contact tracing can lead to higher yield of TB detection, hence identifying patients for earlier start of treatment and breaking the transmission cycle [4]. Further studies on specific contact tracing for the key population would help improve the approach even further. Kozhoyarova *et al*. in their setting in Kyrgyzstan have documented that the key population have a lower chance of favorable treatment outcome, this calls for national programmes to adapt their services to patients needs and provide equitable people-centered integrated care in line with leaving no one behind [5]. Denebayeva *et al*. reviewed start of antiretroviral treatment among people living with HIV and concluded that the new policy of early start antiretrovirals shall be further scaled up in Kazakhstan [6]. A further study is required to shed light on the true TB incidence among people living with HIV. Furthermore, TB preventive treatment among the people living with HIV shall be prioritized. Similarly, Yesypenko *et al*. documented that early start of treatment and testing and treatment for drug resistant TB and HIV are essential in their settings in Ukraine to achieve more satisfactory treatment outcomes [7]. Zhandybayeva *et al*. analyzed survival among TB and HIV coinfected individuals in their setting and concluded that patients with sputum smear negative status, higher CD4 counts at the time of diagnosis and those who have families or not use injecting drugs, have better outcomes [8]. In most of eastern Europe and central Asia countries TB and HIV programmes

function separately. As TB/HIV coinfection affect the most vulnerable groups more severely, further efforts shall be made to provide integrated testing and treatment [9]. Davtyan *et al.*, presenting the rather high mortality of TB/HIV coinfected individuals as well as high lost to follow-up of migrants remind us once more of the importance of the need for specific interventions for the key population [10].

The evidence gathered through these studies can pave the way for guiding policy options in these regions to improve prevention, testing, treatment and care for and with engagement of the vulnerable groups and key population and leaving no one behind [11].

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