HIV/TB: Status and Opportunities for the Way Forward

Gottfried Hirnschall
Director, HIV Department
WHO
70% of HIV-related TB deaths are found in 10 countries (2012)

320,000 people died from HIV-associated TB in 2012:
- 1 in 5 of HIV-related deaths
- 1 in 4 of TB-related deaths.
- Yet, 36% reduction between 2004-2011
HIV/TB policies are well defined

**A. Establish and strengthen the mechanisms for delivering integrated TB and HIV services**

A.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels

A.2. Determine HIV prevalence among TB patients and TB prevalence among people living with HIV

A.3. Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services

A.4. Monitor and evaluate collaborative TB/HIV activities

**B. Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy (the Three I’s for HIV/TB)**

B.1. Intensify TB case-finding and ensure high quality antituberculosis treatment

B.2. Initiate TB prevention with Isoniazid preventive therapy and early antiretroviral therapy

B.3. Ensure control of TB Infection in health-care facilities and congregate settings

**C. Reduce the burden of HIV in patients with presumptive and diagnosed TB**

C.1. Provide HIV testing and counselling to patients with presumptive and diagnosed TB

C.2. Provide HIV prevention interventions for patients with presumptive and diagnosed TB

C.3. Provide co-trimoxazole preventive therapy for TB patients living with HIV

C.4. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV

C.5. Provide antiretroviral therapy for TB patients living with HIV
**The 2013 Consolidated ARV Guidelines: Key recommendations**

### Clinically relevant
- Earlier initiation of ART (CD4 count ≤ 500 cells/mm³) for adults & adolescents
- Immediate ART for all TB patients
- Immediate ART for children below 5 years
- Immediate & lifelong ART for all pregnant and breastfeeding women (Option B/B+)
- Simplified, less toxic 1st-line regimens (TDF/XTC/EFV)

### Operationally relevant
- Use of Fixed Dose Combinations
- Improved patient monitoring with increased use of viral load
- Recommend task shifting, decentralization, and integration
- Community based testing and ARV delivery
HIV testing among TB patients has increased rapidly in Africa, but still below 50% overall.

Source: provisional 2013 data from the Global Tuberculosis database.
TB screening among people living with HIV has grown as well, but still insufficient.

TB screening coverage in HIV+ was 66% (in 2012).

Source: provisional 2013 data from the Global Tuberculosis database and GARPR tool based on 61 country reports.
IPT provision concentrated in few countries

- South Africa accounted for almost 70% of those receiving IPT
- 80% of countries either did not implement or did not report providing IPT

Number of HIV-positive people without active TB receiving isoniazid preventive therapy, 2005-2013

Source: provisional 2013 data from the Global Tuberculosis database and GARPR tool
Number of HIV/TB patients receiving ART steadily increasing; yet still insufficient...

Around 70% with notified TB and HIV+ test received ART in 2013

Source: provisional 2013 data from the Global Tuberculosis database and GARPR tool
Uptake of 2013 Operational and Service Delivery recommendations (as of June/14)

ART and TB Service integration policies, percent (%) of 59 WHO focus countries, by region

- TB treatment in ART settings
- ART in TB clinics

**AFRO**
- 63% for TB treatment in ART settings
- 67% for ART in TB clinics

**Total**
- 56% for TB treatment in ART settings
- 44% for ART in TB clinics
Bottom line: fewer, but still 320,000 people living with HIV died from TB in 2012

- Target 50% reduction compared to 2004 baseline
- 36% achieved by end of 2012
- HIV and TB collaborative activities averted 1.3 million deaths from 2005 to 2011
Opportunities and way forward
TB is an integral part of the Global Health Sector Strategy of HIV/AIDS and reporting.

PEPFAR’s roadmap includes addressing HIV associated TB as a critical component (2012).


Renewed momentum and partner alignment.
Tailored services are needed to expand coverage and optimize resources

- **Tailor service delivery models** to different epidemic settings (e.g. high prevalence vs. low or concentrated epidemics)
• **Hard-to-reach populations** -- e.g., miners, prisoners, people who inject drugs (including women), children (through MCH services); health-care workers, MDR and HIV (associated with very poor outcomes)

• **Access to diagnostic at the point of care** (e.g., GeneXpert, HIV PoC diagnostics)

*Address programme gaps and take advantage of novel approaches and technologies*
Availability of GeneXpert is expanding rapidly...

As of 31 March 2014, a total of 2,343 GeneXpert instruments (comprising 12,103 modules) and 6,291,330 Xpert MTB/RIF cartridges had been procured in the public sector in 104 of the 145 countries eligible for concessional pricing.

Source: http://www.who.int/tb/laboratory/mtbrirollout/en/
... but uptake in Asia is relatively lower

GeneXpert modules procured per 100,000 TB cases notified in 2012

- China: 8 modules
- Philippines: 12 modules
- India: 4 modules
- South Africa: 118 modules
- Zimbabwe: 74 modules
- Nigeria: 40 modules
- Kenya: 37 modules

Appropriate M&E is needed to adequately measure progress

- **M&E systems and poor quality data**: lack of data or discrepancies between programmes create challenges and missed opportunities for planning and evaluation.

Example: In 32 countries, National TB and National HIV Programmes reported different figures for the numbers of people with both HIV and TB who are receiving ART – in both 2011 and 2012.
Going beyond silos: from "Collaborative Activities" to "Joint TB/HIV Programming"

- Joint resource mobilization
- Joint programme planning
- Joint supervision
- Tailored service delivery
- Integrated monitoring and evaluation

Joint TB and HIV programming
Critical Areas for Joint TB and HIV Programming

Health System building blocks

**Governance**
- Policy dialogue within and beyond health sector
- Policy Directions
  - universal coverage, primary care, health in all policies
  - Strategies
  - Plans
- Regulation & Management
  - institutions, rules, incentives

**Critical subsystems**
- Financing
- Workforce
- Pharmaceuticals Technology Infrastructure
- Information

**Service Delivery**
- Comprehensive, integrated, continuous and people-centred care along the lifecycle
- Cost-effective and safe interventions: clinical & public health
  - Including interventions for MDGs 4, 5, 6
- Universal access to close-to-client networks, responsible for a defined population
Encouraging progress in scaling up TB/HIV interventions globally: greater in Africa, less in Asia

Accelerate: do more – and more efficiently, with greater focus on service delivery and service organization

Renewed political leadership at all levels
  – Increased convergence between TB and HIV stakeholders
  – Towards Joint TB/HIV Programming: the Joint TB/HIV Global Fund Concept Note
Acknowledgements

- Annabel Baddeley
- Haileyesus Getahun
- Mario Raviglione
- Lisa Nelson
- Gundo Weiler
- Meg Doherty
- Jhoney Barcarolo
Acknowledgements
Estimated HIV prevalence among new TB cases, 2012
Back up slides