Regional overview and responses on TB/HIV

Accelerating the implementation of collaborative TB/HIV activities in the WHO European Region
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Issues to be discussed

Epidemiology in WHO European Region:
  TB, HIV & TB/HIV

Challenges

Response
Global TB burden and contribution of the European Region to it in 2008

- 9.4 mln of new TB cases estimated globally in 2008 (139 per 100,000 population)
- 6% contribution of European Region to the Global burden

TB notification* rate and estimated incidence, the WHO European Region, 1980-2008

** 18 High Priority Countries

Armenia
Azerbaijan
Belarus
Bulgaria
Estonia
Georgia
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Moldova
Romania
Russian Fed.
Tajikistan
Turkey
Turkmenistan
Ukraine
Uzbekistan

* Notified (TB cases) = new cases + relapses
*** excluding Bulgaria and Romania that become EU in 2007
IDU as % of all HIV/AIDS cases with known transmission route

NOTE: % of AIDS cases in countries not reporting HIV: France, Italy, Spain  Sources: WHO/ECDC, national reports.

Accelerating the implementation of collaborative TB/HIV activities in the WHO European Region
TB/HIV co-infection
WHO European Region (2008)

HIV case finding among TB:
- Estimated HIV prevalence = 5.6% (≈ 23,800 people)
- HIV testing coverage = 79% (≈ 357,000 patients)
- HIV prevalence among tested TB = 3.0% (≈ 11,500 patients)
- 48% of TB/HIV patients are detected
- 61% of TB/HIV patients are covered by CPT
- 28% of TB/HIV patients are covered by ARV treatment

TB case finding among PLHIV:
- estimated TB prevalence among PLHIV = 1.7%
- screening coverage for TB = ??? (≈ 205,000)
- 9.2% covered by IPT
Issues to be discussed

Epidemiology in WHO European Region:
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Challenges

Response
Challenges addressing TB/HIV (1)

Political commitment

- Lack of a sense of urgency at political level
- Lack of awareness of the issue among decision makers, including absence of proper legislation for drug users
Challenges addressing TB/HIV (2)

Surveillance

- Low country response rate to TB/HIV co-infection surveillance:
  - country legislation
  - infrastructure challenges (unlinked HIV databases)
  - no or poor collaborative data management
- Poor data consistency between HIV and TB surveillance systems
Challenges addressing TB/HIV \( (3) \)

**Health System**

- Limited collaboration between the vertical HIV and TB programmes (drug dependence, STIs, viral hepatitis)
- Lack of integration between HIV and TB services
- Lack of appropriate human resource and staff skills
- Poor infection control
- Weak laboratory services
- Inappropriate financial resource allocation
- Lack of community and activists involvement (double stigma)
Challenges addressing TB/HIV (4)

Most as risk population

- Both epidemics spread within vulnerable “most at risk populations” i.e. drug users, prisoners and migrants
- Out of the system, poor access to services, marginalized and stigmatized
- Low uptake of HIV testing
- Limited access to ART
Issues to be discussed

Epidemiology in WHO European Region: TB, HIV & TB/HIV

Challenges

Response:
- Strategic (appropriate) policy guidance
- Technical support
Response: Stop TB Strategy

1. Pursue high-quality DOTS expansion and enhancement

2. Address TB-HIV, MDR-TB and other challenges

3. Contribute to health system strengthening

4. Engage all care providers

5. Empower people with TB, and communities

6. Enable and promote research
A. Establish NTP-NACP collaborative mechanisms
- Set up coordinating bodies for effective TB/HIV activities at all levels
- Conduct surveillance of HIV prevalence among TB cases
- Carry out joint TB/HIV planning
- Monitor and evaluate collaborative TB/HIV activities

B. Decrease burden of TB among PLHIV (the "3 Is")
- Establish intensified TB case finding
- Introduce INH preventive therapy
- Ensure TB infection control in health care and congregate settings

C. Decrease burden of HIV among TB patients
- Provide HIV testing and counselling
- Introduce HIV prevention methods
- Introduce co-trimoxazole preventive therapy
- Ensure HIV/AIDS care and support
- Introduce ARVs
We, the Ministers of Member States note with concern that:

- In the Region, TB is the most prevalent cause of illness and mortality in people living with HIV/AIDS, and few countries address TB/HIV coinfection in a comprehensive manner.

The Berlin Declaration on Tuberculosis

1. We, the Ministers of Member States in the European Region of the World Health Organization (WHO), meeting with the WHO Regional Director for Europe and high-level partners at the WHO European Ministerial Forum on Tuberculosis, held in Berlin on 22 October 2007, note with concern that tuberculosis (TB) has re-emerged as an increasing threat to health security in the WHO European Region.

- In 2005, there were 465,000 new cases of TB and 66,000 TB-related deaths in the Region.
- TB incidence rates within the Region.
- Even in countries with a relatively low burden, there has been a reversal of the previous decline.
- Tuberculosis is often related to social and economic factors and migration.
- Poor adherence to accepted TB control practices has created high levels of non-communicable disease-resistant TB (DR-TB) and extensively drug-resistant TB (XDR-TB).
- No new TB vaccines or drugs have been developed over the past several decades.
- Many countries in the Region face a shortage of competent and motivated human resources for TB control.

2. We note that, despite some achievements over the past decade, TB control and efforts towards elimination of the disease in the Region need to be improved.

- The Region has a high proportion of undiagnosed tuberculosis cases resulting from poor implementation of internationally accepted TB control strategies.
- The use of currently available quality-controlled diagnostics and appropriate treatment-based approaches needs to be further strengthened.
- TB control in groups at high risk such as migrant populations, the homeless, prisoners and other socially vulnerable groups must be addressed.
- Enhanced action is needed to tackle MDR/XDR-TB and TB/HIV coinfection.
- Prevention, including infection control, is a factor of crucial importance in TB control, especially among vulnerable groups.
- Timely collection, transmission, validation and analysis of quality TB surveillance data are essential for proper TB control and elimination interventions.
Plan to stop TB in 18 priority countries: Activities to address TB/HIV challenges

- Strengthen collaboration between the TB control and HIV/AIDS control programmes
- Promote HIV surveillance among TB patients
- Promote activities targeting high-risk groups, including prisoners and IDUs
WHO policy guidance
Response: technical support

- On strengthening collaboration between TB and HIV/AIDS national programmes and development of common platforms for coordinated activities

- In ensuring access to TB/HIV care for drug users

- On the 3Is approach
  - implementation of intensified case finding, isoniazid prevention therapy and infection control among people living with HIV/AIDS

- Through the NTP reviews, country missions & training of national stakeholders
To do more, we need...

- More advocacy
  - To raise the profile of TB and TB/HIV with politicians and decision makers
  - To raise awareness of TB/HIV among health workers
  - To promote coordination of TB/HIV service delivery
- More health care workers (human resource development)
  - More qualified people, better trained, better cared for
  - Less "poaching" from richer countries
- Better health systems
  - Improved organisation and management
  - Collaboration between separate systems
and, we need...

- More and better coordinated financial resources
  - GFATM, UNITAID, PEPFAR and World Bank all increasingly recognising TB/HIV as a priority

- Better tools (operational research)