Regional overview of implementation of TB/HIV and key priority areas

Katsunori Osuga
Stop TB and Leprosy Elimination
WHO, Regional Office for the Western Pacific
Contents

1. TB/HIV situation and response in WPR
2. Progress since Bali meeting
3. Challenges
4. Way forward
### TB and TB/HIV burden in the Western Pacific

#### Estimate number of TB (all forms)
- **1.94 million**
  - (109 per 100 000)

#### Estimated number of deaths due to TB
- **0.26 million**
  - (15 per 100 000)

#### Multidrug-resistant TB
- **120 000**

#### HIV-associated TB
- **45 000**

4 TB HBCs: Cambodia, China, Philippines and Viet Nam account for 93% of TB cases.

Estimated morbidity and mortality due to TB/HIV co-infection in the Western Pacific

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of TB/HIV deaths</th>
<th>Number of TB/HIV cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lao PDR</td>
<td>99</td>
<td>295</td>
</tr>
<tr>
<td>Philippines</td>
<td>271</td>
<td>874</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>1,049</td>
<td>2,930</td>
</tr>
<tr>
<td>Malaysia</td>
<td>1,296</td>
<td>4,433</td>
</tr>
<tr>
<td>Cambodia</td>
<td>1,843</td>
<td>5,560</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>3,101</td>
<td>12,052</td>
</tr>
<tr>
<td>China</td>
<td>6,774</td>
<td>24,705</td>
</tr>
<tr>
<td>WPR Total</td>
<td>14,503</td>
<td>51,483</td>
</tr>
</tbody>
</table>

Source: Global Tuberculosis Control 2009, WHO, Geneva

Everyday, 40 patients dying of TB-HIV co-infection in the region
TB control in WPR: 2000-2015

Regional Plan 2000-2005

TB Crisis

Intermediate targets “70/85/100”

Regional Plan 2006-2010

Impact targets “50/50”

Regional Plan 2011-2015

MDG Reverse “50/50”


World Health Organization, Western Pacific Regional Office
Regional Strategic Plan to control TB in the Western Pacific 2011-2015

**Vision:** Elimination of TB as a public health problem

**Goal:** To reduce prevalence and mortality from all forms of TB by half by 2015, relative to 2000 level, in all countries with a high burden of TB, by moving to universal access to diagnosis and treatment of all forms of TB, including smear negative and M/XDR-TB.

**Strategic Priorities**

1. Promoting universal and equitable access to quality TB diagnosis and treatment for all people
2. Strengthening TB Laboratory capacity (also integrated)
3. Scaling up the programmatic management of drug-resistant TB
4. Expanding TB/HIV collaborative activities
5. Strengthening TB programme management
Global Health Sector Strategy for HIV/AIDS
2011-2015

VISION: Zero new HIV infections, zero AIDS-related deaths, zero discrimination in a world where people living with HIV are able to live long, healthy lives.

GOALS, TARGETS: Achievement of universal access and contribution to Millennium Development Goals 3, 4, 5, 6 and 8

Strategic direction 1
Optimize HIV prevention, diagnosis, treatment and care outcomes
- HIV prevention
- Eliminate new HIV infections in children
- Treatment, care & support
- Comprehensive services for key populations

Strategic direction 2
Leverage broader health outcomes through HIV responses
- HIV programme linkages with:
  - TB
  - Maternal, newborn and child health
  - Sexual & reproductive health
  - Noncommunicable and chronic diseases
  - Drug dependence and control
  - Blood, surgical and injection safety

Strategic direction 3
Build strong and sustainable systems
- HIV service delivery models
- Health system financing
- Human resources
- Strategic information
- HIV medicines, diagnostics and commodities
- Leadership, governance and strategic planning for HIV

Strategic direction 4
Reduce vulnerability and remove structural barriers to accessing services
- Gender equality and norms
- Human rights and equity
- Health in all policies, laws and regulations

COUNTRY ACTION

WHO'S CONTRIBUTION

Other partners

Other UNAIDS cosponsors & secretariat

World Health Organization, Western Pacific Regional Office
Regional TB/HIV Framework

Developed in 2004

Revised in 2008

World Health Organization, Western Pacific Regional Office
Updated 12 points TB/HIV policy package 2011

A. Establish the mechanisms for integrated TB & HIV services

1. Set up or strengthen a TB/HIV coordinating body effective at all levels
2. Conduct HIV and TB surveillance among TB and HIV patients respectively
3. Carry out joint TB/HIV planning
4. Conduct monitoring and evaluation

B. Decrease the burden of TB in PLHIV (*Three Is for HIV/TB*)

5. Intensify TB case finding and ensure quality TB treatment
6. Introduce TB prevention with IPT and ART
7. Infection control for TB in health care and congregate settings ensured

C. Decrease burden of HIV in patients with presumptive and diagnosed TB

8. Provide HIV testing & counselling to patients with presumptive and diagnosed TB
9. Introduce HIV preventive methods patients with presumptive and diagnosed TB
10. Provide CPT for TB patients living with HIV
11. Ensure HIV prevention, treatment & care for TB patients living with HIV
12. Provide Antiretroviral therapy to TB patients living with HIV

World Health Organization, Western Pacific Regional Office
From Mekong to Bali: The scale-up of TB/HIV collaborative activities in Asia-Pacific:
8–9 August, 2009,
Bali, Indonesia
### TB/HIV indicators by TB programme 2011 (6 months)

<table>
<thead>
<tr>
<th>Country</th>
<th>% of TB patients with HIV test</th>
<th>% of HIV+ TB patients</th>
<th>% of TB/HIV patients on CPT</th>
<th>% of TB/HIV patients on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>81%</td>
<td>7%</td>
<td>82%</td>
<td>58%</td>
</tr>
<tr>
<td>China (2010)</td>
<td>16%</td>
<td>3% (4542)</td>
<td>-</td>
<td>45%</td>
</tr>
<tr>
<td>Viet Nam (2010)</td>
<td>43%</td>
<td>8%</td>
<td>62%</td>
<td>43%</td>
</tr>
<tr>
<td>PNG</td>
<td>27%</td>
<td>11%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Philippines</td>
<td>83%</td>
<td>0.1%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>(Metro Manila)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mongolia</td>
<td>84%</td>
<td>0.1%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Laos</td>
<td>44%</td>
<td>15%</td>
<td>83%</td>
<td>100%</td>
</tr>
</tbody>
</table>
## TB/HIV indicators by HIV programme 2011 (6 months)

<table>
<thead>
<tr>
<th>Country</th>
<th>% of PLHIV with TB screening</th>
<th>% of PLHIV on TB &amp; HIV treatment</th>
<th>% of PLHIV on IPT</th>
<th>TB Infection Control in HIV setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>64%</td>
<td>22%</td>
<td>27%</td>
<td>SOP developed</td>
</tr>
<tr>
<td>China (2010)</td>
<td>33% (65412)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>-</td>
<td>43%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PNG (2010)</td>
<td>10%</td>
<td>206/?</td>
<td>2%</td>
<td>-</td>
</tr>
<tr>
<td>Philippines</td>
<td>45%</td>
<td>50%</td>
<td>6%</td>
<td>-</td>
</tr>
<tr>
<td>Mongolia (2010)</td>
<td>97%</td>
<td>100%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Laos (2010)</td>
<td>100%</td>
<td>100%</td>
<td>37%</td>
<td>-</td>
</tr>
</tbody>
</table>
Recommendation from Bali 2009

- **HIV testing and treatment scale-up for TB patients**
  - HIV testing of all TB patients
  - Early uptake of CPT and ART
- **Three Is**
  - Intensified Case Finding (diagnostic algorithm)
  - IPT implementation, not pilot studies
  - TB Infection Control (advocacy and coordination)
- **TB diagnostics**
  - Rapid TB diagnostics and research
- **Programming**
  - Improve collaboration and decentralize HIV care services
- **M & E**
  - Improve recording/reporting and registration
  - Monitoring of IC practices
- **Funding**
  - National and external funding (GF and PEPFAR)
- **Multi-sectoral response to TB/HIV**
  - Advocacy, coordination, integration (e.g. PMTCT), community and civil society
Regional Initiative

- Back to back meeting – TB/HIV programme managers meeting for Pacific Island Countries
- Orient programme managers on TB/HIV collaborative activities and plan for next steps to strengthen collaboration
  - HIV Programme Managers meeting – June 2010
  - TB Programme Managers meeting – September 2011
- Support the scale up of PITC
  - Rapid testing – rapid Results: Increasing Access to HIV testing, results and services technical consultation, Bangkok, Thailand – April 2011
Progress since Bali 2009

- **HIV testing and treatment scale-up for TB patients**
  - Early uptake of CPT and ART gradually increasing
- **Three Is**
  - TB screening among PLHIV increased (algorithm introduced)
- **TB diagnostics** (limited progress)
- **Programming**
  - National policies on TB/HIV collaborative activities available in countries
- **M & E** (limited progress)
- **Funding**
  - External funding (GF and PEPFAR)
- **Multi-sectoral response to TB/HIV** (limited progress)
Challenges

- **HIV testing and treatment scale-up for TB patients**
  - Limited progress in HIV screening among TB patients
  - High TB burden and low HIV burden – HIV screening of all TB patients perceived as not cost-effective

- **Three Is**
  - Limited IPT implementation
  - Limited progress on TB Infection Control

- **TB diagnostics**
  - Limited availability of rapid TB diagnostics (Xpert, liquid culture?)

- **Programming**
  - Limited national policy operation – SOPs lacking

- **M & E**
  - Limited monitoring and evaluation of TB/HIV collaborative activities
    - Patient recording not integrated
    - Data not shared between TB and HIV programme

- **Funding**
  - Limited national funding

- **Multi-sectoral response to TB/HIV**
  - Roles and responsibilities of both programmes unclear
  - Limited integration/coordination with programmes (e.g. PMTCT) and community
Way forward

• **HIV testing and treatment scale-up for TB patients**
  – Develop HIV PITC policies in the context of high TB and low HIV burden
  – Establish and expand demonstration sites (China, etc.)

• **Three Is (Treatment 2.0 initiative)**
  – Scale-up TB screening in PLHIV through introduction of clinical algorism
  – Scale-up IPT implementation
  – Introduce TB Infection Control in HIV settings

• **TB diagnostics**
  – Introduce rapid TB diagnostics in coordination with PMDT (MDR-TB control)
Way forward –con’t

• **Programming**
  – Improve communication through organizing TB-HIV meeting to review progress, and accelerate collaborative activities
  – Develop/Integrate SOPs on TB/HIV activities

• **M & E**
  – Strengthen monitoring and evaluation of TB/HIV collaborative activities
  – Integrate patient recording and reporting

• **Funding**
  – Increase national funding

• **Multi-sectoral response to TB/HIV**
  – Clarify roles and responsibilities of both programmes
  – Integrate and coordinate with other sectors and programmes (e.g. PMTCT)