Enhancing TB/HIV in Global Fund proposals: What more could be done? AIDS programme manager perspective

Associate Professor, Bui Duc Duong, MD, Ph.D.
Deputy Director General
Viet Nam Authority of HIV/AIDS Control, Ministry of Health
Socialist Republic of Viet Nam
HIV epidemic and response in Viet Nam

- **Statistics**
  - Estimated HIV population (2010) 254,400
  - Estimated adult ART needs (2010) 102,000
  - Reported HIV cases (2010) 183,938
  - People receiving ART (2010) 49,492
  - HIV prevalence in IDUs (2009) 18.4%

- **Concentrated epidemic:**
  - Injection drug use being major driver.

- **Comprehensive harm reduction:**
  - Needle-syringe, condom, methadone maintenance.

- **Successful ART scale-up:**
  - 18 times increase in the in past five years (2005-2010)

---

Viet Nam Authority of HIV/AIDS Control
HIV/TB collaborative activities in Viet Nam

  - Currently under review.

- TB/HIV joint committee for collaborative activities
  - Established at National level and in some Provinces

- New national strategy for HIV and TB
  - Both program strategies include HIV/TB activities

- Gene Expert
  - 20+ Gene Expert machines being deployed.
Strengthening 3 ‘I’ s – Progress So Far

- **ICF/IPT**
  - National guidelines being finalized based on WHO 2010 recommendations.
  - Training and implementation through donor-supported projects (PEPFAR-Life-Gap and GFATM)
    - Introduction of symptom-based algorithm, IPT scale-up

- **IC**
  - Training of trainers in TB IC.
  - IC facility assessment of up to 50 district units including TB, MDR-TB and HIV facilities.

- **Achievement (2010) - Further scale-up needed:**
  - # of HIV+ incident TB cases that received treatment for TB and HIV 3369
  - # (%) newly-enrolled in HIV care given isoniazid preventive therapy (IPT) 1317 (9%)
Challenges in HIV/TB collaborative activities

- Two vertical programs
  - Challenges in collaboration at all levels

- HIV and TB services provided at different facilities
  - Need for one-stop services (integrated service delivery)

- Challenges in timely diagnosis, referral and treatment for HIV/TB patients
  - Especially smear negative PTB and EPTB

- Management of MDR-TB/HIV

- Closed settings
Late HIV treatment initiation common and contributing to early mortality in PLHIV

Retention of patients stratified by baseline CD4

Distribution of base line CD4 count

(N=6875, 2005-2009 cohorts, VAAC 2010)

(N=1553, 2009 cohort, VAAC)
TB disease major contributing factor of early mortality in PLHIV

- TB may account for 40% of deaths in PLHIV (national estimates)
- 40% of PLHIV deaths was due to TB in Quanh Ninh province (Cuong et al. 2011)
- 65% of deceased PLHIV (N=26) in 2008/09 cohorts had TB disease in Khanh Hoa province (chart review)

<table>
<thead>
<tr>
<th>Viet Nam 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Estimated TB/HIV death</td>
</tr>
<tr>
<td>(B) Estimated AIDS death</td>
</tr>
<tr>
<td>% (A) / (B)</td>
</tr>
</tbody>
</table>

Source:
(A) Global Tuberculosis Control 2009, WHO, Geneva
(B) Estimates and projection 2009, VAAC
ART prevents early TB mortality

The CAMELIA trial
THLBB106 - IAS 2010

Viet Nam Authority of HIV/AIDS Control
Moving from 3 ‘I’ s to 5 ‘I’ s

1) Intensified tuberculosis case-finding
2) Isoniazid preventive therapy
3) Infection control for TB

4) **Initiate earlier ART:**
   - Initiate earlier ART to prevent TB <350 CD4 count
   - ART for all TB patients living with HIV irrespective of immune status and as soon as possible (<8 weeks)

5) **Integrate HIV and TB services when feasible**
   - Diagnosis and treatment of TB by HIV services
   - Rapid diagnosis of smear-negative and extra-pulmonary TB
   - Daily 6-month RIF regimen for TB patients

*Courtesy: Dr Reuben Granich (WHO)*
Treatment 2.0 pilot in Viet Nam
Contribution to HIV/TB

- Demonstration pilot in Viet Nam
  - Two provinces (Can Tho, Dien Bien), 2011-2012

- Adapt service delivery
  - Decentralization to commune level
  - Integration towards “one stop” service

- Point-of-care diagnosis
  - Rapid test algorithm
  - Gene Expert

- Earlier HIV diagnosis and early ART treatment initiation
  - Reduce TB incidence and mortality

- 3 ‘I’ s key elements of provincial pilot
### Decentralization and Integration

<table>
<thead>
<tr>
<th>Number / % of administrative units with HIV or TB services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial (total 63)</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
</tr>
<tr>
<td>63</td>
</tr>
<tr>
<td>(100%)</td>
</tr>
<tr>
<td><strong>TB</strong></td>
</tr>
<tr>
<td>63</td>
</tr>
<tr>
<td>(100%)</td>
</tr>
</tbody>
</table>

- Decentralization of HIV services will create opportunities for integrated service delivery “One stop” service.
- TB program’s “Public-Public Partnership” (TB services at General Hospitals) will also promote integrated service delivery.
Global Fund proposals: What more could be done?

- Joint planning of HIV and TB program critical
  - National response and GF proposal development

- Support Treatment 2.0
  - Decentralization, Integration
  - Point-of-care diagnosis

- Expand ART coverage and earlier
  - Further ART scale-up
  - ART initiation at CD4 350
  - Community engagement: Treatment literacy among key affected populations (IDUs, FSWs, MSMs)
Global Fund proposals: What more could be done?

- Role out of new WHO 2009/2010 guidance
  - ICF based on symptom-based algorithm
  - IPT
  - IC

- Molecular diagnosis
  - Gene Expert

- HIV test-kits for TB patients

- Operational researches
Thank you for your attention!!