Eliminating TB Deaths
Time to Step up the HIV Response

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High level international consultation of the World Health Organization
AIDS 2014
Melbourne, July 20, 2014
High TB/HIV Co-infection Burden
Opportunities and Challenges
Focusing Programs for Epidemic Control and Sustainability

Effective control of the HIV epidemic

• Using data to inform programmatic decisions
  – Going where the epidemic is: populations with high incidence and risk of infection and geographic focus based on prevalence & disease burden

• Rapid scale-up of combination prevention

• Improve coverage for neglected populations:
  – Key populations
  – TB/HIV co-infected
  – Pediatrics
  – Young women and girls
Reaching 100% ART coverage for TB/HIV patients must be a priority.

Current ART coverage among eligible* TB PLHIV.

* ART eligibility at CD4 <350 CD4

World Health Organization, Global TB report 2013
Global Burden of TB/HIV

- 2 billion people infected with TB
- 35.5 million people living with HIV
- 8.6 million new TB cases
- 1.3 million TB deaths
- 1.1 million new TB cases among PLHIV
- 320,000 TB deaths among PLHIV
TB is the Leading Cause of Death among PLHIV

In 2012, PLHIV represented **13% of new TB cases and 25% of TB deaths**, with **75% of the TB/HIV burden in Africa**.

WHO Global TB Report, 2013
The HIV/TB Care Cascade is a Major Challenge

Havlir D. “What’s new in TB/HIV treatment?” from 18th Core Group Meeting of the TB/HIV Working Group Maputo, Mozambique, 12th April, 2013
Expanding HIV Testing of TB Patients in Africa
Expanding ART Access among TB Patients

Increase in number of people with TB receiving antiretroviral therapy in 10 countries representing 80% of global TB/HIV burden

Source: UNAIDS, 2014
In 21 high TB/HIV burden PEPFAR Countries in Sub-Saharan Africa, only 55% of HIV Positive TB patients are receiving ART.

Bending the Curve– Less TB with more ART
Evidence from Malawi

Source: Zacharia, IJTL, 2011
Early & Effective Lifesaving Responses

Joint HIV/TB Programming

• HIV:
  – Diagnose HIV early
  – Treat HIV early

• TB
  – Prevent with IPT and infection control
  – Diagnose early: screening and pro-active case finding
  – Better diagnostics; maximize potential of Xpert
  – Ensure requisite logistics and health systems support

• Co-location and true service integration
TB/HIV Co-infected
A PEPFAR Priority
Ending HIV-associated TB is a PEPFAR Priority

“Ending HIV-associated TB among PLHIV is possible through a combination of widespread ART coverage, early identification and treatment of TB, isoniazid preventive therapy, and infection control activities.”

Blueprint, Smart Investments Roadmap
WHO TB/HIV policy: 12 points policy package

- Establish the mechanism for integrated services (Joint NAP and NTP)
- Decrease the burden of TB in PLHIV (*Three Is and earlier ART*) (Primarily NAP)
- Decrease the burden of HIV in TB patients (Primarily NTP)
Closing the Gap in Treatment Coverage

• Persistent disparity between adult ART coverage and ART coverage for co-infected patients is unacceptable
• We must immediately strive to close the gap in each country. 100% of eligible co-infected patients should be reached.
  – Ensure PITC/case-finding & immediate linkage to care & ART
  – Ensure PITC of both suspects and TB cases in high yield clinical settings
  – Assure linkage and retention into HIV care and treatment
  – Promote one-stop shop models for TB and HIV services
  – Engage communities and civil society
THANK YOU