

Fifth Regional Meeting on TB/HIV Collaborative Activities
(San José, Costa Rica, 6 November 2008)

Current Situation and Progress in the Implementation of TB/HIV Collaborative Activities Worldwide

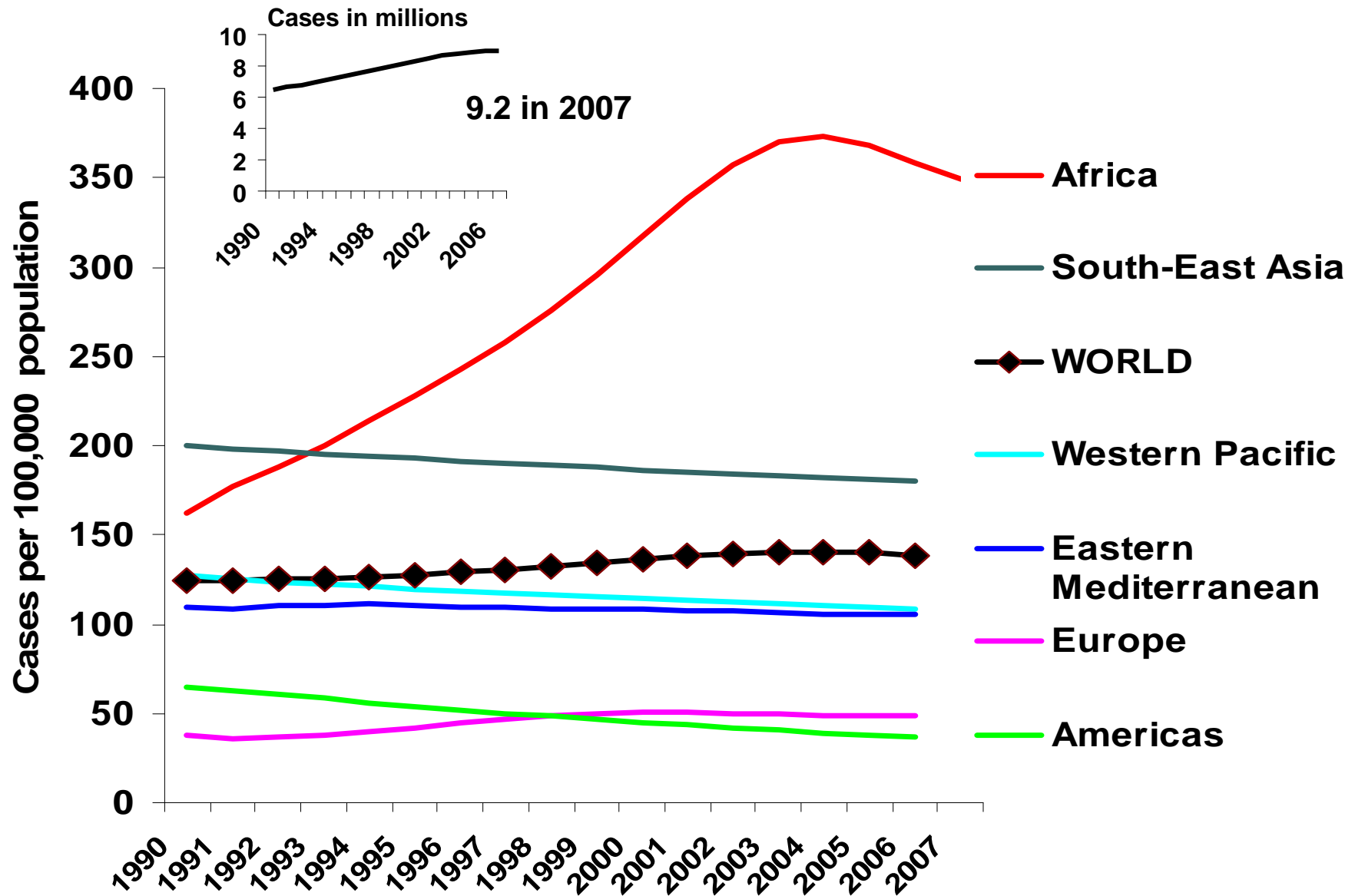
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Stop TB Department, WHO, Geneva

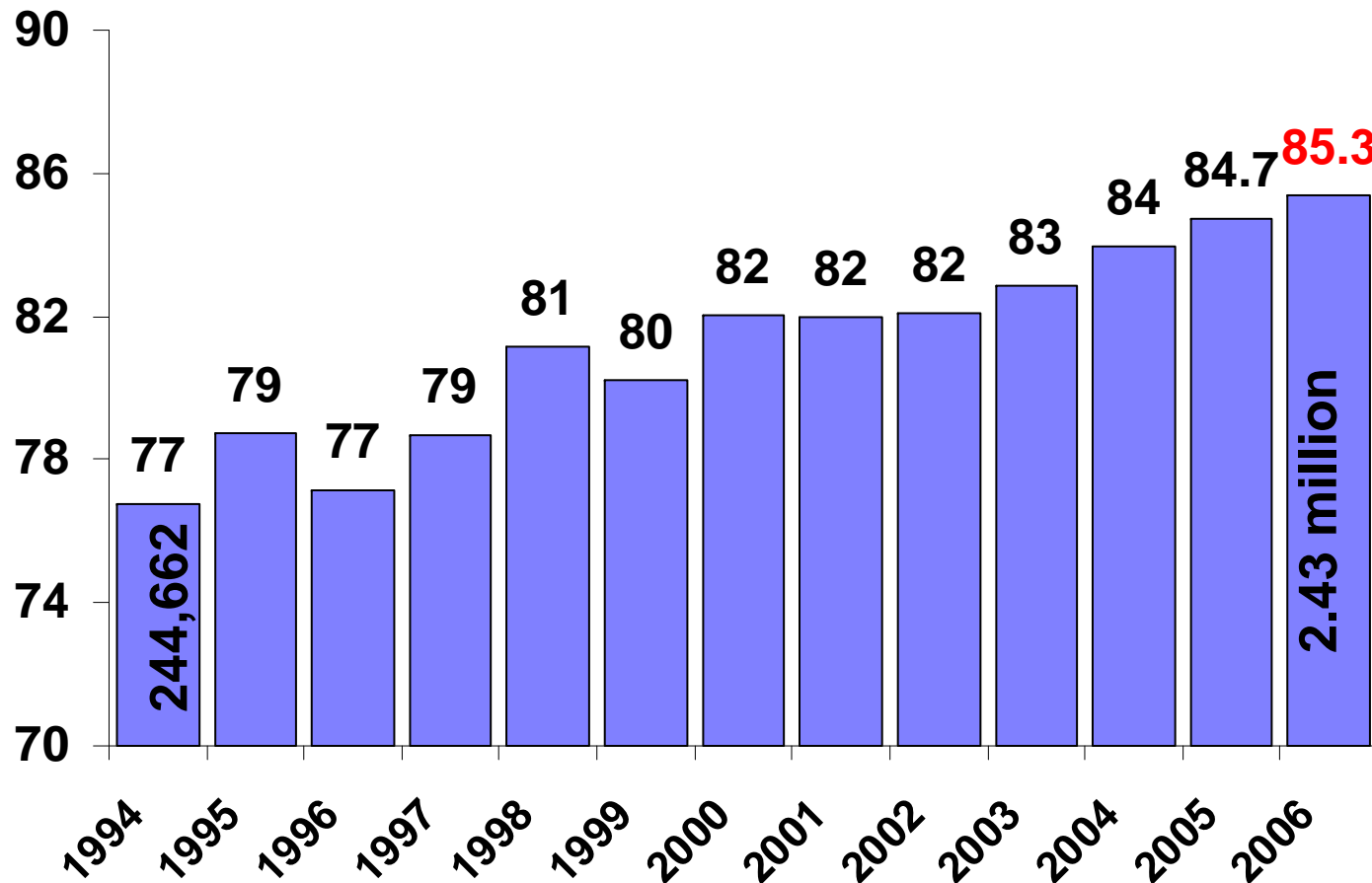
This presentation will

- Briefly describe the global TB and TB/HIV situation
- Describe WHO's policy position in TB/HIV
- Present up to date global data on TB/HIV implementation
- Outline key activities in advocacy for TB/HIV and the main activities of the global partnership, 2007–2008

Incidence Rates Falling Slowly

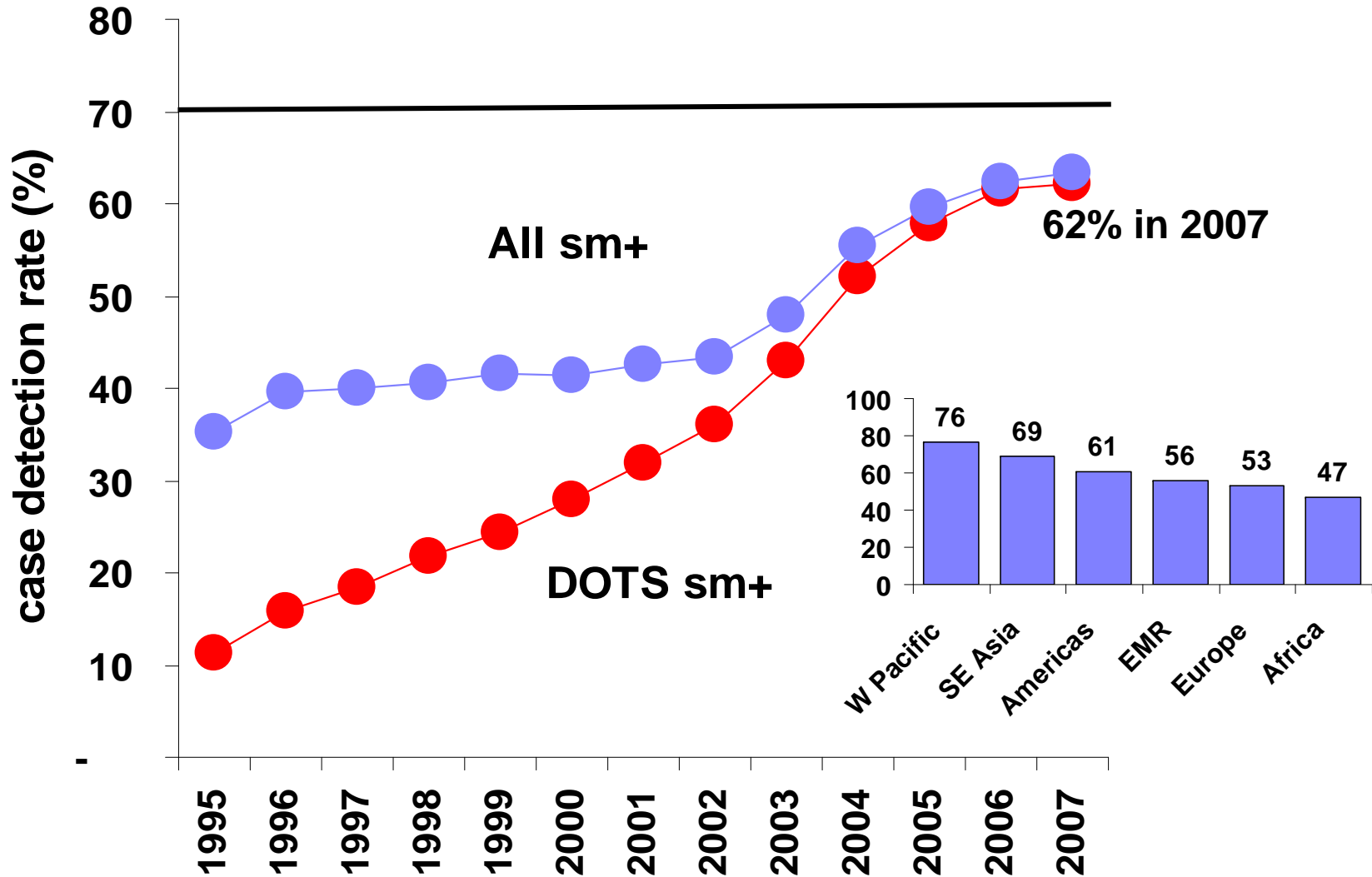


Treatment Success Target Reached Globally



Europe: 70%, Africa: 77%, Americas: 78%

Progress in Case Detection Stagnating



TB: Current Global Status (2007)

- 9.2 million new TB cases
- 33 million people living with HIV
- ~695,000 patients with HIV associated TB (conservative)
- ~230,000 deaths from TB + HIV

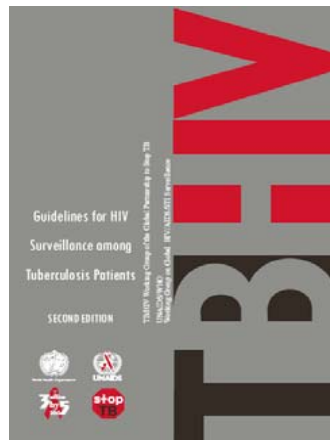
WHO / Stop TB Policy Guidelines



Interim policy



M&E



Surveillance



ART



Dx and Rx



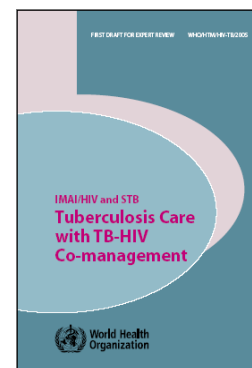
ProTEST lessons



TB/HIV Clinical Manual



Training manuals for Management of TB/HIV Activities



TB Care with TB/HIV Co-management



Policy guide TB/HIV Services Drug users

Future Policies Related to TB/HIV

- Infection control – due January 2009
- Screening questions to facilitate diagnosis of TB among HIV positive people

TB/HIV Collaborative Activities

Establish mechanisms for collaboration

- Set up a coordinating body for TB/HIV activities
- Conduct surveillance of HIV prevalence among tuberculosis patients
- Carry out joint TB/HIV planning
- Conduct monitoring and evaluation

Decrease the burden of tuberculosis in people living with HIV/AIDS

- Establish intensified tuberculosis case-finding
- Introduce isoniazid preventive therapy
- Ensure tuberculosis infection control in health care and congregate settings

Decrease the burden of HIV in tuberculosis patients

- Provide HIV testing and counselling
- Introduce HIV prevention methods
- Introduce co-trimoxazole preventive therapy
- Ensure HIV/AIDS care and support
- Introduce antiretroviral therapy



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The "3 I's"

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Decrease the burden of HIV in tuberculosis patients

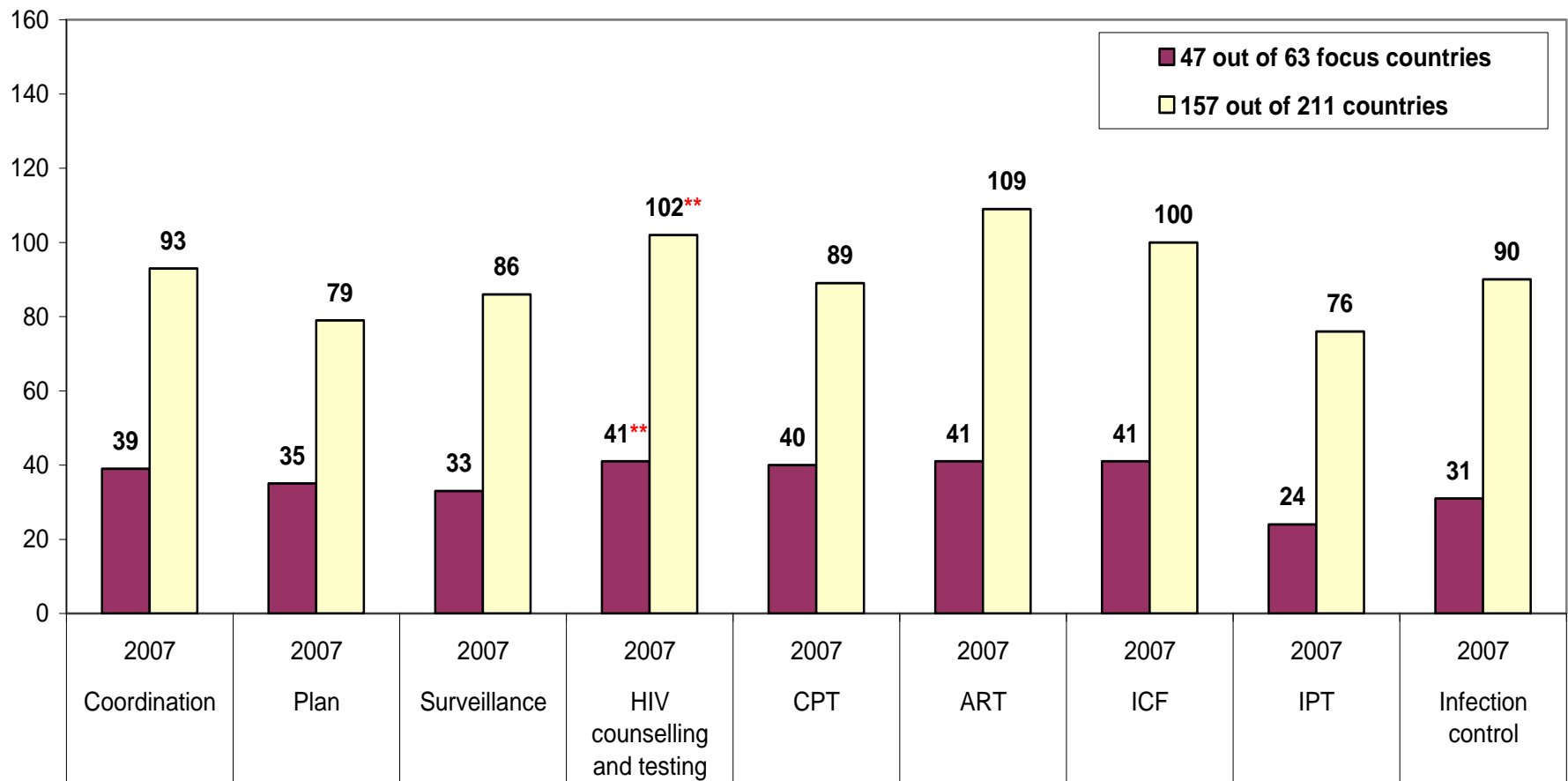
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Current implementation Status

- Methods: 212 countries sent questionnaires , deadline August 2008
- 157 out of 211 countries reported (with 96% of all estimated HIV positive TB patients)
- 47 out of the 63 priority countries reported
- Data is provisional but is good estimate of progress

Number of Countries with TB/HIV Policy Activity in 2007 (that have reported to date)

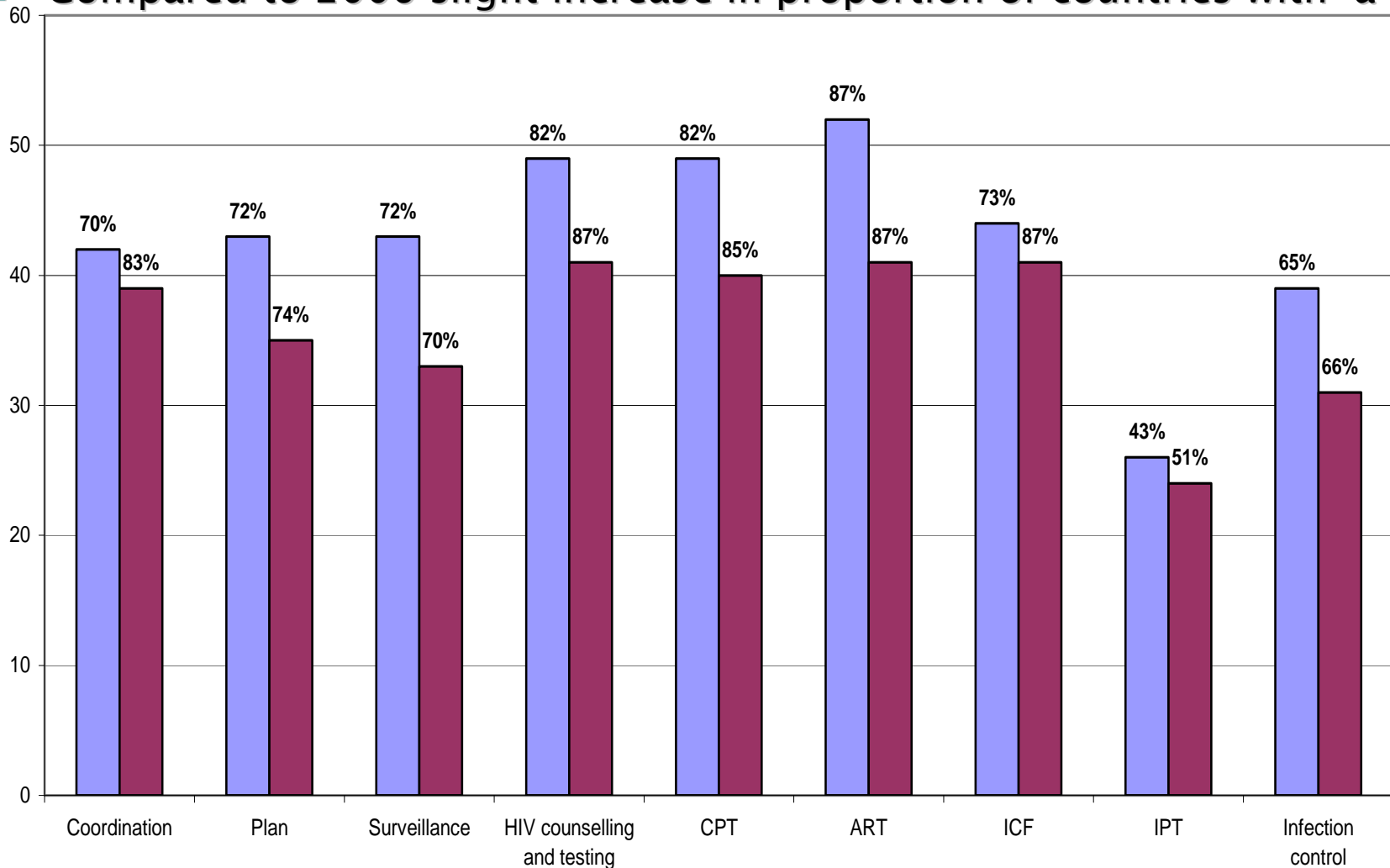


*** In 100 countries this is provider initiated testing and in 14 countries only some TB patients are tested**

**** In 39 countries this is provider initiated and in 3 countries only some TB patients are tested**

Proportion of Priority Countries with a Policy Activity, 2006–2007

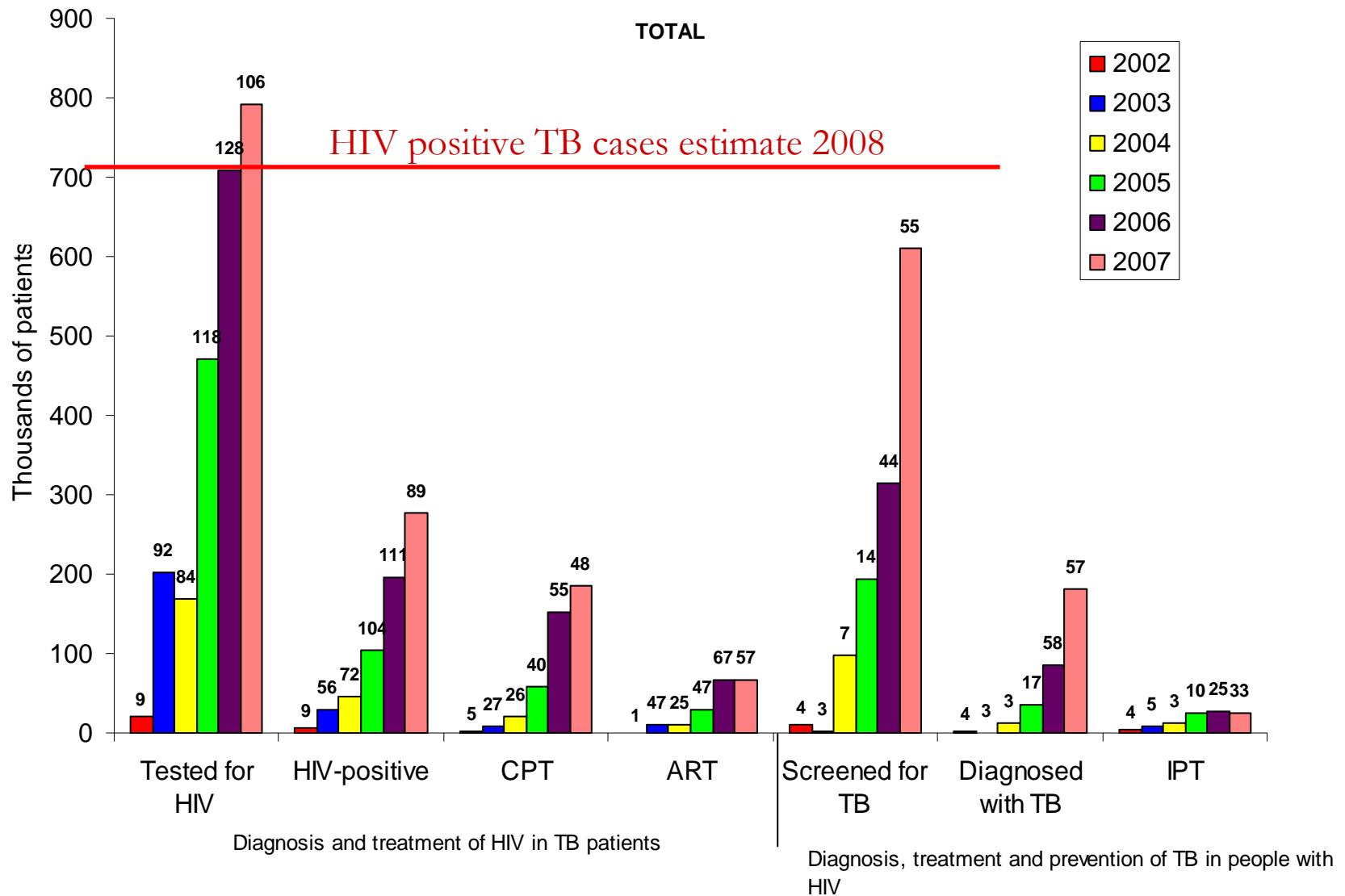
■ Compared to 2006 slight increase in proportion of countries with a policy



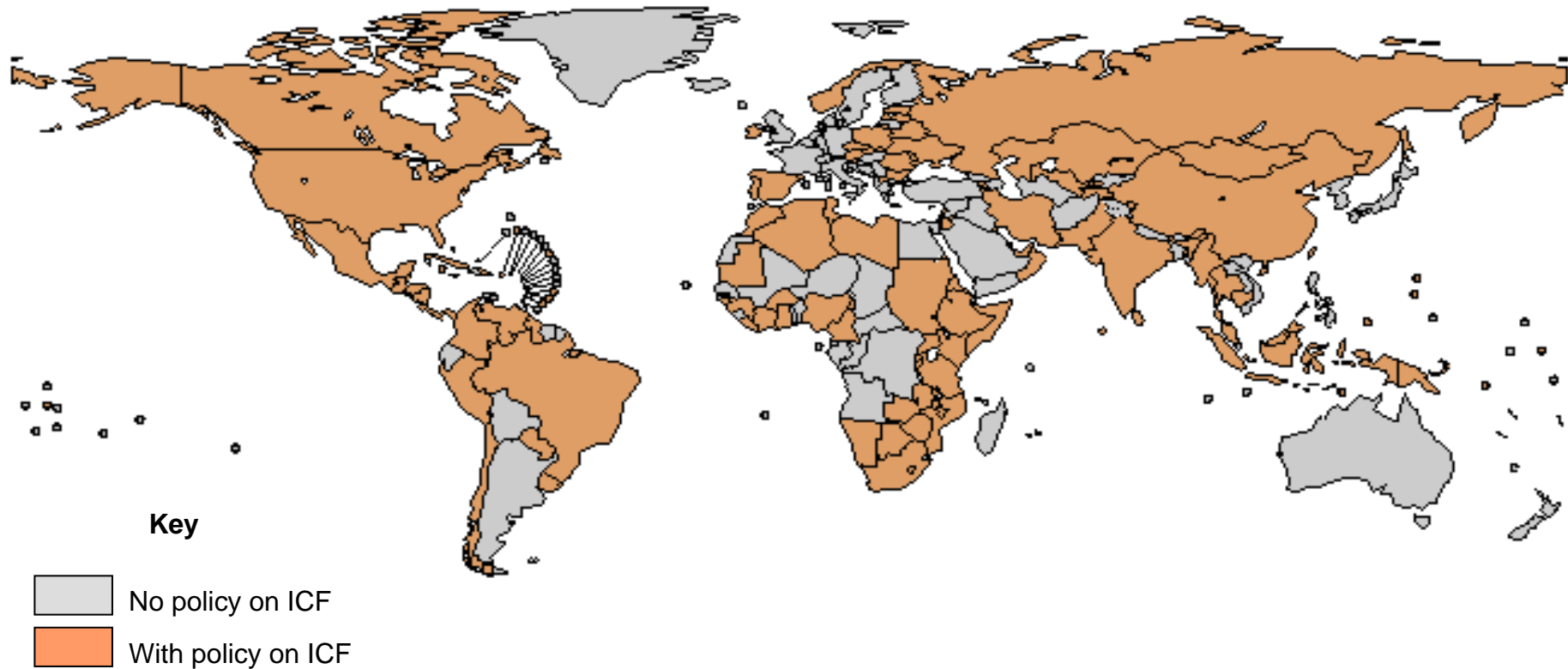
■ 2006
out of 60

■ 2007
out of 47

Global Progress in Implementation of TB/HIV Collaborative Activities 2002-2007



Countries with Policy on Intensified TB Case-Finding among PLHIV, 2006 (N=109)



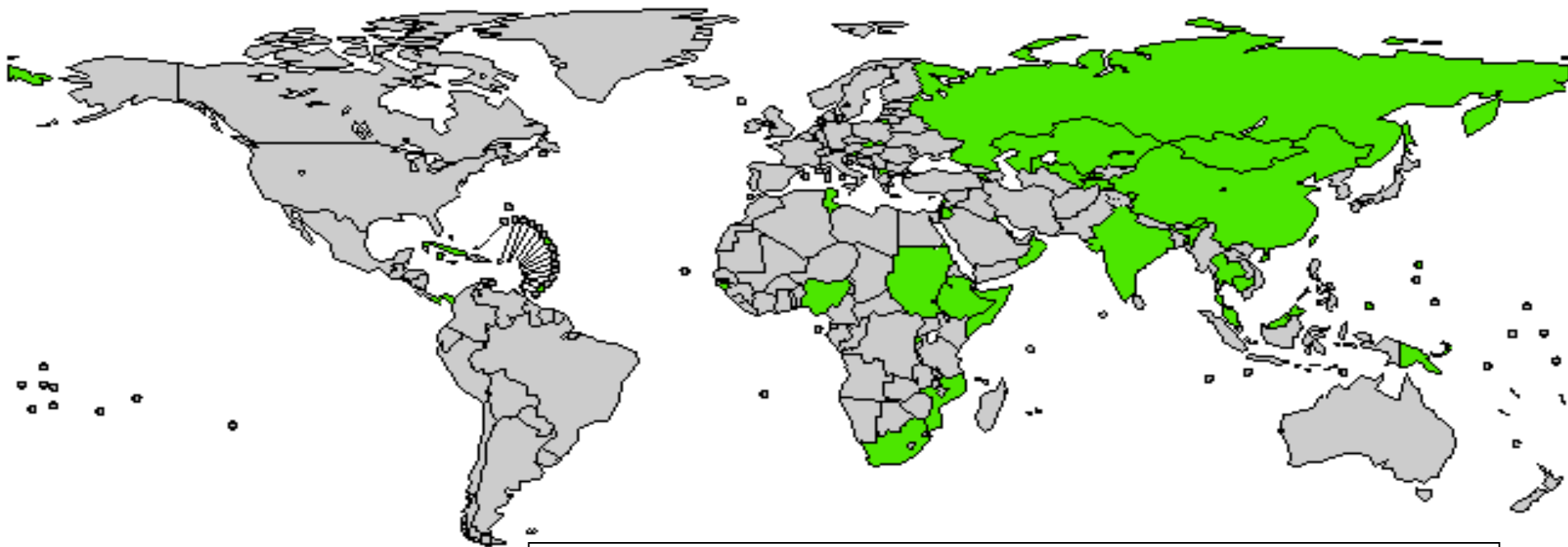
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Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



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Countries Reported TB Screening among PLHIV, 2006 (N= 44)



Key

-  No reported activity
-  Countries reporting ICF

- 0.96% of PLHIV are screened for TB globally
- South Africa and Russia report 68% of the screened PLHIV

* Brazil did not report for 2006

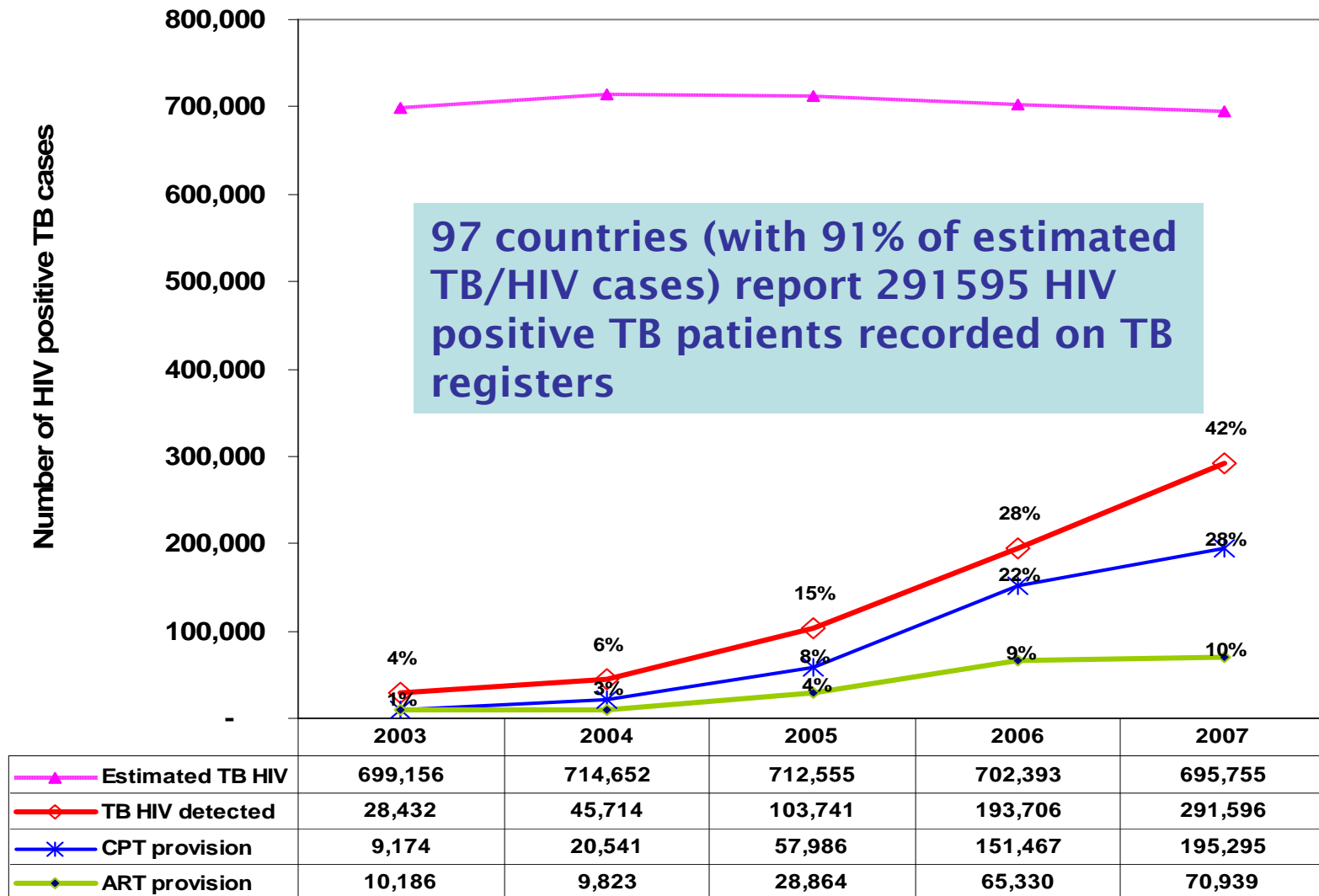
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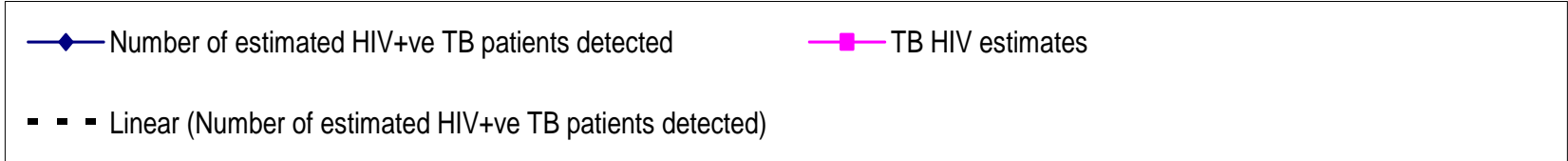
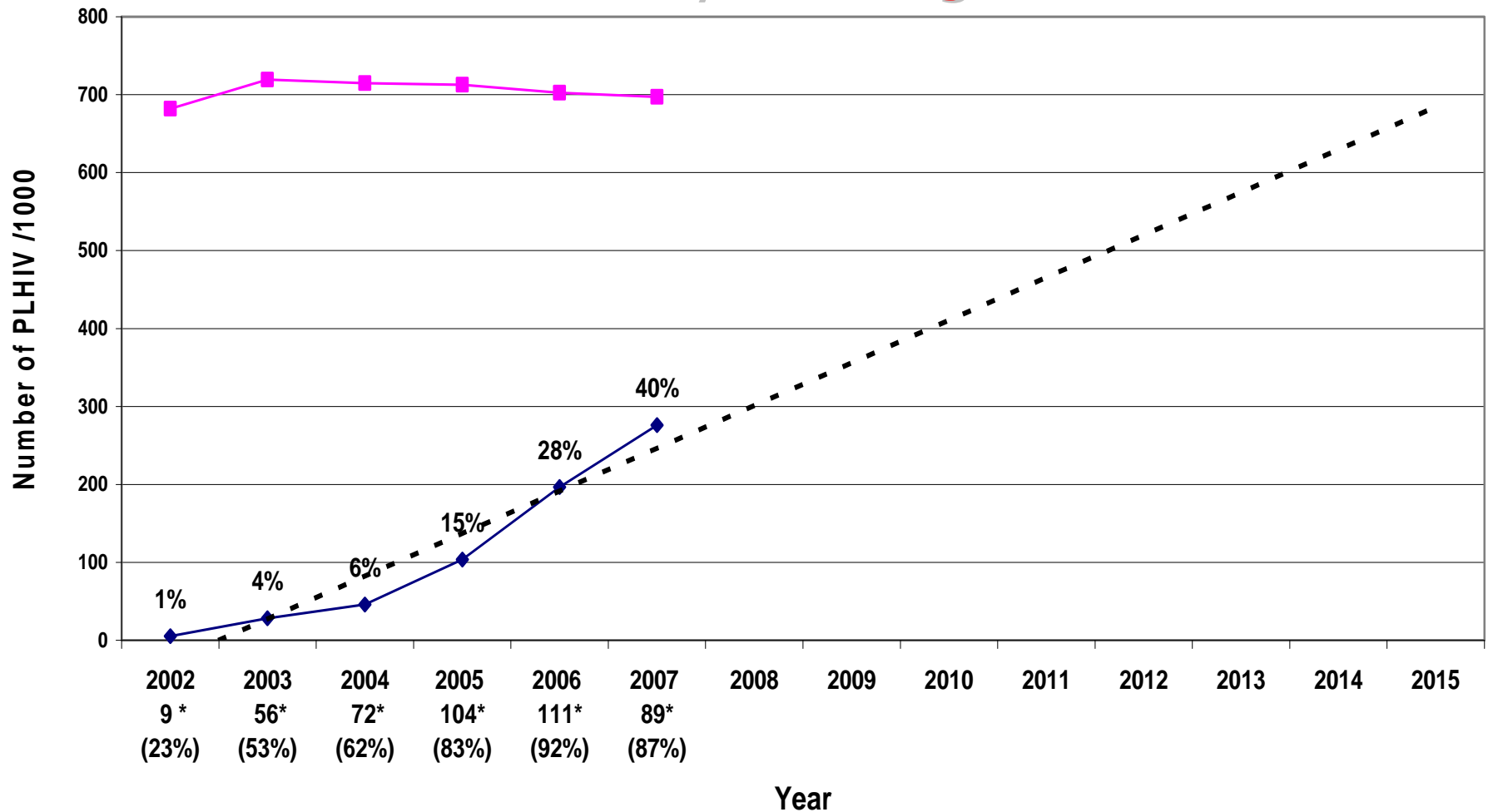
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Global Reporting of HIV-Positive TB Case Detection and Provision of CPT and ART, 2007



Proportion of HIV-Positive TB Cases Detected and Treated by TB Programmes

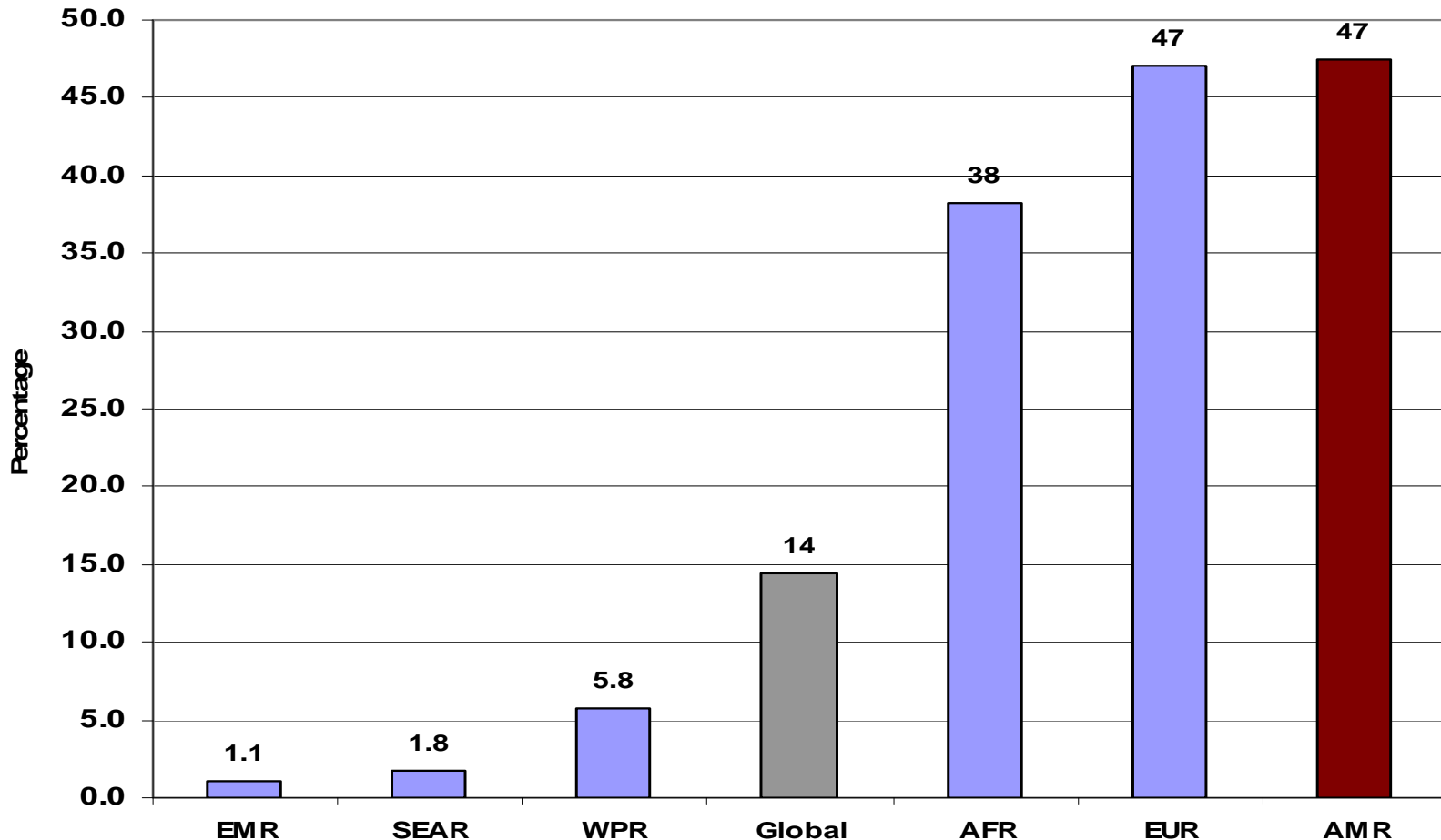


*The numbers of countries reporting data in each year, and the % of estimated TB HIV they have are given below the year

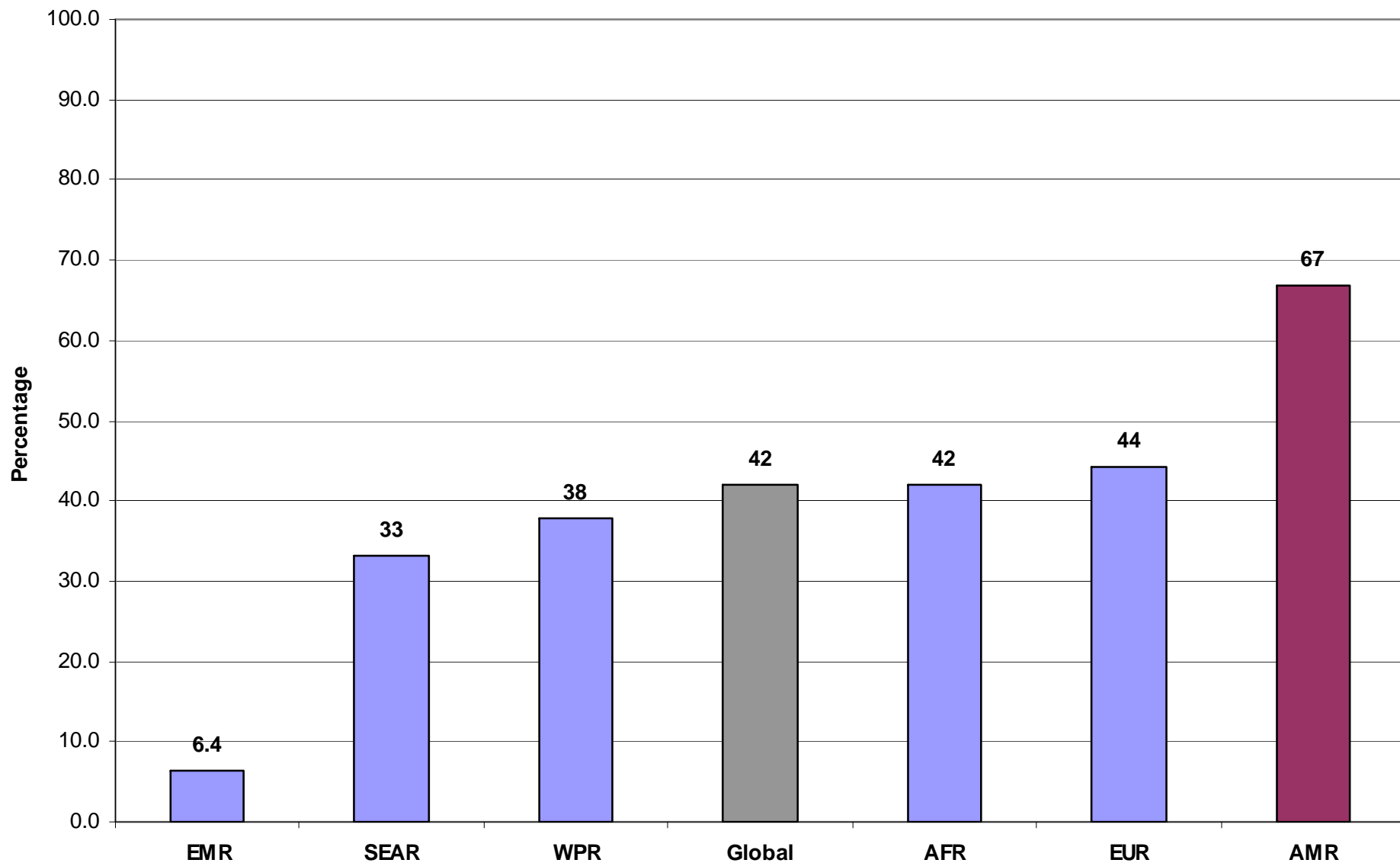
Progress against TB-HIV Targets in the *Global Plan to Stop TB, 2006–2015*

<i>Activity</i>	<i>Global Plan Target for the year 2006</i>	<i>Country Reports for the year 2006 (rounded to nearest thousand) - (as % of target)</i>
Number of HIV-infected persons actively screened for tuberculosis	11,000,000	314,000 (2.8)
Number of eligible HIV-infected persons offered isoniazid preventive therapy	1,200,000	27,000 (2.2)
Number of tuberculosis patients tested and counseled for HIV	1,600,000	687,000 (43)
Number of HIV-positive tuberculosis patients started on antiretroviral therapy	220,000	66,000 (30)

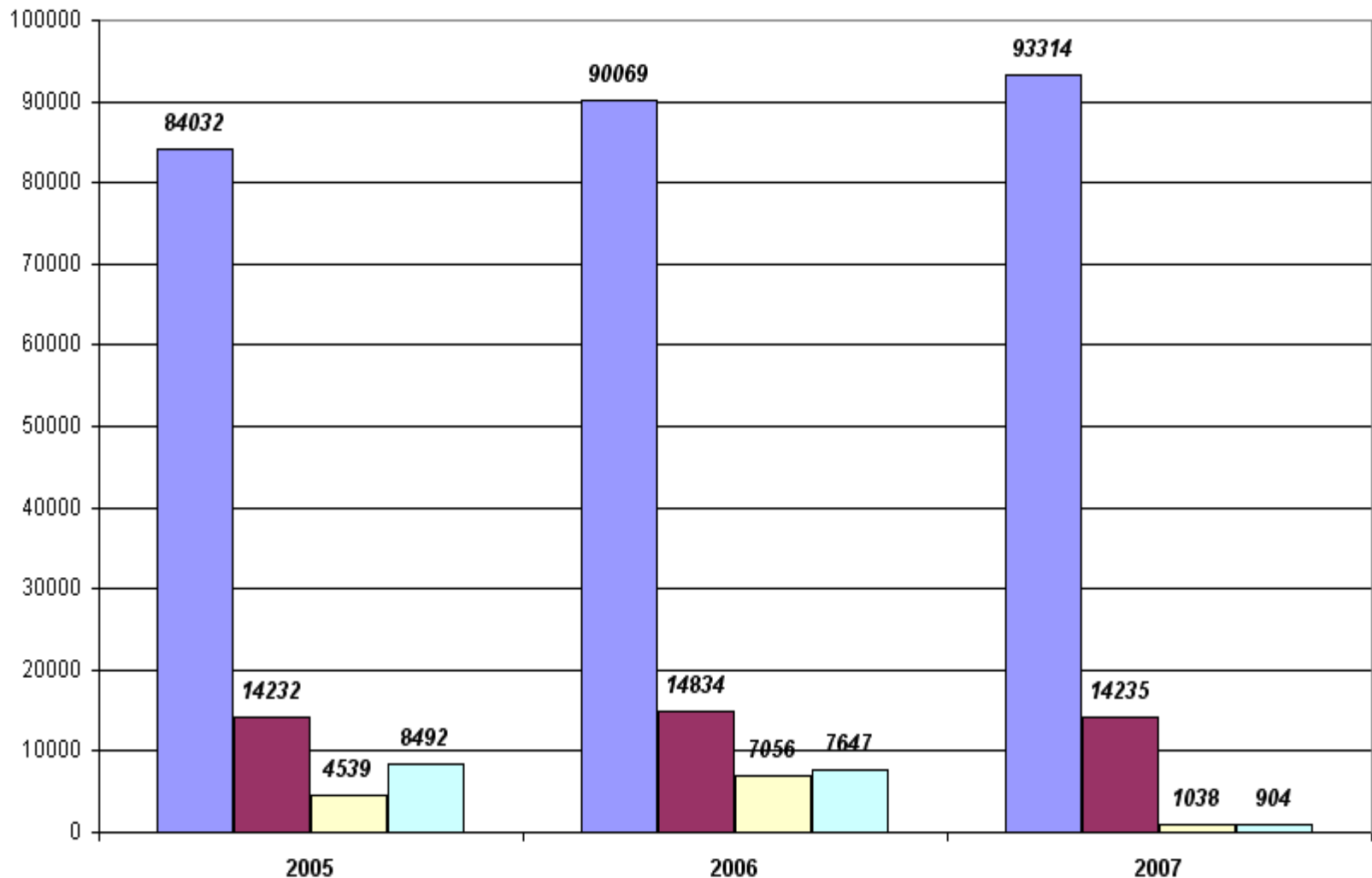
Percentage of Reported TB Patients Tested for HIV in 2007



Percentage of Estimated HIV-Positive TB Cases within the Region Identified in TB Programmes, 2007



Progress of TV/HIV Collaborative Activities in the Americas



Note that in 2007 Brazil has not reported numbers placed on ART or CPT. Brazil has over 50% of estimated HIV+ve TB cases)

■ TB patients tested for HIV

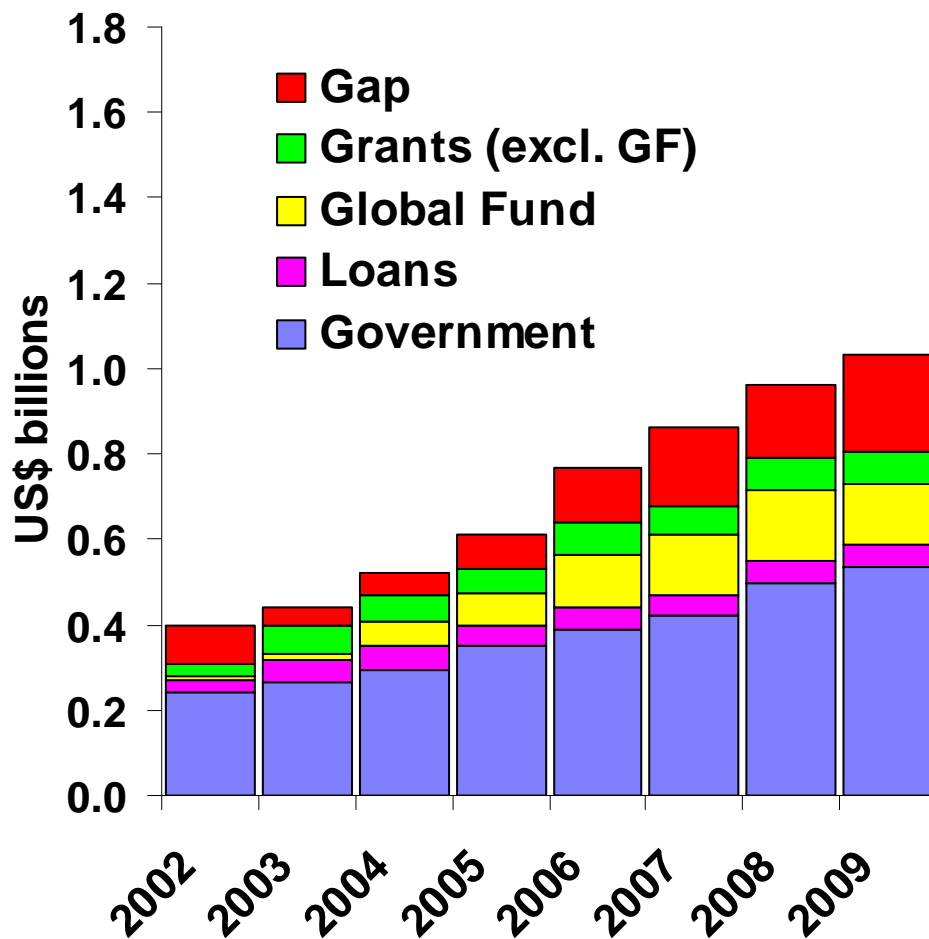
■ TB HIV patients detected

■ HIV+veTB patients on CPT

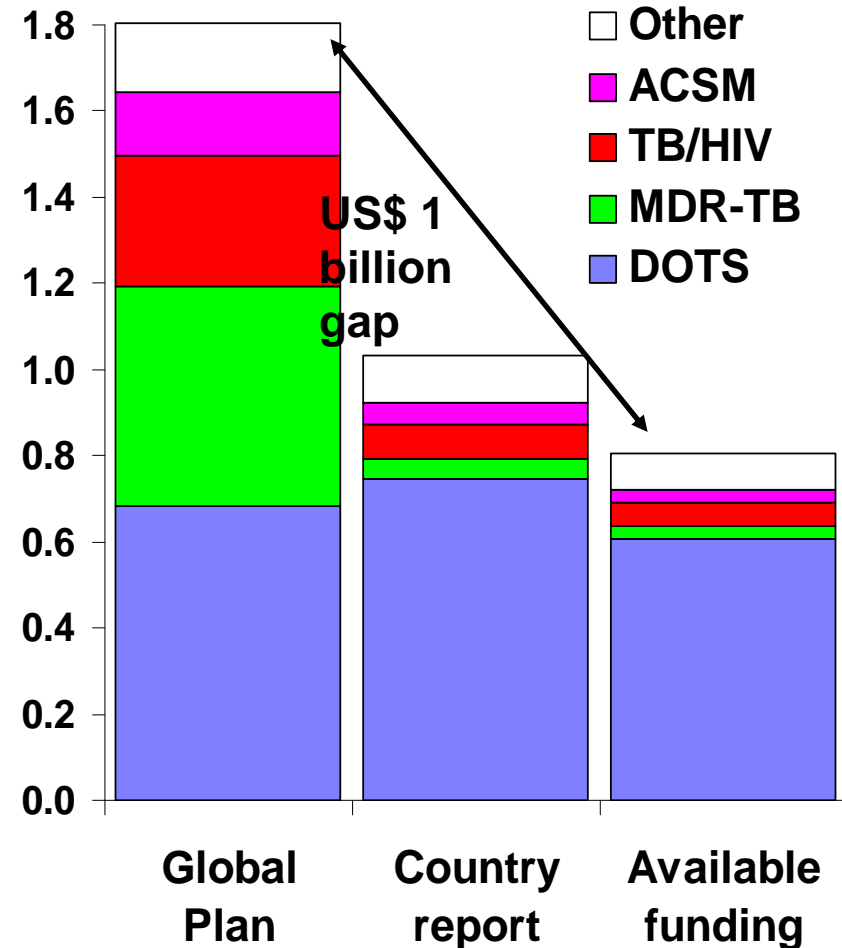
■ HIV+veTB patients on ART

Funding for TB control, 22 HBCs excluding Russia and South Africa

Funding, 2002–2009



Funding vs. the Global Plan, 2009



Sources: WHO TB database, Global Plan

Key Points on Implementation

- More countries than ever are implementing
- Trend of rapid implementation of TB/HIV activities continued through 2007
- Provider initiated HIV testing expanding
- ART access not keeping pace with HIV status assessment in some countries
- 76 countries have policy on IPT; but only 33 countries report provision; numbers low
- PEPFAR and GF's role very crucial
- Implementation of activities to reduce the burden of TB among PLHIV is very low

Enablers of Nationwide Scale-up

- Clear global policy
- Conducive policy environment
- Productive relations between TB and AIDS programs
- Increased and innovative access to HIV testing
- Revision of recording and reporting formats
- Intensive, continuous training and supportive supervision
- Effective and constant supply of commodities

Raising TB/HIV Visibility: Advocacy and Partnerships

- Global Fund
- PEPFAR
- UNAIDS
- UNGASS

– *TB/HIV Leaders' Forum, June 2008*

Community Mobilisation

- Training manual for TB/HIV advocacy for national level community groups finalised
- Ongoing community mobilisation activities effective at country level and globally



Conclusions

- TB and HIV inextricably linked
- Universal access to HIV services means access also to prevention, care and treatment of TB
- Any HIV project requires a TB component – as agreed, for example, for all Global Fund grants
- Implementation of joint TB/HIV activities will reduce burden of TB among PLHIV, and reduce MDR and XDR–TB
- Civil society involvement is essential for expansion of joint TB/HIV activities

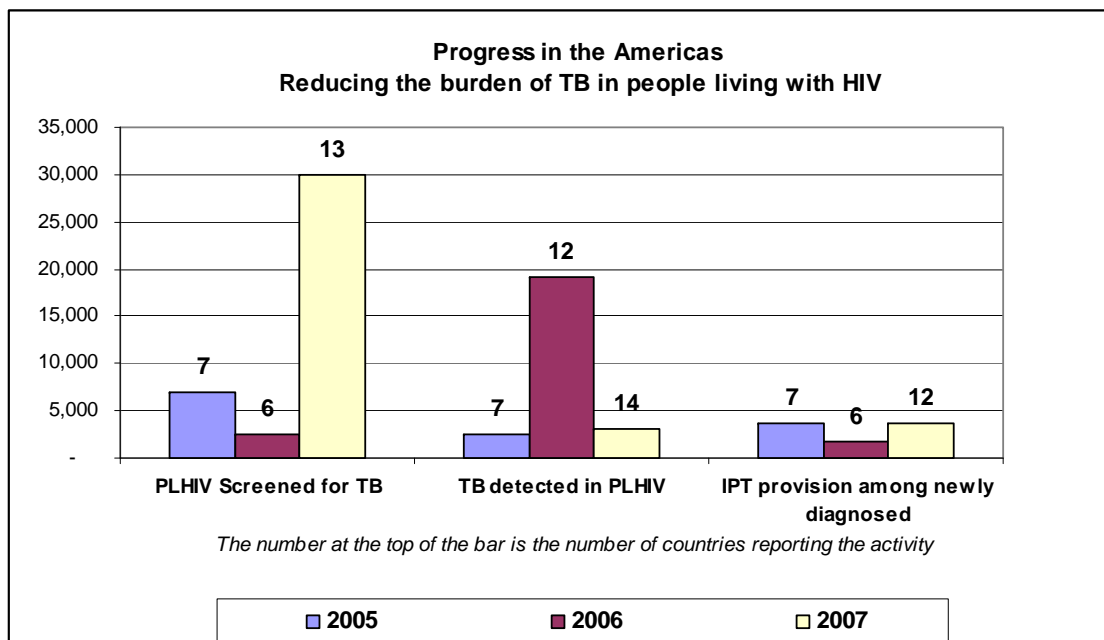
Key Challenges

- Prioritization of TB/HIV in both HIV and TB programs
- Weak health systems and health workforce
- Integration of services
- Limited diagnostic capacity
- Non existent TB infection control services
- Limited engagement of civil society (e.g NGOs, FBOs)
- Decision makers' concern and difficulty about IPT
- Inadequate monitoring and evaluation

Acknowledgements

- Christian Gunneberg
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- Katherine Floyd
- Mehran Hosseini

Reducing the TB Burden in PLHIV



- Although the number of countries reporting is increasing, there is great variability in reporting.
- In the last three years, six countries have reported most activity but not regularly.

	<i>Screening for TB among PLHIV</i>			<i>TB in PLHIV</i>			<i>Provision of IPT</i>		
	2005	2006	2007	2005	2006	2007	2005	2006	2007
Total number of countries reporting	7	6	13	7	12	14	7	6	12
Brazil				1400	17100		674		
Dominican Republic			8199				953	1033	848
Guatemala	1160			232					
Haiti	3513					1937			974
Peru	1066			668	668		1214		
Venezuela			20025			468		110	109
Subtotal	5739	0	28224	2300	17768	2405	2841	1143	1931
Other countries	1206	2440	1764	288	1392	716	886	641	1837
TOTAL	6945	2440	29988	2588	19160	3121	3727	1784	3768