

# PANOSCOPE

Stop  Partnership at the 3rd Stop TB Partners' Forum

## TB–HIV co-infection – bigger threat than previously thought

**Anso Thom and Vidya Krishnan**

Tuberculosis caused the deaths of more than 450,000 persons with AIDS in 2007, two times more than previously estimated by the world bodies in charge of AIDS and TB – the World Health Organisation (WHO) and the Joint United Nations Programme on HIV and AIDS (UNAIDS).

This firmly stamps TB as the 'leading cause of death' among people living with HIV.

This revelation was made yesterday at a press conference to release *Global tuberculosis control: epidemiology, strategy, financing: WHO report 2009*. The report noted that one in every four TB deaths in the world is due to HIV.

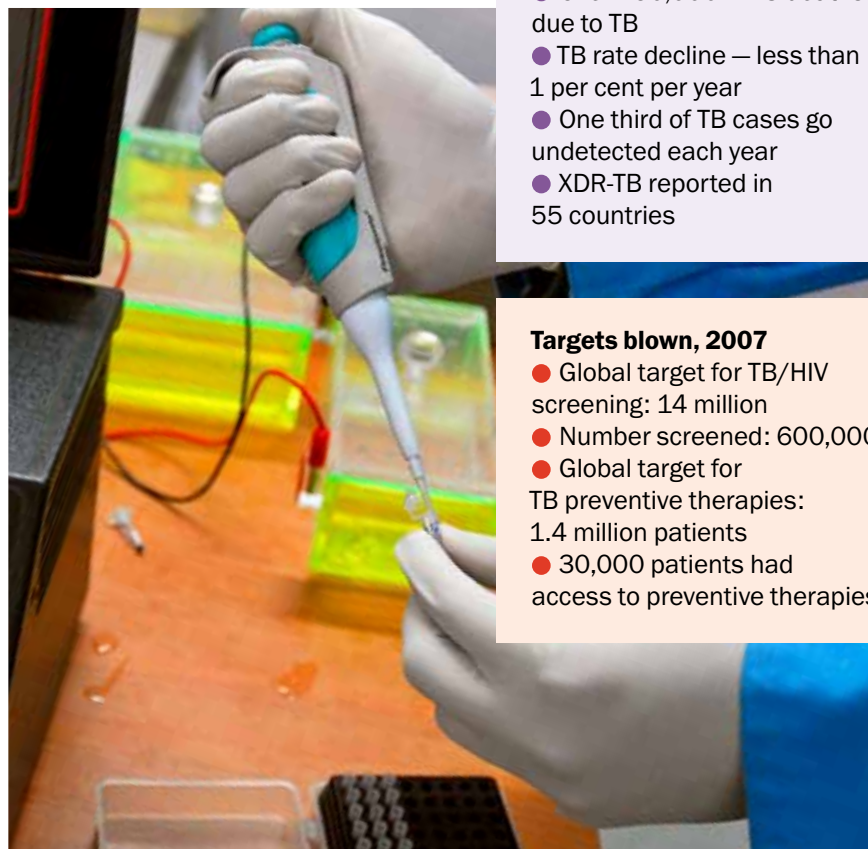
According to the report the estimated numbers of HIV-positive TB cases and deaths in 2007 are approximately double the numbers published by WHO in previous years. This is mainly because new data became available in 2008, particularly from HIV testing in care facilities in the African region.

Delegates meeting this week at the 3rd Stop TB Partners' Forum agree that TB–HIV co-infection is a major challenge in the fight against TB.

In 2007, an estimated 1.37 million new cases of tuberculosis were reported among people living with HIV. In addition, of the 2 million deaths that UNAIDS/WHO attributed to HIV in 2007, some 456,000 or 23 per cent were due to TB.

### Still many hurdles to cross

Despite the progress made in HIV testing among TB patients, Michel Sidibe, Executive Director of UNAIDS expressed concern that only 600,000 HIV-positive people were screened for TB in 2007.



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- HIV-TB co-infection – 1.4 million new TB due to HIV
- Over 450,000 AIDS deaths due to TB
- TB rate decline – less than 1 per cent per year
- One third of TB cases go undetected each year
- XDR-TB reported in 55 countries

### Targets blown, 2007

- Global target for TB/HIV screening: 14 million
- Number screened: 600,000
- Global target for TB preventive therapies: 1.4 million patients
- 30,000 patients had access to preventive therapies

This is less than five per cent of the 14 million target governments agreed to. In addition, only 30,000 people living with HIV had access to Isoniazid preventative therapy, again missing the target of 1.4 million.

Dr Mario Raviglione, Director of WHO's Stop TB Department noted that though the TB incidence was declining since 2004, it was only one per cent per year. At this rate it could take "several millennia to eliminate TB," he said.

### TB case detection rates stagnate

Raviglione also informed that TB case detection rates had stagnated at just over 60 per cent meaning that one third of the existing persons with TB disease were either never detected,

died, or were never notified.

The report also noted the emergence and spread of multidrug-resistant (MDR-TB). In 2007, an estimated 500,000 people had MDR-TB, but less than 1 per cent were receiving treatment based on WHO recommendations.

Ten percent of MDR-TB cases were extensive drug-resistant (XDR).

The progress report also claimed that because of increased testing for HIV among TB patients, more HIV positive TB people are getting appropriate treatment though the numbers still remain a small fraction of those in need.

**Continued on page 2**

# highlights

## 25 March

**09:00–10:30**  
**Plenary session**  
Collaborate

**11:00–12:30**  
**Plenary Room**  
Increasing access and equity —  
4: Enhancing access of TB  
treatment services through  
innovative communication  
methodologies and the media  
(English with interpretation) —  
Panos Global AIDS Programme

**14:00–16:00**  
**Closing session**  
The next five years

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### Gap in funding

The report also raises concern over an increasing shortage in funding. The gap between available funding reported by 94 countries with 93% of global cases in 2009 and the funding required for these countries in 2009 is US \$1.6 billion.

Executive Director for the Global Fund to Fight AIDS, TB and Malaria Dr Michel Kazatchkine said countries

and ministers of finance needed to realise that health was an investment for social development and not an expense in a time of financial crisis.

“Let’s be honest, the US \$1.5 billion shortfall is such small money compared to the money pumped into rescuing failing institutions. We would like the world to now focus on institutions that work and save lives,” said Kazatchkine.

## eyewitness

### Two thousand deaths means a lot

#### Antimio Cruz

I’ve heard different people saying, “in Mexico TB is not a big problem”. That’s because in my country TB takes the lives of only 2,000 people every year, which is a low number, compared with the 331,000 deaths that occur in India.

But 2,000 deaths still mean a lot. I have a 99 year old grandmother and a two week old nephew, who, along with 53 others make up my family. I would not want to lose any of them.

Public health policies are usually based on numbers, but this can be a huge mistake for Mexico. Already, multi drug-resistant (MDR-TB) is increasing along the Mexico–USA border. Cases of extensive drug-resistant (XDR) TB have also been reported. Public health programmes still don’t combine TB and HIV services.

All this worries me. Policy makers should not be complacent. Sometimes the biggest problems in a society emerge from situations which policy makers think are under control.

**Antimio Cruz is a science and health journalist from Mexico. He has twelve years of experience of writing on health and development issues. He writes in *Milenio Daily News* and in *Emeequis* weekly magazine**



### Children have a right to protection from TB



#### Ogechi Eronini

The BCG vaccine is specifically designed to prevent TB in children. The vaccine protects children for about 10 years and the World Health Organisation recommends one dose.

However, in certain parts of Nigeria families are refusing to give the vaccine to their children due to lack of awareness and myths surrounding it.

There is misinformation on the side effects of the vaccine. Many people do not trust the government immunisation programme. Lack of education and social mobilisation programmes aimed at dispelling misconceptions against the vaccine, further aggravate the challenge.

Myths and rumours concerning immunisation need to be clarified. It is important that the ongoing Partners’ Forum and country level TB programmes take steps to ensure children are protected from TB through vaccination. Governments need to push for and support community-led interventions to promote immunisation.

**Ogechi Eronini is Nigerian and a member of the advocacy group, Journalists Against AIDS (JAAIDA), Nigeria**

# Quackery, self-medication hamper TB treatment

## Bui Thi Hong Nhung, Hanoi

In Vietnam, long queues and ration tickets are things of the past. Unfortunately, though, this free market enterprise extends to the pharmaceutical industry also, allowing people to buy their medicines just as they would their groceries — without a prescription.

A visit to any drug store on Phung Hung Street is enough to get both medicines plus free recommendations. “High fever and a little cold? Some paracetamol pills are okay,” coaxes the store owner.

Xuan Hoa, a 25-year-old worker at a car factory in Hai Duong city, is one of the many victims of this quackery. He was about to marry a girl living in the same village when he discovered he had tuberculosis (TB).

He had been taking pills bought from a nearby pharmacy to treat fever and sore throat — until he began coughing up blood. Then, instead of seeking treatment in a hospital, he asked a cousin, a community health worker, to get him some anti-TB drugs.

“I did not want my girlfriend and her family to know I had TB. I do not feel comfortable because people here are scared of TB patients,” he explains. “I am not sure her family will let her marry me, if I have TB.”

After nearly two months of taking the drugs, Hoa went to a private health centre in Hanoi and was told he was no longer testing positive for TB. However, he did not heed the doctor’s advice that he should be on medication for six more months to prevent a relapse.

“I was busy with my work. I also thought I no longer had the disease and wanted to save money for my wedding,” says Hoa, now in hospital with severe pleural effusion (abnormal accumulation of fluid in the pleural space which is a thin covering that protects and cushions the lungs) caused by TB.

The habit of buying drugs over the counter and lax management of pharmacies and pharmaceuticals have been identified as the main obstacles to properly addressing TB in Vietnam.

Giampaolo Mezzabota, a medical officer with the Stop TB/Leprosy Elimination division of the World Health Organisation (WHO), Vietnam, says that even drugs used to treat other diseases, if handled indiscriminately, can generate drug-resistant TB.



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**The habit of buying drugs over the counter and lax management of pharmacies are some of the main obstacles to addressing TB in Vietnam**

Mezzabota cites a study conducted by the National Tuberculosis Programme (NTP) in 400 pharmacies in five provinces (Hanoi, Ho Chi Minh City, Da Nang, Can Tho and An Giang) in 2005, which showed that most second-line drugs for TB, such as those used to treat multidrug-resistant TB (MDR-TB), were available without prescription at private drug stores.

“The free sale of TB drugs encourages self-treatment and other inappropriate health-seeking behaviours. Additionally, in most cases, anti-TB drugs available on the market are of poor quality,” explains Mezzabota.

In response to questions on drug sale management, Dr Ly Ngoc Kinh, head of the Medical Service Administration at the ministry of health, says that rules already exist that require drugs to be sold with doctors’ prescriptions.

However, awareness of the seriousness of TB and the need to follow doctors’ recommendations for treatment is low in Vietnam. In addition, access to popular health information makes many Vietnamese think they no longer need to see doctors for ailments and can treat themselves.

Some even complain that doctors do not give them the strong antibiotics, believing that the strongest are the best.

If doctors refuse, they change the prescriptions on their own with the help of pharmacists.

“If uncontrolled drug use is to be improved, the most important thing is to raise people’s awareness,” Kinh says.

Hoa could have saved time, money and his health if he had not tried to hide his disease and sought qualified medical help. But, like many others in Vietnam, he was afraid of stigma and ignorant of treatment procedures.

“Communication on the many aspects of TB should be an important aspect of the control strategy that needs more attention in the National TB Programme,” says Mezzabota. “Communities, vulnerable groups, care providers, policy makers and administrators, all should be educated on TB.”

Mezzabota believes that proper communication and education would lessen the stigma associated with TB.

While TB control in Vietnam is considered a success story by the WHO because of a high 90 percent cure rate, there are further challenges ahead such as a lack of funding and technology to address the emergence of MDR-TB.

It will, however, take more than just money and technology to improve people’s awareness regarding self-medication, and to fight the stigma surrounding TB.

# MDR-TB: no to mandatory hospitalisation

## Ogechi Eronini

The TB patient community is strongly opposed to mandatory hospitalisation to treat multidrug-resistant tuberculosis (MDR-TB).

“Mandatory hospitalisation of MDR-TB patients stretches the already overburdened health system and amounts to a violation of the patients’ rights,” said Lucy Chesire, openly living with HIV and a two time survivor of TB.

Public health specialists however argue that this approach is effective and in the best interest of the public. They advocate for mandatory hospitalisation of persons with MDR-TB for the initial duration of the treatment, which is between four to six months. Even after discharge patients need to continue going to the hospital regularly for two years.

“I have been a TB patient and I know what it is like to be removed from your family,” said Chesire.

TB activists and the TB patient

community are advocating for a community based treatment programme where patients supported by their community can access treatment. They are insisting that such an approach reduces stigma and increases community ownership of TB interventions.

“Health systems in Africa are already weak and overburdened. There are not enough hospital beds to treat all MDR-TB patients for the duration of their treatment,” explained Mayowa Joel, an advocate from Nigeria.

“Mandatory hospitalisation should be the exception and not the rule in treating MDR-TB patients,” Joel said.

Savita Luka, a community advocate from India is also in support of TB community care.

“In a crowded country like India, with few hospitals to diagnose MDR-TB, it will be tougher asking that all MDR cases be mandatorily hospitalised,” she said.

# TB rates high in prisons

## Antimio Cruz

TB is a major threat to health in prisons around the world, data presented at the 3rd Stop TB Partners’ Forum shows. TB prevalence among prisoners is 15 to 45 times higher than in general population.

Psychologist Vilma Diuana, from the Secretariat of Prison Management in Rio de Janeiro and José Best Romero from Peru’s National Institute of Prisons, agreed that it is necessary for public health systems to include prisons in their national TB action plans.

“Various factors make the incidence of TB higher in prisons: most of the prisoners come from crowded houses. In Rio, three per cent of people entering jails already have TB”, Diuana explained.

The Brazilian example is very similar to others around the globe: prisoners tend to deny the symptoms because amongst the jailed community, being sick means more stigma and exclusion.

“Even if they are coughing in front of a health worker they will deny they’re sick. They say it’s a normal cough because of smoking or because

of the weather,” said Diuana.

Overcrowded cells are common in many countries and that is another factor for the quick spread of TB. In Brazil, there are reports of 50 or 70 people sharing the same cell with less than a meter separating each bed.

“In Peru, we conducted 10,000 TB detection tests among prisoners and we found 4,000 positive results,” said José Best.

The proposal of experts is to improve attention to prison populations on three fronts. These include facilitating support groups for prisoners living with TB along with their relatives, prison guards and religious leaders; establishing strong programmes of health educators visiting the prisons, and to allow prisoners as much control as possible over their own treatment.

“We cannot look at the problem from a medical perspective. We must understand that there are many social and human implications as this community does not have the same rules as the free ones,” added Best.

## know your TB facts

The estimated numbers of HIV-positive TB cases and deaths in 2007 are approximately double the numbers published by WHO in previous years. In 2007, 25% of TB deaths were HIV-related.

In 2007, there were an estimated 1.37 million new cases of tuberculosis among people living with HIV and 456 000 deaths of HIV positive people due to TB.

In 2004, just 4% of TB patients in Africa were tested for HIV; in 2007 that number rose to 37%, with several countries testing more than 75% of TB patients for their HIV status.



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The Panos Global AIDS Programme headquartered and coordinated from Haiti is a network of eight autonomous Panos Institutes working on participation, ownership and accountability in the response to HIV/AIDS. The Panos Global AIDS Programme receives additional funding from DFID and HIVOS.

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