

17th Core Group Meeting of the TB/HIV Working Group

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



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TB and TB/HIV burden in the Western Pacific

**Estimate number of TB
(all forms)**

1.94 million
(109 per 100 000)

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

**Estimated number of
deaths due to TB**

0.26 million
(15 per 100 000)

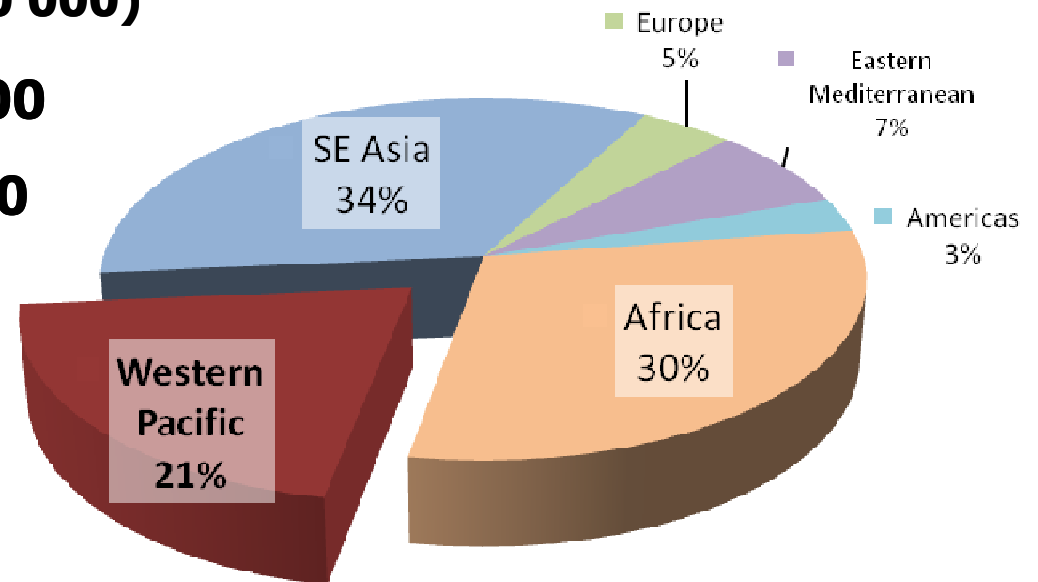
Multidrug-resistant TB

120 000

HIV-associated TB

45 000

Distribution of TB Case by Region



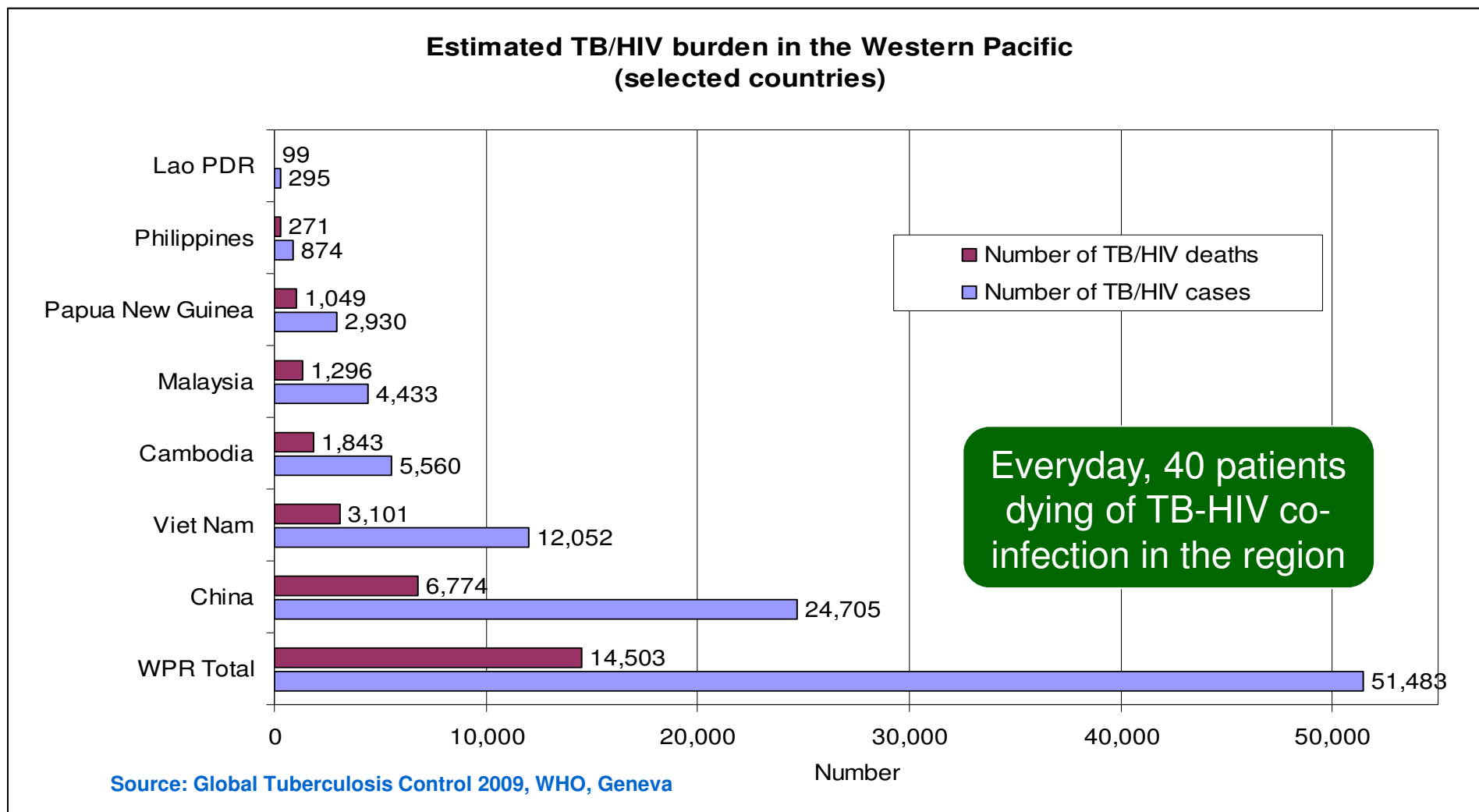
All estimates are for 2008.

Source: Global TB Control 2009 update (WHO),
except MDR-TB estimate from M/XDR-TB 2010
Global Report on Surveillance and Response



World Health Organization, Western Pacific Regional Office

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



TB control in WPR: 2000-2015



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

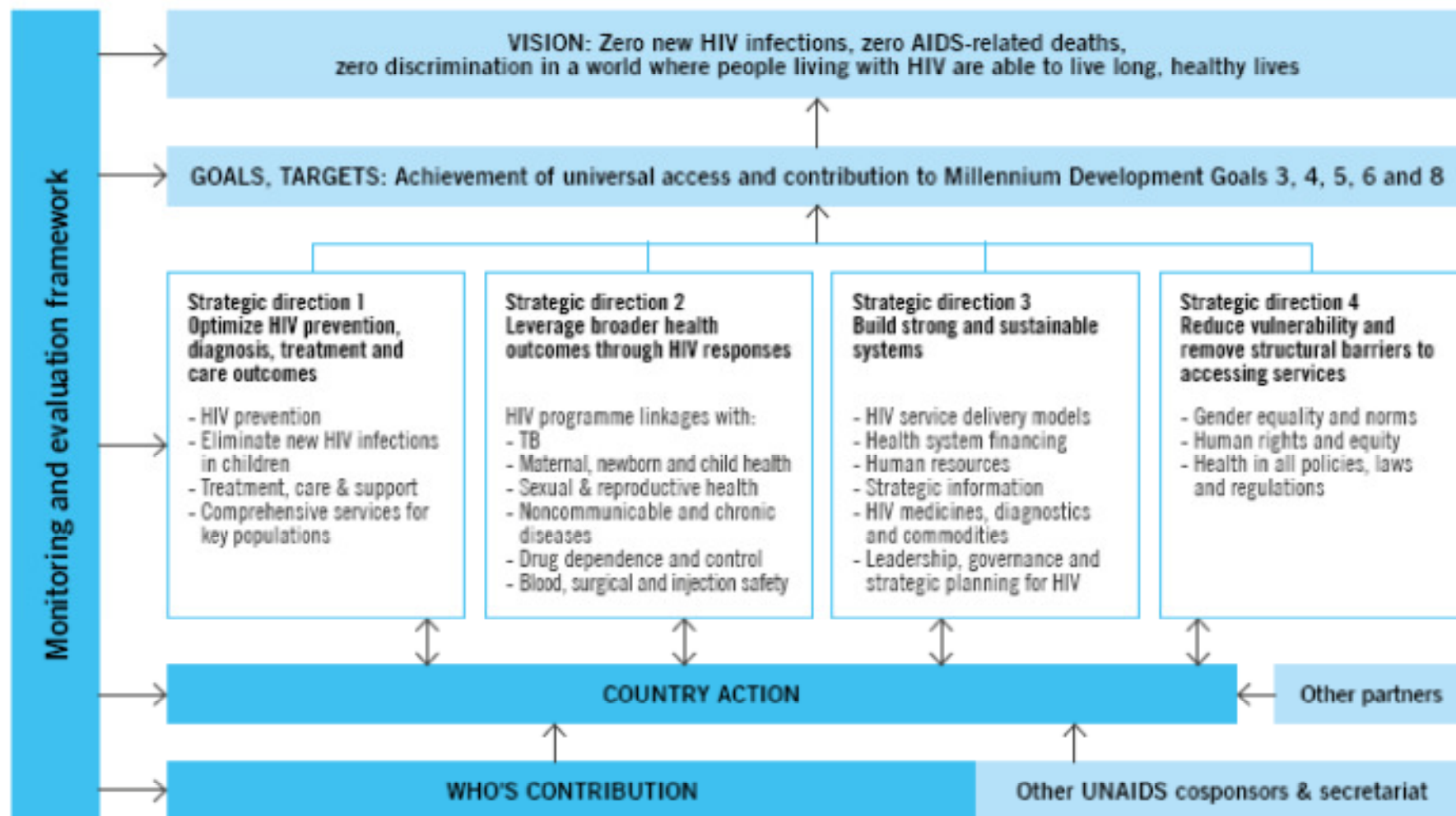
Goal: To reduce prevalence and mortality from all forms of TB by half by 2015, relative to 2000 level, in all countries with a high burden of TB, by moving to universal access to diagnosis and treatment of all forms of TB, including smear negative and M/XDR-TB.

Strategic Priorities

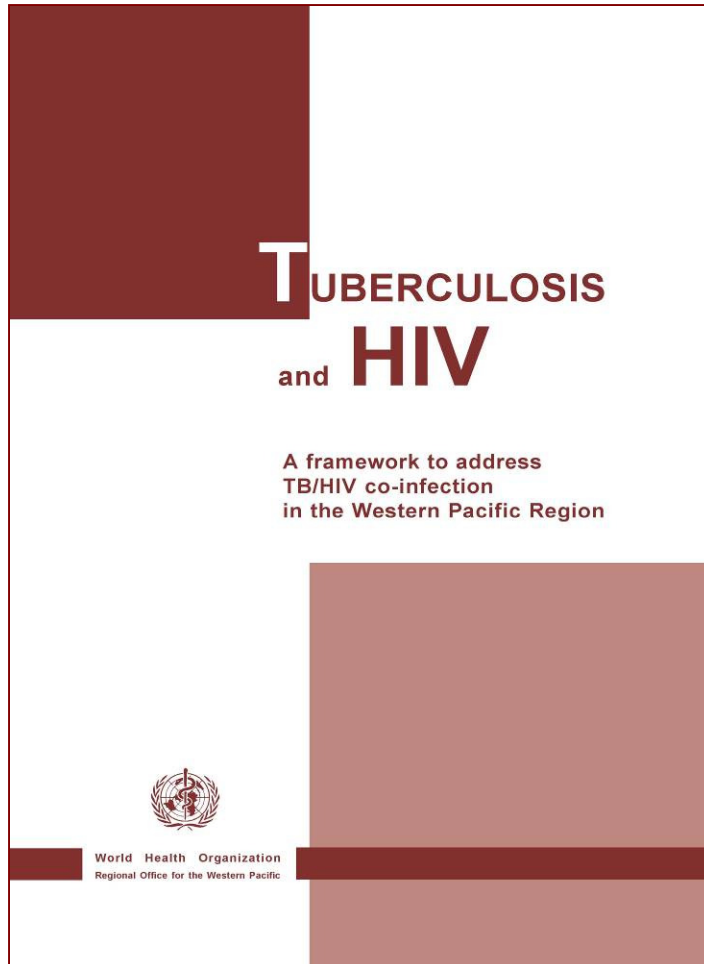
- 1. Promoting universal and equitable access to quality TB diagnosis and treatment for all people**
- 2. Strengthening TB Laboratory capacity (also integrated)**
- 3. Scaling up the programmatic management of drug-resistant TB**
- 4. Expanding TB/HIV collaborative activities**
- 5. Strengthening TB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



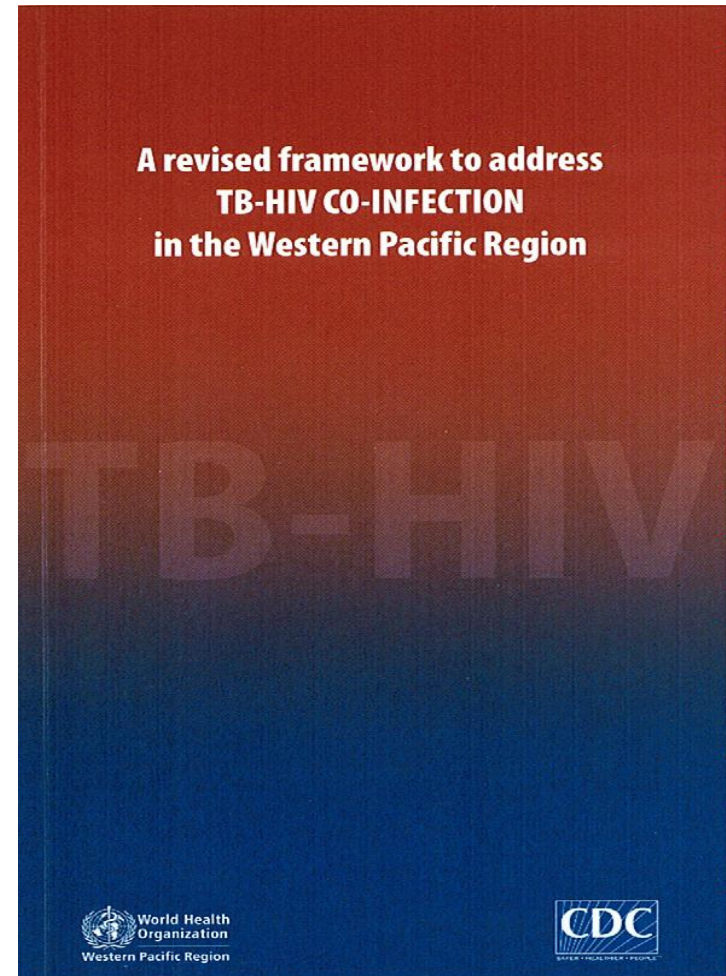
Global Health Sector Strategy for HIV/AIDS 2011-2015



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



From Mekong to Bali: The scale-up of TB/HIV collaborative activities in Asia-Pacific: 8–9 August, 2009, Bali, Indonesia



World Health Organization, Western Pacific Regional Office

TB/HIV indicators by TB programme 2011 (6 months)

	% of TB patients with HIV test	% of HIV+ TB patients	% of TB/HIV patients on CPT	% of TB/HIV patients on ART
Cambodia	81%	7%	82%	58%
China (2010)	16%	3% (4542)	-	45%
Viet Nam (2010)	43%	8%	62%	43%
PNG	27%	11%	-	-
Philippines	83% (Metro Manila)	0.1%	100%	100%
Mongolia	84%	0.1%	100%	100%
Laos	44%	15%	83%	100%



TB/HIV indicators by HIV programme 2011 (6 months)

	% of PLHIV with TB screening	% of PLHIV on TB & HIV treatment	% of PLHIV on IPT	TB Infection Control in HIV setting
Cambodia	64%	22%	27%	SOP developed
China(2010)	33% (65412)	-	-	-
Viet Nam	-	43%	-	-
PNG (2010)	10%	206/?	2%	-
Philippines (2010)	45%	50%	6%	-
Mongolia(2010)	97%	100%	-	-
Laos(2010)	100%	100%	37%	-



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 algorithm
 - 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)

