

Health System Strengthening and Sustaining the Response



The Scaling-up of TB/HIV Collaborative Activities in the Asia-Pacific

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10 August 2009: Plenary 2**

From Mekhong to Bali: The Scale up of TB/HIV Collaborative Activities in Asia Pacific Region 8-9 August 2009, Bali

127 persons from 18 countries from Asia-Pacific



Outline

- **Why TB? Why TB/HIV?**
- **WHO's TB/HIV Policy**
- **TB and TB/HIV Situation**
- **Progress in implementing TB/HIV collaborative activities in Asia-Pacific**
- **Patient and community contributing to TB/HIV prevention and care**
- **What next for TB/HIV in Asia-Pacific?**

Abbreviations

ARV = Antiretroviral drugs

CPT = Co-trimoxazole preventive therapy

PLHIV = People Living with HIV

3 I (three I) = Intensified TB Case Finding (ICF)

Isoniazid Preventive therapy for

TB (IPT)

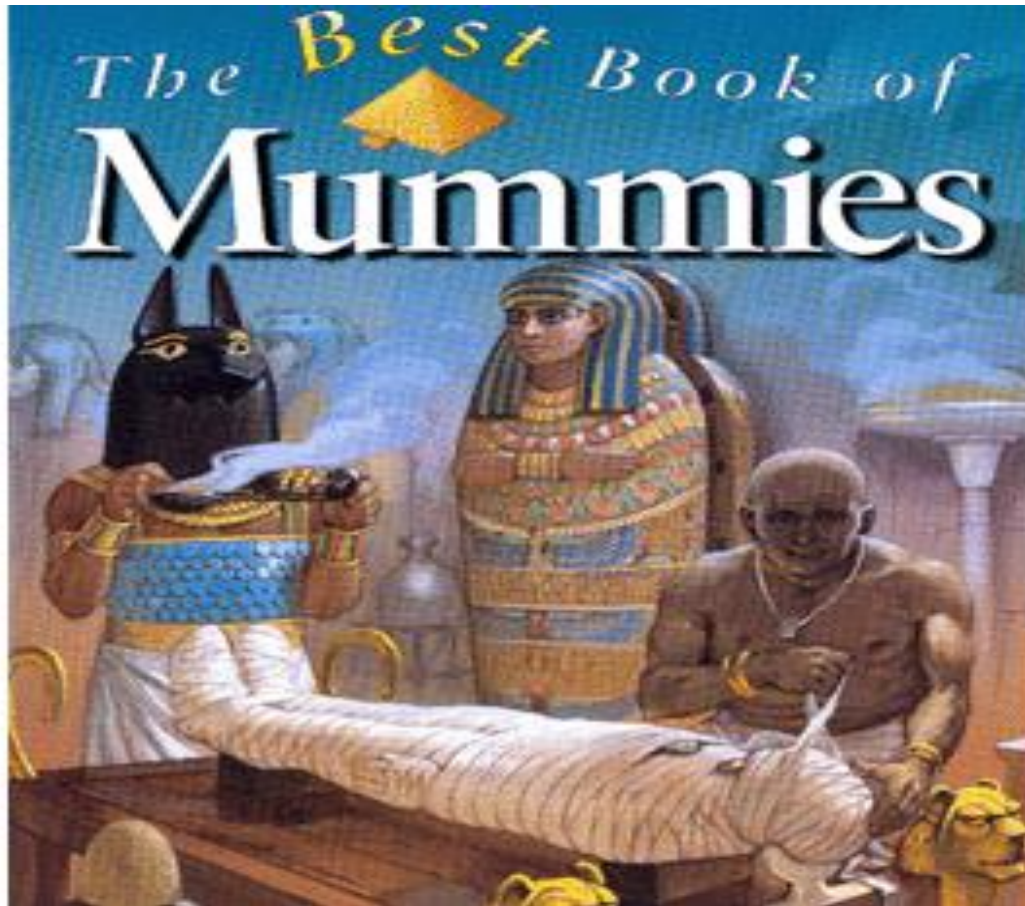
TB Infection Control

I miss my daughter...



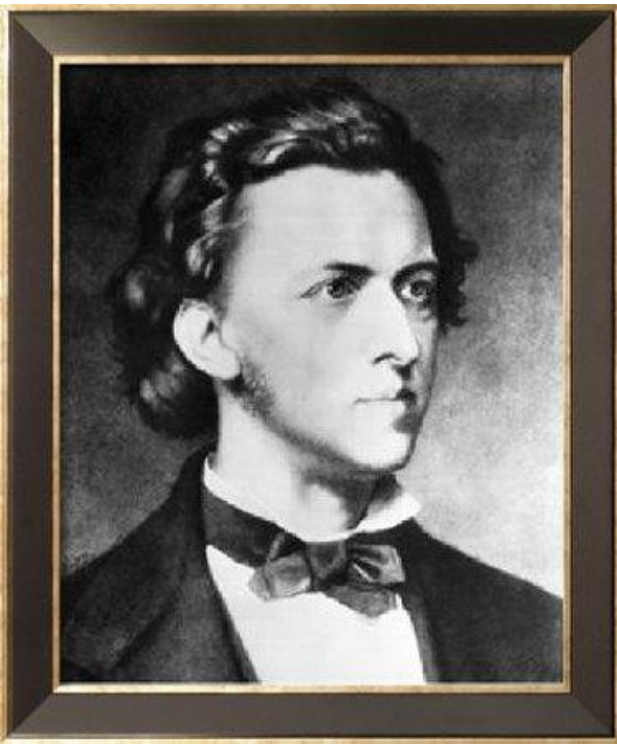
Unfortunately, my daughter died after TB was cured because poor patients could not pay for anti-retroviral drugs. But now TB/HIV patients in my community can survive, they can live with their family and can feed the family. I miss my daughter....

TB...one of the oldest diseases (>4,000 years)



In the old days TB was the disease of VIP

**Chopin,
Pianist, composer**



**Nelson Mandela,
former-president,
South Africa**



**Emperor Akihito
Japan**

22 countries with high TB burden in the world.

Asia-Pacific account for 54% of global TB cases (WHO, 2008)

Burden ranking

1. India
2. China
3. Indonesia
4. Nigeria
5. Bangladesh
6. Nigeria
7. South Africa
8. Ethiopia
9. Philippines
10. Kenya
11. Democratic Republic of Congo
12. Russian Federation
13. Viet Nam
14. Tanzania
15. Brazil
16. Uganda
17. Thailand
18. Mozambique
19. Myanmar
20. Zimbabwe
21. Cambodia
22. Afghanistan



**TB is transmitted by the tuberculosis patients who
do not receive treatment
(when coughing, sneezing, spitting, speaking)**

Why worry about TB?



Most TB is curable even in PLHIV

4 drugs for 6-8 months



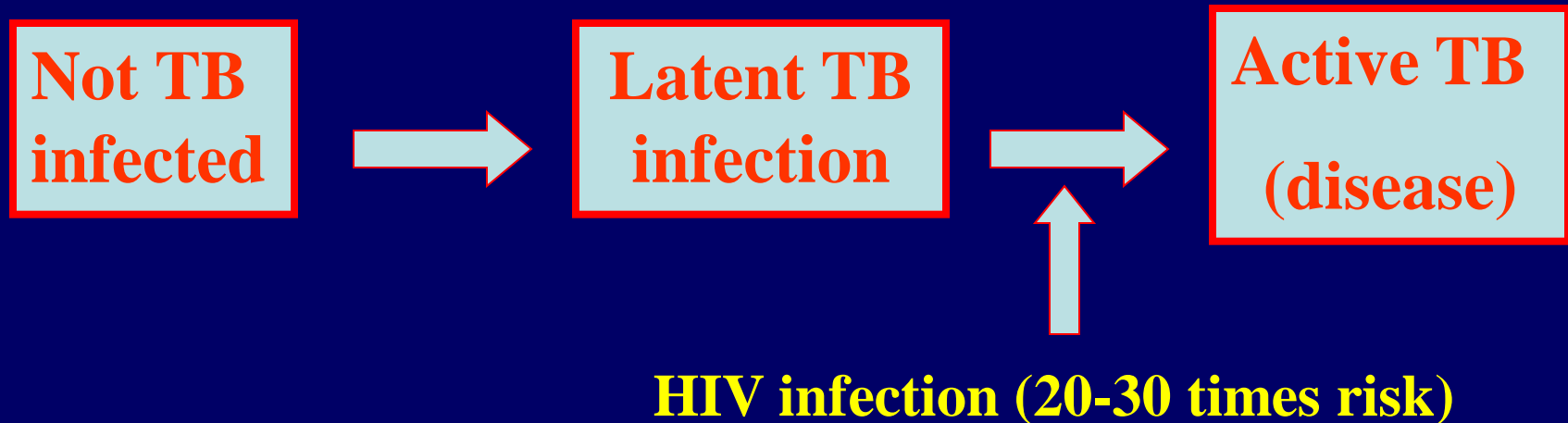
Isoniazid,

Rifampicin,

Pyrazinamide,

Ethambutol.

Why TB and HIV?



- HIV is the most powerful known risk factor for reactivating latent TB infections into TB diseases
- TB is the leading cause of death in PLHIV
- About one-third of PLHIV are infected with TB

WHO-2004 TB/HIV Activities

Collaborative TB/HIV activities

A. Establish the mechanism for collaboration

- A.1. TB/HIV coordinating bodies
- A.2. HIV surveillance among TB patient
- A.3. TB/HIV planning
- A.4. TB/HIV monitoring and evaluation

Joint HIV and TB

B. To decrease the burden of TB in PLHIV

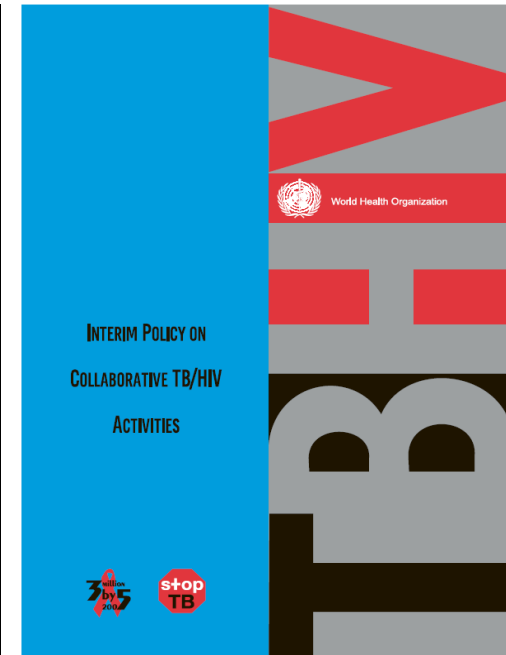
- B.1. Intensified TB case finding
- B.2. Isoniazid preventive therapy
- B.3. TB infection control in health care and other settings

HIV programme

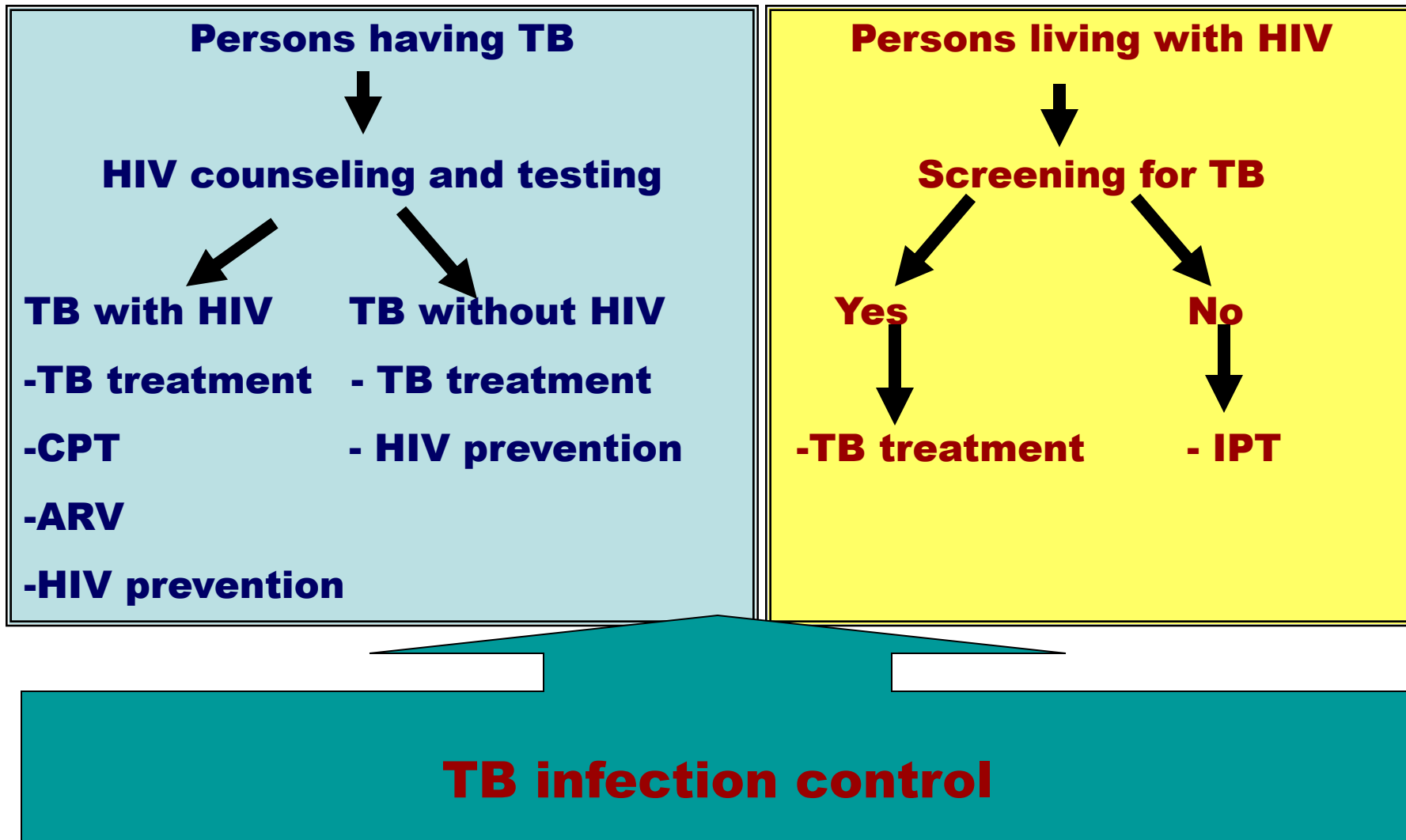
C. To decrease the burden of HIV in TB patients

- C.1. HIV testing and counselling
- C.2. HIV preventive methods
- C.3. Cotrimoxazole preventive therapy
- C.4. HIV/AIDS care and support
- C.5. Antiretroviral therapy to TB patients.

TB programme



Collaboration of TB and AIDS programme

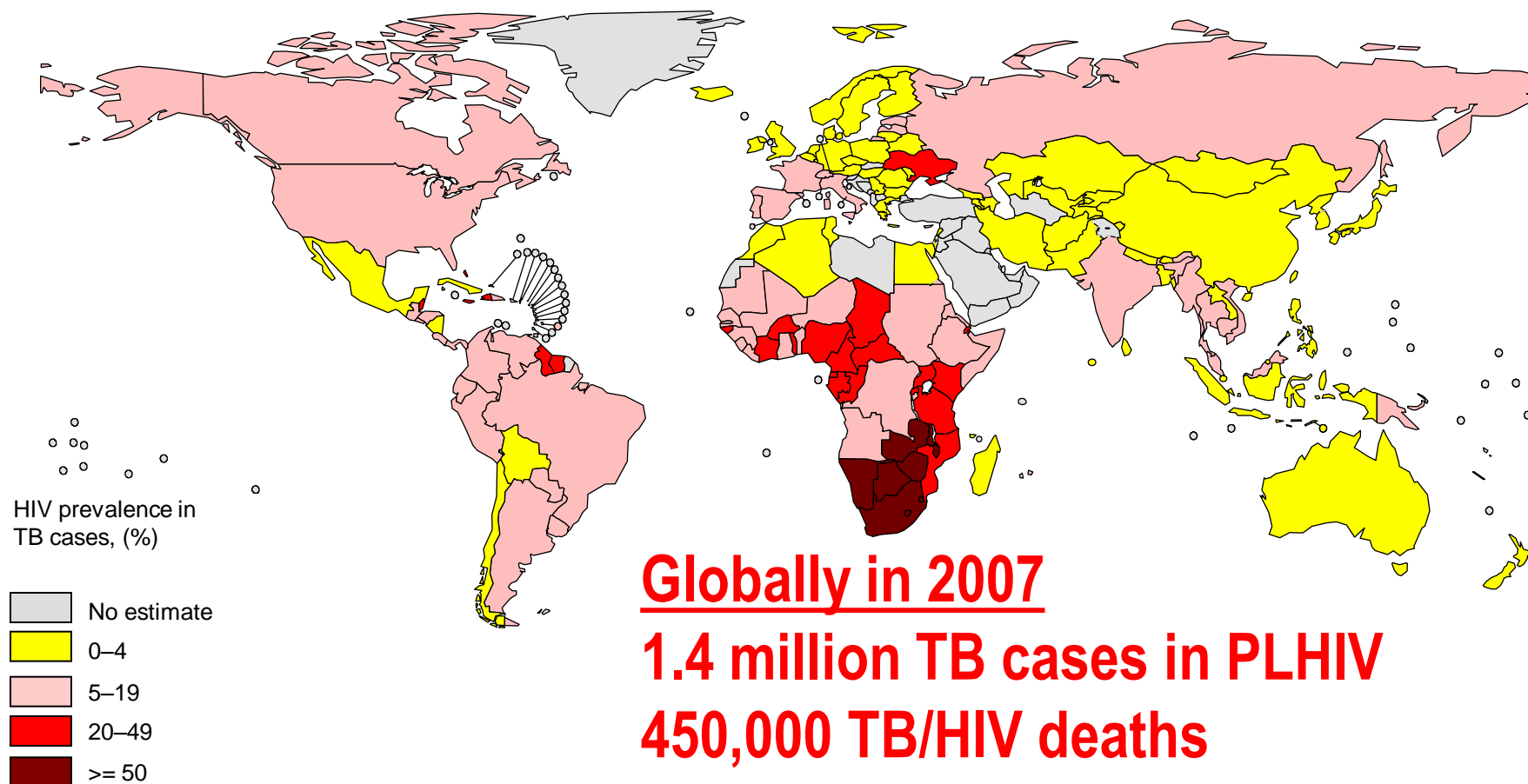


What will happen?

-A TB patient is waiting in the crowded setting for 3 hours especially in HIV or ARV clinic

↑ risk of TB transmission to other patients and health workers

HIV prevalence among TB cases, 2007



Globally in 2007

1.4 million TB cases in PLHIV

450,000 TB/HIV deaths

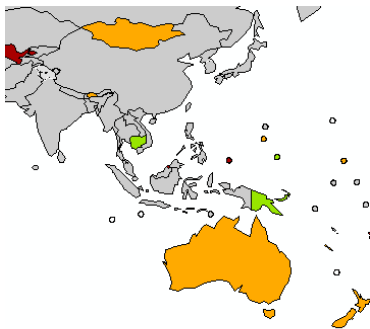
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

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Progress of HIV testing for notified TB patients Asia Pacific (47)

2004

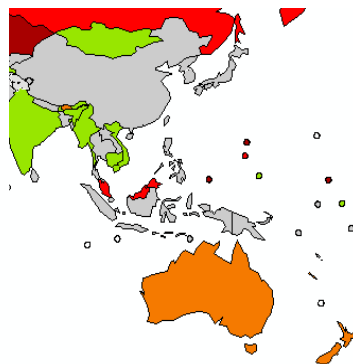
18



0.3%

2005

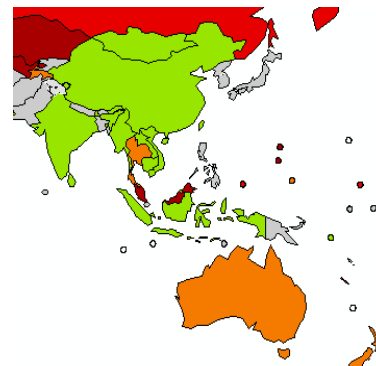
22



1.9%

2006

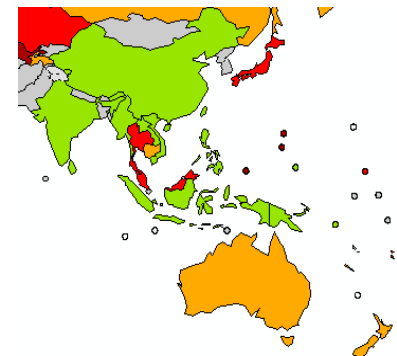
27



3.7%

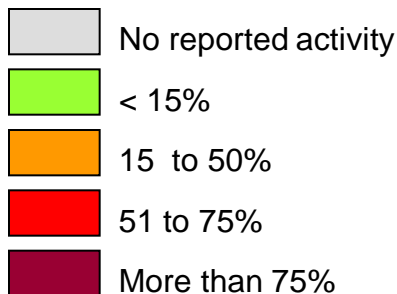
2007

29



6.0%

Proportion of TB patients
tested for HIV
Key



0.2 of 3.1 million notified TB patients

were tested in ASIA PACIFIC REGION in 2007

Pacific, August 8-9, 2009 Denpasar, Bali, Indonesia



TB HIV

ASIA PACIFIC 2007

Proportion of TB patients with known HIV status

<i>Country</i>	<i>Proportion TB patients with HIV status know 2007</i>
Thailand	69%
Japan	64%
Malaysia	60%
Australia	41%
Cambodia	39%
Viet Nam	15%
Lao PDR	11%
Sri Lanka	6%
India	5%
China	3%
Myanmar	2%
Papua New Guinea	1%
Indonesia	0.10%
Philippines	0.03%

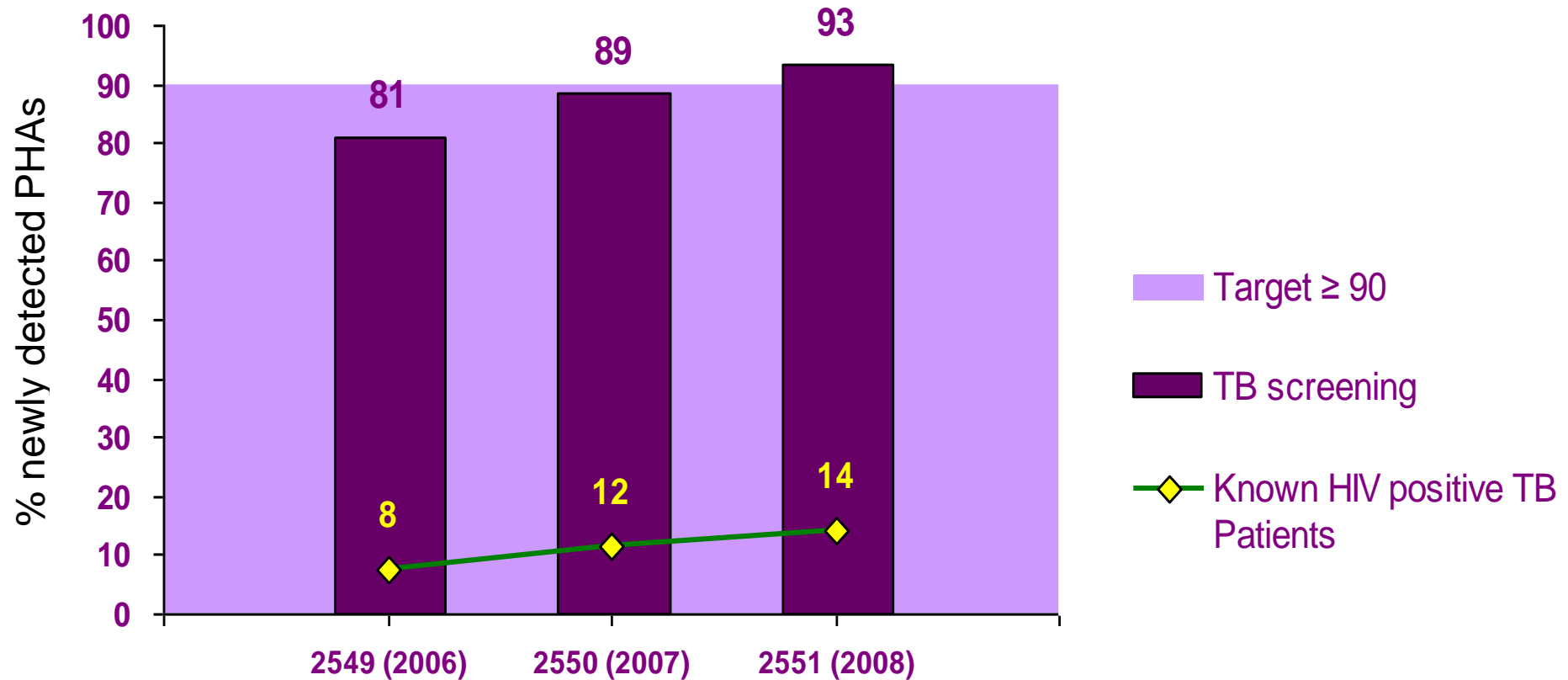
Source: WHO. Tuberculosis Report 2009.

HIV testing and treatment, 2007

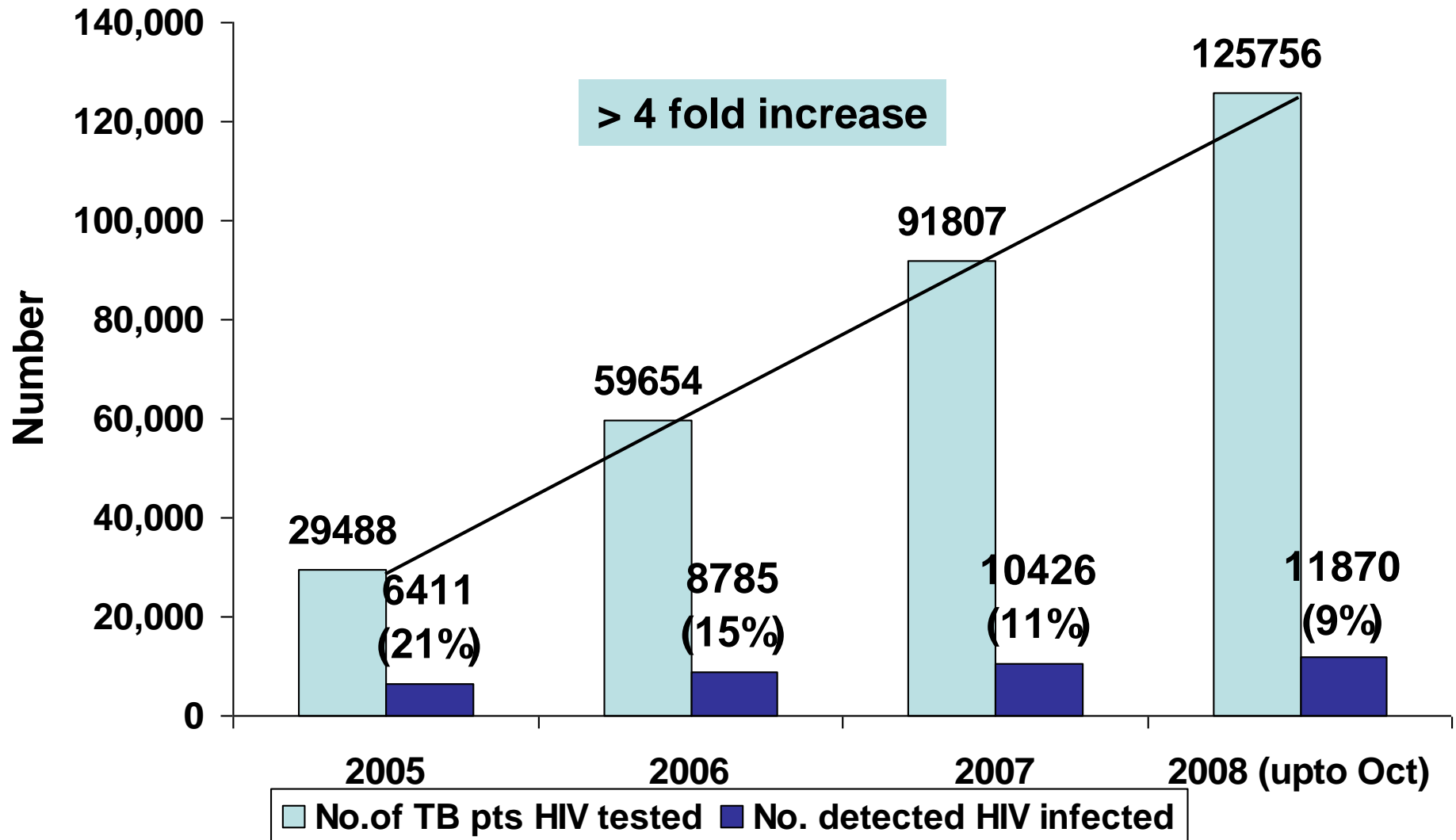
Region	TB patients tested for HIV, thousands (%)	HIV prevalence in TB patients	% of identified TB patients on CPT	% of identified TB patients on ART
South east Asia	122 (5.5%)	15%	37%	17%
Western Pacific Region	95 (6.6%)	7%	45%	28%

Source: WHO. Tuberculosis Report 2009.

Intensified TB finding among newly detected PLHIV in Thailand, 2006-8



TB patients Newly HIV Tested: India 2005-2008



Source: Monthly reports from ICTCs collated and reported by respective State AIDS Control Societies

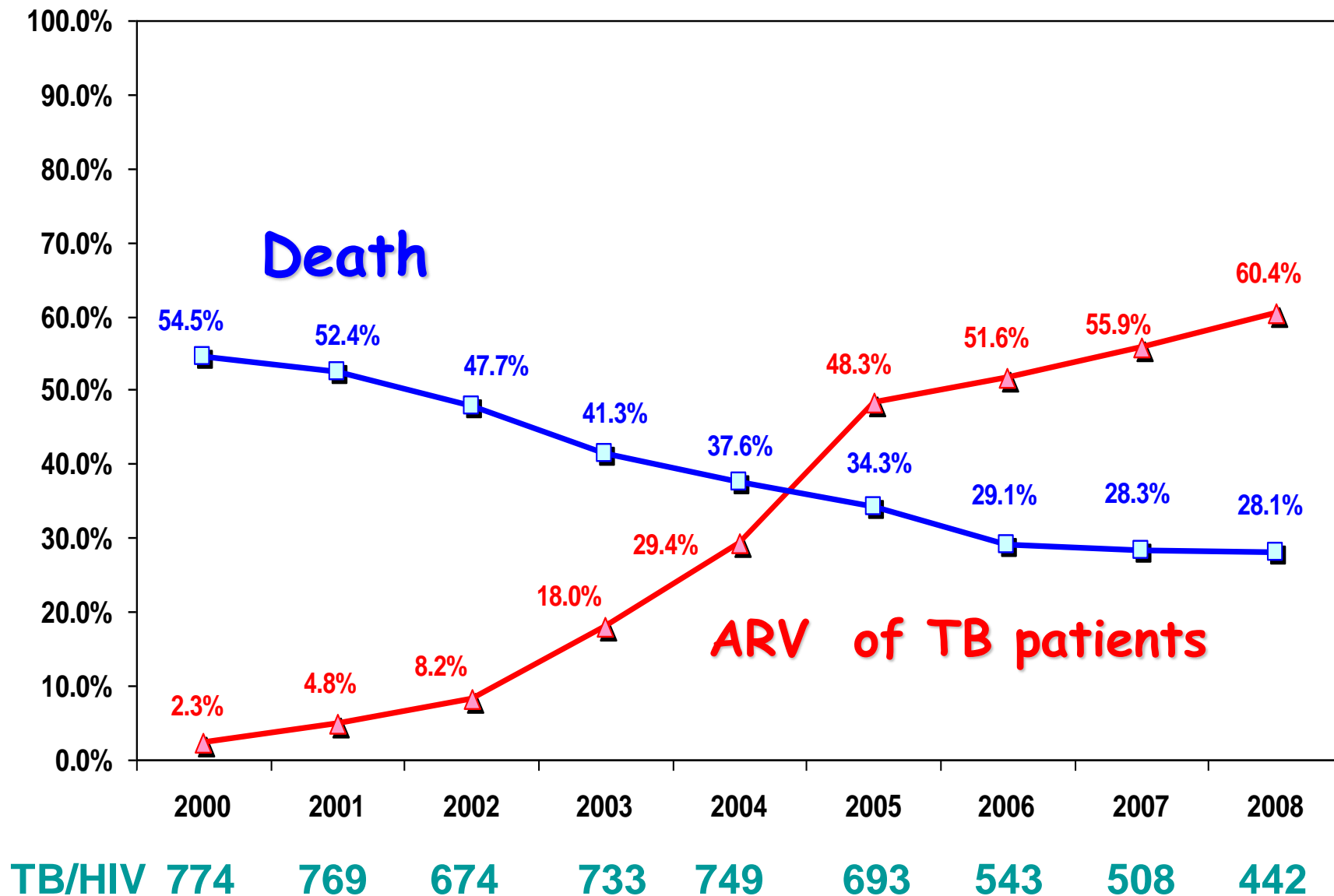
Policies and Services on TB/HIV in 2008

Country	Services available to screen TB for PLHIV	INH prophylaxis for PLHIV	IPT as part of HIV care	Infection control policy for TB in facilities
Brunei Darussalam	no	no	no	yes
Cambodia	yes	no	no	yes
China	yes	no		yes
Fiji	yes	no		no
Lao PDR	yes	no	no	yes
Malaysia	yes	no	no	yes
Mongolia	yes	no	no	yes
Papua New Guinea	yes	yes	yes	yes
Philippines	yes	no	yes	yes
Singapore				yes
Viet Nam	yes	no	no	yes

Source: Country reports for Universal Access Progress Report 2007 and 2008. Data of 2008 are provisional.

Trend of death rate in HIV positive TB patients and the coverage of ART in Chiang Rai province, Thailand

(Source: TB/HIV Research Project, RIT-JATA, 2009)



Isoniazid reduces risk of TB in HIV-positive: PLHIV cohort in Chiang Rai Province, Preliminary analysis: observation time from September 2002 to December 2008

	N	TB	Non TB	Relative risk Ratio (crude)	95 % confidence interval	P value
No IPT	1,483	164	1,319	4.28	2.30- 8.84	<0.001
IPT	390	11	379	1	-	-

Source: TB/HIV Research Project (RIT-JATA)

Two diseases...many pill burdens



Photo credit: Dr,Somsak Akkasil, CDC 7, Ubon, Thailand

How do poor patients adhere to TB and ARV treatment?

**chicken's
crow**



mortar-pestle



Temple's bell





RIT-JATA and TB/HIV Research Foundation, Thailand

**Once in my
life...someone
called me
“brother”**



**Doctor who think TB/HIV and involved
patient network for TB/HIV care**

Patient network



Next steps

TB and HIV communities need to collaborate more closely

- **To stop people living with HIV from dying of TB**
- **To reach the most vulnerable populations (IDU, prisoners, migrant populations)**
- **To strengthen the systems that support health**
 - **Laboratory strengthening, drug procurement**
 - **Engaging communities in the response**
 - **Engaging other sectors – justice, labour..**