



# Regional overview and responses on TB/HIV

Accelerating the implementation of collaborative TB/HIV activities in the  
WHO European Region  
16-17 July 2010, Vienna, Austria

**Richard Zaleskis, M.D., Ph.D.**

Regional Adviser, TB Control

**Andrei Dadu, Smiljka de Lussigny & Martin Donoghoe**

WHO Regional Office for Europe

# Issues to be discussed

Epidemiology in  
WHO European  
Region:  
TB, HIV &  
TB/HIV

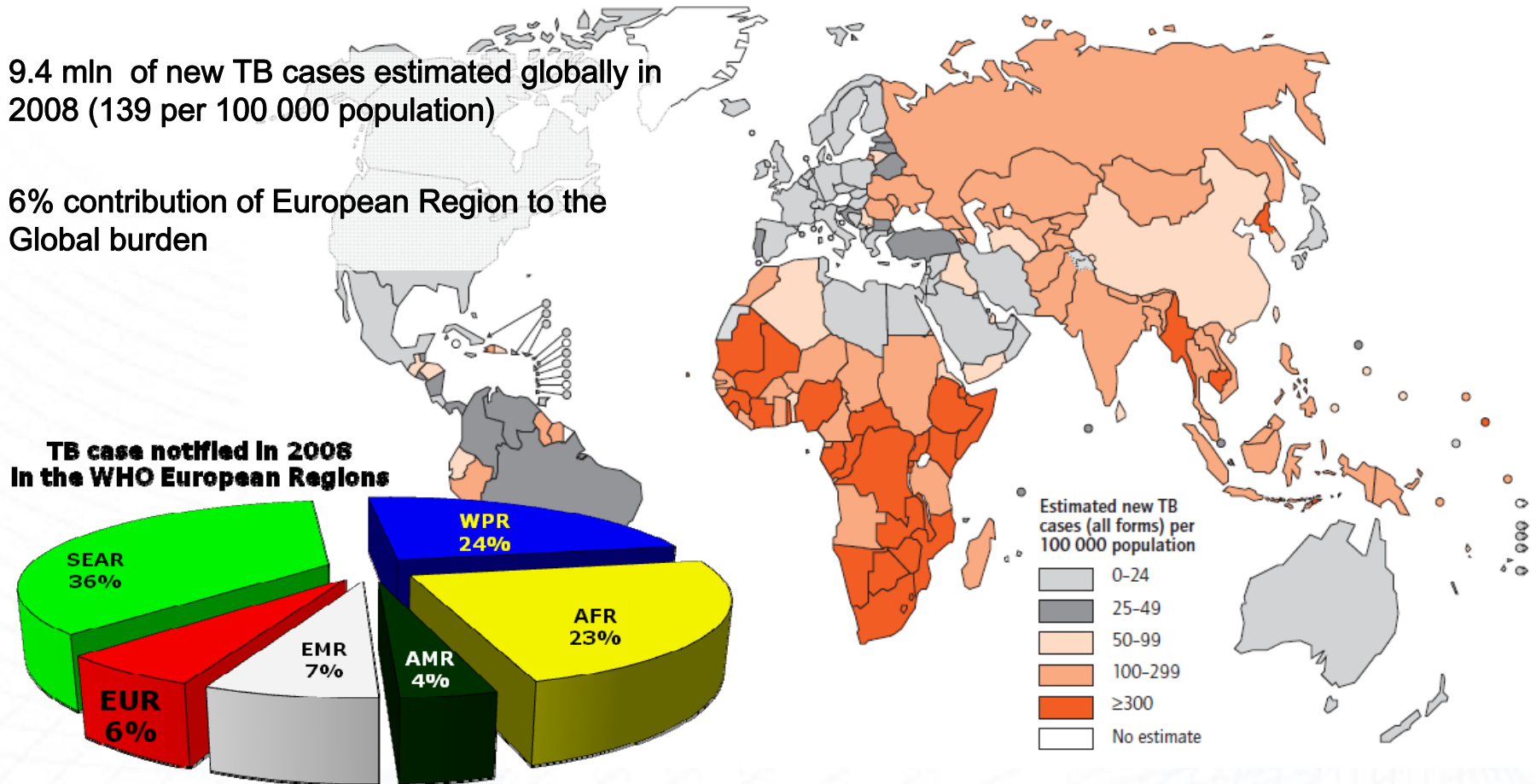
Challenges

Response

# Global TB burden and contribution of the European Region to it in 2008

**FIGURE 1**  
Estimated TB incidence rates, 2008

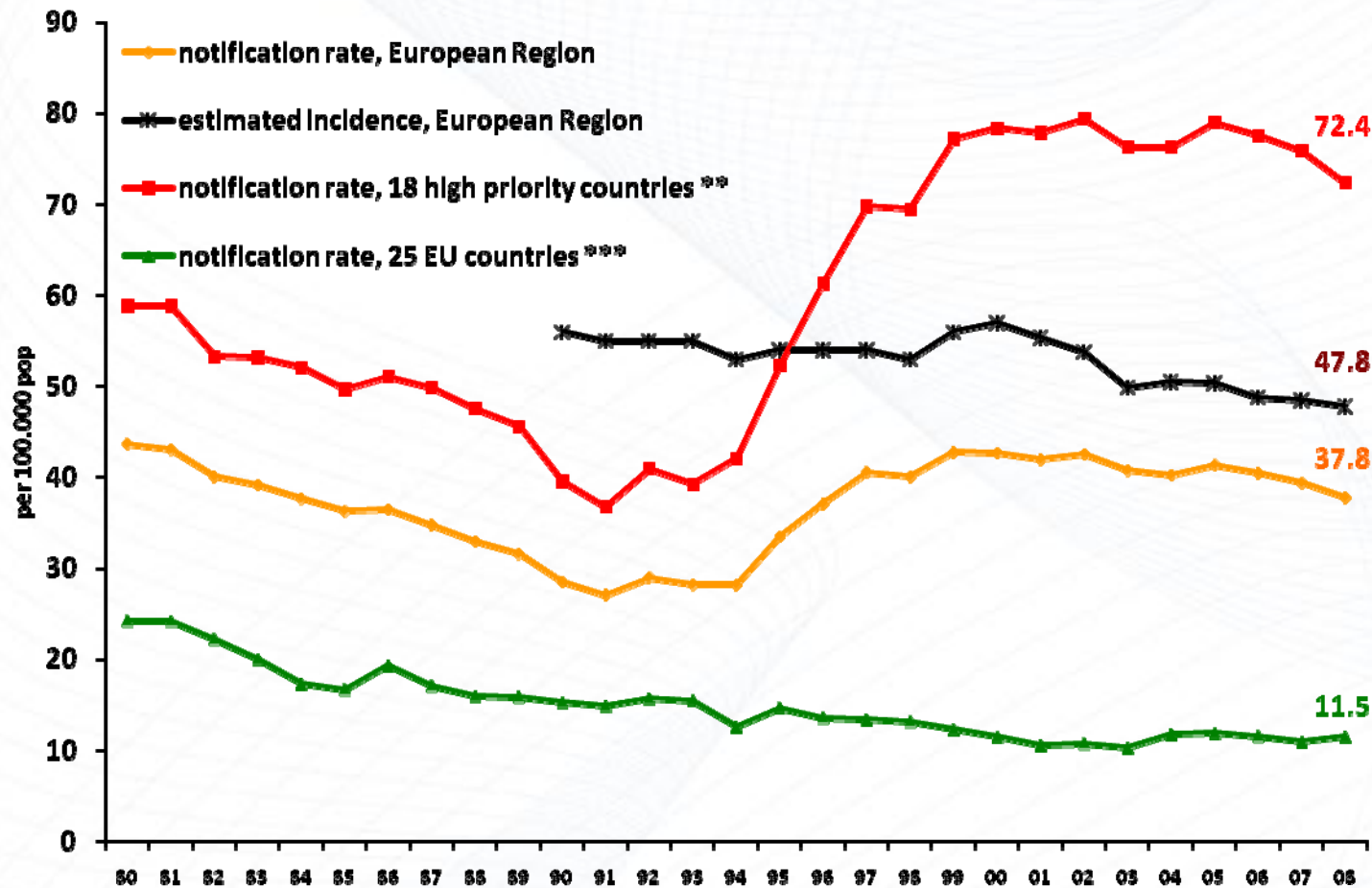
- 9.4 mln of new TB cases estimated globally in 2008 (139 per 100 000 population)
- 6% contribution of European Region to the Global burden



Source: Global tuberculosis control: a short update to the 2009 report. WHO/HTM/TB/2009.426



# TB notification\* rate and estimated incidence, the WHO European Region, 1980-2008



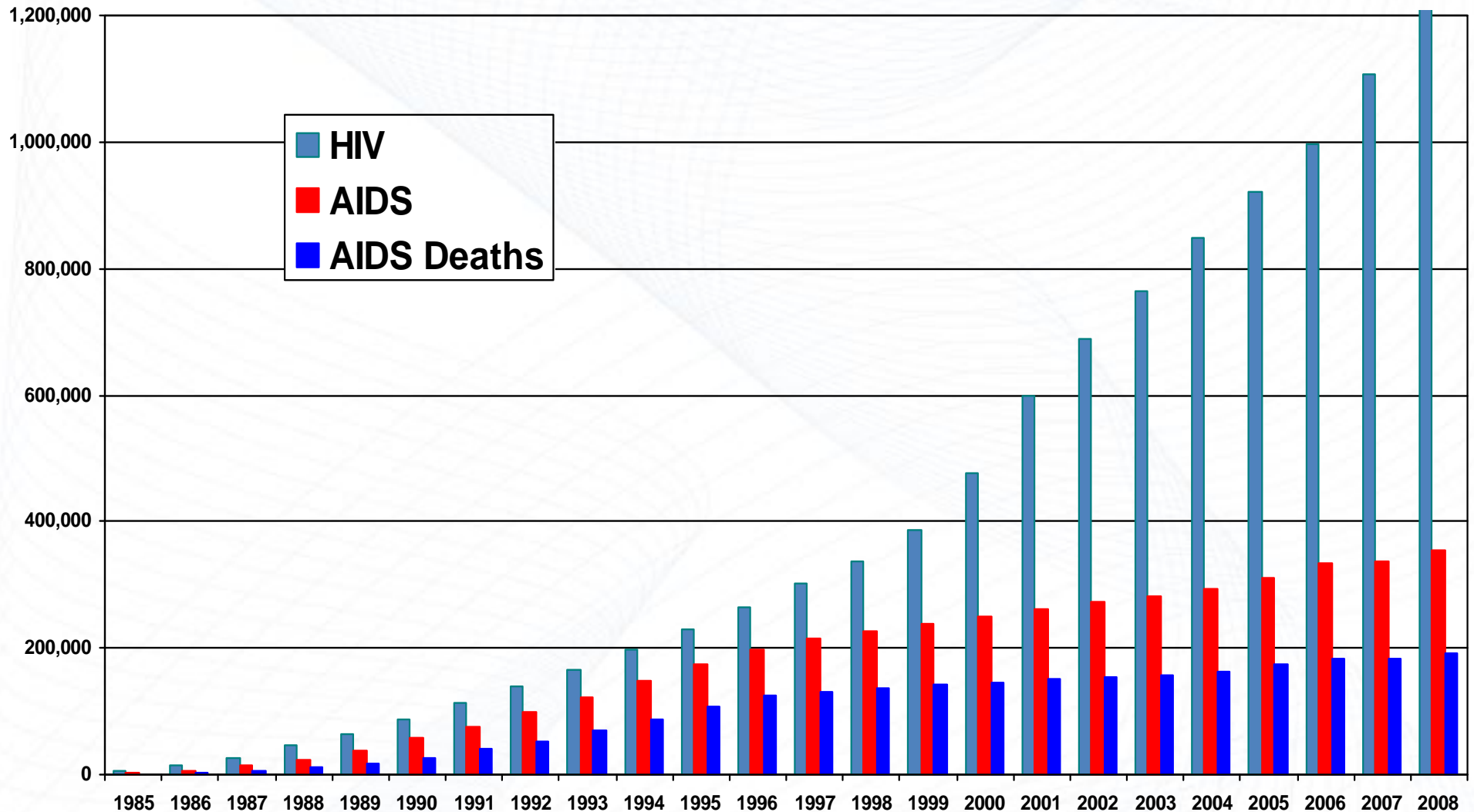
## \*\* 18 High Priority Countries

- Armenia
- Azerbaijan
- Belarus
- Bulgaria
- Estonia
- Georgia
- Kazakhstan
- Kyrgyzstan
- Latvia
- Lithuania
- Moldova
- Romania
- Russian Fed.
- Tajikistan
- Turkey
- Turkmenistan
- Ukraine
- Uzbekistan

\* Notified (TB cases) = new cases + relapses

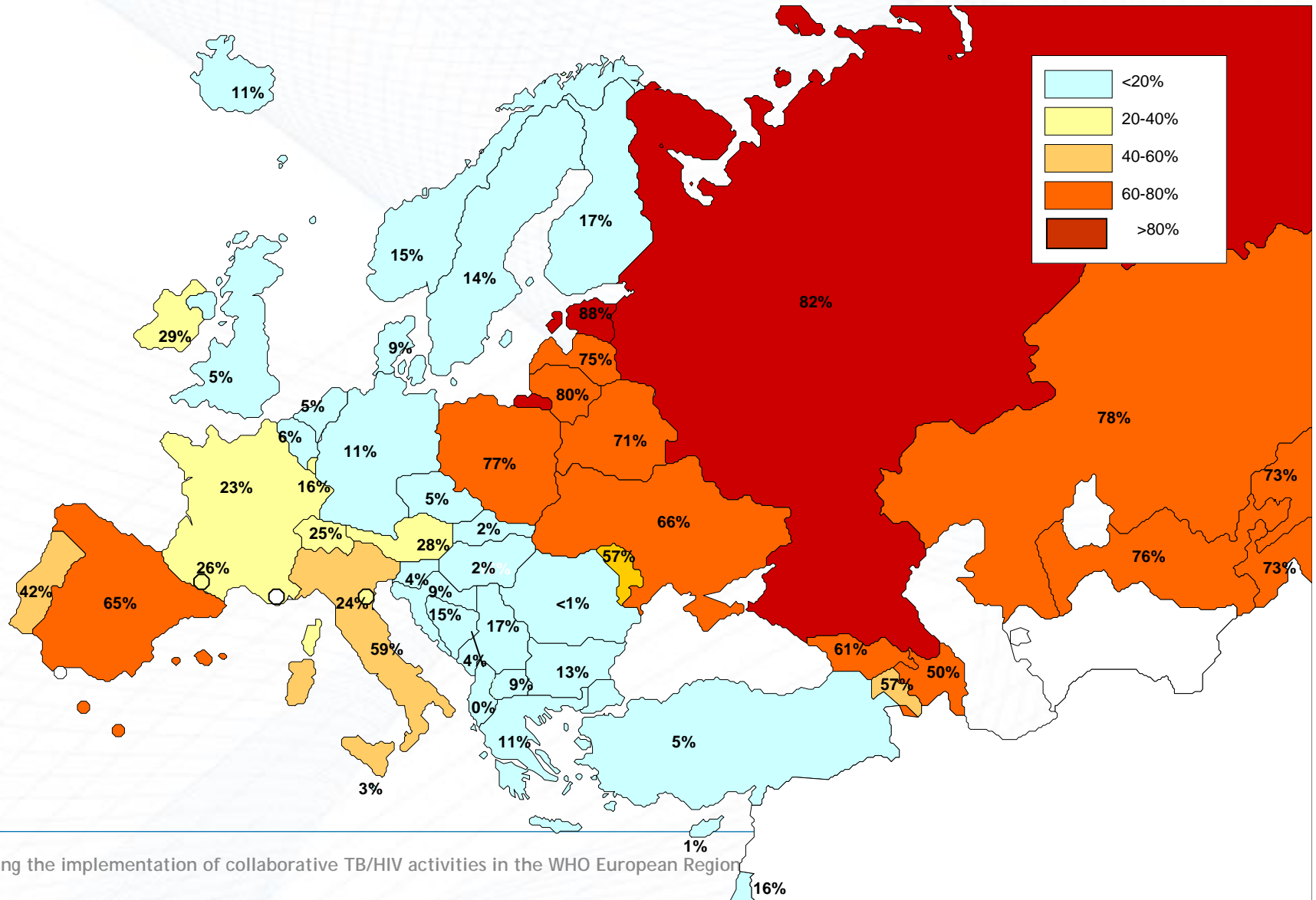
\*\*\* excluding Bulgaria and Romania that become EU in 2007

# Cumulative number of reported HIV/AIDS cases in WHO European Region



# IDU as % of all HIV/AIDS cases with known transmission route

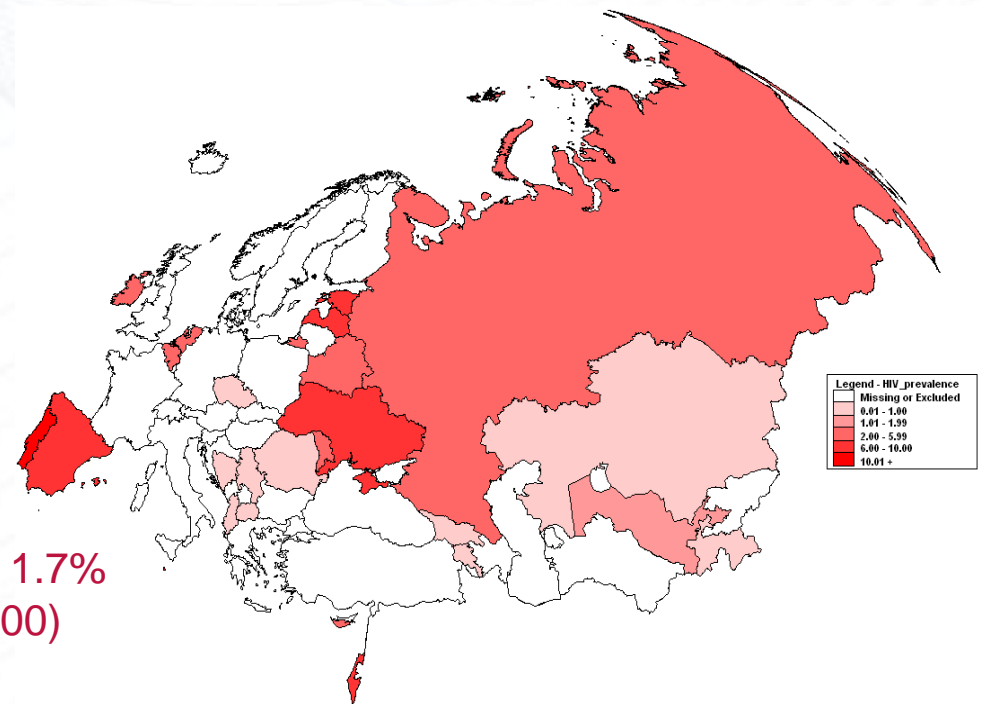
NOTE: % of AIDS cases in countries not reporting HIV: France, Italy, Spain Sources: WHO/ECDC, national reports.



# TB/HIV co-infection WHO European Region (2008)

## HIV case finding among TB:

- Estimated HIV prevalence = **5.6%** ( $\approx$  23.800 people)
- HIV testing coverage = **79%** ( $\approx$  357.000 patients)
- HIV prevalence among tested TB = **3.0%** ( $\approx$  11.500 patients)
- **48%** of TB/HIV patients are detected
- 61 % of TB/HIV patients are covered by CPT
- **28%** of TB/HIV patients are covered by ARV treatment



## TB case finding among PLHIV:

- estimated TB prevalence among PLHIV = 1.7%
- screening coverage for TB = ??? ( $\approx$  205 000)
- 9.2 % covered by IPT

# Issues to be discussed

Epidemiology in  
WHO European  
Region:  
TB, HIV &  
TB/HIV

Challenges

Response



# Challenges addressing TB/HIV (1)

## Political commitment

- Lack of a sense of urgency at political level
- Lack of awareness of the issue among decision makers, including absence of proper legislation for drug users

## Surveillance

- Low country response rate to TB/HIV co-infection surveillance:
  - country legislation
  - infrastructure challenges (unlinked HIV databases)
  - no or poor collaborative data management
- Poor data consistency between HIV and TB surveillance systems

# Challenges addressing TB/HIV (3)

## Health System

- Limited collaboration between the vertical HIV and TB programmes (drug dependence, STIs, viral hepatitis)
- Lack of integration between HIV and TB services
- Lack of appropriate human resource and staff skills
- Poor infection control
- Weak laboratory services
- Inappropriate financial resource allocation
- Lack of community and activists involvement (double stigma)

# Challenges addressing TB/HIV (4)

## Most at risk population

- Both epidemics spread within vulnerable “most at risk populations” i.e. drug users, prisoners and migrants
- Out of the system, poor access to services, marginalized and stigmatized
- Low uptake of HIV testing
- Limited access to ART

# Issues to be discussed

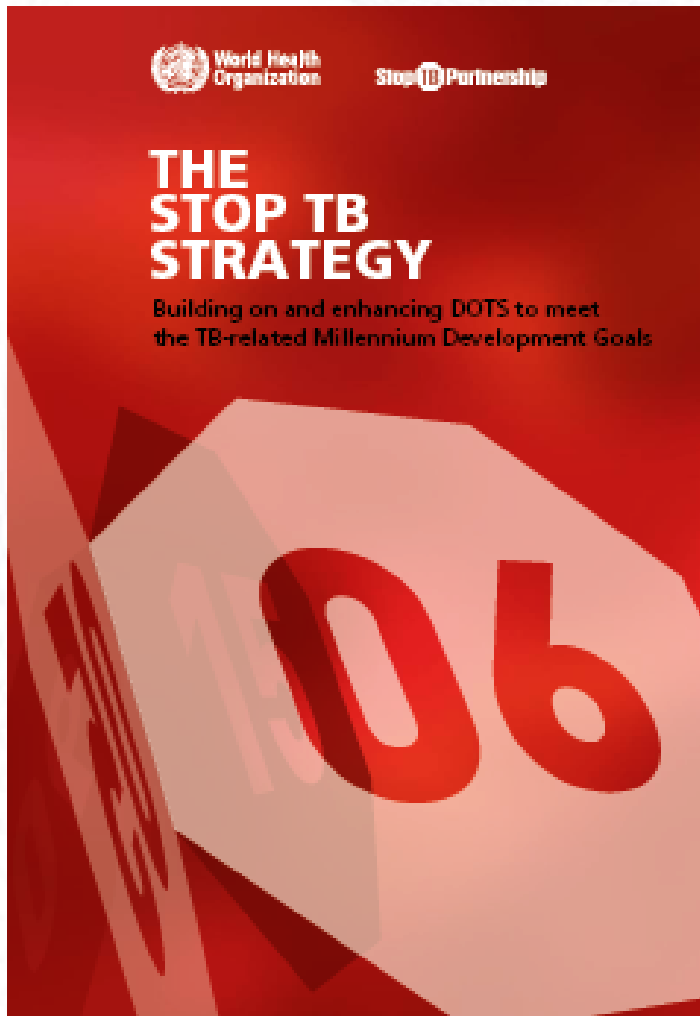
Epidemiology in  
WHO European  
Region:  
TB, HIV &  
TB/HIV

Challenges

Response:

- Strategic (appropriate) policy guidance
- Technical support

# Response: Stop TB Strategy



1. Pursue high-quality DOTS expansion and enhancement
2. **Address TB-HIV**, MDR-TB and other challenges
3. Contribute to health system strengthening
4. Engage all care providers
5. Empower people with TB, and communities
6. Enable and promote research

# Policy on collaborative TB/HIV activities A WHO Document, 2004

## A. Establish NTP-NACP collaborative mechanisms

- ◆ Set up coordinating bodies for effective TB/HIV activities at all levels
- ◆ Conduct surveillance of HIV prevalence among TB cases
- ◆ Carry out joint TB/HIV planning
- ◆ Monitor and evaluate collaborative TB/HIV activities

## B. Decrease burden of TB among PLHIV (the "3 Is")

- ◆ Establish intensified TB case finding
- ◆ Introduce INH preventive therapy
- ◆ Ensure TB infection control in health care and congregate settings

## C. Decrease burden of HIV among TB patients

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



# “All against Tuberculosis” WHO European Ministerial Forum, 2007



All Against Tuberculosis  
WHO European Ministerial Forum  
Berlin, 22 October 2007

EUR/07/5061622/5  
74415  
22 October 2007  
ORIGINAL: ENGLISH

## The Berlin Declaration on Tuberculosis

1. We, the Ministers of Member States in the European Region of the World Health Organization (WHO), meeting with the WHO Regional Director for Europe and high-level partners at the WHO European Ministerial Forum on Tuberculosis, held in Berlin on 22 October 2007, note with concern that tuberculosis (TB) has re-emerged as an increasing threat to health security in the WHO European Region.

- In 2005, there were 445 000 new cases of TB and 66 000 TB-related deaths in the Region.
- There are high TB incidence rates within the Region.
- Even in countries with a relatively low burden, there has been a reversal of the previous decline.
- Throughout the Region, the presence of TB is often related to social and economic factors and migration.
- Poor adherence to accepted TB control practices has created high levels of man-made multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB).
- No new diagnostics, drugs or vaccines have been developed over the past several decades.
- Many countries in the Region face a shortage of competent and motivated human resources for TB control.
- In the Region, TB is the most prevalent cause of illness and mortality in people living with HIV/AIDS, and few countries address TB/HIV coinfection in a comprehensive manner.
- TB does not respect borders.

2. We note that, despite some achievements over the past decade, TB control and efforts towards elimination of the disease in the Region need to be improved.

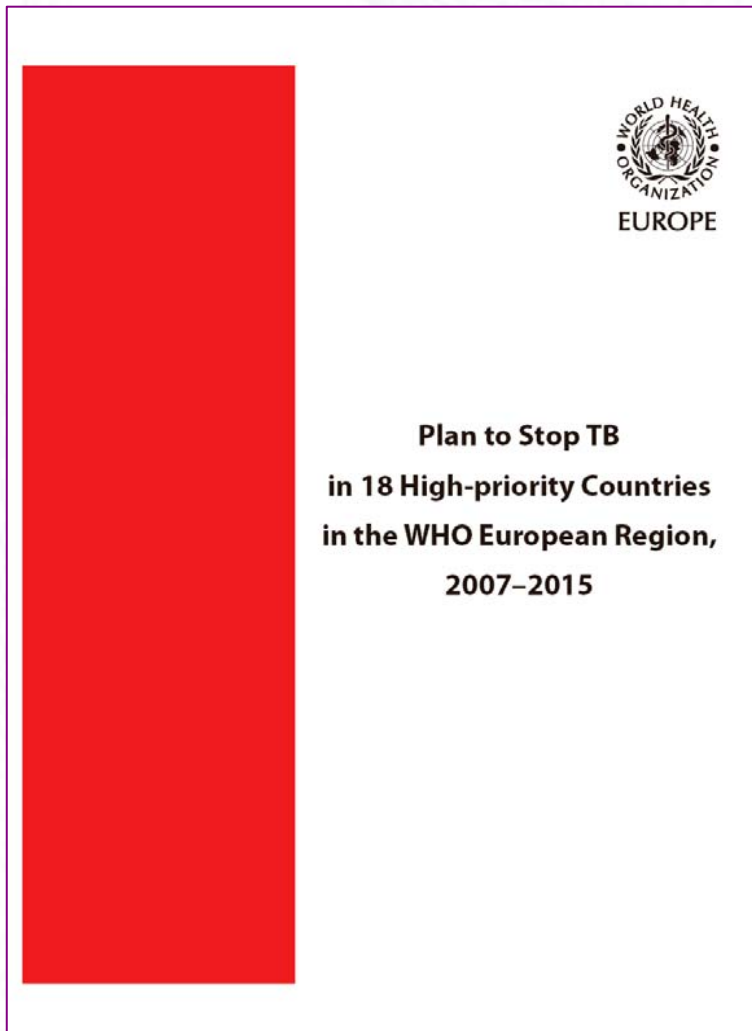
- The Region has a high proportion of unfavourable treatment outcomes resulting from poor implementation of internationally accepted TB control strategies.
- The use of currently available quality-controlled diagnostics and appropriate evidence-based treatment strategies needs to be further strengthened.
- TB control in groups at high risk such as migrant populations, the homeless, prisoners and other socially vulnerable groups must be addressed.
- Focused action is needed to tackle MDR/XDR-TB and TB/HIV coinfection.
- Prevention, including infection control, is a factor of continued importance in TB control, especially among vulnerable groups.
- Timely collection, transmission, validation and analysis of quality TB surveillance data are essential for proper TB control and elimination interventions.

We, the Ministers of Member States **note with concern** that:

- In the Region, TB is the most prevalent cause of illness and mortality in people living with HIV/AIDS, and few countries address TB/HIV coinfection in a comprehensive manner.

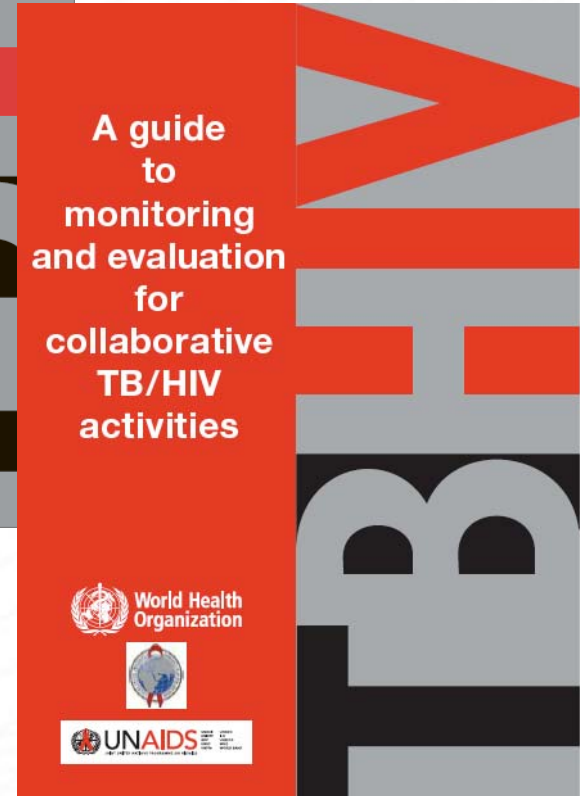
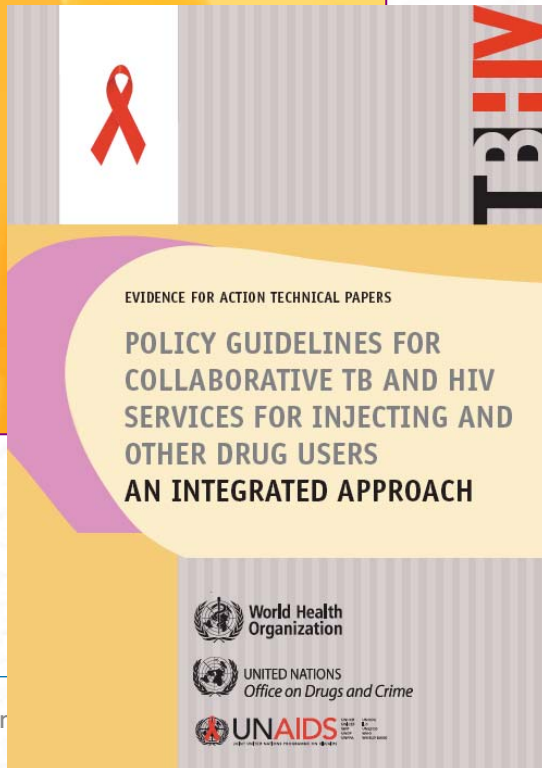
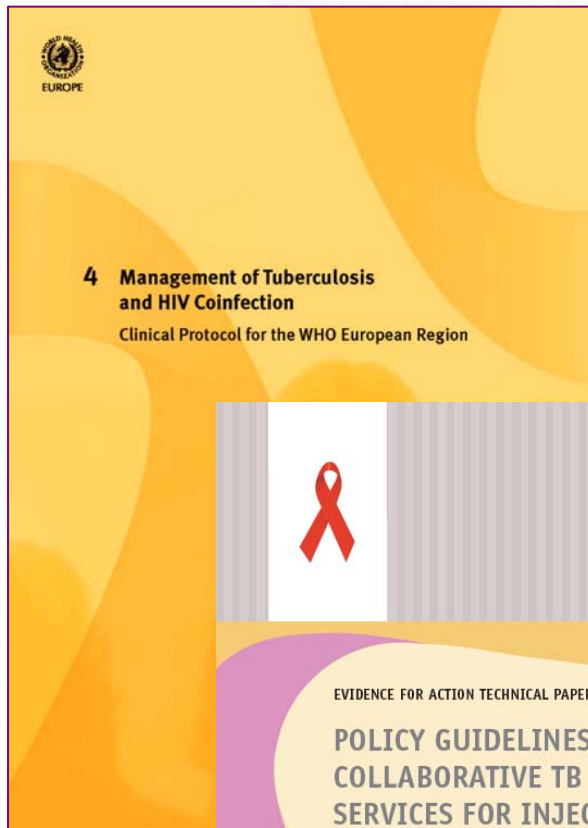


# Plan to stop TB in 18 priority countries: Activities to address TB/HIV challenges



- Strengthen collaboration between the TB control and HIV/AIDS control programmes
- Promote HIV surveillance among TB patients
- Promote activities targeting high-risk groups, including prisoners and IDUs

# WHO policy guidance



# Response: technical support

- On strengthening collaboration between TB and HIV/AIDS national programmes and development of common platforms for coordinated activities
- In ensuring access to TB/HIV care for drug users
- On the 3Is approach
  - implementation of intensified case finding, isoniazid prevention therapy and infection control among people living with HIV/AIDS
- Through the NTP reviews, country missions & training of national stakeholders

# To do more, we need...

- More advocacy
  - To raise the profile of TB and TB/HIV with politicians and decision makers
  - To raise awareness of TB/HIV among health workers
  - To promote coordination of TB/HIV service delivery
- More health care workers (human resource development)
  - More qualified people, better trained, better cared for
  - Less "poaching" from richer countries
- Better health systems
  - Improved organisation and management
  - Collaboration between separate systems

# and, we need...

- More and better coordinated financial resources
  - GFATM, UNITAID, PEPFAR and World Bank all increasingly recognising TB/HIV as a priority
- Better tools (operational research)