

# Agenda

## March 21 - Morning

- |       |                                       |
|-------|---------------------------------------|
| 09.00 | Administrative Session                |
| 09.15 | The Year Ahead                        |
| 09.45 | Rio Forum Briefing                    |
| 10.15 | Coffee Break                          |
| 10.45 | M/XDR-TB Beijing Ministerial Meeting  |
| 12.00 | Achieving Universal Coverage (TB-HIV) |
| 12.30 | Lunch                                 |

## March 21 - Afternoon

- |       |   |
|-------|---|
| 14.00 | Beyond Beijing: Pacific Health Summit                         |
| 14.30 | Research Movement   |
| 15.00 | Coffee Break  |
| 15.30 | Union Conference  |
| 16.00 | Stop TB Partnership & McKinsey & Co.: Potential Joint Venture |
| 16.45 | Financial Crisis: Implications for TB & the Partnership       |
| 17.15 | Retooling Task Force  |
| 17.45 | Closing Session   |
| 18.00 | Adjourn   |

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# 16<sup>th</sup> Stop TB Coordinating Board Meeting

## Achieving Universal Coverage for TB-HIV

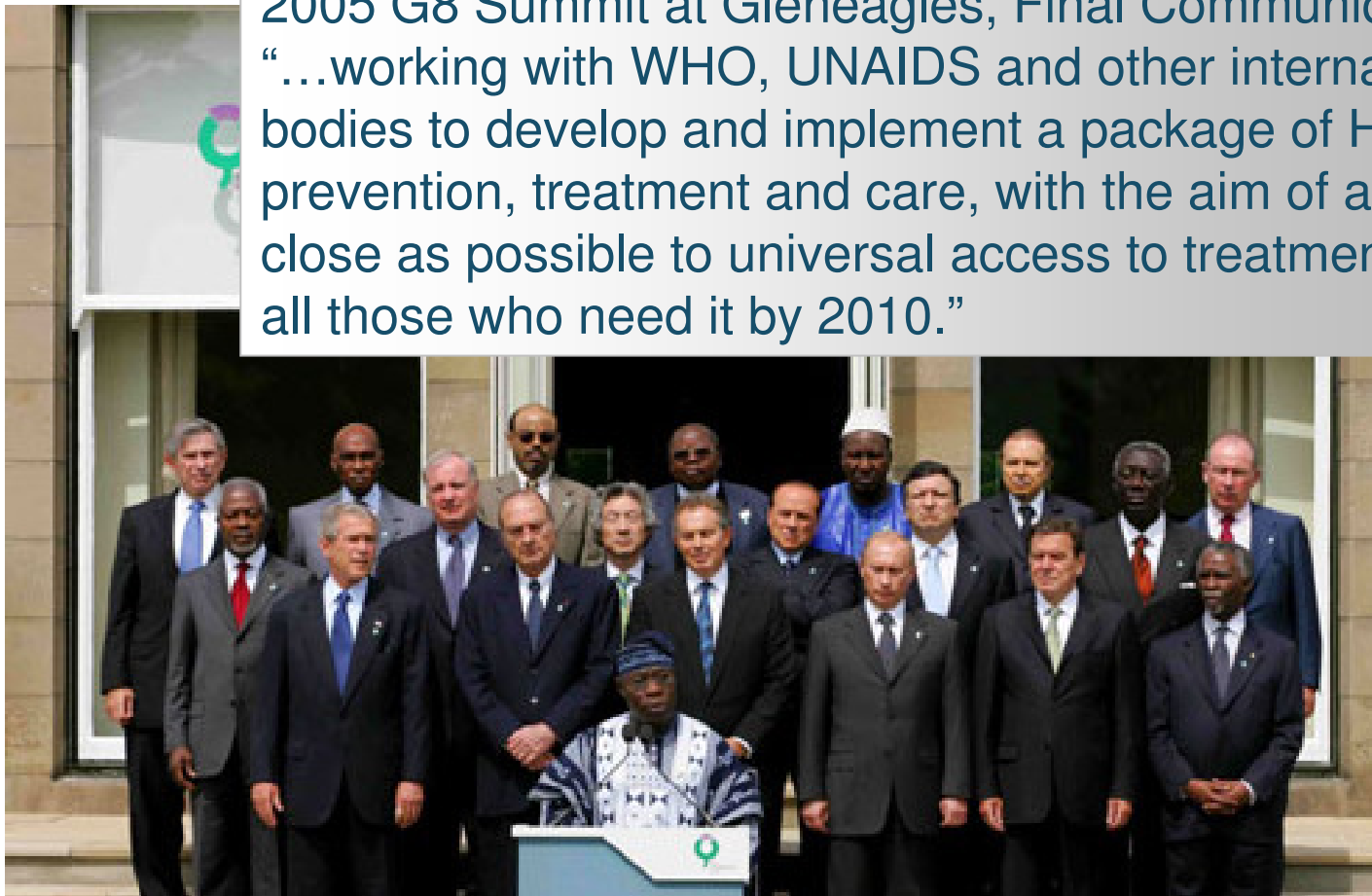
Diane V. Havlir, MD, University of California, San Francisco, USA  
Chair, HIV/TB Working Group of the Stop TB Partnership

Rio de Janeiro, 21 March 2009



# What is Universal Coverage for TB-HIV?

2005 G8 Summit at Gleneagles, Final Communiqué:  
“...working with WHO, UNAIDS and other international bodies to develop and implement a package of HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010.”



# What is Universal Coverage for TB-HIV?



Emphasize the need for accelerated scale-up of collaborative activities on tuberculosis and HIV, in line with the Global Plan to Stop TB 2006–2015, and for investment in new drugs, diagnostics and vaccines that are appropriate for people with TB-HIV co-infection

Political Declaration on HIV/AIDS, 2006. The UN General Assembly

# The First HIV/TB Global Leaders' Forum meeting at the United Nations, New York, June 9, 2008

## VISIBILITY AND ACCOUNTABILITY

Regular reporting on progress in addressing HIV/TB

- **UN General Assembly Special Sessions on HIV/AIDS**
- **World Health Assembly**
- **Health and development meetings convened by the UN**

## TARGETS AND SURVEILLANCE

Set national targets and mobilized estimated \$19 billion necessary to halve the number of people living with HIV who die unnecessarily of TB annually by 2015

Increase surveillance of TB and drug resistant TB among people living with HIV to monitor progress



# **The First HIV/TB Global Leaders' Forum meeting at the United Nations, New York, June 9, 2008**

## **INTEGRATED HIV/TB SERVICES WITH PERSON CENTERED APPROACH**

### **COMPONENTS OF INTEGRATED SERVICES :**

Access to HIV counseling and testing and HIV prevention and care for all TB patients

Routine TB screening and TB prevention at HIV care settings

Safety of HIV- infected persons to access health care system without fear of contracting TB



# Call for Action at the first HIV/TB Global Leaders' Forum meeting at the United Nations, New York, June 9, 2008

## ENGAGEMENT OF CIVIL SOCIETY

Mobilize communities, wider civil society and the private sector affected by HIV in the TB response

Educate and empower these communities to become active partners in prevention, diagnosis and treatment of TB

## HEALTH SYSTEMS AND RESEARCH

- Include HIV/TB as part of broader development and poverty reduction strategies and strengthen health systems
- Increase investment and facilitate research to promote the development of better drugs, diagnostics and vaccines— for prevention, diagnosis and treatment of TB



## UNIVERSAL COVERAGE FOR TB-HIV

*(Global Plan to stop TB 2006-2015)*

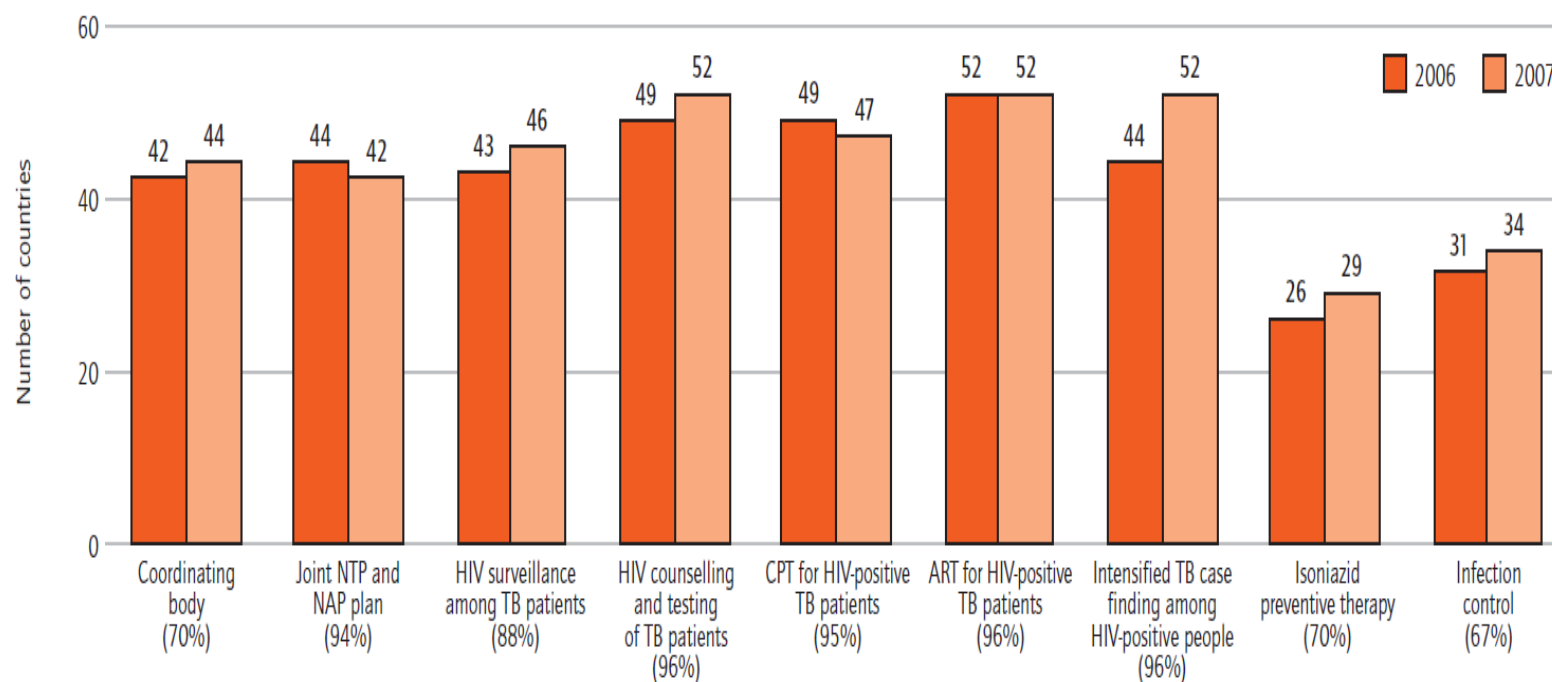
<b>Activity</b>	<b>Global Plan Target 2010</b>	<b>Country progress 2007</b>
<b>Number HIV-positive persons actively screened for TB</b>	<b>22,000,000</b>	<b>630,000</b>
<b>Number of eligible HIV-positive persons offered IPT</b>	<b>2,600,000</b>	<b>29,000</b>
<b>Number of TB patients tested for HIV</b>	<b>3,100,000</b>	<b>1,000,000</b>
<b>Number of HIV-positive TB patients started on ART</b>	<b>300,000</b>	<b>90,000</b>



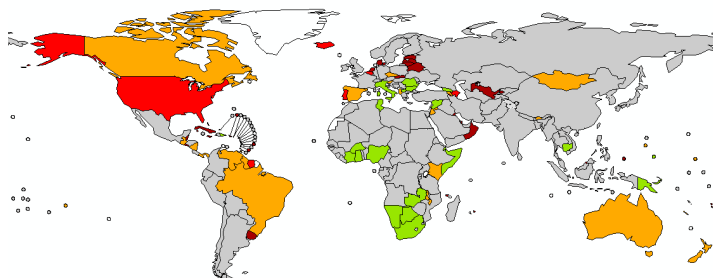
# NATIONAL POLICIES FOR COLLABORATIVE TB/HIV POLICIES

**FIGURE 2.4**

Mechanisms for collaboration and national policies for collaborative TB/HIV activities, 63 priority countries, 2006-2007. Numbers under bars show the percentage of total estimated HIV-positive TB cases accounted for by reporting countries.

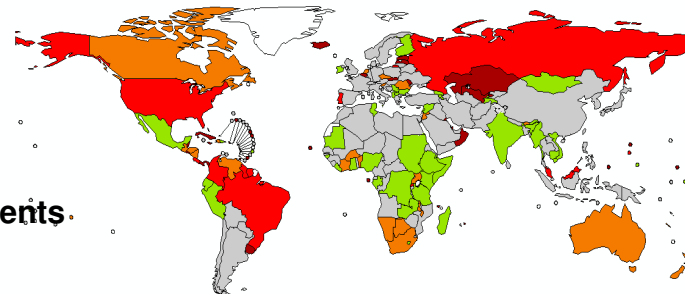


2004



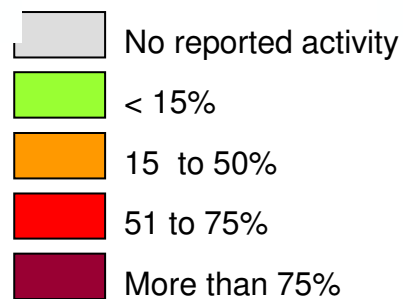
3%

2005

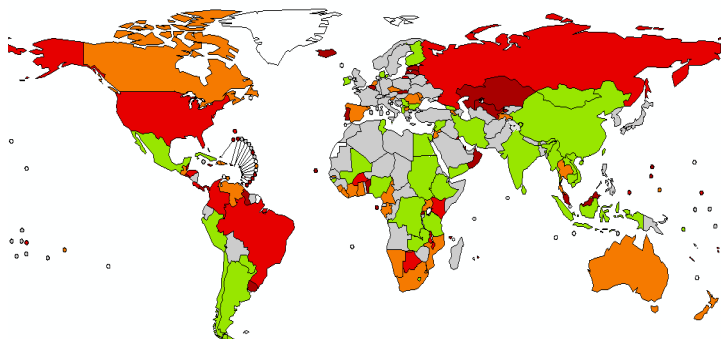


9%

Proportion of TB patients  
tested for HIV  
Key

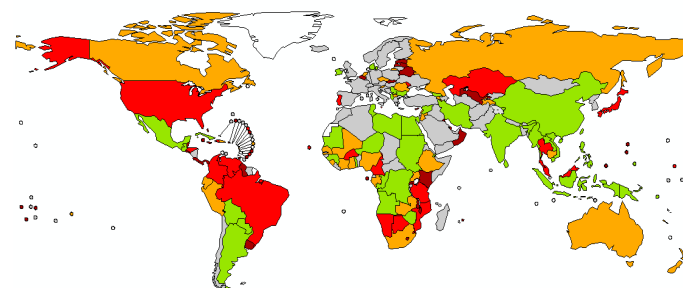


2006



12%

2007



16%

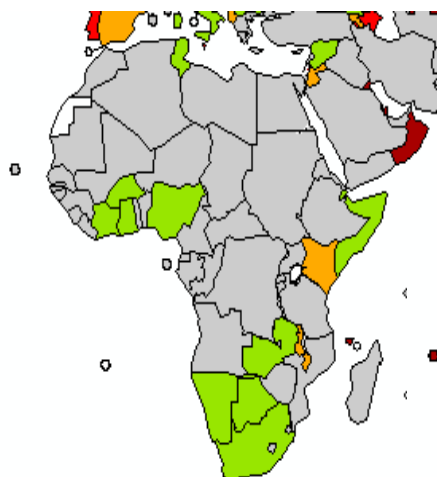
## Progress of HIV testing for notified TB patients

Coordinating Board Meeting | Rio de Janeiro | 21 March 2009



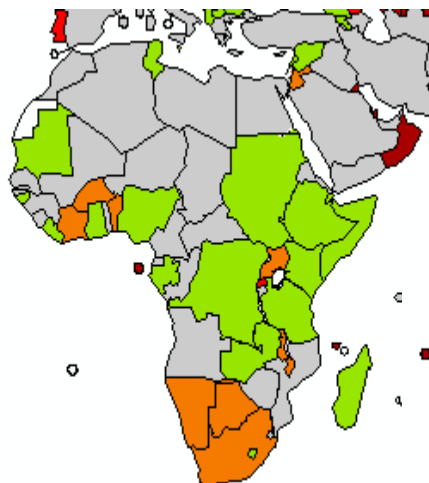
# HIV testing for notified TB patients in Africa

2004



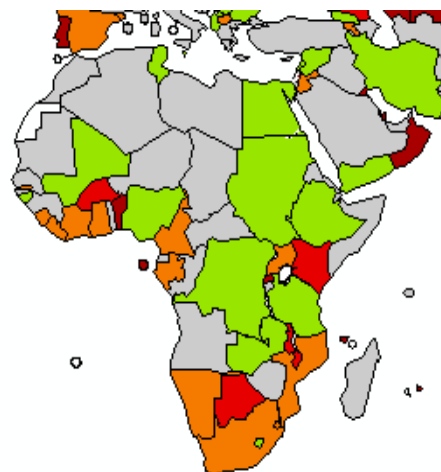
4%

2005



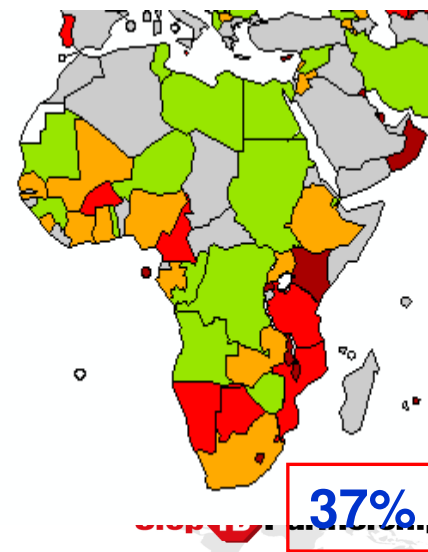
11%

2006



22%

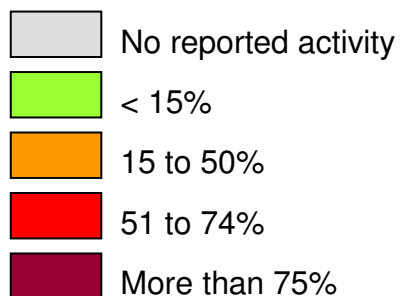
2007



37%

Proportion of TB patients  
tested for HIV

Key



16<sup>th</sup> Coordinating Board Meeting | Rio de Janeiro | 21 March 2009

## HIV testing and treatment, 2007

Region	TB patients tested for HIV, thousands (%)	% of tested TB patients HIV +	% of identified TB patients on CPT	% of identified TB patients on ART
AFR	492 (37)	51	66	29
AMR	114 (49)	13	36	77*
EMR	4.2 (1.1)	12	35	65*
EUR	169 (35)	2.5	52	16
SEAR	122 (5.5)	15	37	17
WPR	95 (6.6)	7	45	28
<b>Global</b>	<b>996 (16)</b>	<b>30</b>	<b>63</b>	<b>30</b>

Access to ART is very low and showed regional variation

# **In conclusion.. Encouraging but too little and too slow**

**The implementation of the Call for Action needs urgent attention**

**National targets and enhanced resources**

**Mobilization of communities, civil society and private sector**

**HIV/TB as a broader development agenda and high on the political radar**

**Acceleration of integrated HIV/TB services**

**Harmonization and improved monitoring and surveillance**



## **ACTION PLAN**

**The Partnership Secretariat with key partner agencies based in Geneva, proposes to:**

**Engage ministers collectively in discussion and debate  
To highlight the revised estimates on global TB-HIV  
burden**

**With Ministers of Health of the 63 TB/HIV priority  
countries most affected by TB-HIV co-infection**

# OPTIONS FOR ENGAGEMENT OF HEALTH MINISTERS

## THREE PREPOSED OPTIONS:

**Roundtable high-level dialogue and dinner debate during WHO  
World Health Assembly 18-27 May, 2009, Geneva, Switzerland**

**Roundtable high-level dialogue and dinner debate during United  
Nations Economic and Social Council Substantive Session 6-31  
July, 2009, Geneva, Switzerland**

**Regional Committee meetings of the two highest burden regions—  
AFRO and SEARO with 1 day meeting prior to regional meeting**

# DISCUSSION

## BEST OPTION FOR ENGAGEMENT OF MINISTERS

## EMPHASIS POINTS FOR MINSTERIAL MEETINGS