

**Enhancing TB/HIV in Global Fund proposals:
What more could be done?
AIDS programme manager perspective**



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HIV epidemic and response in Viet Nam

● Statistics

- Estimated HIV population (2010) 254,400
- Estimated adult ART needs (2010) 102,000
- Reported HIV cases (2010) 183,938
- People receiving ART (2010) 49,492
- HIV prevalence in IDUs (2009) 18.4%

● Concentrated epidemic:

- Injection drug use being major driver.

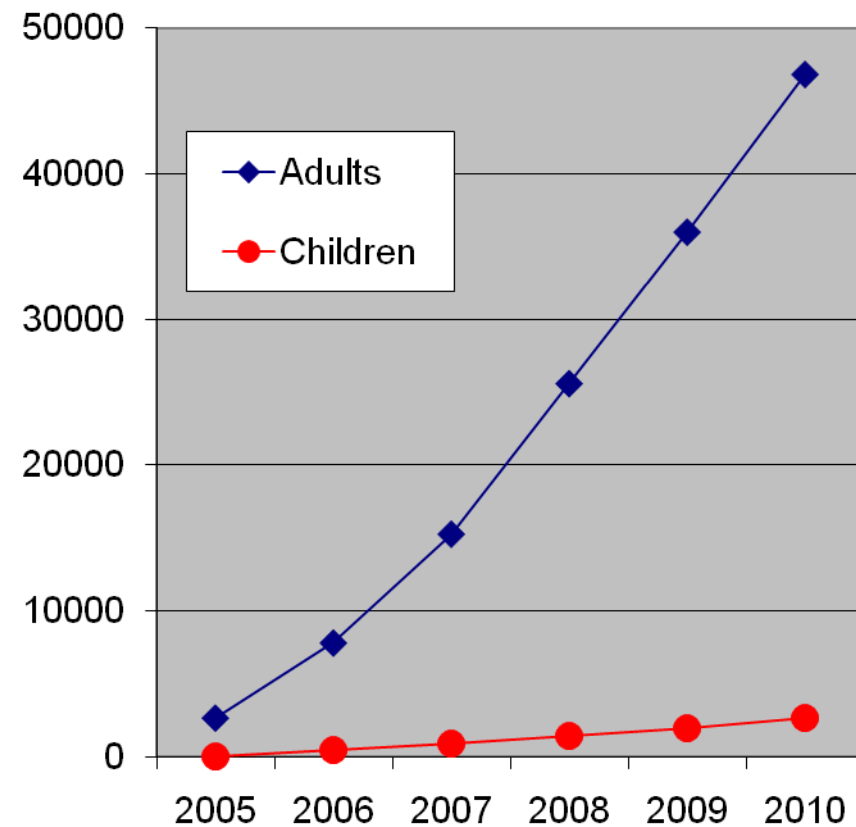
● Comprehensive harm reduction:

- needle-syringe, condom, methadone maintenance.

● Successful ART scale-up:

- 18 times increase in the in past five years (2005-2010)

Number of people receiving ART in Viet Nam



HIV/TB collaborative activities in Viet Nam

- National protocol for TB/HIV diagnosis and treatment management (2007)
 - Currently under review.
- TB/HIV joint committee for collaborative activities
 - Established at National level and in some Provinces
- New national strategy for HIV and TB
 - Both program strategies include HIV/TB activities
- Gene Expert
 - 20+ Gene Expert machines being deployed.



Strengthening 3 'I' s – Progress So Far

● ICF/IPT

- National guidelines being finalized based on WHO 2010 recommendations.
- Training and implementation through donor-supported projects (PEPFAR-Life-Gap and GFATM)
 - Introduction of symptom-based algorithm, IPT scale-up

● IC

- National guidelines approved (2010), based on WHO 2009 guidance (2010)
- Training of trainers in TB IC.
- IC facility assessment of up to 50 district units including TB, MDR-TB and HIV facilities.

● Achievement (2010) - Further scale-up needed:

- # of HIV+ incident TB cases that received treatment for TB and HIV 3369
- # (%) newly-enrolled in HIV care given isoniazid preventive therapy (IPT) 1317 (9%)



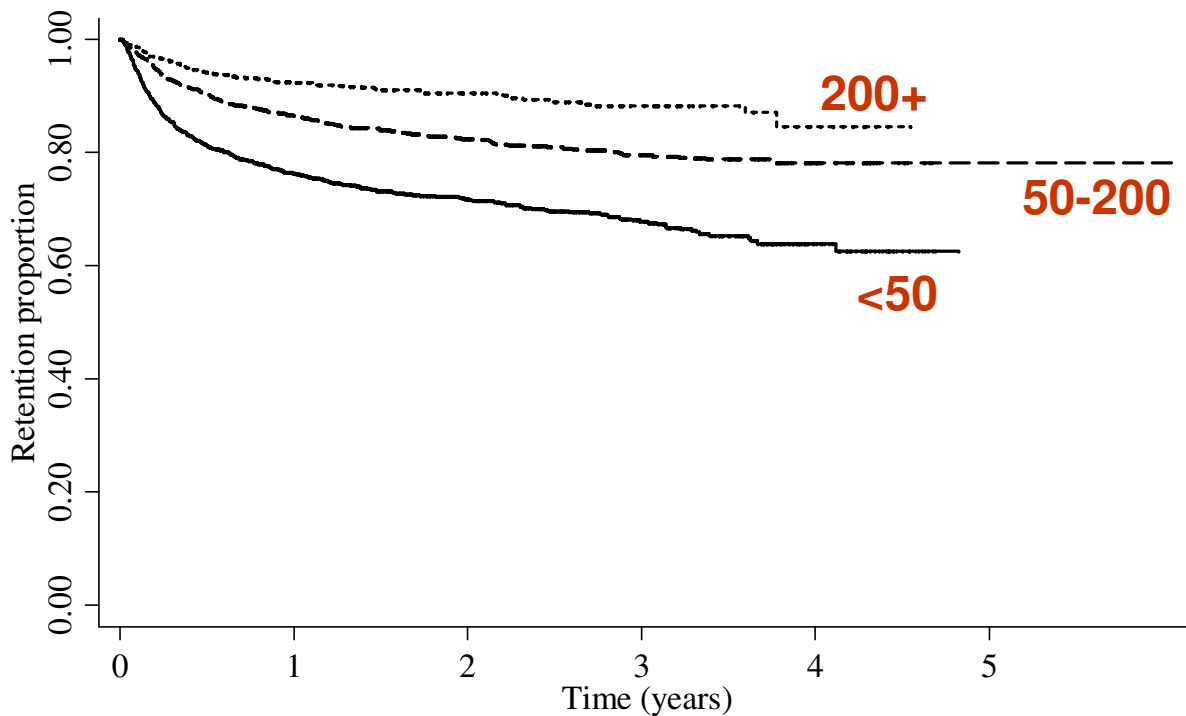
Challenges in HIV/TB collaborative activities

- Two vertical programs
 - Challenges in collaboration at all levels
- HIV and TB services provided at different facilities
 - Need for one-stop services (integrated service delivery)
- Challenges in timely diagnosis, referral and treatment for HIV/TB patients
 - Especially smear negative PTB and EPTB
- Management of MDR-TB/HIV
- Closed settings



Late HIV treatment initiation common and contributing to early mortality in PLHIV

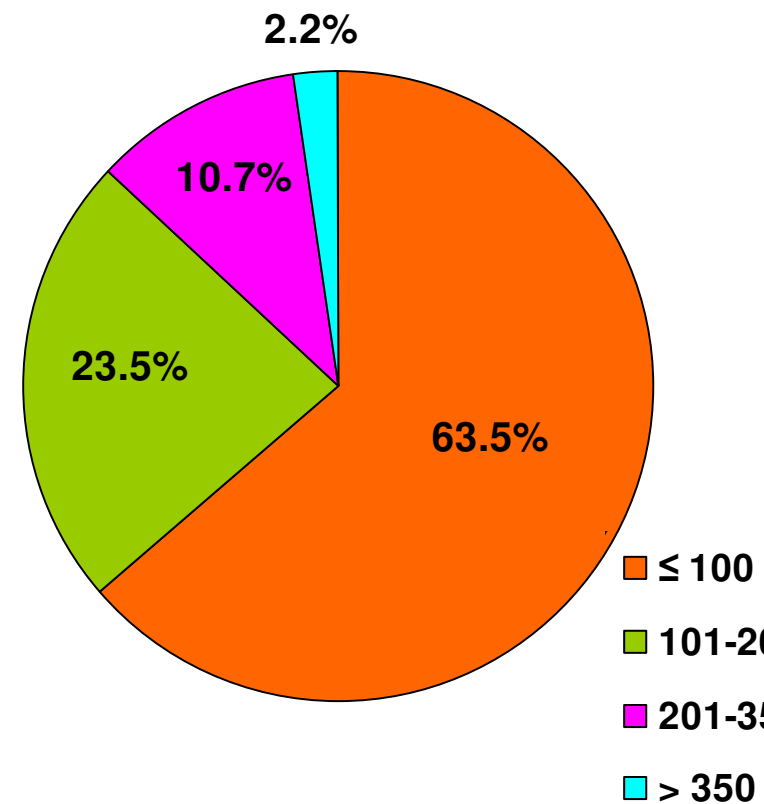
Retention of patients stratified by baseline CD4



Number at risk	0	1	2	3	4	5
<50	2532	1495	829	341	72	0
50-<200	3206	2138	1095	450	75	1
200+	1080	699	374	138	23	0

(N=6875, 2005-2009 cohorts, VAAC 2010)

Distribution of base line CD4 count



(N=1553, 2009 cohort, VAAC)



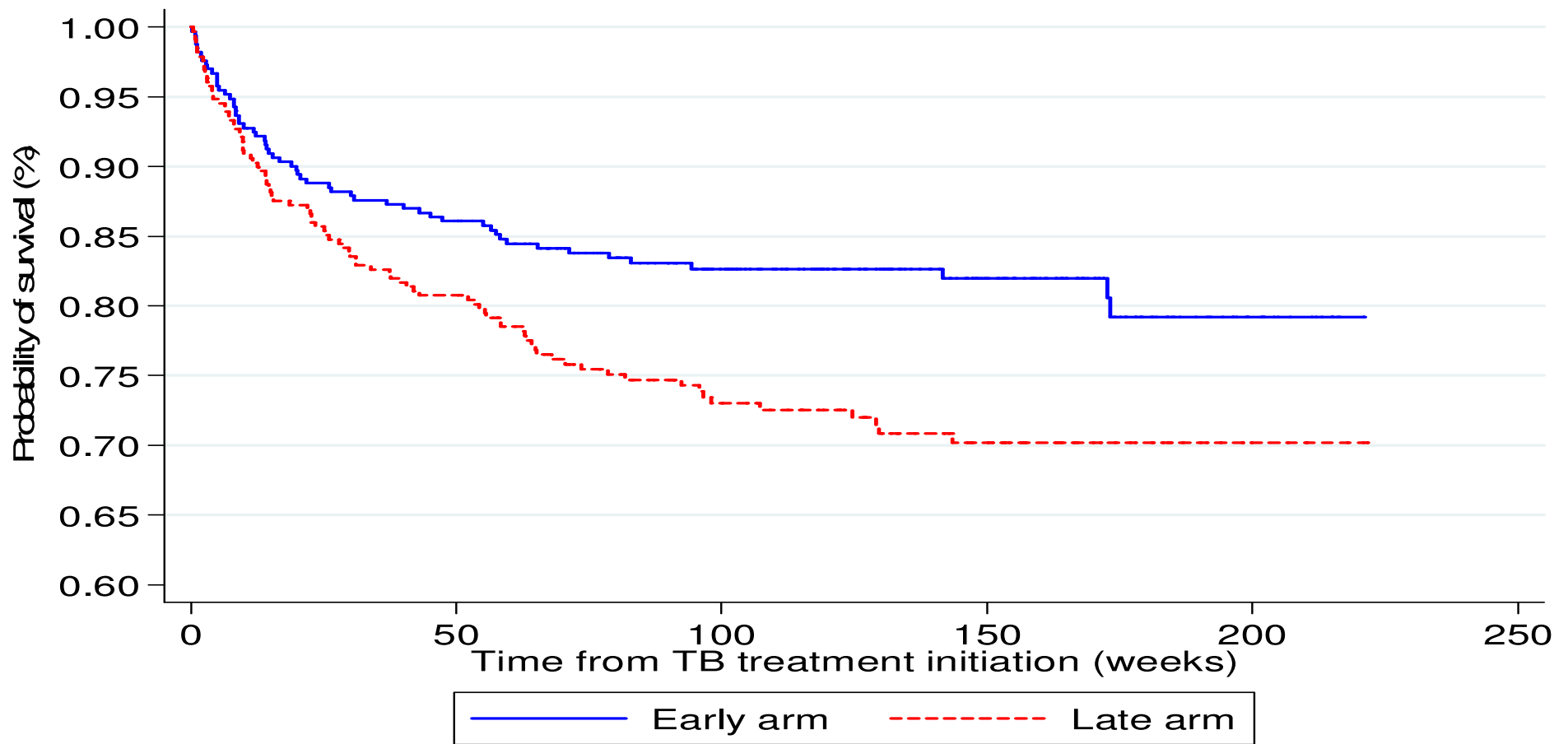
TB disease major contributing factor of early mortality in PLHIV

- TB may account for 40% of deaths in PLHIV (national estimates)
- 40% of PLHIV deaths was due to TB in Quang Ninh province (Cuong et al. 2011)
- 65% of deceased PLHIV (N=26) in 2008/09 cohorts had TB disease in Khanh Hoa province (chart review)

Viet Nam 2008	
(A) Estimated TB/HIV death	3101
(B) Estimated AIDS death	7774
% (A) / (B)	39.9%
Source: (A) Global Tuberculosis Control 2009, WHO, Geneva (B) Estimates and projection 2009, VAAC	



ART prevents early TB mortality



The CAMELIA trial

THLBB106 - IAS 2010

Viet Nam Authority of HIV/AIDS Control



Moving from 3 'I' s to 5 'I' s

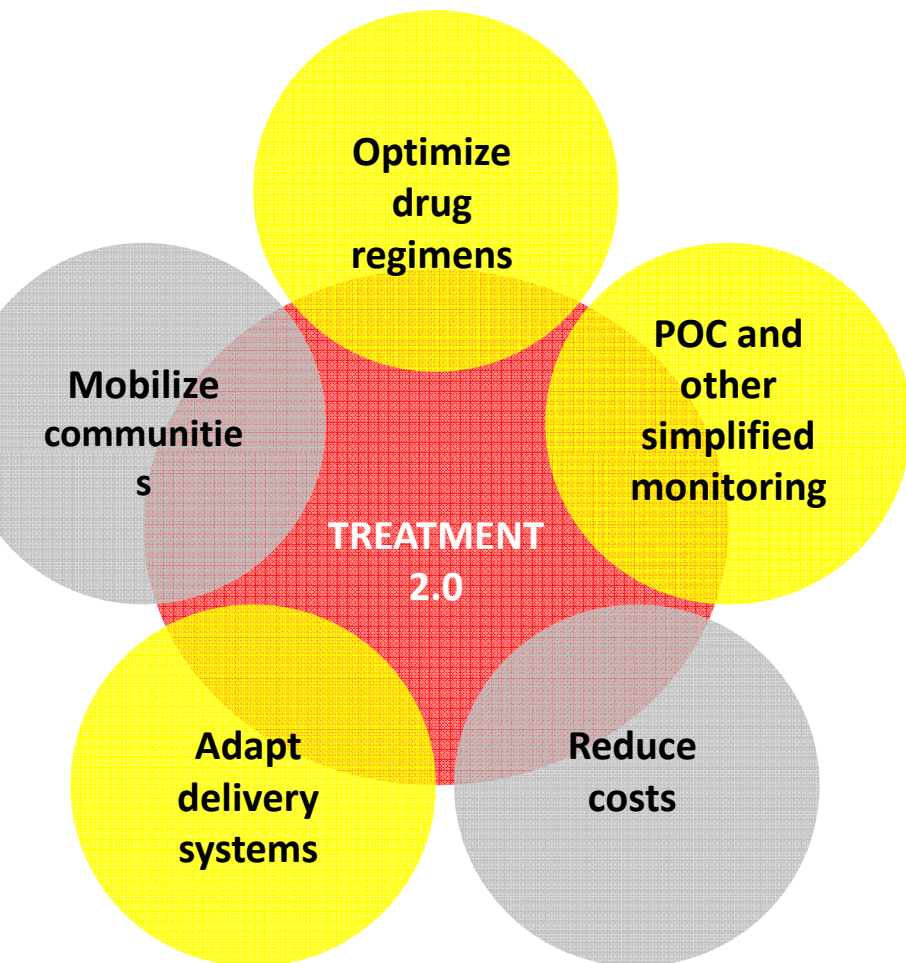
- 1) Intensified tuberculosis case-finding
- 2) Isoniazid preventive therapy
- 3) Infection control for TB
- 4) **Initiate earlier ART:**
 - Initiate earlier ART to prevent TB <350 CD4 count
 - ART for all TB patients living with HIV irrespective of immune status and as soon as possible (<8 weeks)
- 5) **Integrate HIV and TB services when feasible**
 - Diagnosis and treatment of TB by HIV services
 - Rapid diagnosis of smear-negative and extra-pulmonary TB
 - Daily 6-month RIF regimen for TB patients

Courtesy: Dr Reuben Granich (WHO)



Treatment 2.0 pilot in Viet Nam

Contribution to HIV/TB



- Demonstration pilot in Viet Nam
 - Two provinces (Can Tho, Dien Bien), 2011-2012
- Adapt service delivery
 - Decentralization to commune level
 - Integration towards “one stop” service
- Point-of-care diagnosis
 - Rapid test algorithm
 - Gene Expert
- Earlier HIV diagnosis and early ART treatment initiation
 - Reduce TB incidence and mortality
- 3 ‘I’ s key elements of provincial pilot

Decentralization and Integration

Number / % of administrative units with HIV or TB services			
	Provincial (total 63)	District (total 690)	Commune (Total 11055)
HIV	63 (100%)	155 (22.5%)	0 (0%)
TB	63 (100%)	690 (100%)	11055 (100%)

- Decentralization of HIV services will create opportunity for integrated service delivery “One stop” service.
- TB program’s “Public-Public Partnership” (TB services at General Hospitals) will also promote integrated service delivery.



Global Fund proposals: What more could be done?

- Joint planning of HIV and TB program critical
 - National response and GF proposal development
- Support Treatment 2.0
 - Decentralization, Integration
 - Point-of-care diagnosis
- Expand ART coverage and earlier
 - Further ART scale-up
 - ART initiation at CD4 350
 - Community engagement: Treatment literacy among key affected populations (IDUs, FSWs, MSMs)



Global Fund proposals: What more could be done?

- Role out of new WHO 2009/2010 guidance
 - ICF based on symptom-based algorithm
 - IPT
 - IC
- Molecular diagnosis
 - Gene Expert
- HIV test-kits for TB patients
- Operational researches



*Thank you for your
attention!!*

