Collaborative TB and HIV Services for People Who Use Drugs

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

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WHO - WPRO
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HIV/AIDS – 2007

- 33.2 mill. people living with HIV
- 2.5 mill. new HIV infections
- 2.1 mill. AIDS deaths
- HIV incidence peaked in late 1990s
  - Global HIV prevalence stable
  - Deaths declined in last two years
- Great heterogeneity, including in regions with concentrated epidemics
Injecting Drug Use (IDU) UN Reference Group - 2008

- Identified in 148 countries
- 15.9 million PWID
- Up to 10% of all HIV infections linked with injecting
- Up to 3.3 million PWID living with HIV
- Injecting Drug Usage drives the epidemics in many Asian countries
Explosive HIV spread among PWID

*HIV prevalence among general population ≥1%

Edinburgh
Bangkok*
Myanmar*
Manipur* & Yunnan
Ho Chi Minh City
Odessa*
Vancouver
PWID in countries of the SEARO 2007

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated no of PWID</th>
<th>Estimated % HIV positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>168,000</td>
<td>11.15%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>31,500</td>
<td>1.35%</td>
</tr>
<tr>
<td>Nepal</td>
<td>24,500</td>
<td>41.4%</td>
</tr>
<tr>
<td>Thailand</td>
<td>169,500</td>
<td>42.5%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>75,000</td>
<td>42.9%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>222,500</td>
<td>42.5%</td>
</tr>
</tbody>
</table>

REFERENCE:
Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review.

What is TB?

- TB infection (one in 3)
- transmitted by coughing
  (overcrowding/country with high TB prevalence)
- progresses to disease for 1 in 10 infected
  (unless immunosuppression: HIV, malnutrition,
  Alcohol/ homelessness/poverty)
- INH tablet can clear infection

TB is curable.
People who inject drugs and TB

- People who inject drugs have 10-30 times rates of TB
- People who inject drugs are in and out of prisons.
  - In prison TB rates are 10 to 50 times higher
- HIV adds additional risks of TB
  - from 5-10% lifetime risk
  - to 5-10% annual risk of TB
  23% of all HIV deaths from TB
% of HIV cases that are drug injection related

>70% Eastern Europe & Central Asia
50% in China
20% in South/South East Asia

This slide shows that a number of the regions/countries where the HIV epidemic is driven by drug usage are also those with high estimated rates of MDR TB. These are bad news for people who use drugs and for TB control.
Figure 1.2 Geographical distribution of estimated HIV-positive TB cases, 2007. For each country or region, the number of incident TB cases arising in people with HIV is shown as a percentage of the global total of such cases. AFR* is all countries in the WHO African Region except those shown separately; AMR* excludes Brazil; EUR* excludes the Russian Federation; SEAR* excludes India and WPR* excludes China.
# TB/HIV Figures

<table>
<thead>
<tr>
<th></th>
<th>Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB incident cases</td>
<td>9.3</td>
</tr>
<tr>
<td>HIV prevalent cases</td>
<td>3.0</td>
</tr>
<tr>
<td>HIV deaths</td>
<td>2.0</td>
</tr>
<tr>
<td>TB/HIV incident cases</td>
<td>1.37</td>
</tr>
<tr>
<td>TB/HIV deaths</td>
<td>0.46</td>
</tr>
</tbody>
</table>

TB/HIV causes 23% of all HIV deaths

(0.46/2 million)
People who use drugs have poor access to services

- HIV prevention coverage is low
  - access to ART treatment is low.
- Services in "silos"
  - PWID have to make choice TB inpatient or drug treatment
- missed opportunities "low threshold" services
- Prejudice & denial of treatment: misunderstanding of adherence and Hep C
- Prison may bar access to services
- Algorithm for TB diagnosis different from immunocompetent patients
The need for a policy response

- The need for proper treatment: Human right based
  - Service collaboration works better than Silo thinking
  - Adherence measures work
    - Treatment completion for TB, IPT and ART comparable to those not using drugs

- Failure to act: public health impact.
  - Difficulties in Diagnosis
  - Poor treatment
    - high death rates & morbidity
  - The deadly mix in a vulnerable group:
    - High rates of HIV; High rates of TB.
    - poor treatment access and no friendly services impact in adherence
      -> increase in tuberculosis drug resistance
People living with HIV/AIDS have peculiarities in the Diagnosis of TB

• Algorithm for TB diagnosis different from immunocompetent patients
  – If immune suppressed people may have sputum smears negative
  – Studies in Cambodia, Viet Nam and Thailand showed that cough > 3 weeks, fever and weight loss are a very high predictor of a positive culture. Similar results were found in Ethiopia.

Source: A revised Framework to address TB-HIV co-infection in the Western Pacific Region, WPRO, Manila, 2008
• Collaboration UNODC, UNAIDS, WHO
• Evidence gathering.
• Expert group meeting Nov 07 Copenhagen
• Development of recommendations
• Guideline launch August 08 (IAS Mexico)
Recommendations

1. Joint Planning Service providers
2. Package of Care
3. Overcoming Barriers
Recommendation:

1. Joint Planning Service providers

- Drug treatment Services
- Drug users & NGOS
- Primary care Services
- HIV Services
- Harm reduction Support/ Low Threshold Services
- TB Services
- Advocacy
- Human Resources & Training
- Operational Research
- Joint Planning
- Joint Coordination

World Health Organization
Western Pacific Region
Recommendations

2. Package of care

Intensified case finding for TB & HIV testing using all "points of contact"

Treat HIV (ART) and TB

Prevent TB:

- Through IPT in PWUD with HIV
- Prevention of TB through Infection Control

Prevent HIV & Harm Reduction:

- Needle Exchanges
- Opioid Substitution therapy and other drug treatment
- Condom programming for PWUD and partners
- STI prevention
- ARV as biological
- Hepatitis vaccination and treatment
Recommendations

3. Overcoming Barriers to find and treat

Service delivery: integrated /patient centred
include low threshold services

Adherence: accept possibility and promote methods

Co-morbidity: monitoring, not Tx refusal

Prisons: give equivalent Tx and follow up patient
From paper to practice

It is critical that community organisations, NGOs, and local WHO offices make sure that communities and governments receive this message.
Main Challenge

People who use drugs need to be seen as every other people who have a medical need and a right to services
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