

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
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HIV/AIDS – 2007



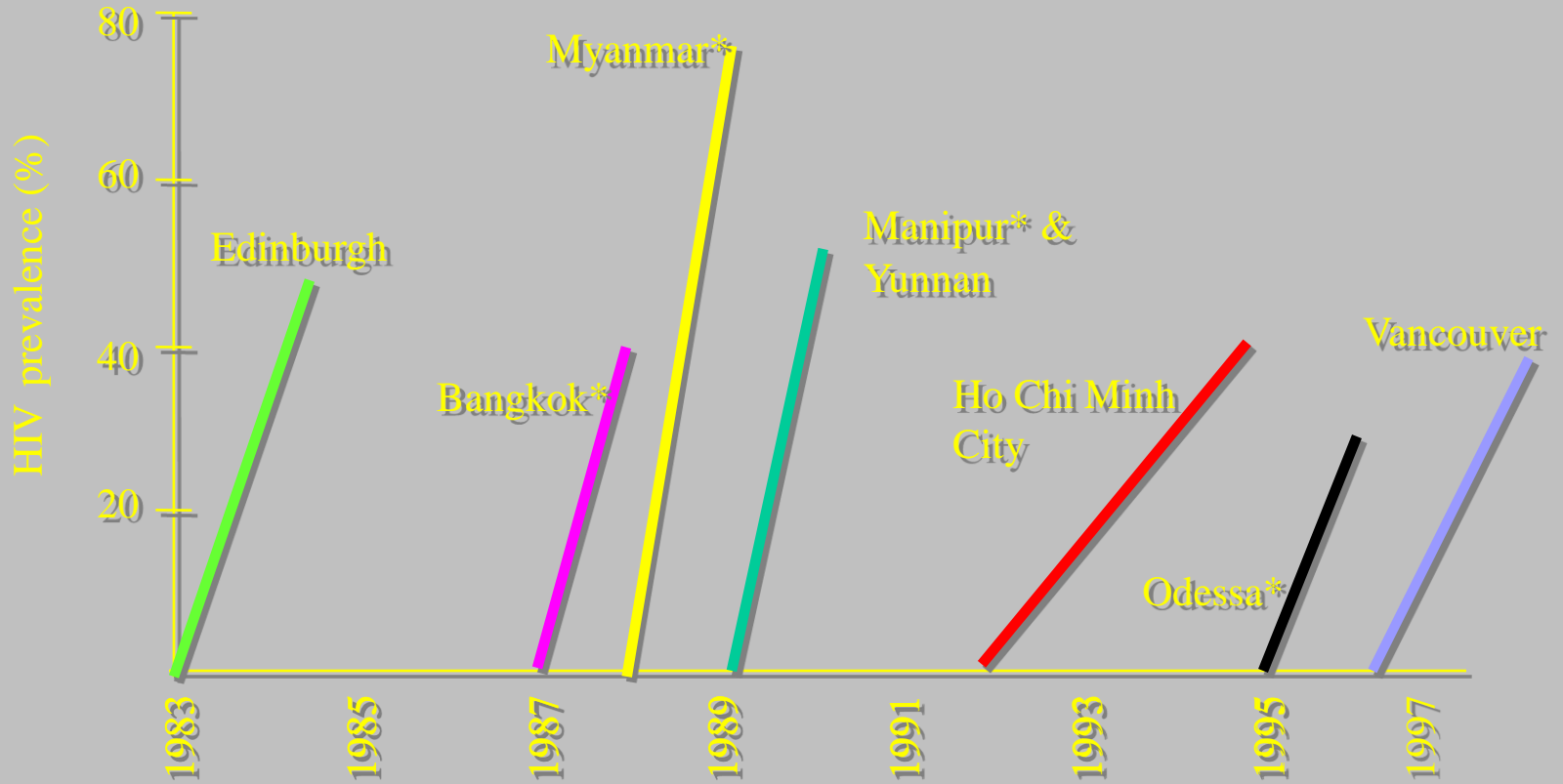
- 33.2 mill. people living with HIV
- 2.5 mill. new HIV infections
- 2.1 mill. AIDS deaths
- HIV incidence peaked in late 1990s
 - Global HIV prevalence stable
 - Deaths declined in last two years
- Great heterogeneity, including in regions with concentrated epidemics

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



PWID in countries of the SEARO 2007

Country	Estimated no of PWID	Estimated % HIV positive
India	168,000	11.15%
Bangladesh	31,500	1.35%
Nepal	24,500	41.4%
Thailand	169,500	42.5%
Myanmar	75,000	42.9%
Indonesia	222,500	42.5%

REFERENCE:

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

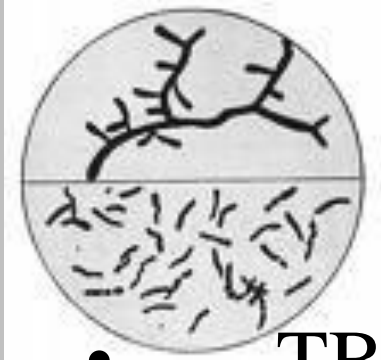
Mathers BM, Degenhardt L, Phillips B, Messing L, Hickman M, Strathdee SA, Wodak A, Panda S, Tyndall M, Joufik A, Mattick RP; 2007 Reference Group to the UN on HIV and Injecting Drug Use.

Lancet. 2008 Nov 15;372(9651):1733-45. Epub 2008 Sep 23



World Health
Organization

Western Pacific Region



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)

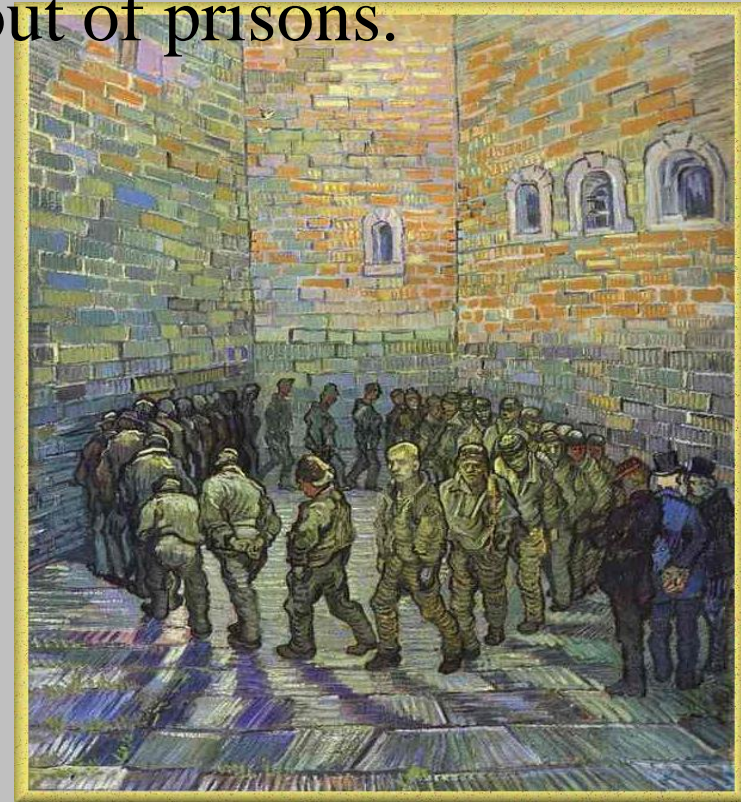
- INH tablet can clear infection

TB is curable.

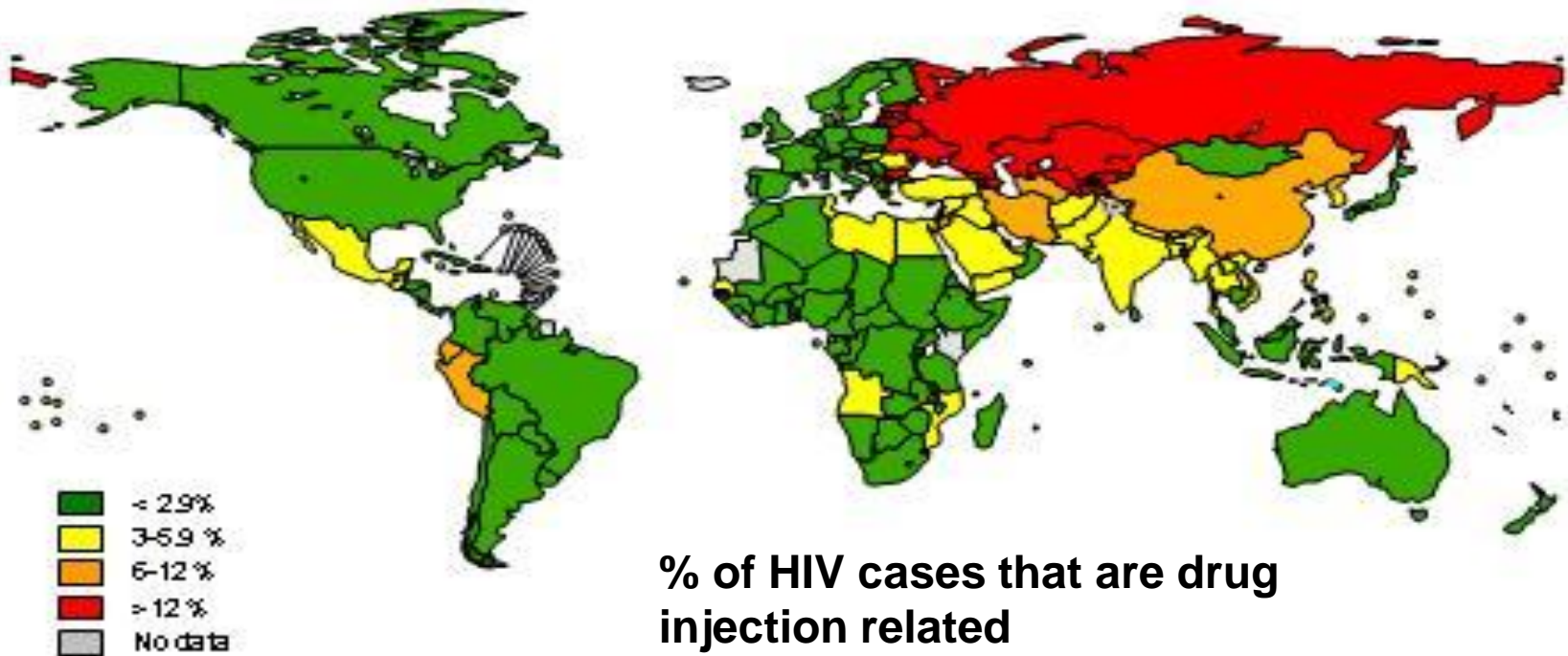


People who inject drugs and TB

- 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**



Estimated % MDR-TB among all TB cases



% 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

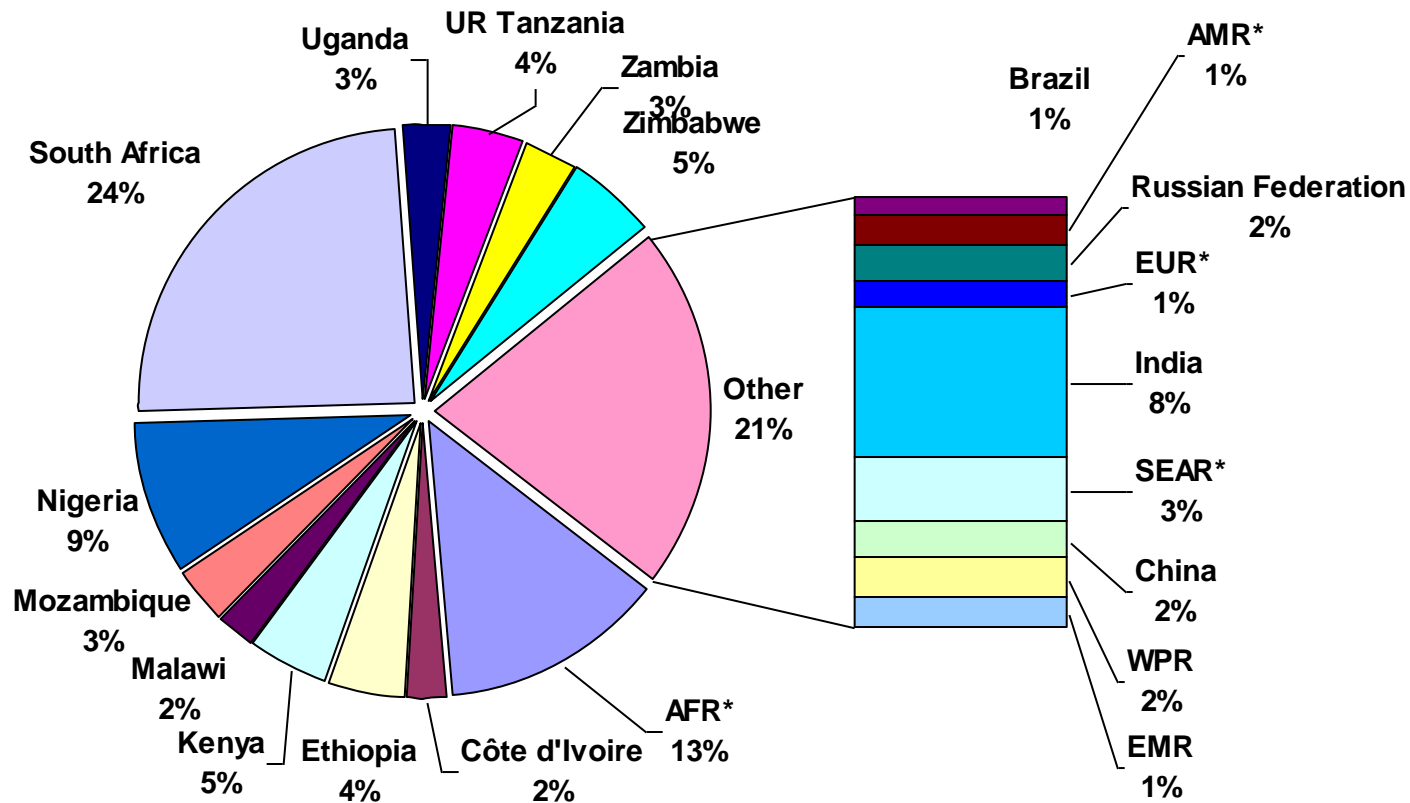


Figure 1.2 Geographical distribution of estimated HIV-positive TB cases, 2007. For each country or region, the number of incident TB cases arising in people with HIV is shown as a percentage of the global total of such cases. AFR* is all countries in the WHO African Region except those shown separately; AMR* excludes Brazil; EUR* excludes the Russian Federation; SEAR* excludes India and WPR* excludes China

TB/HIV Figures

Million

TB incident cases	9.3
HIV prevalent cases	3.0
HIV deaths	2.0
TB/HIV incident cases	1.37
TB/HIV deaths	0.46

**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



TB HIV

EVIDENCE FOR ACTION TECHNICAL PAPERS

**POLICY GUIDELINES FOR
COLLABORATIVE TB AND HIV
SERVICES FOR INJECTING AND
OTHER DRUG USERS
AN INTEGRATED APPROACH**



World Health
Organization



UNITED NATIONS
Office on Drugs and Crime



UNAIDS
UNITED NATIONS PROGRAMME ON HIV/AIDS

- **Collaboration UNODC,UNAIDS, WHO**
- **Evidence gathering.**
- **Expert group meeting Nov 07 Copenhagen**
- **Development of recommendations**
- **Guideline launch August 08 (IAS Mexico)**



World Health
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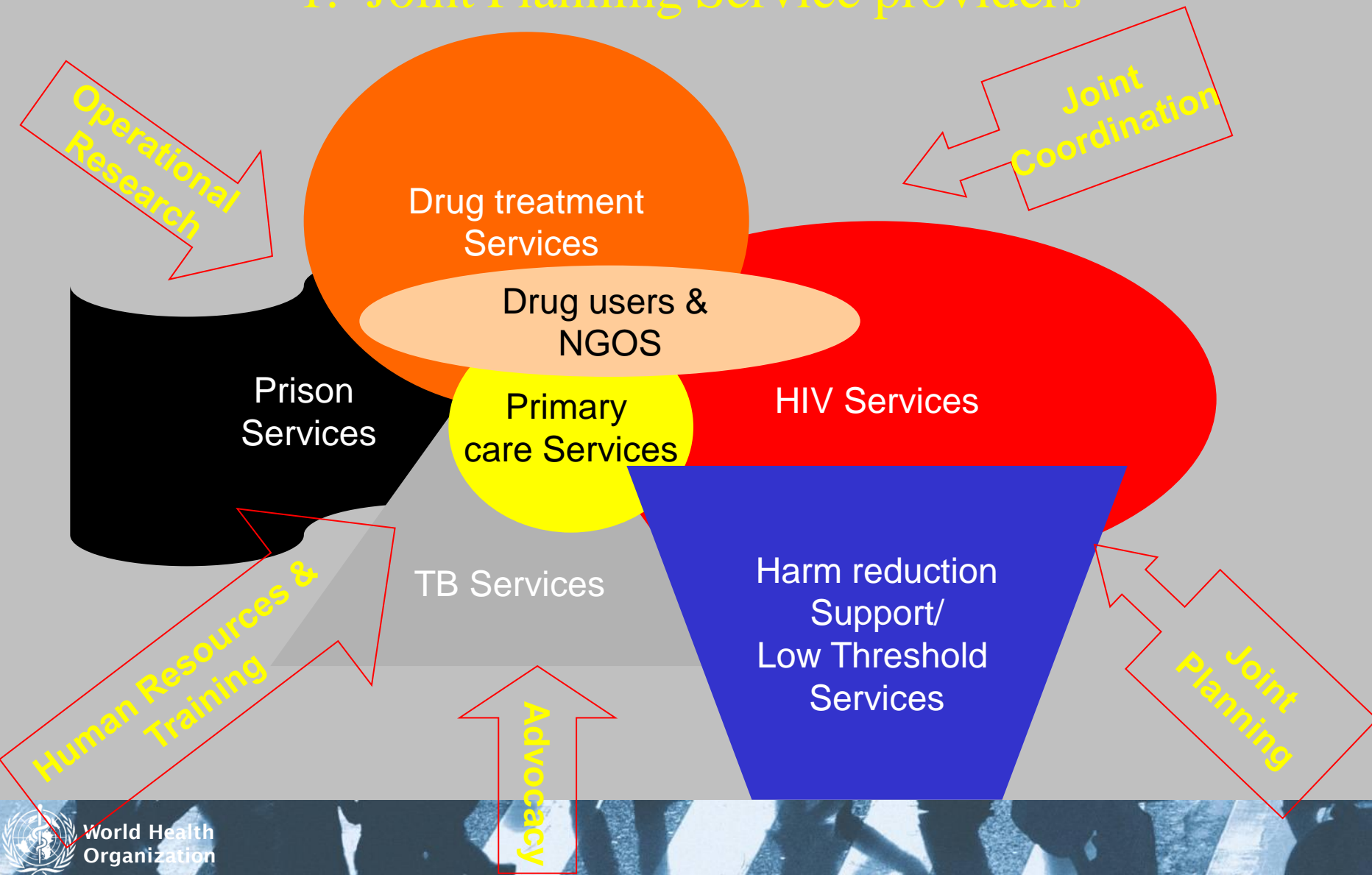
Recommendations

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



Recommendation:

1. Joint Planning Service providers



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

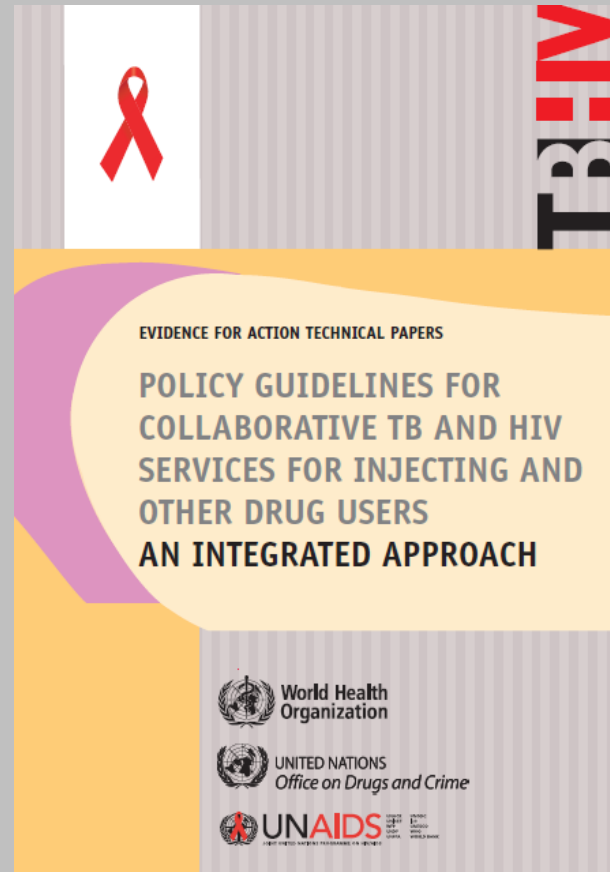
Service delivery: **integrated /patient centred**
include low threshold services

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

Acknowledgements

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