

HIV/TB in the next 10 years: WHO's perspective

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WHO policy on HIV/TB: 2012 update



WHO-recommended collaborative TB/HIV activities
A. Establish and strengthen the mechanisms for delivering integrated TB and HIV services
A.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels
A.2. Determine HIV prevalence among TB patients and TB prevalence among people living with HIV
A.3. Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services
A.4. Monitor and evaluate collaborative TB/HIV activities
B. Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy (the Three I's for HIV/TB)
B.1. Intensify TB case-finding and ensure high quality antituberculosis treatment
B.2. Initiate TB prevention with isoniazid preventive therapy and early antiretroviral therapy
B.3. Ensure control of TB infection in health-care facilities and congregate settings
C. Reduce the burden of HIV in patients with presumptive and diagnosed TB
C.1. Provide HIV testing and counselling to patients with presumptive and diagnosed TB
C.2. Provide HIV prevention interventions for patients with presumptive and diagnosed TB
C.3. Provide co-trimoxazole preventive therapy for TB patients living with HIV
C.4. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV
C.5. Provide antiretroviral therapy for TB patients living with HIV

Includes the *Three I's for HIV/TB* and earlier ART

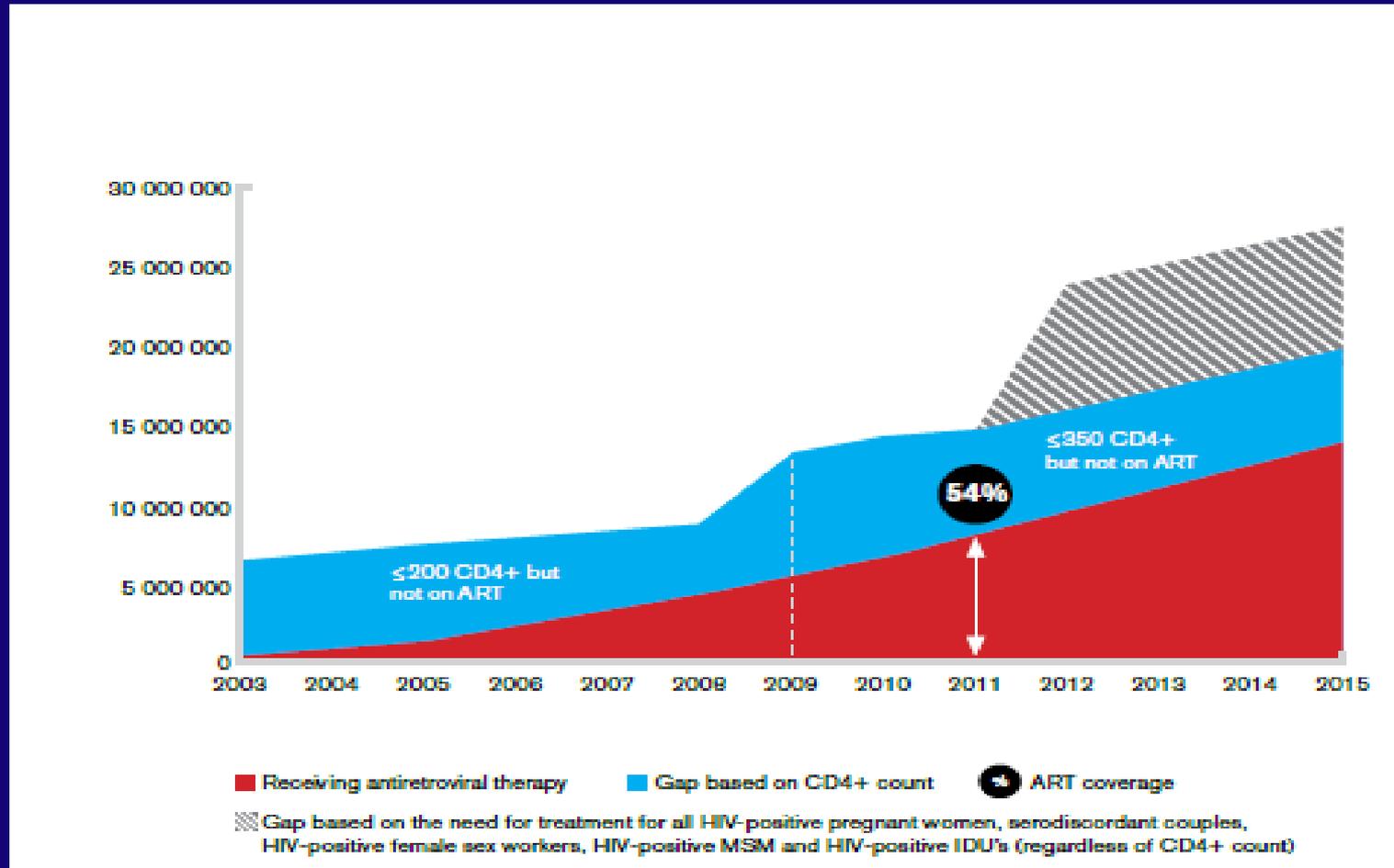
ART and *Three I's* for HIV/TB

ART reduces TB at all CD4 count levels

	ART		Control		IRR (95% CI)	
	TB cases	PY at risk	TB cases	PY at risk		
<u>All baseline CD4 counts</u>						
Badri (2002)	9	375.1	82	848.2	0.19 (0.09 - 0.38)	
Cohen (2011)	17	1661.9	33	1641.8	0.51 (0.28 - 0.91)	
Golub (2007)	221	11627	155	3865	0.41 (0.31 - 0.54)	
Golub (2009)	44	952	200	2815	0.36 (0.25 - 0.51)	
Jerene (2006)	6	162.6	9	80.9	0.11 (0.03 - 0.48)	
Lannoy (2008)	-	-	-	-	0.10 (0.02 - 0.45)	
Miranda (2007)	-	-	-	-	0.20 (0.10 - 0.60)	
Samandari (2011)	-	-	-	-	0.33 (0.11 - 0.94)	
Santoro-Lopes (2002)	1	-	42	-	0.19 (0.03 - 1.09)	
Severe (2010)	18	-	36	-	0.50 (0.28 - 0.83)	
Zhou (2009)	57	5186	40	985	0.40 (0.26 - 0.61)	
All studies					0.35 (0.28 - 0.44)	
Effect: Z = 9.19, p < 0.001; Heterogeneity: I ² = 31% (22% - 44%), p = 0.151						

- Providing ART for PLHIV prevents TB by 65%
- ART has significant impact when combined with IPT

ART coverage in low and middle income countries, 2003-2015



Expanding access to ART is key to addressing HIV-associated TB

Enhancing diagnosis of HIV and TB

Integrated HIV and TB Laboratory services

- Bring integrated laboratory services to the people
- HIV and TB testing should be routine
- Point-of-care and rapid results
 - HIV rapid diagnosis for all clients and family
 - ART eligibility determination
 - Xpert MTB/RIF – 1st line diagnostic for PLHIV, use also for CD4 and VL



HIV testing is feasible and works in a wide variety of settings—need to integrate HIV and TB

Integrated Prevention Demonstration Campaign Launched in Western Kenya to Fight HIV... | Reuters

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Integrated Prevention Demonstration Campaign Launched in Western Kenya to Fight HIV...

Mon Sep 15, 2008 5:00am EDT

Integrated Prevention Demonstration Campaign Launched in Western Kenya to Fight HIV, Malaria and Diarrhoeal Disease
Innovative Campaign Breaks Down Policy and Funding Barriers and Paves Way for Affordable and Efficient Approach

KAKAMEGA, Kenya, Sept. 15 /SPHNewswire/ -- A new approach to fighting malaria, diarrhoeal diseases and HIV was launched today in the Western Nyanja district of Kakamega in Luramba division.

The new campaign will provide a basic care package consisting of a Permalite® long-lasting insecticide-treated bed net, a Lifesaver® water purification tool, condoms and educational materials as encouragement for residents to participate in a voluntary HIV counseling and testing campaign.

The campaign, officially called the "Integrated Prevention Demonstration," will allow for more than 40,000 residents of this division to learn their HIV status by visiting one of 30 HIV testing sites open from September 16-22, 2008.

"For the first time, a campaign will provide a basic care package of multiple health interventions as encouragement for voluntary HIV counseling and testing. By using Permalite® bed nets, Lifesaver® water purifiers, and condoms as encouragement for an HIV test benefiting both HIV positives and negatives, we would enable a large proportion of the population to know their HIV status while protecting them from HIV, malaria and diarrhoea," said Mikkel Vestergaard Frandsen, CEO of Vestergaard Frandsen and the developer of the concept of the IPO. "There are many elements of this campaign that will contribute to WHO's 'best practices' for HIV prevention and control."



Senator Barack Obama and his wife, Michelle Obama know their status...

KNOW YOUR HIV STATUS!

...DO YOU AND YOUR PARTNER KNOW YOURS?

For more information contact the Ministry of Health facility nearest you.



Photos courtesy of Bunnell R. Marum E. and Vestergaard Frandsen

Decentralization of ART services

Distribution of TB and HIV facilities, 2010

Services	TB treatment (n)	HIV testing (n)	ART (n)	TB/ART (ratio)
South Africa	4,482	4,552	1,956	2.3
India	32,217	7,657	842	38.3
Mozambique	1,333	1,274	229	5.8
Zimbabwe	1,463	1,218	510	2.9
Nigeria	3,459	1,046	446	7.8
Kenya	2,818	4,438	1,137	2.5

ART services are still far too centralized—need to use TB and other services to reach people where they live

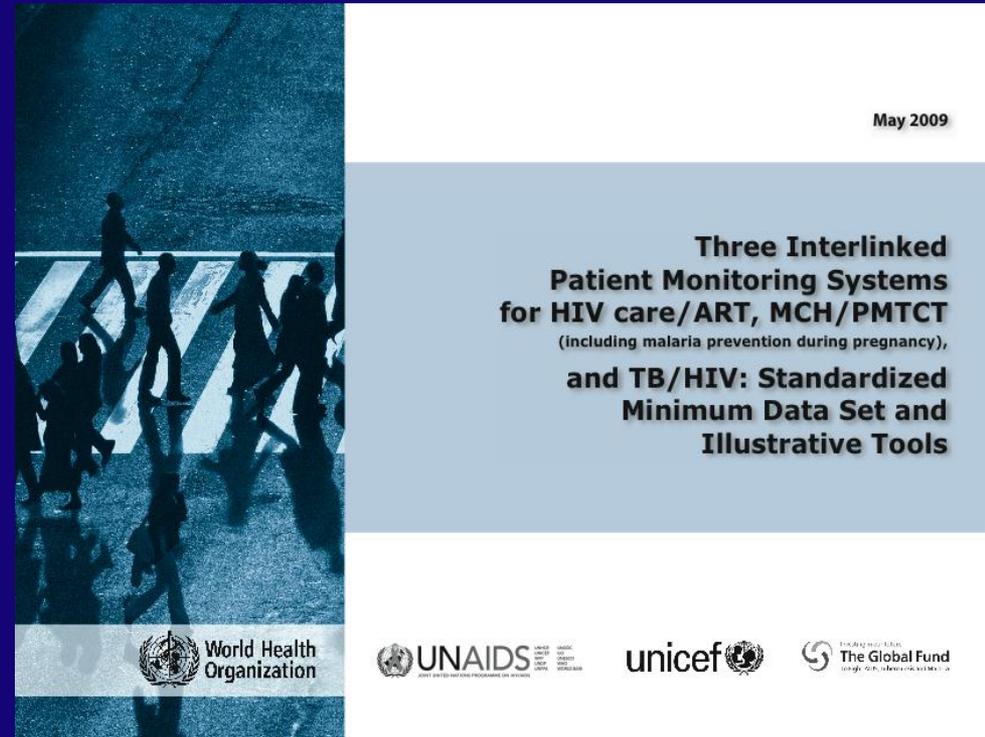
Enhancing Service Delivery and scale up

- Generate demand on community mobilization - community is key to improve access
- Engage affected communities in designing and implementing services

We need to be much more active in this area -
community is key to improve access

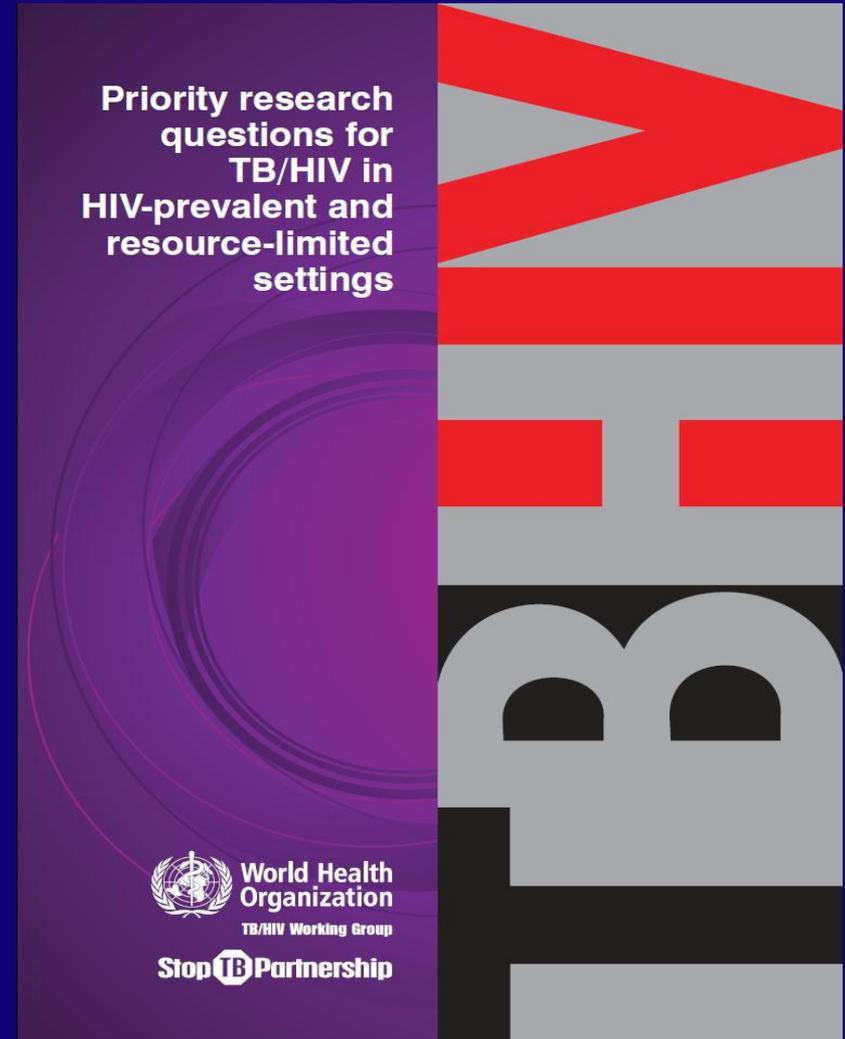
Monitoring and Evaluation

- Tools for monitoring HIV/TB collaborative activities are available
- We need to accelerate monitoring the progress and measuring impact



Research and Development

- Identify research gaps, especially for vulnerable groups: women, children, drug users
- New TB and HIV drugs: fixed-dose combinations for TB and HIV treatment
- Research advocacy



Priority research questions for TB/HIV in HIV-prevalent and resource-limited settings

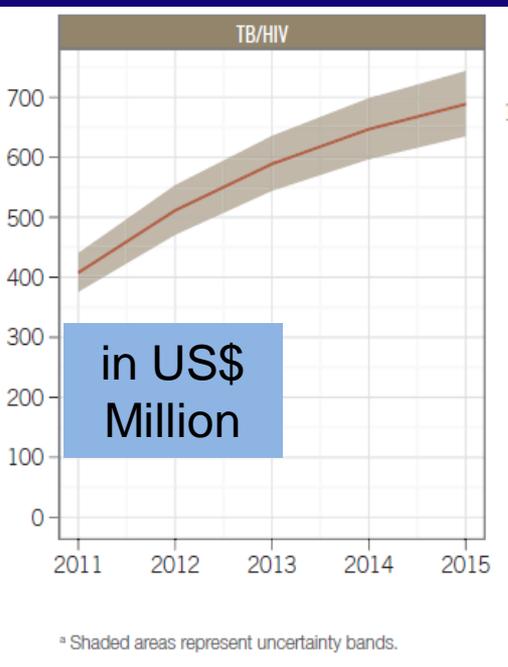


World Health Organization
TB/HIV Working Group

Stop TB Partnership

Time for truly innovative financing?

THE GLOBAL PLAN TO STOP TB 2011-2015

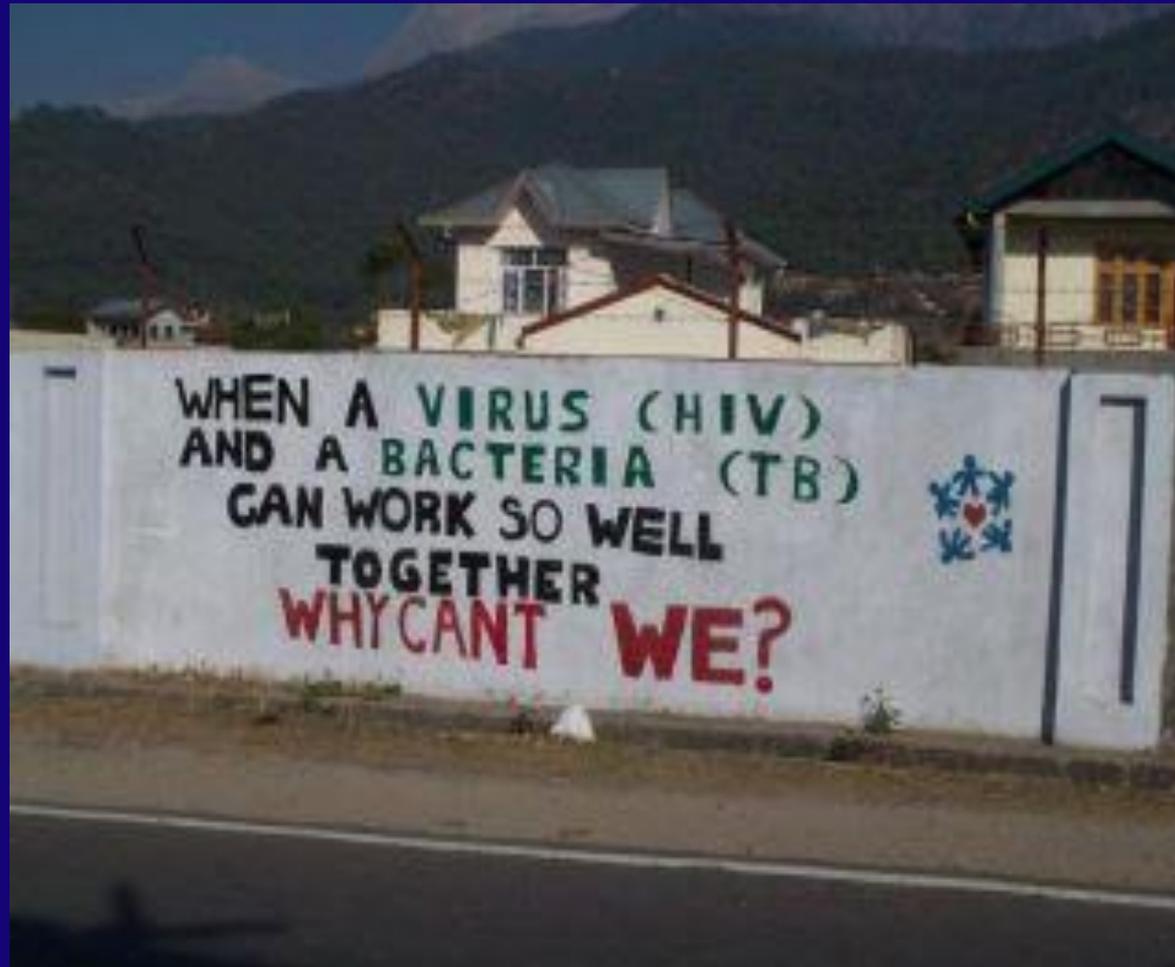


- Estimated \$2.8 billion required for TB/HIV 2011-2015
 - Mobilization of in-country funding
 - Improve efficiency (integration)
 - Add to donor pool (BRICS, foundations, individual donors)
- Innovative approaches
 - Carbon credit swaps
 - Bonds for public health performance
 - Financial transaction tax
 - Other philanthropreneurial approaches

Vision for future: There will be...

- inclusive guidelines that will ensure that people living with HIV and TB will get treatment early – Universal Access to ART and TB testing and treatment
- integrated public health laboratory networks that support simple combined diagnostic tools
- Diversified and expanded testing approaches for HIV/TB
- Comprehensive, decentralized services that ensure that people can get care for both TB and HIV at the same time
- New and improved HIV and TB drugs: FDCs
- Innovative financing models and better program coordination to optimize use of resources

HIV/TB Collaboration: myth or reality?



Thank you