

Overview of the Global TB/HIV Situation

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Outline of presentation

- Global TB burden
- Progress of implementation
- WHO TB/HIV policy update
- Conclusions

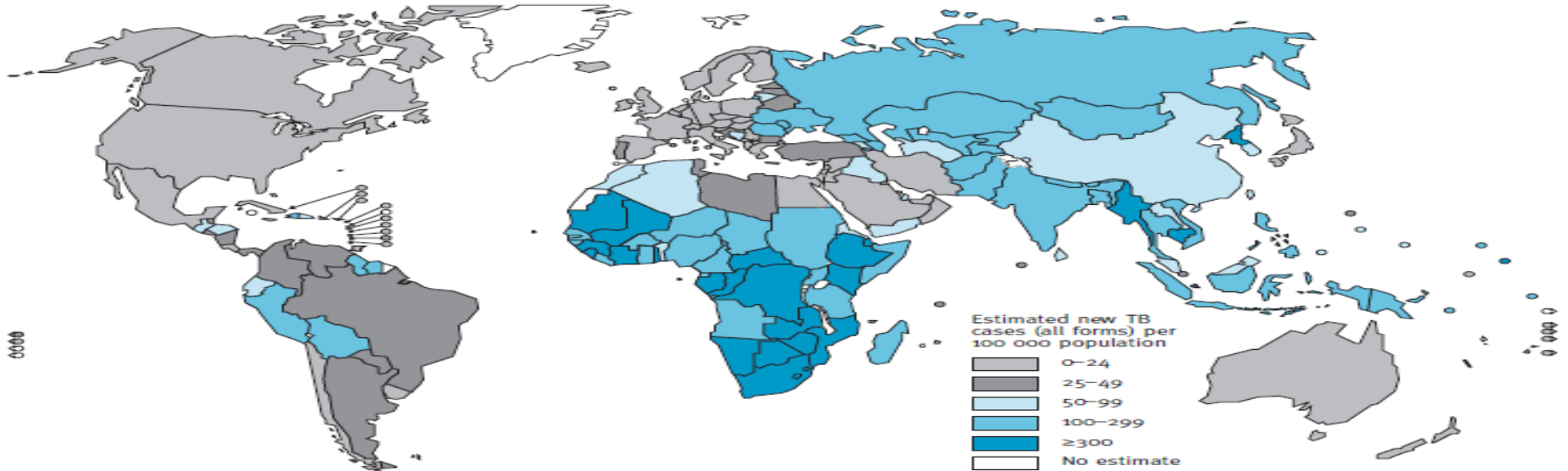
The global burden of TB in 2009

	Estimated number of cases	Estimated number of deaths
All forms of TB (men and women)	9.4 million (range, 8.9–9.9 million)	1.3 million* (range, 1.2–1.5 million)
All forms of TB (in women)	3.6 million (38%) (range, 3.4–3.8 million)	0.5 million (range, 0.4–0.6 million)
HIV-associated TB	1.1 million (12%) (range, 1.0–1.2 million)	0.4 million (range, 0.32–0.45 million)
Multidrug-resistant TB (MDR-TB)	0.5 million	~ 0.15million

**excluding deaths among HIV+ people*

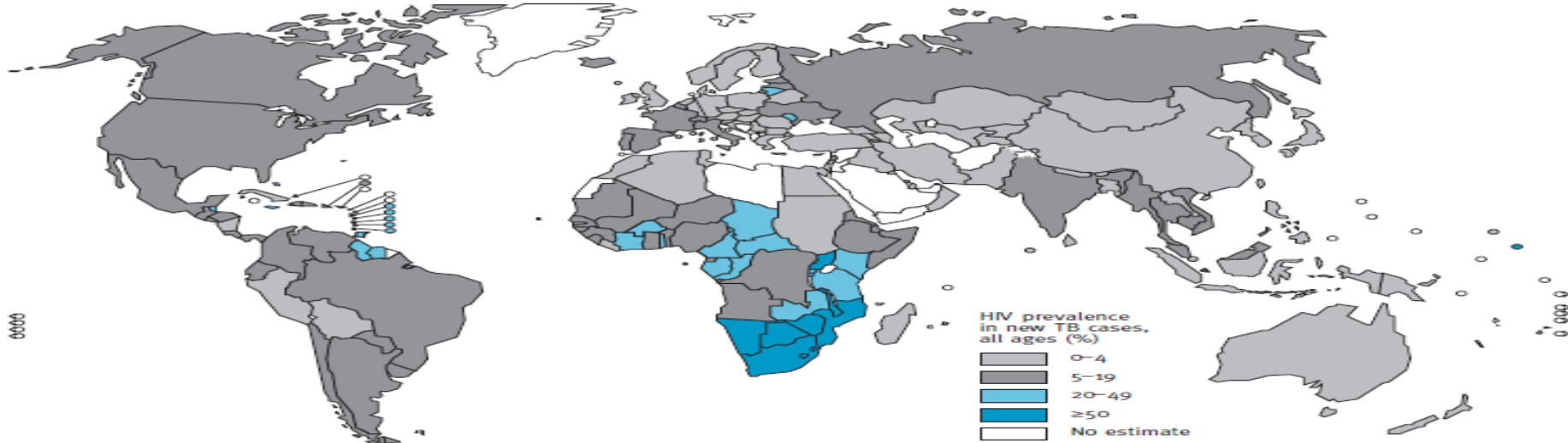
TB incidence rates per 100,000 in 2009

Estimated TB incidence rates, by country, 2009

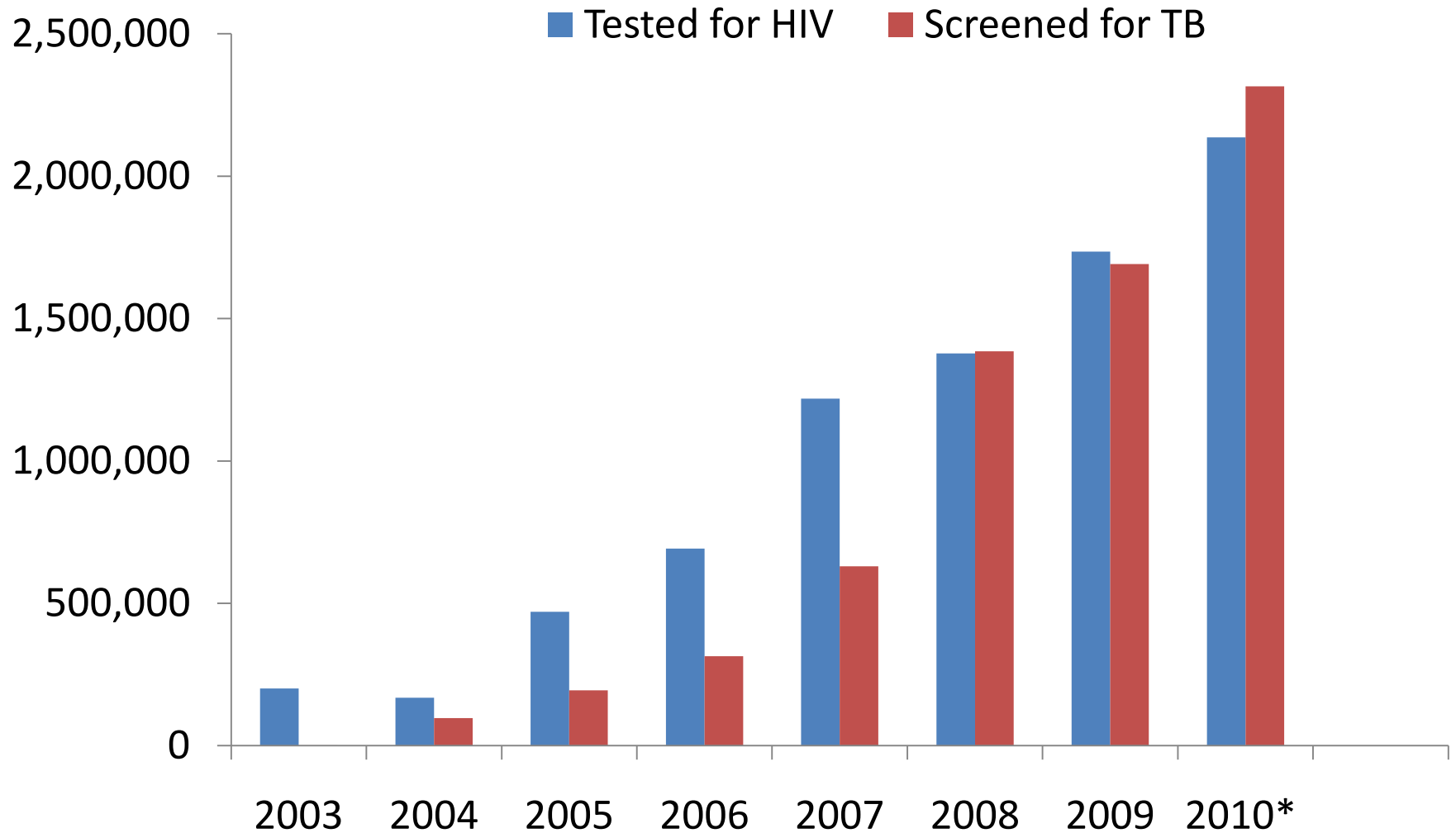


HIV prevalence among new TB cases (%) in 2009

Estimated HIV prevalence in new TB cases, 2009

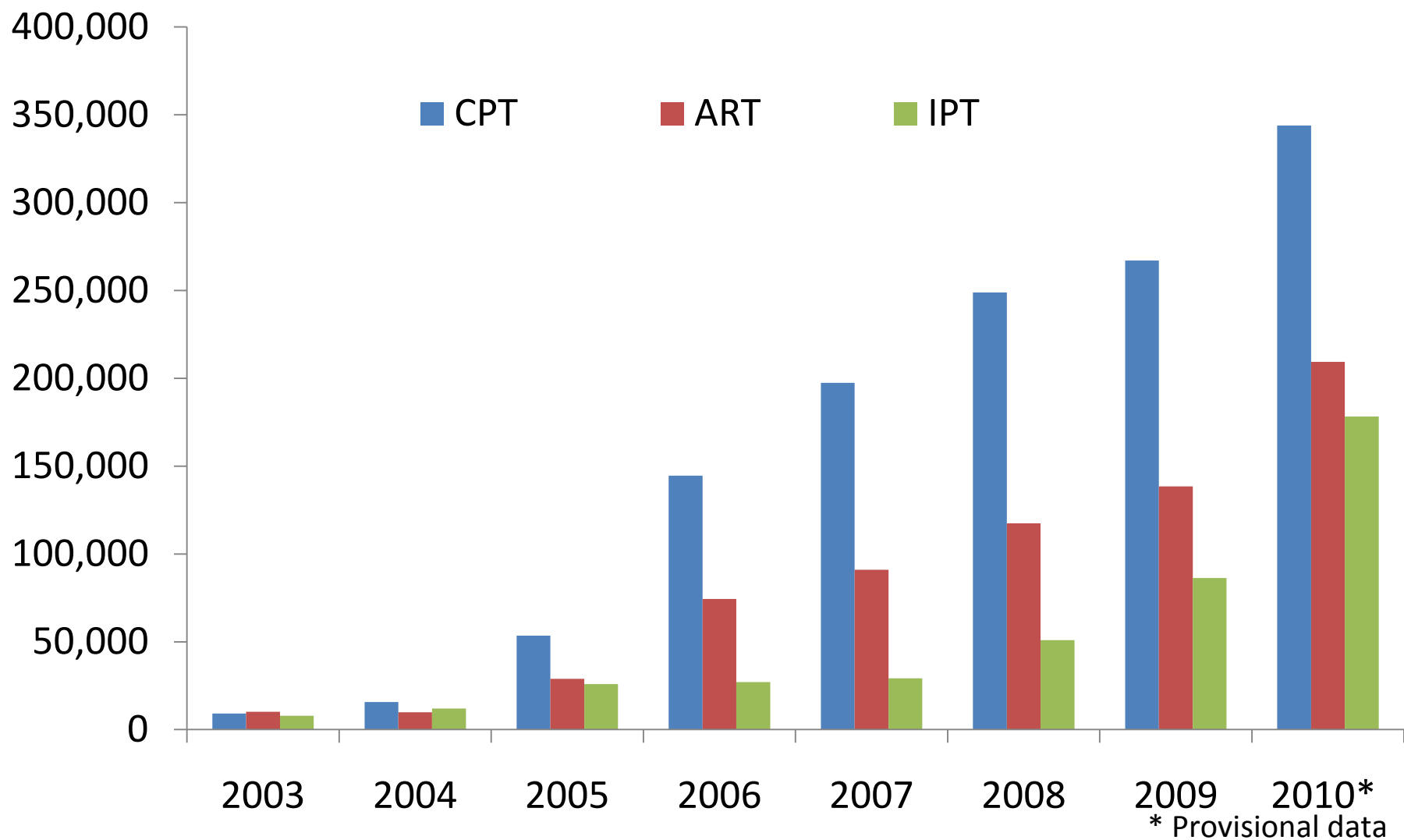


Global progress of HIV testing of TB patients and TB screening of PLHIV (2003-2010)

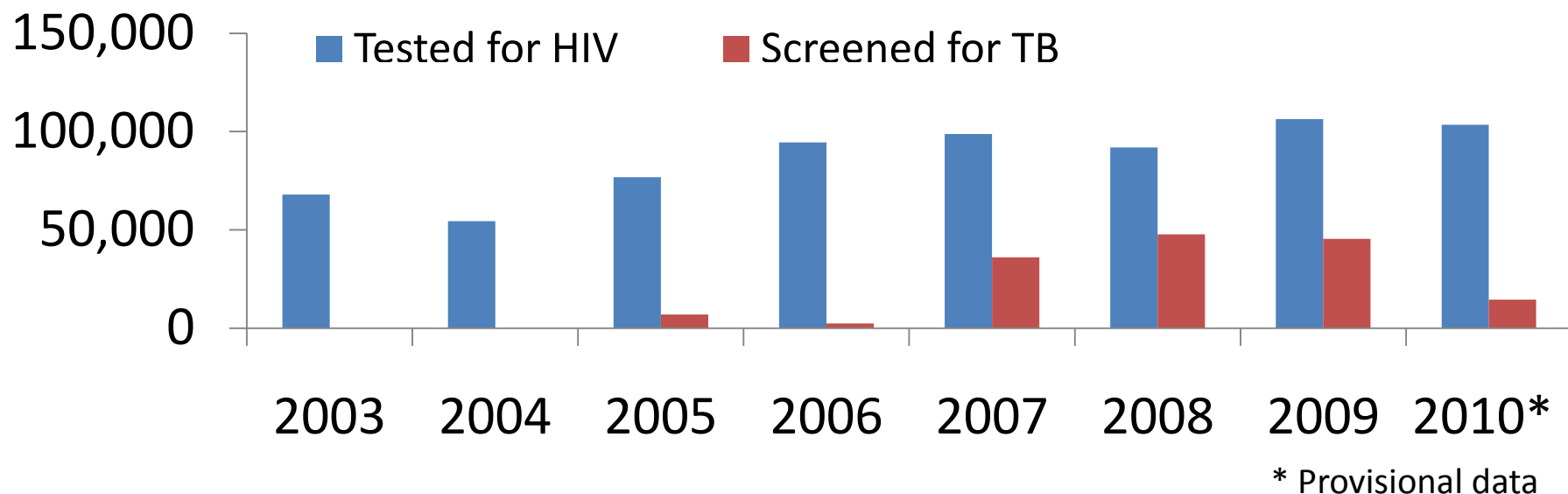


* Provisional data

Global progress in the provision of key interventions

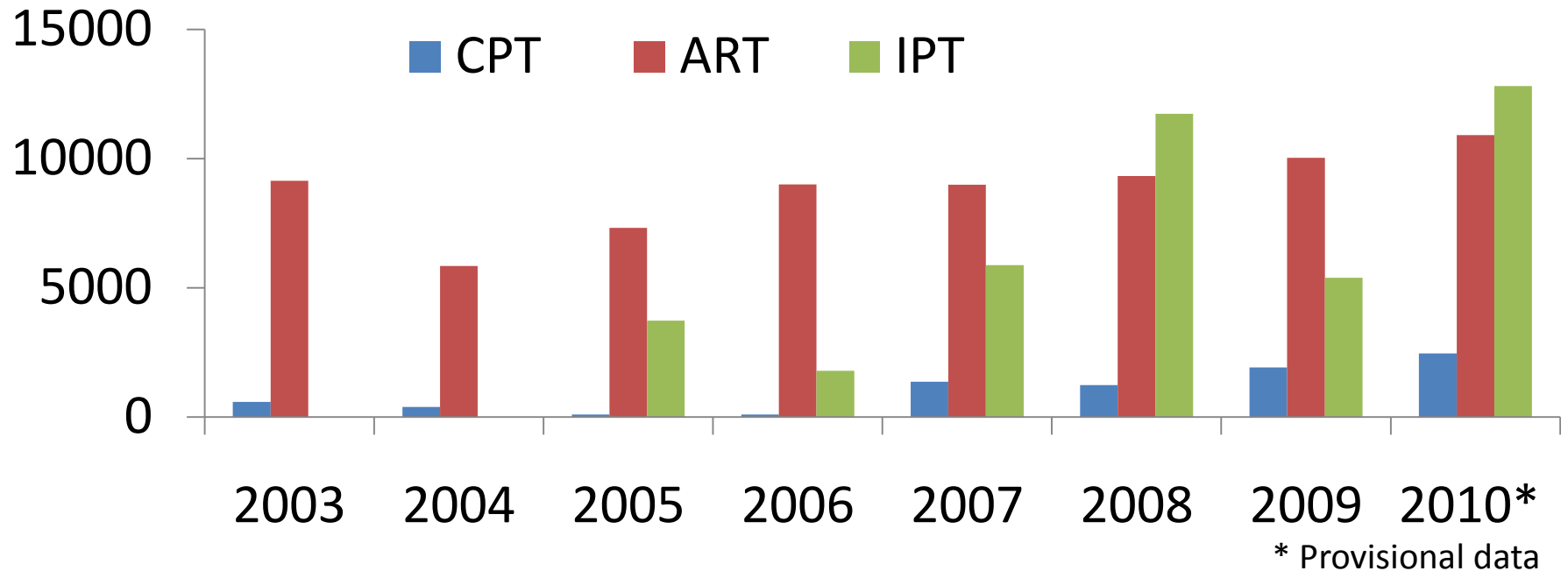


Progress of HIV testing of TB patients and TB screening of PLHIV in the Americas region



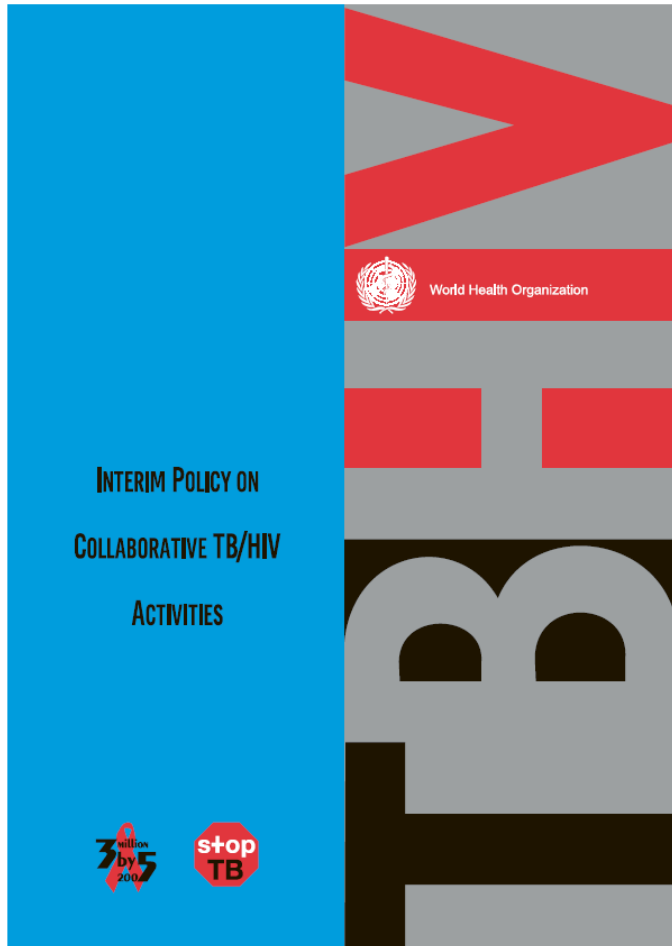
- Only 46% of TB patients were tested for HIV in 2010 in AMRO
- Little or no progress in TB screening among PLHIV over the years

Progress of key interventions in the Americas region



- ART for TB patients is static over 5 years and mostly from Brazil
- 80% of IPT is from Dominican R and Haiti

The Interim Policy: Jan 2004



- Clear guidance based on "incomplete" evidence
- Developed through consultative process over six months time
- Only 14 pages with summary of evidence and recommendations
- Multiple languages and advocacy strategy followed its development
- Implemented in more than 170 countries by end of 2009

The WHO 12 points policy package

A. Establish the mechanism for collaboration

1. TB/HIV coordinating bodies
2. HIV surveillance among TB patient
3. TB/HIV planning
4. TB/HIV monitoring and evaluation

Joint HIV and TB

B. To decrease the burden of TB in PLWHA

5. Intensified TB case finding
6. Isoniazid preventive therapy
7. TB infection control in health care and other settings

Three Is

HIV programme

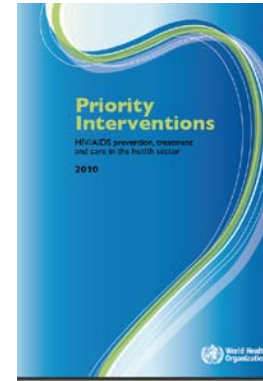
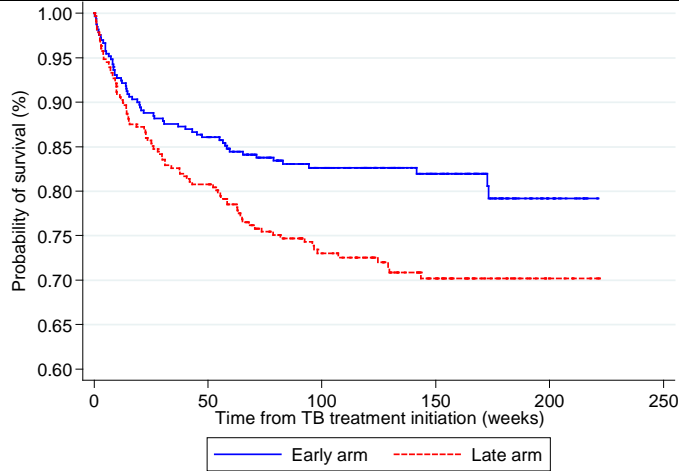
C. To decrease the burden of HIV in TB patients

8. HIV testing and counselling
9. HIV preventive methods
10. Cotrimoxazole preventive therapy
11. HIV/AIDS care and support
12. Antiretroviral therapy to TB patients.

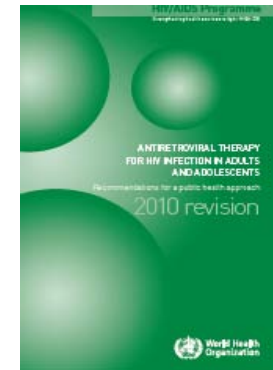
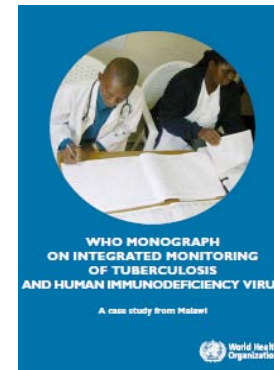
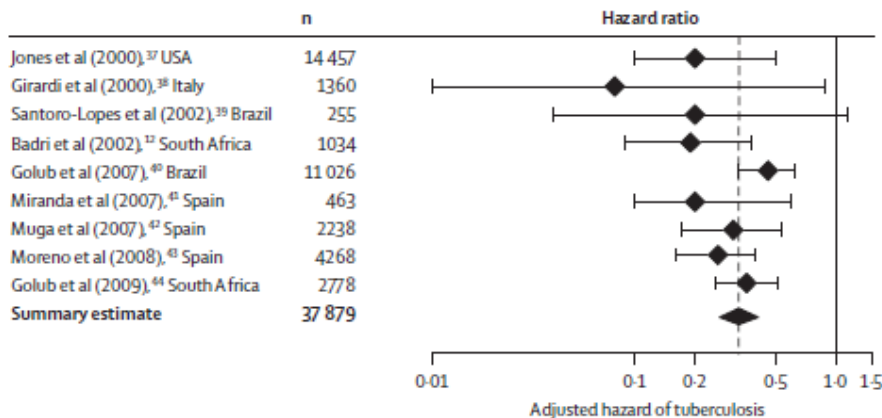
TB programme

Rationale for the update: No more "Interim"!

Early ART reduces mortality



New WHO guidelines and emerging paradigm



ART prevents TB incidence

Policy updating process and content

- Structure unchanged: 12 points policy package
- Systematic literature reviews for:
 - ✓ HIV testing for patients with presumptive and diagnosed TB
 - ✓ Provision of CPT
 - ✓ Early ART for TB prevention
 - ✓ Models of integration of TB and HIV services
- Emphasis on integrated TB and HIV services at the same place and time as much as possible
- Keep the document as simple and brief as possible

The updated 12 points policy package

A. Establish the mechanisms for integrated TB & HIV services

1. Set up **or strengthen** a TB/HIV coordinating body effective at all levels
2. Conduct HIV **and TB** surveillance **among TB and HIV patients respectively**
3. Carry out joint TB/HIV planning
4. Conduct monitoring and evaluation

B. Decrease the burden of TB in PLHIV (*Three Is for HIV/TB*)

5. Intensify TB case finding **and ensure quality TB treatment**
6. Introduce TB prevention with **IPT and ART**
7. Infection control for TB in health care and congregate settings ensured

C. Decrease the burden of HIV in patients with **presumptive and diagnosed TB**

8. Provide HIV testing & counselling to patients with **presumptive** and diagnosed TB
9. Introduce HIV preventive methods patients with **presumptive** and diagnosed TB
10. Provide CPT for TB patients living with HIV
11. Ensure **HIV prevention, treatment & care for TB patients living with HIV**
12. Provide Antiretroviral therapy to TB patients living with HIV

Section A: Establish the mechanisms for integrated TB & HIV services

- Joint TB/HIV coordinating bodies including patients' groups and other line ministries
- HIV surveillance among TB patients including in anti-TB drug resistance surveys; TB surveillance among PLHIV
- Models of integrated delivery of HIV and TB services
- Harmonized indicators and R&R formats; one national M&E system

What is new?

Section B: Decrease the burden of TB among PLHIV

- TB screening for all PLHIV (adults and children) at every visit using clinical algorithm.
- IPT provision or investigations for TB/other diseases
- TB diagnosis and treatment by HIV implementers
- At least 6 months of IPT; up to 36 months in HIV-prevalent settings
- TST not a requirement for initiating IPT in PLHIV
- Earlier initiation of ART for TB prevention in line with WHO

What is new?



Section C: Decrease the burden of HIV in patients with presumptive and diagnosed TB

- Routine HIV testing for all patients with presumptive and diagnosed TB
- Couple HIV testing and counselling
- Comprehensive HIV prevention methods targeting sexual, parenteral and vertical transmission
- Collaboration with harm reduction, mother and child health and PMTCT services
- ART for all TB patients living with HIV

What is new?

Conclusions

- Encouraging global progress in implementation of TB/HIV activities
- HIV testing not yet available to all TB patients in AMR
- TB screening among PLHIV is low in AMR despite global progress
- Provision of ART for TB patients in AMRO is static
- Delivery of integrated TB and HIV services at the same time and place as much as possible is crucial