Policy and collaborative activities to reduce the dual burden of HIV and Tuberculosis

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## Global Burden of HIV and TB

### HIV/AIDS in 2007
- 33.2 million people living with HIV/AIDS
- 2.5 million new infections each year
- 2.1 million people died of AIDS during the year

[AIDS Epidemic Update 2007]

### Tuberculosis in 2006:
- 14.4 million people living with TB
- 9.2 million new cases each year
- 1.7 million people died of TB during the year

[WHO- Global TB Control 2008]
THE TB-HIV INTERACTION

2 diseases, one patient
<table>
<thead>
<tr>
<th></th>
<th>HIV Infected</th>
<th>Not HIV Infected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life time risk</td>
<td>Annual risk</td>
<td></td>
</tr>
<tr>
<td>= 5-15%</td>
<td>= 5-15%</td>
<td></td>
</tr>
</tbody>
</table>

Risk of TB in persons with *Mycobacterium tuberculosis*
DUAL INFECTION

• 14 million people co-infected with HIV and *M.TB* in the world

• 11 million people co-infected with HIV and *M.TB* in sub-Saharan Africa (80%)
At the individual patient level

HIV affects TB patient by

• Making diagnosis difficult
• Increasing morbidity
• Increasing case fatality
• Increasing risk of recurrent TB after treatment

TB affects HIV person by

• Being an important cause of death, even with ART
• Being easily spread, whether drug-susceptible or drug-resistant
Does the TB-HIV interaction matter?

Global TB Targets for 2005:
• Global targets:
  case detection rate 70%
  treatment success rate 85%
• Global achievement:
  case detection 62%
  treatment success 84%
• Africa achievement:
  case detection 51%
  treatment success 74%
STOP TB Partnership – MDG linked goals:

- By 2015:
  reduce TB prevalence and death rates by 50% relative to 1990

- By 2050:
  eliminate TB as a public health problem (<1 case / million)
Collaborative activities to reduce burden of TB / HIV

| Establish collaboration between TB and HIV | • Joint planning, supervision, monitoring and evaluation  
| | • Surveillance of HIV in TB pts |
| Prevent TB in people with HIV | • TB infection control  
| | • Intensified TB case finding  
| | • IPT (isoniazid preventive therapy) |
| Treat HIV in patients with TB | • HIV testing and counselling  
| | • HIV Prevention  
| | • CPT (cotrimoxazole prophylaxis)  
| | • HIV care  
| | • ART (antiretroviral therapy) |
Joint Collaboration

Pre-2003
Little collaboration
[HIV-prevention: TB – treatment]

2003 onwards
Better collaboration
Antiretroviral therapy
Spread of drug-resistant TB to HIV infected persons
Monitoring and evaluating TB-HIV activities – Sep 2008

• Revision of Guidelines on TB-HIV Indicators

• Revision of Registers, Treatment cards, Reporting forms for cross-recording of TB in HIV-forms and HIV in TB-forms
Prevent TB in HIV-infected persons
HIV-infected person

Infection control (TB) in high risk settings

Intensified screening for TB in high risk areas

<table>
<thead>
<tr>
<th>Active TB</th>
<th>No active TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-TB Treatment</td>
<td>Isoniazid Preventive Therapy</td>
</tr>
</tbody>
</table>

ART
The Three “I”s

- Infection Control (IC)
- Intensified case finding (ICF)
- Isoniazid Preventive therapy (IPT)

[Now promoted in 2008 by WHO as an HIV service]
Treat HIV in patients with TB
Diagnosis of TB – registration and anti-TB treatment

Provider initiated HIV testing and counselling

If HIV-seropositive

Starts cotrimoxazole preventive therapy as soon as possible

Starts antiretroviral therapy

[Timing depends on CD4 count]
## Are we on target with TB-HIV?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Global Plan Target 2006</th>
<th>Country Reports for 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number HIV-positive persons actively screened for TB</td>
<td>11,000,000</td>
<td>314,000 (3%)</td>
</tr>
<tr>
<td>Number of eligible HIV-positive persons offered IPT</td>
<td>1,200,000</td>
<td>27,000 (2%)</td>
</tr>
<tr>
<td>Number of TB patients tested for HIV</td>
<td>1,600,000</td>
<td>685,000 (42%)</td>
</tr>
<tr>
<td>Number of HIV-positive TB patients started on ART</td>
<td>220,000</td>
<td>66,000 (30%)</td>
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</table>

*WHO Report 2008 Global Tuberculosis Control*
WE NEED TO DO BETTER:

• Understand how TB-HIV collaboration works at national and district level

• Get the Three Is off the ground in a safe and responsible way
“Let both sides explore what problems unite us instead of belabouring those problems that divide us”

John F Kennedy, Inaugural address, January 1961