

**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

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

Not HIV Infected

Life time risk = 5-15%

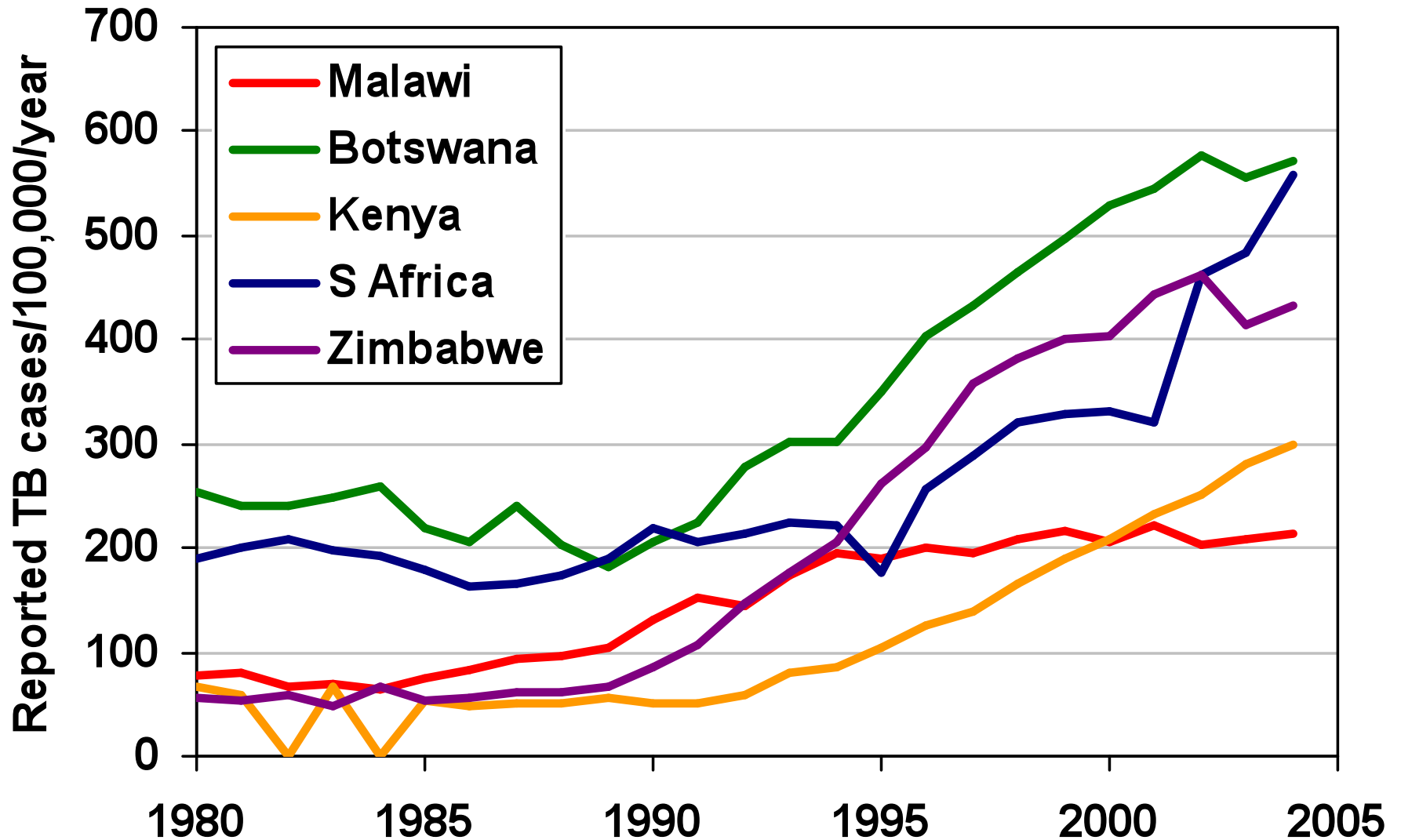
HIV Infected

Annual risk = 5-15%

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%)

Growth in TB incidence in Eastern and Southern Africa, 1980-2004



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%

Millennium Development Goals (MDG) – adopted in 2000

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	<ul style="list-style-type: none">• Joint planning, supervision, monitoring and evaluation• Surveillance of HIV in TB pts
Prevent TB in people with HIV	<ul style="list-style-type: none">• TB infection control• Intensified TB case finding• IPT (<i>isoniazid preventive therapy</i>)
Treat HIV in patients with TB	<ul style="list-style-type: none">• HIV testing and counselling• HIV Prevention• CPT (<i>cotrimoxazole prophylaxis</i>)• HIV care• ART (<i>antiretroviral therapy</i>)

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

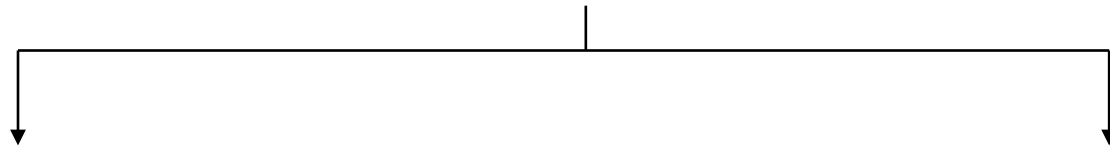
HIV-infected person



Infection control (TB) in high risk settings



Intensified screening for TB in high risk areas



Active TB



No active TB



**Anti-TB
Treatment**

**Isoniazid Preventive
Therapy**

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?

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

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