Learning from the HIV Experience: Continuum of Care Initiative

RADM Kenneth G. Castro, M.D.
Acting Director, Division of HIV/AIDS Prevention
## 2010 - National HIV/AIDS Strategy

### Goals

- Reduce new HIV infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities and health inequities
- Achieve a more coordinated response to the HIV epidemic

NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES  
JULY 2010
Continuum of HIV Care in U.S., 2009

Of 1.1 million living with HIV, only 25% virally suppressed

% of people with HIV

- Diagnosed: 82%
- Linked to Care: 66%
- Retained in Care: 37%
- Prescribed ART: 33%
- Virally Suppressed: 25%

Hall, IR et al. JAMA Intern Med 2013;173(14):1337-44
Percent of Persons with HIV Engaged in Stages of the Continuum of Care, by Race/Ethnicity, U.S.

BY RACE/ETHNICITY: African Americans are least likely to be in ongoing care or to have their virus under control.

Executive Order -- HIV Care Continuum Initiative

Accelerating Improvements in HIV Prevention and Care in the United States through the HIV Care Continuum Initiative
Monday, July 15, 2013

“We’ve got to keep pushing. We’ve got to make access to health care more available and affordable for folks living with HIV.”
— President Obama, June 13, 2013
HIV Continuum of Care Initiative

**Goals**

*Since the NHAS release in 2010, focuses on scientific advances and the need to improve HIV care outcomes*

- Support further integration of successful HIV testing and care (i.e., service delivery) models

- Encourage innovative approaches to addressing barriers to accessing testing and treatment

- Ensure that resources are appropriately focused on implementing high-impact evidence-based interventions (i.e., improve outcomes along the care continuum)
HIV Continuum of Care Model: Varied Efforts to Address Complex Social Determinants of Health

Source: Adapted from UNAIDS/WHO 2000
### 1990s TB DOTS Strategy Goals

**Figure 1. DOTS detection and cure rate goals:**

<table>
<thead>
<tr>
<th>Icon</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>🚶</td>
<td>100%</td>
<td>All people with active TB (about 8 million new cases per year)</td>
</tr>
<tr>
<td>🥾</td>
<td>80%</td>
<td>People with active pulmonary TB</td>
</tr>
<tr>
<td>🥾</td>
<td>56%</td>
<td>DOTS case finding goal: 70% of all active pulmonary patients</td>
</tr>
<tr>
<td>🥾</td>
<td>48%</td>
<td>DOTS treatment goal: 85% cure rate for detected smear-positive patients</td>
</tr>
</tbody>
</table>

With these targets, only 2 in 4 persons with TB disease were expected to successfully make it through the TB care continuum and get the full benefits of treatment.
1995-2012 Global TB Achievements
Initially DOTS, Later Global Plan

- 56 million people successfully treated for TB
- 22 million lives saved
- Improvements in TB/HIV prevention and care
  - 46% of TB patients tested for HIV in 2012, 74% in Africa
  - 57% TB patients known to be living with HIV enrolled on ARVs, 80% received CPT
- Diagnosis and treatment of MDR-TB doubled between 2011 and 2012, with case rates falling in some countries
Post–2015 Global TB Targets

Far more needs to be done!

- Est. 3 million with TB disease “missed” (nearly 1/3)
- 1.3 million died of TB in 2012 (320,000 with HIV)
- Almost ¾ of MDR TB not diagnosed or treated properly
- More than half of TB patients unaware of HIV status
- 530,000 children ill with TB in 2012

Frieden TR. AJPH 2010;100:590-595

WHO/HTM/TB/2013.13
Evolution of Global TB Strategy

Expansion with Innovation

1994

The DOTS Strategy
1. Government commitment
2. Case detection through predominantly passive case finding
3. Standardized short-course chemotherapy to at least all confirmed sputum smear positive cases of TB under proper case management conditions
4. Establishment of a system of regular drug supply of all essential anti-TB drugs
5. Establishment and maintenance of a monitoring system, for both programme supervision and evaluation

2006

The Stop TB Strategy
1. Pursue high-quality DOTS expansion and enhancement
2. Address TB/HIV, MDR-TB and other challenges
3. Contribute to health system strengthening
4. Engage all care providers
5. Empower people with TB and communities
6. Enable and promote research

2014

Post-2015 TB Strategy
1. Innovative TB Care
2. Bold policies and supportive systems
3. Intensified research and innovation
<table>
<thead>
<tr>
<th>Element</th>
<th>HIV Continuum of Care</th>
<th>Post-2015 TB Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Will</td>
<td>POTUS Executive Order</td>
<td>WHA 2012 call to action</td>
</tr>
<tr>
<td>Support Integration of Prevention and Care</td>
<td>Yes</td>
<td>Yes (with attention to infection control and LTBI)</td>
</tr>
<tr>
<td>Promote Expansion of Service Delivery Models</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Encourage Innovative Approaches</td>
<td>Yes</td>
<td>Yes (new way of thinking beyond DOTS strategy)</td>
</tr>
<tr>
<td>Attention to Health Disparities</td>
<td>Yes</td>
<td>Yes (bold policies for universal coverage)</td>
</tr>
<tr>
<td>Research for Evidence-based Interventions</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Measurable Targets with Monitoring of Outcomes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Treatment As Prevention</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Conclusions

- Convergence in approaches promulgated by HIV and TB

- HIV continuum of care strategy reinforces the new approach to universal TB case detection and treatment until cure, with attention to social determinants of health

- Acknowledge advances, yet remain ambitious and open to continuously learn from each other to achieve transformative, life-saving interventions

- TB strategy must elicit a strong and sustained high level political will for its continuum of care strategy