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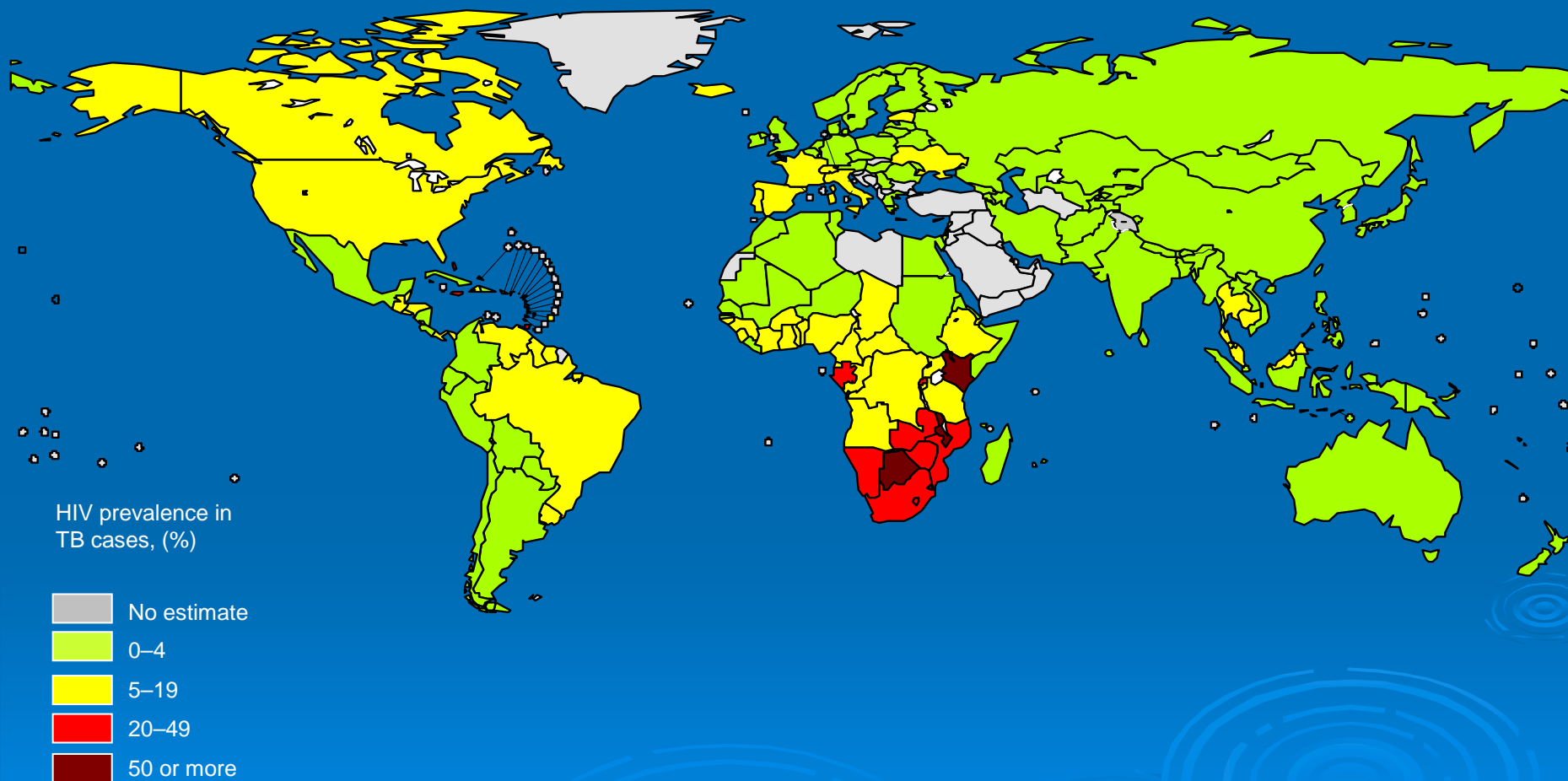
# THE COOPERATION Tuberculosis and HIV/AIDS Programmes

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WHO Regional Office for Europe



Do we have a  
problem?

# Estimated HIV prevalence in new TB cases, 2006

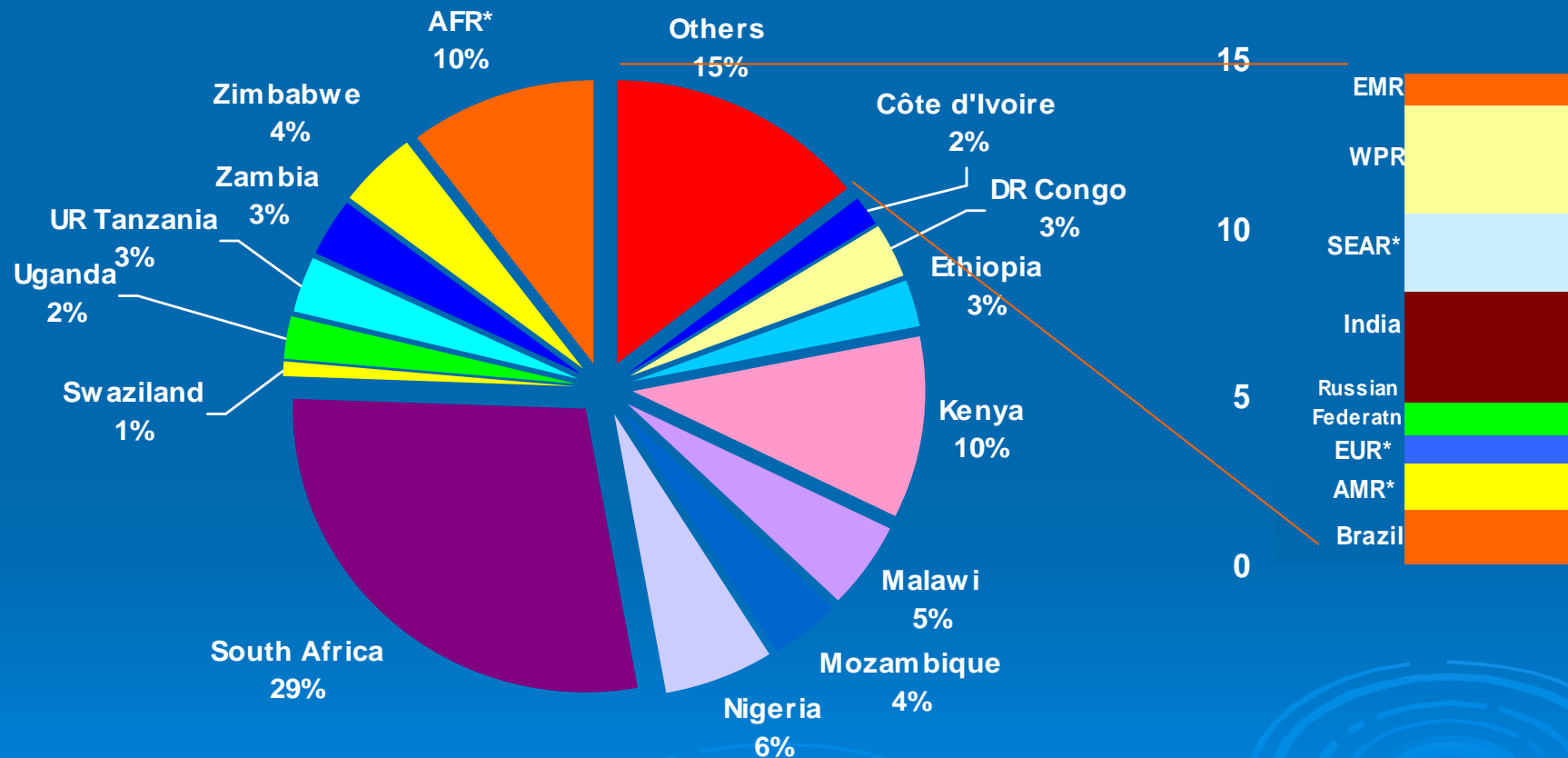


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

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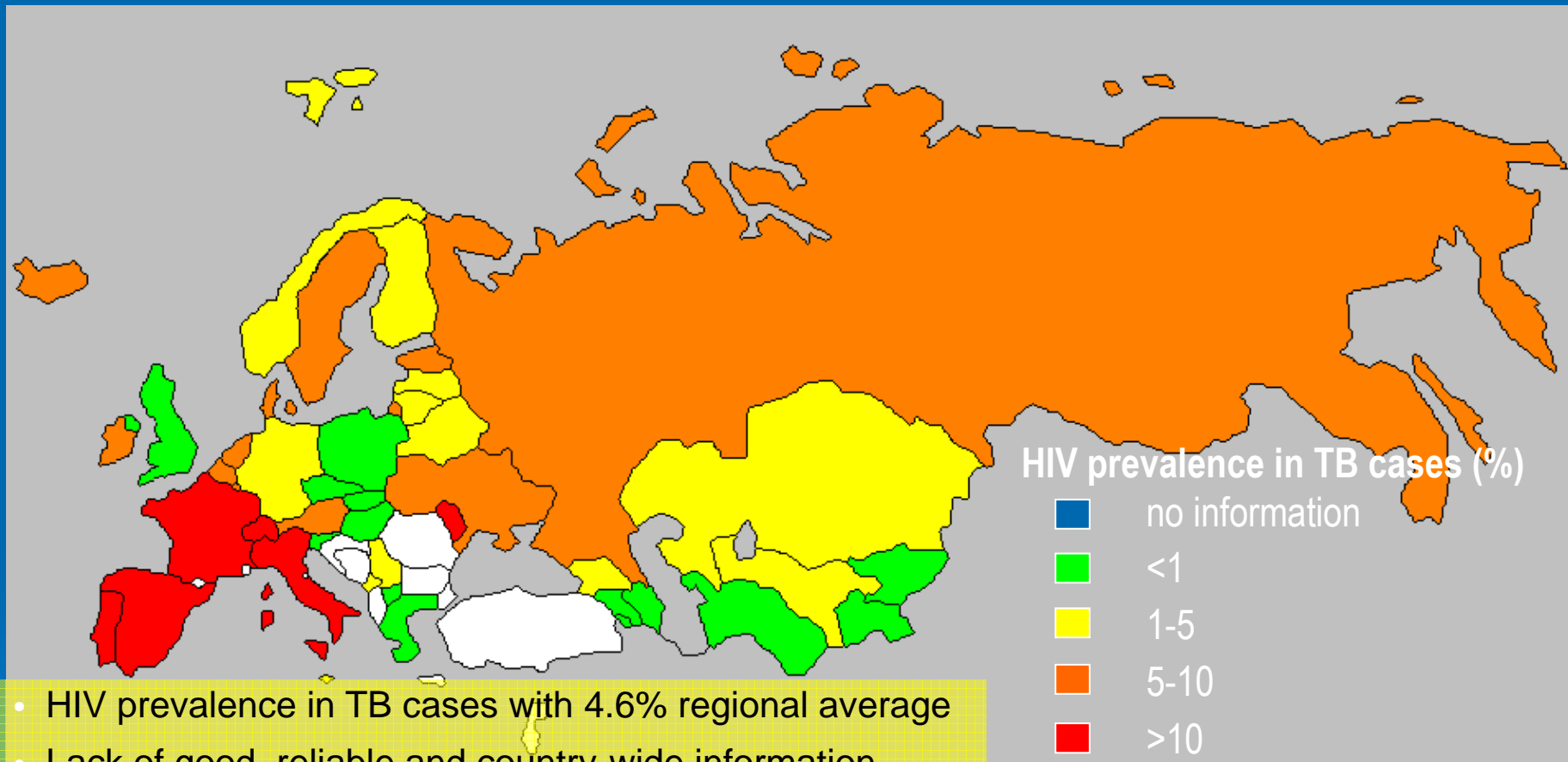


# Geographical distribution of HIV-positive TB cases, 2006



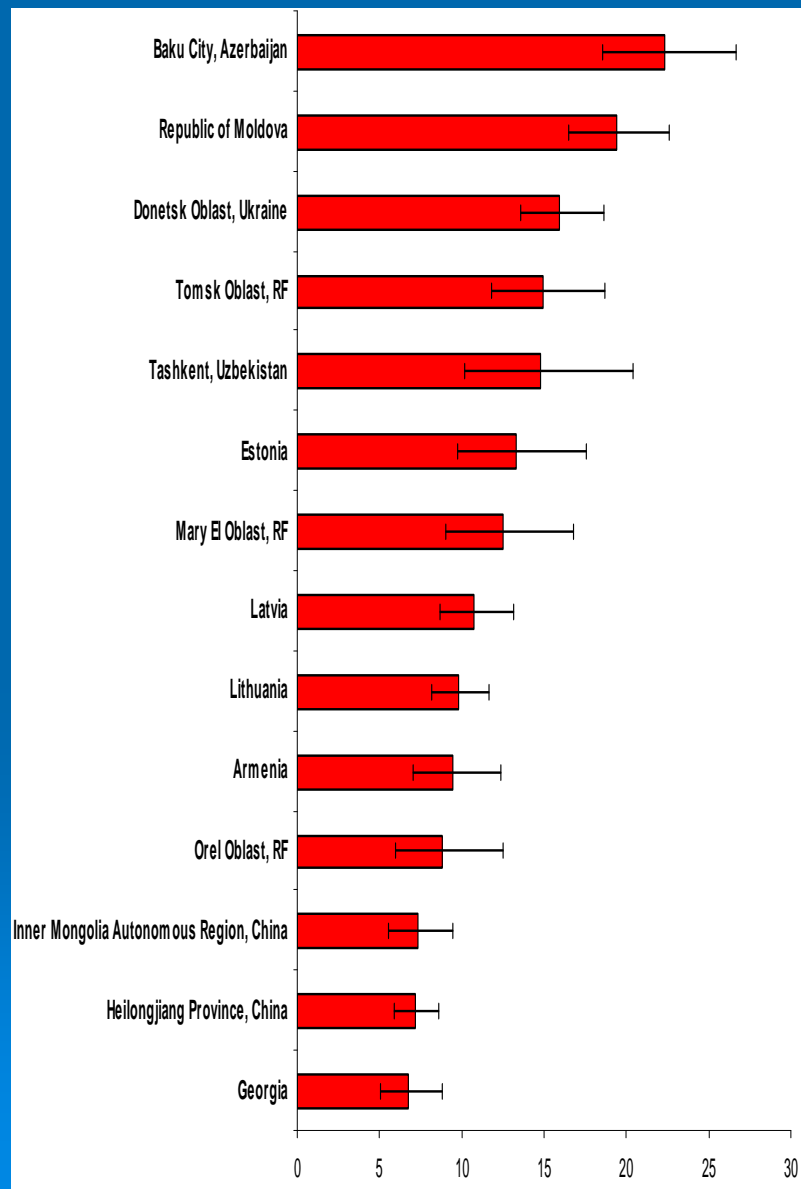
For each country or region, the number of incident TB cases arising in people with HIV is shown as a percentage of the global total of such cases. AFR\* is all countries in the WHO African Region except those shown separately; AMR\* excludes Brazil; EUR\* excludes the Russian Federation; SEAR\* excludes India.

# Estimated HIV prevalence among new adult TB cases; EUR, 2005.

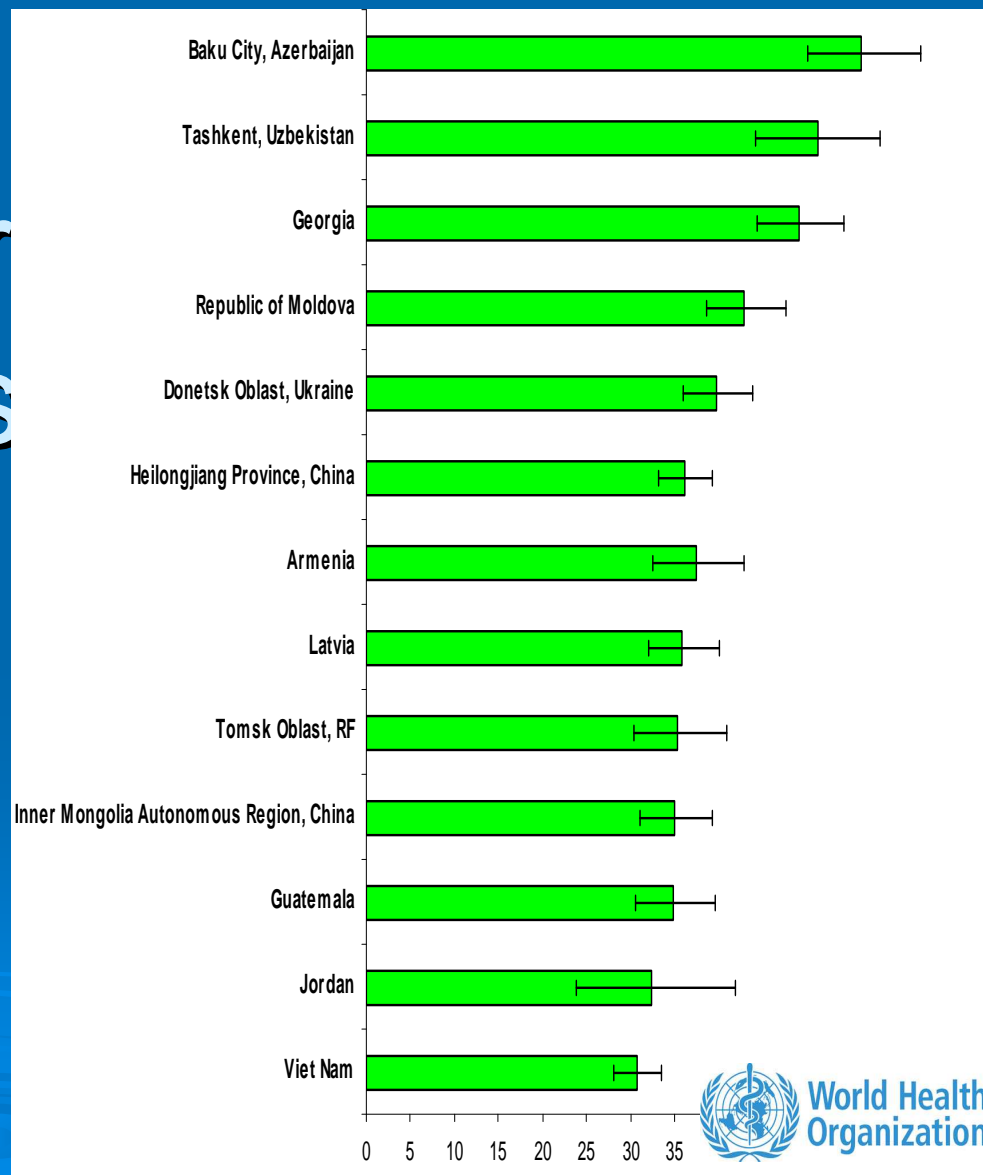


- HIV prevalence in TB cases with 4.6% regional average
- Lack of good, reliable and country-wide information
- Limited collaboration between HIV and TB programmes
- Different patterns and type of co-infection in W and E
- Lack of community and activists involvement

## 14 settings with $\geq 6\%$ MDR-TB among new cases 2002-2007

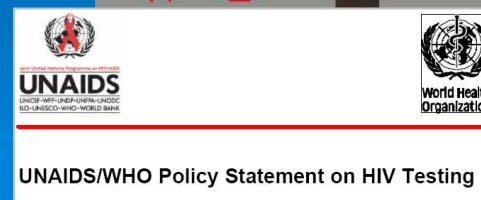
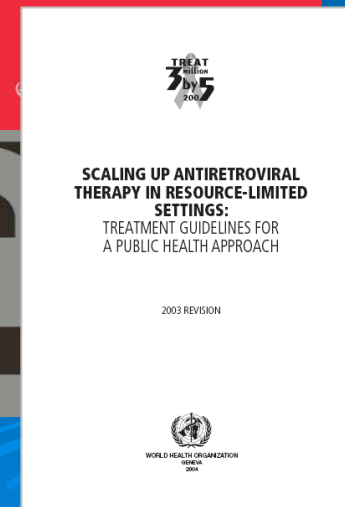
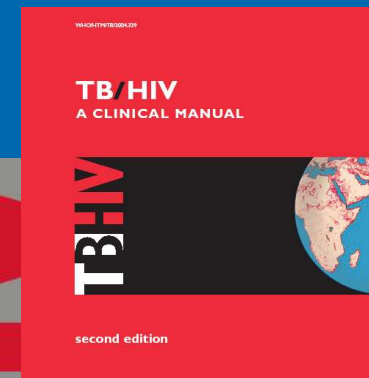
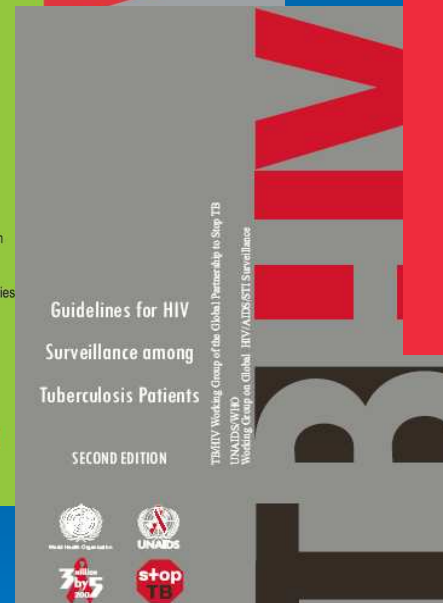
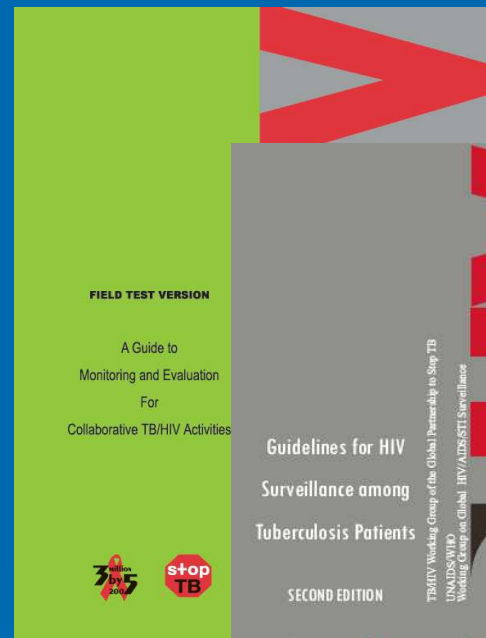
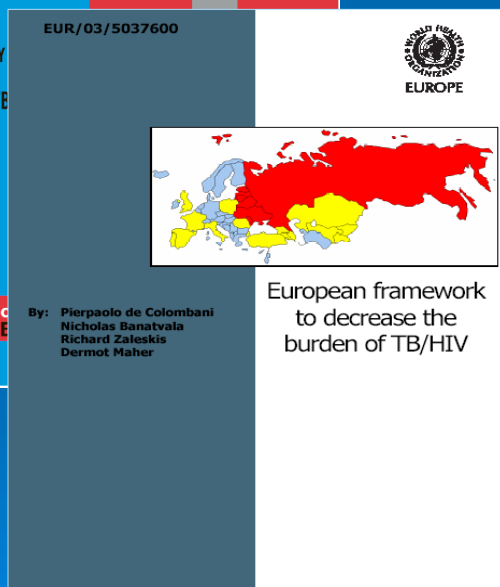
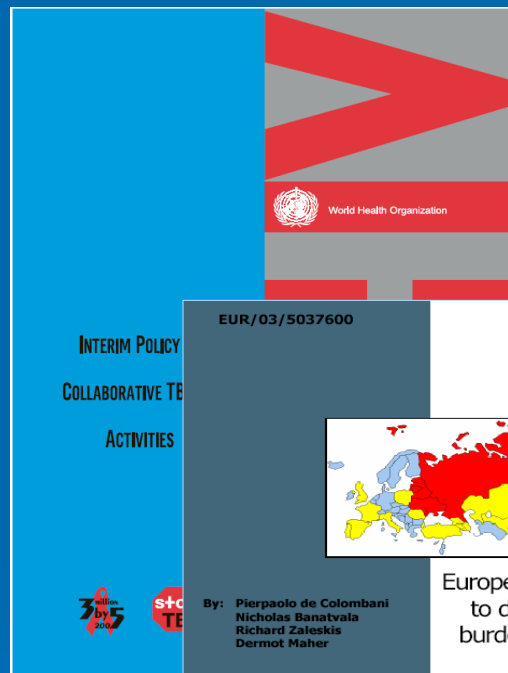


## 13 settings with $>30\%$ resistance to any TB drug among new cases 2002-2007



Do we know what to  
do?

# TB/HIV reference publications



# Collaborative TB/HIV activities

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## B. Decrease the burden of TB among people living with HIV/AIDS

1. Establish intensified TB case-finding
2. Introduce isoniazid preventive therapy
3. Ensure TB infection control in health care and congregate settings

# Collaborative TB/HIV activities

## A. Establish mechanisms for collaboration

1. Set up coordinating bodies for TB/HIV activities at all levels
2. Conduct surveillance of HIV prevalence among TB patients (guidelines available)
3. Carry out joint TB/HIV planning
  - Resource mobilization for TB/HIV
  - TB/HIV capacity-building, including training
  - TB/HIV communication: advocacy, programme communication and social mobilization
  - Enhancing community involvement in collaborative TBHIV activities
  - Operational research
4. Conduct monitoring and evaluation (guidelines available)

# Collaborative TB/HIV activities

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## C. Decrease the burden of HIV among TB patients

1. Provide HIV testing and counselling
2. Introduce HIV prevention methods
3. Introduce co-trimoxazole preventive therapy
4. Ensure HIV/AIDS care and support
5. Introduce antiretroviral therapy

## NTP

## NAP

National level

National level

Intermediate level

Intermediate level

District level

District level

Primary Care Services level

Community level

### Managerial functions of NTP

- Planning
- Resource allocation
- Implementation
- Monitoring
- Supervision
- Training

### Managerial functions of NAP

- Planning
- Resource allocation
- Implementation
- Monitoring
- Supervision
- Training

### Service Delivery Functions NTP

- Detecting suspects
- Diagnosing cases
- Treating cases

### Service Delivery Functions NAP

- Counselling & testing
- Detecting sick people
- Treating them
- Promotion & prevention

## NTP

## NAP

### Collaborative TB/HIV activities

National level

National level

Intermediate level

Intermediate level

District level

District level

Collaborative Interventions

Primary Care Services level

Community level

#### A. Establish mechanism for Collaboration (NTP+NAP)

- A.1. TB/HIV coordinating bodies
- A.2. HIV surveillance among TB
- A.3. Joint TB/HIV planning
- A.4. Monitoring and evaluation

#### B. Decrease burden of TB in PLWHA (primarily NAP)

- B.1. Intensified TB case finding
- B.2. IPT
- B.3. TB infection control

#### C. Decrease burden of HIV in TB pts (primarily NTP)

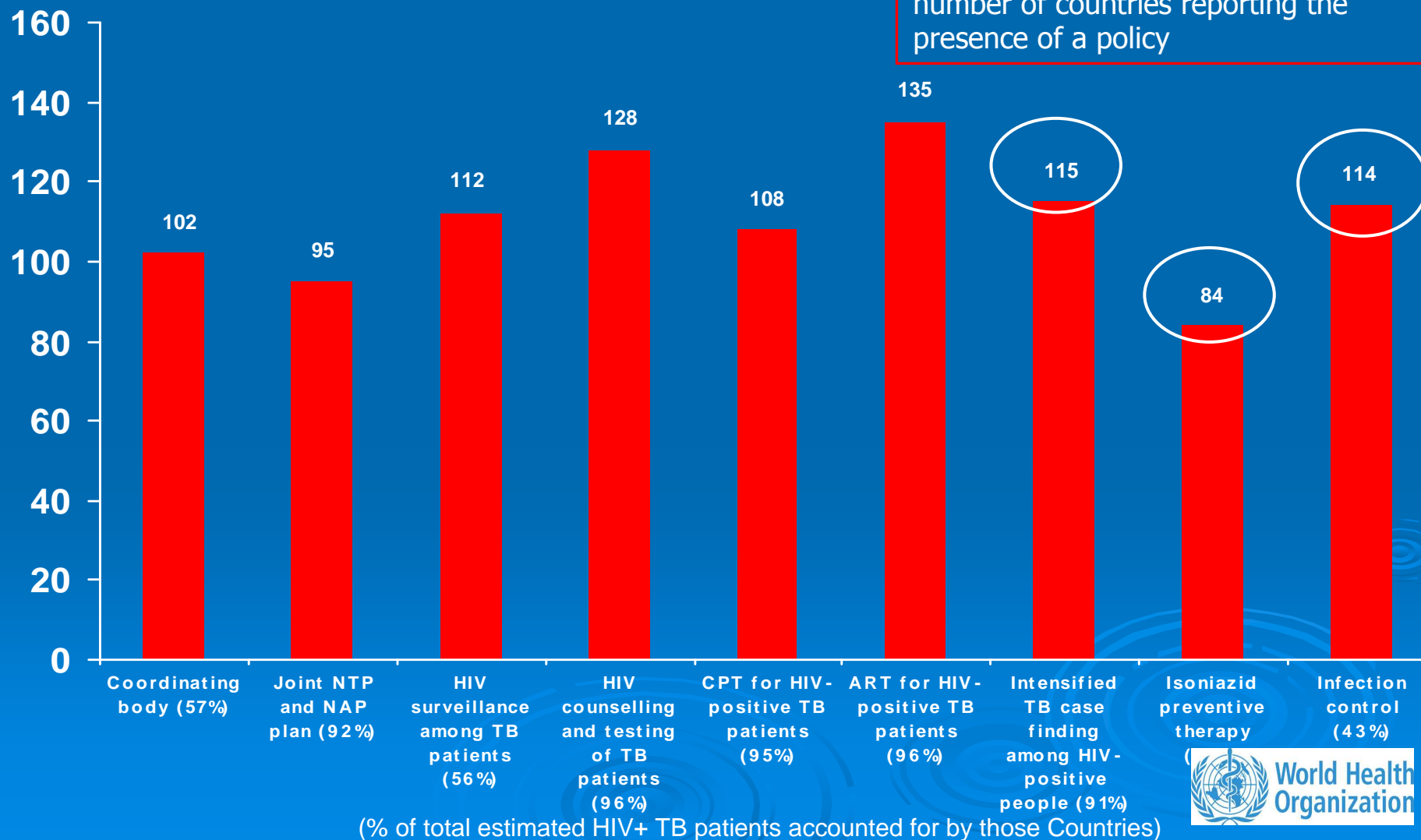
- C.1. HIV testing
- C.2. HIV preventive methods
- C.3. CPT
- C.4. HIV/AIDS care and support
- C.5. Antiretroviral therapy

Integrated TB and HIV services through collaboration and coordination of NTP and NAP

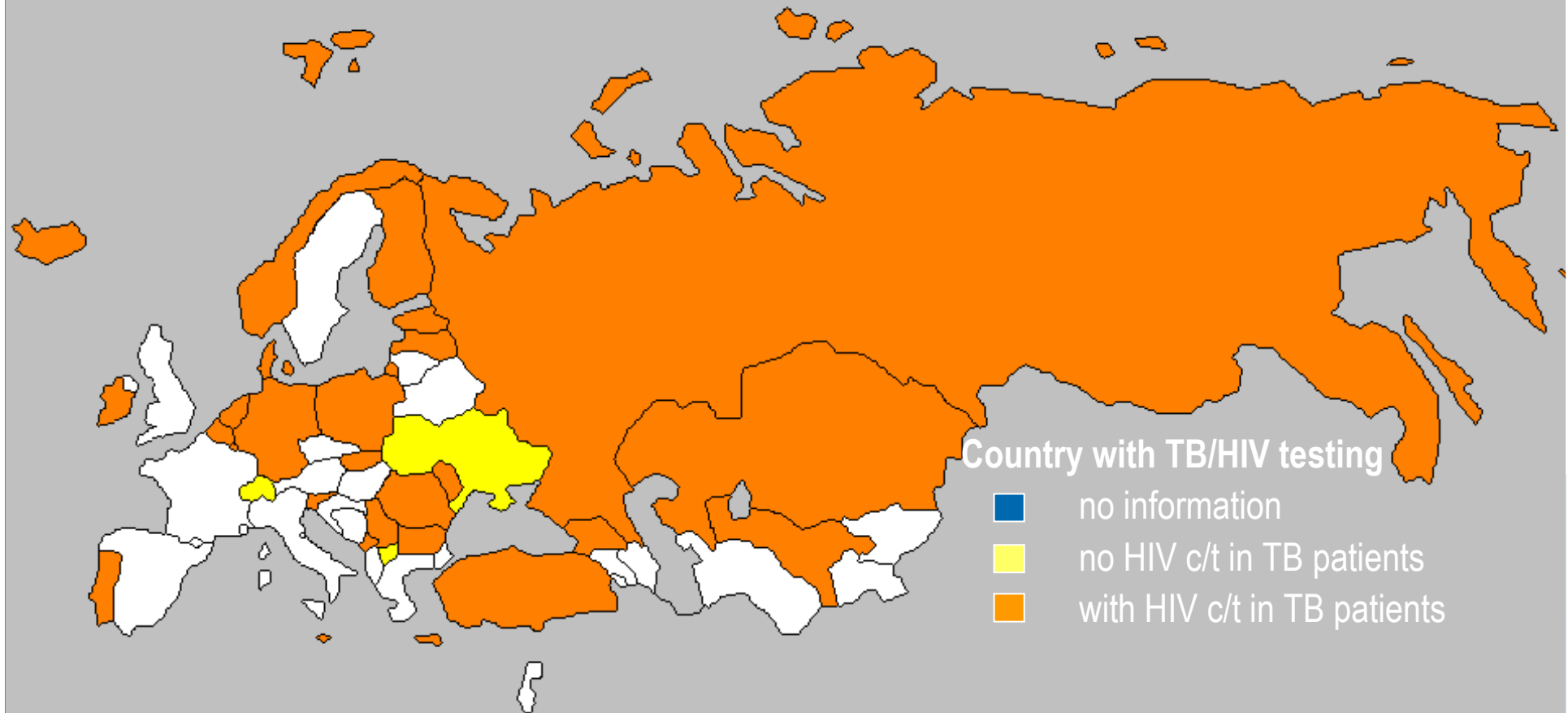
What do we actually  
do?

# Mechanisms and national policies for collaborative TB/HIV activities, 2006

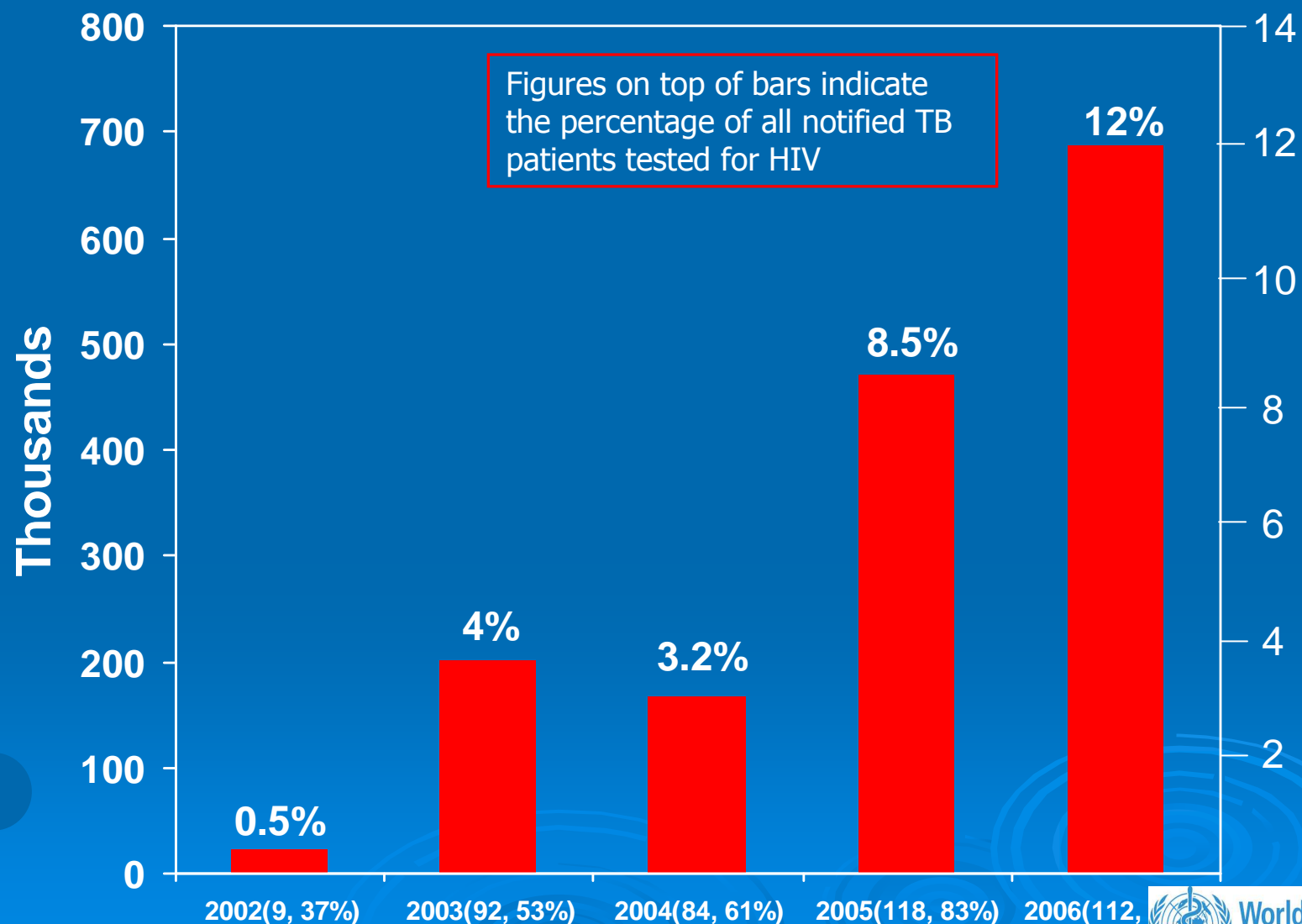
Figures on top of bars indicate the number of countries reporting the presence of a policy



# Countries with HIV counselling and testing in TB patients; EUR, 2005.

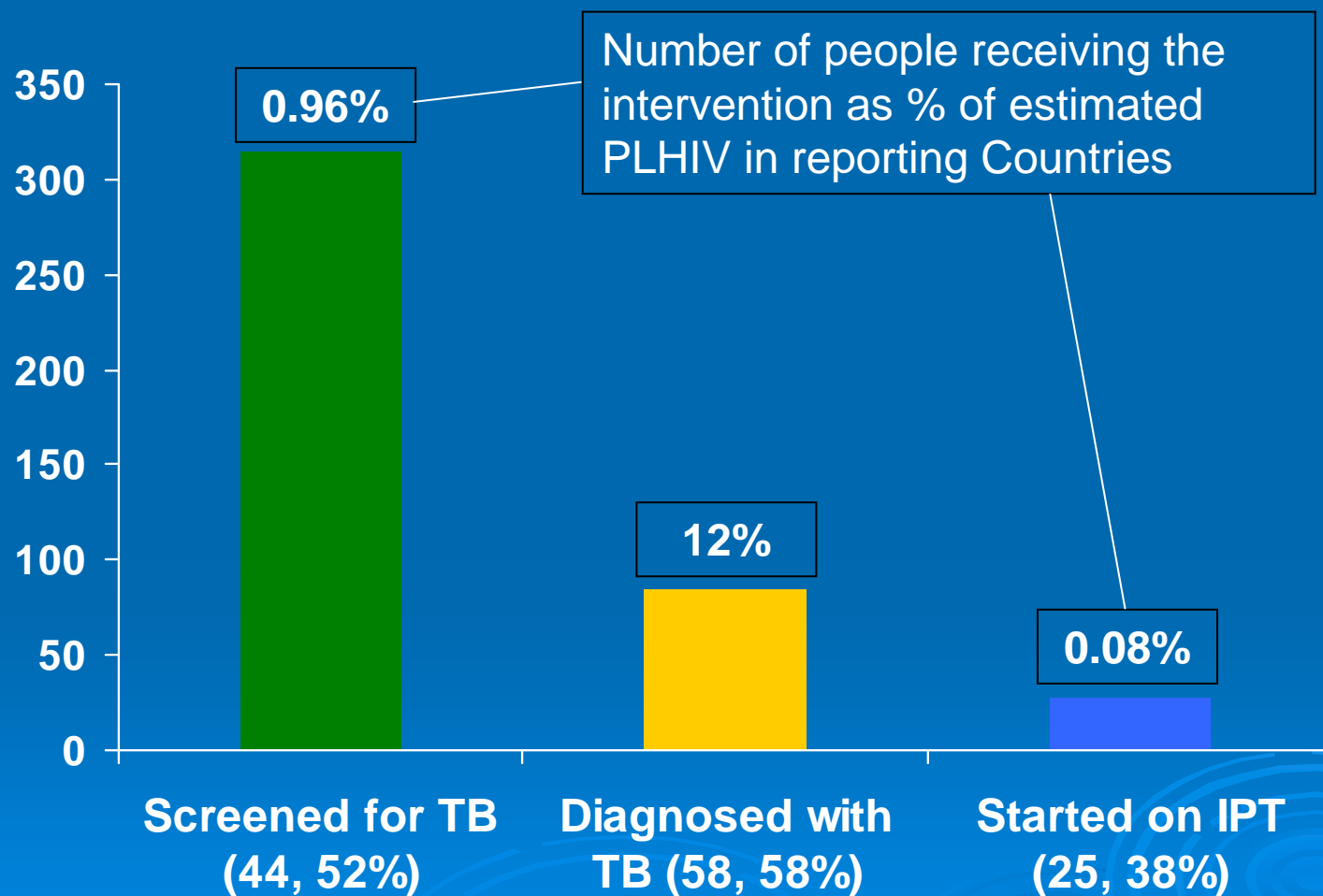


# HIV testing for TB patients, 2002-2006



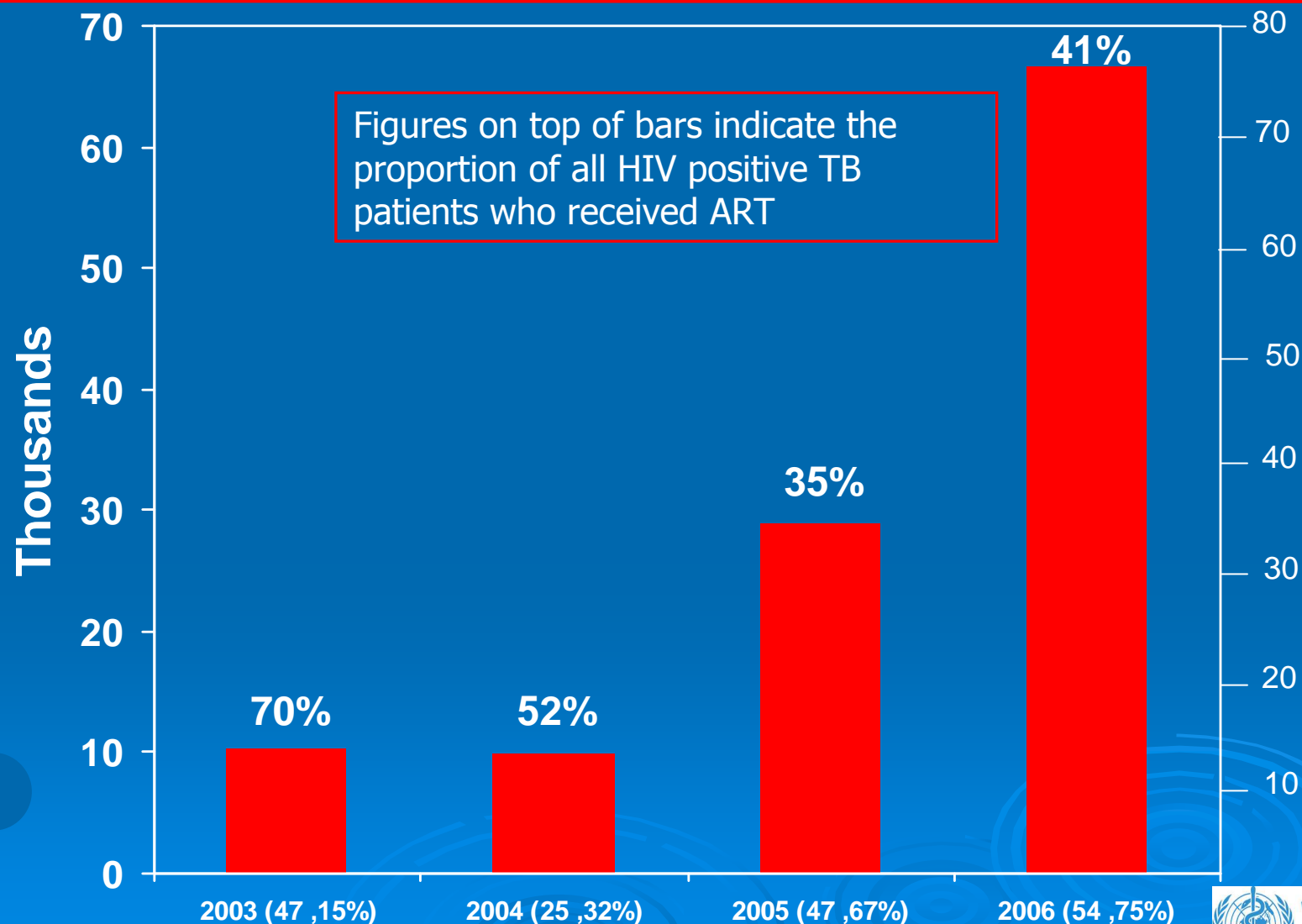
(Number of Countries reporting; % of total estimated HIV+ TB patients accounted for by those Countries)

# Intensified TB case finding, diagnosis of TB and IPT provision among PLHIV, 2006



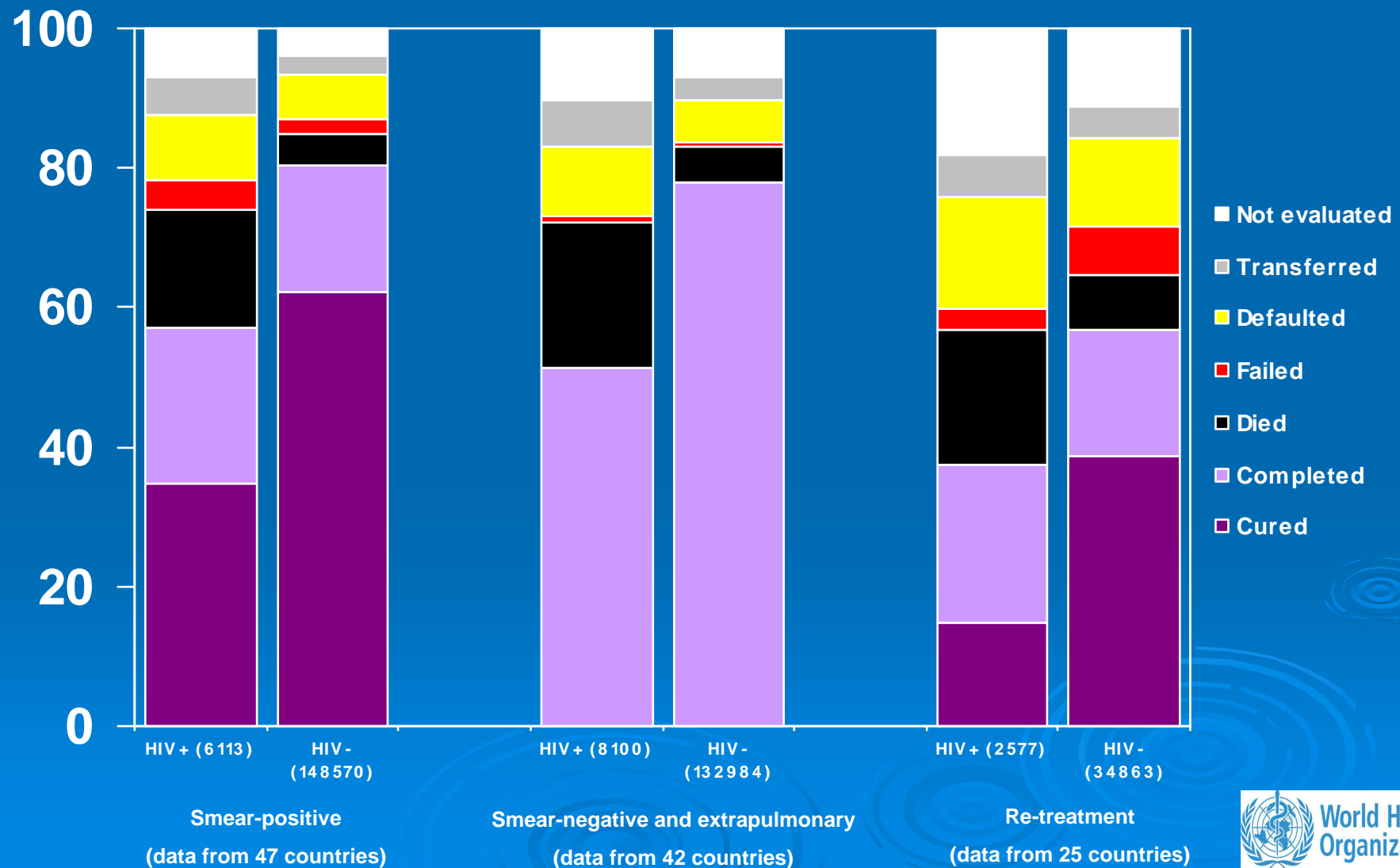
(Number of Countries reporting; % of total estimated HIV+ TB patients accounted for by those Countries)

# Antiretroviral therapy for HIV-positive TB patients, 2003–2006



(Number of Countries reporting; % of total estimated HIV+ TB patients accounted for by those Countries)

# Treatment outcomes for HIV-positive and HIV-negative TB patients, 2005 cohort

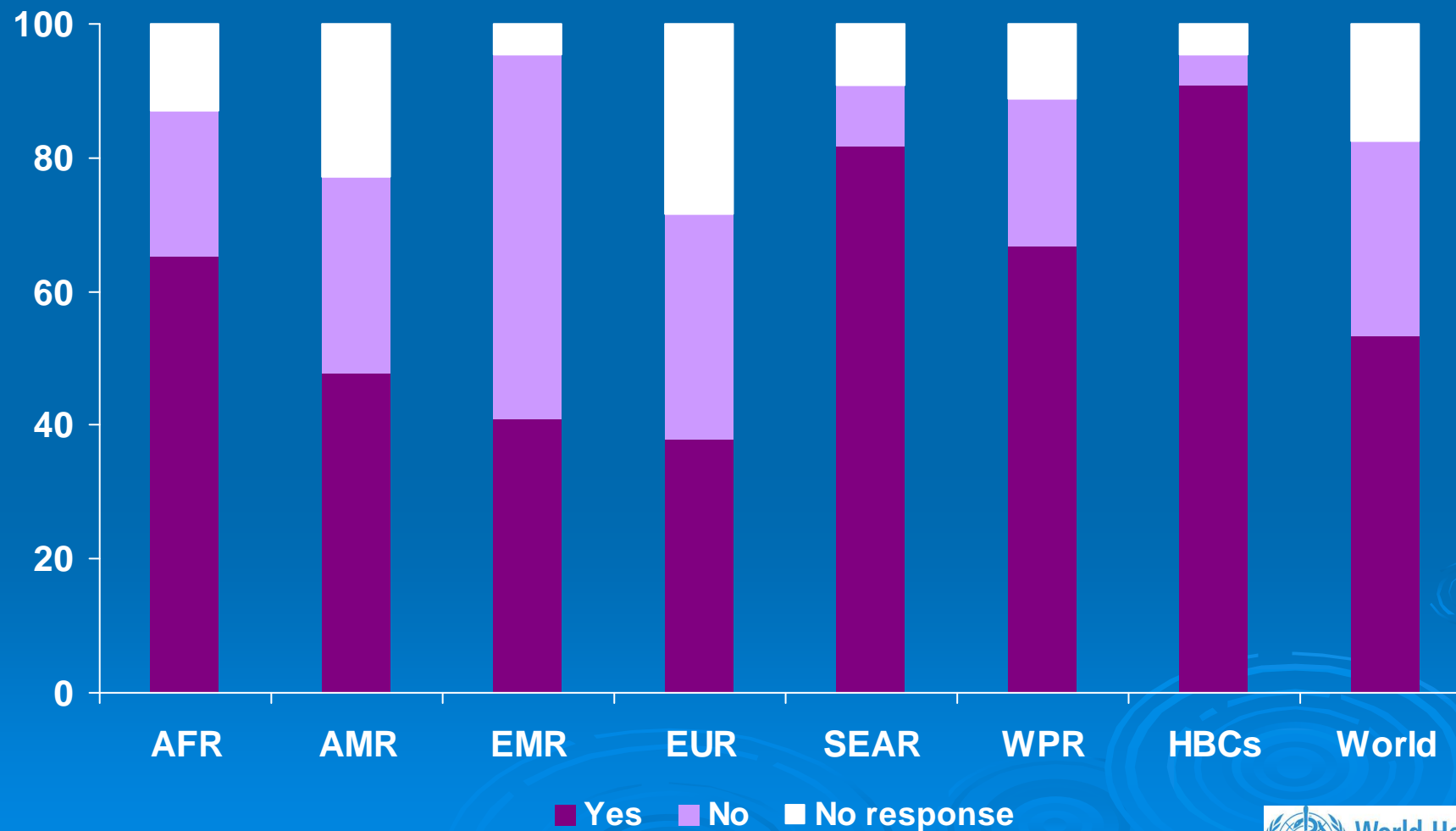


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- Encouraging but insufficient progress in scaling-up collaborative TB/HIV activities
  - Some progress in providing HIV care to TB patients (testing, CTX, ART)
  - IPT, intensified case finding, and TB care should be core functions of HIV services

# Why are we still not there in addressing TB/HIV

- Government
  - For countrywide coverage - government need to engage
- Country specific analysis & understanding lacking
- National health systems and the 2 programmes
  - Competition vs. collaboration between the 2 programmes
- National programmes capacity
  - Understaffed, overburdened, lacking some skills
  - Little experience with HIV & marginalized groups
  - Unwillingness to involve vulnerable groups
- NGO and community capacity
  - Not involved
  - Many are not taking the co-infection seriously

# Community participation in TB control, all countries, 2006



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## “Two diseases, one patient”

- No more “projects”
  - Immediate scale up of what works !!!!!
  - Revise as more evidence becomes available!
- No separate programme!!!!!!
- Collaborative activities add to existing strategies for controlling TB and HIV/AIDS

