



Integrated management of HIV and TB patients: So obvious, so difficult

Haileyesus Getahun, MD, PhD, MPH.
Stop TB Department
World Health Organisation
Geneva, Switzerland

Outline of presentation

- The TB/HIV burden and progress
- WHO recommended TB/HIV activities
- The TB and HIV paradigm: practice
- What is integration of TB and HIV services?
- Challenges for services integration
- Conclusion

Latest global TB estimates - 2007

	Estimated number of cases	Estimated number of deaths
All forms of TB Greatest number of cases in Asia; greatest rates per capita in Africa	9.27 million (139 per 100,000)	1.77 million (27 per 100,000)
Multidrug-resistant TB (MDR-TB)	511,000	~150,000
Extensively drug-resistant TB (XDR-TB)	~50,000	~30,000
HIV-associated TB	1.4 million	500,000

TB/HIV estimates doubled between 2006 and 2007

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

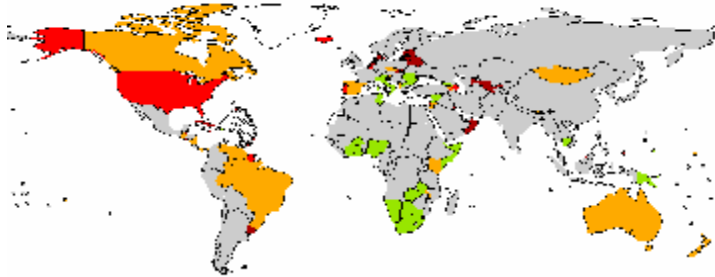
HIV programme

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.

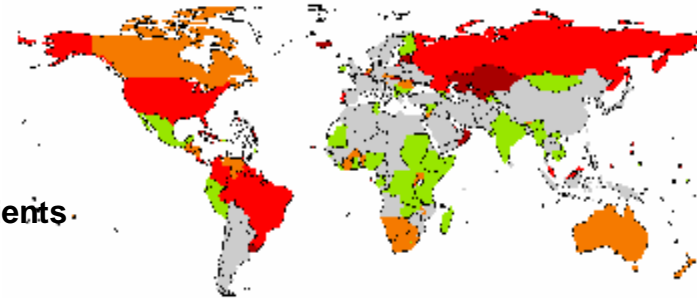
TB programme

2004



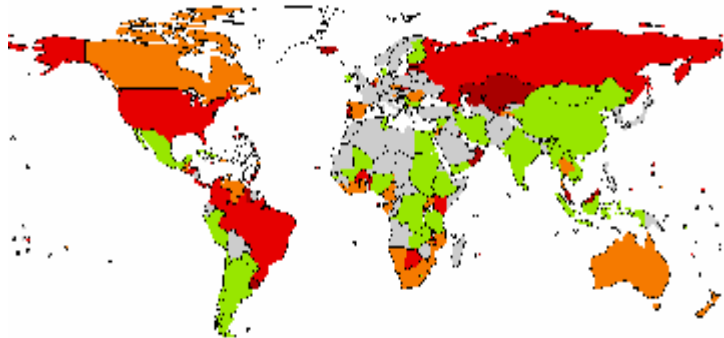
3%

2005



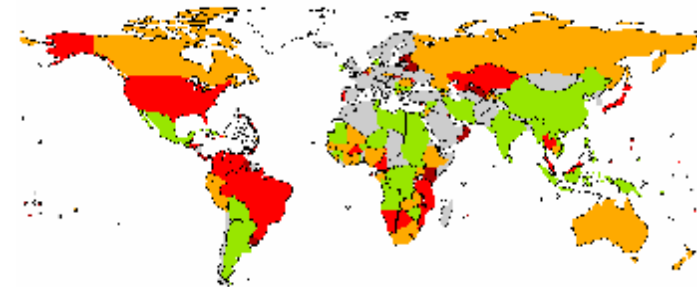
9%

2006



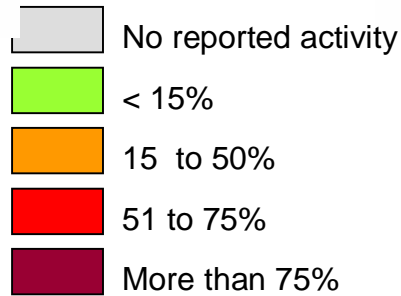
12%

2007



16%

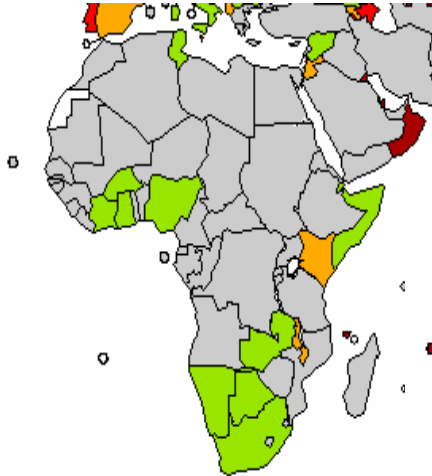
Proportion of TB patients tested for HIV
Key



Progress of HIV testing for notified TB patients

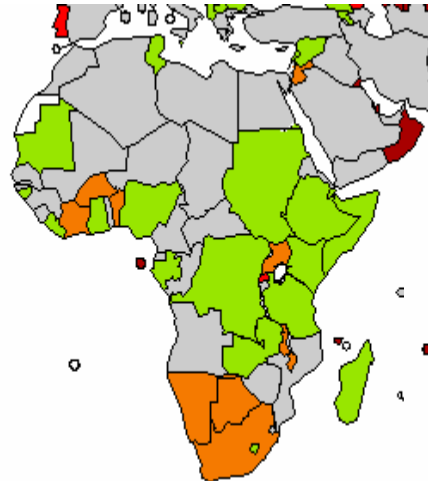
HIV testing for notified TB patients in Africa

2004



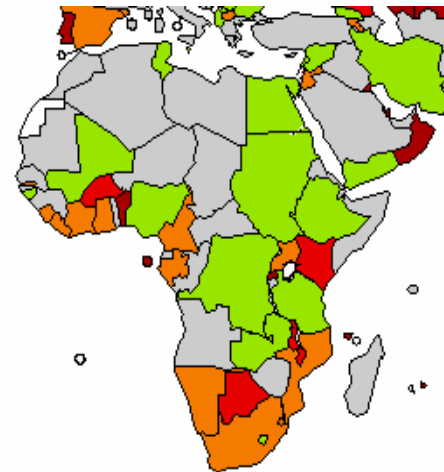
4%

2005



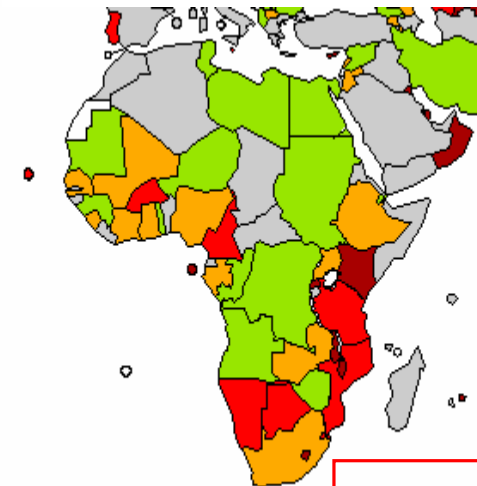
11%

2006



22%

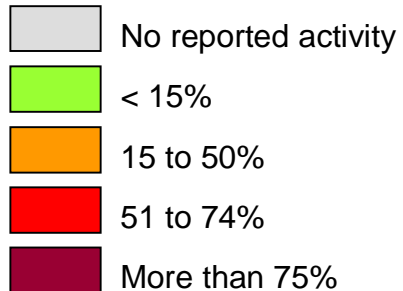
2007



37%

Proportion of TB patients tested for HIV

Key

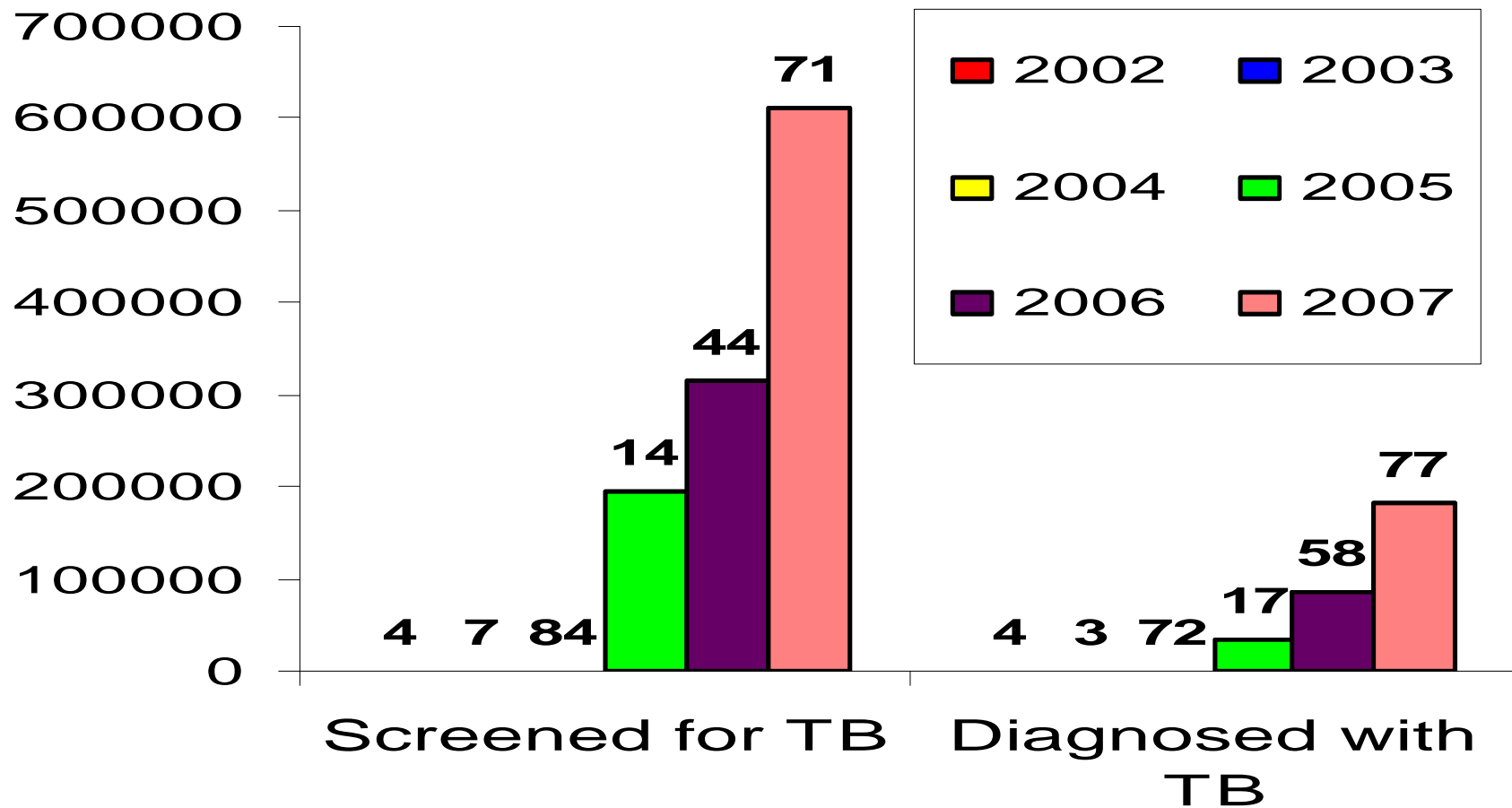


HIV testing and treatment, 2007

Region	TB patients tested for HIV, thousands (%)	% of tested TB patients HIV +	% of identified TB patients on CPT	% of identified TB patients on ART
AFR	492 (37)	51	66	29
AMR	114 (49)	13	36	77*
EMR	4.2 (1.1)	12	35	65*
EUR	169 (35)	2.5	52	16
SEAR	122 (5.5)	15	37	17
WPR	95 (6.6)	7	45	28
Global	996 (16)	30	63	30

Access to ART is very low and showed regional variation

TB screening and diagnosis , 2002-2007



Implementation of IPT 2005-2007



2005 (10 countries, 26000 cases)

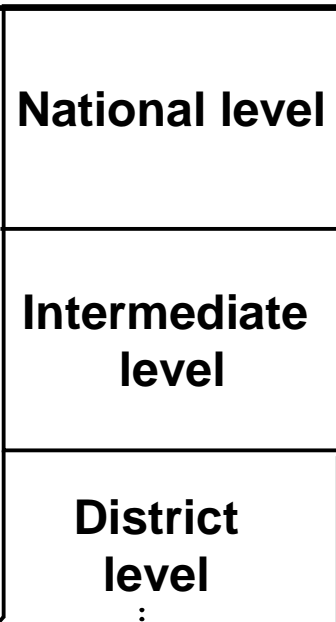


2006 (25 countries, 27000 cases)



2007 (45 countries, 29000 cases)

NTP



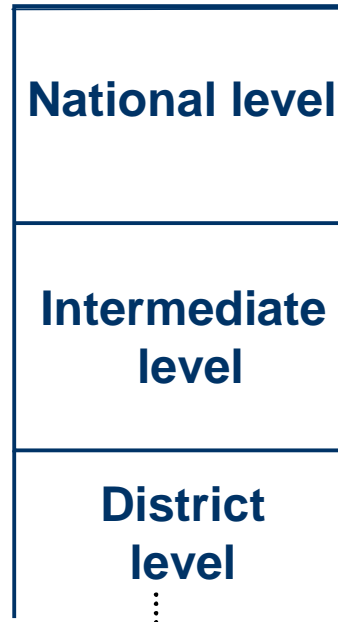
TB clinic

Primary care services

TB services

Community based services

NAP



ART clinic

Primary care services

HIV services

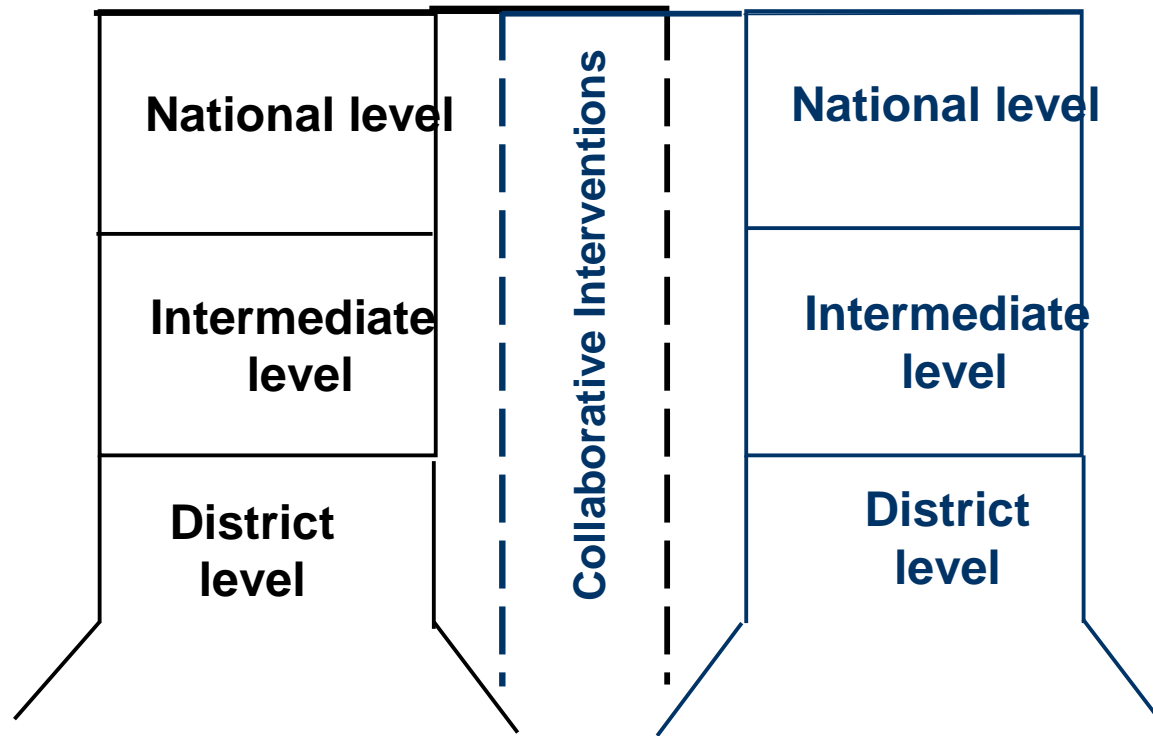
Community based services

- **Power imbalance**
- **Financial disparity**
- **Historical difference**
- **Centralised HIV vs. decentralised TB treatment services**
- **Separate M and E**

TB and HIV programmatic paradigm

NTP

NAP



Integrated TB and HIV services

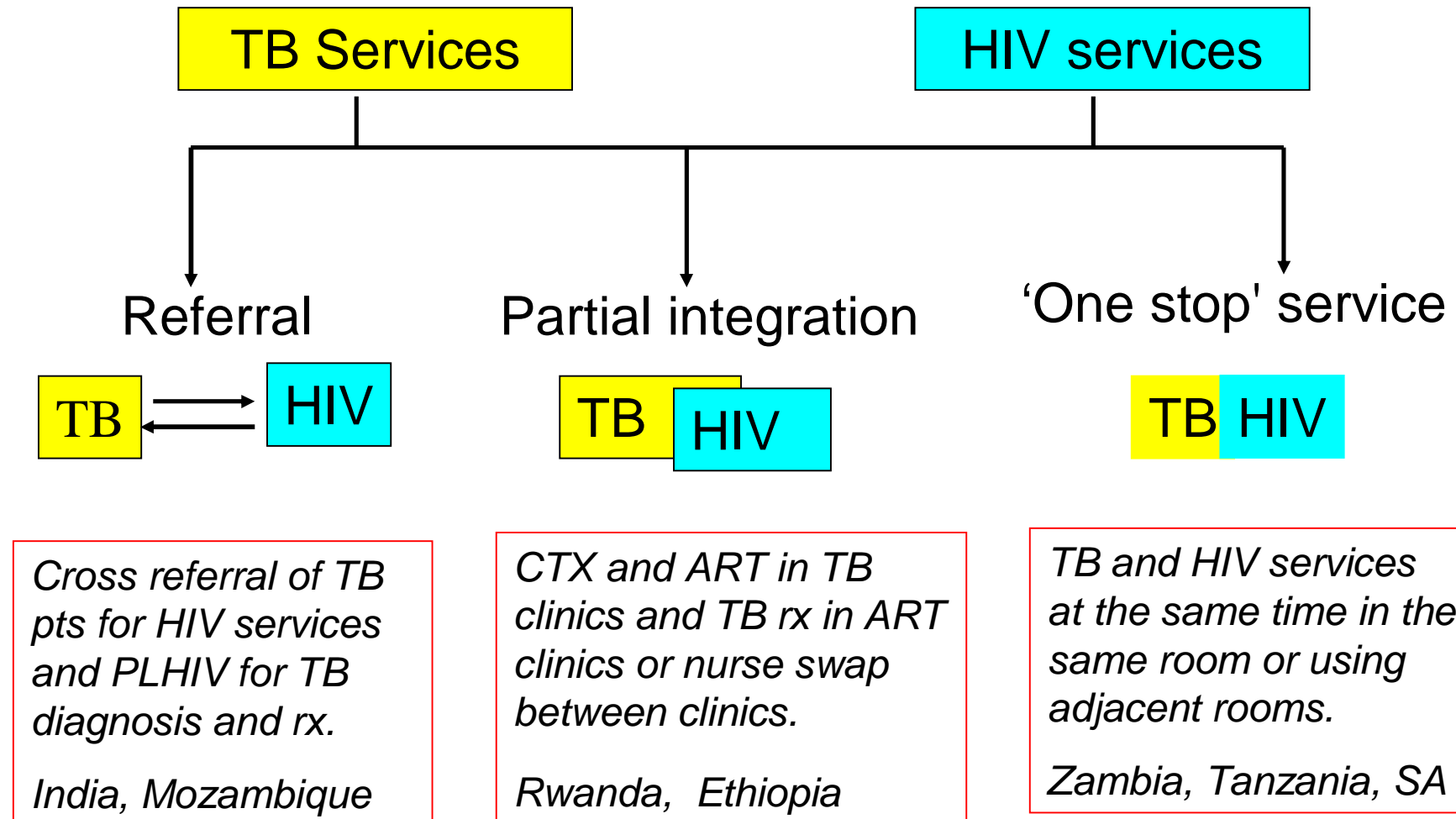
Primary care services

Community based services

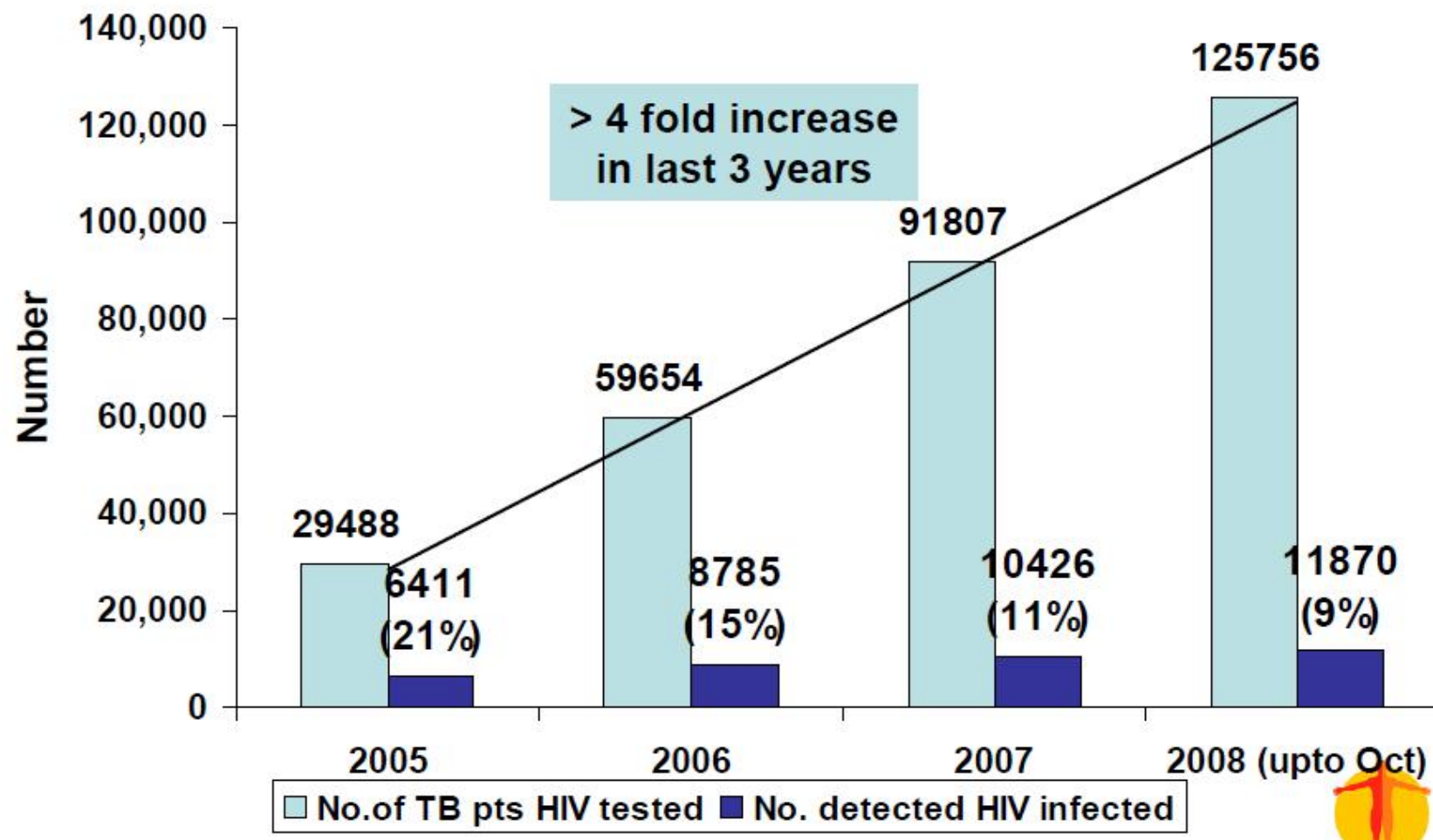
- **Program level collaboration**
- **Integration of TB and HIV services**
- **Harmonised use of resources**
- **Harmonised training and M&E**

Programme collaboration and services integration

Models of integration of services

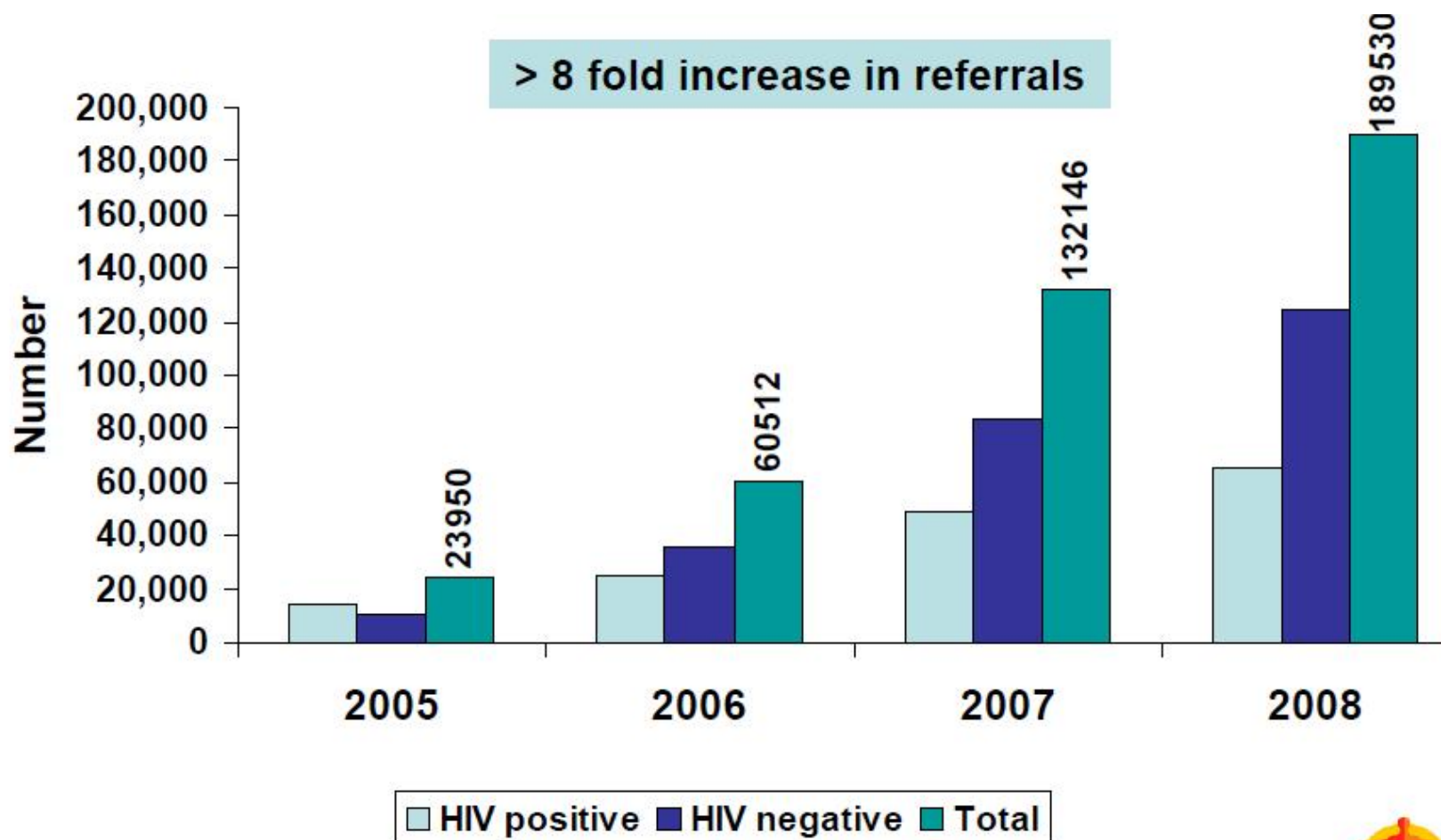


HIV testing of TB Patients in India



Cross referral model

TB screening among PLHIV in India



Cross referral model

PASADA, Tanzania

- FBO with comprehensive HIV/AIDS care including community based care (CBC)
- TB posed challenge in the care
- Collaboration with NTP for TB services integration
 - § Laboratory improved and TB drug supplied by NTP
 - § Staff training, recording and reporting harmonised
 - § TB room dedicated and integrated into the CBC
- Services linked with strong social support system
- Effective partnership between NTP/NAP and NGO

African Health Sciences 2004; 4(2); 109-114

Partial integration model

Khayelitsha, South Africa

- 2000: HIV clinic started
- 2001: ART initiated
- 2002: VCT in TB clinic
- 2003: the two buildings merged- "*one stop shop*"
- Strong linkage with community services
- MSF and government partnership

Trop Med Int Health. 2004; 9:A11-5



One stop service model

Mismatch of TB treatment and HIV testing and ART services in eight countries, 2007

	TB treatment facilities (n)	HIV testing facilities (n)	ART facilities (n)
Burkina Faso	462	454	76
DR Congo	1205	286	209
Ethiopia	833	1005	272
Malawi	551	504	163
Myanmar	324	291	32
Rwanda	450	312	165
Uganda	1261	554	286
Tanzania	2500	1035	204

For every ART facility there are 5 TB and 3 HIV testing facilities respectively!

Challenges for services integration

- TB infection control is virtually impossible under current conditions
- MDR and XDR TB are lethal to PLHIV
- Health workers are at greater professional risk of TB



Challenges for services integration

- Separate programme management
- Imbalance of power and budgets
- Poor health care delivery system
- Lack of TB point of care diagnosis tool



Conclusions

- The best model of integration of TB and services is not known
- "*One size fits all*" approach does not work and it depends on local factors and context
- Effective health delivery systems and primary health care are critical as a platform
- Adequate numbers of qualified and motivated health workers are needed at all levels
- Decentralised TB services are low hanging fruits to integrate and scale up HIV prevention and treatment

"Let there be no HIV data with out TB information and no TB data with out HIV information"



Participants of the TB/HIV Research Priorities meeting, Cape Town

July 18-19, 2009