Tuberculosis: Opportunities and Challenges for Achieving HIV Epidemic Control

Suvanand Sahu
Deputy Executive Director
Stop TB Partnership Secretariat
Tuberculosis

TB epidemic is declining very slowly

We now know that TB is a much bigger problem than initially thought – thanks to better data from prevalence surveys

Emergence of drug resistance makes it difficult
Deaths
TB is the leading killer of PLHIV

- 1.4 million deaths due to TB in HIV negatives
- 0.4 million deaths due to TB and HIV
- 0.6 million deaths due to HIV excluding TB
Overlap of TB and HIV

- 2 billion infected with TB
- 11 million develop TB each year
- 37 million infected with HIV
- At least 12 million TB infection
- 1.2 million
What is happening to the 1.2 million PLHIV developing TB each year?

- In 2015, of 10.4 million people developing TB, 1.17 million were estimated to be co-infected with HIV.

- Of them, only 43% (500,564) were diagnosed and notified as HIV-positive TB and only 33% (390,630) were put on ART.
What is happening to millions of PLHIV in need of preventive TB treatment (PT)?

PT coverage among PLHIV newly enrolled in HIV care, 2015

Only 68 countries reported a total of 910,124 PLHIV on PT - missing data and poor coverage

Source: WHO’s global tuberculosis database, March 2016
Only 49% of incident TB treated successfully
Only 11% of DR-TB treated successfully
Missing people with TB in 30 high TB burden countries

- Just 3 countries (India, Indonesia and Nigeria) together account for over half of the missing 4.3 million.

- In many countries missing people with TB are decreasing at a slow pace

- In others they are either increasing or remaining the same over years.
Increasing trend of TB and HIV overlap in EECA region

The region with the highest and growing rates of Drug-Resistant TB and lowest TB treatment success, especially in HIV+ TB
Key challenges

Too many people with both HIV and TB are left behind without care (TB treatment and ART)

Over 4 million with TB missing each year, 0.6 million of them are co-infected with HIV

Very poor coverage of TB Preventive therapy among PLHIV
Modeling done for Global Plan shows that achieving 90% coverage as soon as possible but not later than 2025 will set the world on course to meet the End TB Strategy milestones for 2020 and 2025.

Source: Global Plan to End TB: The Paradigm Shift
Political momentum

HIV already has

TB beginning to gather unprecedented momentum

BRICS, AMR, G20, UNHLM
Scientific advancement
GeneXpert game changer diagnostics

TB and DR-TB diagnosis
Viral Load, HIV qualitative test
Multi-disease fully automated rapid molecular test platform
New treatment options first time in TB after decades of inaction

Shorter MDR-TB regimen

Two new drugs
  Bedaquiline
  Delamanid

New child friendly TB medicine formulations
Opportunity for coordination and synergy

Opportunities for prioritizing funding for TB/HIV

Global Fund

• Catalytic funding focused on missing people with TB
• HIV service delivery KPIs include a KPI on TB preventive treatment
• Joint HIV and TB funding requests
What is needed?

- TB case finding among PLHIV
  - Systematic TB screening and testing at every opportunity
    - Using Xpert test

- Improve ART coverage especially for those with TB

- Scale up TB preventive therapy
  - Isoniazid or Rifapentine based regimen
Key opportunities

Ownership by HIV programs

New diagnostics and medicines

Opportunities for coordination

Political opportunity
In summary

Too many people with TB and TB/HIV co-infection are left behind

New diagnostics, new medicines and political momentum presents important opportunities

HIV program and partners can take greater ownership

• As HIV continues to decline it will be increasingly important for those fighting HIV to fight TB with greater intensity
Thank you