

Linking the 90-90-90 Targets for HIV and TB

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Stop TB Partnership

90-90-90-target workshop, Amsterdam

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90(90)90 TB targets

Global Plan to End TB 2016-2020



Reach at least

90%
**OF ALL PEOPLE
WITH TB**

and place all of them
on appropriate therapy—
first-line, second-line and
preventive therapy as
required

As a part of this approach,
reach at least

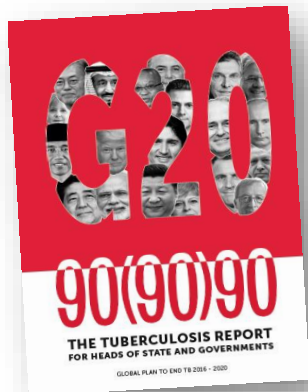
(90)%
**OF THE KEY
POPULATIONS**

the most vulnerable,
underserved, at-risk
populations

Achieve at least

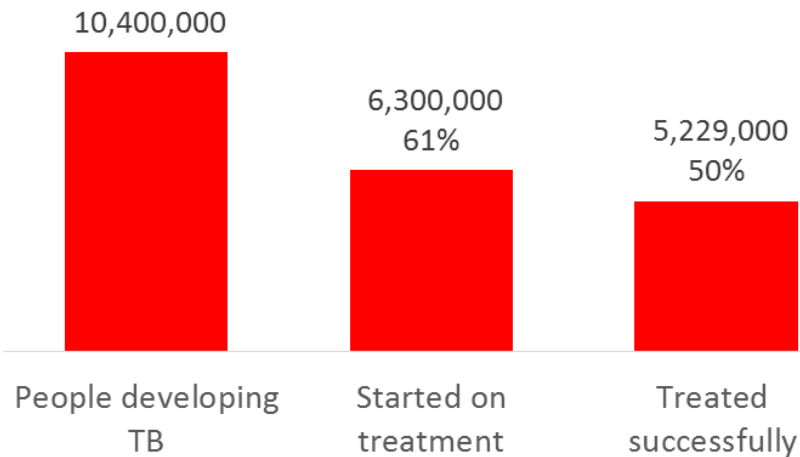
90%
**TREATMENT
SUCCESS**

for all people diagnosed
with TB through
affordable treatment
services, adherence to
complete and correct
treatment, and social
support.

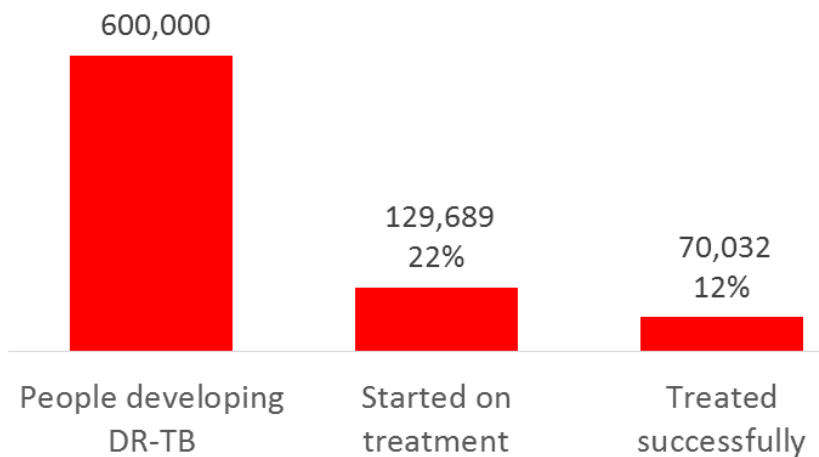


TB Care Cascade - 2016

TB Treatment Coverage, 2016



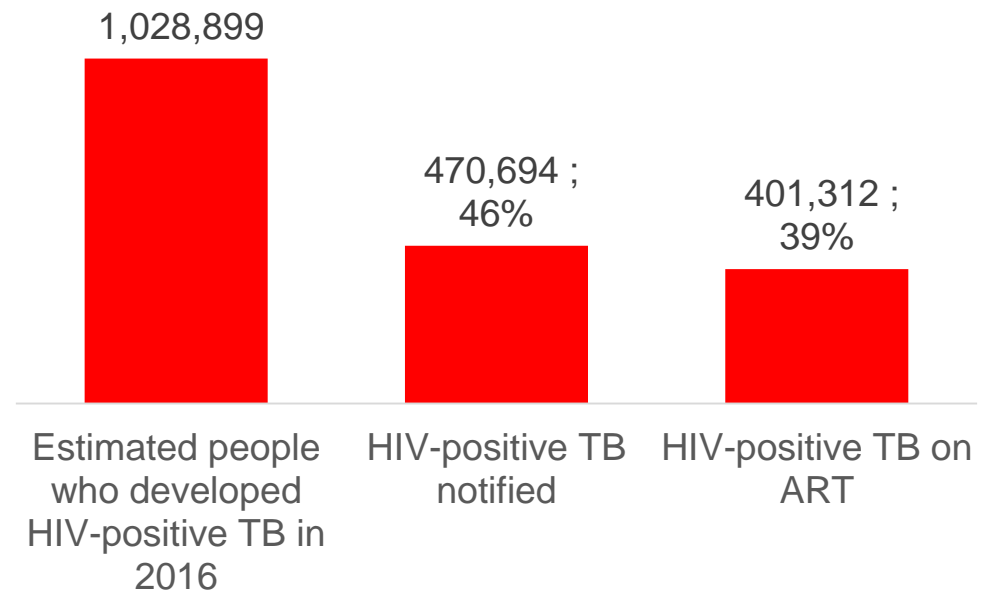
DR-TB Treatment Coverage, 2016



- *Only 50% of incident TB treated successfully*
- *Only 12% of DR-TB treated successfully*

Care cascade of HIV positive TB - 2016

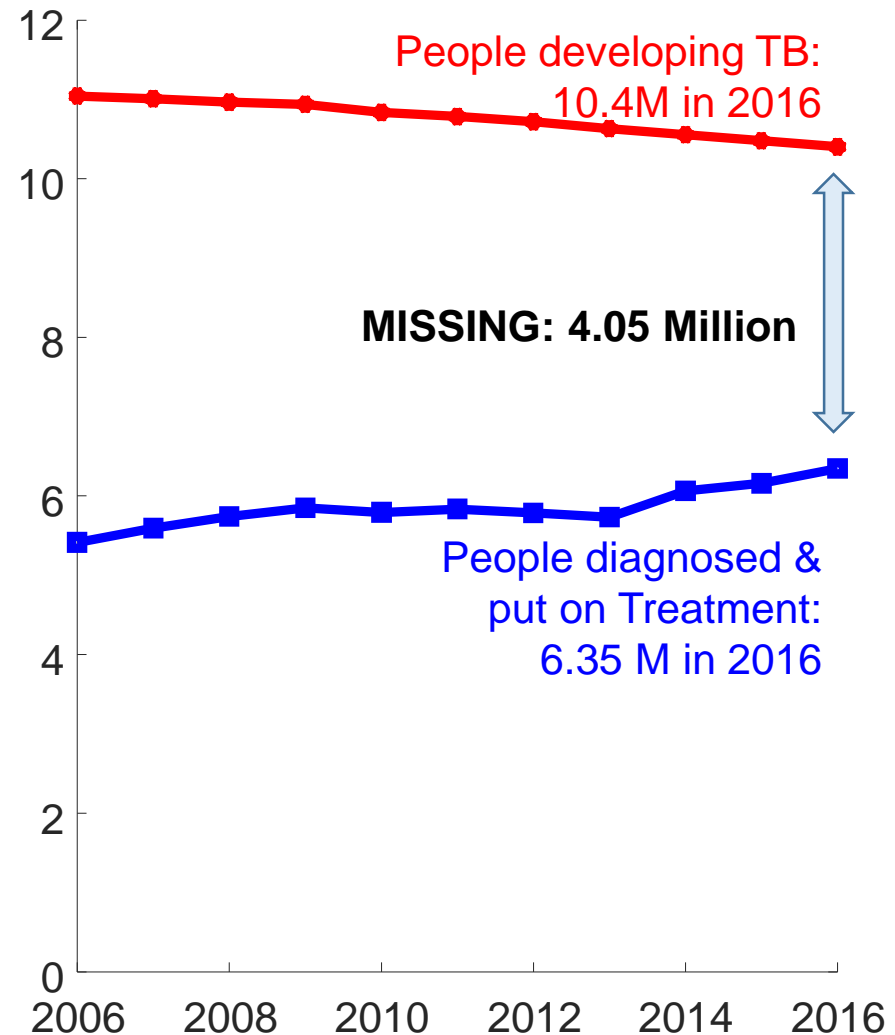
- Of 10.4 million people developing TB, 1.03 million (10%) were estimated to be co-infected with HIV
- Only 46% (470'694) of people co-infected were diagnosed and notified as HIV-positive TB
- Only 39% (401'312) put on ART



People with TB who are missed: 4 million/yr

16% - HIV positive

- Estimated 10.4 million people developed TB worldwide (2016).
- Only 6.35 million were reported as receiving treatment
 - Leaving behind over 4 million people.
- 61% of people with TB had access to good quality TB care.
 - Among PLHIV and developed TB, 39% had access to good quality TB care and ART.



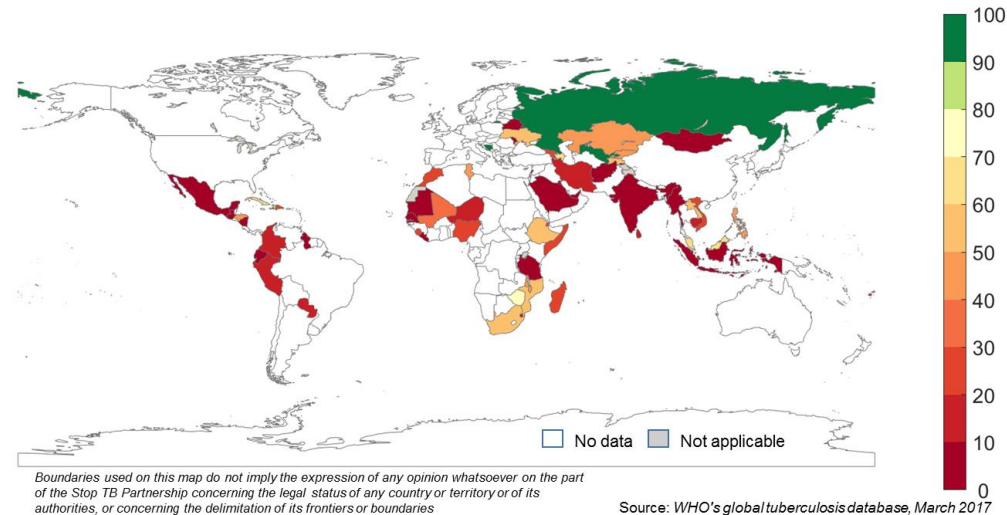
Source: WHO's global tuberculosis database, March 2017

Limited Access to Preventive TB treatment for PLHIV

- In 2016, **72** countries reported a total of 940'269 receiving preventive TB treatment among PLHIV “*newly enrolled in HIV care*”
- Worldwide, there are over 36 million PLHIV - 1.8 million were newly enrolled in HIV care in 2016



In the OOS survey all 29 countries reported that they have policy to provide TB preventive therapy to PLHIV



TB treatment success among People Living with HIV (PLHIV), 2015 cohort

- 163 countries reported on treatment outcome for HIV-positive TB
 - Global treatment success for HIV-positive TB on first-line TB treatment was **78%**
 - In three WHO Regions (America, European and Eastern Mediterranean) first line treatment success of HIV-positive TB was below 65%.

'AFR'	'AMR'	'EMR'	'EUR'	'SEA'	'WPR'
80%	55%	59%	62%	75%	78%

TB-LAM is recommended to diagnose TB in seriously ill PLHIV / CD4<100 μ L

Only 2 of 29 countries in 2017 adopted policy

None are implementing widely



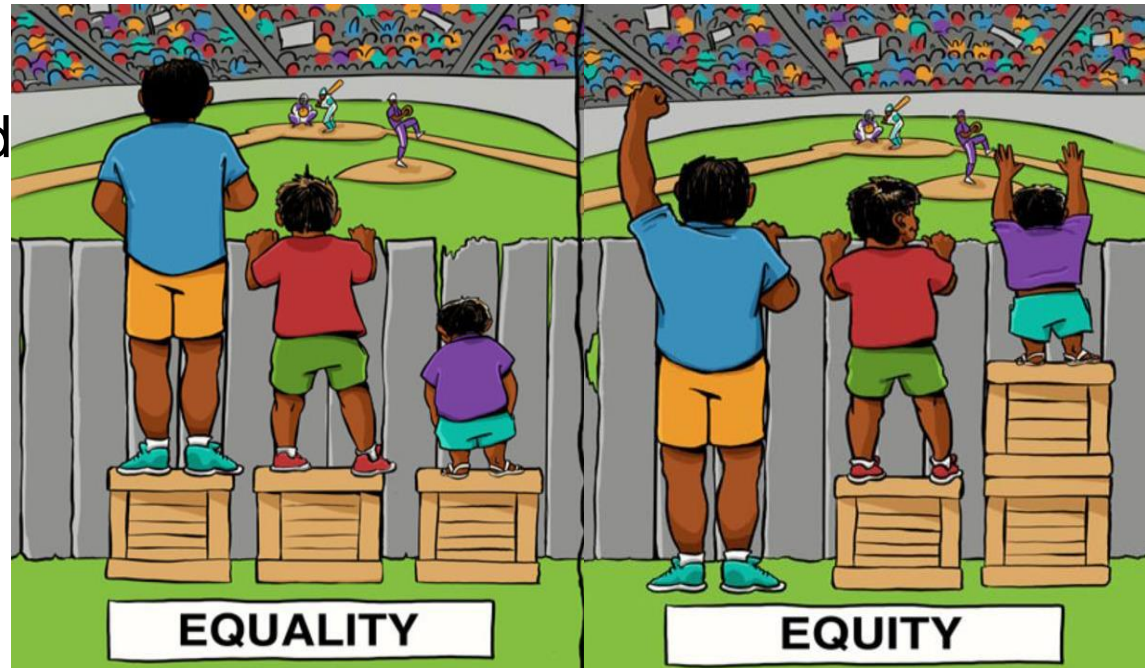
Afghanistan	●
Armenia	●
Bangladesh	●
Belarus	●
Brazil	●
Cambodia	●
CAR	✕
China	●
DRC	●

Ethiopia	●
Georgia	●
India	●
Indonesia	●
Kazakhstan	●
Kenya	●
Kyrgyzstan	●
Mozambique	●
Myanmar	●
Nigeria	●

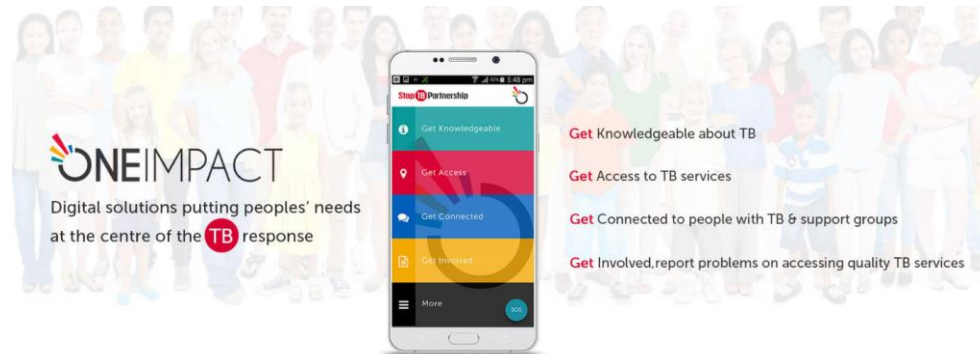
Pakistan	●
PNG	●
Philippines	●
Russian Fed.	●
South Africa	●
Swaziland	●
Tajikistan	●
Ukraine	●
Viet Nam	●
Zimbabwe	✕

Working together, showing it can be done and scale up

- People-centered approach and integration
- Reach key vulnerable and underserved populations
- Address stigma and discrimination
- Reduce human rights barriers to services
- Reduce gender-related barriers to services



- Community-based monitoring (OneImpact digital tool) – Cambodia, Tajikistan + 12 TGF catalytic countries
- Joint efforts to increase CS and community capacity for TB response
- Roll out of CRG tools (gender, key populations, LEAs) – Bangladesh, Cambodia, DRC, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania and Ukraine.



TB/HIV Collaboration - TB REACH - Tanzania

- One stop shop for TB/HIV
- First deployment of Xpert and HIV testing on mobile van
- Bringing care to rural populations
- Integrated lab testing with Xpert and rapid HIV tests
- Use mobile van as cinema at night for awareness raising and entertainment



TB/HIV Collaboration - TB REACH - Pakistan

- In Pakistan KP have very limited access to health services and face many legal barriers
- Trans women and male sex workers are extremely hard to reach populations who rarely access public services
- Combining TB and HIV outreach services led to identifying TB prevalence of more than 1% and high levels of HIV (15-20%) among those screened



CHALLENGES

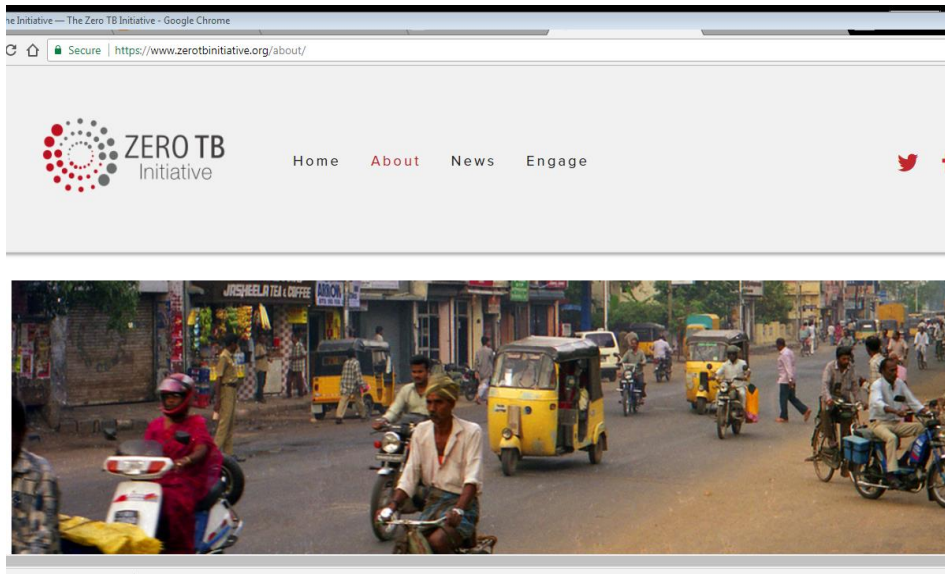
- Focused efforts and coordination between TB and HIV programs, partners, affected people
 - NTP and NAP/NAC – different levels of funding, empowerment, support
- Access and scale
 - Diagnosis, treatment and prevention gap – HIV services are used far too less as “entry point” to find people with TB
 - TB Preventive treatment coverage is very low - even among people accessing HIV care
 - Numerous barriers to be removed: related to gender, rights, stigma etc.
 - Limited civil society and communities demand for TB/HIV services

CHALLENGES

- Funding
 - TB or HIV budget lines cover what and for whom?
 - Even in GF grants (combined applications - separate grants)
 - Very small proportion of HIV budgets are focused on TB prevention and care for PLHIV
- New tools
- Accountability
 - Rigorous monitoring and evaluation – communities and civil society as drivers
 - Understanding and operationalizing joint accountability

Opportunity for coordination and synergy in cities

Zero TB Initiative/Cities and HIV Fast-Track cities



Opportunity with diagnostic technology

TB and DR-TB diagnosis

Viral Load, HIV qualitative test

Multi-disease fully automated rapid molecular test platform



OPPORTUNITIES

- HIV/AIDS UNHLM 2016
- TB/IAS 2018
- TB UNHLM - 26 Sept 2018
- FIND.TREAT.ALL (40M on TB treatment by 2022)
 - Joint initiative of WHO, Stop TB, Global Fund, partners in support of country programmes
 - Opportunity to find and treat missing people with TB among PLHIV
- One-stop-shop for care for those needing both TB and HIV services
 - Integrated testing & treatment & adherence - tools available now (e.g. Xpert, Cotrim+INH tabs)
- Joint efforts to increase treatment adherence – community based treatment, new technology

Next steps

- Improve demand for TB services for PLHIV
- Accelerate the uptake of TB preventive therapy for PLHIV
- Increased allocation and use of funds - within the HIV budgets – towards TB in PLHIV
- Jointly address and remove access barriers to ensure the TB/HIV response is equitable, rights based and people centered
- Change in mindset, empowerment of national and local stakeholders, programmatic arrangements at country level for joint response
- Accountability – national, regional and global level

Thank you

