



# Stop TB Partnership

## SUMMARY SHEET

Agenda Nr. 1.07-7.0

Subject

**TB-HIV**

For Information

For Discussion

For Decision X

### Rationale

The TB/HIV Working Group (WG) of the Stop TB Partnership works to reduce the global burden of HIV-related TB through effective collaboration between TB and HIV programmes and communities, and establishing policies, targets, and monitoring and evaluation systems for evidence-based collaborative TB/HIV activities. The WG also facilitates the sharing of experience and disseminates lessons learnt in order to accelerate the implementation of these collaborative TB/HIV activities.

### Summary

Despite encouraging rapid progress recently the overall coverage of implementation of collaborative TB/HIV activities is unacceptably low. Globally only 14% of the estimated HIV positive TB patients were identified by HIV testing in 2005. This figure is 13% in the Africa region despite carrying 80% of the estimated burden of HIV related TB. In 2005 only 0.4% of people living with HIV were screened for TB and only about 25,000 were started on IPT. It is also imperative to note that the current progress of the implementation of collaborative TB/HIV activities is far short of what has been laid out in the Global Plan to Stop TB (2006-2015). There are several challenges for the accelerated implementation of collaborative TB/HIV activities. Limited HIV testing and counselling service, which is a critical gateway to quality care for HIV infected TB patients is one of the key challenges. Once the HIV testing is done and cases are identified, the provision of CPT and ART is very high in the Africa Region. For example in 2005 in those African countries that provided report, between 82-92% of HIV positive TB patients were put on CPT and a third on ART. Other key challenges include: lack of sufficient trained staff including in quantity, competence and distribution; lack of collaboration and coordination between the two communities at all levels and lack and difficulty of integration of TB and HIV services at service delivery point; lack of conducive national policy environment; weak diagnostic capacity and technology vacuum for TB diagnosis among PLHIV; huge unmet research need and weak monitoring and evaluation systems. However, despite the aforementioned challenges there are emerging opportunities that will be crucial for accelerating the implementation of collaborative TB/HIV activities.

Seizing these existing and promising opportunities and through promoting constructive dialogue and collaboration between the TB and HIV communities at all levels and forge the partnership and promoting accelerated implementation of the TB and HIV strategic plans and collaborative TB/HIV activities at country level will be the priorities of the WG. This will be done through:

- Raising the priority of TB prevention, diagnosis and treatment services among HIV stakeholders.
- Promoting exchange of information and best practices on integrated HIV and TB services
- Enhancing community mobilization for TB/HIV
- Responding to drug resistant TB including extensively drug resistant TB (XDR-TB)
- Increasing the use of technology for TB/HIV and prioritizing diagnostic capacity
- Developing a targeted research advocacy agenda for TB/HIV



# Stop TB Partnership

## Decisions requested (from the Stop TB Coordinating Board)

- To discuss and endorse core actions to accelerate the implementation of TB/HIV strategic plans and collaborative activities at country level

## Implications

None

## Next Steps

**Action Required:** Implement the accelerated plan

**Focal Point:** Diane Havlir, Haileyesus Getahun

**Timeframe:** Ongoing