HIV/TB in the next 10 years: WHO’s perspective

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21 July 2012
WHO policy on HIV/TB: 2012 update

Includes the *Three I's for HIV/TB* and earlier ART
ART and *Three I's for HIV/TB*

ART reduces TB at all CD4 count levels

- Providing ART for PLHIV prevents TB by 65%
- ART has significant impact when combined with IPT

*Suthar et al* *Plos Med* 2012
ART coverage in low and middle income countries, 2003-2015

Expanding access to ART is key to addressing HIV-associated TB
Enhancing diagnosis of HIV and TB
Integrated HIV and TB Laboratory services

• Bring integrated laboratory services to the people
• HIV and TB testing should be routine
• Point-of-care and rapid results
  – HIV rapid diagnosis for all clients and family
  – ART eligibility determination
  – Xpert MTB/RIF – 1st line diagnostic for PLHIV, use also for CD4 and VL
HIV testing is feasible and works in a wide variety of settings—need to integrate HIV and TB
Decentralization of ART services

Distribution of TB and HIV facilities, 2010

<table>
<thead>
<tr>
<th>Services</th>
<th>TB treatment (n)</th>
<th>HIV testing (n)</th>
<th>ART (n)</th>
<th>TB/ART (ratio)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>4,482</td>
<td>4,552</td>
<td>1,956</td>
<td>2.3</td>
</tr>
<tr>
<td>India</td>
<td>32,217</td>
<td>7,657</td>
<td>842</td>
<td>38.3</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1,333</td>
<td>1,274</td>
<td>229</td>
<td>5.8</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>1,463</td>
<td>1,218</td>
<td>510</td>
<td>2.9</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3,459</td>
<td>1,046</td>
<td>446</td>
<td>7.8</td>
</tr>
<tr>
<td>Kenya</td>
<td>2,818</td>
<td>4,438</td>
<td>1,137</td>
<td>2.5</td>
</tr>
</tbody>
</table>

ART services are still far too centralized—need to use TB and other services to reach people where they live.
Enhancing Service Delivery and scale up

- Generate demand on community mobilization - community is key to improve access
- Engage affected communities in designing and implementing services

We need to be much more active in this area - community is key to improve access
Monitoring and Evaluation

- Tools for monitoring HIV/TB collaborative activities are available
- We need to accelerate monitoring the progress and measuring impact
Research and Development

- Identify research gaps, especially for vulnerable groups: women, children, drug users
- New TB and HIV drugs: fixed-dose combinations for TB and HIV treatment
- Research advocacy
Time for truly innovative financing?

• Estimated $2.8 billion required for TB/HIV 2011-2015
  – Mobilization of in-country funding
  – Improve efficiency (integration)
  – Add to donor pool (BRICS, foundations, individual donors)

• Innovative approaches
  – Carbon credit swaps
  – Bonds for public health performance
  – Financial transaction tax
  – Other philanthropreneurial approaches
Vision for future: There will be…

- inclusive guidelines that will ensure that people living with HIV and TB will get treatment early – Universal Access to ART and TB testing and treatment
- integrated public health laboratory networks that support simple combined diagnostic tools
- Diversified and expanded testing approaches for HIV/TB
- Comprehensive, decentralized services that ensure that people can get care for both TB and HIV at the same time
- New and improved HIV and TB drugs: FDCs
- Innovative financing models and better program coordination to optimize use of resources
HIV/TB Collaboration: myth or reality?

When a virus (HIV) and a bacteria (TB) can work so well together, why can't we?
Thank you