TB/HIV in the WHO European Region
Overview, Priorities & Response

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Presentation outline

- Epidemiology in WHO European Region
  - TB, HIV & HIV/TB
- Challenges
  - Surveillance, Health System
  - MARPs, MDR TB
- Priorities
- Response
  - Strategies, Declarations & Guidelines
  - Technical support
- Activities
Epidemiological situation in the WHO European Region

TB
HIV
HIV/TB
Global & European Region TB burden (2008)

- 9.4 mln new TB cases estimated globally in 2008 (139 per 100 000 population)
- 6% contribution of European Region to the Global burden
- 1.3 mln. die due to TB globally
- 15% HIV estimated prevalence among TB (1.4 mln. TB/HIV cases globally)

In 2008, 50 (of 54) countries from the Region reported a total of 461,645 TB cases.

The overall TB notification rate was 52.2 per 100,000 population.

2.6% decrease 2007 to 2008.

46% notified cases from Russia.

87.6% contribution of 18 HPC the Regional TB burden.
TB notification* rate and estimated incidence
WHO European Region (1980-2008)

* Newly notified episodes (TB cases) = new cases + relapses
** excluding Bulgaria and Romania that become EU in 2007

** 18 High Priority Countries
- Armenia
- Azerbaijan
- Belarus
- Bulgaria
- Estonia
- Georgia
- Kazakhstan
- Kyrgyzstan
- Latvia
- Lithuania
- Moldova
- Romania
- Russian Fed.
- Tajikistan
- Turkey
- Turkmenistan
- Ukraine
- Uzbekistan

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Tajikistan
Turkey
Turkmenistan
Ukraine
Uzbekistan
Overall, about 61% (5.5 million) of the estimated number of incident cases detected. Case-detection has been stagnating globally since 2006.
Notified and estimated TB mortality rates
WHO European Region (2003-2007)

Map 3: TB mortality rates per 100,000 population, Europe, 2007*

* Data from Kosovo (in accordance with Security Council Resolution 1244 (1999)) is not included in the figures reported for Serbia.
Smear Positive treatment success rates 2007

85% treatment success rate

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<th>Region</th>
<th>TSR (average in EUR) in 2005</th>
<th>TSR (average in EUR) in 2006</th>
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<td>AFR</td>
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<td>Global</td>
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TSR (average in EUR) in 2005: 52/71
TSR (average in EUR) in 2006: 55/70
Among all incident TB cases globally an estimated 3.6% are MDR-TB.
### Estimated MDR prevalence, among all TB cases
- **19.1%** *(81,000 cases)*

### Notified MDR prevalence, among all TB cases
- **18.1%** *(18,365 cases)*

### Detection Rate of all MDR-TB cases
- **22.7%**

### Notified MDR prevalence, among new TB case
- **11.1%** *(8,516 cases)*

### Notified MDR prevalence, among retreated TB case
- **46.9%** *(9,399 cases)*

#### Drug resistance surveillance challenges

**EOA, international (2007-2008):**
- The Region: 37 (70%)
- 18 HPC: 13 (72%)

**FLD DST data (MDR-TB): reliability and coverage**
- The Region: 22 (53%) with reliable*** data out of 41 (77%) reported
- 18 HPC: 4 (22%) with reliable data out of 13 (71%) reported

**SLD DST data (XDR-TB) reporting**
- The Region: 17 (32%)
- 18 HPC: 7 (=39%)

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*** Data considered reliable if 50% of all cases were culture-positive, and 80% of them had reported DST results.
Cumulative number of reported HIV/AIDS cases in WHO European Region

- **HIV**
- **AIDS**
- **AIDS Deaths**
Cumulative number of reported HIV/AIDS cases in WHO European Region 1985-2008

- HIV
- AIDS
- AIDS deaths
- people on HAART
Scaling up treatment in Europe

- Central and Eastern Europe
- Western Europe

February 2003 to December 2008

- 2003: 16,000
- 2004: 21,000
- 2005: 23,000
- 2006: 27,000
- 2007: 32,000
- 2008: 35,000
IDU as % of all HIV/AIDS cases with known transmission route

NOTE: % of AIDS cases in countries not reporting HIV: France, Italy, Spain Sources: WHO/ECDC, national reports.
• Estimated HIV prevalence = 5.6% (≈ 23,800 people)
• **HIV testing coverage = 79%** (≈ 357,000 patients)
• HIV prevalence among tested TB = 3.0% (≈ 11,500 patients)
• **48% of TB/HIV patients are detected**
• 28% of TB/HIV patients are covered by ARV treatment
• 28% of TB/HIV patients are covered by ARV treatment

Case finding among PLHIV:
- estimated TB prevalence among PLHIV = 1.7%
- screening coverage for TB = ??? (≈ 205,000)
- 9.2% covered by IPT
Challenges to HIV & TB prevention and control in the European Region

– Surveillance
– Health systems
– Most as risk populations
– MDR-TB
Surveillance challenges

TB/HIV co-infection surveillance challenges

- Low country response rate to TB/HIV co-infection surveillance:
  - country legislation
  - infrastructure challenges (unlinked HIV databases)
  - no or poor collaborative data management

- No or poor HIV variable/s in TB R&R system

- Poor data consistency between HIV and TB surveillance systems
Health system challenges

- Limited collaboration between the vertical HIV and TB programmes (drug dependence, STIs, viral hepatitis)
- Lack of integration between HIV and TB services
- Lack of appropriate human resource skills
- Inappropriate financial resource allocation
Most as risk population challenges

- Both epidemics spread within vulnerable “most at risk populations” i.e. drug users, prisoners and migrants

- Out of the system, poor access to services, marginalized and stigmatized

- Low uptake of HIV testing

- Limited access to ART
MDR TB challenges

- Nosocomial transmission of MDR TB
  - HIV facilities, (overcrowded) prisons, etc.
- Poor adherence to TB treatment by HIV patients
  - leading to resistance
- Malabsorption of TB drugs
  - advanced immunosuppression, chronic diarrhea, antiretroviral treatment, antifungal treatment
- Poor TB programme performance
  - overload of TB cases due to HIV epidemic
- HIV and MDR-TB association
  - evidenced in Latvia and Donetsk (Ukraine)
Priorities

HIV/TB prevention and control priorities in the European Region

– Surveillance
– Health systems
– Most at risk populations
– MDR TB
TB/HIV Surveillance Priorities

NOT DETECTED

DETECTED (47%)

HIV test not known

HIV test known (45%)

HIV - 99% pop

HIV + 1% pop

Increase the proportion tested for HIV

Increase the proportion of TB cases detected especially among HIV +
Health system priorities

- Improved organisation and management
- Collaboration between separate systems (TB, HIV & drug dependence)
- Better developed human resources
  - Training
- Appropriately allocated resources
  - GFATM, UNITAID, PEPFAR and World Bank all increasingly recognising TB/HIV as a priority
Most as risk population priorities

- Recognise that:
  - epidemics are concentrated in most at risk populations (IDUs, prisoners and migrants)
  - TB and HIV in these populations are the product of structural barriers to accessing & adhering to treatment

- Address challenges/remove barriers
  - Reduce stigma and discrimination
  - Provide adherence support (OST for IDUs)
Response to TB; HIV and TB/HIV in Europe

- Strategic (appropriate) policy guidance
- Technical support
Response: Stop TB Strategy

1. Pursue high-quality DOTS expansion and enhancement

2. Address TB-HIV, MDR-TB and other challenges

3. Contribute to health system strengthening

4. Engage all care providers

5. Empower people with TB, and communities

6. Enable and promote research
Plan to stop TB in 18 priority countries: Activities to address TB/HIV challenges

- Strengthen collaboration between the TB control and HIV/AIDS control programmes
- Promote HIV surveillance among TB patients
- Promote activities targeting high-risk groups, including prisoners and IDUs
We, the Ministers of Member States note with concern that:

- In the Region, TB is the most prevalent cause of illness and mortality in people living with HIV/AIDS, and few countries address TB/HIV co-infection in a comprehensive manner.

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

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

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.
WHO policy guidance
Response: technical support

- On strengthening collaboration between TB and HIV/AIDS national programmes and development of common platforms for coordinated activities
- In ensuring access to TB/HIV care for drug users
- On the 3Is approach
  - implementation of intensified case finding, isoniazid prevention therapy and infection control among people living with HIV/AIDS
- Through the NTP reviews, country missions & training of national stakeholders
Current activities

- Integration pilots
- Empowering communities
- Formative research
Pilot integration projects

- Integrating TB/HIV and drug dependence services
  - Kazakhstan
  - Ukraine
  - Portugal
Empowering communities

- Liverpool June 2010
  - Workshop to build the capacity of Civil Society activists, advocates & organizations of people who use drugs to work on TB/HIV

- Prior to International AIDS Conference, Vienna July 2010
  - Building capacity of civil society to accelerate advocacy on TB/HIV

- Vienna meeting July 2010
  - “Accelerating the implementation of collaborative TB/HIV activities in the European Region”
  - Review successes, challenges and the way forward

- Next?
  - Continuous trainings?
  - Role of HIV movement in TB activism?
Formative research

- WHO Europe, London School of Hygiene & Tropical Medicine & European Community (EAHC)/DG Sanco
  - Russia, Ukraine, Estonia, Portugal & UK
  - Integrating HIV, TB and drug dependence services
  - Rapid assessment & consultation
  - Interviews with patients & providers
  - Examine structural barriers
  - Patient/provider experiences

- Improve access and quality of services