
2014-2015 UBRAF thematic report

Avoiding TB deaths

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ACHIEVEMENTS

Significant progress has been made in reducing the incidence of Tuberculosis (TB) among people living with HIV. Between 2005 and 2014, approximately 5.8 million lives were saved through joint efforts to scale up collaborative TB/HIV activities. According to the 2015 WHO Global Tuberculosis Report, TB/HIV mortality reduced by a third in 2015, compared with 2004, which unfortunately fell short of the 50% target set for 2015. However, in 18 of the high TB/HIV burden countries, the 50% target was surpassed. Despite progress being made, TB remains the leading cause of death among people living with HIV, highlighting the ongoing need for intensified action to effectively address the linked epidemics of HIV and TB.

The UNAIDS Secretariat and cosponsors have achieved the following outcomes in 2014-2015 towards addressing Tuberculosis among people living with HIV:

- Advocacy at events such as CROI, EECAAC, IAS and the Union conferences helped promote TB/HIV implementation, shape strategies, define research agendas and mobilise resources. The appointment of the Former Ambassador-at-Large and US Global AIDS Coordinator, Dr Eric Goosby, as the UN Special Envoy on Tuberculosis, whose Secretariat is managed by WHO, also helped raise the profile of the linked epidemics of HIV and TB;
- Support provided by the UNAIDS Secretariat, WHO and other key partners focused on the continued scale-up of collaborative TB/HIV activities through strengthened joint TB and HIV programming. This was achieved through strategic direction by the Global Fund TB/HIV Technical Working Group, an information note on joint TB and HIV programming and technical assistance to high burden countries for the development of National Strategic Plans (NSPs), joint programme reviews and the development of 42 Global Fund single TB and HIV concept notes;
- Guidance developed to facilitate diagnosis and fast-track access to lifesaving treatment has included WHO policy updates on Xpert MTB/RIF and Lateral Flow Urine Lipoarabinomannan Assay. Support to countries in facilitating the roll-out of Xpert resulted in the procurement of 16.2 million cartridges in 122 eligible countries by the end of 2015. TB/HIV recommendations were also mainstreamed within consolidated guidance on: HIV prevention, diagnosis, treatment and care, including for key populations; HIV testing services; comprehensive care for people who inject drugs; and WHO guidance and tools on the management of TB in children;
- To strengthen monitoring and evaluation and improve the HIV/TB care cascade for the prevention, diagnosis and treatment of HIV-associated TB, WHO, in collaboration with the UNAIDS Secretariat, PEPFAR and the Global Fund revised the Guide to monitoring and evaluation for collaborative TB/HIV activities. WHO and the UNAIDS Secretariat continued to ensure the reporting of reconciled, consolidated data on TB/HIV for the WHO Global TB, HIV and UNAIDS reports;

- In East and Southern Africa, the ILO, the UNAIDS Secretariat and IOM in conjunction with SADC provided support to countries to draft a Code of Conduct for TB in the mining sector. Approved by the SADC Council of Ministers and signed by the Heads of State, it reaffirms the principles of the ILO Recommendation on HIV and AIDS (No. 200). The Code is being implemented with World Bank and Global Fund support;
- UNICEF continued to focus on the childhood TB/HIV response through integrated service delivery and community response within maternal and newborn child health platforms, as well as the generation of evidence on the burden of co-infections to inform policy and programmatic shifts. UNICEF achieved this through pilot implementation of HIV/TB adapted community case management in Zambia and completion of paediatric HIV and TB assessments in Ghana and Nigeria;
- In 2014-2015, WFP provided food and nutrition (F&N) assistance to TB patients living with HIV in around 16 countries for improving treatment outcomes and increasing adherence to ART and TB treatment. WFP is the sub-recipient for the provision of F&N support in Global Fund TB grants. In many food-insecure settings, food support (in-kind, cash or vouchers) has served as an incentive to seek out HIV or TB services and improve adherence to treatment. In Tajikistan, where WFP assisted TB clients and their families with food baskets during the six-month course of treatment, interviews conducted during post-distribution monitoring confirmed that WFP's household assistance was an important incentive for people with TB to register and complete the treatment.

KEY CHALLENGES AND HOW THESE WERE ADDRESSED

A third of deaths among people living with HIV in 2014 were from TB, representing 390 000 lives lost to a curable and preventable disease. Key factors for high mortality include vertical programming with lack of coordination or integrated, patient-centred care; poor case detection (less than half of all HIV-related TB cases were reported in 2014); suboptimal initiation of ART among detected HIV-positive TB cases (one in four detected cases did not receive ART in 2014), poor uptake by countries of isoniazid preventive therapy (IPT) (23% countries reported in 2014); a weak TB/HIV care cascade; insufficient attention to treatment adherence in broader strategies and programmes; and food and nutrition support is often de-prioritised. Programmatic data on nutritional status of TB (including MDR-TB) clients may be collected but not effectively aggregated to shape policies and programmes. More evidence is needed on the cost-effectiveness of food and nutrition interventions in the TB response. Planning for future handover of the programmes to the national counterparts is often difficult in situations where funding is not stable, or government capacity needs strengthening. In prisons, challenges include legal and policy barriers, overcrowding, absences of strategic and multi-sectoral approach, inadequate human and financial resources, insufficient engagement of CSOs, neglect of women and lack of continuum of care.

To address these issues UNODC supported the prison authorities in high priority Sub-Saharan African countries to address HIV/TB collaborative activities to avoid TB mortality among prisoners living with HIV, through high level advocacy, mobilizing political commitment and capacity building by cascading tailored training programmes. Efforts were also focused on strategies to strengthen joint TB and HIV programming and expedite early case detection, including through the roll-out of Xpert MTB/RIF in HIV settings. WHO is also exploring the evidence for use of shorter preventive therapy regimens for people living with HIV in resource-constrained settings.

Roll-out of the revised monitoring and evaluation guidelines for collaborative TB/HIV activities aims to expose gaps in the cascade of care and to promote earlier initiation of ART for all HIV-infected TB patients. In the workplace, combining TB and HIV responses jointly when both diseases are sensitive and create stigma and discrimination can be challenging. Engagement with the relevant ministries (health and labour, workers' trade unions and management from employers) has made it possible to overcome the barriers as well as gain access for providing HIV/TB joint workplace programmes to workers with support of management. Integration of HIV and TB workplace responses into a broader employees' health and wellness workplace programme has helped reduce the double stigma.

KEY FUTURE INTERVENTIONS

To respond to these gaps, efforts were focused on strategies to strengthen joint TB and HIV programming and expedite early case detection, including through the roll-out of Xpert MTB/RIF in HIV settings. Key future interventions include:

- Cosponsors will continue to collaborate to ensure a high global profile of TB/HIV research and implementation through important international fora and foster strategic partnerships through key stakeholder networks;
- To reduce mortality among people with advanced disease, WHO will be developing a package of care for late presenters that will include algorithms and strategies to expedite the diagnosis and management of TB;
- To increase the uptake of latent TB infection treatment, WHO will explore the effectiveness of shorter rifamycin-containing regimens for use in high burden and resource-constrained settings;
- To mitigate the impact of MDR-TB among people living with HIV, WHO will develop a diagnostic and operational framework to fast-track the diagnosis of MDR-TB and reduce transmission in HIV care settings in high burden settings;
- Continued efforts will be made to provide technical assistance to countries for joint programming, conducting programme reviews and in the development of NSPs. This will include the development of operational guidance to enhance joint programming and TB and HIV integration in extremely high TB/HIV burden countries;
- WFP will continue to promote the generation of research and strategic information and the utilization of evidence-based practices for the implementation of food and

nutrition support to TB-affected individuals and household members or care providers. WFP will also promote the continued capacity building of health care workers and civil society to provide nutrition assessment, counselling and support (NACS) effectively in the context of TB treatment, care and support;

- WHO will further roll out the revised TB/HIV monitoring and evaluation and strategic information guides and promote implementation science for identifying critical gaps and opportunities for improved implementation along the TB/HIV care cascade. In collaboration with the UNAIDS Secretariat, WHO will continue ongoing impact measurement and reconciled global data reporting for WHO global HIV, TB and UNAIDS HIV reports;
- Integrated delivery of TB/HIV in broader maternal, newborn and child health (MNCH) platforms will continue to be a priority, including the development of a tool to facilitate integration;
- UNODC and WHO will continue to work with partners to ensure effective and comprehensive services to address HIV-associated TB among prisoners and people who inject drugs, with specific focus on empowering the community.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland