UNAIDS | June 2015

2014 UBRAF thematic report

Avoiding TB deaths

CONTENTS

ACHIEVEMENTS

Following joint efforts to scale up collaborative tuberculosis (TB) and HIV activities, 4.8 million lives were saved between 2005 and 2013. The World Health Organization (WHO) Global tuberculosis report 2014 reported TB and HIV mortality had reduced by about one third (to 360 000) in 2013, short of the 50% target set for 2015. In 15 high-burden TB/HIV countries, however, the 50% target was surpassed.

Increased advocacy at key events such as the Conference on Retroviruses and Opportunistic Infections (CROI 2014), the Eastern Europe and Central Asia AIDS Conference (EECAAC), AIDS 2014 and the International Union Against TB and Lung Disease helped raise the TB and HIV profile, shape scale-up strategies, share successful examples of scale-up, define the basic and implementation research agendas, and mobilize resources. Of particular note was the meeting at AIDS 2014 in Melbourne entitled "Eliminating TB deaths: time to step up the HIV response," where high-level political commitment was affirmed to address the antiretroviral treatment gap for TB patients living with HIV.

Normative guidance developed in 2014 included the WHO Policy update: Xpert MTB/RIF assay for the diagnosis of pulmonary and extrapulmonary TB in adults and children and the Xpert MTB/RIF implementation manual to enhance early detection of HIV-associated TB and multidrug-resistant TB and facilitate fast-track access to life-saving treatment. Support to countries in facilitating the roll-out of Xpert resulted in a total of 10 million diagnostic cartridges being procured under concessional pricing in 116 countries by the end of 2014. Furthermore, to increase access to key populations and the more vulnerable, TB and HIV recommendations were mainstreamed into the Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, which was published by WHO, with input from the United Nations Office on Drugs and Crime (UNODC) and the UNAIDS Secretariat.

UNODC invited 27 countries to the first global consultation to review progress in addressing HIV, share successful experiences and promote the Comprehensive Package of HIV Interventions for prisoners (which also includes the prevention, diagnosis and treatment of TB). HIV-associated TB was incorporated into both the WHO Guidance for national tuberculosis programmes on the management of tuberculosis in children and the Childhood TB training toolkit. To strengthen monitoring and evaluation—and improve the HIV and TB care cascade for the prevention, diagnosis and treatment of HIV-associated TB—WHO (in collaboration with the UNAIDS Secretariat, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight Aids, Tuberculosis and Malaria (Global Fund)) revised the Guide to monitoring and evaluation for collaborative TB/HIV activities. WHO and the UNAIDS Secretariat also continue to ensure the reporting of reconciled, consolidated data on TB and HIV for their global TB and HIV reports. Improved recording and reporting has resulted in 132 countries reporting outcomes disaggregated by HIV status in 2013 (up from 96 in 2012).

Support provided in 2014 by WHO, the UNAIDS Secretariat and other key partners

focused on both the continued scale-up of collaborative TB and HIV activities and on strengthening joint programming. This was achieved by:

- providing strategic direction to the Global Fund TB/HIV Technical Working Group;
- developing an Information Note on joint TB and HIV programming; and
- supplying WHO technical assistance to more than 20 high-burden countries as they developed national strategic plans, joint programme reviews and 25 single TB and HIV concept notes for submission to the Global Fund.

Supported by the International Labour Organization (ILO), a total of 21 countries developed action plans and scaled up dual TB and HIV workplace programmes into health and wellness programmes. They also integrated HIV responses into workplace TB programmes or integrated TB responses into existing workplace HIV programmes. In Kenya, the Kenya National Union of Nurses used the joint ILO and WHO HealthWISE guidelines to build capacity to become master trainers to enhance occupational safety and health (OSH) related to TB and HIV. An ILO partnership with the Kenyan Ministry of Labour, Social Security and Services also used the HealthWISE guidelines to directly support the St Mary's Mission hospital to establish an OSH committee, develop and revise OSH protocols, and sensitize hospital management and workers about HIV and TB.

The United Nations Children's Fund (UNICEF) continued to focus on the childhood TB and HIV response through targeted integrated service delivery and community response within maternal and newborn child health platforms. It also worked to generate evidence on the burden of coinfections in order to inform policy and programmatic shifts. This was achieved through both the pilot implementation of HIV and TB adapted community case management in Zambia and the completion of paediatric HIV and TB assessments in Ghana and Nigeria. Preliminary data from the assessment in Nigeria shows that of the 1142 children below the age of 15 who began antiretroviral therapy between 2011 and 2012 in five study states, 95.8% were assessed for TB. Of those assessed, 14.7% were diagnosed with TB. Lower retention—and higher mortality and loss to follow-up at 12 and 24 months after antiretroviral therapy initiation—also were observed among children with TB.

The World Food Programme (WFP) provided technical support to generate country-specific strategic information to shape national programmes and policy on behalf of HIV and TB coinfected people. For example, analysis from WFP's food-by-prescription programme for TB clients in Madagascar (including HIV and TB coinfected people) showed that over half of the clients were malnourished when treatment started. Data from health centres supported by WFP, however, indicated a 94% TB treatment success rate for 2014, and subsequent advocacy efforts led to the elaboration of a national protocol and national nutrition strategy for malnourished TB and HIV clients. In consultation with partners, the contributed to the elaboration of the Global Fund concept note for Madagascar.

WFP also provided food and nutrition assistance to malnourished TB patients in 16 countries to assist with nutritional rehabilitation, increased adherence to antiretroviral therapy, and improved treatment outcomes. In six countries, a household ration was

provided to minimize sharing of the individual ration among family members. In many food-insecure settings, food support (in-kind, cash or vouchers) has served as an incentive to seek out HIV or TB services. For example, in Tajikistan—where WFP assisted more than 24 000 TB clients and their families in 2014 with food baskets during their six-month course of treatment—interviews conducted during post-distribution monitoring confirmed that WFP's household assistance was an important reason for people with TB to register and complete treatment.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

A quarter of deaths among people living with HIV in 2013 were from TB, representing 360 000 lives lost to a curable and preventable disease. Furthermore, more women in Africa are dying from HIV-associated TB than men, according to the Global tuberculosis report 2014.

Key factors for high mortality include the following:

- vertical programming that lacks coordination or integrated, patient-centred care;
- poor case detection (50% of all HIV-related TB cases were reported in 2013);
- suboptimal antiretroviral therapy initiation among detected HIV-positive TB cases (30% of detected cases did not receive antiretroviral therapy in 2013);
- inadequate uptake of isoniazid preventative therapy by countries; and
- weak TB and HIV care cascade.

To respond to these gaps, efforts were focused on strengthening joint programming for the scale-up of collaborative TB and HIV activities, including the roll-out of Xpert MTB/RIF in HIV settings. WHO also is exploring the evidence for the 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 and HIV activities aims to expose gaps in the cascade of care and promote earlier initiation of antiretroviral therapy for all HIV-infected TB patients.

Treatment adherence is critical in patient survival. WFP reports insufficient attention has been paid to treatment adherence in broader strategies and programmes, and food and nutrition support is often lost or scaled down among competing priorities. While a solution might be the collection of programmatic data on the nutritional status of multidrug resistant TB clients, data are not always effectively aggregated to shape policies and programmes. More evidence on the cost-effectiveness of food and nutrition interventions in the TB response is needed. On an organizational level, WFP’s planning for future handover of the programmes to its national counterparts is often difficult in situations where funding is unstable or government capacity still requires strengthening.

In prisons, challenges include legal and policy barriers, overcrowding, absence of multisectoral engagement, inadequate human and financial resources, insufficient

engagement of civil society organizations, and neglect of women and lack of a continuum of care. To address these issues, UNODC promoted the Comprehensive Package of HIV Interventions, which includes good-practice recommendations for ensuring an enabling environment.

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), however, has made it possible to overcome the barriers and gain permission to provide HIV and TB joint workplace programmes to workers. Integration of HIV and TB workplace responses into a broader health and wellness workplace programme for employees also has helped reduce the double stigma attached to both diseases.

Limited human and financial resources for the HIV and TB response have been a challenge for UNICEF, but a new partnership with TB Alliance—along with recruiting additional staff and leveraging resources from other initiatives—has helped address this challenge.

KEY FUTURE INTERVENTIONS

- The Joint Programme will collaborate to ensure a high global profile for TB and HIV research and implementation. This will be accomplished through important international fora and by fostering strategic partnerships through key stakeholder networks.

- In 2015, WHO will establish a task force to advise on strategies to eliminate TB deaths among people living with HIV. To expedite the diagnosis of HIV-associated TB, WHO will continue to promote the scale-up of Xpert MTB/RIF in HIV settings, and it will explore the use of other novel diagnostics for informing new recommendations.

- Continued efforts will be made to provide technical assistance to countries for joint programming, programme reviews, and the development of national strategic plans and single TB and HIV Global Fund concept notes. In addition, WHO plans to develop guidance on joint programming and share good practice models, including those for key populations.

- WHO will further roll out the revised TB and HIV monitoring and evaluation guide, and it will promote implementation science for identifying critical gaps and opportunities for improved implementation along the TB and HIV care cascade. In collaboration with the UNAIDS Secretariat, WHO will continue ongoing impact measurement and reconcile global data reporting for the WHO global HIV, TB and UNAIDS HIV reports.

- UNICEF will further roll out HIV and TB adapted community case management for newborns and sick children. It also will consolidate evidence on the childhood TB and HIV burden for global advocacy and strengthen the UNICEF TB and HIV response among PMTCT and paediatric HIV clients.

- UNODC will continue to work with partners to ensure effective and comprehensive services to address HIV-associated TB among prisoners and people who inject drugs.

- 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—for individuals, household members or care providers who have been affected by TB. WFP also will promote the continued capacity building of health-care workers and civil society to provide effective nutrition assessment, counselling and support in the context of TB treatment, care and support.

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