

Concept note

TB/HIV session, Stop TB Partnership Coordinating Board meeting

Objectives:

1. Review the current epidemiology, programmatic response and progress towards global targets related to HIV-associated TB in high burden countries,
 - a. Include short case studies of Global Fund integrated TB and HIV funding proposals and the impact of investments in integrated service delivery to reduce the impact of HIV-related TB at country level.
2. Agree on a joint global and national actions needed to support high TB/HIV burden countries to reduce HIV-associated TB deaths by 75% by 2020.

Aim of the session:

Discuss and agree on concrete joint actions needed to generate political commitment, community engagement, resource mobilization and country level action to achieve the global HIV and TB targets as set out in the 2016 United Nations *Political Declaration on Ending AIDS*, the Stop TB Partnership (STP) *Global Plan to End TB 2016-2020* and the WHO *Global health sector strategy on HIV, 2016-2021* and *End TB strategy*, with a focus on the target to reduce HIV-associated TB deaths by 75% by 2020 and the 90-90-90 targets for HIV and TB.

Background:

Globally, tuberculosis is the leading cause of hospitalization and death among people living with HIV. In 2015, WHO estimated that there were over 1.2 million cases of HIV associated TB and 400,000 people died of HIV-associated TB, including 40,000 children.

UNAIDS estimates that there are almost 11 million people living with HIV who do not know their HIV status. More than 18 million people living with HIV are still in need of lifesaving antiretroviral therapy (ART).

There are more than 4 million people who develop active tuberculosis each year who are not diagnosed, treated and notified to national TB programmes. This represents about 40% of incident TB cases globally. By comparison the percentage of HIV-associated incident TB cases that goes untreated is closer to 60% due to the additional challenges of diagnosing TB among people living with HIV.

The WHO policy on collaborative TB/HIV activities, which aims to reduce the global impact of HIV associated TB, was first published in 2004 and updated in 2012. Since then, the evidence base for the effectiveness of the interventions included in the policy has strengthened. However, implementation of the full package of interventions remains poor in many high TB and HIV burden countries.

WHO recommends that all TB patients should know their HIV status and that all TB patients living with HIV should receive antiretroviral therapy (ART). In 2015, WHO reported that 55% of notified TB patients had a documented HIV test result and 78% of HIV positive TB patients were on antiretroviral therapy. However, if we take account of the fact that 57% of the HIV-associated incident TB cases were not diagnosed, treated and notified in 2015, the estimate of treatment coverage (TB treatment and ART) for HIV-associated TB drops to 33%. TB case finding, especially among people living with HIV, is inadequate.

Implementation of interventions to prevent TB among people living with HIV is also falling short of what is needed. In 2015, only 68 countries reported data to WHO on provision of TB preventive therapy among PLHIV and the coverage is poor with fewer than one million people living with HIV newly registered in HIV care receiving TB preventive therapy in 2015.

Drug-resistant tuberculosis is an increasing threat to global TB control. Drug-resistant TB presents particular challenges to people living with HIV who are more likely to be exposed to drug resistant TB in hospital and other congregate settings with poor infection control, leading to person to person spread of MDR- and XDR-TB. People living with HIV are also more vulnerable to side effects and drug interactions between ART and second- and third- line TB medicines, leading to adherence challenges and poor treatment outcomes.

While investment in new tools to enhance the diagnosis, prevention and treatment of HIV and TB is essential for the future, we urgently need to accelerate implementation of the existing evidence-based tools available today, to the scale and quality required, to reach everyone in need.

Concerted, coordinated support from technical partners to Fast-Track countries is required to identify the bottlenecks and fill the implementation gaps. Engagement of key sectors, especially civil society, will be necessary to strengthen national capacity to achieve the ambitious targets through a person- and community-centred approach within the context of the broader Sustainable Development Goals.

There are several important high-level events occurring during 2017 and 2018 that can provide an opportunity to strengthen political commitment, increase community engagement, and mobilize resources and technical assistance to support countries to achieve the political declaration target to reduce TB deaths among people living with HIV by 75% by 2020 and related global TB and HIV targets. These include but are not limited to the World Health Assembly May 2017, Paris IAS conference July 2017, Union conference Mexico October 2017, Moscow Ministerial meeting on ending TB November 2017, IAS Amsterdam 2018 and the United Nations High-Level Meeting (UN HLM) on TB in 2018.

Format of session:

- Michel Sidibé opens the session to reiterate UNAIDS' commitment to reducing the impact of HIV-associated TB and to propose how the UNAIDS secretariat and cosponsors and HIV community partners can concretely collaborate with the TB community at global, regional and national level to achieve a 75% reduction in TB deaths among people living with HIV by 2020 and achieve the longer term goals of Ending AIDS and TB by 2030.

- Lucica Ditiu briefly responds with few concrete examples of already existing collaboration of UNAIDS and Stop TB and looking forward.
- Alasdair Reid presents a snapshot of efforts to reduce HIV-associated TB deaths in the Fast-Track countries, outlining the gaps and opportunities. Case studies from two Global Fund recipient countries with a high burden of HIV-related TB will be presented.
- Discussion
- Adoption of decision points