



Stop TB Partnership

SUMMARY SHEET		
AGENDA NR. 1.10- 3.0	SUBJECT	TB/HIV
FOR INFORMATION <input checked="" type="checkbox"/>	FOR DISCUSSION <input checked="" type="checkbox"/>	FOR DECISION <input checked="" type="checkbox"/>
<p>RATIONALE: Globally about 30% of people living with HIV are estimated to have a concomitant (usually latent) infection with <i>Mycobacterium tuberculosis</i>, which varies from 14% in the European Region to 46% in the South East Asia region. TB is a leading killer among people living with HIV with at least one in four deaths attributed to TB. There were an estimated 520,000 deaths among new HIV infected TB cases in 2008. Of the estimated 9.4 million new TB cases in 2008, about 1.4 million were HIV infected. The majority (78%) of the HIV cases were in the African region and 11% were in the South East Asia region. Collaborative TB/HIV activities are essential to ensure that HIV-positive TB patients are identified and treated appropriately, and to prevent, diagnose and treat TB in people living with HIV.</p> <p>HIV/TB is now one of the nine priority areas in the new UNAIDS Joint action for results strategic framework 2009-2011. The framework document calls on UNAIDS and co-sponsors to prevent people living with HIV from dying of tuberculosis by ensuring an effective integrated delivery of services for HIV and tuberculosis as well as nutritional support in all settings. Following the Board decision to develop a memorandum of understanding (COMPACT) between the Stop TB Partnership and the UNAIDS Secretariat to consolidate the global response for the dual epidemic a draft has been prepared and is attached for discussion and approval.</p> <p>SUMMARY: In the last few years, there has been considerable progress in the provision of HIV testing for TB patients - the gateway to other services. In 2008, 1.4 million notified TB cases were HIV tested, which was a 64 fold increase over six years since 2002. There is also steady improvement in providing TB prevention and diagnosis services for people living with HIV. In 2008, 1.4 million people living with HIV were screened for TB. This was a fourteen fold increase from those screened for TB by the end of 2005. Only 100,000 and 200,000 HIV infected TB patients were put on ART and CPT respectively in 2008. Despite this encouraging global progress, the South East (SEAR) and Western Pacific (WPR) Regions present modest increase in the implementation of key collaborative TB/HIV activities. For e.g. by the end of 2008 only 4% and 11% of notified TB patients were tested for HIV in SEAR and WPR respectively. Nearly 400,000 people living with HIV were screened for TB in both regions, most data coming from India. Similarly less than a thousand people living with HIV received IPT.</p> <p>The TB/HIV Working Group is to continue engage the major HIV/AIDS stakeholders including civil society, service providers and implementers to work together strategically and systematically to accelerate the nationwide scale-up and implementation of collaborative TB/HIV activities. A regionally focused TB/HIV Working Group meeting entitled "From Mekong to Bali: scale up of HIV/TB collaborative activities in the Asia Pacific Region," was organized in August 2009 to catalyse the implementation of collaborative HIV/TB activities. The meeting highlighted there is a need for unprecedented action from donors and national authorities in the Asia Pacific region to ensure nationwide scale-up of collaborative TB/HIV activities. Serious political commitment is needed to ensure quality services to HIV and TB co-infected patients. HIV testing and access to ART must be scaled up dramatically in vulnerable groups and concentrated epidemics as well as offered to the general population. Recommendations from the meeting are available at: http://www.stoptb.org/wg/tb_hiv/meetingevents.asp</p> <p>The Working Group Secretariat along with WHO TB and HIV departments and the UNAIDS secretariat has taken the lead in coordinating the development of a TB/HIV business case and operational plan for co-sponsors (2010-2015), building on the Global Plan to Stop TB to harmonize the TB/HIV response of the UNAIDS co-sponsors.</p>		



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DECISIONS REQUESTED (FROM STOP TB COORDINATING BOARD):

- Endorse the recommendations from the Mekong to Bali meeting and support the call for increased political commitment to scale up collaborative TB/HIV activities particularly HIV testing and the provision of ART.
- Approve the draft memorandum of understanding (COMPACT) between UNAIDS and the Stop TB Partnership;

IMPLICATIONS (POLITICAL / FINANCIAL / STAFFING, ETC):

N/A

NEXT STEPS

ACTION REQUIRED: Follow up as needed subsequent to Board inputs on the Compact

FOCAL POINT: H. Getahun, A. Reid

TIMEFRAME: N/A