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# **Responding to the TB/HIV Co-Epidemic**

## **Update from the TB/HIV Working Group**

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Washington DC, 31 March – 1 April 2011



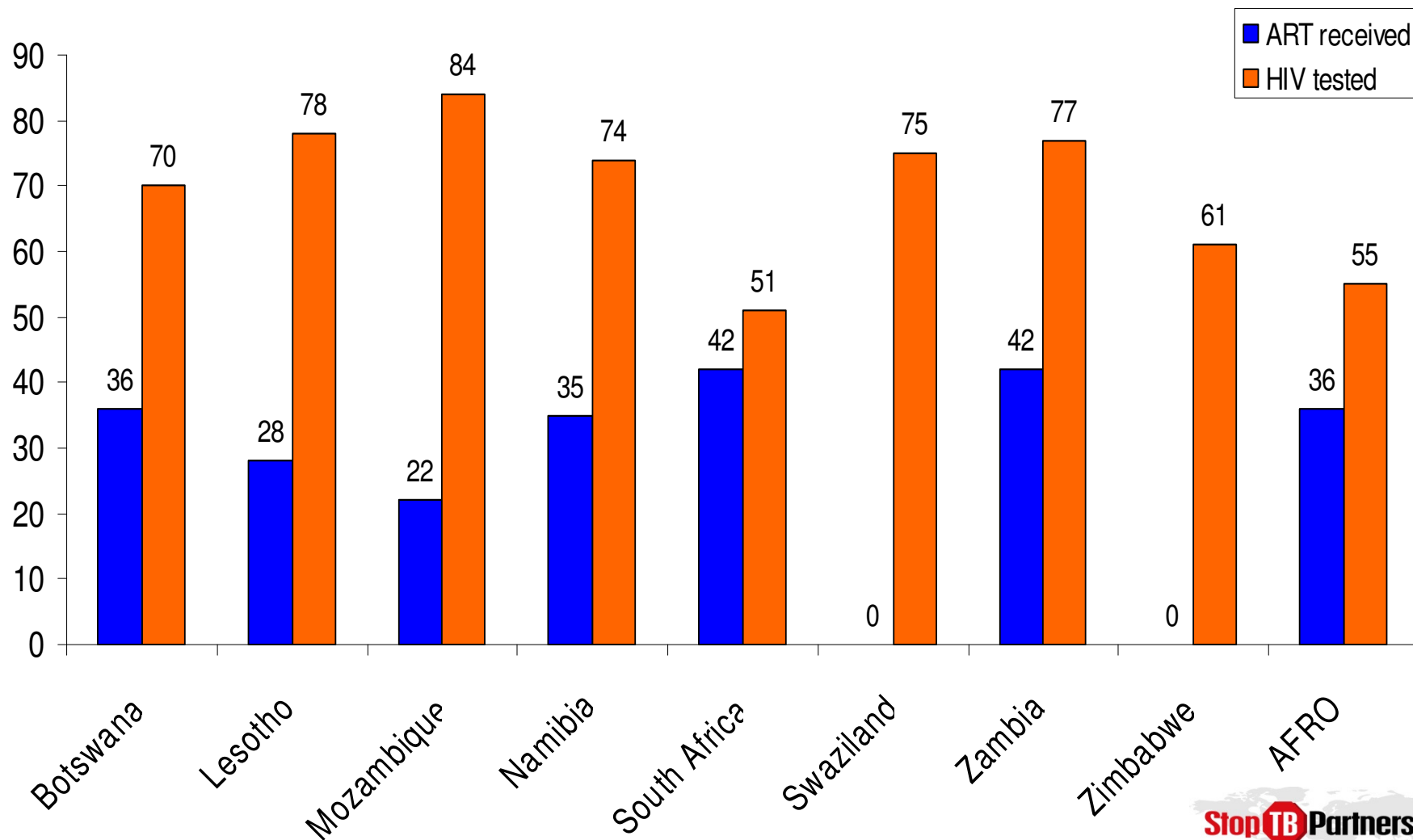
# Strategy of the TB/HIV Working Group

- **Regional characterization of the epidemic**
- **Set guidelines and targets for response**
- **Catalyze and monitor implementation**
- **Establish political visibility**
- **Promote research**
- **Mobilize civil society organizations**

# How will we make the GREATEST impact on TB in the HIV population?

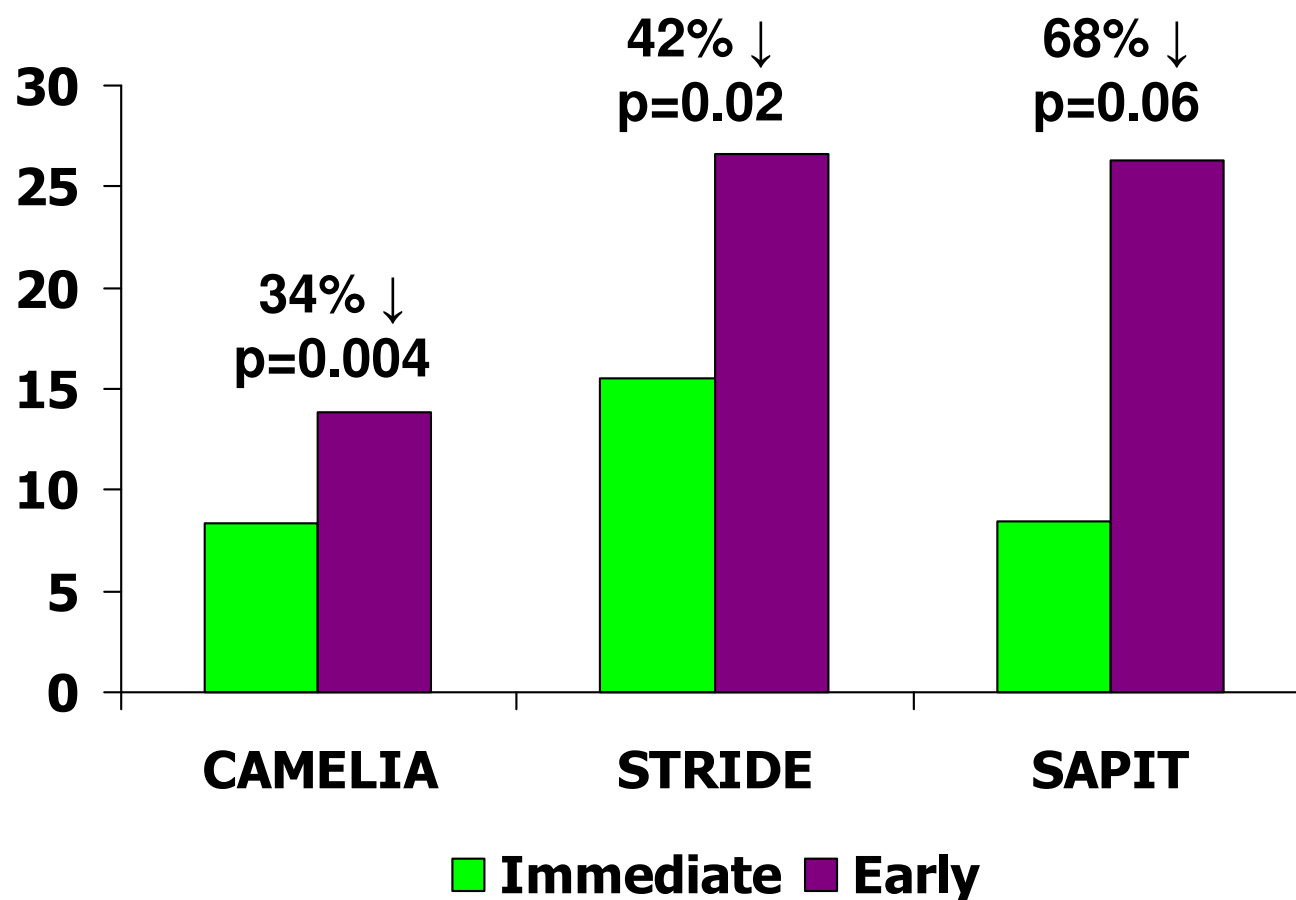
- **PREVENT TB: ART and IPT**
- **FIND TB: Aggressive screening, Rapidly deploy new diagnostics**
- **COMBINED HIV AND TB treatment: HIV testing in TB patient, start ART promptly**

# TB patients HIV tested and ART received 2009: Focus on Africa



# ART and TB co-treatment– “immediate” ART saves lives

Effects of ART timing on outcomes of PLHIV with <50 CD4



Stop TB Partnership

AIDS 2010 abstract THLB106, CROI 2011 abstract 38, CROI 2011 abstract 39LB

# South Africa –ahead of the curve!

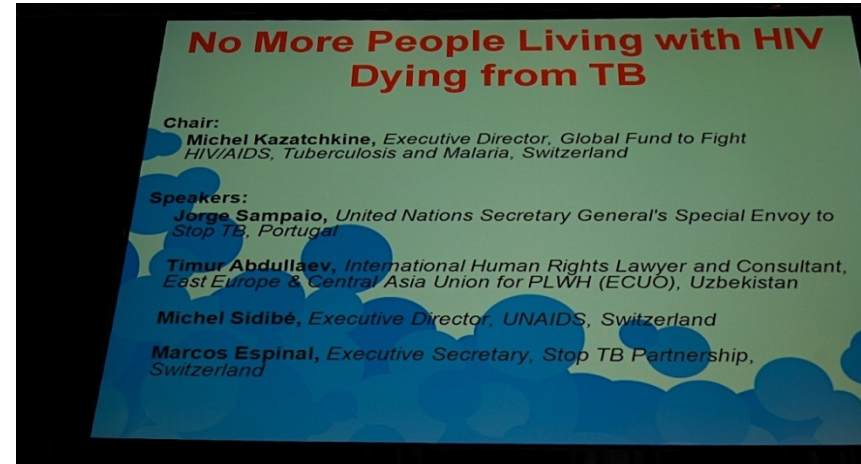
Province	Pre-Test C	Tested	Positive	Positivity	Screened TB	Referral	11 Month Target	Target Achieved
Eastern Cape	1,008,439	799,547	99,674	12%	306,471	51,790	1,479,642	54%
Free State	560,976	472,383	93,022	20%	445,082	60,518	706,265	67%
Gauteng	1,997,934	1,921,716	488,485	25%	610,517	164,106	2,455,996	78%
KwaZulu-Natal	2,343,035	1,728,098	363,026	21%	1,371,004	217,190	2,243,438	77%
Limpopo	982,867	842,033	105,911	13%	157,255	16,646	1,129,777	75%
Mpumalanga	593,166	546,362	141,873	26%	273,787	44,660	803,604	68%
North West	921,691	724,775	124,972	17%	793,301	80,271	732,496	99%
Northern Cape	116,836	112,483	12,643	11%	29,175	6,298	247,824	45%
Western Cape	534,497	519,273	50,487	10%	445,044	39,710	1,178,902	44%
SA	9,059,441	7,666,670	1,480,094	19%	4,431,636	681,189	10,977,943	70%

**120,000 PLHIV provided IPT in 2010**

**Stop TB Partnership**

# MOU: UNAIDS and Stop TB Partnership

- Two year plan signed in July 2010
- Target to reduce TB related HIV deaths in half by 2015
- Instrumental to catalyse implementation and garner support from HIV community
- Progress report attached in folders



# UN High Level Meeting on AIDS

## Keeping TB/HIV visible!

June 2008

June 2011



A/65/L.49

United Nations

Adopted as GA Resolution A/Res/65/180



General Assembly

Distr.: Limited  
10 December 2010

Original: English

Sixty-fifth session

Agenda item 10

Implementation of the Declaration of Commitment on  
HIV/AIDS and the Political Declaration on HIV/AIDS

Draft resolution submitted by the President of the General Assembly

**Organization of the 2011 comprehensive review of the progress  
achieved in realizing the Declaration of Commitment on  
HIV/AIDS and the Political Declaration on HIV/AIDS**

6. *Invites* the United Nations system, including programmes, funds, specialized agencies and regional commissions, the Special Envoys of the Secretary-General for HIV/AIDS and the Special Envoy of the Secretary-General to Stop Tuberculosis, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria, to participate in the high-level meeting, as appropriate, and urges them to consider initiatives in support of the preparatory process and the meeting.





# High Level Meeting, UNGASS, New York

- Jorge Sampaio already invited and urged to consider initiatives in support of the preparatory process and the meeting.
- TB/HIV is now proposed as one of five panel discussions at the HLM, in the context of taking HIV out of isolation
- TB/HIV featured in the UN Secretary General's Report

# Key working Group activities 2011-12

- **Keeping TB/HIV visible**
  - IAC Rome, 2011- catalyzing research
  - IAC Washington DC- 2012- TB/HIV transformation
- **Regional response**
  - Caribbean and Latin America focus
- **Catalyze implementation**
  - Integrated TB and HIV services
  - ART scale up
- **Focus on China**
  - Political visibility—CG meets in Beijing

# Request to the Coordinating Board

- **Guidance on the MOU between the UNAIDS and the Stop TB Partnership when it expires by the end of 2011.**
- **Supporting the WG activities for the regional responses**