UK Consortium on AIDS and International Development

All-Party Parliamentary Group on AIDS

All-Party Parliamentary Group on Global TB

UK Coalition to Stop TB

Report of roundtable meeting

Wednesday 22 October 2008. House of Commons, London.

Are Your HIV Services Meeting International Standards?

The Importance of TB Prevention, Diagnosis and Treatment

A roundtable meeting was organised by the All-Party Parliamentary Groups on AIDS and Global Tuberculosis and supported by the UK Consortium on AIDS to discuss what action needs to be taken to scale up efforts to address TB/HIV co-infection. Particular focus was placed on the role of civil society and non-governmental organisations, – which play an important role in the delivery of HIV services in low income countries – the barriers that they face, and what support might be available for those organisations wanting to do more on TB/HIV.

Nine Parliamentarians and approximately 20 representatives of UK NGOs (working on HIV and development issues), government departments and academic institutions met to learn more about TB/HIV and to discuss ways to overcome barriers to scaling up implementation of TB/HIV activities. The meeting was co-chaired by Andrew George MP, co-chair of the APPG on Global TB and David Borrow MP, chair of the APPG on AIDS.

Presentations were given by Dr. Paul Nunn, Coordinator Stop TB Department, WHO, and Ezio Tavora dos Santos-Filho, an activist and researcher from Brazil.

Dr Nunn gave an overview of the current global situation for TB/HIV highlighting the WHO policy response and lack of progress made in implementing collaborative activities in many parts of the world. He explained that universal access to HIV services means access also to prevention, care and treatment of TB.

Key points from Dr Nunn's presentation

- TB is a concern for those working on HIV and development because:
  - TB is the largest cause of death among PLHIV, up to 50% in some places
  - HIV drives TB incidence and mortality
  - TB and HIV affect the most economically active populations
  - TB threatens investment in ART
  - MDR and XDR-TB are emerging in high HIV settings

- Highest TB rates per capita are in Africa and are linked with prevalence of HIV. In Southern Africa the annual rate of incidence of TB is as high now as it was in UK slums during the Industrial Revolution.

- Globally, there are 9.2 million cases of TB. Of these between 700,000 and 1 million are co-infected with HIV. In Africa, around 230,000 people die each year from HIV-associated TB.

- 12 per cent of TB patients globally are tested for HIV. Countries like Rwanda, Tanzania and Kenya are testing more than 80 per cent of TB patients.

- All HIV service providers need to think about infection control. In South Africa, for

- In 2004, the WHO has published policy guidelines on collaborative TB/HIV activities and has also produced a series of guides for TB/HIV monitoring and evaluation, surveillance, diagnosis, management and care.

- If particular relevance for organisations delivering HIV services are the guidelines on activities to establish mechanisms for TB/HIV collaboration and for decreasing the burden of TB in PLHIV – known as the "3 Is". There are also guidelines for decreasing the burden of HIV in TB patients.

- The 3 Is stand for intensified case finding, isoniazid preventative therapy (IPT) and infection control.

- Whilst many countries have established policies on the 3Is, global progress in the implementation of TB/HIV interventions is extremely slow. There are huge gaps between policy and practice. For example, 109 countries have policies on intensified case finding but only 44 have reported that they screen for TB in PLHIV. Globally, only 0.96 per cent of PLHIV are screened for TB (of which 68 per cent are in just two countries). Only 0.01 per cent of PLHIV are given IPT.

- Any HIV project should have a TB component and vice versa. This is already recommended by the Global Fund.

- Implementation of joint TB/HIV activities will reduce the burden of TB among PLHIV and will

Mr Santos-Filho gave an overview of the current policy situation and shared concerns from the perspective of a person who is living with TB and has been affected by TB twice. He utilised examples of global barriers to implementation, for example a lack of clear policy from DFID about TB/HIV. He acknowledged that DFID's recently revised AIDS strategy recognises the need

to integrate TB and HIV services but asked whether such recommendations were being implemented on the ground by DFID country offices or civil society organisations.

David Borrow MP also acknowledged DFID for addressing TB/HIV in its AIDS strategy and highlighted the importance of monitoring and evaluation to ensure that resources are being directed towards interventions that effectively address TB/HIV. In the discussion it was agreed that civil society and parliamentarians need to stay actively engaged to ensure that WHO recommendations on TB/HIV are reflected at country-level.

Integration is required at all levels. Mr Santos-Filho remarked that collaboration between UNAIDS and the Stop TB Department at WHO improved simply as a result of both departments being located in the same part of a building. Dr Nunn added that whilst more resources are needed, addressing TB/HIV is principally a question of organisation, management and staff capacity. He gave the example of the US President's Emergency Fund for AIDS Relief (PEPFAR) which changed its 'focused' work on HIV to also address TB/HIV and other related issues and noted that the Global Fund is also moving in this direction.

In his presentation, Mr Santos-Filho emphasised the importance of Isoniazid preventative therapy (IPT), a cost-effective intervention that could have prevented him from developing TB for the second time. In the discussion, Dr Nunn explained that a 6-9 month course of IPT can prevent TB in someone living with HIV, although a person is only protected for the duration of their treatment. It was noted that at present only National TB Control Programmes are able to provide IPT, and National AIDS Programmes should be able to provide IPT directly in order to increase access to those in greatest need.

In response to questions about infection control, Dr Nunn explained that drug-resistant TB is not believed to be any more infectious than standard TB. Individuals will have different levels of infectiousness depending on many factors including how often they cough, the size of the droplets that they cough and the strain of TB that they are infected with. Health workers, prison workers and teachers are examples of groups that are at a much greater risk of TB infection than the general population. A study in one setting in South Africa, for example, found that five per cent of health workers were found to have TB. Regular screening for TB in high risk groups is therefore important.

Within the discussion, the issue of 'double stigma' was raised. It was noted that this is becoming an increasing problem in Southern Africa because people increasingly associate TB with HIV. Hospitalising and, in some instances, quarantining patients with drug-resistant TB has generated debate around the need to balance a public health approach and individual human rights. Community and home-based care is therefore considered to be preferable in most cases and also relieves the burden on hospitals and reduces the risk of transmission of disease within hospitals.

Andrew George MP asked whether issues like TB/HIV co-infection can be addressed before broader health systems are strengthened. In response to this question, Mr Santos-Filho noted that the same argument had been used in previous decades to suggest that antiretroviral therapy could not be delivered to poor and uneducated people in countries with poor health infrastructure. Dr Nunn added that HIV and TB services are not separate from health systems. It was argued that major health challenges such as HIV and TB need to be tackled at the same time as strengthening health systems and that weak health systems should not be an excuse to reduce progress on TB/HIV.

In closing, NGOs remarked that different agencies have different strategies and that there is a need for clear direction and guidance on the ground. Dr Nunn responded that the WHO has given clear policy guidance on TB since the mid-1990s and with UNAIDS are promoting common

recommendations for TB/HIV co-infection. He encouraged all partners concerned with HIV and health to help expand joint TB/HIV activities.

For Further information

The following are further sources of information for those organisations interested in learning more about integrating TB into their HIV services:

World Health Organisation Stop TB Department
Website http://www.who.int/TB/challenges/TB/en/index.html

Stop TB Partnership TB/HIV working group
Website http://www.stoptb.org/wg/TB_hiv/ Email: Colleen Daniels danielsc@who.int for further information

UK Coalition to Stop TB – TB/HIV working group
Email: Renato Pinto advocacy@tbalert.org for further information

AIDS Portal – TB pages
Email: http://www.aidsportal.org/overlay_details.aspx?nex=52

Report by Louise Holly, RESULTS UK