

Improving Access to TB Services for PWH/A

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What is the impact of TB on PWAs?

- TB is the leading cause of death among people living with HIV
- TB reduces the levels of CD4 amongst PWH
- At least one-third of the 33 million people living with HIV worldwide are also infected with TB. HIV greatly increases their risk of developing TB disease.
- There are nearly 709,000 people living with HIV who also have active TB disease – most of whom have not yet received treatment
- Without proper treatment approximately 90% of people living with HIV die within two to three months of contracting TB
- The majority of cases of tuberculosis in people living with HIV occur in sub-Saharan Africa, where up to 80% of TB patients may be co-infected with HIV.



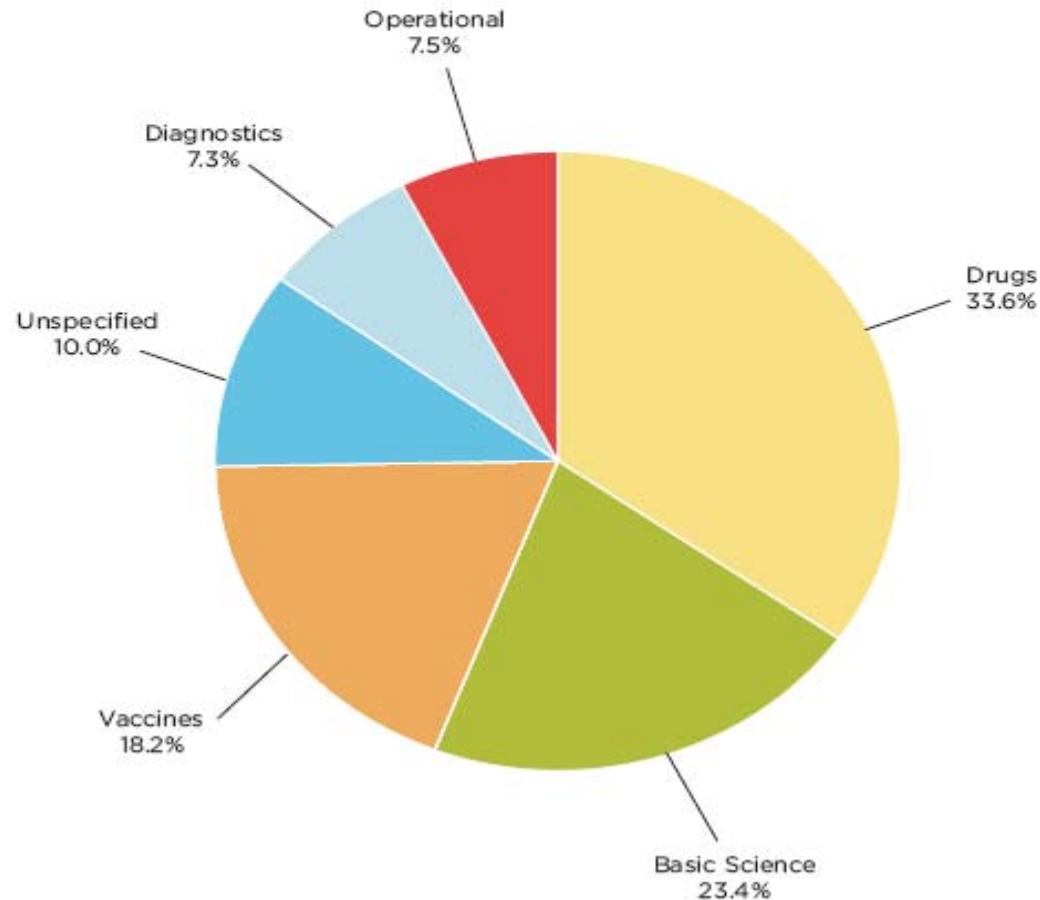
Why is TB, a curable disease, the leading killer of PWAs?

- Failure of the most common TB diagnostic test to detect forms of TB more common amongst PWAs: (upto 61% of smear-negative and 40% of extrapulmonary TB)
- TB treatment takes 6 months or more if there is drug resistance. TB drugs interact with HIV drugs to reduce the level of ARVs and can cause adverse events
- Research for TB is dismally funded (\$429 M was spent in 2006 on TB R&D). New tools are desperately needed (Smear test: 125 years, BCG: 90 years, and last drug: 40 years old)
- TB is treated as a primarily biomedical issue with little community mobilization and real engagement
- Lack of political will, and need for NAP and PWA leadership in TB/HIV advocacy

Dismal amount of funding for TB R&D in 2006

FIGURE 5

2006 TB Research: Investment by Category
(Total = \$429,166,680)



Example of Lack of Political Will for TB

TABLE 5

NIH Spending on Selected Infectious Diseases in 2005 and 2006

(millions of US dollars)

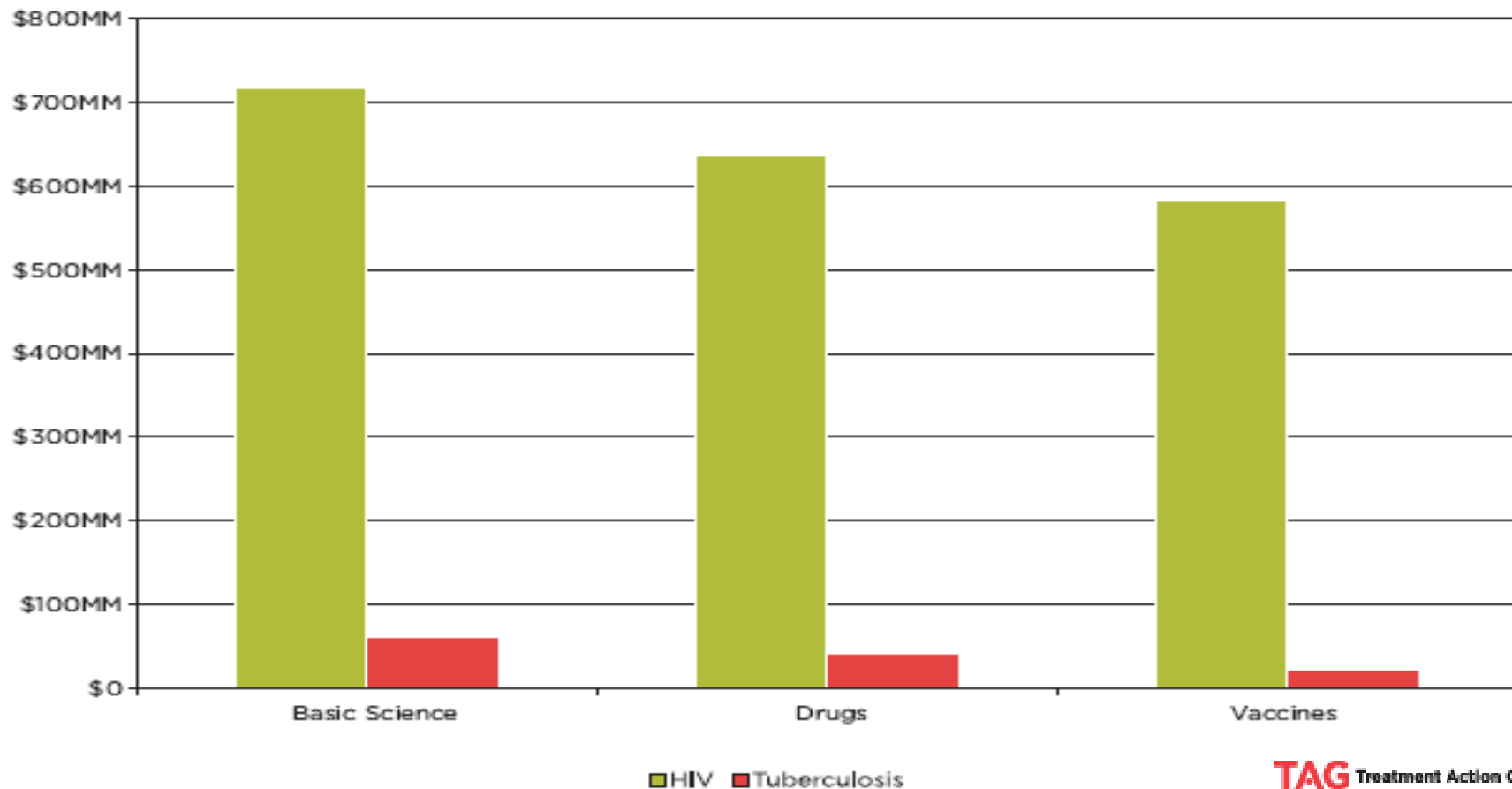
Infectious disease	FY05 actual	FY06 actual	FY07 actual	FY08 est.
HIV/AIDS	2,921	2,902	2,903	2,905
STDs/herpes	252	264	263	262
Smallpox	187	149	125	124
Anthrax	183	150	117	111
Influenza	164	207	222	233
Tuberculosis	158	150	150	149
Pneumonia	154	145	144	143
Hepatitis C	121	122	121	122
Malaria	104	98	100	101

<http://www.nih.gov/news/fundingresearchareas.htm>

Gains that PWA advocates need to replicate

FIGURE 12

NIH Investment in HIV and TB Research (2006)



What Needs to Be Done?

Implement Collaborative TB/HIV activities

A. Establish the mechanism for collaboration

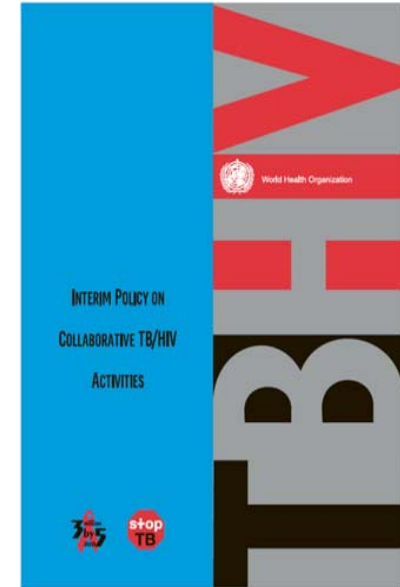
- A.1. TB/HIV coordinating bodies
- A.2. HIV surveillance among TB patient
- A.3. TB/HIV planning
- A.4. TB/HIV monitoring and evaluation

B. To decrease the burden of TB in PLWHA

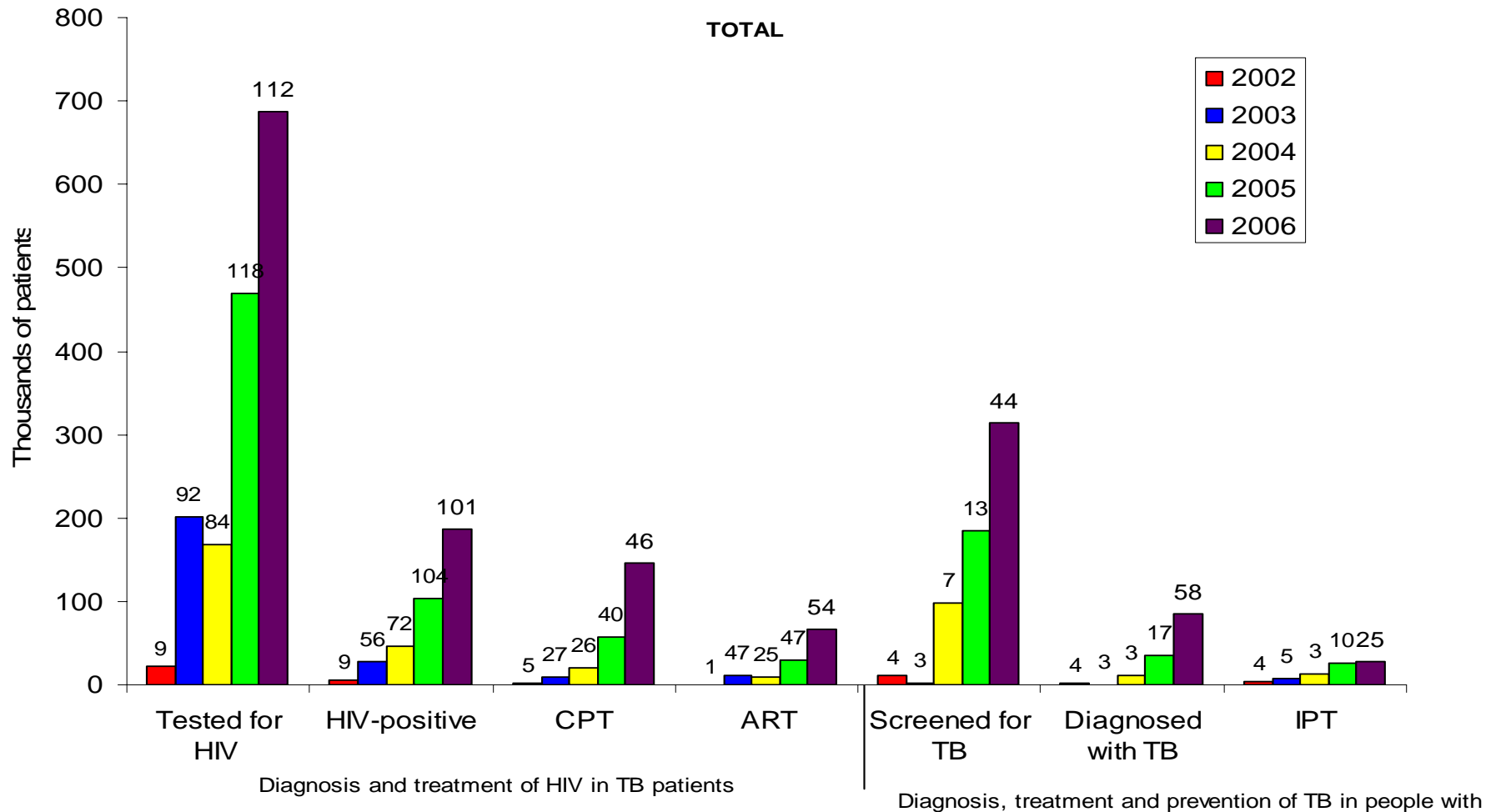
- B.1. Intensified TB case finding
- B.2. Isoniazid preventive therapy
- B.3. TB infection control in care and congregate settings

C. To decrease the burden of HIV in TB patients

- C.1. HIV testing and counselling
- C.2. HIV preventive methods
- C.3. Cotrimoxazole preventive therapy
- C.4. HIV/AIDS care and support
- C.5. Antiretroviral therapy to TB patients.



Global Progress in implementation of key interventions (2002-2006)



The scale up on the HIV side is much slower!

Recommendations for Improving Access for TB/HIV services

- Increase TB science and policy literacy amongst PWAs
- Increase leadership of NAPs and PWAs in advocacy for TB/HIV Collaborative activities
- Advocate for increased resources for TB R&D from \$429 M in 06 to \$2 B/year- fight against TB/HIV will not be won without new tools