



World Health
Organization

END TB



Joining forces to end TB and AIDS

Progress and key opportunities



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PCB Thematic Segment – Ending Tuberculosis and AIDS:
A Joint Response In the Era of the Sustainable Development Goals
28 June 2018

Disclaimer

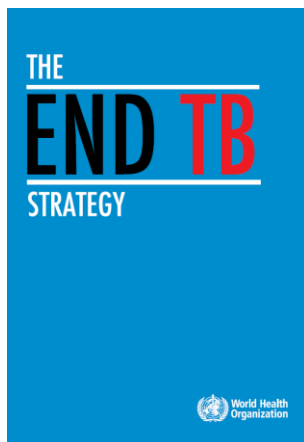
Overview

- Positioning ending the TB and AIDS epidemics in the broader health agenda
- Global progress towards targets
- Challenges & gaps
- Key political and programmatic opportunities to improve integrated responses in preparation for the TB HLM 2018

SDGs, Universal Health Coverage and GPW: Key opportunities to End TB and AIDS by 2030



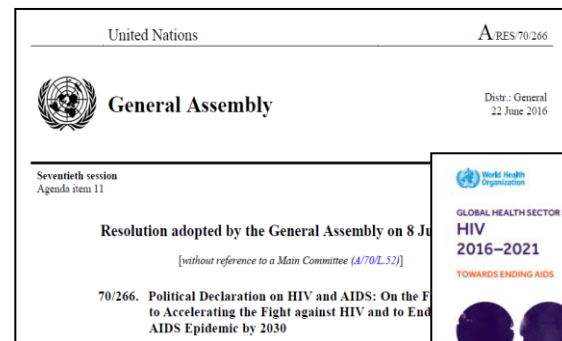
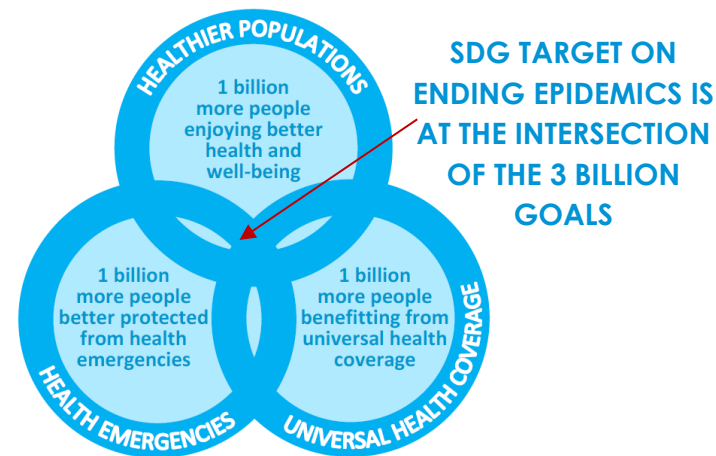
TARGET 3.3: BY 2030, END THE EPIDEMICS OF AIDS, TUBERCULOSIS



End TB Strategy targets:
 90% reduction in TB deaths by 2030
 80% reduction in TB incidence rate
 0% TB affected families facing catastrophic costs



WHO GENERAL PROGRAMME OF WORK



HIV Strategy and UN 2016 Political Declaration: Reduce TB deaths among people living with HIV by 75% by 2020



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6.2 million lives saved from scale-up of TB/HIV activities since 2005

WHO Policy on collaborative TB/HIV activities

A.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels

A.2. Determine HIV prevalence among TB patients and TB prevalence among people living with HIV

A.3. Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services

A.4. Monitor and evaluate collaborative TB/HIV activities

B. Reduce the burden of Tb in people living with HIV and initiate early antiretroviral therapy (the *Three I's for HIV/TB*)

B.1. Intensify TB case-finding and ensure high quality anti-TB treatment

B.2. Initiate TB prevention with Isoniazid preventive therapy and early antiretroviral therapy

B.3. Ensure control of TB Infection in health-care facilities and congregate settings

C. Reduce the burden of HIV in patients with presumptive and diagnosed TB

C.1. Provide HIV testing and counselling to patients with presumptive and diagnosed TB

C.2. Provide HIV prevention interventions for patients with presumptive and diagnosed TB

C.3. Provide co-trimoxazole preventive therapy for TB patients living with HIV

C.4. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV

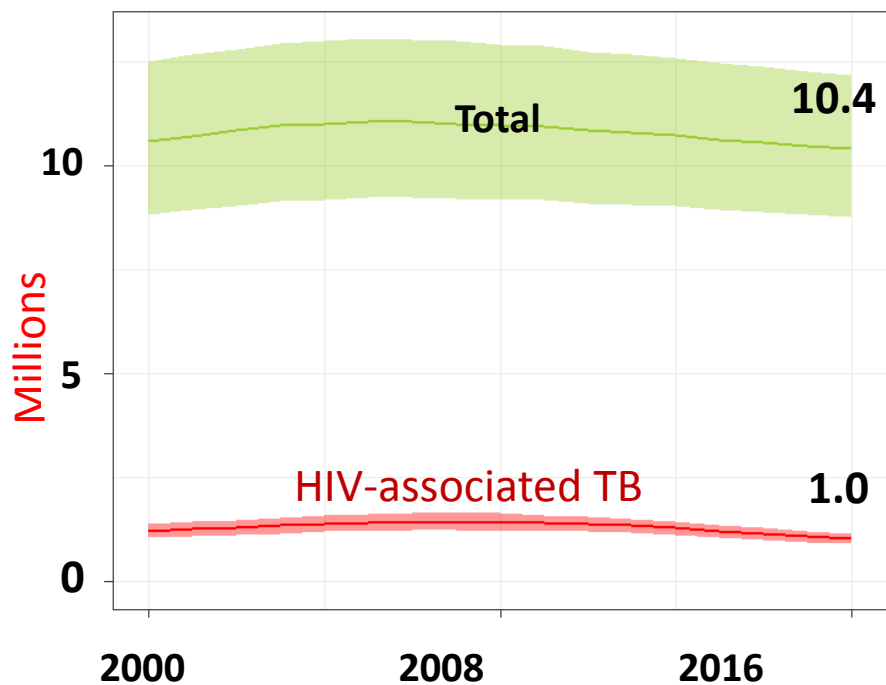
C.5. Provide antiretroviral therapy for TB patients living with HIV



Trends in TB Incidence and new HIV infections

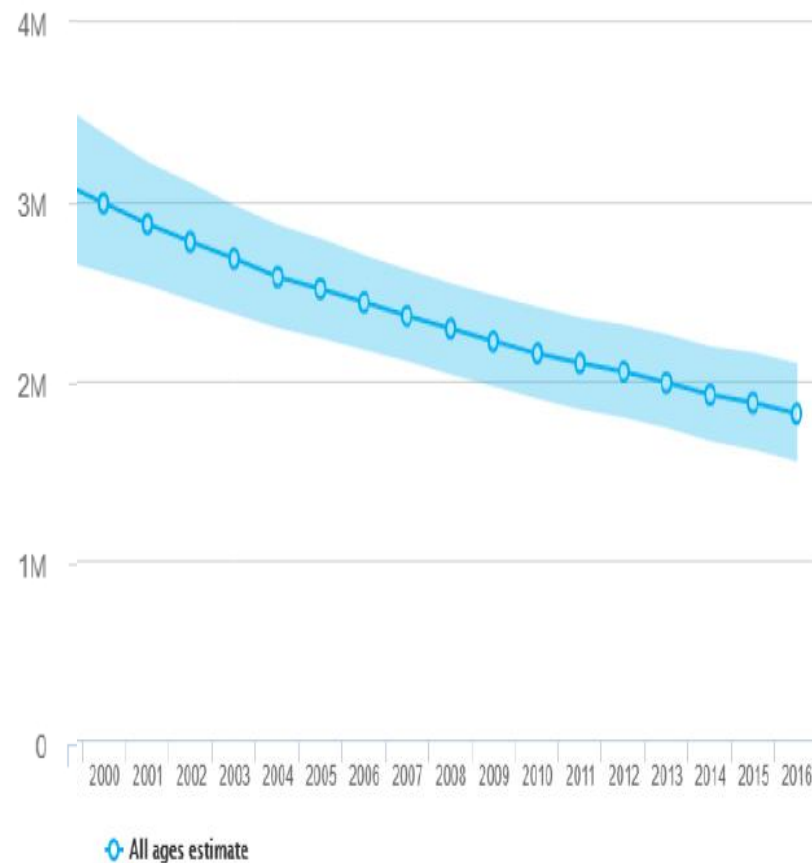
2000–2016

TB incidence

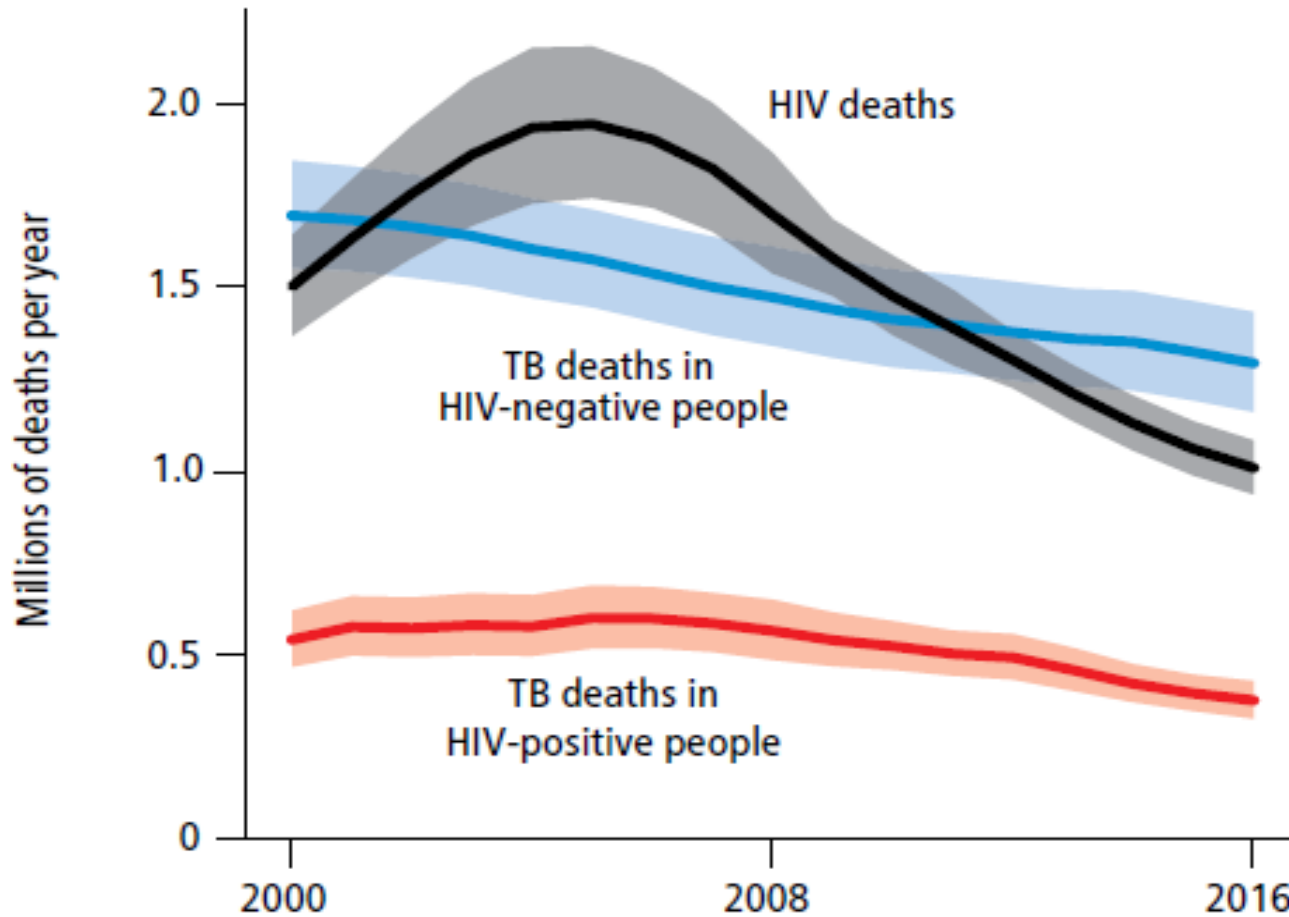
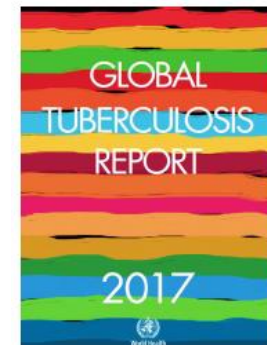


Incidence rate falling at about 2% per year

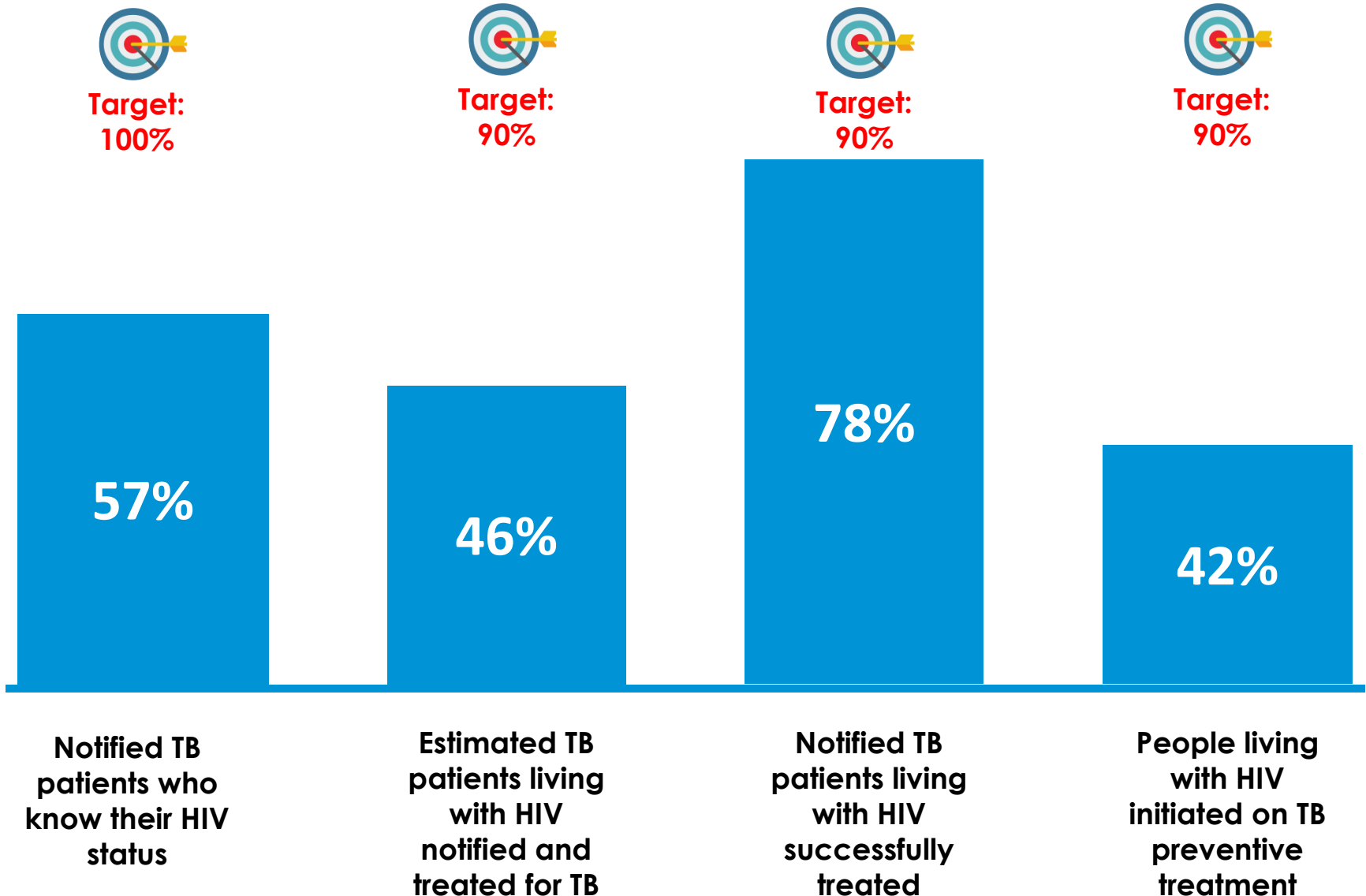
HIV new infections



Trends TB and HIV deaths, 2000–2016



Current status of progress towards selected End TB Strategy operational targets





Impressive scale-up of ART in People living with HIV



WHO LAUNCHES NEW GUIDANCE TO 'FAST-TRACK' THE HIV RESPONSE TOWARDS 2020 GOALS

New publications:

90% of people with HIV diagnosed

- Information tools on novel point-of-care tests for early infant diagnosis of HIV
- Landscape for rapid diagnostic tests for HIV self-testing

90% of diagnosed people treated

- Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy
- Technical update on transition to new antiretrovirals in HIV programmes
- Key considerations for differentiated models of delivering antiretroviral therapy to specific groups: children, adolescents, pregnant and breastfeeding women and key populations

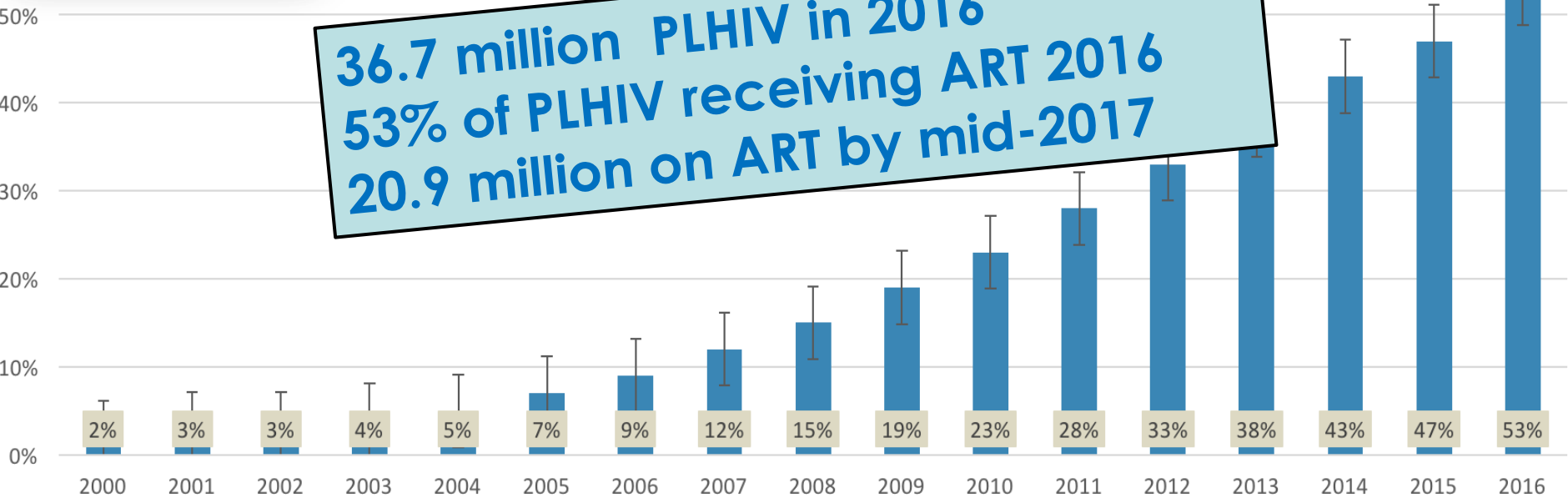
90% of people on treatment virally suppressed

- Global report, guidelines and Global Action Plan on HIV drug resistance
- INSPIRE results – implementation research on retention of mothers on treatment

Beyond 90-90-90

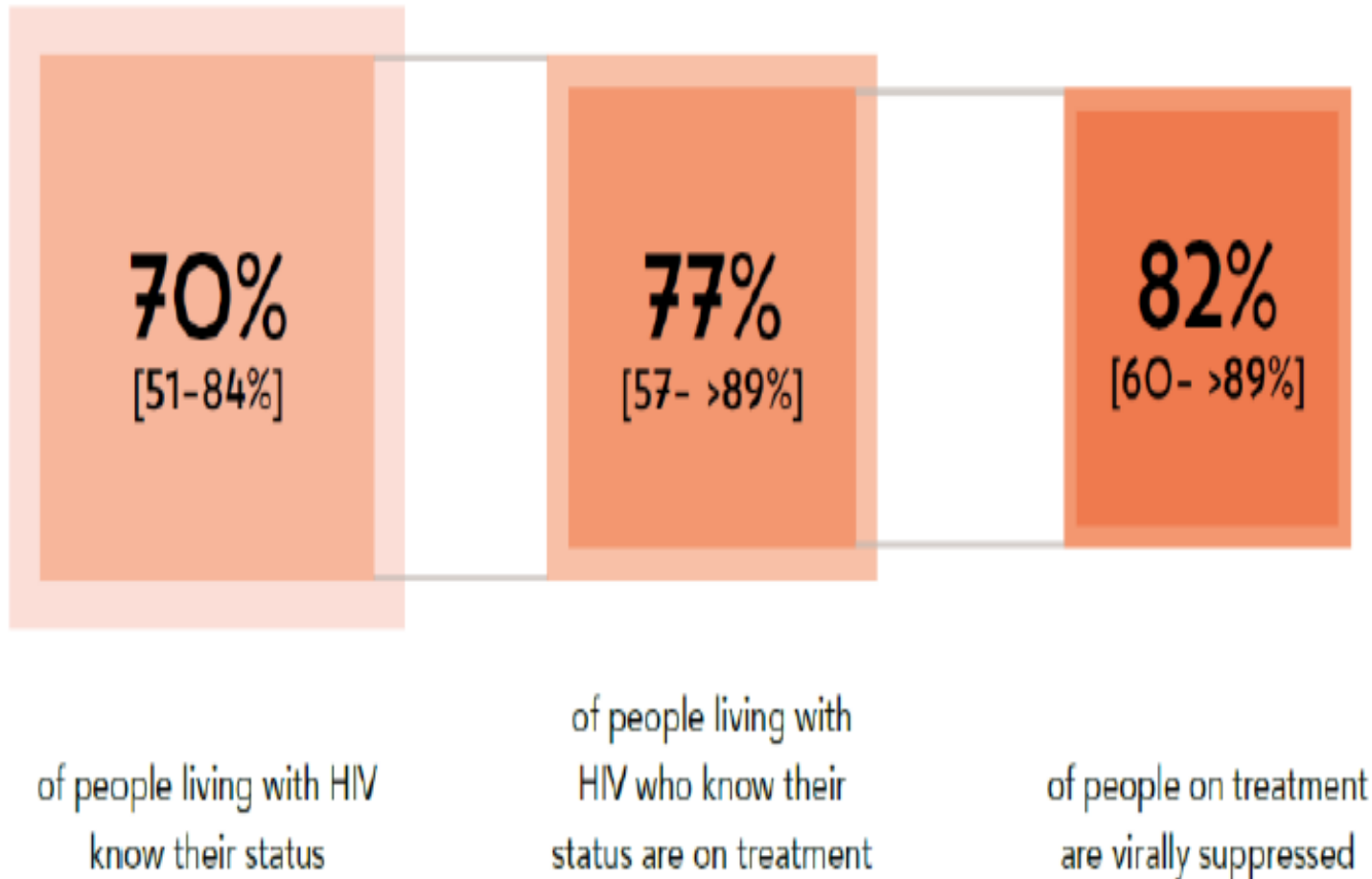
- Sustained prevention, pre-exposure prophylaxis of HIV infection (PrEP) implementation tool
- Focus on country implementation
- Focus on viral hepatitis: World Hepatitis Day 2017

36.7 million PLHIV in 2016
53% of PLHIV receiving ART 2016
20.9 million on ART by mid-2017

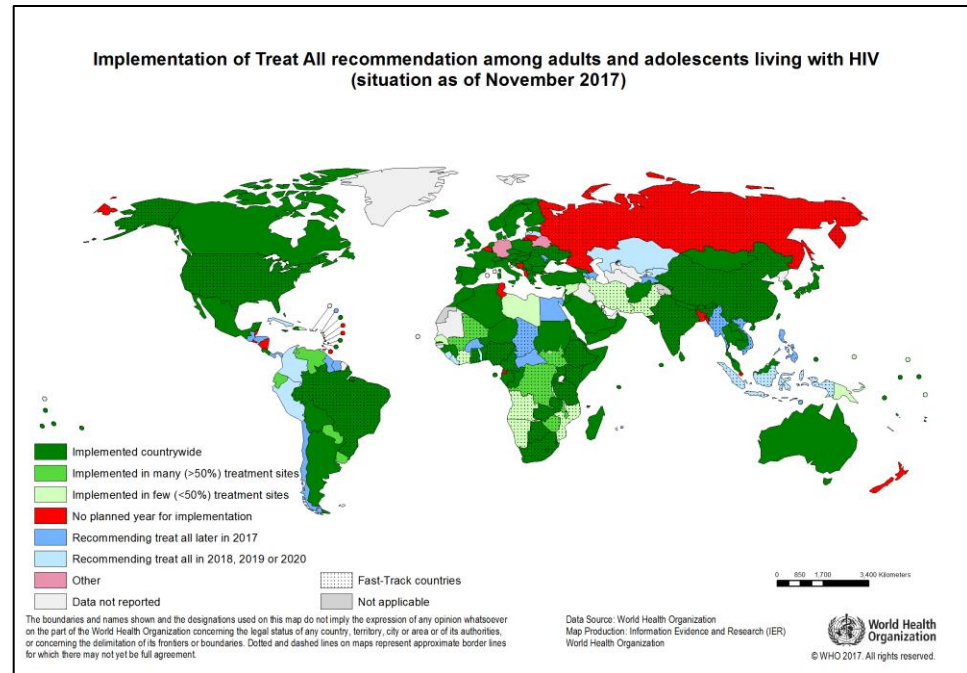
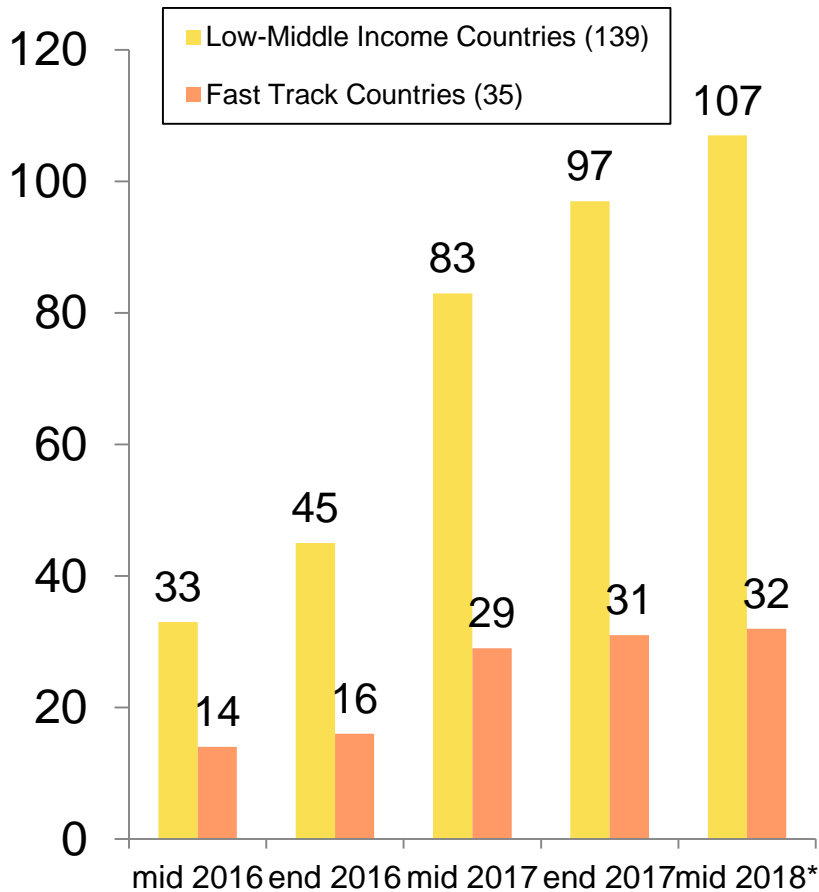


Source: UNAIDS/WHO estimates.

Progress in 90:90:90 targets for HIV



Evolution of the global uptake of WHO Treat All policy



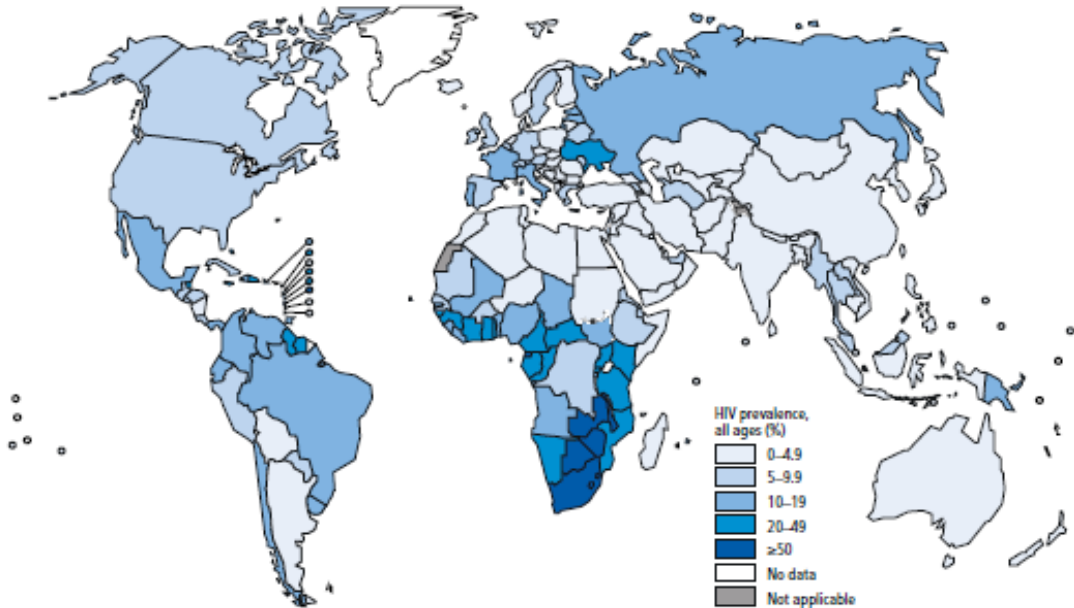
* Preliminary data

Overview

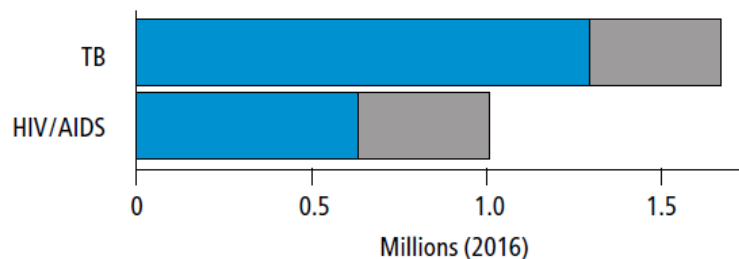
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People Living with HIV still dying of TB

Estimated HIV prevalence in new and relapse TB cases, 2016



Estimated number of deaths from HIV/AIDS and TB in 2016. Deaths from TB among HIV-positive people are shown in grey.^{a,b}

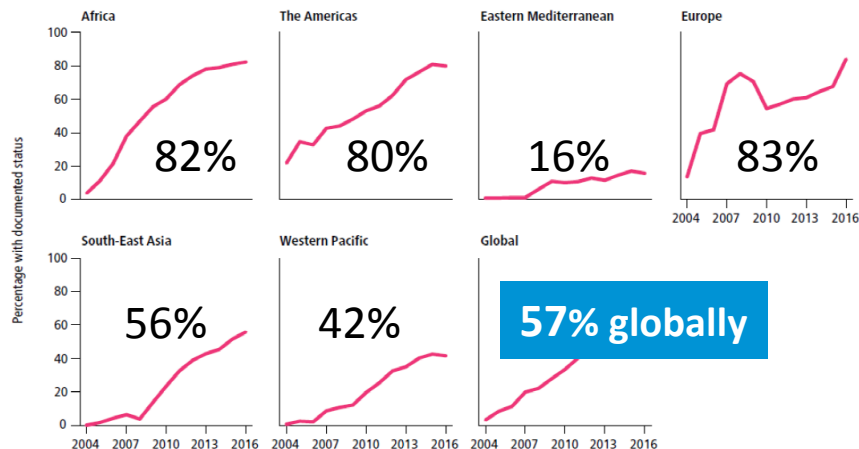


Global Burden of HIV-associated TB, 2016

- TB is the **leading killer of people with HIV**
- **374,000 TB deaths among people with HIV** in 2016 (37% of HIV deaths & 22% of TB deaths)
- **1 million people with TB were living with HIV** (10% of all TB).

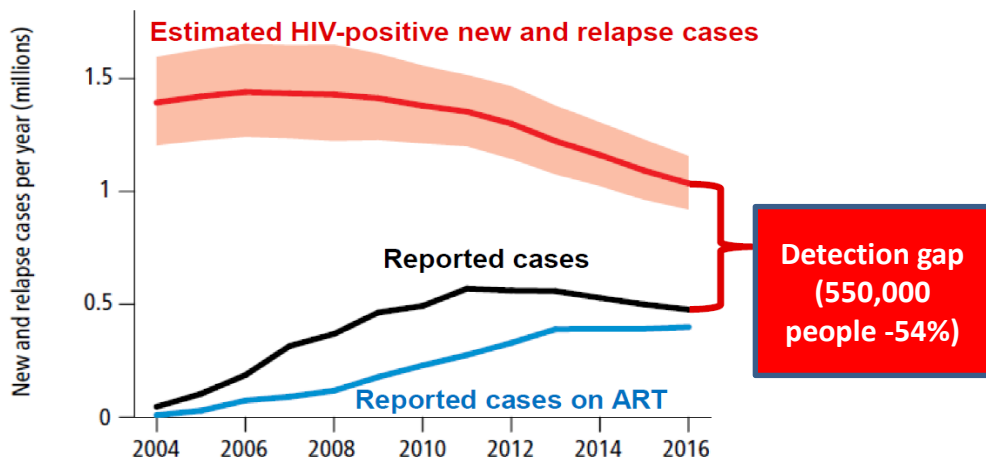
Progress and **gaps in access to care**

Progress in access to HIV testing for TB patients



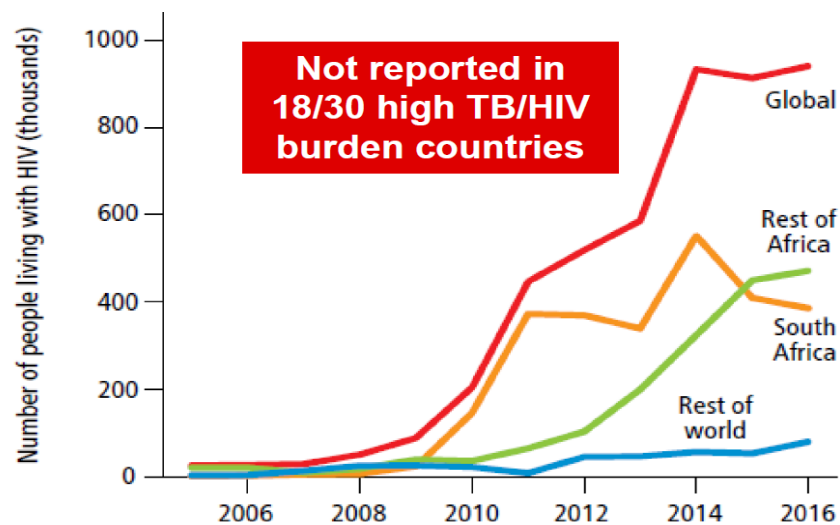
^a The calculation is for all cases in years prior to 2015.

Gaps in case detection and ART coverage



^a The calculation is for all cases in years prior to 2015.

Gaps in access to preventive treatment (IPT)



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High-level spotlight on ending TB and AIDS

2016



2016 HIGH-LEVEL MEETING
ON ENDING AIDS

UNITED NATIONS GENERAL ASSEMBLY
NEW YORK | 8-10 JUNE 2016

2017



FIRST WHO GLOBAL MINISTERIAL CONFERENCE
ENDING TB IN THE SUSTAINABLE DEVELOPMENT ERA:
A MULTISECTORAL RESPONSE
16-17 NOVEMBER 2017, MOSCOW, RUSSIAN FEDERATION



2018



Ministerial Policy
Dialogue on HIV and
related comorbidities in
Eastern European and
Central Asia at IAS
(July 23 2018)

FIRST UN GENERAL ASSEMBLY
HIGH-LEVEL MEETING ON TB IN 2018



26 September 2018

Moscow Declaration to End TB

- Adopted by ministers and other leaders from 120 countries, who came together with over 800 partners including civil society.
- Will inform the first UN High-Level Meeting on TB in 2018.



1) ADVANCING THE TB RESPONSE WITHIN THE SDG AGENDA

WE COMMIT TO

- ✓ *Scaling up TB prevention, diagnosis, treatment and care and working towards the goal of universal health coverage through public and private health care providers to achieve detection of at least 90 per cent of cases and successful treatment of at least 90 per cent of those detected^d in all countries through the use of rapid diagnostics (including molecular diagnostics), appropriate treatment, patient-centred care and support, applying WHO-recommended standards of care^e, and harnessing digital health^f.*
- ✓ *Prioritizing, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups and populations in vulnerable situations such as women and children, indigenous people, health care workers, the elderly, migrants, refugees, internally displaced people, prisoners, people living with HIV/AIDS, people who use drugs, miners, urban and rural poor and underserved populations, without which TB elimination will not be possible.*
- ✓ *Addressing MDR-TB as a global public health crisis including through a national emergency response in at least all high MDR-TB.*
- ✓ *Rapidly scaling up access to patient-centred, integrated TB and HIV services and collaborative activities to end preventable deaths due to TB among people living with HIV/AIDS.^{g,h}*
- ✓ *Ensuring, as appropriate, adequate human resources for TB prevention, treatment and care.*
- ✓ *Reducing stigma, discrimination and community isolation, and promoting patient-centred care including community-based treatment options, as well as psychosocial and socioeconomic support.*



Strengthen engagement with Civil Society in lead up to UNHLM and beyond

Interactive Civil Society Hearing, 4 June: Focus included on accelerating the TB/HIV response and testimonies from people living with HIV

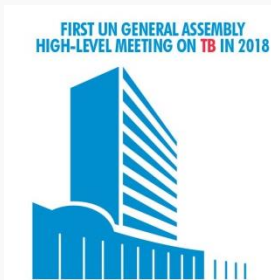


WHO taskforce on civil society engagement and regular collaboration with civil society



UN High-Level Meeting on TB

- The UNHLM will be held on Wednesday 26 September 2018
- Convene Heads of Government / State in New York
- Entire preparatory process, including outcome document negotiations, held in New York
- Civil society engagement with interactive civil society hearing on 4 June
- Adoption of an outcome document with new, bold time-bound commitments that will drive multisectoral action to end TB with greater accountability.



Taking commitments made by Ministers of Health to level of Heads-of-State

Opportunities to end TB and AIDS by 2030

- **Reinvigorate political commitment** to end TB deaths among PLHIV, building on opportunities of UNHLM on TB.
- **Enhance collaboration between programmes** → *Treat the patient, not the disease*
- **Decentralise and integrate TB and HIV services** closer to the patient
- **Ensure** national coverage of **integrated TB and HIV community based services**
- Exploit existing platforms to **scale up access to effective TB prevention, early diagnosis** and **early treatment** among PLHIV
- **Strengthen multi-sectoral engagement** to ensure no-one is left behind
- **Advance the research agenda** to improve tools and implementation

The time for action is **NOW**

Together we will **END TB & AIDS**



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