

TB EUROPE COALITION

Confronting the TB/HIV Epidemic in Europe.

Overview and Civil Society Role

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Aims for this Session

- Give a brief reminder of the link between TB and HIV
- Give an overview of the extent of co-infection in the European Region
- Introduce networks concerned with TB/HIV - TBEC and TUBIDU
- Suggest some key advocacy aims and messages on TB/HIV

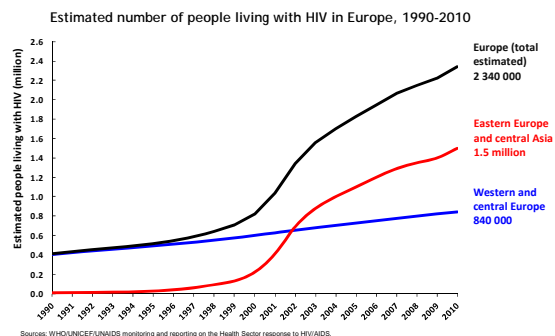
So what is the link between TB and HIV?

- One third of the World's population is infected with TB
- In most people, the immune system keeps the bacteria under control but does not kill it all
- If the person then gets infected with HIV, the immune system is enfeebled.
- And the pre-existing TB infection becomes active.

HIV increases risk of TB
 HIV-neg 5-10% lifetime risk
 HIV-pos 5-10% annual risk

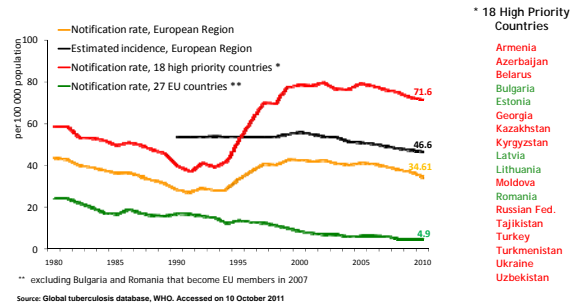
- **Dual epidemic**
 – European situation

People living with HIV: fast growing numbers in eastern Europe and central Asia



TB burden in Europe: east-west difference

TB notification rate and estimated incidence, WHO European Region 1980-2010



MDR-TB burden in Europe, 2010

Estimated MDR-TB burden, among notified TB cases	53 000 (39 000 – 68 000)
- Among new TB	12% (8.6-16%)
- Among previously treated	37% (33-41%)
Detection rate of all MDR-TB cases	62% (32 616)

Out of 27 countries that account for 85% of all MDR-TB cases globally, 15 are in the European Region

The updated 12 points policy package

A. Establish the mechanisms for integrated TB & HIV services

1. Set up or strengthen a TB/HIV coordinating body effective at all levels
2. Conduct HIV and TB surveillance among TB and HIV patients respectively
3. Carry out joint TB/HIV planning
4. Conduct monitoring and evaluation

B. Decrease the burden of TB in PLHIV (Three Is for HIV/TB)

5. Intensify TB case finding and ensure quality TB treatment
6. Introduce TB prevention with IPT and ART
7. Infection control for TB in health care and congregate settings ensured

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

8. Provide HIV testing & counselling to patients with presumptive and diagnosed TB
9. Introduce HIV preventive methods patients with presumptive and diagnosed TB
10. Provide CPT for TB patients living with HIV
11. Ensure HIV prevention, treatment & care for TB patients living with HIV
12. Provide Antiretroviral therapy to TB patients living with HIV

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Regional challenges

- Both epidemics spread within vulnerable “most at risk populations” i.e. people who use drugs, prisoners and migrants
- Out of the system, poor access to services, marginalized and stigmatized
- Low uptake of HIV testing, limited access to ART
- Limited access to HIV prevention services, especially NSP and OST for people who inject drugs
- Widespread hospitalization
- Limited collaboration and lack of integration between the vertical HIV and TB programmes (drug dependence, STIs, viral hepatitis)

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Collaborative TB/HIV activities, 2010

	HIV case finding among TB patients					TB case finding among PLHIV	
	Number of TB patients with known HIV status (thousands)	% of notified TB patients tested for HIV	% of tested TB patients HIV-positive	% of identified HIV-positive TB patients started on CPT	% of identified HIV-positive TB patients started on ART	Number of HIV-positive screened for TB (thousands)	Number of HIV-positive people provided IPT (thousands)
AFR	880	59	44	76	42	2000	160
AMR	100	46	17	47	65	15	13
EMR	46	11	3.4	51	37	6.8	0.3
EUR	290	80	6	48	77	5.6	6.6
SEA	540	23	9.5	87	57	230	0.6
WPR	250	19	4.8	55	41	69	2.0
Global	2100	34	23	77	46	2300	180

Source: Global TB control 2011 report.

- Responding to the dual epidemic
– National example: Romanian Angel Appeal Foundation

About RAA

- Romanian Angel Appeal Foundation (RAA) – non-profit organization founded in 1991
- 20 years of experience in the HIV/AIDS area:
 - Developing services targeting children and young people living with HIV/AIDS (i.e. day clinics, diagnosis disclosure, PMTCT etc.)
 - Training provider for health workers and psycho-social staff
 - Health promotion and behavior change communication
 - Monitoring and Evaluation (financial and programmatic)
 - Capacity Building for other organizations
 - Management of international grants (PR for the GFATM grants-HIV and TB)

For more, see www.raa.ro

RAA's involvement in the TB area

- Since 2007 – as Principal Recipient and manager of the GFATM Round 6 grant (until 2012)
- The GFATM Round 6 program: prevention & treatment services implemented by 5 NGOs, the National Administration of Penitentiaries & the National TB Program
- To implement the program, RAA mostly relied on its program management experience & hired staff (1 person) with TB related experience

Outline of RAA Actions for TB and TB/HIV under Round 6

- Manage procurement for all second line drugs for MDR TB patients enrolled in GLC cohorts (including HIV-MDR/XDR TB co-infected patients)
- Oversee training ref. operational research
- Oversee outreach activities for vulnerable groups (Roma population, homeless children, prisoners, etc.)
- Oversee social and psychological support for vulnerable groups to increase the treatment adherence
- Manage development of human resources capacity through training sessions for primary health care providers, NTP staff (doctors, nurses), penitentiary staff (doctors, nurses, psychologists, etc)

TUBIDU

- TUBIDU (TB and Injecting Drug Users)- Empowering civil society and public health system to fight tuberculosis epidemic among vulnerable groups (8 WPs, 6 international partners, 2011-2014)
- RAA's main task: raising the awareness of TB and HIV related prevention, treatment and care among vulnerable groups and PLHIV, general population and professionals on services and policy level
- Other project deliverables:
 - Survey & qualitative study to investigate TB related knowledge and practices and barriers related to access to TB and HIV services among vulnerable groups.
 - TB related training program and materials for community based organizations and health care personnel

How can CS address the TB issue among vulnerable groups?

- Collect data (alone or in partnership) about their target groups → to assess the need for TB related services
- If the need is already identified:
 - Partner with TB organizations
 - Develop own TB related interventions

WHY? Most of your target groups could be at risk of both HIV/AIDS & TB & you might be the only one reaching them

- Responding to the dual epidemic
 - Regional example: TB Europe coalition

TB Europe Coalition (TBEC)

- Informal alliance
- Civil society TB advocates
- Across WHO Europe Region
- Created 2009

TBEC AIMS

Encourage governments and EU to:

- Support TB action – at home, in EU, in neighbouring countries, and worldwide.
- Recognise and support civil society contributions to TB control – especially to enhance detection and adherence

- Responding to the dual epidemic
 - Advocacy priorities and tools

TB Advocacy Handbook for People who Use Drugs

- Translate UN policy guidance on advocacy and TB into format that encourages drug user and PLHIV activists to become TB advocates
- Joint project between WHO, UNAIDS and civil society, e.g. INPUD
- Commissioned project from HIT working in partnership with INPUD
 - HIT social marketing and harm reduction expert
 - INPUD support peer consultation and development process

Development Process

- TB Advocacy Workshops in Bangkok (ANPUD), Liverpool (INPUD) & Vienna (EECA)
 - Assessing TB capacity of drug user leaders
 - Increasing leadership capacity and knowledge on TB
 - Sharing advocacy strategies & approaches from drug user activists to UN
 - Deepening links between community networks and UN system
- Drug user consultant drafted TB Advocacy Handbook in consultation with UN expert group & peers including a workshop in Beirut
 - Language & information accessible to peers
 - Content & guidance consistent with UN policy
 - Focusing on practical advocacy strategies

What next?

- HIT currently in designing final version of TB Advocacy Handbook in English
- A range of translations planned including Russian, Arabic and Chinese
- Primary dissemination will be as an electronic resource through UN, drug user and PLHIV networks

Support Stop TB campaign 'Save 1 million lives by 2015' in PLHIV

- Demand, good technical practice:
 - Testing for TB in PLHIV, for HIV in people with TB
 - Isoniazid Preventive Therapy (IPT) and antiretroviral therapy in PLHIV
 - Good Infection Control
 - Intensified case-finding and the role of CS in that
- Press local access issues:
 - Co-location of HIV and TB clinic facilities
 - Steady drugs supply
 - Free access to laboratory diagnostic services

Key Civil Society advocacy priorities on TB/HIV in Europe

- Human rights: discrimination in access to treatment e.g. refusing people who use drugs, access to OST and NSPs
- Monitor implementation of political commitments:
 - Multidrug-resistant TB Action Plan (MAP), adopted in September 2011
 - 2007 ministerial 'Berlin Declaration'.
- Funding – emphasize the terrible impact of GF cancelling Round 11; urge EU to provide alternative funding in this Region.

TB Europe Coalition

www.tbcoalition.eu

Within TBEC, we communicate by listserve
tb-europe-coalition@googlegroups.com

Are you a TB-interested Civil Society Advocate? THEN JOIN US!

- Give me your details today
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- Or send an email to our Co-ordinators
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