

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

JOINT TB AND HIV PROGRAMME MANAGERS MEETING IN THE WESTERN
PACIFIC REGION “BUILDING BRIDGES TO STRENGTHEN OUR
RESPONSES”

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
12-14 March 2019

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NOTE

The views expressed in this report are those of the participants of the Joint TB and HIV Programme Managers Meeting in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Joint TB and HIV Programme Managers Meeting in the Western Pacific Region “Building Bridges to Strengthen Our Responses” in Manila, Philippines from 12 to 14 March 2019.

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Keywords:

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| Tuberculosis, Pulmonary - prevention and control / HIV infections - prevention and control / Regional health planning / Program evaluation |
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ABBREVIATIONS

| | |
|-------------|---|
| AMR | antimicrobial resistance |
| APCASO | Asia Pacific Council of AIDS Service Organizations |
| ART | antiretroviral therapy |
| ARV | antiretroviral |
| DR-TB | drug-resistant tuberculosis |
| DTG | dolutegravir |
| EMTCT | elimination of mother-to-child transmission |
| DOTS | directly observed treatment, short-course |
| GASP | Gonococcal Antimicrobial Surveillance Programme |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| IGRA | interferon-gamma release assay |
| IOM | International Organization for Migration |
| IPT | isoniazid preventive therapy |
| KNCV | KNCV Tuberculosis Foundation |
| LF-LAM | lateral flow lipoarabinomannan assay |
| LTBI | latent tuberculosis infection |
| MDR-TB | multidrug-resistant tuberculosis |
| MSF | Médecins Sans Frontières |
| NAAT | nucleic-acid amplification test |
| NGO | nongovernmental organization |
| PITC | provider-initiated HIV testing and counselling |
| PLHIV | people living with HIV |
| PPM | public-private mix |
| PrEP | pre-exposure prophylaxis |
| QMRL | Queensland Mycobacterium Reference Laboratory |
| RR-TB | rifampicin-resistant tuberculosis |
| SDG | Sustainable Development Goal |
| SHI | social health insurance |
| TB | tuberculosis |
| TST | tuberculin skin test |
| UHC | universal health coverage |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| VCT | voluntary counselling and testing |
| WHO | World Health Organization |

SUMMARY

Tuberculosis (TB) and HIV remain the leading cause of death from infectious diseases globally. People living with HIV (PLHIV) are 16–27 times more likely to develop TB than those without HIV. In 2017, an estimated 1.8 million people fell ill with TB and 100 000 new HIV infections occurred in the Western Pacific Region, with an estimated 30 000 TB/HIV co-infected cases. The overall goal of TB/HIV collaborative activities is to decrease the burden of TB and HIV in people at risk of or affected by both diseases. Steady progress has been made in the scale-up of TB/HIV collaborative activities; however, this progress has not been sufficient to achieve the Sustainable Development Goal (SDG) targets in the Region. In 2017, 50% of TB patients received HIV testing and 55% of TB/HIV co-infected patients received antiretroviral therapy (ART). Isoniazid preventive therapy (IPT) coverage remains very low. In the context of scarce domestic resources and decreased donor funding, collaborative efforts help the efficient use of resources. Broader collaboration of TB and HIV programmes contributes to improved health system action domains and paves the way towards universal health coverage (UHC).

Inspired by the United Nations (UN) high-level meeting on TB and in response to the availability of new drugs and guidelines, digital technology and a changing financial landscape, the WHO Regional Office of the Western Pacific Region organized the Joint TB and HIV Programme Managers Meeting in Manila, Philippines on 12–14 March 2019. The theme was “Building bridges to strengthen our responses”. The meeting reviewed the current status and shared the best practices of TB/HIV collaboration at the country level. The meeting was attended by around 90 participants including representatives from Member States, WHO collaborating centres, representatives of civil society organizations and affected populations, donors and key technical partners.

Most countries in the Region have some form of collaboration between TB and HIV programmes in line with WHO guidelines. Major components of the collaboration lie in governance, cross-screening, treatment among co-infected persons and monitoring and evaluation of joint TB/HIV activities. Although there has been significant progress in the last decade, startling gaps still remain. At this joint TB and HIV meeting, Member States shared their experiences and best practices, identified major challenges faced while implementing interventions on the patient pathways from TB and HIV entry points and agreed on a concrete way forward for addressing these challenges.

The following specific recommendations were developed for Member States and the WHO.

Member States are invited to consider the following:

1. Set country-specific targets and accelerate implementation plans for TB detection and prevention in line with the political declaration signed by countries at the first UN high-level meeting on TB in September 2018.
2. Improve access to screening, diagnosis and treatment for both diseases through review and revision of existing policies that may include:
 - a. Co-location of services and/or efficient referral mechanisms to ensure that all TB patients receive HIV screening and all people living with HIV (PLHIV) are screened for TB disease.
3. Address stigma, financial barriers and awareness among patients and the community for TB and HIV and co-infection.
4. Maximize opportunities to improve coverage of TB preventive therapy among PLHIV through:
 - a. simplifying the screening algorithm (symptom screening is sufficient to rule out active TB before initiating latent TB infection (LTBI) treatment);
 - b. adopting shorter rifamycin-based regimens;

- c. using digital technologies for adherence;
 - d. improving surveillance; and
 - e. engaging communities and the private sector to improve uptake.
5. Ensure an uninterrupted supply of commodities for diagnosis and treatment of TB (infection and disease) and HIV that may include:
 - a. centralized procurement;
 - b. pooled procurement to address high prices, specifically in countries which are not in the preferential pricing list; and
 - c. integrated supply mechanisms.
6. Develop and/or strengthen an integrated electronic surveillance system that provides complete, consistent and credible information on TB/HIV care and prevention.
7. Leverage high-level and multisectoral commitments for both TB and HIV through wider stakeholder engagement and ensuring accountability at all levels.
8. Strengthen domestic health financing models and provider payment mechanisms for TB and HIV care and prevention especially in the wake of increasing need and diminishing external funding.

WHO is requested to consider the following:

1. Provide high-level advocacy and technical support to Member States for translating political commitments into concrete planning and implementation.
2. Support Member States in reviewing existing policies and planning for improving access for both TB and HIV care and prevention.
3. Provide support for adoption and adaptation as well implementation of the updated guidelines on latent TB infection and newer ART regimens.
4. Continue to coordinate/negotiate with global commodity service suppliers for uninterrupted supplies of commodities and preferential pricing.
5. Support Member States in strengthening integrated surveillance systems and using data for improving programme performance.
6. Continue to collaborate with stakeholders at regional and country levels to provide coordinated support to Member States for implementation of TB and HIV care and prevention within the wider health system and Sustainable Development Agenda.
7. Support Member States in establishing and/or strengthening multisectoral bodies and frameworks and their accountability.
8. Continue to support Member States in mobilizing resources and planning for transition to domestic financing for TB and HIV programmes.

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