TB preventive treatment among people living with HIV: Time for Action!

Consultation held in conjunction with AIDS 2018

Meeting Report

The World Health Organization, in collaboration with the US Centers for Disease Control and Prevention (CDC) convened a consultation on "TB preventive treatment among people living with HIV: Time for Action" at AIDS2018 on 24th July 2018. The event reviewed global progress in implementation and scale-up of TB preventive treatment efforts, shared country experiences in overcoming barriers and highlighted opportunities for scale-up of TB preventive treatment. The session was chaired by Irene Mukui, National HIV Care and Treatment Programme Manager, and Hank Tomlinson, Director of the Division of Global HIV and TB at US CDC.

As outlined in the meeting introduction, despite impressive scale-up of antiretroviral therapy among people living with HIV, TB remains the lead cause of AIDS-related deaths. Evidence from the Temprano trial has demonstrated that TB preventive treatment reduces mortality by 37%, at higher CD4 cell counts and independent of ART, in long-term follow-up, however scale-up by countries has been slow. The *Updated and consolidated guidelines for programmatic management of latent tuberculosis infection* aim offer a number of opportunities to accelerate scale-up including shorter regimens and expanded testing options. In addition, emerging evidence on new options of shorter, patient-friendly regimens, and renewed focus by global HIV program funders and leaders to scale up TB prevention and close TB case detection gaps, promise to catalyse scale-up further.

Country Experiences and Plans for Scale-Up

Dr Evelyn Muthoni Karanja from the Kenyan Ministry of Health gave an overview of Kenya's dramatic scale-up of TB preventive treatment to reach more than 400,000 in 2016, underscoring the importance of political will in galvanizing scale-up. Other key factors highlighted included multi-sectoral involvement, patient demand creation, availability of tools for documentation and data monitoring, a strong commodity supply chain, scale-up of rapid molecular TB diagnostics and ensuring strict monthly follow-up visits for pharmacovigilance.

Dr Filipe de Barros from the Ministry of Health of Brazil pointed out the importance of addressing the co-vulnerabilities and social determinants of people at risk of TB and HIV when preventing the diseases. He further informed participants of Brazil's current expansion of access to TB preventive treatment for PLHIV by removing the need for tuberculin skin testing for PLHIV with a CD4 cell count of 350 or less, and by ensuring availability of preventive treatment in the HIV services. To monitor scale-up Brazil has also worked to integrate programmatic management of latent TB infection among PLHIV within their ART health management information system.

Ukraine's progress in implementation of collaborative TB/HIV activities was provided by the Director General of the Public Health Centre, Dr Volodymyr Kurpita who stressed that the rise in multi-drug resistant TB is a major challenge in the TB response, both in terms of treatment and prevention. Coverage of TB preventive treatment among PLHIV in the Ukraine is currently more than 60% but they are looking to increase to 90% by 2020. To support this, Ukraine is integrating the TB and HIV services starting at national level to address the barrier of vertical, siloed TB and HIV programming, which also has implications for ownership of isoniazid. In addition, Ukraine is looking to decentralize the provision of TB preventive treatment to primary healthcare level. To support the data capturing they are also planning to pilot the mobile App, recently launched by WHO, with support from Unitaid.

Dr Kuldeep Sachdeva, Director Deputy General of the Ministry of Health and Family Welfare, Government of India, informed participants of the current efforts to scale up TB preventive treatment through 536 ART centres across all 36 States/UTs of India, resulting in more than 350,000 of the 1.2 million PLHIV receiving Isoniazid preventive therapy since December 2016. He added that he was confident that in a year and a half all eligible people living with HIV will have received preventive treatment. As part of this scale-up, India is ensuring access to digital X-ray to the nearly 700 districts and is in the process of converging the TB and HIV services into a single government structure to support integration. However, Dr Sachdeva stressed that the availability of isoniazid preventive therapy is a frequent challenge and the low cost of the medicine is little incentive for manufacturers to take it up. He stated that as part of efforts to generate more evidence, India will be piloting the 12-week regimen of rifapentine and isoniazid.

Dr Salome Charalambous of the Aurum Institute provided her perspective on scale-up of TB preventive treatment in South Africa, a country that has accounted for the majority of global scale-up. Dr Charalambous advised that uptake has not happened everywhere in the country, and addressing the barriers has been key to sustaining scale-up. As an example, the country the requirement for TST was a barrier to initiating TPT, so the Ministry of Health revised guidance to remove the need for TST prior to providing TB preventing treatment in April 2018. Dr Charalambous reported that clinicians had been wary of initiating preventive therapy due to worries of hepatotoxicity, particularly in PLHIV who drink.

Partner Perspectives

Marijke Wijnroks, Chief of Staff of the Global Fund, provided an overview of support provided by the Global Fund and its catalytic role in bringing TB and HIV programmes together for joint planning and the co-development of single TB and HIV concept notes. Dr Wijnroks added that an additional USD190 million over the next three years is being invested by the Global Fund to support countries find missing cases, and ambitious targets have been set including 80% coverage of TB preventive treatment by 2020 in 35 countries with the highest rates of coinfection.

Timur Abdullaev of TBPeople acknowledged that the options for treatment have now expanded and the challenge now was in how to take TB prevention to scale. He stressed the importance of buy-in from PLHIV and how shorter, palatable and more patient-friendly regimens would support this. The urgent need for enticing marketing was also underscored – drawing on lessons learnt from HIV prevention with the upbeat marketing of Pre-Exposure Prophylaxis for HIV. The importance of counselling prior to TB preventive treatment was also underscored, to ensure clients understand the risks and harms of not taking or completing a course of treatment when they otherwise feel healthy.

Sean Cavanaugh of PEPFAR gave an overview of how PEPFAR was supporting TPT scale-up through its implementing partners in the delivery of HIV care services. To address the obstacles such as lack of awareness by health staff, concerns about adverse events, and worries about missing active disease and inadvertently engendering drug resistance, PEPFAR is working at clinic level through the training of clinicians, the development of toolkits and protocols for patient education. PEPFAR is also working reduce the prices of shorter regimens which if achieved will be a game changer. At national level Dr Cavanaugh pointed out how, in the absence of political will, community-based organizations can play a key role in demand creation. The UN General Assembly High-Level Meeting on Ending TB will also be a critical opportunity to encourage political commitment for TB prevention. In PEPFAR's new COP guidance TB preventive treatment is now addressed like co-trimoxazole – as an expectation rather than an option and countries are asked to report on treatment completion. PEPFAR will also be working to roll out a new indicator on HIV mortality to increase interest by HIV programmes in TB.

Wole Jose gave a brief outline of Unitaid's two-pronged approach to catalyse the market for treatment for latent TB infection through expansion of access to products currently in the market and for new products not year available. As adherence has been an issue for treatment of latent TB infection Unitaid has worked with Cipla to reduce the price of their fixed dose combination of cotrimixazole, isoniazid and pyridoxine to around $2 per month. As part of the longer terms strategy Unitaid is working with Aurum on the 12 week regimen of isoniazid and rifapentine and is exploring how to incorporate research on 1 month isoniazid and rifapentine.

Conclusions

Meeting attendees representing Ministries of Health from a range of countries with differing HIV and TB epidemics, civil society and international partners agreed that scale-up of TB preventive treatment was a major priority in the response to HIV-associated TB. Participants expressed their commitment to identify and tackle the different challenges in implementation encountered at country level to facilitate uptake. Key enablers for scale-up that were highlighted included increased integration of TB and HIV services, improved marketing to increase buy-in from the community living with HIV, strengthened supply chain and diagnostics, and improved data collection/reporting, and uptake of newer shorter regimens, with unique context-specific innovations. The need for reduced prices for shorter regimens was acknowledged as a key bottleneck to be addressed through collaboration with funders to negotiate prices down. Further discussions will be held on this subject at the UN High Level Meeting on ending TB, and through the WHO Global Task Force on Latent TB Infection to continue to scale up this important intervention at a global level and reduce TB deaths among PLHIV.