

The connection between HIV, tuberculosis and drugs from the point of view of the NDPHS Expert Group on HIV/AIDS and Associated Infections



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Meeting of the UBC Commission on Health and Social affairs, Vaasa 5-6. 06.2012

NDPHS

Northern Dimension Partnership in Public Health and Social Well-being

- 10 countries and several international organizations (WHO, UNAIDS etc.)
- Secretariat in Stockholm, CSR twice a year, ministerial PAC every second year
- Operational units: International Expert Groups
- For example: EG HIV/AIDS & AI (Expert Group on HIV/AIDS & Associated Infections)

EU Strategy for the Baltic Sea Region

Thematic area I: Containing the spread of HIV/AIDS and tuberculosis through partnerships and international collaboration in prompt and quality care for all, focusing on **tuberculosis / HIV co-infection** and ensuring early diagnosis of HIV infections, providing access to treatment and strengthening interventions **to reduce vulnerability especially for Injecting Drug Users (IDU), prisoners, etc."**

Glance at the history

Long story of cross-border co-operation / North-West Russia — Nordic Countries — Baltic Countries — Poland

- EpiNorth
- Co-operation on e.g.
 - prevention of infectious diseases
 - development of Primary Health Care and training
 - development of social welfare systems
 - project planning
- Personal and institutional relationships
 - possibilities to have realistic situation analysis (e.g. on HIV, TB, MDR, XDR, drugs)
- NGO connections
- Comprehensive and sector wide views: education, health care systems, approaches on care, resources, prisons, statistics etc.



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NDPHS Expert Groups

Tasks

- Members of the EGs are Contact points in their own countries and for their ministries
- Policy support
- Advocacy and distribution of information
- Support and guidance for planning processes and implementation of projects
- EGs are NOT implementing bodies



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NDPHS EG HIV/AIDS & AI

Policy support, advocacy and information, support and guidance to project planning and implementation

- THE EG IS NOT AN IMPLEMENTING AGENCY
- The EG has provided support to multinational projects within the Northern Dimension Area: completed around 40, on-going 14 and under consideration one
- Development of wide and comprehensive internal strategy, based on the Logical Framework Approach (LFA), is almost finalized
- This creates substantial basis for the identification of problem areas and priorities, development of projects, reporting and analysis of impacts



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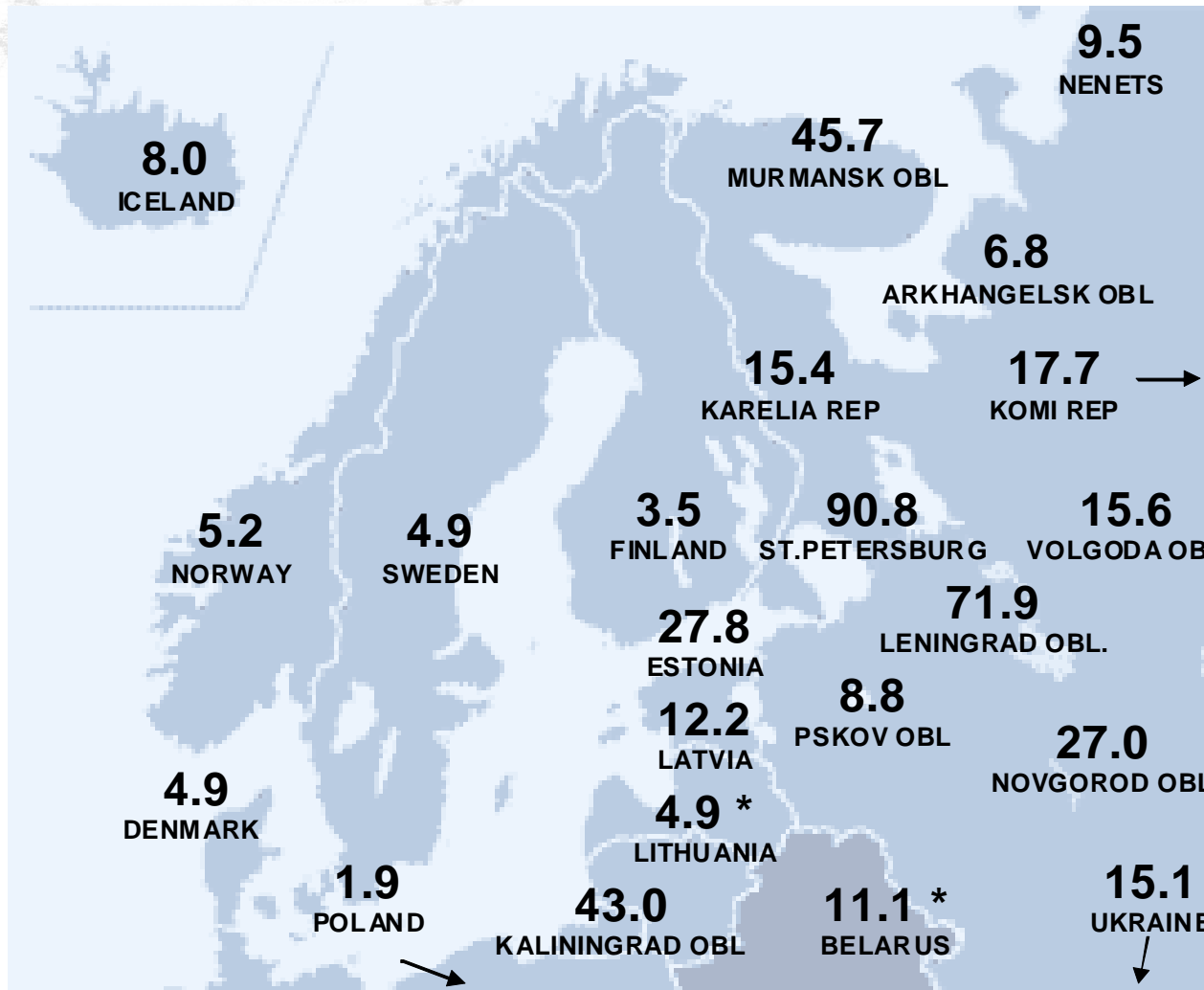
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ARE INFECTIOUS DISEASES STILL A POTENTIAL THREAT?

- PERSPECTIVES FROM HIV AND TB

Reported no. of **HIV-infection** per 100 000 inhabitants in the EPI-NORTH cooperation area, 2010

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Source: <http://www.epinorth.org/>

* 2009

KEVI consulting

and Northwest District AIDS Centre, St. Petersburg

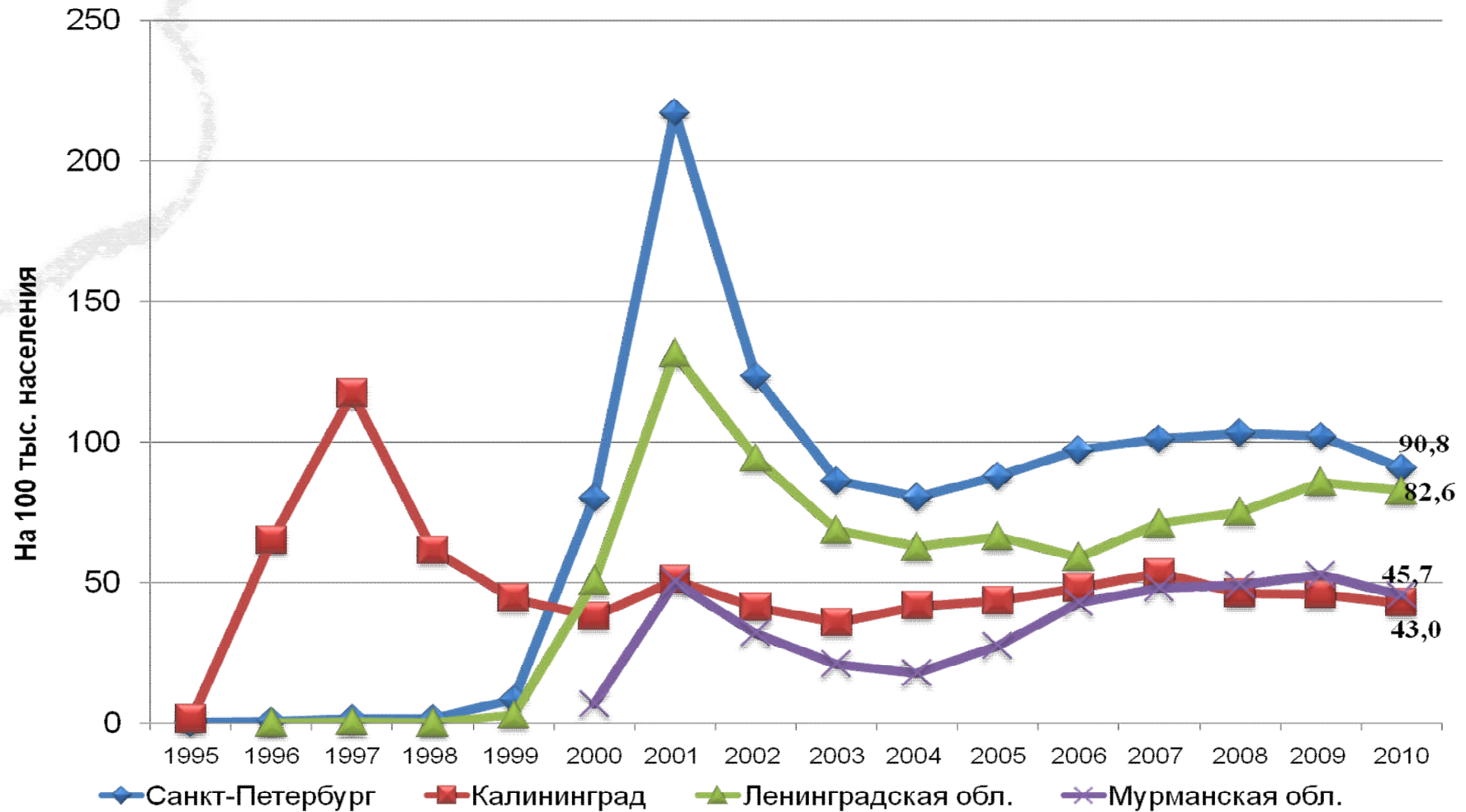
HIV in Russian Federation (I)

2011 January-September

- Cumulative no of officially registered >660 000 HIV+
 - of whom 5400 children < 15
- During January-September 2011 50 000 new cases
- St. Petersburg, Leningrad Region, Murmansk and Kaliningrad are among the 17 worst hit regions
- *Source: Federation Rospotrebnadzor*

HIV incidence in selected NWR Regions 1995-2010 / 100 000 inhabitants

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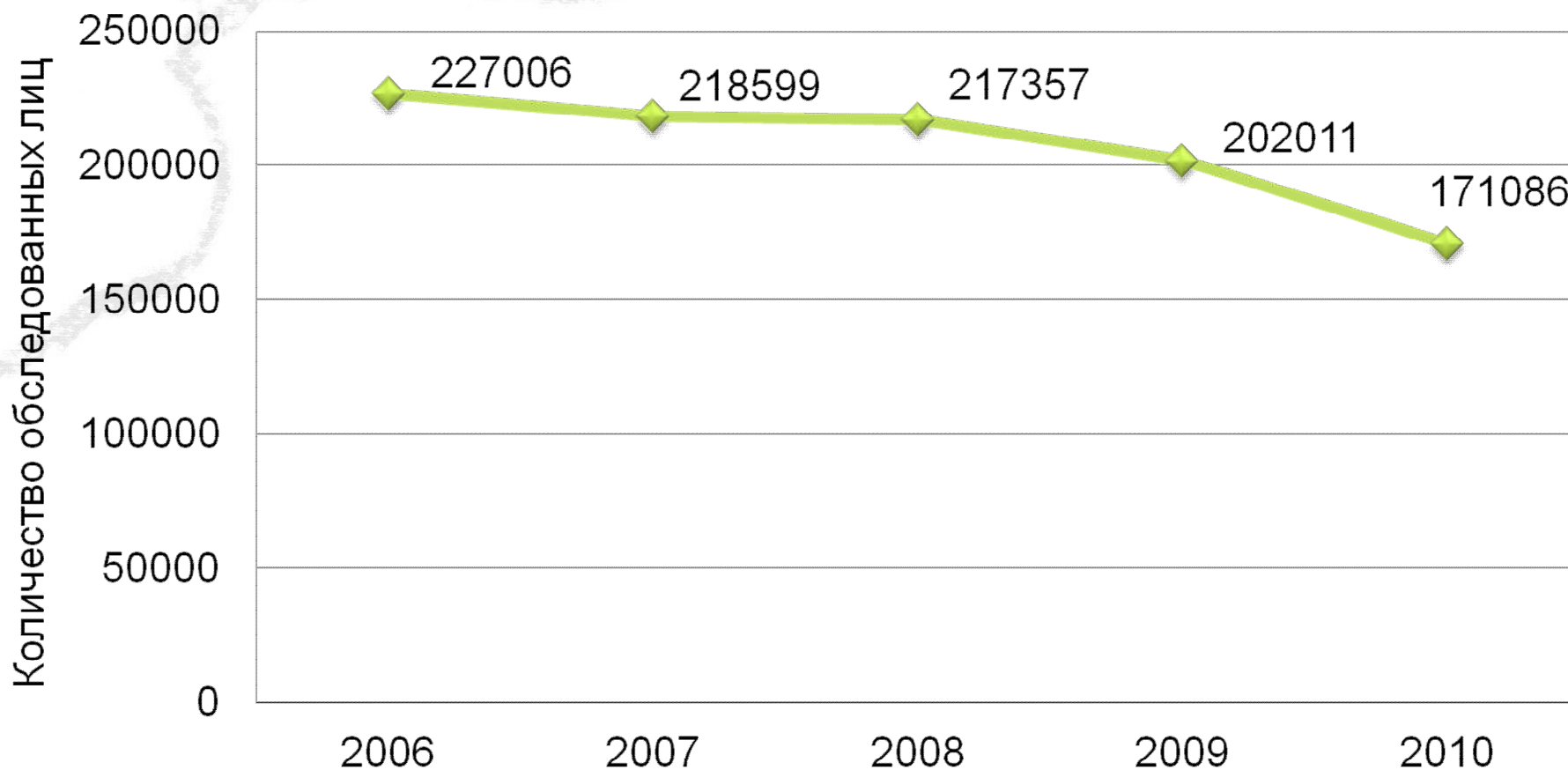
HIV in North West Russia (NWR)

- **Cumulative no of HIV-diagnoses around 90 000**
- **Increasing continuously, clear decrease not obvious**
- **Sources of infections / transmission routes in 2010**
 - **IDU 45 %**
 - **sexual 29 %**
 - **MTCT 1 %**
 - **unknown 25 %**
- **Change towards negative attitudes within the Government and among authorities**
- **→ decreasing testing → removing the problem under cover?**

HIV in Russian Federation (II)

- **Current political problem: negative attitudes concerning harm reduction activities**

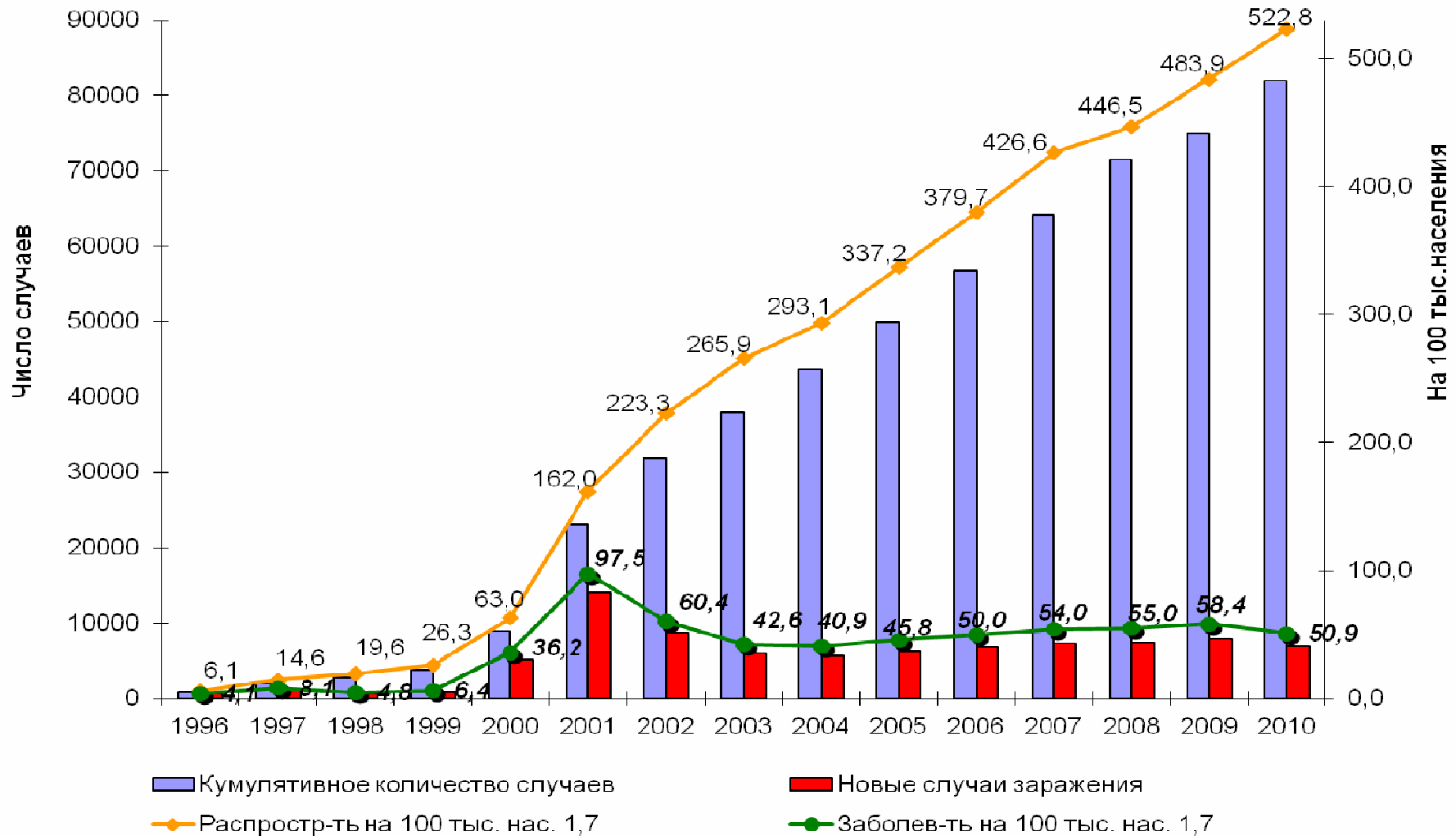
No of HIV-tests among risk groups in NWR 2006-2010



◆ Количество граждан РФ, обследованных на ВИЧ-инфекцию по пяти кодам групп риска (102, 103, 104, 112, 120)

HIV, incidence and cumulative numbers in NWR 1996- 2010

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Complexity of the problem

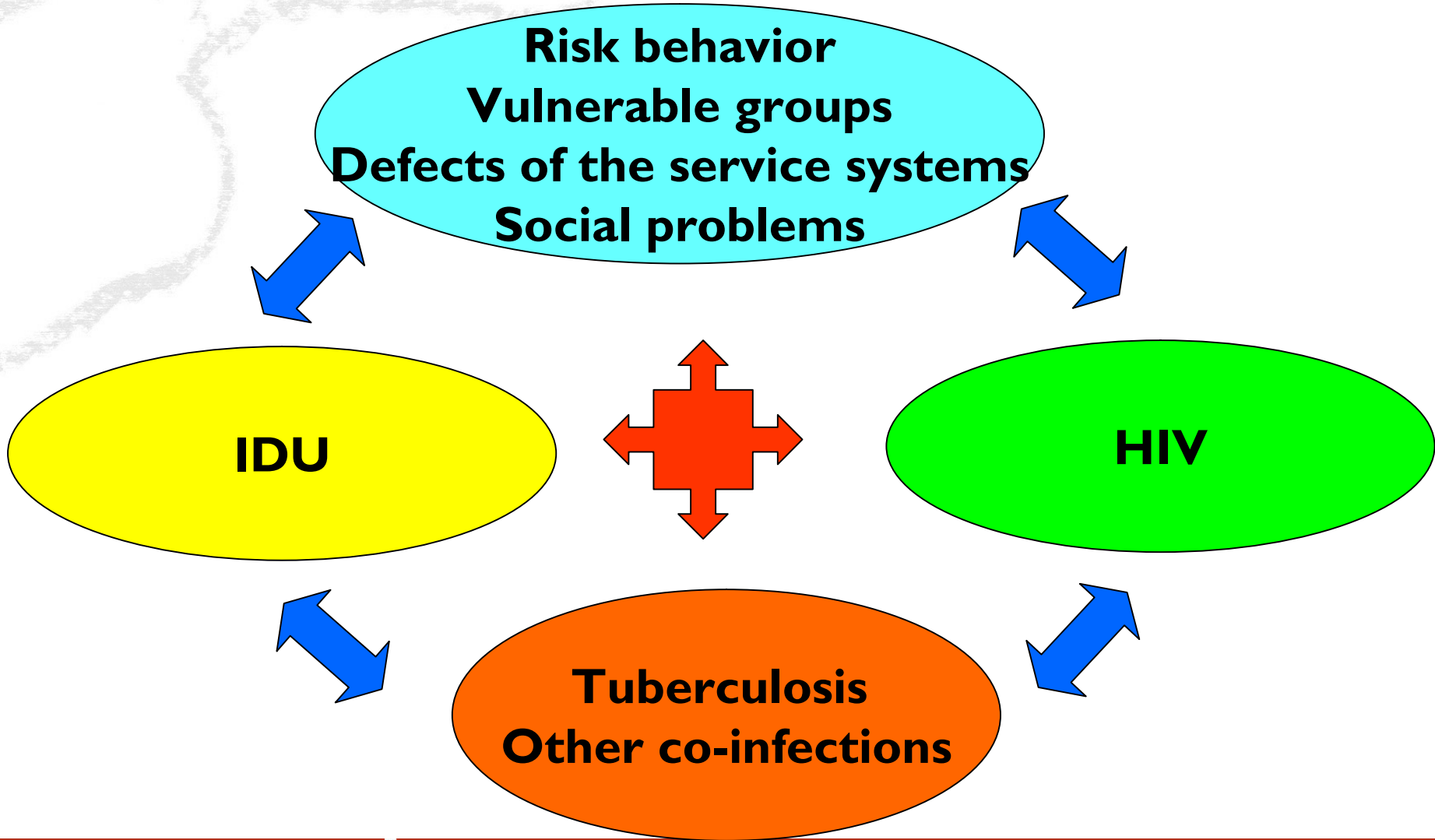
The situation calls urgently for determined multinational and comprehensive actions

- Necessity for holistic approach
- Long-term strategy and Action Plans are indispensable
- → **WHY?**



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Zinaida Zagdyn, Chief Doctor, Leningrad Regional AIDS Center,
TUBIDU meeting, Helsinki, March, 2012:

“There is clear association between TB and alcohol and drug dependence”

“83 % from patients who died from TB-HIV dual infection were injecting drug users (52/63) while only 12 % who died from TB only were IDUs (3/26) (p<0,003)”

HIV situation in Estonia

In 2011 370 new cases / 1,34 million inhabitants

■ HIV incidence 26 / 100 000

– in 2010 in Finland 3,5; in St. Petersburg 90, in Leningrad Region 82

■ Cumulatively 8,061 HIV-cases in 1988–2011, approx. 600 / 100 000

– 2011 in Finland 57, in RF 465

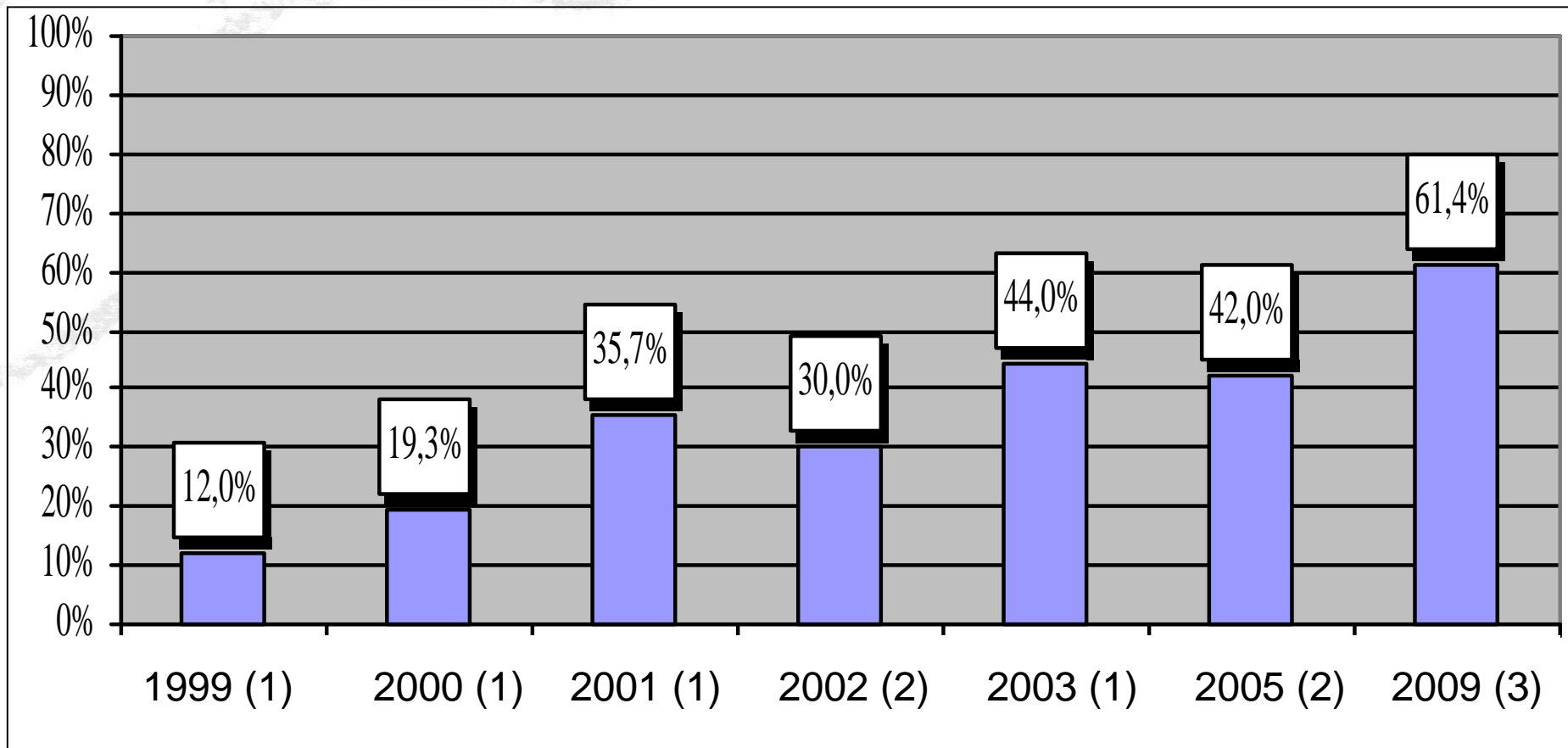
■ Main risk group: injecting drug users, approx. ~70% of cases

■ 13,2% of new TB patients co-infected with HIV (n=42)

Source: Piret Viiklepp in TUBIDU seminar, Helsinki, March 2012

HIV among IDUs in St. Petersburg, studies in 1999-2009

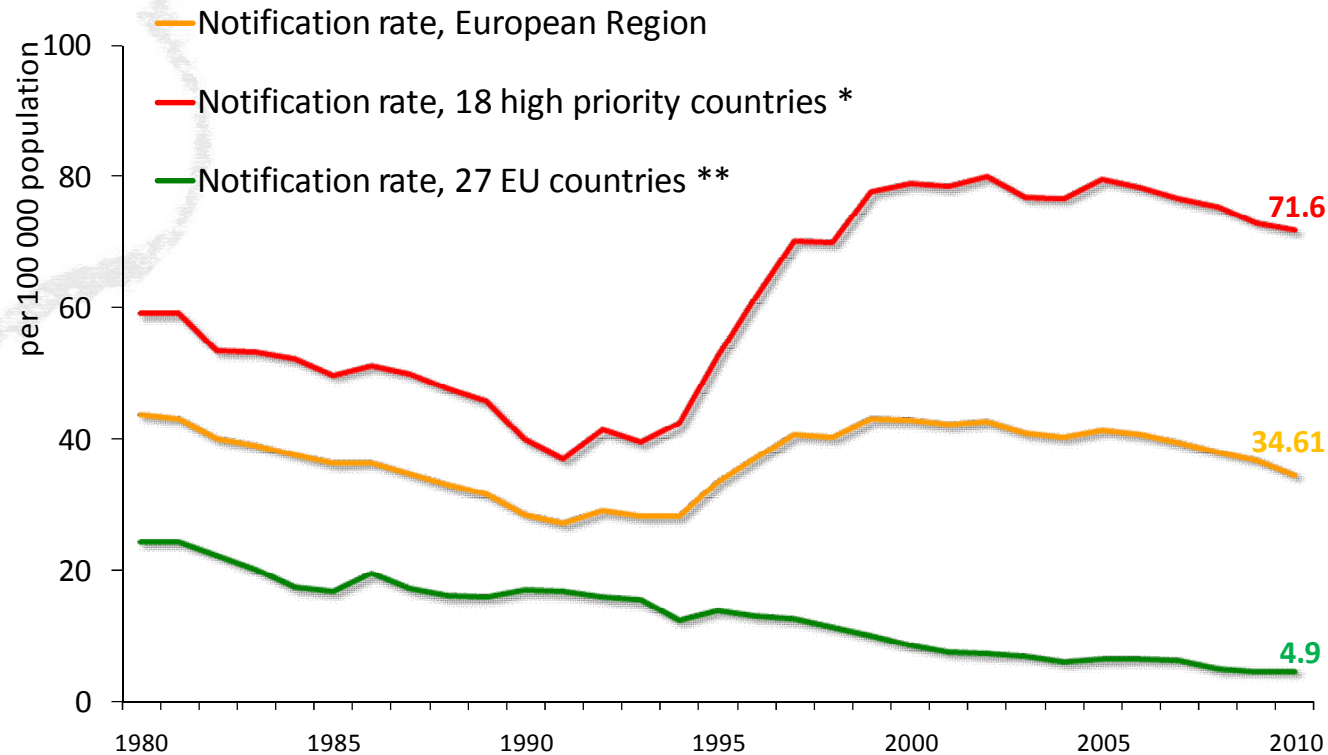
Sources: Analyses of used syringes in LTSCs and direct testing in several areas



1. NWR AIDS Centre, St. Petersburg
2. НИИ ОЧБ (Bioproduct Institute)
3. UNODC project, NWR AIDS Centre, NGO Stellit

TB Incidence in Europe* in 1980-2010

*** 18 high priority countries**



- Armenia
- Azerbaijan
- Belarus
- Bulgaria
- Estonia
- Georgia
- Kazakhstan
- Kyrgyzstan
- Latvia
- Lithuania
- Moldova
- Romania
- Russian Federation
- Tadzhikistan
- Turkey
- Turkmenistan
- Ukraine
- Uzbekistan

*** New cases and relapses**

**** Do not include Bulgaria and Romania, which joined EU in 2007**

Source: Global tuberculosis database, WHO. Accessed on 10 October 2011

R. Zaleskis, WHO
St. Petersburg
19 October, 2011

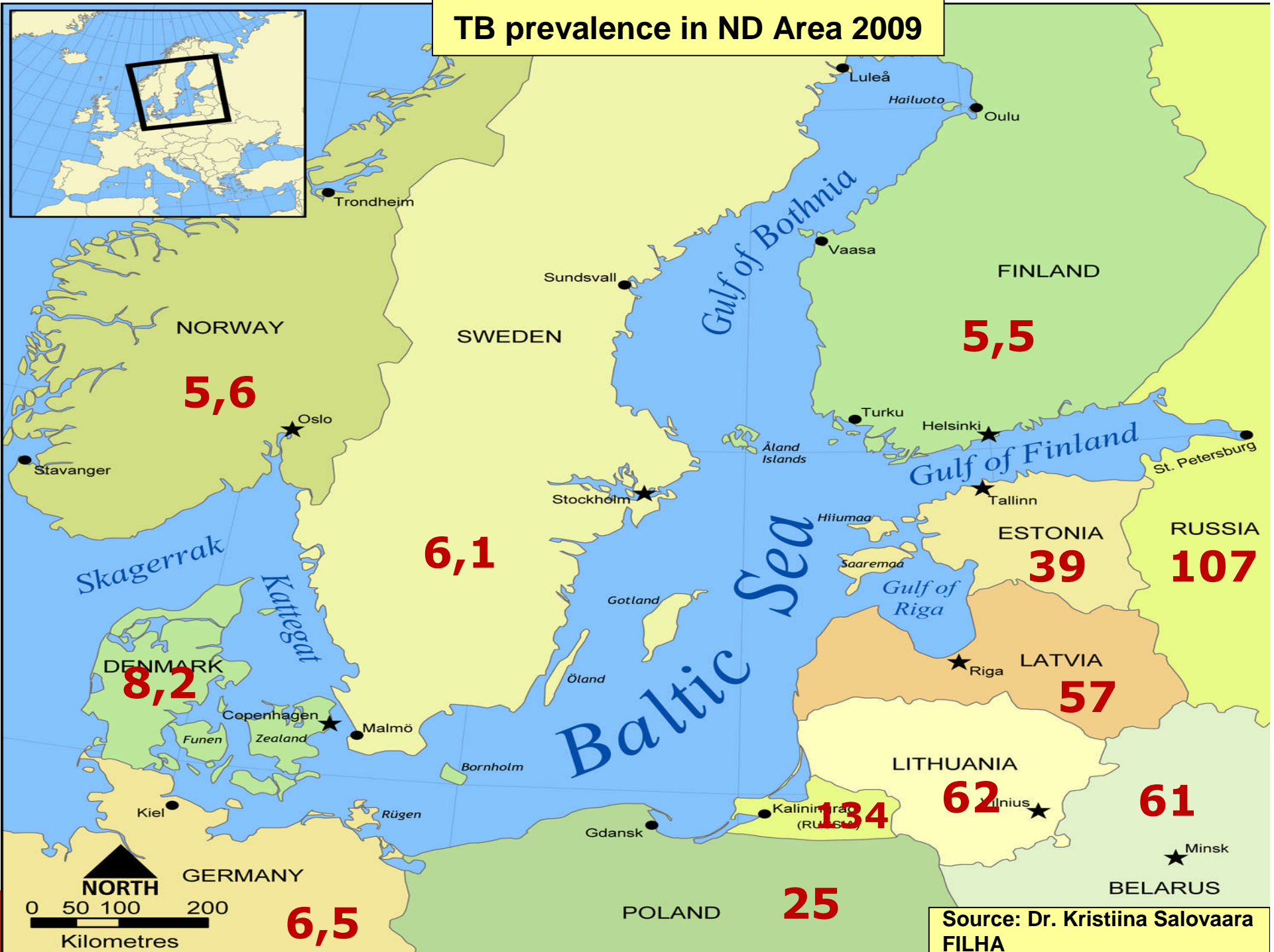
Map 1: Total TB notification rates per 100 000 population, Europe, 2009^a

- ≤ 10
- 11–20
- 21–50
- 51–100
- 101–150
- > 150
- Not included or not reporting



- Andorra
- Liechtenstein
- Luxembourg
- Malta
- Monaco
- San Marino

TB prevalence in ND Area 2009



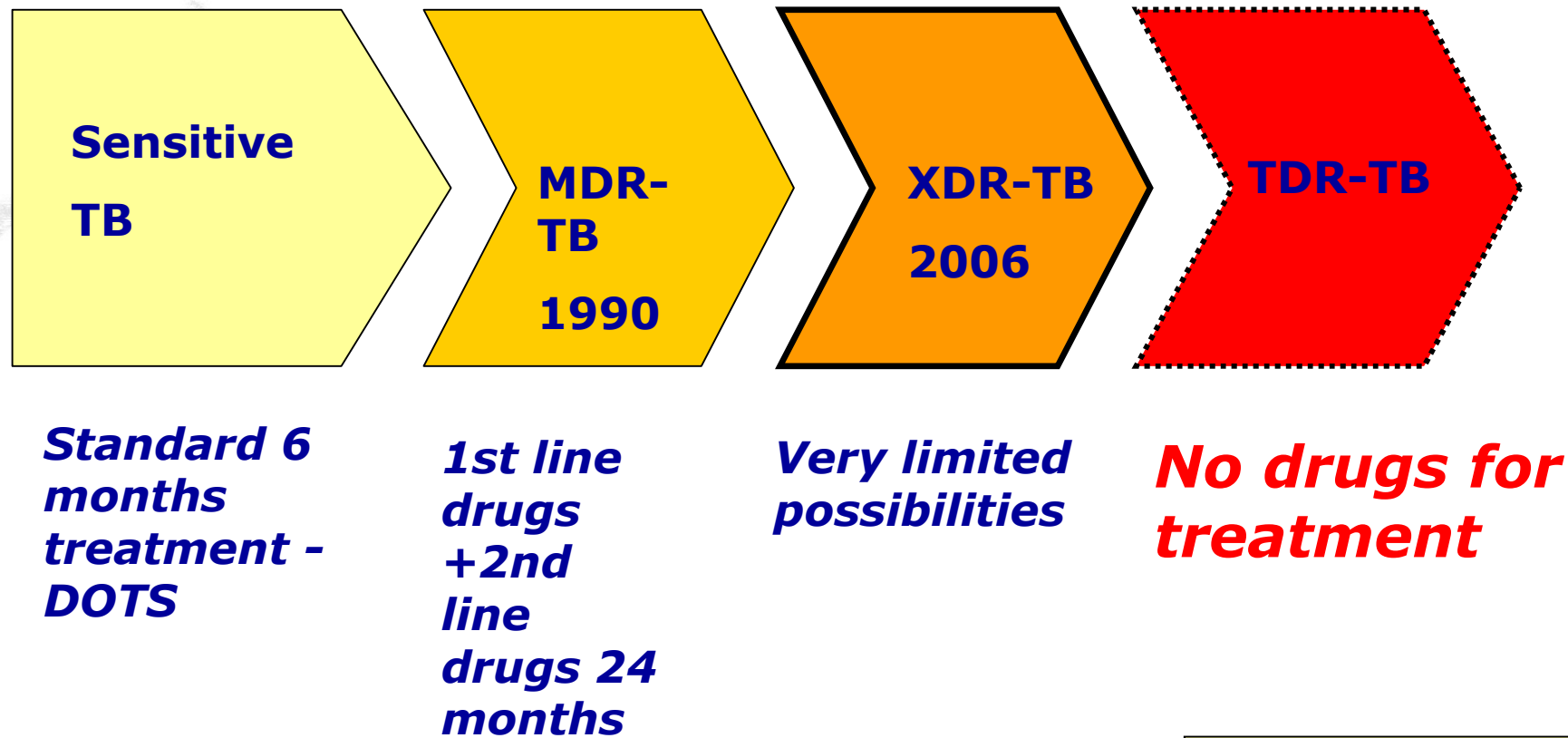
Tuberculosis in Finland

Alarming situation?

- TB incidence 7,6 / 100 000 (2009)
- ~ 60 MDR cases up to today (0,4 -2%)
- ~ 75 TB/HIV co-infection cases cumulatively (1-9 yearly = 1,4% of TB cases 2009)
- 20-30% of all detected TB cases are foreign-born
- 0-2 cases in penitentiary care yearly
- Knowledge on TB decreases!

Source: FILHA

Treatment of tuberculosis



Source: Dr. Kristiina Salovaara
FILHA



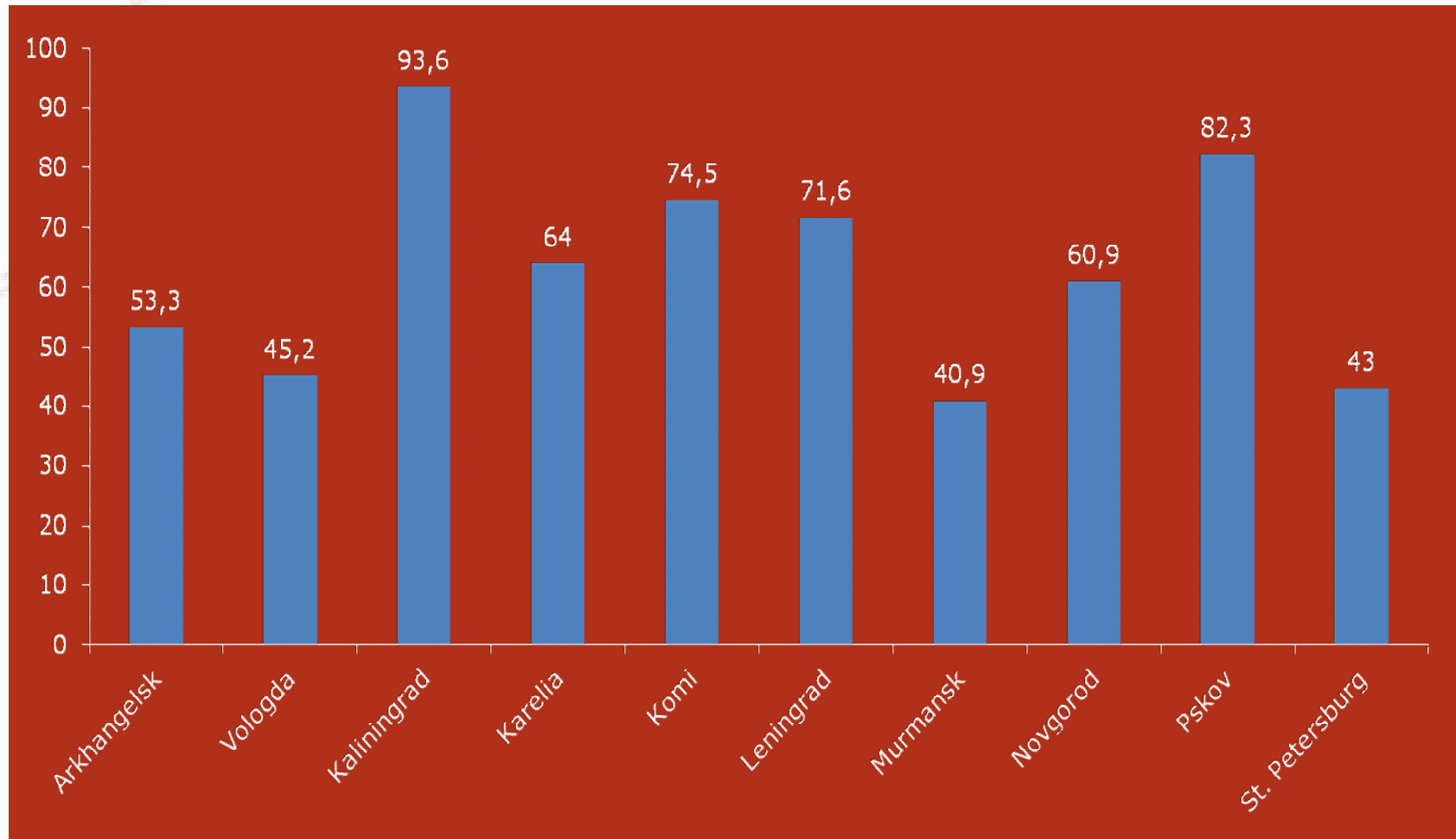
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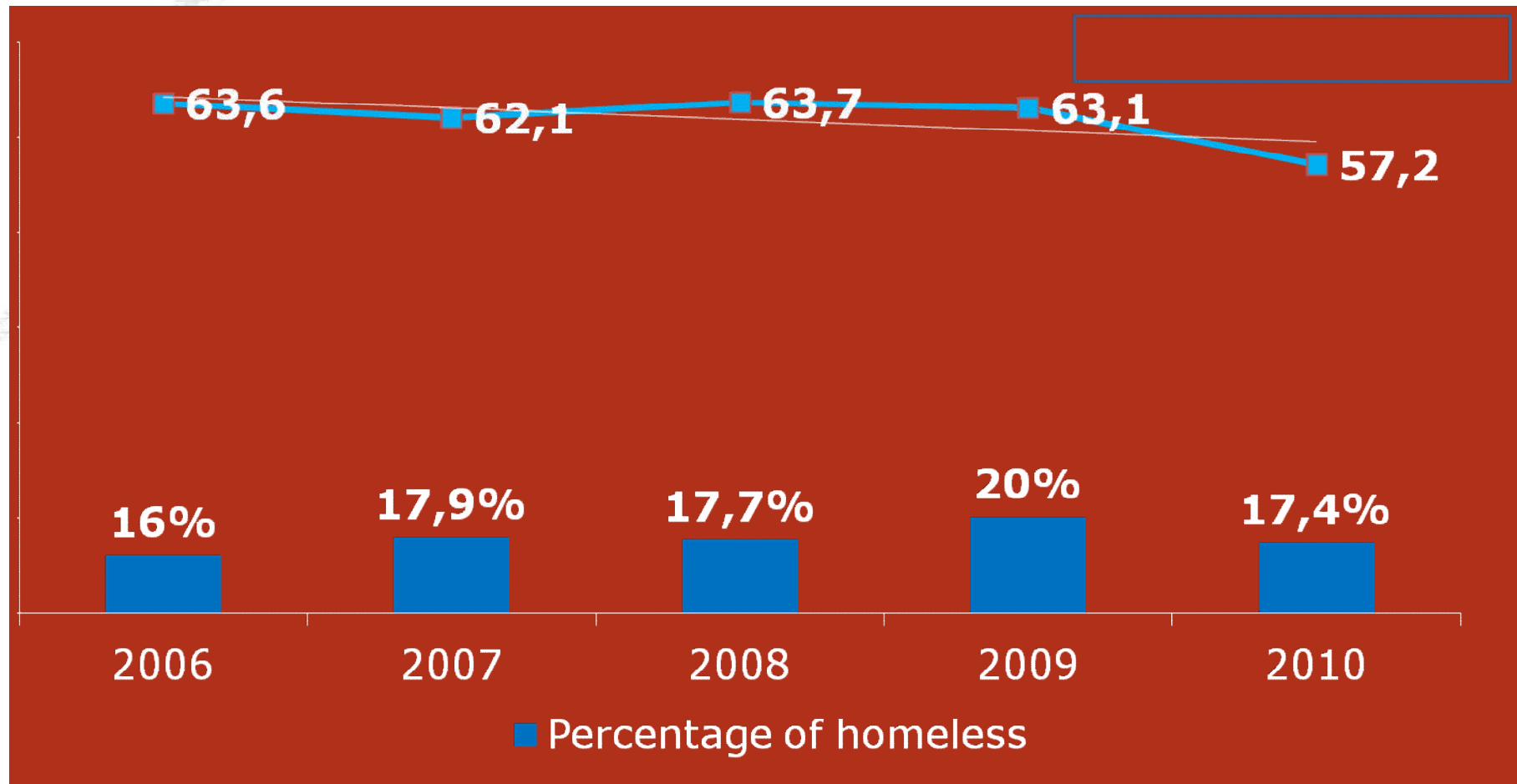
Estimated costs of TB treatment in Finland

- “Normal” tuberculosis – drugs for 6 months – 730 €
- MDR tuberculosis – drugs for 24 months – 55000 €
- Total costs 10 000 vs. 150 000 €, (human suffering is not included in these figures)

Tuberculosis prevalence in NWR 2010

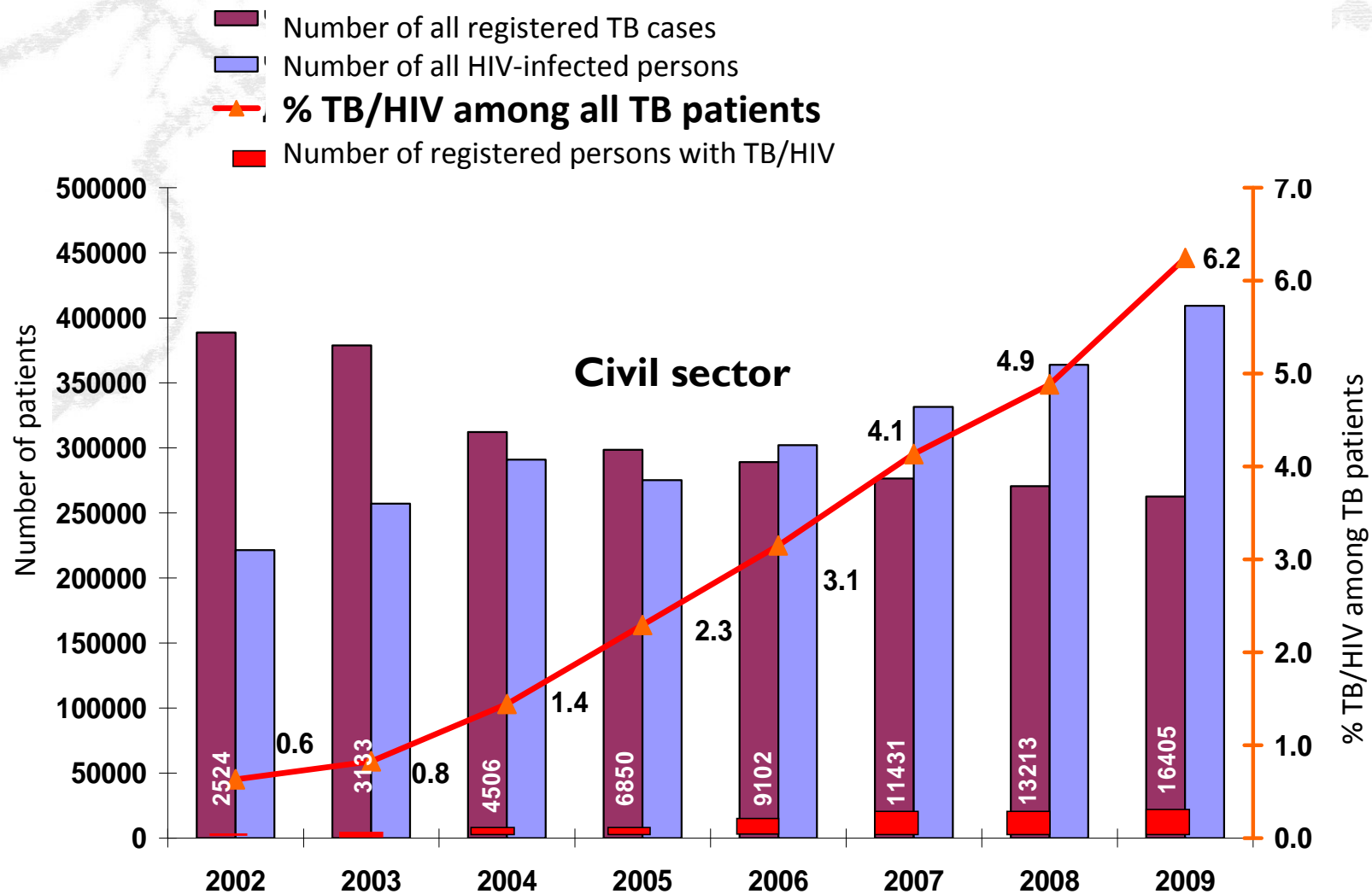


Tuberculosis prevalence among civil population of NWR / 100 000 inhabitants



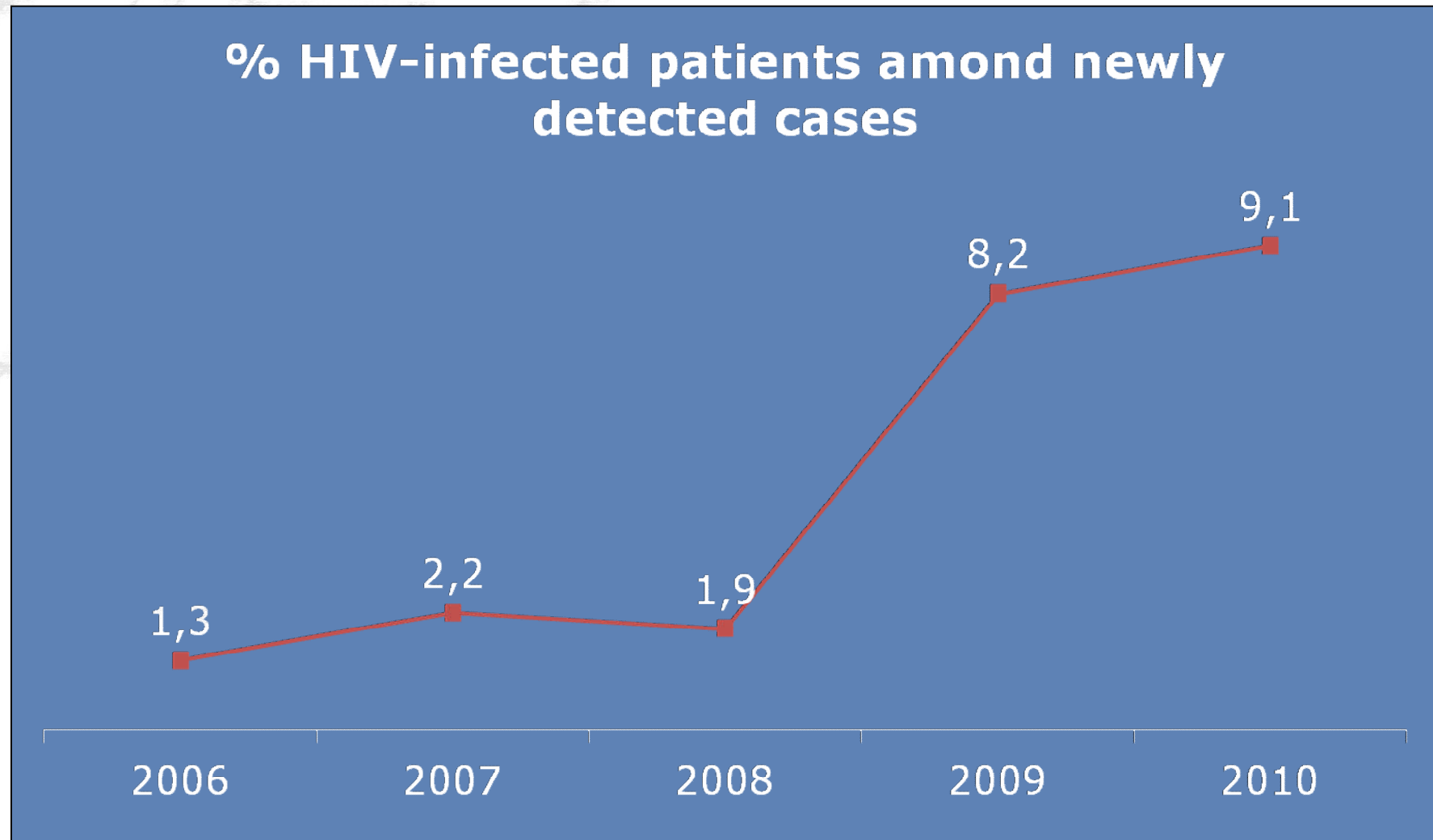
TB, HIV and TB/HIV, Russia, 2002-2009

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R. Zaleskis, WHO Euro
St. Petersburg
19.10.2011

HIV among new TB cases in NWR 2006-2010



Tuberculosis situation in Estonia

In 2011 317 new cases / 1,34 million inhabitants

- TB incidence 23 / 100 000 (in Finland 6, in RF >100)
- 13,2% of new TB patients co-infected with HIV (n=42)
- 38,1% of them IDU-s (n=16)
- High rate of MDR and XDR TB: **24% of newly diagnosed** culture positive pulmonary TB are MDR and **52,7% of previously treated** culture positive pulmonary TB cases are MDR

Source: Piret Viiklepp in TUBIDU seminar, Helsinki, March 2012

27 high MDR & XDR TB burden countries

covering 85 % of all

Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China,
DR Congo, **Estonia**, Ethiopia, Georgia, India,
Indonesia, Kazakhstan, Kyrgyzstan, **Latvia**,
Lithuania, Moldova, Myanmar, Nigeria,
Philippines, **Russian Federation**,
Pakistan, South Africa, Tajikistan, **Ukraine**,
Uzbekistan, Viet Nam

Source: WHO

Percentage of the MDR among new TB cases in NWR

(Source: FILHA)

Region	2004	2007	2009
St. Petersburg	12 %	16 %	24 %
Karelia	4 %	24 %	27 %
Leningrad obl.	8 %	16 %	25 %
Murmansk	28 %	22 %	29 %
Archangel	22 %	28 %	26 %
Kaliningrad	28 %	30 %	24 %
NWR total	14 %	24 %	25 %

Approaches for TB prevention

Four principles

- Timely and quality care for all
 - focus on vulnerable groups
 - prompt diagnosis and provision of care
 - attention to MDR and XDR and HIV/TB co-infection
- Strengthening health systems
- Develop and assess new tools
- **International co-operation**

Harm reduction principles

IDUs

- Non-discriminatory treatment for drug users
- Avoiding criminalization
- Needle and syringe exchange in adequate settings, also in prisons, substitution therapy
- Access to proper HIV/AIDS care and co-infections, especially tuberculosis and viral hepatitis

Source: European Commission

Example: National HIV and AIDS Prevention Strategy 2006 – 2015, Estonia

Priorities

- Harm reduction programs (syringe exchange programs, substitution treatment, counseling)
- HIV testing (based on risk behaviors)
- HIV-related health care services including ARV treatment – free of charge for all

Source: Piret Viiklepp in TUBIDU seminar, Helsinki, March 2012



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We need comprehensive approaches and actions

HIV – IDU – TB

- **HIV is continuously a serious problem**
 - **several risk groups: drugs, migration, MSM, prisons**
 - **spreading in Russia, Eastern Europe, central Asia**
- **HIV and tuberculosis are tightly connected with each other**
- **Strong correlation between drugs and the spreading of HIV and tuberculosis**



Is the situation escaping out from our control?

The whole picture should be taken really seriously

- HIV prevalence among IDUs has continuously increased
- Current attitudes in RF do not favor testing
- HIV/TB –dual infections are increasing
- MDR / XDR problem is deteriorating
- MDR treatment is expensive, XDR treatment is extremely expensive



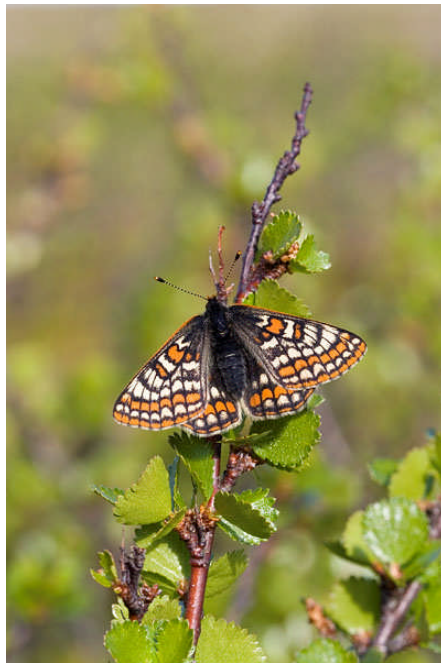
Challenges for EU

We are facing

- rising **MDR and XDR** tuberculosis
- rising **TB/HIV co-infection**
- hard-to-reach vulnerable groups: e.g. **IDUs**, migrants, minorities, social marginalization
- **serious funding defects**

Effective projects!

- Steps for tomorrow's development impacts



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