

THE CHALLENGE:

The number of **new TB cases has tripled** in high HIV prevalence countries in the last two decades and has been declining since.

- TB is the **leading cause of death** among people living with HIV in Africa and a major cause of death elsewhere. It is also the most common presenting illness among people living with HIV, who are taking antiretroviral treatment.
- There were an estimated **1.4 million HIV positive TB patients** globally in 2008. Around 78% of patients live in sub-Saharan Africa. **500,000 people died** of HIV-associated TB in 2008.
- At least one-third of the 33.2 million people living with HIV worldwide are infected with TB, are **20-30 times** more likely to develop TB than those without HIV **and one in four people with HIV die due to TB.**
- The **Three "Is"** for TB/HIV (Isoniazid preventive therapy, Intensified case finding for TB, and Infection control) will reduce the burden of TB among people living with HIV and therefore must be urgently implemented by all HIV services.
- **People living with HIV need early diagnosis and treatment of TB.** If TB is not present, they should receive TB preventive treatment (IPT). The treatments are not expensive.
- People living with HIV are facing emerging threats of **drug-resistant TB.** Multidrug-resistant TB or MDR-TB is resistance to first-line anti-TB drugs; extensively drug-resistant TB or XDR-TB is resistance to second-line anti-TB drugs.

THE RESPONSE:

- Globally in 2008 almost **1.4 million TB patients were tested for HIV** and accessed HIV prevention, treatment and care services, up from 1.2 million in 2007.
- Of the TB patients who were known to be HIV positive, **two thirds (200,000)** were enrolled on **co-trimoxazole treatment** (CPT) and **one third (100,000)** were enrolled on **anti-retroviral treatment** (ART).
- In 2008, the number of people living with HIV who were **screened for TB** more than **doubled from 600,000 in 2007 to 1.4 million in 2008** though this is still a fraction of the 33 million people estimated to be living with HIV.
- In 2008, **only 56,000** people living with HIV were put on **isoniazid preventive therapy** (IPT) and TB infection control measures are still not implemented in many HIV service settings.
- Worldwide, there were an estimated **500,000 new MDR-TB** cases in 2007.

WHO's Role in Response to TB/HIV

WHO GUIDES POLICY DEVELOPMENT AND PLANNING through wide consultation, offering evidence-based policy guidance that helps health officials, providers, affected communities, and donors respond effectively to the threat of TB/HIV.

- WHO issued a policy on **Collaborative TB/HIV Activities** (2004) to accelerate implementation of the 12 activities that reduce the TB and HIV co-epidemic.
- WHO issued policy guidance to improve the **diagnosis and treatment of smear-negative pulmonary and extrapulmonary TB** (2007). Smear-negative pulmonary and extrapulmonary TB cases have been rising in countries with HIV epidemics. Delayed diagnosis is a key factor contributing to the unnecessary deaths of people living with HIV.
- WHO issued a guideline on **TB Care with TB/HIV Co-Management** (2007) for use in caring for patients with TB disease at first-level health facilities in high HIV-burdened countries.
- WHO issued policy guidelines for **Collaborative HIV and TB Services for Injecting Drug Users** (2008) to address the increased rates of HIV and TB infection among drug users.
- WHO led the design and costing of expanded TB/HIV and MDR-TB components within the Stop TB Partnership's **Global Plan to Stop TB 2006-2015**.
- WHO issued policy guidelines on **Infection Control (2009)** and developed with partners, tools to facilitate the programmatic management of TB infection control.
- To increase global and national capacity to do advocacy on TB/HIV, WHO published the training manuals **Networking for Policy Change: TB/HIV Advocacy Training Manual** and **Networking for Policy Change: TB/HIV Participant's Guide** (2007).
- WHO revised the **TB/HIV indicator guidelines** (2009) together with UNAIDS, PEPFAR and the Global Fund resulting in core TB/HIV indicators agreed among the organizations. The Global Fund has also adopted these indicators into their revision of their Monitoring and Evaluation toolkit.
- For **improved case management of drug-resistant TB**, WHO will issue revised guidelines based on lessons learnt in scaling up access to treatments, and in context of the emergence of XDR-TB.

WHO BUILDS CAPACITY through technical assistance and support to national initiatives to expand quality services and vital infrastructure for TB/HIV diagnosis and treatment.

- WHO **provides global and front-line support** including training of national authorities, partners and consultants for faster response to expressed needs. This is provided through WHO TB and HIV staff in six regional offices and 45 countries (though limited resources mean demand outstrips supply)

WHO STRENGTHENS COLLABORATION so that a wider array of partners share lessons learnt thus solving operational problems and giving demand-driven support to countries and communities.

- WHO **hosts the Stop TB Partnership** secretariat, and provides the staffed secretariats of the Stop TB Partnership Working Group on TB/HIV, and the subgroup on Infection Control, as well as the Secretariats for MDR-TB and DOTS Expansion.
- WHO **works with funding partners** such as PEPFAR and The Global Fund and many HIV and TB technical agencies to increase support to high burden countries to scale up implementation of TB/HIV collaborative activities.

WHO MONITORS AND EVALUATES global, regional and national control efforts.

- WHO's annual **Global TB Control Report** and the HIV/AIDS **Towards Universal Access** report includes key performance indicators on collaborative TB/HIV activities.
- WHO and the TB/HIV Working Group stimulate and conduct **TB/HIV operational research**.