

<http://www.who.int/tb/challenges/hiv/>

CHALLENGES AND KEY ISSUES

- **At least one-third of the 35.3 million people living with HIV worldwide are infected with latent TB.** Persons co-infected with TB and HIV are **29.6 times (27.1 – 32.1) more likely to develop active TB disease** than persons without HIV.
- **TB is the most common presenting illness among people living with HIV**, including those who are taking antiretroviral treatment. There were an estimated **1.1 million HIV positive new TB cases globally in 2012**. Around 75% of these people live in sub-Saharan Africa.
- **TB is the leading cause of death** among people living with HIV, accounting for **one in five HIV-related deaths**. In 2012 some **320,000 people died of HIV-associated TB**. Although globally the numbers of HIV-associated TB deaths are similar among men and women, in the African region more deaths are estimated to occur among women than men.
- People living with HIV are facing **emerging threats of drug-resistant TB** such as multi-drug resistant (MDR-TB) and extensively drug resistant TB (XDR-TB).

COLLABORATIVE TB/HIV ACTIVITIES: RESPONSE & PROGRESS

- Between 2005 and 2011 implementation of the collaborative **TB/HIV activities saved an estimated 1.3 million lives** but much more needs to be done to achieve universal access to these life-saving measures and to eliminate HIV-associated TB deaths.
- Routine HIV testing should be offered to all patients with presumptive and diagnosed TB. Globally in 2012, **46% of TB patients (2.8 million) were tested for HIV** and accessed HIV prevention, treatment and care services, up from 40% (2.5 million in 2011).
- Antiretroviral therapy (ART) and co-trimoxazole preventive therapy (CPT) should be given to all TB patients living with HIV, irrespective of their CD4 counts. Of the TB patients who were known to be HIV positive in 2012, **57% (0.3 million) were enrolled on ART** and **80% (0.4 million) were enrolled on CPT**.
- **The Three I's for HIV/TB** (Intensified case finding for TB, Isoniazid preventive therapy (IPT), and Infection control) will reduce the burden of TB among people living with HIV and therefore must be urgently adopted by policy makers and implemented by all health facilities offering HIV care services.
- The number of people living with HIV who were recorded to have been screened for active TB (an element of "**intensified case finding**") **increased from 3.5 million in 2011 to 4.1 million in 2012**. Among the 42 countries that reported data for 2012, **IPT was provided to 520,000 people living with HIV**, up from less than 450,000 receiving it in 2011. TB infection control measures are still not implemented in many HIV service settings.
- People living with HIV need early diagnosis and treatment of active TB disease. Xpert MTB/RIF rapid test is recommended as the initial diagnostic test for people living with HIV who have suspected TB.



WHO GUIDES POLICY DEVELOPMENT AND PLANNING

WHO works through wide consultation, offering evidence-based policy guidance that helps health officials, providers, affected communities, and supports donors to respond effectively to the threat of TB/HIV. The following guidance relating to HIV-associated TB has been published by WHO in collaboration with partners:

- [Three interlinked patient monitoring systems for HIV care/ART, MCH/PMTCT](#) (including malaria prevention during pregnancy), and TB/HIV: standardized minimum data set and illustrative tools (2013)
- [The consolidated guidelines on the use of antiretrovirals for the treatment and prevention of HIV infection](#) (2013)
- [WHO policy on collaborative TB/HIV activities](#) (2012)
- [Recommendations for investigating contacts of persons with infectious tuberculosis](#) in low- and middle-income countries (2012)
- [Technical and practical “how to” considerations for rapid implementation of the Xpert MTB/RIF](#) diagnostic test which includes an algorithm relating to the diagnosis of HIV associated TB (2011)
- 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](#), which has been replaced by the Global Plan to Stop TB 2011-2015
- [Guidelines on intensified case-finding and isoniazid preventive therapy for people living with HIV](#) in resource constrained settings (2010)
- [Priority research questions for TB/HIV in HIV prevalent and resource constrained settings](#)
- [A guide to monitoring and evaluation for collaborative TB/HIV activities](#) (2009)
- [WHO policy on TB infection control in health-care facilities](#), congregate settings and households (2009)
- [Policy guidelines for collaborative HIV and TB services for injecting and other drug users](#) (2008)
- TB care with TB/HIV co-management (2007)
- [Recommendations for HIV-prevalent and resource-constrained settings on Improving the diagnosis and treatment of smear-negative pulmonary and extrapulmonary TB among adults and adolescents](#) (2007)
- Networking for Policy Change: [TB/HIV advocacy training manual](#) and [participant's guide](#) (2007)

WHO MONITORS AND EVALUATES

WHO monitors and evaluates global, regional and national control efforts, and, together with the TB/HIV Working Group shapes and stimulates global TB/HIV research.

WHO's annual **Global TB Control Report** http://www.who.int/tb/publications/global_report/ and the **Progress Report on the HIV/AIDS Response** <http://www.who.int/hiv/pub/progressreports/update2013/en/index.html> include key performance indicators on collaborative TB/HIV activities.

WHO BUILDS CAPACITY

WHO builds capacity by providing 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 need. 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

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 as well as providing the staffed secretariat for the TB/HIV Working Group of the Stop TB Partnership http://www.stoptb.org/wg/tb_hiv/default.asp

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. It also serves as the technical lead agency for TB/HIV of the UNAIDS co-sponsors.