An estimated **920,000** people living with HIV (PLHIV) worldwide fell ill with TB in 2017.

- **TB is the leading cause of death** among people with HIV, accounting for some **300,000** people who died from HIV-associated TB in 2017.
- Africa accounted for 84% of all deaths.
- Globally PLHIV were **20 times (17 – 23)** more likely to fall ill with TB than those without HIV in 2017.
- **PLHIV face the threat of drug-resistant TB.** If diagnosis is delayed there is increased risk of mortality from multidrug-resistant and extensively drug-resistant TB.
**Case Detection**
- Routine HIV testing should be offered to all patients with presumptive and diagnosed TB. Globally in 2017, 60% of new and relapse TB patients (3.8 million) had a documented HIV test, up from 58% (3.6 million in 2016).
- Routine screening for TB symptoms of all PLHIV is essential for ensuring early detection. Scale-up of the latest algorithms and WHO-recommended rapid diagnostics such as Xpert MTB/RIF and LF-LAM are also crucial for fast-tracking early diagnosis and treatment.
- 8% of PLHIV newly enrolled in HIV care in 92 countries were notified with TB in 2017.

**Antiretroviral Therapy**
- Antiretroviral therapy (ART) is critical for reducing mortality. TB patients should receive ART within 2-8 weeks after TB treatment start. Of the reported cases in 2017, some 380,000 (84%) were started on ART. This represents just 41% of the estimated global number of TB cases living with HIV, compared with 59% of all people living with HIV.

**TB Prevention**
- Close to 1 million PLHIV started on IPT in 2017. 15 of the 30 high TB/HIV burden did not report initiating IPT amongst people attending HIV care. In the 59 countries, for which it could be calculated, TB preventive treatment coverage was 36%.
- Among the countries who reported data on TB incidence among healthcare workers in 2017, 6 reported more than a two-fold increased risk of TB among healthcare workers. This highlights the need to strengthen implementation of infection control measures in health care facilities, in particular those attended by people living with HIV.

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**MONITORING AND EVALUATION**

WHO monitors and evaluates global, regional and national data on burden and control efforts, and, together with key stakeholders shapes and stimulates global TB/HIV research.

Key global and national performance indicators for monitoring the response to HIV-associated TB can be found in the 2015 revision of [A guide to monitoring and evaluation for collaborative TB/HIV activities](http://www.who.int/tb/areas-of-work/tb-hiv/en/). Latest guidance on integrated patient monitoring can be found in [Consolidated guidelines on person-centred HIV patient monitoring and case surveillance](http://www.who.int/tb/areas-of-work/tb-hiv/en/).


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**LATEST KEY GUIDANCE**

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 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection](http://www.who.int/tb/areas-of-work/tb-hiv/en/) (2016)
- [Integrating collaborative TB and HIV services within a comprehensive package of care for people who inject drugs: Consolidated guidelines](http://www.who.int/tb/areas-of-work/tb-hiv/en/) (2016)
- [Consolidated guidelines on HIV testing services](http://www.who.int/tb/areas-of-work/tb-hiv/en/) (2015)