**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of expanded TB/HIV and MDR-TB components within the Stop TB Partnership’s Global Plan to Stop TB 2006-2015**, which has been replaced by the Global Plan to Stop TB 2011-2015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)
- **Networking for Policy Change: TB/HIV advocacy training manual and participant's guide** (2007)

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


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.