Policy

FOR COLLABORATIVE TB/HIV ACTIVITIES

ESTABLISH THE MECHANISMS FOR COLLABORATION

1. Ensure a coordinating body exists for effective HIV/TB collaboration at all levels
   To ensure TB and HIV services get to those that need them most

2. Conduct surveillance of HIV prevalence among TB patients
   To understand the size of the problem

3. Conduct monitoring and evaluation (M&E)
   To be sure we know that people are able to access the services they need

DECREASE THE BURDEN OF TB IN PEOPLE LIVING WITH HIV

5. Establish intensified TB case-finding
   ‘TB screening to find undiagnosed TB cases in people living with HIV’

6. Introduce isoniazid prevention therapy (IPT)
   To prevent the progression of latent TB infection to active disease

7. Ensure TB Infection control in health care and congregate settings
   To prevent anyone from catching TB while in a health facility or other congregate setting such as prisons

DECREASE THE BURDEN OF HIV IN TB PATIENTS

8. Provide HIV testing and counselling
   To ensure all TB patients know their HIV status and can access appropriate treatment

9. Introduce HIV prevention methods
   To ensure all TB patients know how to prevent HIV which will in turn reduce their risk of developing TB

10. Introduce co-trimoxazole preventative therapy (CPT)
    To reduce the risk of people living with HIV and TB from dying during treatment by 45%

11. Ensure HIV care and support
    To provide people living with HIV and TB with the care and support they need to manage their illness

12. Introduce antiretroviral therapy (ART)
    To ensure all people living with HIV and TB receive ART where appropriate. This will reduce their risk of death and improve their quality of life.

The challenge

- At least one-third of the estimated 33 million people living with HIV worldwide are infected with the TB bacillus (latent TB infection - inactive disease).
- Of the 9.3 million new TB cases in 2007, 1.4 million were also living with HIV.
- 80% of HIV-positive TB cases live in sub-Saharan Africa.
- TB is a leading killer of people with HIV in many parts of the world: 456,000 HIV-positive TB patients died in 2007.
- Globally in 2007, nearly 1 million TB patients were tested for HIV. Of the 0.3 million TB patients found to be HIV-positive, only 200,000 were put on co-trimoxazole preventive therapy (CPT), and 100,000 on isoniazid preventive therapy (IPT).

The solution

1. TB is PREVENTABLE and CURABLE

TB IS PREVENTABLE AND CURABLE

TB is an airborne disease spread by coughing and sneezing, and TB infection control is essential to keep vulnerable patients, health-care workers and their communities safe from contracting TB.

There are 12 activities that need to be implemented in response to the dual epidemics of HIV and TB. Implemented appropriately and as an integral part of the Stop TB Strategy and the push for universal access to HIV prevention, treatment, care and support services, these collaborative activities will ensure that comprehensive services are being offered to those who need them.

The Three "Is" are a combination of measures aimed at reducing the burden of TB among people living with HIV.

- If you are a health professional testing people for HIV or TB or both, ensure appropriate TB infection control measures are in place, as per national guidelines.
- If you are a health professional treating people with TB, provide HIV testing and counseling for your patients and ensure appropriate services for HIV treatment, prevention, care and support.
- If you are a health professional treating people living with HIV, ensure appropriate TB infection control measures are in place, as per national guidelines.

All HIV care and treatment settings provide the Three "Is" so that HIV treatment continues to benefit people living with HIV and to prevent HIV-positive people from dying of TB.

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- The "Three Is" are not being widely implemented. It is therefore crucial that key stakeholders including governments, international organizations, the private sector, non-governmental organizations, and the media encourage and support communities to work together to ensure that:
  - Policies, money and staff are provided so that the Three "Is" are available everywhere.
  - HIV care and treatment settings provide the Three "Is" so that HIV treatment continues to benefit people living with HIV and to prevent HIV-positive people from dying of TB.
  - All people living with HIV in areas where HIV and TB co-exist are screened for TB and either treated for TB or placed on IPT.
  - All people living with HIV and health care workers, and communities have the right to a safe TB-free environment when they attend the clinic or hospital, as well as in prisons or military barracks, through appropriate infection control measures.

In 2007, of the 33 million people estimated to be living with HIV only around 20% knew their HIV status - only 630,000 were screened for HIV, with only 200,000 put on antiretroviral therapy (ART). Of those who needed treatment, only 20% were put on intensive preventative therapy (IPT) and 10% on isoniazid preventative therapy (IPT).

If you are a health professional treating people living with HIV, screen your patients for TB and prescribe TB preventive therapy or anti-TB treatment as per national guidelines.

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TB IS PREVENTABLE AND CURABLE

Reducing illness and death from TB among people living with HIV requires a new focus on the Three "Is".

What are the "Three Is"?

- Intensified case finding for active TB disease screening involves testing TB patients for HIV before treatment village (PITV), and 100,000 on isoniazid preventive therapy (IPT).

- National (N) prevention therapy (NPT) involves giving isoniazid to people with latent TB infection to prevent its progression to active TB disease. IPT should be provided to all people living with HIV, as long as they do not have advanced disease. IPT can be used in combination with antiretroviral therapy (ART) drugs.

- IPF is safe and effective in people living with HIV reducing the risk of TB up to 10%

- TB is an airborne disease spread by coughing and sneezing. TB is a leading killer of people with HIV and to prevent HIV-positive people from dying of TB.

- Once detected, TB is curable in people living with HIV.

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- Where TB patients are in place, as per national guidelines.

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