

THE CHALLENGE:

- TB is the **leading cause of death** among people living with HIV. **Almost one in four deaths among people with HIV is due to TB. In 2010 350,000 people died** of HIV-associated TB. It is also 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 2010. Around 82% of patients live in sub-Saharan Africa.
- At least one-third of the 34 million people living with HIV worldwide is infected with TB. Persons co-infected with TB and HIV are **21-34 times** more likely to develop active TB disease than persons without HIV.
- 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. Worldwide, there were an estimated **650,000 MDR-TB** cases in 2010.

THE RESPONSE:

- Globally in 2010, **34% of TB patients (2.1 million) were tested for HIV** and accessed HIV prevention, treatment and care services, up from 28% (1.7 million in 2009).
- Of the TB patients who were known to be HIV positive, almost **77% (over 300,000) were enrolled on co-trimoxazole treatment (CPT)** and **46%** (over 200,000) were enrolled on anti-retroviral treatment (ART).
- *The Three I's for HIV/TB* (Intensified case finding for TB, Isoniazid preventive therapy, 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 active TB disease.** If TB is not present, they should receive Isoniazid preventive therapy (IPT). The treatment should be free of charge and is not expensive for the health system. Of the 1.5 million people reported to have newly enrolled in HIV care in 2010, just 12% (almost 180,000) were put on **isoniazid preventive therapy (IPT)**.
- The number of people living with HIV who were screened for TB (an element of "intensified case finding") almost quadrupled from **600,000 in 2007 to 2.3 million in 2010**. However this represents **less than 7%** of the **34 million** people estimated to be living with HIV.
- TB infection control measures are still not implemented in many HIV service settings.

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.

- In March 2012 WHO issued the **WHO policy on collaborative TB/HIV activities** to accelerate implementation of the 12 activities that reduce the TB and HIV co-epidemics.
http://www.who.int/tb/publications/2012/tb_hiv_policy_9789241503006/en/index.html
- In 2011 WHO issued **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
http://whqlibdoc.who.int/publications/2011/9789241501569_eng.pdf
- 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. This has recently been replaced by **the Global Plan to Stop TB 2011-2015**
http://www.stoptb.org/assets/documents/global/plan/TB_GlobalPlanToStopTB2011-2015.pdf
- In 2011 WHO issued revised **guidelines on intensified case-finding and isoniazid preventive therapy** for people living with HIV in resource constrained settings http://whqlibdoc.who.int/publications/2011/9789241500708_eng.pdf
- In 2010 WHO issued **guidance on priority research questions for TB/HIV** in HIV prevalent and resource constrained settings http://whqlibdoc.who.int/publications/2010/9789241500302_eng.pdf
- WHO revised the **TB/HIV indicator guidelines on monitoring and evaluating collaborative TB/HIV activities** in 2009 http://whqlibdoc.who.int/publications/2009/9789241598194_eng.pdf together with UNAIDS, PEPFAR and the Global Fund resulting in core TB/HIV indicators agreed among the organizations.
- In 2009 WHO issued the **Three interlinked patient monitoring systems** for HIV care/ART, MCH/PMTCT and TB/HIV: standardized minimum data set and illustrative tools:
http://www.who.int/hiv/pub/imai/three_patient_monitor/en/
- WHO issued policy **guidelines on infection control** (2009) and developed with partners, tools to facilitate the programmatic management of TB infection control
http://whqlibdoc.who.int/publications/2009/9789241598323_eng.pdf
- WHO issued policy guidelines for **collaborative HIV and TB services for injecting drug users** (2008)
http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf to address the increased rates of HIV and TB infection among drug users.
- WHO issued a guideline on **TB care with TB/HIV co-management** (2007)
http://www.who.int/hiv/pub/imai/TB_HIVModule23.05.07.pdf for use in caring for patients with TB disease at first-level health facilities in high HIV-burdened countries.
- WHO issued policy guidance to improve the **diagnosis and treatment of smear-negative pulmonary and extrapulmonary TB** (2007) http://whqlibdoc.who.int/hq/2007/WHO_HTM_TB_2007.379_eng.pdf 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.
- 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 participant's guide** (2007)
http://whqlibdoc.who.int/hq/2007/WHO_HTM_TB_2007.384a_eng.pdf
http://whqlibdoc.who.int/hq/2007/WHO_HTM_TB_2007.384b_eng.pdf

WHO'S Role in Response to TB/HIV

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 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 **hosts the Stop TB Partnership** secretariat, and provides the staffed secretariat for the Stop TB Partnership Working Group on TB/HIV 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.

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

- WHO's annual **Global TB Control Report** http://www.who.int/tb/publications/global_report/en/index.html and the **HIV/AIDS Towards Universal Access Progress Report** http://whqlibdoc.who.int/publications/2010/9789241500395_eng.pdf include key performance indicators on collaborative TB/HIV activities.
- WHO and the TB/HIV Working Group stimulate and conduct **TB/HIV operational research**