TUBERCULOSIS FACTS
- 9.6 million people fell ill with TB in 2014.
- In 2014, 1.5 million people died from TB, including 0.4 million among people who were HIV-positive.
- One in three people in the world is infected with latent TB.
- People infected with TB bacteria have a 10% lifetime risk of falling ill with TB. However, persons with compromised immune systems, such as people living with HIV, malnutrition or diabetes, or people who use tobacco, have a much higher risk of falling ill.

DIABETES FACTS
- About 422 million people worldwide were living with diabetes in 2014.
- In 2014 the global prevalence of diabetes was estimated to be 8.5% among adults aged 18+ years.
- In 2012, diabetes was the direct cause of 1.5 million deaths.
- WHO projects that diabetes will be the 7th leading cause of death in 2030.
- In 1980, diabetes prevalence was highest in high-income countries, now it is similar in both high- and low-income countries.

THE DUAL EPIDEMIC OF TB AND DIABETES
DEADLY LINKAGES
- People with a weak immune system, as a result of chronic diseases such as diabetes, are at a higher risk of progressing from latent to active tuberculosis.
- Diabetes triples a person’s risk of developing TB. About 15% of TB cases globally may be linked to diabetes.
- TB can temporarily cause impaired glucose tolerance which is a risk factor for developing diabetes.
- The likelihood that a person with TB will die or relapse is significantly higher if the person also has diabetes.
- A large proportion of people with diabetes as well as TB are not diagnosed, or are diagnosed too late.

KEY ACTIONS
- Early detection can help improve care and treatment outcomes of both diseases. All people with TB should be systematically screened for diabetes. Systematic screening for TB in people with diabetes should be considered in settings with high TB prevalence.
- WHO-recommended treatments should be rigorously implemented for people with TB/diabetes.
- It is important that proper care for diabetes is provided to minimize the risk of TB.
- Diabetes prevention on population level also helps prevent TB.
- A joint response is needed to ensure coordinated clinical management and address common health system bottlenecks and social determinants.
COLLABORATIVE FRAMEWORK FOR CARE AND CONTROL OF TB AND DIABETES

The World Health Organization (WHO) and the International Union Against Tuberculosis and Lung Disease (the Union) have developed a collaborative framework to guide national programmes, clinicians and others engaged in care of patients and prevention and control of diabetes and TB on how to establish a coordinated response to both diseases, at organizational and clinical levels. It responds to a growing concern about what collaborative activities should be implemented and under what circumstances. The framework is complementary to and in synergy with the established core activities of prevention and care programmes for both diseases.

AREAS FOR COLLABORATIVE ACTION

<table>
<thead>
<tr>
<th>A. ESTABLISH MECHANISMS FOR COLLABORATION</th>
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<tr>
<td>A.1. Set up means of coordinating diabetes and TB activities</td>
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<td>A.2. Conduct surveillance of TB disease prevalence among people with diabetes in medium and high-TB burden settings</td>
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<td>A.3. Conduct surveillance of diabetes prevalence in TB patients in all countries</td>
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<td>A.4. Conduct monitoring and evaluation of collaborative diabetes and TB activities</td>
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<th>B. DETECT AND MANAGE TB IN PATIENTS WITH DIABETES</th>
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<tr>
<td>B.1. Intensify detection of TB among people with diabetes</td>
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<td>B.2. Ensure TB infection control in health-care settings where diabetes is managed</td>
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<td>B.3. Ensure high quality TB treatment and management in people with diabetes</td>
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<th>C. DETECT AND MANAGE DIABETES IN PATIENTS WITH TB</th>
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<tbody>
<tr>
<td>C.1. Screen TB patients for diabetes</td>
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<tr>
<td>C.2. Ensure high-quality diabetes management among TB patients</td>
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JOINT RESPONSE TO TB AND DIABETES IN THE ERA OF THE SUSTAINABLE DEVELOPMENT GOALS
The Collaborative Framework for care and control of TB and diabetes, has already sparked actions on several fronts. It has stimulated pilot projects, national policy dialogue, and new research. In May 2014, the World Health Assembly endorsed WHO’s new End TB Strategy which incorporates all essential elements of TB and diabetes collaborative activities. The WHO Non Communicable Diseases Global Action Plan 2013–2020 aims to reduce the impact of diabetes. The new Sustainable Development Goals also place the spotlight on ending TB as well as reducing premature mortality from NCDs – including diabetes – by one third. Ending TB and Diabetes will require a joint response to ensure that all people with TB and those with diabetes have access to much-needed care on both fronts.

For more information please access www.who.int/tb

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