

# Key TB/HIV Messages

**FIGHT AIDS  
FIGHT TB  
FIGHT NOW**

## Background

In September 2003, TB and HIV/AIDS specialists at the third Stop TB Advocacy & Communications Task Force meeting in Johannesburg, South Africa, suggested the following key messages to guide TB/HIV advocacy. These messages can be used to guide and influence advocacy activity.

## Broad messages

The deadly interaction of TB and HIV affects millions and threatens global public health. Since the mid-1980s, HIV has increased TB rates by as much as 500% in some countries of sub-Saharan Africa and urgent action is needed now to stop the co-epidemic.

TB causes up to 50% of AIDS deaths in Africa. Two-thirds of people living with HIV in Africa lack access to effective TB diagnosis, prevention and treatment.

Joint TB/HIV interventions can contribute to better TB control. TB/HIV collaboration can help in reaching the "3 by 5" target – to get 3 million people living with HIV on antiretroviral treatment by 2005.

TB control can contribute to better HIV/AIDS control both by reducing the TB burden in people with HIV and by providing an entry point to HIV prevention and care for people with TB.

New resources are available, but they are not accessible where they are most needed. Unprecedented global resources are being made available for AIDS and TB control, yet two-thirds of people living with HIV in sub-Saharan Africa lack access to DOTS treatment (the internationally recommended strategy for TB control). A combined approach could leverage additional resources in areas of greatest need.

Effective joint action is essential, and there is guidance from WHO on how best to facilitate this, including the *Interim Policy on Collaborative TB/HIV Activities*, the *Strategic Framework to Decrease the Burden of TB/HIV*, and *Guidelines for Implementing TB and HIV Programme Activities*.

Advocacy and communications can make joint action more effective at global, regional and national levels by winning the support of key constituencies such as legislators, policy-makers and service providers in order to influence policies and spending and bring about social change.

## Social and political messages

Effective TB/HIV control requires committed political leadership, an uninterrupted supply of effective drugs, knowledgeable health workers and mobilized communities.

Governments need to assign a high priority to TB control and HIV prevention and care, including increased collaboration between HIV and TB programmes. In many countries, TB control is a low political priority, and advocacy attempts need first to change the behaviour of politicians, rather than risk groups or patients.

TB/HIV collaboration promotes a holistic approach to care that will reduce suffering among those affected by the dual epidemics. A combined approach can also reduce stigma, improve general health services, and strengthen civil society.

**With effective treatment  
TB can be cured,  
HIV managed,  
and lives saved.**

[www.unaids.org](http://www.unaids.org)  
[www.stoptb.org](http://www.stoptb.org)

In order to control TB, governments need to set up effective TB treatment programmes. The drugs and knowledge to control TB exist but the world's governments still need to wake up to the seriousness of the TB crisis and take action.

### Service delivery messages

HIV infection is the most potent risk factor for converting latent TB into active transmissible TB – accelerating the spread of the disease – while TB bacteria help accelerate the progress of AIDS in HIV-positive people.

Joint TB/HIV interventions can contribute to better TB control, TB control can contribute towards better HIV control, and combining TB/HIV control can also lead to an improvement in general health services.

As HIV patients are more likely than others to develop active TB, new faster-acting ways to combat TB are needed. Antiretroviral drugs can reduce TB by up to 80% in people with HIV.

Today, TB is the leading cause of death in people who are HIV-positive. The two diseases represent a deadly combination – more destructive together than either is alone.

An effective and inexpensive cure for TB already exists, so the emphasis now must be on setting up more treatment programmes in more parts of the world. WHO is committed to getting 3 million people living with HIV on antiretroviral drugs by the end of 2005.

Significant misunderstanding of TB preventive therapy persists and substantial training and support are therefore essential before widespread implementation can be realistic.

### Community messages

The involvement of affected communities is needed at every stage of programmes to combat TB/HIV. Since the combination of diseases is deadly, joint approaches will be more effective than separate approaches. TB and HIV are often seen as only medical problems, but this view limits the effectiveness of programmes. The more people who deliver the same message, the more difficult it will be for policy-makers to ignore.

To implement or enhance community-based care for TB/HIV patients and TB preventive therapy in HIV patients, training must target national and district policy-makers, local leaders, health care workers, community workers, volunteers, patients and family members.

People with TB and/or HIV often have a range of conditions and should not need to attend health services separately for each of them. Access to diagnosis and treatment of TB/HIV is a human rights issue and people should have a right to treatment if they have TB or HIV.

**Stop TB Partnership**



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