

# 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 Carry out joint HIV/TB planning**  
To coordinate the efforts of both programs and make best use of resources
- 4 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

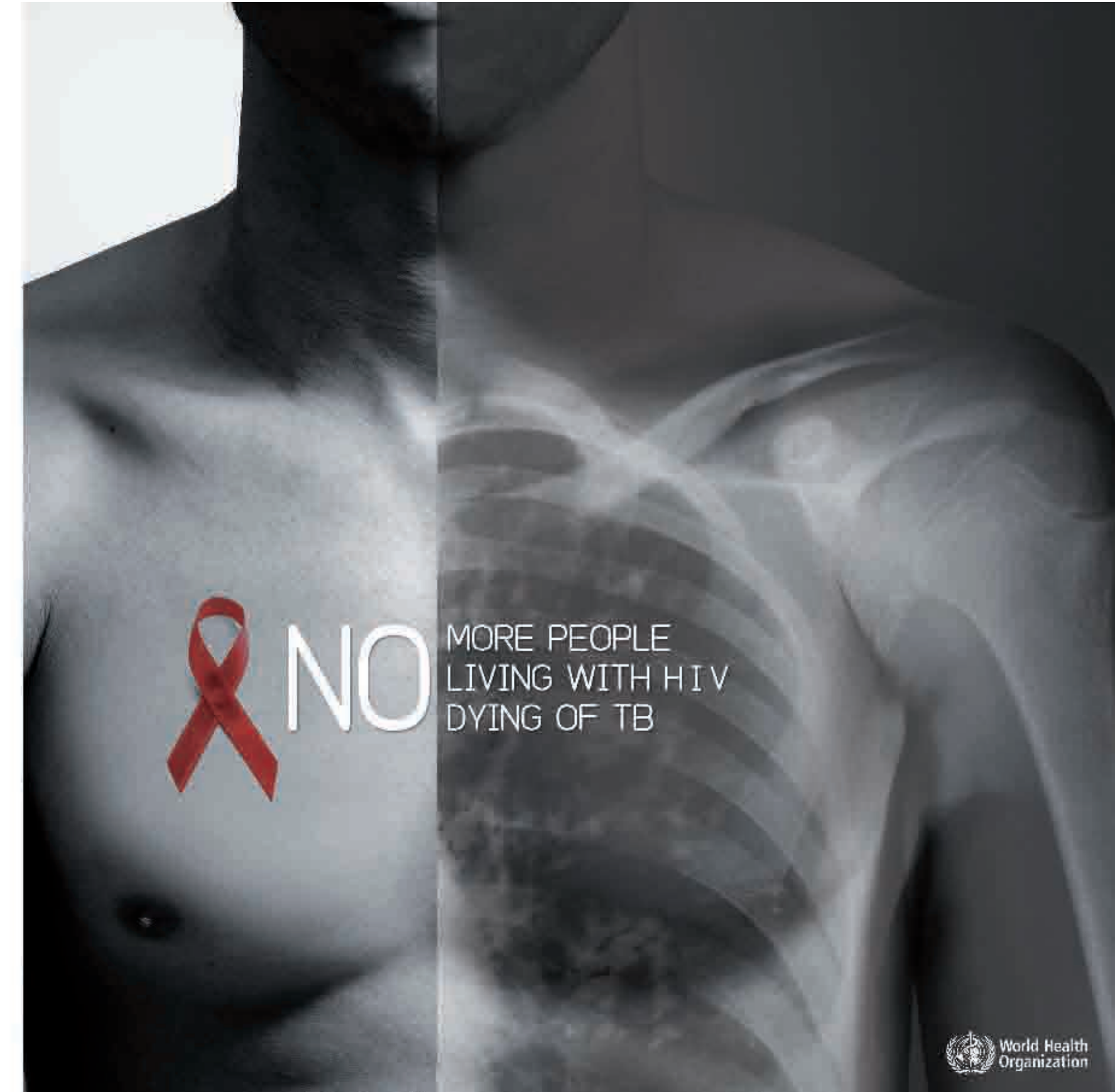
### DECREASE THE BURDEN OF HIV IN TB PATIENTS

- 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 preventive therapy (CPT)**  
To reduce the risk of people living with HIV and TB from dying during treatment by 40%
- 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 that all people living with HIV and TB receive ART where appropriate. This will reduce their risk of death and improve their quality of life.

Source: World Health Organization: Policy on collaborative TB/HIV activities. Geneva, World Health Organization, 2004 (WHO/HTM/TB/2004.330 and WHO/HTM/HIV/2004.1; available at [http://whqlibdoc.who.int/hq/2004/WHO\\_HTM\\_TB\\_2004.330.pdf](http://whqlibdoc.who.int/hq/2004/WHO_HTM_TB_2004.330.pdf); accessed March 2009).

TB IS PREVENTABLE & CURABLE

 **NO** MORE PEOPLE  
LIVING WITH HIV  
DYING OF TB



# The challenge

- At least **one-third of the estimated 33 million people living with HIV** worldwide are infected with the TB bacteria (latent TB infection - **not** active 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 90 000 on antiretroviral therapy (ART).
- People living with HIV are **20-30 times** more likely to develop TB than those without HIV.
- An estimated **511 000** new cases of multi-drug resistant TB (**MDR-TB**) [resistance to key first-line anti-TB drugs] occurred in 2007, about **10%** of whom had extensively drug-resistant TB (**XDR-TB**) [resistance to almost all second-line anti-TB drugs].
- People living with HIV are highly vulnerable to MDR and XDR-TB and have a greatly increased mortality rate from TB.
- 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 TB and only 29,000 were put on isoniazid preventive therapy (IPT).
- Adequate **measures to control TB infection** are still not implemented in most settings providing care and treatment of HIV patients.

Source: *Global tuberculosis control: epidemiology, planning, financing. WHO report 2009. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.411). Global TB Report 2009*

- If you are living with HIV, **request** that your health-care provider screens you for TB and prescribes either TB preventive therapy, (if active disease has been ruled out) or anti-TB treatment, (if active disease have been detected), as per national guidelines.
- 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.
- Failure to screen **for TB** and provide IPT for people living with **HIV** is substandard care.
- **Universal access to HIV prevention, treatment, care and support must include access to the TB diagnosis, treatment and the Three “Is”**.
- 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 testing people for HIV or TB or both, ensure appropriate TB infection control measures are in place, as per national guidelines.



# The solution

## 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”?

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

- Intensified case finding for active TB disease involves screening for TB wherever people living with HIV seek diagnosis or treatment and care, or both; and providing diagnosis and prompt treatment to increase their chances of survival, improve their quality of life, and reduce the spread of TB to their friends and family.
  - Once detected, TB is curable in people living with HIV.
- Isoniazid (INH) preventive therapy (IPT) 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 active TB disease. IPT can be used in combination with antiretroviral therapy (ART) drugs.
  - IPT is safe and effective in people living with HIV, reducing the risk of TB up to 70%.
- Infection control involves introducing measures to curb the spread of TB in places where people with TB and HIV gather, such as in clinics, hospitals, prisons or military barracks. Such facilities must have good plans to reduce the spread of TB and ensure that staff, patients and visitors do not become infected with TB simply by entering the facility.
  - 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.

## WHAT NEEDS TO BE DONE?

There are 12 activities that need to be implemented in response to the dual epidemic 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 delivered to those who need them.

**THE THREE “Is” ARE NOT BEING WIDELY IMPLEMENTED. IT IS THEREFORE CRITICAL THAT KEY STAKEHOLDERS INCLUDING GOVERNMENTS, NATIONAL HIV CONTROL PROGRAMMES, NON-GOVERNMENTAL AND FAITH-BASED ORGANIZATIONS, AND THE BROADER CIVIL SOCIETY AND COMMUNITIES WORK TOGETHER TO ENSURE THAT:**

- Policies, money, and staff are provided so that the Three “Is” are available everywhere
- 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.
- 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.