



## FACTS ON HIV/TB

“We cannot fight AIDS unless we do much more to fight TB.”

Nelson Mandela

### THE CHALLENGES

- TB is the leading cause of death among people living with HIV in Africa and a major cause of death elsewhere. It is also the most common illness among people living with HIV within the first three months of starting antiretroviral therapy worldwide.
- Almost a quarter of a million people died with HIV associated TB in 2006.
- During the past 15 years the number of new tuberculosis cases has tripled in countries with high HIV prevalence.
- HIV/TB is a threat to global health security, particularly because of the emergence of virtually untreatable TB strains (multidrug-resistant and extensively drug-resistant TB - MDR/XDR-TB), with case fatality rates over 90% among people living with HIV and XDR-TB.
- A recent World Bank and WHO analysis estimated that investment in TB control efforts can reap benefits that equal 10 times the costs.
- Health care workers are particularly vulnerable to TB infection and ultimately TB disease owing to workplace exposure, and this further compromises weak health systems.
- An estimated 85% of TB cases in people living with HIV occur in sub-Saharan Africa, but large numbers also occur in Eastern Europe and Asia.
- At least one-third of the 33.2 million people living with HIV worldwide are also latently infected with TB and have a greater risk of developing TB disease i.e. a 5-10% risk of developing TB every year compared to non-HIV infected persons who have up to 10% risk over their lifetime.
- It is estimated that up to 10% of all new HIV infections are attributable to injecting drug use (30% if Africa is excluded), and that approximately 3 million past and current injecting drug users are living with HIV. Drug users living with HIV have a 1 in 10 chance of getting TB disease per year. Countries where the HIV epidemic is mainly drug use driven also have the highest rates of multidrug-resistant tuberculosis (MDR-TB).



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- Individuals with HIV and TB disease are more likely to face increased stigma and discrimination than those suffering from HIV or TB alone.
- Annually, over three million women develop TB disease, and about three-quarters of a million women die of TB. Tuberculosis affects women mainly in their economically and reproductively active years, the impact of the disease is also strongly felt by their children and families. In some parts of the world, the stigma associated with TB is greatest for women and when accompanied by HIV, the social effects of disease can be severe.
- There is also the problem of archaic diagnostics and old drugs for TB. There have been no new TB drugs recently and the current diagnostic test is over 120 years old.
- There are huge unmet research needs for TB. Current funding levels for research and development for TB drugs, diagnostics and vaccines is inadequate to meet current targets and needs. Investment needs to increase from about \$400 million each year worldwide, to about \$2 billion per year.
- The Stop TB Partnership Global Plan 2006-2015 calls for US\$ 6.7 billion in funding for HIV/TB control in affected countries. An estimated US \$ 536 million is need to address HIV/TB in 2008. There is an estimated gap per year of approximately 40-50%.

### GOAL TO REDUCE HIV/TB

Provide high quality integrated TB and HIV prevention, diagnostic and treatment services to people living with HIV and mitigate the impact of TB in populations affected by the dual epidemic.

### RESPONSE

In 2004, WHO released a Policy on Collaborative TB/HIV Activities which put forward 12 activities countries should implement in order to respond to HIV/TB effectively. These collaborative activities are essential to ensure that HIV infection in patients with TB is identified and treated and that TB is prevented in people living with HIV. This will significantly accelerate universal access to HIV prevention, treatment, care and support.



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### **A. Establish the mechanism for collaboration**

- A.1. HIV/TB coordinating bodies
- A.2. HIV surveillance among TB patient
- A.3. HIV/TB planning
- A.4. HIV/TB monitoring and evaluation

### **B. To decrease the burden of TB in people living with HIV (3Is)**

- B.1. Intensified TB case finding
- B.2. Isoniazid preventive therapy
- B.3. TB infection control

### **C. To decrease the burden of HIV in TB patients**

- C.1. HIV testing and counselling
  - C.2. HIV preventive methods
  - C.3. Cotrimoxazole preventive therapy
  - C.4. HIV/AIDS care and support
  - C.5. Antiretroviral therapy to TB patients.
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## **IMPACT OF INTERVENTIONS TO DATE**

- Globally in 2006, 710,000 of notified TB patients were tested for HIV (up from 22,000 in 2002), and were able to access the most appropriate HIV prevention, treatment and care.
- The number of countries implementing collaborative TB/HIV activities and the coverage of services has increased significantly from 7 countries in 2003 to 112 in 2006.
- There has been good progress in many countries, some exceptional examples include Kenya, Rwanda and Tanzania where between 40-60% of TB patients are tested for HIV. In Kenya, the percentage of TB patients tested increased from 19% in 2004 to 70% in 2007 while in Malawi the numbers of those tested for both infections jumped from 25% to 83%. In Rwanda, 89% were tested in 2007.
- More and more community groups are involved in calling for HIV/TB collaborative activities at grass roots, national and global levels and the first ever TB march by activists was held in Cape Town, South Africa in November 2007.



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- Stronger partnerships between civil society organizations and other non-governmental partners such as business coalitions, and faith based partners must be developed.
- Significant civil society engagement has been key to successful scaling up in particular for marginalized populations and those most in need, however, more support is needed to ensure equal access to most at risk group
- In 2006, less than 1% (310,000) of people living with HIV were screened for TB.
- Worldwide, only 0.08% (27,000) of the estimated 33.2 million people living with HIV were reported to have been put on isoniazid preventive therapy (IPT) in 2006.
- There are specific measures, recommended by WHO, that need to be implemented by those delivering HIV services and could drastically reduce unnecessary and preventable deaths from HIV/TB. Known as the Three I's for HIV/TB (isoniazid preventive therapy, intensified case finding for TB, and infection control), they involve early diagnosis and treatment of TB if it is present, and, if it is not, TB preventive treatment with isoniazid. These treatments are not expensive. A six-month course of TB treatment costs US\$ 20; and TB preventive treatment costs just US\$ 2. Infection control consists of a series of measures to prevent transmission of TB, especially in health facilities and other congregate settings. Until recently, infection control was completely ignored in high TB and HIV prevalence settings.