SUMMARY SHEET

Agenda Nr. 2.04/20	Subject	TB/HIV Strategy
For Information ☐	**For Discussion** ☐	**For Decision** ☒

Introduction

At the end of the year 2003, a total of 37.8 million people were estimated to be living with HIV/AIDS. Fourteen million adults living with HIV/AIDS are estimated to be co-infected with *Mycobacterium tuberculosis*, with 70% of those co-infected living in sub-Saharan Africa and 22% living in South East Asia. In Africa, 31% of adult TB cases are attributable to HIV and 37% of TB deaths are attributable to HIV.

HIV is the most powerful known risk factor for the reactivation of latent TB infection to active disease. TB notification rates have risen up to fourfold and more in many African countries since the mid-1980s, including those with well organized programs. Many of these countries have TB case notification rates reaching peaks of more than 400 cases per 100,000 people. The high TB case rates in sub-Saharan Africa have been largely attributed to the escalating HIV epidemic. HIV-infected persons who become newly infected by M. tuberculosis and rapidly progress to active TB also contribute to the epidemic.

Additionally, TB is one of the most common causes of morbidity and the most common cause of death in HIV-positive adults living in less-developed countries, causing an estimated 11% of all adult AIDS deaths.

Summary

To address the morbidity and mortality caused by the intersection of the TB and HIV/AIDS epidemics, the TB/HIV Working Group played a lead role in completing an essential set of documents including the following; a *Strategic framework to decrease the burden of TB/HIV* which addresses what can be done to decrease the joint burden of TB and HIV, *Guidelines for implementing collaborative TB and HIV programme activities* which addresses how things can be done, and an *Interim policy on collaborative TB/HIV activities* which provides policy makers with an understanding of what should be done. The Interim Policy focuses on collaborative activities that should be carried out as part of the health sector response to the intersecting TB and HIV epidemics.

Responding to a global concern about TB/HIV as evidenced by Nelson Mandela's plea that "We can't fight AIDS unless we do much more to fight TB as well" during the 15th International AIDS Conference in Bangkok, July 04 and a call by the Executive Board of the World Health Assembly (114th session held 25 May 2004) to "strengthen cooperation with Member States with a view to improving collaboration between tuberculosis and HIV programs, in order to implement the expanded strategy to control HIV-related tuberculosis", the TB/HIV Working Group will focus it's next efforts on 1) intensifying support for TB/HIV collaborative activities to WHO regions and member countries and 2) continuing the Working Group's growing success in partnership building and advocacy work. The Working Group will also continue its policy and analytical agenda, looking specifically at the impact of TB/HIV strategy implementation on HIV-related TB epidemiology and HIV morbidity and mortality attributable to TB. Of note is the potential impact of HIV/AIDS on the control of tuberculosis in large countries such as India and China.

Decisions requested from the Stop TB Coordinating Board

The Stop TB Coordinating Board is requested to further the work of the TB/HIV Working Group by 1) advocating for more rapid acceleration of country level TB/HIV collaborative activities through high-level meetings and encouraging all Stop TB partners to take up TB/HIV issues, 2) mobilizing and/facilitating the flow of resources from funding agencies to where they are needed at the District level, and 3) by supporting the Working Group's country implementation and advocacy efforts.

Addressing HIV in TB programs will help to address the burden of HIV-associated TB, and addressing TB in HIV programs will address the morbidity and mortality of HIV/AIDS attributable to TB.

Next steps and time frame

WHAT	WHO	WHEN	FOCAL POINT