World Health Organization

TB/HIV FACTS 2008

THE CHALLENGE:

- The number of **new TB cases has tripled** in high HIV prevalent countries in the last two decades.

- 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 presenting illness among people living with HIV, who are taking antiretroviral treatment.

- There were an estimated **710,000 HIV positive TB patients** globally in 2006. Around 85% of patients live in sub-Saharan Africa. 230,000 people died of HIV-associated TB in 2006.

- At least one-third of the 33.2 million people living with HIV worldwide are infected with TB and have up to a **15% risk of developing TB every year**, compared to those without HIV who have a 10% risk over their lifetime.

- Globally in 2006, nearly **700,000 TB patients were tested for HIV** and accessed HIV prevention, treatment and care services, up from 22,000 in 2002.

- Countries implementing collaborative TB/HIV activities and related services significantly **increased to 112 countries** in 2006, from just 7 countries in 2003.

- There has been **exceptional progress** on addressing TB/HIV in Kenya, Rwanda and Malawi and progress in other countries. In Kenya, the percentage of TB patients tested for HIV more than tripled between 2004 and 2007. In Malawi the percentage of people tested rose from 25% to 83%, in Rwanda, 9 out of 10 people were tested in 2007.

- In 2006 **less than 1%** of people living with HIV (equal to 310,000 people) were screened for TB and **only 0.08%** of the estimated 33.2 million people living with HIV (27,000) were put on isoniazid preventive therapy (IPT). TB infection control measures are still not implemented in many HIV service settings.

- The Three I's for TB/HIV (**I**soniazid preventive therapy, **I**ntensified case finding for TB, and **I**nfection control) will reduce the burden of TB among people living with HIV and therefore must be urgently implemented by all HIV services.

- **People living with HIV need early diagnosis and treatment of TB**. If TB is not present, they should receive TB preventive treatment (IPT). The treatments are not expensive.

- People living with HIV are facing emerging threats of **drug-resistant TB.** Multidrug-resistant TB or MDR-TB is resistance to first-line anti-TB drugs; extensively drug-resistant TB or XDR-TB is resistance to second-line anti-TB drugs.

- There are an estimated **490,000 new MDR-TB cases** every year and **30,000 new XDR-TB cases** every year.

WHO GUIDES POLICY DEVELOPMENT AND PLANNING through wide consultation, offering evidence-based policy guidance that helps health officials, providers, affected communities, and donors respond effectively to the threat of TB/HIV.

- WHO issued a policy on **TB/HIV Collaborative Activities** (2004) to accelerate implementation of the 12 activities that reduce the TB and HIV co-epidemic.

- WHO issued policy guidance to improve the **diagnosis and treatment of smear-negative pulmonary and extrapulmonary TB** (2007). Smear-negative pulmonary and extrapulmonary TB cases have been rising in countries with HIV epidemics. Delayed diagnosis is a key factor contributing to the unnecessary deaths of people living with HIV.

- WHO issued a guideline on **TB Care with TB/HIV Co-Management** (2007) for use in caring for patients with TB disease at first-level health facilities in high HIV-burdened countries.

- WHO led the design and costing of an expanded TB/HIV component within the Stop TB Partnership's **Global Plan to Stop TB** 2006-2015.

- For better prevention of TB infection, WHO is updating **Guidelines for the Prevention of Tuberculosis in Health Care Facilities in Resource-limited Settings** and framing with partners best practice for the programmatic management of TB infection control.

- To respond to the challenges of MDR-TB and XDR-TB, WHO produced the **Global MDR-TB and XDR-TB Response Plan** 2007-2008.

- To increase global and national capacity to do advocacy on TB/HIV, WHO published the training manuals **Networking for Policy Change: TB/HIV Advocacy Training Manual** and **Networking for Policy Change: TB/HIV Participant's Guide** (2007). They include information on networking, communications, and policy environments; exercises on conceptualizing, implementing, monitoring, and evaluating advocacy campaigns; and relevant materials for advocates.

WHO BUILDS CAPACITY through technical assistance and support to national initiatives to expand quality services and vital infrastructure for TB/HIV diagnosis and treatment.

- WHO **provides global and front-line support** including training of national authorities, partners and consultants for faster response to expressed needs. This is provided through WHO TB and HIV staff in six regional offices and 45 countries (though limited resources mean demand outstrips supply)

- WIth planned technical support from WHO and partners, half of the 63 highest TB/HIV burden countries will have begun **implementing infection control policies** by 2009.

- For **improved case management of drug-resistant TB**, WHO will issue revised guidelines based on lessons learnt in scaling up access to treatments, and in context of the emergence of XDR-TB.

WHO STRENGTHENS COLLABORATION so that a wider array of partners share lessons learnt thus solving operational problems and giving demand-driven support to countries and communities.

- WHO **hosts the Stop TB Partnership** secretariat, and provides the staffed secretariats of the Stop TB Partnership Working Group on TB/HIV, and the subgroup on Infection Control.

- WHO **works with funding partners** such as PEPFAR and The Global Fund and many HIV and TB technical agencies to increase support to high burden countries to scale up implementation of TB/HIV collaborative activities.

WHO MONITORS AND EVALUATES global, regional and national control efforts.

- WHO's annual **Global TB Control Report** and the HIV/AIDS **Towards Universal Access** report includes key performance indicators on collaborative TB/HIV activities.

- WHO and the TB/HIV Working Group stimulate and conduct **TB/HIV operational research**.