Updated WHO guidance launched today scales up effective public health interventions to **reduce TB deaths** for **people** living with **HIV**

GENEVA, 2 MARCH 2012 – An estimated 910,000 lives were saved globally over six years by **improving collaboration** between **TB and HIV services** that protect people living with HIV from tuberculosis, according to global health impact figures released today . To follow up on the success of the 2004 initial guidance on TB and HIV, World Health Organization (WHO) is releasing today an updated global policy for joint prevention, diagnosis and treatment of TB and HIV. Tuberculosis is a leading killer of people living with HIV.

Since WHO proposed the initial guidance on collaboration between TB and HIV activities in 2004, the number of people living with HIV screened for TB increased almost 12-fold, from nearly 200,000 in 2005 to over 2.3 million people in 2010. Testing for HIV among TB patients surged from 470,000 to over 2.2 million, an increase of five-fold, between 2005 and 2010.

In light of the experiences gained over the last six years, WHO is today launching an updated global policy to accelerate coordinated public health interventions to further reduce deaths from this dangerous combination of diseases.

“This framework is the international standard for the prevention, care and treatment of TB and HIV patients to reduce deaths; and we have strong evidence that it works,” said Dr Mario Raviglione, WHO Director of the Stop TB Department. “Now is the time to build on these actions and break the chain that links TB and HIV with death for so many people.”

As HIV weakens the immune system, people with HIV are much more likely to be infected with TB, so it is not unusual for people who are infected with one disease to also be infected with the other.

“We must address TB as we manage HIV,” said Dr Gottfried Hirnschall, Director of WHO's HIV/AIDS Department. “We have shown over the last five years what can be done. To continue the progress and save more lives, comprehensive HIV services must include the Three I’s for HIV/TB strategy: isoniazid preventive therapy, intensified screening and infection control for TB,

and it should also include earlier treatment for HIV for those that are eligible."

The main elements of the new policy include:

- routine HIV testing for TB patients, people with symptoms of TB, and their partners or family members;
- provision of co-trimoxazole, a cost-effective medicine to prevent against lung or other infections for all TB patients who are infected with HIV;
- starting all TB patients with HIV on antiretroviral therapy (ART) as soon as possible (and within the first 2 weeks of starting anti-TB treatment) regardless of immune system measurements;
- Evidence based methods to prevent the acquisition of HIV for TB patients, their families and communities.

These services should be provided in integrated manner at the same time and place.

Progress has come in many areas and countries

More than 100 countries are now testing more than half of their TB patients for HIV. Progress was especially noteworthy in Africa where the number of countries testing more than half their TB patients for HIV rose from five in 2005 to 31 in 2010.

However, there is still more work needed. The number of patients co-infected with TB and HIV on ART rose gradually from 36% to 46% over the five-year period, and needs further strengthening as all TB patients living with HIV should receive life-saving ART. Use of isoniazid preventive therapy (IPT), a cost-effective medicine to protect people with HIV from TB illness, increased somewhat but uptake could be expanded as more patients become eligible for the intervention under the updated policy guidelines using simple methods.

The new WHO Policy for joint prevention, diagnosis and treatment of TB and HIV will be presented in detail on 5 March at a major HIV/AIDS scientific conference, the annual Conference on Retroviruses and Opportunistic Infections (CROI), in Seattle, Washington.
Additional information/ country data:

HIV testing of TB patients: The coverage of HIV testing for TB patients was particularly high in the African and European regions, where 59% and 85% of TB patients respectively knew their HIV status in 2010. This was an increase from 11% in Africa and 41% in European region in 2005. In 22 out of 46 countries of the African region, more than 75% of TB patients knew their HIV status. Tanzania, Rwanda, Kenya, Gambia and Benin tested more than 90% of TB patients in their thousands in 2010. Similarly El Salvador, Belarus, Moldova, Russia, Ukraine and Uzbekistan tested more than 90% of TB patients in their thousands in 2010.

ART: The highest rates of enrolment of ART for TB patients were reported in countries in the Region of the Americas, notably Brazil at 93%. Other examples include: Kenya that has increased the percentage of TB patients receiving ART from 17% in 2005 to 48% in 2010;

South Africa provided ART for 54% of TB patients living with HIV in 2010; In India 57% of TB patients with HIV received ART in 2010.

More data by region and country is available at http://www.who.int/entity/tb/publications/global_report/en/index.html (pages 61-68)

And

http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf (pages 117-119)