



International Union Against
Tuberculosis and Lung Disease

Health solutions for the poor

PRESS RELEASE

CONTACT:

Ms Nawel Saady Khelladi,
+33 (0)1 56 80 28 28
press@theunion.org

WORLD AIDS DAY 2012

Reaching zero HIV/AIDS deaths depends on addressing TB-HIV co-epidemic

Paris, France / 29 November 2012 — The theme of World AIDS Day (1 December 2012) is "Getting to zero: zero new HIV infections. Zero discrimination. Zero AIDS-related deaths". But, according to the **International Union Against Tuberculosis and Lung Disease (The Union)**, the goal of zero AIDS-related deaths will not be reached without improved TB-HIV collaborative services.

Tuberculosis is the leading killer of people with HIV and caused 430,000 deaths in 2011, despite the fact that TB is curable and HIV can be managed effectively. There are 1.1 million people currently in need of simultaneous treatment for the two diseases, yet integrated services are still not available in many areas.

From the patients' point of view, the obstacles to TB-HIV care can range from lack of access to clinics able to treat both diseases to the heavy pill burden and the possibility of side effects and drug interactions. For health systems, the main obstacles are weak coordination between TB and HIV programmes that can have an adverse impact on patients' treatment access and outcomes.

*"Many countries have made progress in implementing collaborative TB-HIV activities", says **Dr Paula I Fujiwara, Director of The Union's TB and HIV Department**. "However, others still face challenges in making these activities operational within their national TB and AIDS programmes and general health services."*

The Union has been working with TB and AIDS control programmes in Africa and Asia since 2004 to mitigate this dual burden of disease. The **Integrated HIV Care for TB Patients Living with HIV/AIDS (IHC) Initiative** has screened and treated thousands of patients in Benin, the Democratic Republic of Congo, Uganda, Zimbabwe and Myanmar with notable success in key areas:

HIV tests for TB patients: IHC's success in testing TB patients for HIV led the Benin National TB Programme to expand the approach so that all TB diagnostic and treatment centres in the country routinely offer HIV testing. By 2010, the uptake of HIV testing among TB patients had risen to 98%.

HIV care provided by TB clinics: IHC pilot projects in the Democratic Republic of Congo demonstrated that primary health care facilities delivering TB services can also provide HIV care successfully, an approach that facilitates treatment of patients even in remote rural areas. The excellent results persuaded the Ministry of Health to adopt this approach nationwide.

Improving TB outcomes and ART retention: In Zimbabwe, The Union collaborated with the Health Services Departments of the Cities of Bulawayo and Harare to implement integrated and decentralised TB-HIV services at the city primary health care clinics, resulting in improved TB treatment outcomes and high ART enrolment and retention. This success led the Ministry of Health and Child Welfare and the Health Services Departments in other cities to adopt the IHC approach for their TB-HIV services.

Involving Four Ps: The IHC programme of The Union Office in Myanmar bases its approach on "the four Ps" – a partnership between the private and public sectors and the patients. This programme

offers accessible, acceptable and affordable care for HIV-positive TB patients and their HIV-positive family contacts, as well as HIV patients without TB. HIV testing for TB patients is handled autonomously by township health centres, and more than 12,000 patients are now receiving antiretroviral therapy through its network of 20 service delivery point across eight cities.

One of strengths of The Union is its in-depth understanding of health systems, as well as the staff, patient and community-related factors that can create barriers to collaboration. Key elements of IHC have been operational research to identify such barriers and training to help teams find ways to overcome them. In 2012, The Union published *Implementing Collaborative TB-HIV Activities: A Programmatic Guide*, to assist TB and AIDS programmes in meeting the challenges of offering integrated care.

"We have demonstrated that these collaborative approaches work", says Dr Fujiwara. "Now we need the support to scale up integrated services, so anyone with HIV who develops TB is treated quickly and effectively. When that occurs, we will take a major step towards the goal of 'zero AIDS-related deaths' ".

TB-HIV resources from The Union

Implementing Collaborative TB-HIV Activities: A Programmatic Guide

<http://www.theunion.org/index.php/en/resources/technical-publications/item/2091-implementing-collaborative-tb-hiv-activities-a-programmatic-guide>

TB-HIV clinical and programmatic courses from The Union:

<http://www.theunion.org/images/stories/resources/>

About The Union

The mission of the International Union Against Tuberculosis and Lung Disease (The Union) is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations. With members and subscribers from 150 countries, The Union has its headquarters in Paris and offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. Its scientific departments focus on tuberculosis and HIV, lung health and non-communicable diseases, tobacco control and research. Learn more at www.theunion.org