



Press release

COMBINING TB TREATMENT WITH HIV TESTING AND TREATMENT COULD SAVE LIVES OF UP TO 500 000 HIV-POSITIVE AFRICANS EVERY YEAR

Joint call for action follows Mandela's plea at Bangkok International AIDS Conference to strengthen fight against tuberculosis

Addis Ababa, Ethiopia, 21 September 2004 – Expanding access to tuberculosis treatment, combined with introducing HIV testing and anti-retroviral (ARV) delivery into TB programmes, could save the lives of as many as 500 000 Africans living with HIV every year and is one of the most cost-effective ways to ensure the survival of HIV-positive people, according to international health experts meeting this week in Addis Ababa, Ethiopia.

Joint TB and HIV interventions are among the best ways to accelerate access to ARVs and to help reach the “3 by 5” target of 3 million people on HIV treatment by the end of 2005, according to WHO and UNAIDS. “If we jointly tackle TB and HIV, we can be much more effective in controlling both diseases,” said Dr Peter Piot, UNAIDS Executive Director.

Of the estimated 25 million Africans now living with HIV, about 8 million also harbour the bacillus that causes TB. Each year, 5-10% of these 8 million co-infected people develop active TB and up to half, or 4 million, will develop the disease at some point in their lives.

Without TB treatment, HIV infected people with TB typically die within months. Yet national TB programmes in Africa are currently treating less than half of all HIV-positive people with active TB - despite the fact that they respond just as well to TB treatment as HIV-negative people, and the cost of TB drugs is as low as \$10 per patient. But few TB patients are currently offered an HIV test, and only a handful receive ARVs. Providing ARVs to HIV infected TB patients is now a WHO 'standard of care' policy.

“As we scale up efforts to increase access to ARVs in Africa we must simultaneously help people living with HIV survive their bouts episodes with tuberculosis,” said Jack Chow, Assistant Director-General of the World Health Organization. “This is one of the most effective ways we can help save lives in Africa.”

The lack of attention to the risk TB poses for people living with HIV was highlighted by Nelson Mandela at the recent XV International AIDS Conference in Bangkok in July. “TB is too often a death sentence for people with AIDS,” Mandela said. “Today we are calling on the world to recognize that we can't fight AIDS unless we do much more to fight TB as well.”

At the Addis Ababa meeting, the TB/HIV Working Group of the global Stop TB Partnership - comprising experts from WHO, UNAIDS, the Centers for Disease Control and Prevention, USAID and other international bodies, as well as Zackie Achmat and other leading African AIDS activists - called for rapid uptake by African governments of collaborative interventions to tackle the two diseases simultaneously.

In addition to strengthening DOTS* programmes in Africa to diagnose and treat TB, these interventions include regularly offering counselling and testing for HIV into TB control programmes; screening for TB in HIV/AIDS programmes; and providing preventive therapy for co-infected people to prevent the development of TB disease. Managers of several DOTS programmes in Africa have already committed themselves to support the delivery of ARVs to TB patients who are HIV-positive.

The Working Group also pledged to provide technical assistance to any country wishing to submit a TB/HIV proposal for the next round of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM).

"We cannot talk seriously about fighting AIDS while ignoring TB," said Richard Feachem, Executive Director of the Global Fund to Fight AIDS, TB and Malaria. "In Africa, TB and HIV collaborate to kill." Feachem said the Global Fund will modify its proposal guidelines to request that AIDS proposals also include a strategy to address TB, and likewise TB proposals also include HIV/AIDS.

In some regions of Africa, 75% of TB patients are infected by HIV. Yet in Ethiopia, Kenya, Mozambique, Uganda and Zimbabwe, fewer than 40% of people living with both TB and HIV are receiving proper TB treatment. In Nigeria, less than 10% of these cases are receiving proper TB treatment.

**DOTS is the international recommended strategy for controlling TB that is now implemented in 180 countries world wide. It has five components: political commitment; microscopy services; drug supplies; surveillance and monitoring systems; and the use of highly efficacious treatment regimes with direct observation of treatment*

For all additional information, please contact: Araya Demissie, WHO, Addis Ababa, mobile: (+251) 9250830, or Patrick Bertrand, WHO, Addis Ababa, Tel. (+251) 9 603529; or Michael Luhan, WHO, Geneva (+41) 79 509 0643 or Glenn Thomas, WHO, Geneva (+41) 79 509 0677, or Dominique De Santis, UNAIDS, Geneva, T: (+41) 22 791 4509. For more information on UNAIDS, please visit www.unaids.org.