

Produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

HIV/TB co-infection: HIV and AIDS reporter, 14th April 2008

Feature: HIV/TB co-infection

Recommended readings:

- HIV-TB co-infection: meeting the challenge
- HIV and TB in the context of universal access: what is working and what is not?
- Joint tuberculosis/HIV services in Malawi: progress, challenges and the way forward
- TB/HIV research priorities in resource-limited settings: report of an expert consultation, 14-15 February 2005, Geneva, Switzerland
- The Global Plan to Stop TB 2006-2015

Latest additions:

- Civil society perspectives on HIV/AIDS policy in Nicaragua, Senegal, Ukraine, the United States, and Vietnam
- Early infant diagnosis of HIV through dried blood spot testing
- World AIDS Day: time for enlightened leadership
- Agriculture in the time of HIV/AIDS
- I count myself as being in a different world: African gay and bisexual men living with HIV in London

Announcements

Feature: **HIV/TB co-infection**

Around a third of HIV positive people globally are co-infected with Tuberculosis (TB). In addition, TB is the leading cause of death globally among HIV positive people, with the World Health Organisation (WHO) estimating that it is responsible for a third of all AIDS deaths. HIV and the tuberculosis bacterium have a synergistic relationship: HIV increases the risk of reactivation of latent TB, progression of a new infection or re-infection and TB accelerates the viral replication of HIV. Not only is TB harder to diagnose in HIV positive people, it has faster onset and is likely to progress more quickly than in a HIV negative person. Treatment of HIV/TB co-infection is also more complicated due to drug interactions between HIV antiretroviral (ARV) and TB medicines.

The WHO's Stop TB Strategy aims to reduce the burden of TB in line with global targets. Progress with HIV/TB co-infection has been varied to date. Whilst there has been progress in HIV testing among TB

patients, implementation of interventions to reduce the burden of TB in HIV positive people is far below the targets set in the 2006 Global Plan. Access to treatment falls below international targets: the proportion of diagnosed HIV positive TB patients enrolled on ART was 41 per cent compared with the 44 per cent target for 2006 in the Global Plan. One reason why numbers fall short of the Global Plan is that HIV testing rates are not yet high enough. This is particularly true in Africa where the detection rate remains low in absolute terms. The Global Plan target for 2006 was to screen 11 million HIV-positive people for TB; the actual figure reported was 314,211.

To improve the international response to HIV/TB co-infection further research is needed in the several areas. Better population-based data on the incidence of drug-resistant TB is required, especially in African countries that have a high burden of the disease. Increased laboratory capacity is needed to make the currently difficult diagnosis of co-infection of HIV-TB accessible to a larger proportion of Africans. Thirdly, more child-specific research is needed especially on paediatric drug formulations. The low uptake of drugs that treat co-infection remains a real problem, with concerns over drug efficacy and the creation of drug resistant strains of TB cited as the main reasons.

Strategies for dealing with TB and HIV currently exist in isolation, often reinforced by vertical programme financing. Efforts must be made to integrate these disease treatment programmes. This will involve stakeholders working together within an evidence based collaborative framework. In order to achieve these various goals, increased spending is needed. However, budgets for TB programmes stagnated between 2007 and 2008 in all but five of the 22 high-burden countries. There is an estimated funding gap of US\$ 1 billion, mainly driven by the high costs of collaborative HIV/TB treatment activities and management of multi-drug resistant TB (MDR-TB). Renewed effort to control TB in line with the Global Plan, supported by increased domestic and donor funding is needed.

More information:

- WHO Global TB Report <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36085&type=Document>
- Eldis Health guide Tuberculosis page <http://www.eldis.org/go/topics/resource-guides/health/tuberculosis>
- Stop TB Partnership <http://www.stoptb.org/>

Recommended readings

1. HIV-TB co-infection: meeting the challenge

Authors: ; The Forum for Collaborative HIV Research

Publisher: Forum for Collaborative HIV Research, 2007

Ten per cent of individuals infected with TB develop the active disease but this is greatly increased in those whose immune systems have been weakened by HIV. This report from the Forum for Collaborative HIV Research highlights the difficulty in managing the co-epidemic of HIV and TB that is rapidly spreading in Sub-Saharan Africa. The report is based on a symposium and roundtable discussion held in Sydney, Australia, during the International Aids Society (IAS) conference in July 2007.

The report identifies priority areas in need of further research: better population-based data on the incidence of drug-resistant TB is required, especially in African countries that have a high burden of the disease. Increased laboratory capacity is needed to make the currently difficult diagnosis of co-infection of HIV-TB accessible to a larger proportion of Africans. Thirdly, more child-specific research is needed especially on paediatric drug formulations. The low uptake of drugs that treat co-infection remains a real problem, with concerns over drug efficacy and the creation of drug resistant strains of TB cited as the main reasons. The report concludes that strategies for dealing with TB and HIV currently exist in isolation, often reinforced by vertical programme financing. Efforts must be made to integrate these disease treatment programmes which will involve stakeholders working together within an evidence based collaborative framework. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=34068&type=Document>

2. HIV and TB in the context of universal access: what is working and what is not?

Publisher: Stop TB Partnership, 2007

This paper reports on a meeting co-organised by the World Health Organization, UNAIDS and international organisations, to accelerate an effective and joint response to the epidemic of HIV-related tuberculosis (TB). The paper highlights the achievements of the global TB/HIV working group from the Stop TB Partnership, and discusses the concept of universal access to HIV services and its importance and contribution to TB prevention, diagnosis and treatment services. It also highlights some critical issues that have been neglected in the global response to HIV-related TB, including the optimal treatment regimens to use when treating TB and HIV at the same time. The paper recommends that the global TB/HIV working group should pay greater attention to the TB/HIV situation in Eastern Europe and Asia, and focus on addressing structural and health systems barriers. National policymakers should include TB prevention, diagnosis and treatment in national HIV strategic plans and TB strategic plans should also include HIV prevention, treatment and care services. Civil society, including non-governmental organisations should press for inclusive formulation of TB/HIV targets, and be aware of them when holding governments and institutions accountable for their achievements.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=32294&type=Document>

3. Joint tuberculosis/HIV services in Malawi: progress, challenges and the way forward

Authors: R. Chimzizi; A. Harries

Publisher: Bulletin of the World Health Organization : the International Journal of Public Health, 2007

This article in the Bulletin of the World Health Organization reviews the progress made on a three-year tuberculosis (TB)/HIV plan implemented in Malawi between 2003 and 2005. The objectives of the plan were to scale up HIV testing among TB patients and, for HIV-positive TB patients, to provide cotrimoxazole preventive therapy (which provides protection against bacterial infections including pneumonia) and facilitate access to antiretroviral (ARV) treatment. The paper finds that the proportion of TB patients tested for HIV increased from 15 per cent in 2003 to 47 per cent in 2005. During this time, the majority of HIV-positive TB patients started cotrimoxazole preventative therapy.

Barriers to testing TB patients for HIV include: irregular supplies of HIV-testing reagents, staff forgetting to refer patients or patients themselves not undergoing HIV testing and counselling after being registered and placed on anti-TB treatment. The paper recommends that ways to improve HIV-testing uptake need to be found, including the integration of HIV testing into the TB registration process itself. The monitoring systems for HIV and TB need to explicitly include the relevant parameters, for example, TB monitoring tools which include data on numbers of TB patients who have been tested for HIV, who are HIV-positive, and who have started antiretroviral therapy.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=32282&type=Document>

4. TB/HIV research priorities in resource-limited settings: report of an expert consultation, 14-15 February 2005, Geneva, Switzerland

Authors: ; Stop TB Partnership; UNICEF; UNDP; World Bank; WHO Special Programme for Research and Training in Tropical Diseases (TDR)

Publisher: Special Programme for Research and Training in Tropical Diseases, World Health Organisation (WHO), 2005

This report, published by the World Health Organization (WHO), describes the outcomes from an expert consultation on research priorities for tuberculosis (TB) and HIV. The report presents summaries of several cross-cutting issues: HIV testing for people with TB; referral systems and models for TB programmes to contribute to delivering antiretroviral therapy; human resource gaps; tailoring TB and HIV treatment for injecting drug users; multidrug-resistant TB; the role of the community; approaches and challenges to conducting operational research; and perspectives of donors and partners. Research priorities include: examining which treatment regimens are most effective and determining how safe they are; ways to improve case-finding for TB; and the development of new tools for diagnosing TB.

Although many questions on TB and HIV remain unanswered, participants in the consultation felt that evaluating the implementation of current policy was more important than generating new research questions. Mechanisms to avoid redundancy of research should be identified and knowledge disseminated properly. Implementation of research priorities should capitalise on the funds mobilised by initiatives such as the Global Fund for AIDS, Tuberculosis and Malaria. Advocacy for additional resources to conduct more research aimed at improving TB and HIV control is needed.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=32282&type=Document>

[opportunities&id=23790&type=Document](#)

5. The Global Plan to Stop TB 2006-2015

Publisher: Stop TB Partnership, 2006

This document, produced by the Stop TB Partnership, assesses the action and resources needed to make an impact on the global burden of tuberculosis (TB). It describes the main achievements in global TB control since 2000, the TB situation today, and the challenges that lie ahead. It then sets out the broad strategic directions that the Stop TB Partnership intends to follow in order to achieve global targets for TB control, and summarises the specific strategic plans of the seven working groups and secretariat that together make up the Partnership.

The authors conclude that implementation of the plan would cost US\$56 billion, but could save 14 million lives over the next ten years. Investment in new drugs, new diagnostic tests and new vaccines would also yield further benefits beyond 2015. However, several key cross-cutting issues must be addressed, including the need to strengthen health systems, linkages between TB and poverty, TB in children, and TB and gender. The plan also includes large investments in new interventions, including new approaches to DOTS (directly observed treatment, short-course) and increased technical cooperation, which will require increased funding commitments from both governments donors and countries with a high burden of TB.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health/tuberculosis&id=21990&type=Document>

Latest additions from the HIV and AIDS resource guide

1. Civil society perspectives on HIV/AIDS policy in Nicaragua, Senegal, Ukraine, the United States, and Vietnam

Authors: Public Health Watch, Open Society Institute's Public Health Program

Publisher: Open Society Institute and Soros Foundations Network, 2007

This report from the Open Society Institute examines groups that are excluded or marginalised from the design, implementation, and evaluation of national HIV/AIDS policies and programmes due to stigma. These groups such as injecting drug users, sex workers, men who have sex with men, prisoners, and ethnic minorities are disproportionately affected by the epidemic. The report looks at HIV/AIDS policy in Nicaragua, Senegal, Ukraine, the United States, and Vietnam and documents the varying degrees and different forms that stigma and discrimination against marginalised groups can take. Key findings from the report include:

- significant barriers to accessing care and treatment remain, even where treatment is provided for “free.” Barriers include costs of transportation, fees associated with HIV diagnosis and treatment,

- lack of health care infrastructure and inadequate human resource capacity
- stigma and discrimination hinder people from being tested for HIV or receiving adequate care. In many cases, national laws, government policies, and law enforcement practices exacerbate stigma against people living with HIV/AIDS and groups at elevated risk of HIV infection
- few countries have truly integrated tuberculosis (TB) and HIV services or effectively addressed TB and other opportunistic infections, creating significant barriers to the delivery of comprehensive, accessible care and prevention services.

Without urgent attention to these key issues, the internationally declared goal of universal access to HIV/AIDS prevention, treatment, and care is not achievable. National governments and international agencies must collaborate more effectively with civil society groups in order to hear their concerns and address their needs. It will only be through the active and meaningful participation of these marginalised, most affected groups that countries will be able to achieve universal access to HIV/AIDS prevention, treatment, care, and support and to halt the progress of the HIV epidemic.[adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36277&type=Document>

2. Early infant diagnosis of HIV through dried blood spot testing

Publisher: Pathfinder International, 2007

Unless an infant infected with HIV in Africa receives prophylactic antibiotics soon after birth and Antiretroviral Therapy (ART) as soon as is medically indicated, it has a 35 per cent chance of dying by his first birthday and a 53 per cent chance of dying before the age of two. This report from Pathfinder International investigates a new method of identifying these HIV-infected infants in order to provide early access to this life-saving medicine. The report looks at a new technology that allows an effective existing, but expensive, method called polymerase chain reaction (PCR) to be performed on small spots of dried blood. The Dried Blood Spots (DBS) are easy to prepare in a resource-limited setting and can be stored and shipped to testing facilities without refrigeration. PCR testing using DBS has been proven to be as effective as PCR using liquid blood samples.

Of the samples on which PCR was performed, 17 per cent tested positive for HIV. All infants who tested positive were referred to centers providing paediatric ART, where they undergo further evaluation on the need for Highly Active Antiretroviral Therapy (HAART). When mothers know there are medicines and services available for their infants if they test positive for HIV, they are more likely to have their children tested. Parents are counselled before the test to ensure their understanding of the procedure and the resources available for them if their child tests positive. Just as importantly, parents are counselled for the possibility of a negative test. Because HIV can be transmitted through breast milk, the mothers of babies who test negative and are breastfeeding often wish to stop breastfeeding immediately, regardless of their ability to safely provide replacement feeding. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36182&type=Document>

3. World AIDS Day: time for enlightened leadership

Authors: K. Buse; F. Samuels

Publisher: Overseas Development Institute, London, 2007

This article from the Overseas Development Institute outlines the need for better leadership in HIV/AIDS in 2008 and beyond. The authors outline the historical context of leadership in the control of sexually transmitted infections (STIs), citing misplaced ideological, intellectual and moral drivers for change. They also list some examples of recent, enlightened leadership for STI control. One example is the range of individuals and groups who forced the question of intellectual property protection back onto the international trade agenda and won the Doha Ministerial Declaration on the Trade Related Aspects of International Property Rights Agreement and Public Health in November 2001, enabling improved access to essential health products for millions of people.

The report concludes with three critical areas for HIV leadership in 2008 and beyond: Firstly, 'AIDS-exceptionalism' – where the response to the epidemic has deviated from standard public health practice, should be reduced. HIV/AIDS programmes should be integrated into national planning, budgeting, service delivery and monitoring systems. Secondly, a balance between focusing on prevention and treatment needs to be reached. Leadership is required to ensure that the recent focus on antiretroviral therapy does not take attention away from prevention strategies. And finally stigma and discrimination need to be tackled with strong and committed leadership.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36162&type=Document>

4. Agriculture in the time of HIV/AIDS

Authors: S. W. Bie

Publisher: Noragric, Department of International Environment and Development Studies, Norwegian University of Life Sciences, 2008

In November 2005 Norad asked Noragric to prepare a review on the current views on the relationships between agriculture, HIV infections and AIDS-related diseases in sub-Saharan Africa, on the basis of a limited desk study of relevant literature. Often considered unrelated, this report, drawing on review papers and original research mostly published during the last 2-3 years, suggests that agriculture both is severely affected by HIV and AIDS and that the state of agriculture significantly influences the spread of HIV. The report points out that few SSA countries have substantial analyses of the rural and agricultural situations in their Poverty Reduction Strategy Papers (PRSPs). Few countries have national policies that give high priority to agriculture and the link between agriculture and HIV and AIDS is therefore missed. Therefore one of the biggest and most dangerous risks for farmers in sub-Saharan Africa is HIV and AIDS. The report further states that alternative individual or family assets (e.g. cattle, land, agricultural implements) have been exhausted due to a result of AIDS in the family. HIV and AIDS pose a very heavy burden due to the costs for medicines, care and funerals, which are often paid at the expense of additional

needs such as food or school fees.

According to the report rural poverty is at the root of risky behavior (sexual services for food, cash or other resources), which can often lead to an HIV infection, hence the rate of HIV transmission can only be effectively reduced by reducing rural poverty. Therefore the report recommends:

- increasing effective income in agriculture
- promoting a society that provides for its people in food, in health and in education
- increasing local social security networks, which provide information, behavioural advice and access to assets that can be mobilised as alternatives to transactional sex
- possibly using microfinance mechanisms.

The report concludes that central to any interventions is a strong appreciation of gender issues. It is essential to strengthen the roles and position of girls and women in society, to give them freedom to choose, and to gain respect from men, families and societies for their stance. This cannot be done solely by declaring good intentions; it involves fundamental transformations in impoverished rural societies.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=35699&type=Document>

5. I count myself as being in a different world: African gay and bisexual men living with HIV in London

Authors: L. Doyal; J. Anderson; S. Papparini

Publisher: Homerton University Hospital, 2007

This report from the Centre of Sexual Health and HIV at Homerton University Hospital NHS Foundation Trust describes the challenges faced by gay and bisexual African men living with HIV in London. The report highlights that the additional stigma of being gay or bisexual and HIV positive is difficult for African men. However, life in London offers some benefits to men in this situation, including access to healthcare and more liberal sexual attitudes. The report shows that the dual stigma of being gay or bisexual and having HIV causes a dilemma when African men consider disclosing their condition. The report highlights that African gay or bisexual men with HIV face additional difficulties to other gay/bisexual men with HIV, because of the expectations surrounding their cultural identity. This has created a new set of practical and emotional needs, which sometimes cannot be met, particularly for those with little money or insecure immigration status.

Respondents report that their experience of healthcare was favourable, with many valuing hospital staff as 'the biggest support' they have. However, there is a need to establish specific support for this group as the study participants identified a real lack of organised groups or networks for African gay or bisexual men with HIV. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36052&type=Document>

See the complete list of latest additions at: www.eldis.org/hivaids

Announcements

Conference: Children and HIV/AIDS: Action Now, Action How, 1-2 August 2008, Mexico City, Mexico

This symposium, jointly hosted by the Coalition on Children Affected by AIDS (CCABA), The Teresa Group and La Casa de la Sal, will provide a two-day forum for information sharing, collaboration and networking in order to strengthen the response to children's needs.

The symposium will:

- present new findings, such as those collected by the Joint Learning Initiative on Children and HIV/AIDS
- bring together service providers, donors, researchers, advocates and policy leaders working within affected communities and on national, regional and global platforms
- increase opportunities for stronger linkages between program design and implementation, policy, research, and advocacy efforts.

This event is aimed at anyone working on issues related to children and HIV/AIDS and who is concerned about how to improve national responses at all levels of society. The topics and discussions raised here will resonate in the subsequent XVII International AIDS Conference, where they will be championed in a plenary speech on children and HIV/AIDS given by Professor Linda Richter.

The application deadline to register for the symposium is 15 July 2008. Early registration is encouraged as space is limited.

The deadline date for receipt of all scholarship applications is 15 April 2008. For more information regarding registration and the symposium programme, please follow the full details link.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=36435&type=Item>

Organisation: Stop TB Partnership

Stop TB is a global movement to accelerate social and political action to stop the unnecessary spread of tuberculosis around the world. Their priorities are to expand, adapt, and improve strategies to control and eliminate TB. The Partnership develops advocacy and resource mobilization strategies in support of these priorities, and coordinates and 'brokers' resource flows. Stop TB aims to:

- promote wider and wiser use of existing strategies to interrupt TB transmission

- adapt existing strategies to address the challenges posed by emerging threats
- accelerate elimination of TB.

The Stop TB website provides information about the partnership and about tuberculosis, and provides access to a number of services. These services include links to resources on TB (including publications and newsletters), the STOP-TB eForum, and country-specific TB information. There are also links to information about upcoming and past events, latest updates and useful links.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=5971&type=Organisation>

See the complete list of announcements at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities>

The HIV and AIDS Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

You are welcome to re-use material from this bulletin on your own website, provided that it is accompanied by an acknowledgement to Eldis and a link to the Eldis website (either to our home page or to the home page of one of our Resource Guides). An alternative way to add Eldis content to your website is by adding one of our [newsfeeds](#).

If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact our editor at the email address given below.

Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

If you like the HIV and AIDS Reporter, you may also be interested in subscribing to the other Reporters produced by the IDS Health & Development Information Team:

- Health Reporter - to subscribe, send an email to lyris@lyris.ids.ac.uk with "subscribe eldis-health FirstName LastName" in the body
- Health Systems Reporter - to subscribe, send an email to lyris@lyris.ids.ac.uk with "subscribe eldis-healthsystems FirstName LastName" in the body

To unsubscribe please send a message to lyris@lyris.ids.ac.uk with the subject: unsubscribe HIV and AIDS Reporter.

Please forward this email bulletin to colleagues and networks who may be interested.

Contact details:

Matt Jones
IDS Health Development Information Team
Institute of Development Studies, Sussex
Brighton BN1 9RE, UK

Email: m.jones@ids.ac.uk

Tel: 44 1273 873 335

Fax: 44 1273 621202