## UNAIDS 22<sup>nd</sup> Programme Coordinating Board, Chiang Mai, Thailand, April 23

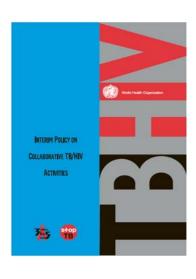
Panel 3: Access to improved TB prevention, diagnosis and treatment for people living with HIV and the threat of TB drug resistance

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### TB prevention

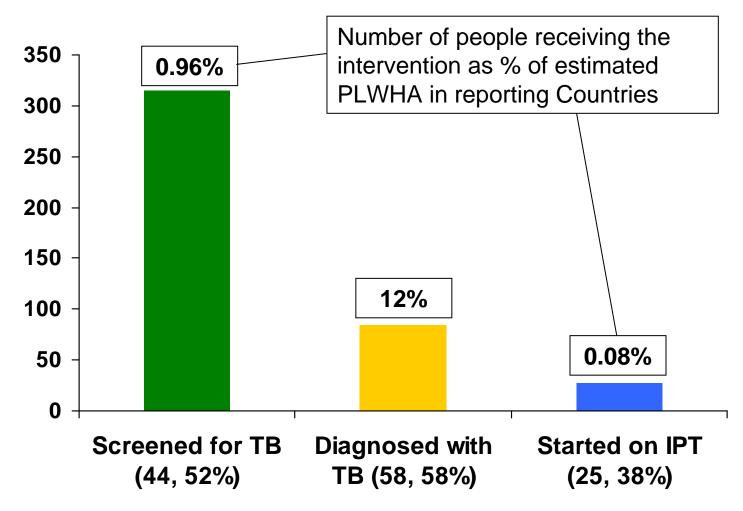
- Starts with ensuring access to timely TB diagnosis and treatment
  - TB case finding and appropriate care
- Direct prevention of TB is possible, once active TB excluded, with isoniazid preventive therapy (IPT)
- Prevention of transmission -Infection control







# Intensified TB case finding, diagnosis of TB and IPT provision among PLWHA, 2006



(Number of Countries reporting; % of total estimated HIV+ TB patients accounted for by those Countries)

### Diagnosis of TB

- Usually depends on sputum smear
  - Less sensitive in PLH
- Needs expanded availability of culture
- Greater availability of chest X-ray
- Needs new tools
- New, molecular tests available, but principally for drug resistance

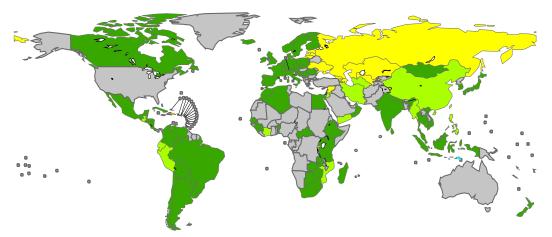


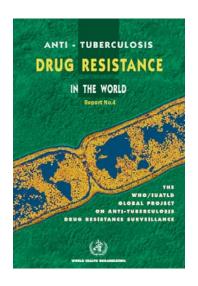
### Treatment of TB

- Drug susceptible TB usually straightforward for PLH
- Barriers include:
  - Access, especially for women
  - Drug interactions
  - Drug resistant TB insufficient experience of 2<sup>nd</sup> line TB drugs and ARVs



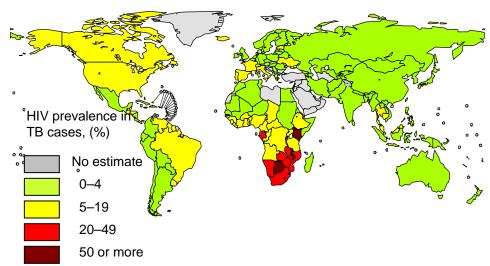
#### MDR-TB among new cases 1994-2007

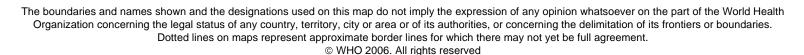




### Estimated HIV prevalence in new TB cases, 2006



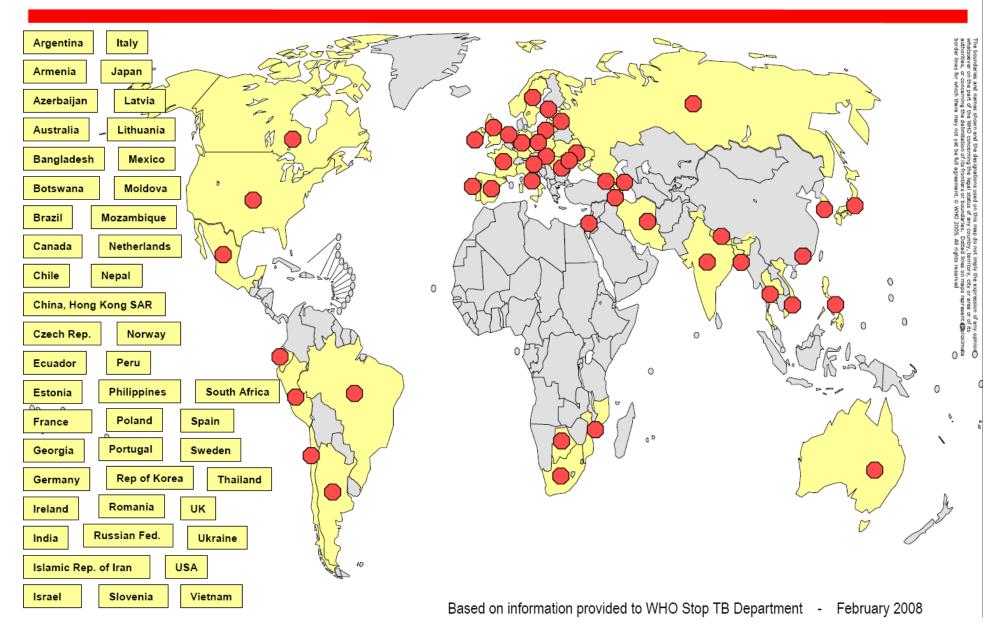






# Countries with XDR-TB confirmed cases as of February 2008





### Drug resistance

- Outbreaks likely happening in Africa, and we are not aware
- HIV linked MDR-TB appearing in Eastern Europe
- Risk of dying from MDR and XDR-TB significantly raised in PLH



### Conclusions

- Treatment literacy key for health of PLH, and for community pressure to improve services
- Universal access for HIV services should include TB services
- Strengthen TB laboratories in Africa
- Infection control needed in health care facilities, workplace clinics, prisons, refugee camps, shelters etc
- Urgent development and deployment of new tools

