



OVERVIEW

- The emergence of HIV has led to a resurgence of TB around the world. The two diseases often occur in the same individuals, each exacerbating the other's effects
- One in four AIDS deaths is due to TB
- People living with HIV have a 20-37 times greater risk of developing TB than those without HIV
- HIV/TB co-infection calls for special attention from businesses whose employees are at risk
- To be effective, workplace programs must incorporate elements addressing both TB and HIV

TB/HIV CO-INFECTION: THE PROBLEM

TB is the leading cause of death among people with HIV/AIDS, responsible for 23%, or one in four, of all AIDS-related deaths. In 2007 alone, TB killed over 450,000 HIV-positive individuals. Currently, one-third of people living with HIV/AIDS are also living with latent TB. These individuals are 20-40 times more likely to progress to active TB disease than those not infected with HIV. Progress in the fight against HIV will be hampered until the global community steps up action on TB.

TB/HIV co-infection is particularly problematic in Southern Africa, where up to 70% of patients with sputum smear-positive pulmonary tuberculosis are HIV-positive. HIV is the main reason for failure to meet TB control targets in high HIV settings. TB deaths more than tripled between 1997 and 2005 in South Africa, due to rising HIV prevalence and the high risk of mortality among co-infected patients.

Programmatic challenges such as low screening and testing rates make it harder to provide TB prevention and treatment to those most in need. For example, in 2009, 1.7 million HIV-positive people were screened for TB; while this number has steadily increased since 2007, it still only represents about 5% of the estimated total number of HIV-positive individuals worldwide.

WHY SHOULD BUSINESS JOINTLY ADDRESS TB AND HIV?

Maximize Impact and Gain Efficiencies

Achieving the greatest possible health outcomes for HIV requires addressing TB. As such, business-driven programs cannot not succeed without joint action. Luckily, integrating TB and HIV interventions is

relatively simple, and easy entry points exist to weave basic TB interventions into HIV programming and vice-versa. This holds true not only for workplace and community prevention and care programs but also applies to advocacy campaigns and initiatives as well as corporate efforts that utilize business core competencies.

KEY PRINCIPLES OF INTEGRATED TB AND HIV PROGRAMS

Integrated TB and HIV efforts center on the basic principles of joint program and policy development, education and awareness-raising, diagnosis and screening and clinical management. WHO recommends 12 TB/HIV collaborative activities to address both diseases (see box). Highlights of these activities, especially those that focus on integrating TB into existing HIV programs are included below.

WHO Policy for Collaborative TB/HIV Activities

Establish the mechanisms for collaboration

1. Ensure a coordinating body exists for effective TB/HIV collaboration at all levels
2. Conduct surveillance of HIV prevalence among TB patients and TB prevalence among HIV patients
3. Carry out joint HIV/TB planning
4. Conduct monitoring and evaluation

Decrease the burden of TB in people living with HIV

5. Establish intensified TB case-finding
6. Introduce Isoniazid prevention therapy
7. Ensure TB infection control in health care and congregate settings

Decrease the burden of HIV in TB patients

8. Provide HIV testing and counseling
9. Introduce HIV prevention methods

Decrease the burden for people living with HIV and TB

10. Introduce co-trimoxazole prevention therapy
11. Ensure HIV and TB care and support
12. Provide antiretroviral therapy

Source: WHO

Basic TB education should be part and parcel of HIV education. Practically, this requires no more than answering a few simple questions such as: How is TB spread? Who is at risk for TB? What are the symptoms?

Interventions aiming to de-stigmatize TB should also be added to HIV de-stigmatization programs. The same principles apply to TB: increased acceptance leads to more testing and fewer infections overall.

TB & HIV Testing and Counseling

WHO recommends that people living with HIV be routinely screened for TB. TB screening and further diagnostic testing should occur regularly and be complemented with ongoing education on the signs and symptoms of TB.

Because of physiologic changes associated with HIV infection, diagnosing TB is more difficult than in HIV-negative individuals. Traditional diagnosis methods like a skin test or chest x-ray fail to detect 80 percent of TB cases. In high prevalence areas, workplace programs can address these diagnostic challenges by adopting methods like blood-based tests or liquid culture for smear-negative HIV-positive patients. Promising new advances in TB diagnostic technology paired with unique pricing agreements between partners may help scale-up impact in this area. Intensified case-finding of TB among HIV-positive individuals is a WHO priority.

TB & HIV Treatment, Care & Support

If TB screening and diagnosis reveal that an HIV-positive individual has the latent, or inactive, form of the disease, WHO recommends the provision of isoniazid preventive therapy (IPT). IPT effectively stops the progression to active, infectious TB and is compatible with ARV medication. One study found that IPT reduces the risk of TB by 36% overall, and 62% in HIV-infected people with positive TB skin tests.

Individuals with *both* active TB and HIV must be managed with special care. As the treatment regimens for both diseases are often incompatible, it is critical that health-care providers be highly trained and aware of recent guidelines. As with non-HIV associated TB, it is also important that co-infection is addressed within the broader WHO DOTS framework.

For more information on the DOTS approach, refer to GBHealth Issue Brief: Business & TB: Why it Matters.

For the latest details on the joint clinical management of HIV and TB, please visit www.who.int

ENTRY POINTS FOR BUSINESS TO ADDRESS HIV & TB

Workplace

- Use the key principles provided in this issue brief to integrate TB and HIV workplace programs. Become a leader in the global health world by establishing both together.

Community

- Partner with existing TB and HIV community programs to maximize use of resources and integrate lessons learned.
- Allow communities to access company health facilities and expand workplace program efforts.

Core Competence

- Use company expertise to fight TB and HIV by identifying which channels can be used, whether it be marketing, human resource management, IT or product distribution. Leverage existing infrastructure in company efforts.

Advocacy & Leadership

- Use existing HIV advocacy channels to speak out about TB, which remains underrepresented. The same principles, tactics and methods apply.
- Build a reputation as a leading advocate of both diseases by showing goodwill and providing examples on program implementation.

BEST PRACTICE EXAMPLES

Anglogold Ashanti

According to Dr. Brian Chicken, Health Services Director at Anglogold Ashanti, a company “cannot have an effective HIV program without an effective TB program.” His company has acted on this conviction through an integrated TB and HIV program in South Africa. TB control programs include proactively finding, rapidly identifying and diagnosing infectious cases, and providing rapid institution of appropriate therapy with quality drugs and care, in line with the provision of antiretroviral therapy (ART) for those testing positive for HIV. Active case finding is carried out routinely at the Occupational Health Center.

Xstrata Coal South Africa

Xstrata Coal South Africa, a subsidiary of Xstrata, provides a comprehensive workplace and community treatment, care, and support program aimed at integrating TB and HIV/AIDS service delivery to its mining operations in Nkangala and Gert Sibande. For example, workplace TB screening drives have been organized in partnership with the Provincial Health Department. Community health workers are trained to work on both HIV/AIDS and TB, to systematically

visit households, and to link those in need with health facilities and the company's workplace program, as appropriate. Above all, the company ensures that it is working in tandem with the public to ensure that company HIV/AIDS and TB activities are aligned with government strategies and guidelines.

Ogilvy Healthworld

In response to the pressing need for simple, powerful messages that would raise awareness and spur action on the issue of co-infection, Ogilvy Healthworld applied its health communication and marketing expertise to develop advocacy messaging targeted at key groups. Working closely with key TB and HIV stakeholders, including the WHO/Stop TB Partnership, UNAIDS, and the Bill & Melinda Gates Foundation, the Ogilvy Healthworld team employed a four-step approach. The team identified and prioritized 'driver' audiences, utilized their Thought Mapping™ methodology to understand both current and desired behaviors/outcomes for each group, developed messages covering ten key areas (e.g. disease prevalence, diagnosis, treatment, etc.), and compiled these messages into an advocacy document that was distributed to driver groups.

Heineken

Heineken's HIV program, rolled out in 2001, offers prevention, care, treatment and support programs to benefit primarily its employees and their families, and includes retired workers and their families in some countries. Prevention and Awareness strategies are different depending upon target groups: employees, family members, management, discordant couples, etc. TB is an integral part of the program and all HIV positive individuals are tested for TB. Heineken follows WHO's recommendation (Three I's) for TB infection prevention in HIV-positive individuals.

Save a Million Lives Campaign

In 2011, WHO, Stop TB, and UNAIDS released a scientific model that shows how the global health community can collectively save a million people by 2015. The blueprint for action endorses testing for HIV and TB every three years where the diseases are prevalent, prompt TB treatment for HIV-positive individuals with active TB, and accessible and good quality HIV and TB treatment for people with HIV. It also calls for early ART treatment among HIV positive people with or without TB, regardless of the status of their immune system.

REFERENCES AND RESOURCES

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About GBCHHealth

GBCHHealth is a global coalition of over 200 private sector companies and top NGOs leading the business fight for improved global health. GBCHHealth supports members by developing comprehensive workplace policies; supporting community programs; leveraging core competencies; facilitating leadership and advocacy by business leaders; and brokering partnerships. GBCHHealth also manages the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, serving as an entry-point for corporate collaboration and engagement with the Fund and its recipients worldwide.

GBCHHealth has offices in New York, Johannesburg, Beijing, Nairobi and Moscow. For more information on GBCHHealth, please visit www.gbchealth.org.