



# Basic Information on TB/HIV Co-Infection

## Why should we be concerned about TB & HIV co-infection?

### **TB & HIV co-infection is a very serious public-health problem all over the World.**

According to WHO and UNAIDS estimates for the end of 2005, around 40 million people were living with HIV/AIDS. A significant proportion of them were also infected with the bacillus that causes tuberculosis. TB is the cause of around 10–15 % of all deaths among people living with HIV all over the world.

### **TB constitutes a serious health risk for people living with HIV/AIDS.**

The presence of HIV infection in a person who has latent TB can contribute to reactivating *Mycobacterium tuberculosis*, the infectious agent that causes a person to become ill with tuberculosis. This might also be associated with a more rapid progression of HIV and trigger the more severe manifestations of immune deficiency that define the onset of clinical AIDS.

### **Extra-pulmonary and disseminated forms of TB are very severe.**

Unfortunately, these forms are more frequent among people living with HIV/AIDS than among people who are not infected with HIV. Moreover, these forms of TB are very serious, more difficult to diagnose and more complex to treat. The onset and evolution of extrapulmonary and disseminated forms of TB is closely associated with the level of immunological impairment caused by HIV, being thus more common in advanced stages of HIV disease.

### **At the global level, TB is a major cause of morbidity and mortality among people living with HIV/AIDS.**

The odds that a person will develop active TB if s/he already has a latent infection depend on the competency of that person's immune system. A person who is HIV-negative has only 1 chance in 10 of developing active TB during his or her lifetime. On the other hand, a person who is living with HIV has 1 chance in 10 of developing active TB each and every year. Furthermore, as was mentioned above, a large proportion of people living with HIV/AIDS die each year as a result of having developed active TB.

### **Why is it important for affected communities to participate and be fully involved?**

A significant number of persons living with HIV/AIDS have become very effective leaders of community-based initiatives devoted to ensuring that affected persons gain greater access to treatment in those areas most hard hit by TB/HIV co-infection. The demands posed by these individuals may play a critical role in the **organization and strengthening of high-quality services** that ought to be accessible to all persons living with TB/HIV. Such services should likewise strive for **integrated policies and programs** so that the challenges posed by this dual epidemic can be duly faced. There is cause for concern that, despite the fact that TB is recognized as a severe health threat for people living with HIV/AIDS, the topic has not gained enough relevance on the health agenda when it comes to advocacy and resource-mobilization activities.

People who live with HIV/AIDS, TB, or both infections can join hands in striving for **access to comprehensive health-care services providing the highest possible quality of care**. This can be done if they incorporate into their actions a series of elements to ensure effective outcomes.

A critical element of community-based actions is to **reduce stigma and discrimination**. Due to the lack of information and to common misconceptions about the way TB is transmitted, people with TB are erroneously perceived as a being "threat" to others, especially to people living with HIV.

Advocating for **quality medical care** for people co-infected with HIV and TB is critical, considering that one of the two diseases is curable and the other can be treated.

The presence of active TB makes antiretroviral treatment more complicated, since the use of drugs to treat TB may cause side effects and interactions that may require **adjusting ARV treatment schemes**.

## Critical Elements that exert an impact at the political and policy-making levels

### Empowerment and Participation in Health-Related Processes

**Empowerment**, the first critical element, is about being involved in processes aimed at developing and gaining the power needed for a person to express him- or herself and to be able to defend her or his rights. It is about acquiring assertiveness, self-confidence, higher self-esteem, and greater control over one's life and one's social and political interactions.

**Participation** has to go beyond having something to say about the way in which health services operate. It has to work towards ensuring equal access to services for all who need them, define overarching health goals, and foster integrated approaches to ensure comprehensive care. Participation in health-related processes by community representatives must be permanent, systematic, critical, and exceedingly open-minded, while continuously working towards results that will translate into better health for individuals, families, and communities.

Participation in health-related processes is about being involved in processes intended to identify problems, weaknesses, needs, and strengths relevant to a person's health and wellbeing. Such participation allows communities to **have a say in policy development and program implementation, rather than just accepting things in a passive manner.**

### Peer Education

"**Peer education**", also known as "peer-facilitated learning" is an approach that can be very successful to implement empowerment and participation processes.

**Peer education is a strategy** that can be successfully utilized to cope with shared problems. Its basic tenet is to trigger changes among members of a group of peers that will entail benefits for them all. Those changes can occur in cognitive, attitudinal, belief, and/or behavioral domains.

**Affected communities can be highly effective** in carrying out activities to advocate for and demand comprehensive care services for persons living with HIV/TB.

### Promotion, Strife, Social Mobilization, and Communication

**Promotion and strife** are two notions that mean positioning TB/HIV issues on the political agenda. The goal is to guarantee both a national and international will and commitment to advance the necessary actions to prevent and control HIV and TB, and to mobilize the necessary financial resources for implementing policies and programs to deal with the morbidity and mortality associated with TB and HIV.

**Social mobilization** is a process aimed at fostering political will through activities of persuasion carried out by community members who will convince policy- and decision-makers that **prevention and control of HIV and TB are critical for ensuring social well-being.**

**Communication** is a process intended to raise awareness among the general public about the risks that TB implies for people with HIV, by providing information on available diagnostic services and on comprehensive care and treatment on a mass scale. Such communication messages also serve to trigger behavioral changes.

For further information (in Spanish), contact

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