Almost 30 years since it was first reported in 1983, the HIV epidemic remains a serious public health issue globally, and particularly in countries of the WHO South-East Asia Region (SEAR). The overwhelming global efforts to combat HIV/AIDS over the past 10 years have led to fewer HIV epidemics. New infections have declined by over 25% in 29 countries worldwide, including four of the five high HIV burden countries in SEAR (India, Myanmar, Nepal and Thailand but not Indonesia) since the epidemic peaked in 2001.¹

More importantly, the survival of people living with HIV (PLHIV) and their ability to enjoy productive lives have improved significantly over the past decade due to the scaled-up provision of life-saving antiretroviral therapy (ART). Moreover, ART is not only a priority life-saving intervention; but it can also reduce the incidence of tuberculosis (TB) by up to 90%.¹

HIV is the strongest risk factor for developing active TB disease and PLHIV are 20 to 30 times more likely to develop active TB than HIV negative people.² In some countries up to 82% of people with TB have HIV.¹ TB is a major killer among PLHIV and accounts for more than 25% deaths among this group worldwide.² In 2011, 430 000 out of 1.7 million AIDS-related deaths (25%) were caused by HIV-associated TB disease.³ The world had reached the Millennium Development Goal (MDG) targets of halting and reversing the TB epidemic in many high prevalent states,³ but HIV–TB coinfection is a challenge to reduce the global target of 50% deaths due to TB by 2015, The target is linked to MDG and endorsed by the stop TB partnership/UNAIDS in 2006 and recommitted by the Member States at the United Nations high level meeting on AIDS in 2011.¹⁻³ While the HIV and TB epidemics are declining in almost all high-burden countries, HIV-related TB continues to remain a serious challenge for the health sector response by national governments and threatens the survival of PLHIV.¹⁻³

Of the estimated 34 million people living with HIV globally, about one third are thought to have concomitant latent TB. In 2011, of the over 8.7 million incident TB cases worldwide, 1 million were among PLHIV, The WHO South-East Asia Region accounts for nearly 15% of the global burden of new HIV/TB infections. Five countries of the Region are among the 22 highest TB burden countries in the world (Bangladesh, India, Indonesia, Myanmar and Thailand). Among these, four countries (India, Indonesia, Myanmar and Thailand) have a high burden of TB and HIV. While Nepal is not among the countries with the highest TB

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burden, the number of PLHIV is high\textsuperscript{1,2} which poses a potential threat of HIV–TB coinfections in the country.

In 2011, nearly 5 million people were living with TB in SEAR, and approximately 140,000 of the estimated 3.5 million people who newly developed TB were HIV-positive.\textsuperscript{3}

Collaborative TB–HIV activities between national TB and HIV programmes are vital to prevent, diagnose and treat TB among PLHIV, and HIV among individuals with TB, to achieve the goal of reducing TB-related deaths. World Health Organization (WHO) has provided clear policy recommendations on interventions needed to achieve this collectively known as collaborative TB–HIV activities.\textsuperscript{4,5} These include: (i) establishing mechanisms for collaboration between HIV and TB programmes (joint planning, coordinating bodies, surveillance, and monitoring and evaluation); (ii) reducing the HIV burden among TB patients through HIV testing and counselling, provision of ART and co-trimoxazole preventive therapy (CPT) to TB patients living with HIV, and HIV prevention, care and support services for TB patients and (iii) reducing the burden of TB among PLHIV with the Three I’s for HIV/TB :– intensified TB case-finding; isoniazid preventive therapy; and infection control in health-care and congregate settings.\textsuperscript{3–5} The progress made towards achieving these goals in countries of the Region has been variable.\textsuperscript{1,3}

Highly active antiretroviral therapy (HAART) is recognized as a great achievement in public health as it has not only prevented deaths among PLHIV, but has also reduced common opportunistic infections, especially Mycobacterium tuberculosis, in people living with HIV.\textsuperscript{6} For ART to have the maximum benefit, it is important to detect people living with TB–HIV co-infection early National TB programmes should provide HIV testing and counselling to anyone presenting with signs and symptoms of TB and people with confirmed TB. ART also must be made available for all PLHIV who have active TB irrespective of their immune status or CD4 cell count. Simultaneously, HIV programmes should refer PLHIV attending treatment and care facilities for early TB assessment, so that active TB can be detected early and treatment initiated without delay.

While the number of TB patients identified as HIV-positive and enrolled on ART has grown steadily in the Region as well as globally,\textsuperscript{3} necessary testing systems appear to be still inadequate In 2011 worldwide 40\% of TB patients had a documented HIV test result while on average only 32\% of TB patients knew their HIV status in SEAR.\textsuperscript{3} This means that two out of three TB patients were not aware of their HIV status in the Region. Lowest HIV testing rates were recorded in Myanmar and Indonesia while India and Thailand recorded high rates.\textsuperscript{3} Perhaps, stigma associated with HIV prevents people with TB from attending HIV care services for an HIV test, and clinicians in TB clinics appear to be still reluctant to offer HIV testing (known as provider-initiated counselling and testing) to patients under their care.\textsuperscript{1,3} About 59\% of the TB patients diagnosed with TB–HIV co-infection were provided with lifesaving ART in SEAR compared with 48\% globally though the proportion varied widely across the Region, Myanmar had the highest with 80\% ART coverage and Indonesia lowest 42\% among the high TB/HIV burden countries in SEAR.\textsuperscript{3} To reach the Global Plan’s target of providing ART to all TB patients known to be living with HIV by 2015 the coverage of ART for HIV-positive TB patients needs to be improved.

In 2011 about 400,000 PLHIV in the Region were assessed for TB during their last visit, of whom the largest number was in India compared to 2.3 million globally,\textsuperscript{3} India and
Myanmar have assessed and recorded the TB status of almost all HIV patients enrolled for HIV care at the last visit.\textsuperscript{1,3}

HIV-associated TB deaths can be further reduced by offering co-trimoxazole preventive therapy to TB patients living with HIV. Over 89\% patients in this group in SEAR have benefitted from this measure, since many national programmes have offered CPT and intensified TB screening of PLHIV at HIV treatment and care service points.\textsuperscript{3} It is heartening to note that TB–HIV collaborative activities are progressing steadily in the Region. India and Thailand have fully integrated nationwide implementation of this collaboration, other high-burden countries like Indonesia and Myanmar, as well as low prevalence countries such as Bangladesh, Maldives and Sri Lanka have started scaling-up services. However, Nepal is yet to institute strong TB–HIV collaborative programmes.

The global target of halving TB–HIV deaths by 2015 can be realized only if services are scaled up through concerted and joint efforts of National AIDS and TB programme to detect HIV–TB coinfected people early and ensure them treatment.\textsuperscript{2}

\textbf{References}


