

# TB + HIV: A Deadly Duo

**ACTION** GLOBAL HEALTH  
ADVOCACY PARTNERSHIP

## LUWIZA MAKUKULA (ZAMBIA):



### Deadly Duo Survivor, Dynamic Duo Member

When Luwiza Makukula's spouse of 13 years passed away in 2001, she had no knowledge of TB and HIV. But just one year later, she became increasingly ill, was diagnosed with the two

diseases, and was placed in a hospital isolation ward. "That was one of the most difficult moments in my life...and as if I had not had enough, the TB medication made me lose my memory. I could not walk, I had no feeling in my feet."

After a long recovery, Luwiza started a support group for men and women living with HIV in Zambia. She currently works with a Zambian organization called the Community Initiative for Tuberculosis, HIV/AIDS and Malaria plus related diseases (CITAM+), an ACTION partner, and shares her story with others around the world to urge more investment in TB and HIV. "I know what TB can do to me. I know what it is to live with HIV...that's what gave me a passion to speak for others who cannot."

Tuberculosis is the leading killer of people living with HIV/AIDS, causing one in five HIV-related deaths.

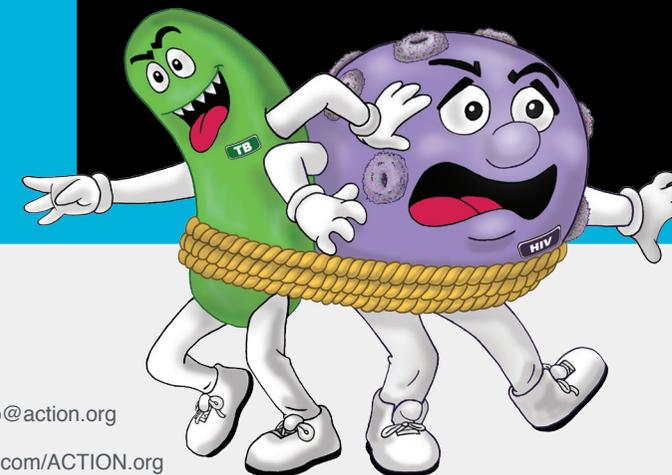
Together these two diseases form a lethal combination, each speeding the other's progress. Due to their weakened immune system, people with HIV are up to 30 times more likely to develop active TB than people who don't have HIV.<sup>4</sup> Meanwhile, TB can accelerate the progress of an HIV infection, causing someone with HIV to become sick more rapidly.

Strong political will and financial investments have produced impressive gains in the global fight against HIV. But this hard-earned progress is at risk of falling backwards due to global neglect of TB:

- The global response to TB faces a dismal annual funding gap of US\$ 1.6 billion.
- US\$ 600 million a year is needed to implement collaborative TB-HIV activities, such as increased testing for TB among people living with HIV. This excludes the cost of antiretroviral treatment (ART) for TB patients living with HIV.<sup>5</sup>

## DEADLY DUO BY THE NUMBERS

- **1.1 million** people with HIV/AIDS get sick with TB every year and **320,000** die as a result.<sup>1</sup>
- Only **25%** of people with TB-HIV co-infection complete TB treatment.<sup>2</sup>
- **75%** of the global burden of TB-HIV is in Sub-Saharan Africa.<sup>3</sup>



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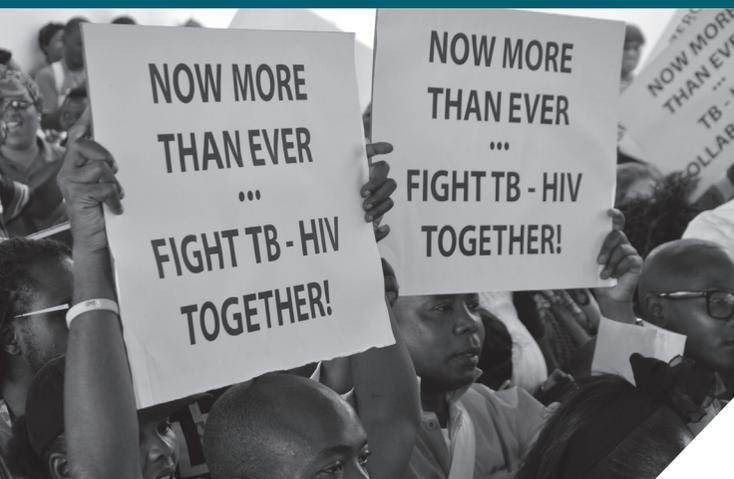
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ACTION is a global partnership of advocacy organizations working to influence policy and mobilize resources to fight diseases of poverty and improve equitable access to health services.

# TB + HIV Communities: A Dynamic Duo

Despite TB's status as the leading killer of people with HIV, responses to these two diseases are often disconnected, and collaboration on HIV and TB programs is weak in many places. Together, HIV and TB communities – researchers, people living with the diseases, advocates, policy makers, donors, health care workers, and more – can become a dynamic duo working to save lives.

Fortunately, integrating the response to the deadly duo is clear and includes simple measures such as ensuring people living with HIV get early diagnosis and treatment for active TB, improving infection control in health clinics, and ensuring all TB patients living with HIV can access anti-retroviral treatment.



The dynamic duo must work together to ensure these TB-HIV policies are enacted at donor and national levels, and also become realities on the ground. Here's how you can be a member of the dynamic duo:



**I'm an international donor:**

I can allocate more funding for TB-HIV and require country programs to implement and measure TB-HIV collaborative activities.



**I'm a health care worker:**

I can ensure my patients receive comprehensive and compassionate treatment and care for both TB and HIV. I can educate patients on the diseases and ways they can reduce their risk.



**I'm a policy maker:**

I can work to scale up funding to fight TB-HIV in my country and abroad, including investment in new drugs, diagnostics, and vaccines. I can educate and encourage my fellow colleagues to join me in these efforts.



**I'm an advocate/member of civil society:**

I can urge policy makers to invest in the fight against TB and HIV, including the development of new diagnostics, drugs, and vaccines. I can work to reduce stigma in my community by increasing education and awareness of TB and HIV.



**I work in the Ministry of Health in a country with a high TB/HIV burden:**

I can bring together the TB and HIV departments to ensure strategic plans are aligned and TB and HIV services are linked.

1. WHO. (2013). HIV-Associated TB Facts 2013 [fact sheet]. Retrieved from [http://www.who.int/tb/challenges/hiv/tbhiv\\_factsheet\\_2013\\_web.pdf?ua=1](http://www.who.int/tb/challenges/hiv/tbhiv_factsheet_2013_web.pdf?ua=1).
2. WHO. (2013). Global Tuberculosis Report 2013. Retrieved from [http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf?ua=1). Note: this calculation was made by taking the number of people with HIV-associated TB who were treated for TB in 2011 and dividing it by the number of new TB/HIV cases in 2011.
3. WHO. (2013). HIV-Associated TB Facts 2013 [fact sheet]. Retrieved from [http://www.who.int/tb/challenges/hiv/tbhiv\\_factsheet\\_2013\\_web.pdf?ua=1](http://www.who.int/tb/challenges/hiv/tbhiv_factsheet_2013_web.pdf?ua=1).
4. Ibid.
5. WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria. (2013). Tuberculosis Funding and Financing Gaps in 118 countries receiving Global Fund support [fact sheet]. Retrieved from [http://www.who.int/tb/WHO\\_GF\\_TB\\_financing\\_factsheet.pdf?ua=1](http://www.who.int/tb/WHO_GF_TB_financing_factsheet.pdf?ua=1).