

World leaders at UN meeting call for joint action to reduce tuberculosis deaths among people living with HIV

Medicine

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9 June 2008, New York City - For the first time ever, heads of government, public health and business leaders, heads of UN agencies and activists came together at UN Headquarters today to confront a threat to global health that could undermine investments in life-saving drug treatment for people living with HIV.

Tuberculosis (TB) is taking the lives of nearly a quarter of million people living with HIV each year. TB is the number one cause of death among people living with HIV in Africa. Worldwide it is a leading cause of death in this population.

The World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF) recently announced that some three million people are now receiving life-saving anti-retroviral treatment, but TB, especially drug-resistant forms of the disease, threatens to hinder this progress. Because HIV weakens the immune system people living with HIV are up to 50 times more likely to develop TB disease over their lifetimes than people who are HIV negative. Without proper treatment with anti-TB drugs, the majority of people living with HIV die within two to three months of becoming sick with TB.

The leaders spelt out specific measures, recommended by WHO*, needed to avert deaths from HIV/TB. People living with HIV must be screened regularly for TB. Those who are sick with TB need effective TB treatment, and those without TB disease should receive preventive therapy with the drug isoniazid. These treatments are not expensive. A six-month course of TB treatment costs US\$ 20, and a course of preventive drug therapy costs US\$ 2. Simple measures to prevent the spread of TB among HIV-infected people, especially in health care settings, also need to be put in place.

In 2006, WHO reported that only 1% of the total estimated number of people infected with HIV worldwide were screened for TB. But some countries are making gains on detecting HIV among TB patients and providing life-saving treatments for both diseases.

Kenya, Malawi and Rwanda, for example, more than doubled the proportion of TB patients tested for HIV infection and treated appropriately between 2004 and 2007, according to national government data. In Kenya, the percentage of TB patients tested for HIV rose from 19% to 70%, and in Malawi the increase was from 25% to 83%. In Rwanda, in 2004, TB services were not testing any patients for HIV; in 2007, they tested 89%.

Today's HIV/TB Global Leaders' Forum was convened by the UN Secretary-General's Special Envoy

to Stop TB, Dr Jorge Sampaio, and endorsed by the UN Secretary-General Ban Ki-moon. The Forum was opened by the Secretary-General and Mr Srgjan Kerim, President of the UN General Assembly.

The leaders pointed to HIV/TB as a major constraint to economic development, since most TB deaths are among adults of working age. Because it most often strikes society's most disadvantaged people, they said, the dual epidemic is a barrier to social justice and human rights. They also warned that HIV/TB could evolve as a threat to global health security, particularly in the light of emergence of virtually untreatable TB strains.

Dr Sampaio will report on the outcome of the forum to the UN High-Level Meeting on AIDS, which begins tomorrow. Today's forum was supported by UNAIDS, the World Bank, WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Stop TB Partnership.