



For Immediate Release
August 8, 2006

Media Contacts:
Geoffrey Knox: 212-229-0540, 917-414-1749
Rachel Guglielmo: 917-640-6394

GLOBAL REPORT ON TB AND HIV SHOWS URGENT NEED FOR ACTION BY GOVERNMENTS, NGOS, AND ACTIVISTS

~New Analysis of TB/HIV epidemics in Bangladesh, Brazil, Nigeria, Tanzania, and Thailand~

NEW YORK -- Governments around the world are failing to address the deadly interaction between tuberculosis and HIV, according to a new study of the twin epidemics. The report reveals a striking lack of political commitment to control TB, despite the fact that tuberculosis is the leading infectious cause of death for people living with HIV/AIDS, and that AIDS is fueling a resurgence of TB in many areas of the world.

The report, by the Public Health Watch project of the Open Society Institute (OSI), looks at the preventable but growing global TB epidemic, its interaction with HIV/AIDS, and the inadequate response to the two diseases in Bangladesh, Brazil, Nigeria, Tanzania, and Thailand. The study, *Civil Society Perspectives on TB/HIV Policy*, is being released in time for the International AIDS Conference in Toronto next week.

“The need for early identification and treatment of TB is desperately urgent,” says the UN Secretary-General’s Special Envoy for AIDS in Africa, Stephen Lewis, in the foreword to the report. “We must never forget that in many countries, the majority of people who die of AIDS succumb to tuberculosis. TB and HIV act on each other with fatal force—a combination made in hell, which must be expunged from the catalogue of communicable disease.”

Through a review of TB and TB/HIV policy, and extensive consultation with policymakers, activists, and patients, the report reveals that the interaction between TB and HIV/AIDS is particularly deadly in many sub-Saharan African countries due to widespread stigma, low levels of awareness, poorly coordinated services, and a lack of mobilization at the local, national and international levels.

In Tanzania, for example, the number of TB cases increased by almost six-fold between 1983 and 2003, from approximately 12,000 cases to 64,500, with 60 percent of the increase in TB incidence attributable to HIV.

HIV/AIDS is also fuelling the TB epidemic in Nigeria, the nation with the largest number of new TB cases in Africa, with a 6 percent annual increase in TB prevalence, and a four-fold increase in HIV rates among people living with TB between 1991 and 2001.

While Bangladesh, Brazil, Nigeria, Tanzania, and Thailand face varying rates of TB/HIV coinfection, the report points to the need for decisive governmental action to coordinate TB and HIV/AIDS policies and programs, both in countries with high coinfection rates such as Tanzania, as well as in countries at high risk for a burgeoning coepidemic such as Bangladesh.

In all five countries examined, people living with HIV/AIDS face serious obstacles to receiving prompt, effective treatment for TB, including lack of proper diagnostic tools.

Brazilian Public Health Watch researcher Ezio Távora dos Santos Filho, who is living with HIV and has survived TB twice, asserts that even in middle-income Brazil, “only an individual with good connections and access to top-quality medical assistance (including rapid TB diagnostic tests) can survive a complex TB/HIV coinfection.”

In all five countries examined, the report finds low levels of awareness about TB and TB/HIV coinfection among the general public and policymakers. Though people with HIV/AIDS face a significantly higher risk of developing TB disease, they often do not know the basics about TB.

One recent study in Nigeria showed that 92 percent of a group of 148 people living with HIV/AIDS in Lagos and Kaduna did not know how TB was transmitted or treated.

In Thailand, “the general perception among political leaders as well as in Thai society is that TB has been completely eradicated,” said Thai researcher Amara Soonthordhada.

Widespread stigma around TB and HIV/AIDS also prevents many people living with either or both diseases from seeking treatment. One prominent Nigerian HIV activist told Public Health Watch researchers that “the hostile attitude of health care officials to people living with HIV/AIDS and TB” is a key barrier to public education and treatment of the twin epidemics.

Public Health Watch researcher Jamillah Mwanjisi of Tanzania sees a direct link between lack of reliable information about TB and TB/HIV coinfection and the high level of stigma attached to TB in Tanzania.

“As soon as it is suspected that someone might have TB, everybody thinks that he or she also has HIV . . . [and t]his is because there is very limited information about TB—almost nothing—especially at the community level,” said Mwanjisi.

While the report emphasizes that community mobilization has proven essential in advocating for research, development of new tools, and increased resources for the fight against HIV/AIDS, the people and communities most affected by TB often lack resources and opportunities to engage in policy processes. TB-associated stigma also reduces advocacy on the disease.

Long-time Brazilian AIDS activist Santos Filho insists that engagement and activism by well-educated and politically connected constituencies initially affected by AIDS in countries like Brazil and the United States may not be realistic when so many of those affected by TB and TB/HIV are from the poorest and most marginalized communities in their countries.

Noting that world government bodies, particularly the Abuja +5 Summit of African Heads of State on HIV/AIDS (May 2006) and the UN General Assembly High-Level Meeting on

HIV/AIDS are beginning to acknowledge the TB/HIV connection, the report encourages decisive governmental action to coordinate TB and HIV policies and programs, both in countries with high coinfection rates such as Tanzania, and in countries at high risk for a burgeoning co-epidemic such as Bangladesh.

Greater social mobilization around TB and TB/HIV will be essential to reduce TB and TB-related deaths among people living with HIV/AIDS. According to the report, this will not occur without a concerted and sustained effort on the part of donors, policymakers and community activists to engage TB and HIV patients as partners.

“[We policymakers] still see ourselves as gatekeepers, who somehow allow the public to participate.... Ordinary people are treated as the recipients of the services that are being delivered to them, rather than as equal partners in their treatment,” said Public Health Watch researcher Afsan Chowdhury from BRAC (the Bangladesh Rural Advancement Committee).

“Provision of TB services has to come to be seen as an obligation,” he added. “Until we make this change [our efforts are] not sustainable.”

This report—which focuses specifically on TB/HIV policy and the effects of the HIV/AIDS epidemic on TB control efforts—is a preview of a series of in-depth studies of the five countries that will be launched on Nov. 1, 2006, at the annual International Union Against Lung Disease Conference in Paris.

A copy of the study is available at www.publichealthwatch.info.

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