

# CONCLUSION

That TB and HIV fuel each other was long ago established. The policy recommendations to guide an integrated response to the co-epidemic have been in place for years. With uptake slow, some of these old recommendations have been newly branded in hopes of spurring action. In the meantime, the world's two most devastating infectious disease epidemics continue to merge, awaiting a concerted, sustained, and integrated response.

Over 3 million people are on ART, and millions of others have been reached with HIV prevention and care. But with 1.4 million PLWHA developing active TB in 2007, TB constitutes a direct and growing threat to the successes borne out of this remarkable global effort.

Every measure must be taken to jointly and comprehensively address the co-epidemic wherever it exists. Yet to varying degrees — and with some marked exceptions — the donors critiqued in this report have inconsistently, inadequately, and sometimes superficially pursued an integrated response to TB and HIV/AIDS. They must commit the resources, and thoughtfully plan and implement the interventions, needed to drastically reduce TB deaths among people living with HIV and measurably contribute to the goal of achieving universal access to TB-HIV services. In the Africa region in particular, this is the only way to make headway against either disease and meet the needs of those affected by both.

To continue on the current course poses potentially grave risks, both to successes achieved and to the very individuals donors aim to reach. As donors continue to scale up ART provision, those with weakened immune systems will increasingly congregate in clinical and other settings where care is received. Without a concomitant investment in DOTS, TB-HIV interventions, infection control, and other measures, these settings may actually facilitate the spread of TB among those most vulnerable. In the face of the latest data it becomes worthwhile to ask: to what extent is this already happening?

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## **PHOTOS**

### *Cover:*

A young TB patient shows her TB medication at the MCD DOTS clinic in New Delhi, India. Gary Hampton.

TB-HIV march at the XVI International AIDS Conference, Mexico City. Cameron Lefevre.

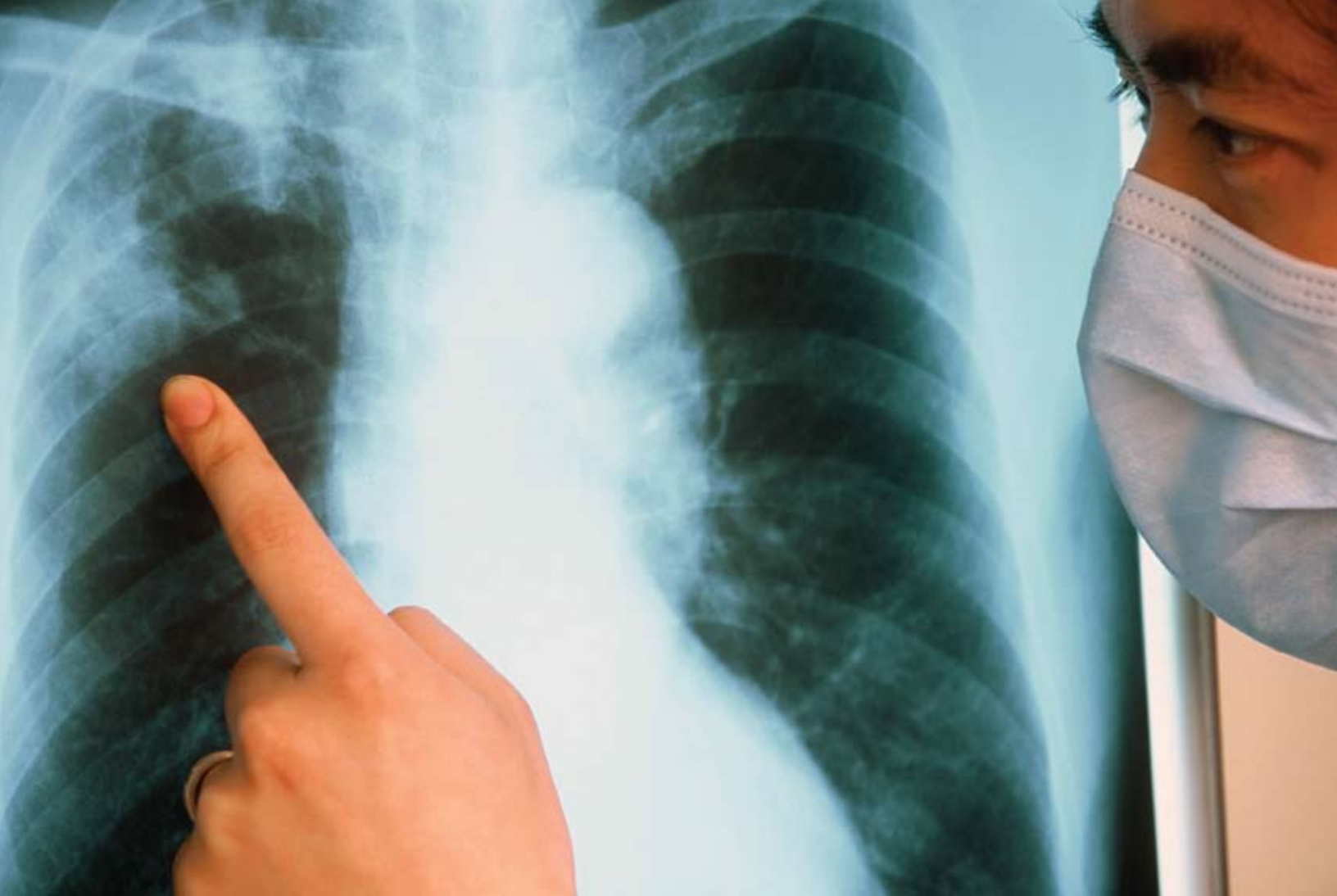
A TB patient at World TB Day celebrations in Ghana. Pierre Viot.

### *Inside Cover:*

Supervision of drug intake in the TB hospital in Cotonou, Benin. J-P Zellweger.

### *Back Cover:*

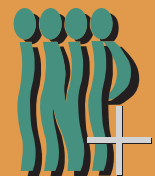
Diagnosing TB at Beijing Laboratory of Molecular Biology in China. Pierre Viot.



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