

WHO THREE I's MEETING: Isoniazid preventive therapy (IPT), intensified case finding (ICF) and infection control for TB (IC)

As resource-limited countries rapidly expand their HIV/AIDS treatment and care programmes, important opportunities are opening up to better deal with the dual scourge of HIV and TB co-infection. Both HIV and TB are treatable and preventable, yet despite this HIV/TB remains a major public health threat for people living with HIV. Indeed, TB is the most frequent life-threatening opportunistic disease, even in those receiving antiretrovirals, and shamefully it remains a leading cause of death for people with HIV.

- People living with HIV are at increased risk of acquiring TB in the community or the health-care setting: better infection control (IC) can reduce these risks.
- Once infected with TB, HIV accelerates the appearance of TB disease: this evolution to disease can be greatly reduced by Isoniazid Preventive Therapy (IPT) a simple safe and cost-effective intervention
- Any delay in diagnosing established TB disease and starting appropriate therapy significantly impacts on outcome including death; intensified case finding (ICF) can identify cases early and improve treatment outcome

Conclusions and recommended actions

Prevention and treatment of TB in people living with HIV is an urgent priority for both HIV/AIDS and TB programmes. WHO therefore recently reviewed policy and practice in these three key domains: the Three I's, Isoniazid preventive treatment (IPT), intensified case finding (ICF) for active TB, and TB Infection Control (IC), are key public health strategies to decrease the impact of TB on people living with HIV. On April 2-4th, 2008 the WHO HIV/AIDS & Stop TB Departments, in collaboration with other key partners, convened a meeting of international stakeholders to develop guidance for accelerating Three I's implementation for people living with HIV. Several conclusions and concrete actions were recommended:

- HIV/TB is a major public health threat for people living with HIV and the community. TB threatens the significant gains in care and ART scale-up.
- The Three I's should be a central part of HIV care and treatment and are critical for the continued success of ART scale-up. Everyone accessing services in a higher HIV and TB prevalence area should be screened for TB and either diagnosed with TB or placed on IPT. Infection control is a key part of the screening process.

- Implementation of the Three I's should be “owned by” HIV programs and seen as indispensable as patient monitoring or cotrimoxazole prophylaxis.
- There is an urgent need to strengthen public health laboratory capacity and referral systems for the timely diagnosis of TB.
- People living with HIV, health care workers and the community have a right to a safe clinical environment which means immediate implementation of WHO recommended TB infection control measures
- There is an urgent need to strengthen the Three I's supply chain, particularly potential INH/CTX co-formulation and/or co-packaging.
- Advocacy "Push" and "Pull": Top down and bottom up approach will be necessary to ensure implementation progress. Advocacy should focus on the importance of the Three Is and the need to create community demand for TB screening, IPT and IC as positive actions to fight TB.
- M and E is critical to monitor progress in scaling up the Three I's to people living with HIV and their communities
- Resource mobilization is essential for success and we will need to mobilize political commitment and resources for Three I's implementation