Tuberculosis (TB) is the world’s leading cause of death from infectious disease. Globally, one-third of people living with HIV (PLWH) are infected with the bacterium that causes TB, and TB accounted for one in three AIDS-related deaths in 2015.

Ending HIV-associated TB among PLWH is possible through widespread coverage of life-saving antiretroviral therapy (ART), early identification and treatment of TB, TB preventive therapy, and infection control activities. Independently, each of these interventions saves lives and diminishes TB transmission, but when used in concert, their impact is far greater.

Despite significant progress, only about half of notified TB patients are tested for HIV, and just a third of the estimated TB/HIV co-infected patients worldwide receive ART. Even fewer receive TB preventive therapy.

To reduce deaths among PLWH and prevent transmission of TB, PEPFAR supports the implementation of World Health Organization guidelines and is focused on strengthening health systems. As shown below, PEPFAR programs integrate prevention, diagnosis, and treatment of TB into HIV services.

**Prevention and Treatment Services**

- Rapid initiation of ART for all identified PLWH to prevent TB disease and reduce mortality in those who already have TB
- Routine screening for TB in all PLWH, with immediate TB treatment for those who test positive and TB preventive therapy for those who test negative
- Provision of co-trimoxazole for PLWH to prevent opportunistic infections and reduce mortality
- HIV testing for all individuals with TB and those with symptoms of TB, with immediate referrals to HIV care for people who test positive

**Health Systems Strengthening**

- Development of a TB infection control training and implementation package to help reduce TB transmission in health care facilities
- Development of a comprehensive curriculum and training materials as well as HIV/TB surveillance that can be adapted by national TB and HIV programs
- Enhancements of laboratory infrastructure to improve timely and accurate diagnosis of TB through strengthening and scale-up of sputum microscopy, chest radiography, and molecular testing