



UNITING AGAINST TB AND HIV

Stories, Lessons, and the Road Ahead
(2020–2025)



HUMANANA
PEOPLE TO PEOPLE INDIA

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Tuberculosis (TB), caused by *Mycobacterium tuberculosis*, and HIV together form one of the most lethal co-infections in global public health. HIV weakens the immune system, making individuals far more vulnerable to TB infection, rapid disease progression, and death. At the same time, active TB creates conditions that promote HIV replication, further intensifying this harmful interaction. Despite decades of progress, TB continues to be the leading cause of death among people living with HIV (PLHIV), accounting for nearly one in four HIV-related deaths worldwide.

Globally, efforts to tackle TB-HIV co-infection have yielded encouraging results over the past two decades. The estimated number of co-infection cases declined from 1.2 million in 2015 to approximately 640,000 in 2023. Similarly, the proportion of People with TB living with HIV has dropped significantly, and HIV-associated TB deaths have reduced from around 500,000 in 2010 to nearly 150,000 in 2024. Increased access to antiretroviral therapy (ART), is now reaching over 90% of People with TB living with HIV, and the expansion of TB Preventive Treatment (TPT) has played a critical role in these achievements. However, persistent gaps in early diagnosis, treatment linkage, and preventive care, especially in high-burden settings, continue to hinder progress, underscoring the need for stronger integration of TB and HIV services.

In India, while notable progress has been made, the dual burden of TB and HIV remains a significant public health challenge. With over 2.6 million TB cases notified and an estimated 2.56 million people living with HIV, the scale of the problem is substantial. 34,474 individuals continue to be affected by co-infection each year, with considerable mortality of 8200 individuals reported in 2024. Challenges such as high caseloads, suboptimal TPT coverage (137,465 on TPT out of 1.6 million eligible), and gaps in service integration persist. Strengthening collaboration between the National AIDS Control Programme (NACP) and the National TB Elimination Programme (NTEP) is therefore essential to improving prevention, early detection, and treatment outcomes.

Humana People to People India (HPPI) has been at the forefront of addressing these challenges through community-based, integrated approaches. As a national development organisation working across health, education, and livelihoods, HPPI has placed TB and HIV at the centre of its health interventions. With 25 years of experience in HIV and over 10 years in TB, HPPI has implemented multiple projects across several states, focusing on high-risk and vulnerable populations such as female sex workers, MSM, migrants, and people who inject drugs. Through targeted interventions, the organisation has combined prevention, testing, treatment linkage, and long-term care into a cohesive and community-driven model.

A key strength of HPPI's work lies in breaking traditional silos between TB and HIV programmes. By integrating TB screening and care into HIV outreach activities, HPPI has ensured that services reach those who are often left behind. Its field workers conduct routine TB symptom screening, facilitate diagnostic testing, support treatment initiation, and provide continuous follow-up to ensure adherence. The organisation also promotes TB preventive treatment among eligible individuals and connects beneficiaries to government support schemes. This integrated model not only improves efficiency but also builds trust within communities, making healthcare more accessible and acceptable.

The results of this approach between 2020 and 2025 demonstrate its effectiveness. Large numbers of individuals from high-risk groups were screened for TB, leading to timely detection and treatment initiation. Treatment success rates among the key populations have been exceptionally high, reflecting the impact of sustained community-based support. Among PLHIV, while treatment outcomes have been comparatively lower, the HPPI's projects have still achieved significant success in ensuring screening, treatment access, and completion of preventive therapy. Notably, TB preventive treatment completion rates have been remarkably high among those who were initiated on therapy, highlighting the effectiveness of consistent follow-up and support to People with TB.

Several important lessons emerge from HPPI's experience. Integrating TB screening into HIV programmes is both feasible and highly cost-effective, enabling early detection without requiring extensive additional resources. Community-based adherence support plays a critical role in ensuring successful treatment outcomes, particularly among vulnerable populations. At the same time, the relatively low coverage of TB preventive treatment indicates the need for greater resource allocation and prioritisation.

Looking ahead, HPPI envisions expanding its impact by moving from project-based implementation to larger programmatic scale. The organisation aims to build a fully integrated TB-HIV service continuum that combines prevention, diagnosis, treatment, and social support. Strengthening community-led systems, leveraging digital innovations, and focusing on last mile populations will remain central to its strategy. Additionally, integrating nutrition, social protection, and livelihood support into health programmes will be critical in addressing the broader determinants of health. HPPI also seeks to play a stronger role in contributing to national efforts to eliminate TB and control HIV.

Behind every statistic in this journey is a human story of resilience, courage, and transformation. Stories of individuals who, despite facing stigma, poverty, and life-threatening diagnosis, have reclaimed their health and hope with the support of community health workers and other community members. These stories remind us that TB and HIV are not just medical conditions, they are deeply human challenges that require equally human solutions. These narratives highlight the importance of early diagnosis, compassionate counselling, and sustained care in restoring health and hope.

Good Practices:

Humana People to People India (HPPI) has implemented an innovative approach to strengthen diagnosis of tuberculosis (TB among People Living with HIV (PLHIV) by introducing AI-enabled chest X-ray screening at Antiretroviral Therapy (ART) centres. PLHIV are at a significantly higher risk of developing TB, making early screening essential for improving health outcomes. This initiative is carried out in close coordination with District TB Officers and is guided by district-level needs and requests.

By integrating TB screening into routine ART services, HPPI has ensured timely diagnosis, and improved linkages to care. The use of artificial intelligence enhances the efficiency and accuracy of chest X-ray interpretation, particularly in settings where access to diagnosis facilities is limited. This not only enables the timely identification of presumptive TB but also ensures faster referral for confirmatory testing and prompt initiation of treatment.

Through this integrated model, HPPI strengthens the continuum of care by improving linkage between screening, diagnosis, and treatment services. As a result, the initiative contributes to reducing delays in care, lowering TB-related morbidity and mortality among PLHIV, and supporting broader national efforts toward TB elimination. To date, HPPI with AI enabled CXR, has screened 161 PLHIV for TB, identified 41 TB presumptive cases, facilitated testing for 41 individuals, diagnosed 3 people with TB, and supported initiation of treatment, demonstrating the effectiveness and scalability of this approach.

1. From Darkness to Dawn: Smita's Journey of Courage and Recovery

(Link Workers Project, HPPI- Lucknow, Uttar Pradesh)

Smita (name changed) lived in the quiet lanes of Narayanpur village in Mall block, Lucknow. Life had never been easy. After her husband disappeared without explanation, she was left alone to raise her two young children. The early days were filled with fear, hunger, and uncertainty. Yet, through determination and resilience, she rebuilt her life and ensured her children had food, shelter, and hope.

Just as stability began to return, tragedy struck again. During a routine visit to an Integrated Counselling and Testing Centre, Smita tested positive for HIV. The shock deepened when both her children were also diagnosed with HIV. Unable to accept the diagnosis, she refused treatment for herself and her children, living in denial and fear.

At this critical moment, she met Ranu (name changed), a field-level worker from Humana People to People India (HPPI). Through patience, empathy, and consistent counselling, Ranu gained Smita's trust and helped her accept the reality of the diagnosis. She guided the family to an ART centre and ensured treatment began promptly.

Life slowly stabilized, until Smita developed a persistent cough. Further tests confirmed tuberculosis (TB). Fear returned, especially for her children's safety. Once again, Ranu stepped in, arranging immediate treatment and ensuring the children were tested. Fortunately, they were TB-free and started on preventive therapy.

The months that followed were extremely challenging. Managing TB alongside HIV treatment brought side effects, exhaustion, stigma, and emotional distress. However, Ranu's unwavering support helped the family stay on track.

Eventually, Smita completed her TB treatment and was declared cured. The children also successfully completed preventive therapy, and the family maintained full adherence to ART. Today, Smita and her children stand strong, healthy, hopeful, and resilient. Ranu and HPPI remain their trusted pillars of support.



2. Boya Laxmi's Story: Fighting TB and HIV with Strength and Hope

(Targeted Intervention Project, HPPI- Kothakota, Telangana)

Boya Laxmi (name changed), a 35-year-old widow from Ammapur Village in Mahabubnagar district, lives with her 12-year-old daughter, Akshitha. After her husband's death, she worked as a daily-wage labourer to sustain her family.

During this difficult phase, she entered a relationship with a person living with HIV. About a year later, she developed symptoms such as fever,

persistent cough, and weight loss, and was diagnosed with tuberculosis. Concerned about her health and her daughter's future, she approached an ASHA worker, who referred her to HPPI. There, she met Asha Bharathi and Neelamma, the peer educators, who counselled her and recommended HIV testing. The results confirmed that she was HIV-positive.

The dual diagnosis left her devastated. Fear, uncertainty, and concern for her daughter overwhelmed her. However, Asha Bharathi and Neelamma provided continuous counselling, helping her understand that both TB and HIV are treatable and manageable. They ensured her daughter was tested, and she was relieved to learn that Akshitha was free from both infections. Preventive TB treatment for her daughter and treatment for Laxmi was initiated promptly.

Though the treatment initially caused side effects such as nausea, weakness, and loss of appetite, she gradually adapted with support and determination. The HPPI team remained by her side throughout, ensuring treatment adherence and emotional support.

Laxmi successfully completed her TB treatment and continues her HIV medication regularly. She resumed work, and her daughter is back in school. Today, Laxmi expresses deep gratitude to HPPI for helping her regain her health, dignity, and hope.



3. Aslam's Turning Point: From Addiction to Recovery

(Targeted Intervention Project, HPPI- Unnao, Uttar Pradesh)

Aslam (name changed), from Unnao district, fell into drug use due to peer influence. Over time, his health deteriorated severely, leaving him unable to work. Although aware of HPPI's outreach activities in his community, he initially avoided contact. However, as his condition worsened, the TI team intervened. Shadab, a team member, arranged for his immediate hospitalization.

Tests revealed that Aslam was living with both HIV and TB. He was linked to an ART centre and began HIV treatment. However, overwhelmed by the diagnosis and the number of medicines, he initially refused TB treatment and left the hospital.

The TI team continued to follow up, counselling him on the risks of untreated TB, especially to his family. Their persistence helped him understand the seriousness of his condition, and he agreed to start treatment. Facing financial hardship, the team supported him in accessing government assistance, enabling him to maintain proper nutrition and treatment adherence.

Today, Aslam is healthy, has overcome drug dependency, and leads a stable life. He regularly attends check-ups and motivates others to seek help. He remains deeply grateful to the HPPI team for supporting him a second chance in life.

4. From Vulnerability to Resilience: Chandra Kanta's Journey

(HOPE Delhi Targeted Intervention Project, HPPI- Delhi)

Chandra Kanta (name changed), a 45-year-old widow and mother of five, lives in an urban slum in East-Delhi. After her husband's death, she faced extreme financial hardship and was engaged in sex work to support her family. During community outreach by HPPI, she underwent HIV testing and was diagnosed as HIV-positive. The diagnosis caused severe emotional distress, driven by fear for her children and stigma.

Soon after, she developed symptoms such as cough, fever, and weight loss. The HPPI team referred her for testing, and she was diagnosed with tuberculosis, resulting in TB–HIV co-infection.

The HPPI outreach team provided comprehensive support, including counselling, treatment linkage, and adherence monitoring. She started on TB treatment followed by ART. Despite challenges such as side effects, stigma, and financial strain, continuous support from HPPI helped her remain on treatment.

Gradually, her health improved, and she regained strength and hope. Today, she continues treatment and remains committed to securing a better future for her children. Her story highlights the importance of early diagnosis, integrated TB–HIV care, and sustained community-based support for vulnerable populations.

Note

All names have been changed to protect identities. Necessary permissions have been obtained from the individuals featured in these stories.

In conclusion, the fight against TB and HIV is far from over, but the path forward is clear. The experience of Humana People to People India demonstrates that integrated, community driven approaches can deliver meaningful and lasting impact. By breaking silos, strengthening systems, and placing people at the centre, it is possible to accelerate progress towards ending these dual epidemics.

Annexures-Tables (Year 2020-2025)

Table One: Targeted Groups of the HIV projects of HPPI covered by the TB services				
Sr No	Name of the HIV project	Type of HIV project	Targeted population	Total
1	Hope Delhi, Delhi	Targeted Intervention (TI)	• FSW	2400
2	TCE (Toal Control of Epidemic) Lucknow, Uttar Pradesh	Link Worker Scheme (LWS)	• FSW • MSM • PWID • Migrants • Truckers • Pregnant women • Other vulnerable (youth, adolescent girls and young women/AGYW)	18743
3	Hope Kothakota, Telangana	TI Composite Intervention	• FSW • MSM • PWID	3072
4	Hope Unnao, Unnao, Uttar Pradesh	TI Composite Intervention	• FSW • MSM • PWID	3188
	Total			27,403

Table Two: Results combined (2020–2025)
<p>Results (2020–2025):</p> <ul style="list-style-type: none"> • HIV high-risk groups: <ul style="list-style-type: none"> o Screened for TB (verbal symptomatic) – 113,070 o Presumptive – 17,230 o Tested for TB – 15.406 o PwTB – 671 o Treatment initiated – 671 o Treatment completed – 671 o Close contact on TPT – 433 o Completed TPT – 433 • PLHIV: <ul style="list-style-type: none"> o Screened for TB (verbal symptomatic) – 519 o Presumptive – 99 o Tested for TB – 99 o PwTB – 11 o Treatment initiated – 11 o Treatment completed – 8 o On TPT – 301 o Completed TPT – 301

Table Three: Key Lessons learnt

Sr No	Key Programmatic Areas	Project-observations and Lessons Learnt
1	TB screening	<ul style="list-style-type: none"> • Achievement of the projects (PwTB detection) <ul style="list-style-type: none"> o 1 PwTB detected for every 207 HIV high-risk and vulnerable individual screened o 1 PwTB detected for every 42 PLHIV screened • Routine TB symptom screening can be effectively integrated into HIV outreach services. However, inclusion of chest X-ray screening could further improve detection, particularly among asymptomatic individuals.
2	TB Treatment	<ul style="list-style-type: none"> • Achievement of the projects (Successful treatment completion rate: <ul style="list-style-type: none"> o 99% treatment success among key and vulnerable populations o 70% treatment success among PLHIV • Regular community-based support played a crucial role in maintaining treatment adherence.
3	TB Preventive Treatment	<ul style="list-style-type: none"> • TPT coverage among PLHIV and household contacts remained suboptimal, primarily due to resource constraints within HIV-focused projects. • However, completion rates among those initiated on TPT were extremely high (100%), demonstrating the effectiveness of community-based follow-up.
4	Overall	<ul style="list-style-type: none"> • The experience demonstrated that stronger collaboration between NACP and NTEP can significantly enhance early detection and treatment outcomes. • Integrating TB screening within HIV programs is highly cost-effective and can be implemented without substantial additional resources.

Table Four: Project-wise performance (Cumulative 2020 – 2025)

Sr No	Name of the HIV project	# Screened		# Presumptive		# Tested for TB		# PwTB		Treatment initiated		Treatment completed		TPT initiated/screened		TPT completed	
		HRGs	PLHIV	HRGs	PLHIV	HRGs	PLHIV	HRGs	PLHIV	HRGs	PLHIV	HRGs	PLHIV	HRGs	PLHIV	HRGs	PLHIV
1	TCE Lucknow (Uttar Pradesh)	60264	353	16682	82	15056	82	654	5	654	5	654	4	417	225	417	225
2	HOPE Unnao (Uttar Pradesh)	8251	96	359	12	207	12	4	3	4	3	4	3	16	11	16	11
3	HOPE Delhi	35722	18	153	1	107	1	8	1	8	1	8	0	0	17	0	17
4	HOPE Kothakota (Telangana)	8833	52	36	4	36	4	5	2	5	2	5	1	0	48	0	48
Total		113070	519	17230	99	15406	99	671	11	671	11	671	8	433	301	433	301



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