Tuberculosis (TB) and HIV/AIDS are a deadly duo. HIV weakens people’s immune systems, allowing TB to flourish. Despite enormous gains made in battling the HIV epidemic, TB’s deadly synergy with HIV/AIDS threatens to destabilize gains in TB control.

While people are living with HIV, they are now dying of TB.

We must invest in the research and development for better drugs and finding better ways to diagnose and treat TB. And, we must ensure that all advancements are reaching the people who need them.

TB is the leading killer of people with HIV/AIDS

TB is one of the world’s deadliest infectious disease and it is evolving.

About **10 million** people became sick with TB and about **1.4 million** people lost their lives to TB in 2019 alone.

TB claims over **one in four** lives of people living with HIV.

In countries where TB is prevalent, people living with HIV/AIDS are are **20 times** more likely to contract TB than others without HIV.

**Recent Research to Advance New TB Treatments:**

- **Nix-TB** was a pivotal, Phase 3 clinical trial testing a six-month, three-drug, all-oral regimen against highly drug-resistant forms of TB.
  - The trial enrolled 109 people at three sites across South Africa.
  - As published in the New England Journal of Medicine, the regimen demonstrated a successful treatment outcome in 90% of patients and similar outcomes were seen in both HIV positive and HIV negative patients.

- **ZeNix** is a successor to the Nix-TB study and is a Phase 3, four-arm trial testing the same six-month, three-drug, all-oral treatment regimen.
  - The ZeNix study evaluated whether the same high efficacy rates could be maintained while reducing the dose or shortening the duration of one of the drugs in the regimen that is known to cause adverse reactions in patients.
  - According to primary endpoint results presented at the International AIDS Society conference on HIV science in July 2021, the high efficacy was maintained and the four arms showed treatment success rates from 84% to 93%. Similar outcomes were seen in both HIV positive and HIV negative patients.