HIV is the most important known risk factor that promotes progression to active TB in people with Mycobacterium tuberculosis infection. The lifetime risk of tuberculosis in immunocompetent persons is 5% to 10%, but in HIV positive patients, we observed 7% annual risk of developing active TB. Drug resistance rates are similar in HIV-infected and uninfected TB patients – with isoniazid resistance of 13-17% and MDRTB of 2-3% among new patients. Patients with advanced immunodeficiency are at high risk for acquisition of Rifampicin resistance when treated with twice-weekly or thrice-weekly regimens. We have documented the presence of malabsorption and low blood levels of anti-TB drugs, in patients with advanced disease. Our studies have shown that long-term treatment outcomes with thrice-weekly regimens are poor, but improve when ART is initiated early. Further, we have documented the risk factors and clinical profile of Immune Reconstitution syndrome among HIV-infected TB patients and have shown that IL-6 is a good predictor and marker for IRIS. Another clinical trial showed that both 6 months and 36 months of isoniazid preventive therapy (IPT) were effective and substantially reduced incidence of TB. The cost-effectiveness of different prevention strategies has also been examined. Surveillance of drug resistance has shown that resistance to NNRTIs develops in 70-90% of patients exposed to that class of drugs, who fail treatment. Further, evaluation of the early infant diagnosis program in Tamil Nadu has shown that a large proportion of infants fail to get tested by DNA PCR on time and subsequently linked to care.