

A call to action for a coordinated HIV and TB response to reach 6 million people living with HIV with tuberculosis preventive treatment.

Tuberculosis (TB) is not only treatable and curable but also preventable. Successful interventions over the past 50 years provide compelling evidence that ending the epidemic is feasible and achievable. The 2018 UN High-Level Meeting on TB provided a historic and opportune moment for the global community to put the TB response back on track. It reminded us that ending the epidemic requires tackling broader health risk factors and determinants of the disease, in addition to traditional biomedical responses.

Today, with the advent of newer and more effective options, the scale-up of TB preventive treatment has become a cornerstone in the effort to avert TB morbidity and mortality. This was recognized by the HLM Declaration, which announced its ambitious goal to prevent TB in “at least 30 million people, including 4 million children under five years of age, and 6 million people living with HIV and AIDS by 2022”.

We, the participants gathered at the “TB/HIV 2019 Symposium” held on July 20th, 2019 in Mexico City; recognize that a new era in TB prevention is upon us. As representatives of the TB and HIV communities, we commit to push for a renewed TB/HIV public health paradigm and to advocate for the protection of people living with HIV so that no one dies of TB.

We call upon all UN Member States, organizations of the United Nations system, inter-governmental and non-governmental organizations, the corporate sector, foundations, donors, national governments and the international community to promote enabling environments that reduce the burden of TB among people living with HIV by scaling up TB treatment and prevention.

Therefore, we advance the following five actions that stakeholders can undertake in order to eliminate TB in people living with HIV:

1. Sustain the necessary funding for both TB and HIV

Increasing the momentum of the TB and HIV response by urging leadership from political, religious, and civil society leaders at all levels to approach expenditure in health as an investment that will generate value to their societies and economies.

2. Galvanize stakeholders at all levels to ensure access to TB and HIV services and models of care that have affected individuals and communities at their core

Prioritising multi-stakeholder and coordinated HIV and TB responses as the driver for a reformed public health paradigm. Implementing evidence-based interventions, rolling out prevention services and consolidating health services towards universal health coverage. Together with HIV treatment, preventive therapy can reduce the risk of TB disease in people living with HIV by up to 90%.

3. Accelerate research and development of technology innovations, including diagnosis, treatment, and vaccines

Dedicating resources, with all high-burden and G20 countries investing a proportion of their Gross Domestic Expenditure will expedite efforts in the research and development of new technologies. This will also rapidly increase the uptake of new tools to prevent and treat TB and HIV.

4. Decrease the burden of combined HIV and TB stigma

Ensuring that national programmes strike a balance between standardized public health responses and innovative solutions to better support the realities of the communities and individuals affected by TB and HIV. Honouring the rights of people living with HIV and affected by TB, and decreasing gender-related barriers, stigma and discrimination will go a long way to decreasing vulnerability to TB and HIV in all societies.

5. Commit to outstanding programmatic performance

Striving for quality and implementing initiatives that are routinely geared, monitored and evaluated towards reaching TB and HIV targets at the country, regional, and global levels, including through accountability frameworks.