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Key messages and recommendations from the 42nd UNAIDS Programme Coordinating Board meeting on "Ending Tuberculosis and AIDS: a joint response in the era of the Sustainable Development Goals"

Your Excellency, H.E. Mr. Walton Webson, Permanent Representative of Antigua and Barbuda to the United Nations,

Your Excellency, H.E. Mr. Koro Bessho, Permanent Representative of Japan to the United Nations,

I have the honour to refer to the thematic segment of the 42<sup>nd</sup> UNAIDS Programme Coordinating Board (PCB) meeting on "Ending Tuberculosis and AIDS: a joint response in the era of the Sustainable Development Goals" which took place in Geneva on 28 June 2018.

The PCB thematic segment was prepared through a participatory process, guided by a working group comprised of 13 PCB member states<sup>1</sup>, four PCB NGO delegates<sup>2</sup> and eight UNAIDS Cosponsors<sup>3</sup> as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Stop TB Partnership.

The thematic segment focused on two overarching themes:

 Opportunities to accelerate action to achieve the target of the 2016 Political Declaration on HIV and AIDS to reduce TB deaths among people living with HIV by 75% by 2020; and

<sup>&</sup>lt;sup>1</sup> Algeria, Australia, Belarus, China, Ecuador, Germany, Ghana, India, Indonesia, Japan, Malawi, The United Kingdom, and The United States of America

<sup>&</sup>lt;sup>2</sup> PCB NGO delegates for Africa, Asia-Pacific, Europe and North America

<sup>&</sup>lt;sup>3</sup> United Nations High Commissioner for Refugees, United Nations Children's Fund, United Nations Development Programme, United Nations Office on Drugs and Crime, International Labour Organization, World Food Programme, and World Health Organization

2) Joint strategies to address the underlying social determinants of TB and HIV epidemics in the context of the Sustainable Development Goals.

I have the honour to convey to you the key messages and recommendations that surfaced from the discussion. I hope that these will be useful in the preparations for the UN General Assembly High-Level Meeting on Tuberculosis.

Throughout the thematic segment discussion, participants emphasised the following:

- Despite progress in responding to both HIV and TB epidemics, more needs to be done to tackle these diseases collaboratively. TB continues to be the leading cause of death for people living with HIV. One in three AIDS-related deaths were due to TB in 2016, while 10% of those falling ill with TB in 2016 were those living with HIV, 74% of whom lived in Africa.
- TB is curable and preventable. Current programmes save lives but more needs
  to be done to increase access. We have tools to diagnose and treat disease but
  there is a need for more rapid TB diagnostics, shorter and more tolerable TB
  treatment regimes, including for MDR-TB, and more effective vaccines.
- Early diagnosis and immediate treatment of TB and HIV can save lives. The
  average time between diagnosis and treatment needs to be reduced from
  months to minutes, especially for infants and young children. We also need to do
  better at integrating TB treatment into HIV services, and reach the goal that all
  (100%) newly diagnosed adults and children living with HIV are on antiretroviral
  treatment and either TB treatment or TB preventive treatment.
- We need urgent investment in TB research to develop these health technologies, as well as new models to fund and fast-track research. Alongside innovation, regulatory reform will be needed to ensure access and affordability for all those who need them. In addition we need better evidence on how to scale up the current TB response, and scale up efforts on both TB and HIV prevention.
- Stigma and discrimination and a lack of human rights protections prevent people
  with TB and HIV accessing the services they need. TB and HIV programmes
  must work together to find the 'missing millions' currently left behind by health
  services. Better disaggregated data by age, sex and key population are needed
  to plan services that treat the person not the disease. More flexible opening
  hours; meeting the needs of key TB and HIV populations; and community
  outreach through contact tracing, index screening and household screening can
  help identify vulnerable households and communities.
- Communities and people living with, and affected by, TB and HIV must be engaged, empowered and supported to help reduce co-infection by being service deliverers, advocates, activists and researchers, as well as helping ensure accountability for how the scarce resources available are being met.
- The TB and HIV response must be better integrated and more clearly part of wider health systems and service delivery efforts, to ensure services are being delivered in the most efficient, effective and equitable way.

Medical interventions alone are unlikely to enable us to meet the TB targets. As a global community, we also need to jointly address the social and structural determinants of HIV and TB: reduce poverty, improve living and working conditions, reduce stigma and discrimination and eliminate human rights and gender related barriers to services. TB and HIV responses must consider the wider social and structural drivers of both diseases, including relevant aspects of workplaces, schools, prisons and other places of detention, with the goal of achieving universal health coverage, and to put an end to HIV, TB and other forms of ill health driven by poverty, stigma and marginalization.

Please accept, Excellencies, the assurances of my highest consideration.

Yours sincerely

Anna Wechsberg

PCB Chair

Director, Policy, the UK Department for International Development

Cc:

H.E. Mr. Miroslav Lajčák, President of the 72<sup>nd</sup> session of the United Nations General Assembly

Mr. António Guterres, United Nations Secretary General