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The next five years together: HIV and TB

Excellencies, esteemed colleagues and friends

This week, Rio de Janeiro has been the intellectual, political and communication hub for the global response to tuberculosis.

I extend my warmest thanks to our Brazilian hosts, the Stop TB Partnership, the WHO and all the other partners for their strong leadership and unwavering commitment.

I want to express my special appreciation to the civil society organizations whose “Rio Communities’ Declaration” will spur us to work harder and do better.

I’m here today to stop people living with HIV from dying of TB.

We learned yesterday from our colleagues at Stop TB that there were half a million TB deaths among people living with HIV in 2007¹. TB accounts for nearly one quarter of all AIDS deaths².

It seems to me that our colleague got it right—while talking about HIV and TB collaborations. He said, if the virus and the bacteria are working so well together—it begs the question—why aren’t we?

Collaboration between TB and HIV programmes is well advanced in some countries. HIV testing for TB patients has increased dramatically in recent years, with one million TB patients knowing their status in 2007, up from 22,000 in 2002. Countries such as Brazil, Kenya, and Malawi are testing over 70 percent of all TB patients, for HIV³.

But this week we have seen inspiring examples of commitment and good practice. I feel more optimistic today than I did before coming to Rio.

Thobani’s story

Let me share a story. Last month during my trip to South Africa, I met a fellow optimist named Thobani. He comes from Khayelitsha, a township near Cape Town.

He was very sick when he first went to the local clinic. Thobani was screened for TB and started on TB treatment. At the same clinic he was screened for HIV and one of the first to start on HIV treatment.

Today Thobani is healthy and raising his teenage son. Thobani was “lucky” to attend a clinic that was among the first to provide integrated TB and HIV services, restoring his dignity and ability to contribute to society.

But, it was not just luck that brought combined HIV and TB services to Khayelitsha.

Led by people living with HIV, the community fought along side forward thinking partners to gain access to both HIV and TB prevention and treatment. Their combined activism brought integrated services to their clinic and new hope to the whole community.

We need to extend this hope to the global community.

Friends, in this time of financial crisis it is imperative that we are more cost effective, gain efficiencies and reduce transaction costs. It will demand more accountability.

More people will be faced with difficult choices. Imagine a mother having to choose between treatment for herself and food for her children. Or between treatment for HIV or treatment for TB.

Our choice is simple—to stop people living with HIV from dying of TB. We must focus on three joint actions.

Three joint actions

First, Khayelitsha can not be the exception but must become the rule. Let us ensure that the delivery of HIV and TB services are integrated.

A colleague from Viet Nam said to me yesterday, if you want to clap you need to have both hands. We can't clap with one. No longer should we see any clinic that offers HIV services—not also provide TB services. A national AIDS plan that does not address TB is not a well conceived AIDS plan.

Second. We must bring the TB movement and the AIDS movement together. Too long we have worked in isolation. We do not come to each other's global meetings. We do not adopt and implement each other's policies.

The *WHO Global TB Control* report confirms we can no longer operate this way. Not when 15 percent of all TB cases occur in people living with HIV. Not when the mortality rate among HIV positive TB patients is six times higher than in HIV negative TB patients⁴.

This is unacceptable. I want us to come together to achieve a clear and precise goal to bring down the TB death rate among people living with HIV. Could we even strive to equal that of HIV negative TB patients?

Think of how much we can do together by leveraging our strengths and resources. Joint advocacy—for a fully funded Global Fund. Building political will. Working together to strengthen health systems. And building the capacity of civil society and ensuring that service providers meet their needs.

Third. In our vital race toward universal access to effective HIV prevention, treatment and care—ensuring freedom from the risk of TB infection for clients and staff must become every bit as important as the drugs we provide.

Universal access is my number one priority for UNAIDS. And universal access must include TB prevention, diagnosis and treatment. When HIV and TB services are combined they save lives.

This means we will have to move from our comfort zones. And go beyond our clinics to reach the people who have been unreachable.

We must reach the most vulnerable and most at risk. The poor, the prisoners, the drug users, the migrants, indigenous people, and women made vulnerable by poverty, violence, stigma and discrimination.

We must protect their rights and their right to health.

A note of hope

This will mean that, like our South African friend Thobani, we can all look to the future with hope.

I am honoured to have been a part of this TB Forum.

I have learned much from you. And I promise that UNAIDS will be a committed Stop TB Partner. And we look forward to working with all of you—to stop people living with HIV from dying of TB.

Thank You

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UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. UNAIDS' Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at www.unaids.org

¹ World Health Organization. Global tuberculosis control - epidemiology, strategy, financing. WHO Report 2009. WHO/HTM/TB/2009.411 Accessed on 25/03/09 at http://www.who.int/entity/tb/publications/global_report/2009/pdf/full_report.pdf.

² Ibid.

³ Ibid.

⁴ Ibid.

See also Rio Communities' Declaration at the 3rd Stop TB Partners Forum March 2009. Accessed on 25 March 2009 at http://www.stoptb.org/news/assets/documents/Rio_Communities_Declaration.doc