



Transcript provided by the Kaiser Family Foundation¹
(Tip: Click on the binocular icon to search this document)

No More People Living with HIV Dying from TB
Kaiser Family Foundation
July 22, 2010

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

[START RECORDING]

PAPA SALIF SOW: Ladies and gentlemen, good afternoon. I'm Papa Salif Sow from the University of Dakar Senegal and the International AIDS Society Governing Council from Africa. And I would like to make the presentation of the IAS TB/HIV Research Prize.

The International AIDS Society and its partners are proud to sponsor a number of scientific prizes and awards aimed at rewarding promising researchers who are doing outstanding research on HIV and AIDS. The aim of this \$2,000 USD International AIDS Prize on TB, HIV research is to generate interest and stimulate research on basic, clinical, and operation research on TB/HIV prevention, care, and treatment.

The International AIDS Society TB/HIV Research Prize is an incentive for researchers to investigate important resource questions that affect TB/HIV co-infection and operational effectiveness of core TB/HIV collaborative services.

The winning abstract was selected through a rigorous process of blind submission and peer review and the top scoring TB/HIV abstract would further be reviewed by a standing community of TB and HIV experts.

Ladies and gentlemen, the 2010 IAS TB/HIV research prize is awarded to Katherine Todrys from Human Right Watch, United Kingdom. [Applause] And this prize was awarded for the outstanding abstract on HIV and TB management in six Zambian

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

prisons, demonstrates that improved, ongoing prevention, testing, and treatment gaps. [Applause]

MICHEL KAZATCHKINE: Thank you Professor Salif. [Speaking in a foreign language]. Congratulations to the winner and good afternoon ladies and gentlemen and dear colleagues and friends in the audience and on the podium.

We're about to start this session on TB and HIV and I must say I'm really very pleased that I have the honor of chairing this session. This is an issue that I consider of the highest importance in the fight against HIV/AIDS.

The Global Fund, as you know, is the Global Fund for AIDS, for tuberculosis, and malaria. And I must say that 2010 is a year of concern to me, concerned because of the magnitude of the problem. Problematic concerns, I do hear progress, particularly as Marcos was just telling me, around how HIV is better and better somehow integrated into TB programs, with much less progress the other way around. That is integration of TB into HIV programs.

I'm also, as you've been hearing throughout this conference, concerned about the future funding of the fight against AIDS and of the fight against tuberculosis. And this year 2010, a year of replenishment of the Global Fund and here again, particularly concerned when it comes to MDR-TB the Global Fund is basically the only funder of MDR-TB. We're currently funding around somewhere around 35,000 people on

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

treatment, which is at least, if perhaps even less than one tenth of the people who should be receiving such treatment.

So we're in a real challenge and crisis and this is what we need to discuss very openly in this forum. And I'd like all of the speakers to address it openly and to bring solutions and suggest pathways for action and to move forward.

It is now my privilege to introduce the first speaker of this session. He is a champion for the fight against tuberculosis. He is a Special and Royal Secretary General of the United Nations for Tuberculosis and a wonderful person whose generosity we all know and appreciate, Former President of Portugal, President Sampaio. [Applause]

JORGE SAMPAIO: Good afternoon and thank you very much Professor Kazatchkine and your kind words. My thanks to everyone who is here at this time of the day. It's a great honor to be here and I'm very grateful to the International AIDS Society for inviting me today. And I'm also particularly grateful that it was possible during this immense conference to have a giant session precisely on the rising importance between HIV and TB or as Professors have said, the other way around.

This invitation ladies and gentlemen, testifies its increased role, together with the global HIV stakeholders in recognizing the need to address tuberculosis prevention, diagnosis and treatment as an essential component of HIV

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

response. I would like to praise it for this very significant step forward.

Let's face reality. Tuberculosis remains the leading cause of death among people living with HIV. In 2008, tuberculosis accounted for over half million AIDS related deaths. That is more than one in every four AIDS deaths. There is a record of tuberculosis is over 30 times higher among people living with HIV and in some African countries, up to 80-percent of TB patients are also living with HIV.

If affects women and men and leaves children orphaned. In some settings, tuberculosis disproportionately affects women living with HIV and their unborn children. In Europe, the joint convergence of drug-resistant tuberculosis with HIV particularly affects those made vulnerable by injecting drug use and those in prison settings.

People living with HIV are unnecessarily dying from tuberculosis, a curable disease. This is why, since the very beginning of my appointment as the UN Secretary General Special invite to stop tuberculosis, I have consistently and incessantly focused many of my activities on increasing political attention to the interlinked TB/HIV co-epidemic, as well as to address the threat of multidrug and extensive drug resistant TB.

In June 2008, more or less two years ago, I convened HIV/TB Global Leaders Fund for the first time ever, heads of

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

government, public health, and business leaders, heads of United Nations agencies, and activists came together at United Nation's Headquarters to discuss the urgent need for collaboration to save lives among people living with HIV and tuberculosis. After that, I personally committed at the Clinton Global Initiative to focus my activities on urging global leaders to engage in supporting the coordination of tuberculosis and HIV services.

Together with the regional director of WHO Regional Office for Africa, we called on African ministers of health to set ambitious national targets to mobilize appropriate funding to tackle the TB/HIV co-epidemic and to marshal HIV effective communities grow their civil society and the private sector for precisely a response to tuberculosis.

On World AIDS Day 2009, I had the opportunity to visit two of the highest burdened countries with TB and HIV, Ethiopia and Kenya. But I reminded political leaders of the urgent need to tackle TB and HIV because of their negative impact on GDP and of their profound social disruptive effects.

Dear friends, most of the time headlines focus on bad news. But let's also focus good news, because we are a powerful stimulus to progress in our endeavors and to bring people to the most in need, bring hope to the most in need. Let's be clear. In the last few years, there has been, as Professor Kazatchkine has mentioned, considerable progress in

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

the provision of HIV testing for tuberculosis patients, the gateway to other services such as antiretroviral therapy.

In 2008, one billion notified TB cases were HIV tested, more than 60 times higher over six years since 2002. There is also steady improvement in providing TB prevention and diagnosis services for people living with HIV. This is good news. Just to be underlined to spread on us to greater commitment, greater ambition, and greater achievements, in particular in areas where advancements lag behind.

In 2008, only four-percent of people living with HIV were screened for TB, four-percent. This is clearly not enough and I dare say it is clearly not acceptable. We need not to do more of what we know what works, we also need to do more to address the key drivers of the tuberculosis and HIV epidemics in most affected regions, such as the WHO European Region and settings like prisons and to address TB toll on most vulnerable groups such as women, children, and migrants.

Just take the example of WHO European region that in spite of comprising some of the richest, more developed countries of the world, hides the dark reality of the white plague. In particular, in prisons, because of injection drug use, because of the increasing threat of drug-resistant tuberculosis, but also because of prevailing stigma and discrimination. This region has the highest levels of drug-resistant tuberculosis in the world, with one in four new

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

tuberculosis patients in some areas of Eastern Europe as known to drug-resistant tuberculosis.

Moreover, evidence seems to show that dangers drug-resistant strains are spreading person to person at an alarming frequency in this region. The region is also under the threat of an HIV epidemic, which is likely to further increase the number of new cases of TB and new HIV infections are on the rise in those countries with higher proportions of multi-resistant TB cases.

Take now, the dire situation in prisons. In some countries, HIV prevalence among prisoners is 10 times higher than in the general population and most of HIV infection occurs in places of pre-trial detention. This clearly calls for a clear human rights approach in ensuring safe detention or avoiding detentions all together through prison reform. Under no circumstances getting TB and/or HIV during incarceration should be a part of a prisoner's sentence.

Take also the case in the injection drug user. It has driven the HIV epidemic in many countries and has also increased rates of tuberculosis in respective or whether they live with HIV or not. People who use drugs are often marginalized and highly stigmatized by health workers and society as a whole. They often have complex health needs and put access to live saving interventions. Collaboration, I insist, between tuberculosis, HIV, and harm action programs to

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

provide integrated and holistic services in countries with drug use problems is absolutely essential and critical to the health of drug users.

Look now at the interlinked epidemics of TB and HIV that has taken a dramatic toll on women's lives, notably in countries with high HIV prevalence. While TB is now the third leading cause of death among women aged 15 to 44, killing some 700,000 women every year and causing illness in millions more, it is particularly lethal for women living with HIV. Studies are increasingly revealing the important implications of the TB/HIV co-infection for maternal and child health.

Yet, a burden of the dual TB/HIV epidemic on women, and a gender related barriers to detection and treatment are not being addressed explicitly by global donors, national health systems, or community groups. The urgency of this situation ladies and gentlemen, demands that TB is elevated as a key women's health issue. And that screening, prevention, and treatment be made a routine part of HIV reproductive health and maternal and child health services. The lives of millions of women depend on our ability to move this agenda forward.

Finally, take the case of vulnerable groups such as migrants, refugees, detained asylum seekers and internally displaced populations who are many millions. TB and HIV are a great risk for this group of people who have usually no access

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

to the health system or are held in congregate settings, which in fact exacerbate that vulnerability.

Here again, infection to tuberculosis and/or HIV should not be a direct consequence of being poor and marginalized. Ladies and gentlemen, stigma and discrimination is a common feature that affects all these risks for vulnerable groups, those with both drug sensitive and drug resistant tuberculosis and their family. Hospitalized treatment and isolation of patients of TB impinge on human rights; provide unnecessary stress on the social life of the patients and their families and of course, on the health systems.

Moreover, experience and evidence from other regions show that outpatients and military and community-based management of tuberculosis, including of drug-resistant TB and HIV is effective, possible, and client-friendly. Stigma and discrimination are simply not acceptable from a political perspective. They are indeed, condemnable from the human rights view point; let alone the purely human basis.

What is the remedy to fight against prejudice and discrimination? Enhance community engagement for sure. But you also need firm political commitment to uphold the rights of the most vulnerable groups as well as expanded health policies whose ownership is fully endorsed by national health authorities and communities.

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

For that, ladies and gentlemen, we need to call upon all governments, poor and rich, endemic and donors, to ensure prevention and care for TB/HIV collaborative activities that are fully funded and accessible to all people regardless of race, gender, and sexual orientation.

We need to call upon all partners to fund technical assistance of leading international public health agencies such as WHO, UNAIDS, and other technical partners to countries that are able to ensure TB/HIV collaborative activities are in place. We need of course, to call upon all stakeholders, governments, I insist, governments, change a little bit your budget options, not much, just a little bit.

International agencies, corporations and philanthropic foundations to help meet the funding gaps of the Stop TB partnership as well as a Global Fund, which is indeed the Global Fund, the largest donor for TB and HIV services to achieve these goals set in the global plan to stop TB, which complements the Millennium Development Goals to end TB.

The health related MDGs, ladies and gentlemen, are closely interrelated. Success in meeting them will only be realized and effective through a comprehensive approach. I insist a comprehensive approach and not through programs isolated from each other.

This is why I think this is my personal conviction that although we need continuing investment in what has worked, we

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

must not simply do more of the same. With regard to TB, this means that we need to reframe it from a disease or a public health problem, to in fact, a development predicament.

With regard to TB/HIV, this means a new vision that sees zero tolerance towards non-integrated approaches. I am sure that all together, we will not let more people living with HIV die from TB, we simply can't afford this. Thank you very much. [Applause]

MICHEL KAZATCHKINE: Thank you President Sampaio for those words and for your strong advocacy. I'd like now to call on Timur Abdullaev, who is a human rights, AIDS, and TB consultant and activist from Uzbekistan.

And I would then like to ask you, some of our friends and colleagues sitting here in the front who would demonstrate and rightly so, to stop people living with HIV dying from TB to come to the podium. Let's hear from Timur first.

TIMUR ABDULLAEV: Dear colleagues, dear friends, it is my great pleasure to be here and to speak, but also it is a great responsibility because I speak not only on my own behalf, but also on behalf of thousands and thousands of people living with HIV and having TB.

In my presentation, I would like to say something about human rights. Unfortunately, I will not be able really to be comprehensive on this issue, but I will try to give some

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

insights or highlights of human rights that are associated with the right not to have TB, to live a life free from TB.

Is there such right actually? If we look into international human rights standards, international human rights documents, we will not see these rights. But does this mean that this right does not exist? I think no and let's look at discrimination. Isn't it discrimination when drug users with TB are turned out from TB hospitals just because they are seen under the influence of drugs or alcohol? That happens in a lot of places throughout Eastern Europe and Central Asia and I think globally.

Isn't it discrimination when HIV positive prisoners with TB have limited or no access to treatment to HIV and TB treatments which is available to people outside prisons? Can we speak about the right to the highest standards of attainable health really? When there are no pediatric formulations, when children take the same drugs and the same dosage for TB as adults. Or, when people on TB treatment face darkouts of drugs or get drugs that are actually expired, when diagnosing does not allow timely detection of extra pulmonary and even pulmonary TB?

Doesn't it amount to inhuman integrating treatment when a drug user cannot leave a TB hospital where there is no access to OPOA substitution treatments where there is no detoxification services, and from where he or she is not

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

actually free to leave? Now when he or she leaves, he or she cannot return and continue treatment. That actually happens in some places and one particular example is Yucatan [misspelled?] TB Hospital.

After advocacy campaign by activists, the doors of the hospital were closed and people who use drugs, they could not leave or if they wished to leave, they could not return there.

Finally, isn't it a violation of the right to life when people die from a disease that is largely preventable and curable? We all know that TB is still the leading cause of death for people living with HIV. Globally, one of four people with HIV die because of TB. And just as an example, in Ukraine, actually, 75-percent of deaths of people with HIV are caused by TB co-infection. Isn't it striking and isn't it really a violation of their right to life when this can be actually fixed?

There are many reasons that can create this problem. I will mention some of them, which are widespread in Eastern Europe and Central Asia, but some of them are quite global. These include poor conditions in TB hospitals and prisons, widespread injecting drug use, the problem of this region, the driving force of the HIV epidemic. And I should also say that in this region, we have the highest rate of HIV spread in the world.

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

I also want to mention global awareness around TB and one problem that I also want to mention is the problem with staff, with medical personnel who work on tuberculosis. Very often, in our region, these people are quite old and they just can't find another job. That's why they work on tuberculosis. Of course, I cannot skip the problem of stigma and discrimination, which is associated with HIV and tuberculosis.

And the problem which is very widespread in this region, but also I believe in many countries of the world is the lack of collaboration between the services, HIV services, and tuberculosis services. But, are those reasons actually enough to justify violations of human rights that I mentioned?

I would like to show you a couple of pictures and I would like to thank Dimitrio Sharenby [misspelled?] of All Ukrainian Network of people living with HIV for sharing these pictures. This is a typical hospital in our region, typical prison in our region and I think you can see prisons in that kind of condition, in many countries of the world, not just in our region. And another picture is a picture of a person who is in a TB hospital. No comments. I would like to thank you all for your attention. [Applause]

MICHEL KAZATCHKINE: Thank you very much Timur for this presentation and for the focus on this region that all of us want to focus on during this particular conference.

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

I would like now to call on Lucy [misspelled?] and friends and colleagues and friends from the front row somehow to come and speak on behalf of those of you who demonstrate here. [Applause]

FEMALE SPEAKER: Thank you very much Michel. On behalf of people living with HIV and AIDS around the world, I just want to echo the sentiments of the previous speaker that said that I think we wait too long, our rights as people living with HIV and AIDS have actually been violated.

Why are our rights being violated? And the basic reason is when you deny somebody a TB test, as a woman living with HIV, or as a person living with HIV, you are basically violating their rights. Our message is we have spoken too long, made good promises about TB/HIV, it is time for us to take action so that we can prevent people living with HIV from dying from TB and the challenge is basically in your court. Join us. Let us help the world and join the fight in accelerating efforts so we can stop people living with HIV from dying of TB. [Applause]

FEMALE SPEAKER: [Inaudible] from Eastern Europe, a Russian [inaudible] like Michel said already during this session and some others, but I would like to stress from country where TB treatment is in some regions not available, especially MDR treatment where drug users with HIV and TB cannot get harm reduction and proper TB treatment and drug

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

treatment, and situation is getting worse because the Global Fund unfortunately leaving the country because the government does not support it to stay and there will be 14,000 people left without treatment, very, very soon and we kindly ask international community to support civil society in making the Global Fund stay in the country, not to have more TB there because without antiretroviral treatment there will much more TB death in the country where TB is now is leading this reason among people with HIV. Thank you very much. And I have a petition here to sign to the Global Fund and who wants, please come to me at the end of this session to sign it. Thank you.

[Applause]

MICHEL KAZATCHKINE: Thank you to both of you for raising the issues. Thank you. It is now my pleasure to introduce my friend and long-standing friend and colleague, Michel Sidibé. Everyone knows Michel is the executive director of UNAIDS and he will provide us with a UNAIDS perspective on TB/HIV. Michel?

MICHEL SIDIBÉ: Thank you very much Michel. Good afternoon to all of you and I want to start by just saying thanks to President Sampaio for his tireless work on this issue. He was really instrumental in bringing all the different constituency around this issue and he was always trying to make sure that we build the bridge between TB and

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

HIV, instead building war and I want to say thank you to you, thanks for your work and I know how much you are busy.

I want to thank all the other panelists, but let me just go to my points. First, I want to say like I heard you right now, mentioning that it is an acceptable, that the main cause of illnesses and death amongst people living with HIV is a curable and preventable disease. It is unacceptable. Today we are talking about almost 500,000 people living with HIV, dying from core infection, and that is just an outrage, and I want to say that and I say that is not acceptable, only 4-percent of people living with HIV were screened for TB in 2008 where just in 30 years almost we are in this epidemic. I think if we could have a score card, this score card would show how much we fail to make sure that we can deliver on these long overdue issues.

Allow me to say that we already have the tool to greatly reduce, if not eradicate this unnecessary AIDS death we were just talking about. And it is TB jail nurses, TB treatment, TB prophylaxis, better TB infection control in clinics and communities. They are existing. It is not just that we have to reinvent all of that. Our colleagues have been working and communities and also most of our partners from science to other part to make sure that at least some of those tools are made available.

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

We have been seeing a huge increase on financing. Michel Kazatchkine, my friend, have been always saying what place we were to go over that we will not be able to control this dual epidemic if we do not increase the resources to TB, HIV core infection? So, I think for me, resources have been also scaled up and is very important for us to know that has been helping to scale up ARV to all those in need.

And it is important to know that by increasing that one, it is helping us not only to prevent the new HIV infections but also greatly reduce TB diseases and death, and I want to say that for us, the momentum is important. Where we are today is not a time to flat line. It is not time to scale down. It is time to scale up. It is not time to cut resources. It is time to make sure that we mobilize even more resources to go with the good results we have been already demonstrating.

But we have many barriers and we know most of them have been blocking us from using those tools effectively and efficiently. Some we have created ourselves to protect our turf, like I said I think it is time to take AIDS out of isolation and we have been so much and I wanted to say that because I know in this room is not only TB people who are here, we have the privilege to have an AIDS movement and TB movement here.

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So, it is time really to forget about our flag, forget about our turf, and try to take AIDS out of isolation and demonstrate that it will bring, certainly like in [inaudible] reduction on mortality, it will help us to reach more people, and it will bring more cost effective approach and it will certainly bring the whole concept of value for money in a period where we are just all faced by forced austerity.

So, I want to just say one of the first barriers is a barrier we have been creating ourselves, barriers between the disease programs are not attempted to protect the scarce resources, barriers created by not listening to and not meaningfully engaging affected communities. And I think that is the part of the revolution which will certainly change more than anything else, to overcome those barriers, to be able to be more attentive to each other and make sure that we are not just thinking about our programs in isolation and knowing.

Like I said I remember in Brazil when we were to go over there, that if a virus and a bacteria can work together to kill someone, why we cannot work together to save people? So, I think for me that is not more complicated than that one.

[Applause]

So, together, these two diseases eat away at the margin of a society. I have been traveling so much and people can tell me whatever they want. When I am seeing the picture you have been presenting, you know, I want to cry because I do not

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

have any other things than just saying that is so painful that in 21st Century we can still see those types of pictures.

And I realize that TB is really a poor people disease. You go to any places this is eating people at the margin, people who do not have access to information. It is certainly issues of social justice, is certainly issues of lack of proper distribution of opportunity to rich people who do not have, and I think for me we need to rethink completely our approaches, because what I am seeing is that all of that are fanned by prejudice, inequalities and the most vulnerable members of our communities are faced with major challenge to be part of the transformation we are proposing.

So, it is critical to put people at the centers of our response. I think like AIDS managed to do, I do not think so we will be able to resolve this problem only by looking on medical side, as medical side is so important but when I am seeing the vulnerability, when I am seeing how people are exposed, I just said that certainly our problematic approach needs to make also this shift to think about moving a little bit from comorbidity approach to community approach.

And putting people at the center of the response will reduce the risk of TB and HIV, which is without any doubt growing when people are denied adequate nutrition and housing. Without any doubt we are seeing that, a very strong correlation

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

between them, when they are denied from basic health services, safe work places, health sites and detention centers.

And I think it is this meeting in Vienna is happening in a defining moment and I do not want us to leave Vienna by just doing business as usual, because I do not think so the last 30 years have been wonderful, but if we want really to use our collective energy with a force I saw in the road when we are walking, asking for rights, I think we need to cannulize that towards a new generation of a response. New generation of response, which will make us certainly emerging a new activism at the community levels, make sure that we can mobilize community groups and communities organization to be more at the center of the delivery system.

And I believe on that. Maybe I am naïve, but I continue to believe that change happens because society own it, I continue to believe that democratization of problem solving is the only way to make a sustainable response, and integration in that case is the only answer.

I do not see any other answer. Connect global AIDS response to the TB movement and forge a broader coalition to gain political traction for a final push to MDGs is long overdue and if we do not do that one, we will again miss the opportunity which we have today. Work more closely with our partners to deliver integrated services to those most in need, and I think direct combined resources on the highest burden

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

countries, more than half of the global burden of HIV related TB occurs in just five countries.

So, it is important for us to not forget that, and if we want, in Washington two years down the road, to come with a major breakthrough in Washington, we need to also have the courage to be selective and be more smarter and focus where we have a huge burden. That does not mean we exclude the others in our response, but it will help us to have a result.

This is a golden movement for the TB and HIV collective response. First, more than 60 countries are due to revise their national strategic plan for AIDS in the near future. This is an opportunity to influence a change. I think we should not miss that one at country level to strengthen the role of National AIDS Council and HIV programs to be able to take more on board of these all TB issues and certainly set ambitious target to reduce TB death in people living with HIV.

Finally, I want just to end by saying that WHO will soon release new guidelines on TB screening and preventive therapy. We must urgently implement to them if we are to cut in half the TB death in the people living with HIV by 2015. I am calling today again because I love trying to be practical. I am calling on you, the HIV community, to use this golden moment to push now for 100-percent TB screening for all people living with HIV. [Applause]

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And I am ending by saying that I am so happy to be, today we have Marcos, Marcos probably it is your last big meeting in your position and I want to say how much Marcos has been transforming this fight, and join me to say thanks to Marcos. [Applause] Thank you very much.

MICHEL KAZATCHKINE: Thank you very much, Michel. Thank you and thank you for that call.

I will now give the floor to Marcos. I really would like to take on what Michel just said and Marcos' contribution while he was at the Stop TB Partnership has been fantastic and at least for some time we are partly losing a friend and a colleague in the fight against tuberculosis and in the fight against tuberculosis and AIDS.

So, just as Michel did, please allow me to do it as well. Let us stand up for a second and really recognize Marcos. [Applause] Muchos Gracias, Marcos, the floor is yours.

MARCOS ESPINAL: Thank you. Thank you, the two Michel's. We call them like that when we go to meetings of the Global Fund, meetings of UNAIDS board, and then the two Michel's. They have done so much already for these two diseases.

You know, it is difficult for me to address you because I am the last, and the last is always more difficult, but they always say save the best for last, you know, so let us try.

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

[Laughter] Thank you Michel Sidibé, Michel Kazatchkine, President Sampaio, thank you [inaudible]. I want to thank the International AIDS Society for finally making sure TB/HIV is on the agenda. This is very good. [Applause]

But I wanted to make also a challenge to the International AIDS Society. At the next meeting, the room should be packed, because it is not. That means still we need to do more work for TB/HIV. We need to get the 20,000 people inside the room. [Applause] It is not enough.

A special thanks to Diane Havlir, member of the board of Stop TB who worked tirelessly to put this together. I am sure maybe Diane is somewhere out there, but I want to make sure I recognize that.

I mean, it is great to see all these leaders. I am not going to read a long speech, do not worry. They all talk about one voice, but it is not about them. It is about you. It is about the people affected by these social problems, by these economic problems, by these human rights problems, by this political problem. TB/HIV, it is a political and development problem.

So, be vigilant. And I am going to go back before then. A year ago, Michel Sidibé and I went to South Africa. We met the deputy president. We met the minister of health. We told them what were the problems. When we were seeing HIV, people living with HIV who were receiving care in one center

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

and people living with TB receiving care in the other center, we said this is impossible. A couple of days after the deputy president addressed the International AIDS Society, and committed to change, and we are very impressed in the short period of time how South Africa is moving.

And still, they have a long way to go. [Applause] But we are all confident they will move because every time they have been fully committed now, from the new government that started to ensure TB/HIV is addressed. Ladies and gentlemen, the population of South Africa is 1-percent with TB, 1-percent of the population. And HIV, I do not have to tell you, so kudos to South Africa for moving.

It is not only South Africa. Many other countries need to massively accelerate their commitment to TB/HIV. The Stop TB Partnership has launched the global plan to stop TB in 2006, this fall we are releasing the last, a new version of the global plan because it is the last five years to push for the millennium development goals.

We are revising all the numbers with one aim, universal access, 100-percent of people living with HIV being tested for TB. [Applause] I want the IRS to be a leader, a champion, 100-percent of people living with TB being tested for HIV and vice versa. There are actions that can be implemented. There is no way we can continue like that.

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

We should by 2015 achieve all these targets. There is no way why not. We should be able to say that everyone living with HIV is receiving antiretrovirals and cotrimoxazole. We need to implement the three I's, infection control, intensive case finding, and INH preventive therapy.

The people living with HIV are dying of TB. It is one out of four. Either you take that, or we die. Everyone is at risk of HIV, everyone is at risk of TB. These are social problems. This is in the society. This is not in Islam, it is everywhere. So, we need to make sure we all embrace TB/HIV, the fight, because today we are embracing it.

And Michel Sidibé, I give it to Michel Sidibé, as soon as he took over at UNAIDS, he said TB is one of my priorities. But the work is not yet done. We need to make sure the National AIDS Council, the national AIDS programs embrace TB. As Michel Kazatchkine said at the beginning, a lot of progress has been made in the side of TB. Many people with TB have been tested for HIV, but the other side also needs to be taken into account and we need to make sure that happens.

Ladies and gentlemen, there are tools we can make progress, but we are also working, the Stop TB Partnership is working very hard to have new tools in place. There are about 10, 12 vaccines now being in clinical trials for TB. Remember, our vaccine is more than 100 years old. There are several

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

drugs against TB and multidrug resistant TB that are coming, and are being tested now.

So, we expect we are going to introduce, and we will, we will introduce, not me, I am leaving us. You heard. Is the movement that needs to continue, is the bottom up approach that needs to continue to ensure that new diagnostics, new drugs and new vaccines are rolled out. It is a human rights strategy, TB is a tragedy, 4,000 years with us. It can be cured with \$25.

Ladies and gentlemen, we collectively are not doing enough. The rhetoric is not acceptable anymore, unless we show evidence and facts that we are all firmly moving. Governments of President Sampaio said need to move, after all it is not me who is going to tackle the problem of HIV/TB in South Africa, it is the South African people.

And this is why you need to be vigilant. You need to demand from governments, rich and poor, I am very pleased when I see the G8 and the G20, a few weeks ago to commit to address MDG4 and MDG5, finally, because it is not acceptable that women and children continue dying. There are 3.6 million women affected by TB every year.

There are 700,000 women dying of TB, and we all go for it, MDG4 and MDG5, but what is not acceptable to me is the predicament that we are going to fund MDG4 and MDG5 because TB and HIV are doing well. No. MDG4, MDG5, and MDG6 needs to be

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

fully funded. We need to fully fund the Global Fund to fight AIDS, TB and malaria. [Applause]

We cannot go back. We cannot lose the gains, and the Global Fund is the largest funder of tuberculosis, also malaria. Let us stop that hypocrisy. These three diseases kill six million people every year. It is not about neglecting one to favor another. We still have a long way to go.

So, I ask you all to be vigilant, to be vocal and demand from all your governments, rich and poor, at once, and for all, to do what is right for the millions of people living with TB and HIV. Thank you very much. [Applause]

MICHEL KAZATCHKINE: Thank you very much Marcos, and before we move to the very last part of this program, I would like to perhaps ask two or three of you whether someone would like to react to what we heard from President Sampaio, from Timur, from Michel, from Marcos, anyone would wish to come to one of the microphones and ask a question, give a comment? Yes please?

MALE SPEAKER: My name is [Inaudible]. I am the current cochair of the Civil Society for HIV/AIDS of the European Union, and I thank you for this session and thank you for the leadership that you committed, but I think there are at least two points that should, as not to do business as usual, and in this time where financial crisis is present is that we

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

need not only to connect HIV with TB but also with drug use and poverty.

Without evidence and human rights based policies for these two problems, I do not think we can get money enough to control or stop people living with HIV, dying from TB, so thanks again also for the Vienna Declaration, I think of what I know from the history of commitments and challenges of President Sampaio that you Michel Kazatchkine, could invite him to subscribe the declaration.

But really I think that if the leaders are not able to provide better evidence and human rights based health policies on migration for poverty and for drug users, we will not win this combat, and we have seen days ago that the new partner of the UNAIDS family did put a Czar, someone coming from the country with the worst record on drug policy that is I would say lack of courage from you, European Union and United States, everyone, not to stop this nomination that will greatly negatively impact on the efforts that we need to do to achieve the drug policy just in evidence based. Thanks. [Applause]

MICHEL KAZATCHKINE: Thank you. I would just like to remind everyone here to be ready and consider signing the Vienna Declaration. Microphone #1.

LUNA TORGENSON: Hello. My name is Luna Torgenson [misspelled?]. I am representing an organization called Humana People to People. And we have developed for many years

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

ourselves to the fight against the AIDS epidemic through a program called Total Control of the Epidemic. It is known as TCE, and we have been reaching more than 10 million people in the Southern African region going door to door.

Our field officers go door to door and engage with people to give them education, to make sure that they get tested, make sure they get on treatment, and so on, and we have realized also through the last years that we have to strengthen our efforts about integrating TB into our program so that we make sure that our field officers are well educated on TB and can give people the right information.

And we can see now that funding is starting to flow. Of course, it is much too little. It is always too little, but there is some funding starting to flow and we have now started a systematic approach where in the communities where our field officers go we are now reaching six million people on a daily basis. We will make sure that people get the information on TB that all people who are HIV positive are screened. We will work with the clinics and we will also make sure that people who have TB are tested for HIV, so I just wanted to make that commitment.

MICHEL KAZATCHKINE: Thank you. [Applause] Thank you very much and before I give the floor to President Sampaio for a special announcement, I would like to, Henrietta asked me to leave a little space so that we hear again the over zealous and

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

on behalf of the South Africans and we are to maybe for you to give this, this is a token of our appreciation to Marcos [applause].

And so I will now hand the microphone to President Sampaio for this announcement. President Sampaio.

JORGE SAMPAIO: Thank you very much. I am really delighted to announce that right here the UNAIDS and the Stop TB Partnership have agreed to sign in front of you a memorandum of understanding which really translates the words into future actions.

The memorandum sets out a roadmap of how they are going to work together to half tuberculosis deaths in people living with HIV by 2015, and save at least a course of a million lives every year. The memorandum I think is a very significant progress in the sense that it commits UNAIDS and the Partnership to work together to raise new resources for TB/HIV, to advocate for new tools to prevent, diagnose and treat tuberculosis in people living with HIV, strengthen the capacity of communities to meaningfully engage in our efforts to stop tuberculosis deaths in people living with HIV and critically the development of a tuberculosis and human rights task force to drive human rights based approach to HIV and TB.

So, my dear friends, Marcos and Michel, I am following the trend of say Marcos and Michel, I invite you to publically sign, which you are already doing, this memorandum here at AIDS

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

2010 and to show your joint commitment to halving tuberculosis deaths among people living with HIV by 2015. So, congratulations. [Applause]

MICHEL KAZATCHKINE: Congratulations and I just asked Michel whether he would allow me to say that the content of that MOU will be posted on both websites so that everyone can know what it is that they just signed. So, thank you all for having attended this session. Thank you for your commitment to the fight so that we stop people living with HIV dying from TB. Thank you. [Applause]

[END RECORDING]

¹ The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.