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TB/HIV Activists Support *The Global Plan to Stop TB: 2006-2015*

– *Plan Provides a Framework for Tackling TB/HIV, Developing New Tools to Control TB, and Increasing the Involvement of Affected Communities and People Living with TB* –

New York, NY, January 27, 2006 - The Treatment Action Group (TAG) supports the launch of *The Global Plan 2 to Stop TB 2006–2015*, released today by the Stop TB Partnership at the World Economic Forum in Davos, Switzerland. “The new *Global Plan to Stop TB* provides an ambitious roadmap for making great strides against tuberculosis, including HIV-related TB,” said TAG’s TB/HIV Project Director, Javid Syed. “It includes bold steps to bring HIV-related TB under control, in line with the UNAIDS/G8 goal of universal access to comprehensive HIV/AIDS prevention, care, and treatment – including diagnosis and treatment of TB. The *Plan* also calls for massive increases in donor, country, and private sector support for TB control programs and for the development of effective new diagnostic tools, TB drugs, and TB vaccines, which are needed to bring TB fully under control. Without these new tools, simply expanding the existing TB control methods will fail people with HIV, people with MDR-TB, children with TB, and millions of others who are living with TB around the world.”

Syed also stated that “HIV/AIDS activists need to fully incorporate TB/HIV issues into their work pushing for universal access, and advocating for faster, better research, expedited approval, and broad dissemination of new tools to more effectively control TB. Tuberculosis is a leading cause of death amongst PLWHA and HIV related TB is one of the primary reasons why despite being curable TB is increasing globally.”

“People dually infected with HIV and TB, as well as those infected with multi-drug resistant (MDR) TB, and children, are especially in need of better diagnostic tests for TB,” said Syed. “Current tests like smear microscopy detect less than 33% of cases of HIV-related TB, and more sensitive tests like culturing TB in the laboratory take two to six weeks. People with HIV related TB cannot afford to wait that long for diagnosis and treatment. Moreover, many anti-HIV drugs have unsafe interactions with certain TB medications, so new better drugs to treat TB as well as new diagnostic tests are urgently needed.”

The *Global Plan to Stop TB*, which is available on the Stop TB website (www.stoptb.org) lays out an action plan that not only focuses on the expansion of DOTS, the internationally recommended TB control strategy, but also acknowledges the need for new tools for TB diagnosis, treatment, and prophylaxis without which DOTS will not succeed. TAG advocates for the massively increased funding required for this research which is essential to address the concerns of TB/HIV coinfecting communities, people with MDR-TB, and children, all of whom are most often missed by commonly used diagnostics, and who face greater treatment challenges.

New medications that have the potential to shorten TB treatment from 6-8 months to 2, and new diagnostics that can be used in remote areas with minimal resources to provide quick and accurate TB diagnostics can be developed and made available around the world if the promise of this *Plan* is fulfilled

by backing it with sufficient resources and political will. The *Plan* identifies a need of \$9 billion for research and \$56 billion for all its activities over the next decade, and a funding gap of \$31 billion. To adequately fund it, the *Plan* will require donor and high burden countries as well as foundations and the private sector to massively increase their support for TB control and research. Civil society advocates have a critical role to play in ensuring that this happens.

The *Plan* addresses the links between human rights, public health, and social justice. It recommends specific actions to address issues of poverty reduction, TB and gender, and also expands the TB control strategy to include “meaningful involvement of people living with TB and affected communities.” The *Plan* has addressed some of the top concerns for TB/HIV community activists, by incorporating community empowerment as an essential part of TB control, and by recommending radically scaled up TB/HIV activities in line with the UNAIDS/G8 goal of universal access by 2010.

“*The Global Plan* is not perfect,” said Syed. “We see it more as a floor rather than a ceiling, defining the minimum activities necessary to fight TB over the next decade. For example, while *The Global Plan* articulates a goal of treating 50 million cases of TB by 2015, it only projects detection and treatment for 56% of the patients with multi-drug resistant (MDR) TB that is resistant to isoniazid and rifampin. So even as we work hard to ensure the success of *The Global Plan*, we must ask for even more, in order to ensure that no one dies of a curable disease and that TB becomes a disease of the past.”

TAG’s Executive Director, Mark Harrington, said, “Nelson Mandela has said that ‘We cannot control HIV unless we also control TB’. AIDS activists have shown that empowered communities of people affected by a disease can speed up research and create the political will to make historical changes take place. What is needed now is for communities affected by TB to take a central role in the world wide struggle to make this age-old disease history.”

About TAG. The Treatment Action Group (TAG) fights to find a cure for AIDS and to ensure that all people living with HIV receive the necessary treatment, care, and information they need to save their lives. TAG focuses on the AIDS research effort, both public and private, the drug development process, and health care delivery systems. We meet with researchers, pharmaceutical companies, and government officials to encourage exploration of understudied areas in AIDS research and speed up drug development, approval, and access. We work with the World Health Organization and community organizations globally, and strive to develop the scientific and political expertise needed to transform policy. TAG is committed to working for and with all communities affected by HIV.

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