

## 2021 UNITED NATIONS POLITICAL DECLARATION ON ENDING AIDS

### PRIORITIES FOR PEOPLE AFFECTED BY TB AND TB/HIV

At the upcoming United Nations High-Level Meeting on HIV, due to take place from 8-10 June 2021, UN Member States will negotiate a UN General Assembly political declaration on ending AIDS, which is expected to build on previous declarations in 2001, 2006, 2011, and 2016.

Tuberculosis (TB) is the primary cause of death for people living with HIV (PLHIV); for one in every three people with HIV who lose their lives, TB was the cause of their death. In the 2021 Political Declaration on Ending AIDS, UN Member States should strengthen their ambition and commit to robust endeavors to close gaps between results achieved and TB/HIV targets endorsed in previous declarations on ending AIDS, as well as the UN Political Declaration on Tuberculosis, which contains targets and commitments on TB that must be fulfilled by the deadline of 2022.

Only in this manner will UN Member States respond to recommendations of the UN Secretary-General in his 2020 progress report, and to the Call to Action by TB communities and civil society that arose from their landmark report, Deadly Divide: TB Commitments vs. TB Realities. This is crucial if the international community hopes to achieve the targets of ending the AIDS and TB epidemics by 2030, as reflected in Agenda 2030 Sustainable Development Goal 3.

**The Stop TB Partnership encourages all UN Member States to include representatives of PLHIV who have experienced TB in their national delegations, and calls for the following targets to be included in the Political Declaration:**

**BY 2025, ENSURE THAT AT LEAST 90% OF PLHIV WHO ARE ELIGIBLE FOR TB PREVENTIVE TREATMENT (TPT) RECEIVE AND COMPLETE TREATMENT, USING SHORT-COURSE TB PREVENTIVE TREATMENT REGIMENS IN FORMULATIONS THAT ARE FRIENDLY FOR BOTH ADULTS AND CHILDREN.**

There are 38 million PLHIV in the world and most are eligible for TPT. During 2018 and 2019, 5.3 million PLHIV received TPT.<sup>1</sup> While this is a good start, it is insufficient. Providing TPT to PLHIV reduces their risk of developing TB disease, which is the biggest killer of PLHIV.

**BY 2025, REDUCE TB DEATHS AMONG PLHIV BY MORE THAN 80% WHEN COMPARED TO 2015.**

In the 2016 Political Declaration on Ending AIDS, the international community committed to reducing TB-related deaths among PLHIV by 75% by 2020.<sup>2</sup> The annual number of deaths spurred by TB is falling globally at a faster rate in PLHIV than in the rest of the population, but not fast enough. The WHO End TB strategy milestone for 2025 is to achieve a 75% reduction in the number of deaths due to TB compared with 2015.<sup>3</sup> For PLHIV, this target should be more ambitious.

**TO ENSURE THAT TB AND HIV SERVICES ARE ACCESSIBLE, INTEGRATED, EQUITABLE, PERSON-CENTERED, AND RIGHTS-BASED, AND TAKE ACTION TO ELIMINATE STIGMA AND DISCRIMINATION THAT IS EXPERIENCED BY PLHIV, PEOPLE WITH TB, AND PEOPLE AFFECTED BY BOTH.**

Ongoing legislative reforms should be intensified to ensure full access to non-discriminatory healthcare services for PLHIV. Certain populations are at higher risk of TB, including sex workers; men who have sex with men; people who inject drugs; miners; migrants; transgender people; and prisoners. UN Member States and TB stakeholders should use the TB Stigma Measurement Assessment to establish a baseline for TB/HIV stigma and discrimination and develop plans for its elimination.

**TO STRENGTHEN TB SERVICES FOR ADULTS AND CHILDREN LIVING WITH HIV AND TO ENSURE THAT ALL PLHIV WHO ARE ON ANTIRETROVIRAL TREATMENT (ART) HAVE ACCESS TO ADEQUATE TB DIAGNOSTICS,**

**TREATMENT, INCLUDING TREATMENT OF DRUG-RESISTANT TB, PREVENTION, AND CARE, SO THAT 90% OF PLHIV WHO ARE AFFECTED BY TB ARE RECEIVING TREATMENT FOR BOTH CONDITIONS BY 2022.**

This is in line with the commitment to coordinate TB and HIV programs, contained within the 2018 UN Political Declaration on Tuberculosis. Currently, it is estimated that 49% of PLHIV who are affected by TB are receiving both HIV and TB treatment. This is significantly lower than the global ART coverage of 67% among all PLHIV in 2019.<sup>4</sup> UN Member States should urgently invest in scaled up and improved diagnostics, such as molecular point-of-care TB tests, and child-friendly formulations of TB medicines.

**TO MOBILIZE, EQUIP, AND MAINTAIN JOINT INFECTION CONTROL SYSTEMS TO PREVENT SPREAD OF AIRBORNE INFECTIOUS DISEASES AND PROTECT ALL PLHIV FROM DEVELOPING TB, COVID-19, OR ANY OTHER RESPIRATORY INFECTIONS.**

The impacts of COVID-19 are not felt equally across or within countries.<sup>5</sup> Challenges and barriers to accessing both COVID-19 and TB services disproportionately affect PLHIV. However, there are synergies across TB, HIV, and COVID-19 responses that should be leveraged by UN Member States to achieve better outcomes.<sup>6</sup>

**TO URGENTLY INCREASE FINANCING FOR RESEARCH & DEVELOPMENT OF NEW TOOLS FOR TB PREVENTION, DIAGNOSIS, AND CARE AMONG PLHIV POPULATIONS IN THE CONTEXT OF COVID-19,**

addressing screening, testing, tracing, diagnostics, infection control measures, and drivers of disease, such as poor nutrition and housing, and to support people on treatment with related costs, such as transport, mental health support, and legal aid.

**TO FORM ROBUST, MULTISECTORAL ACCOUNTABILITY REVIEW MECHANISMS**

at national, regional, and global levels, that include representatives from affected countries.

1 WHO Global TB Report 2020  
2 2016 Political Declaration on Ending AIDS  
3 WHO End TB Strategy

4 WHO Global TB Report 2020  
5 The Impact of COVID-19 on the TB Epidemic: A Community Perspective, Stop TB Partnership, 2020  
6 One Year On, New Data Show Global Impact of COVID-19 on TB Epidemic is Worse than Expected, Stop TB Partnership, 2021