First ever TB demonstration at an AIDS conference

The first ever HIV/TB protest at an AIDS conference was held on Thursday, August 7, 2008 at the AIDS 2008 conference in Mexico City. People living with HIV (PLHIV) and activists from all over the world demanded that no more PLHIV should die of preventable and curable TB. They called for TB to be mainstreamed into the work of HIV programs, implementers and activists. They also demanded increased coverage of TB in subsequent AIDS conferences.

TB is not just another opportunistic infection and cannot be viewed as such by the HIV community any longer, they said. TB is the number one cause of death of PLHIV in sub-Saharan Africa and the leading cause of illness in PLHIV globally. HIV activists and PLHIV called for the implementation of the WHO Policy on HIV/TB collaborative activities by TB and HIV services today.

Protesters demonstrated outside the plenary hall, media center (where they held a press conference) and exhibitor's hall. Advocates from around the world came together to demand universal access to high quality TB/HIV services by 2015, which would cut current mortality rates by up to 80 percent and save the lives of hundreds of thousands of people each year. There were also several sessions organized to help civil society work together to achieve goals on HIV/TB. For example, a session titled ‘Working Across North-South Boundaries to Collaborate on Creative Advocacy’ showcased methods used by civil society to engage parliamentarians and other key decision-makers on the issues of TB and TB/HIV.

Perspective

For those working in the tuberculosis arena, Mexico City was a major milestone - TB achieved the greatest visibility yet in the biennial AIDS Conferences. In the opening ceremony, the efforts of civil society to encourage UNAIDS to take up the issue of HIV/TB were visible in Peter Piot’s statement that a “robust AIDS response over the long-term…. means building stronger linkages with those working on tuberculosis…”. The Director-General of WHO, Dr Margaret Chan was also clear that HIV and TB service delivery needs integrating - “we must do our utmost to integrate HIV/AIDS services with those for TB. Giving attention to TB is part of the urgent need to address the AIDS epidemic, especially in Africa, which bears by far the greatest burden of these mutually reinforcing diseases”. This is unprecedented attention to TB in the opening ceremony of the biennial AIDS conferences.

And TB kept popping up elsewhere: Bill Clinton clearly remembered the HIV/TB Leaders’ Forum that he attended in New York in June, 2008, and spoke eloquently in his keynote address of the need for collaboration between TB and HIV service delivery.

The “vertical-horizontal” debate on the relative roles of disease specific global health initiatives and the general health system was much in evidence. Not surprisingly, perhaps, at an AIDS conference, the conclusion of several of the sessions where this was addressed, was that it is not “either-or” but “both-and”. At the TB/HIV satellite meeting Dr Mark Dybul was especially clear in emphasizing that the assertions we, in the disease specific initiatives and programmes, make, that we are strengthening health systems will ring very hollow unless the impact of HIV and TB collaborations is palpable where it matters, that is, in the field.
Drug Users and access to HIV/TB services: a neglected and marginalized group

The WHO, UNAIDS, and the UN Office on Drugs and Crime came together with civil society to launch the "Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users: An Integrated Approach," at a press conference at the AIDS 2008 conference in Mexico. The guidelines are the first to include tuberculosis and HIV care within the context of support for drug users. This year's conference highlighted the HIV epidemic in drug users, including some 13 million injecting drug users of whom some 2.5 million are estimated to have HIV, with very little access to health services and unmet harm reduction and drug treatment services needs. These guidelines aim to alleviate obstacles to access to services.

The panelists at the press conference included Michel Kazatchine, Executive Director, Global Fund, Michael Bartos, Team Leader of Prevention, Care and Support, UNAIDS, Charles Gilks, Coordinator Anti-retroviral Treatment and HIV Care, HIV Department, WHO, Christian Kroll, Global Coordinator for HIV/AIDS, UNODC, Paul Nunn, Coordinator TB/HIV and Drug Resistance, Stop TB Department, WHO, and Daniel Wolfe, Director of the International Harm Reduction Development (IHRD), Open Society Institute.

The guidelines aim to fill the gap created by health services who fail to respond appropriately to drug users needs. Putting drug users on registers accessible to law enforcement agencies in areas where drug use is criminalised, making drug users choose between opioid substitution therapy and tuberculosis treatment, or refusing treatment altogether on account of drug use with hepatitis co morbidity, are all examples of how health systems can create barriers to appropriate treatment.

Read the full guidelines and policy brief at: http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf

The Shack, an innovative photographic exhibition by rising young artist Damien Schumann displayed an authentic South African township shack. The Shack was sponsored by the WHO and the TB/HIV Working Group of the Stop TB Partnership. The pictures in the Shack depict people and families affected by tuberculosis (TB) and HIV, their stories and the lifestyle and living conditions that influence these diseases. The Shack was displayed in the Exhibition Hall of the conference venue. Situated at the entrance to the hall it allowed for a stark contrast between the high tech exhibits surrounding it and the reality of lives of people displayed within. The high volume of visitors was maintained over the entire week and it became one of the most photographed and talked about exhibits. Over 30 media outlets such as BBC, Reuters, South African Broadcasting Co. and Voice of America filmed the exhibit and interviewed the artist and WHO staff. Through word of mouth the number of visitors increased each day and included the Vice President of South Africa, Phumzile Mlambo-Ngcuka (pictured at right) and Executive Director, UNAIDS, Dr Peter Piot.

The Shack offered an opportunity for visitors to speak directly to WHO HIV/TB experts about policy, implementation and medical issues. Questions and comments from visitors spanned the length and breadth of the issues surrounding HIV/TB - from MDR-TB and it's impact on people living with HIV to the basics about TB prevention, treatment and control. These sessions, available in several languages, including English, French, Spanish, offered delegates and WHO staff and volunteers the opportunity to interact and discuss key issues which resulted in these sessions being one of the highlights of The Shack exhibition.

Pictured from right to left, Assistant Director General at WHO, Hiro Nakatani, Vice President of South Africa, Phumzile Mlambo-Ngcuka, Damien Schumann and Dr Jacob of the South African delegation in front of the Shack.
As one blogger reporting on the Shack noted in her article: There are many statistics being presented here at the Mexico City IAC 2008. They are presented via power points, through poster presentations, in graphs, in pie charts and in handouts galore.

But somehow all these facts and figures keep going in one ear and out the other, not really sticking and not really bringing the HIV/AIDS epidemic to life.

Fortunately there are a few other ways that information is being presented. For example, in the entrance to the grand exhibit hall, there is an old shack made up of roofing materials, cardboard and other miscellaneous junk. Hanging on the outside of the shack are large photos of people living with the co-infection of TB and HIV. A brief story is written in their own handwriting below their photo. If the handwriting is in a language other than English, then there is a translation into English written in magic marker below the photo and story. People can enter the shack and walk through the small living area, the smaller bedroom and out the other end.

For those of you who have been to Tune Town in Disneyland, it is kind of like walking through Mickey or Minnie’s houses, but not really. This house is filled with additional photos and stories, and none of them are cartoon character happy and poppy, although there is hope and dignity in this house. Even in the shabby furniture (the sofa is an old car or truck bench seat, the tables and chairs are mismatched and look like they were taken from a land fill) there is hope and dignity. There is an old wheel chair in the corner and various personal items here and there. It feels real, almost too real to bear. It looks like so many of the homes we have been invited into around the world, only this one echoes with the stories and voices of many families, many people living with these mutually reinforcing diseases, making it even more powerful. By J Schooley [http://www.projectconcerninternational.blogspot.com/]

Universal access to TB services for PLHIV

The TB/HIV Working Group organized a satellite symposium entitled ‘Universal Access of TB Services to PLHIV: Harnessing Collaboration and Coordination.’ The satellite symposium addressed the key strategic and practical issues to reduce the burden of TB in PLHIV in order to ensure the universal access of TB prevention, diagnosis and treatment services. Particular emphasis was given to the opportunities and challenges of nationwide scale up of collaborative TB/HIV activities with particular emphasis on mainstreaming the critical interventions branded as Three ‘Is’ for HIV TB- Intensified TB case finding, Isoniazid preventative therapy and Infection control for TB-in HIV care and treatment services.

Chaired by Michel Kazatchine, Executive Director of the Global Fund and Diane Havlir, Chair of the TB/HIV Working Group of the Stop TB Partnership, it was organized by the World Health Organization, International AIDS Society, the Global Fund for AIDS, TB and Malaria, UNAIDS and the Forum for Collaborative HIV Research on behalf of the Global TB/HIV Working Group of the Stop TB Partnership. It brought together stakeholders such as Mark Dybul, US Global AIDS Coordinator, Kevin De Cock, Director, HIV Department, WHO, Paul Nunn, Coordinator TB/HIV and Drug Resistance, Stop TB, WHO, activist Musa Njoko and the National AIDS Program Manager from Thailand.

See a webcast of this session [http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2861]

Other sessions:

BCG, Tuberculosis and HAART This session showed two retrospective works which addressed the adverse effects of BCG in HIV infected children. Data presented showed that the main risk factor to develop TB in North American population was a low CD4 and high VL, and this continued being high during the first three months of HAART initiation. Kenya showed that isoniazid preventative therapy at large scale is feasible and effective in preventing incident episodes of active tuberculosis, in particular, when 9 months of treatment are completed. They found that those who had less severe HIV diseases (CD4 >200 or WHO stages I &II) or who attended an urban clinic were more likely to complete IPT treatment and develop less TB disease. These data reinforce the need to offer HIV testing to all TB patients, and screen for latent TB infection and active disease in all PLHIV.

HIV/TB Plenary

Dr. Jeremiah Chakaya, Chief Research Officer, at the Center for Respiratory Disease Research, Kenya spoke at the plenary session on HIV/TB. Dr. Chakaya emphasized the need for collaboration between HIV and TB programs in order to scale up activities to reduce the burden of TB in PLHIV, particularly the Three Is (IPT, infection control and intensified case finding for TB). He referred to the critical nature of WHO’s work in driving the response to the twin epidemics of TB/HIV forward and highlighted the importance of HIV community leadership in addressing TB among PLHIV.

TB and HIV: A Deadly Partnership a poster discussion illustrated the deadly partnership between HIV and TB. The abstract presentations were primarily about treatment for various forms of TB, HIV and co-infected populations.

Two studies presented in the poster discussion provided conflicting results about the benefits of early HIV treatment for patients with TB. The first study in Iran showed that patients who took early HIV treatment were less likely to die than those who delayed taking anti-HIV drugs. Another study in Argentina found a higher rate of death among patients who took early HIV treatment. However, significant clinical differences between the Argentinian patient groups make interpretation of their findings highly uncertain.
Quotable Quotes

"There is only 1 percent of people with HIV who are diagnosed early of TB. Our workforce in South Africa is dying of multidrug resistant TB, so for me I do not see a future if we do not start stepping up diagnosis and better treatment for TB today."

Vuyiseka Dubula, General Secretary, Treatment Action Campaign

"We must forge a strong indivisible coalition between prevention and treatment, strong and indivisible, including positive prevention, which WHO views as a holistic continuum that is urgent everywhere, but especially in the unbelievably severe co-epidemics of HIV and tuberculosis in southern Africa."

Kevin De Cock, Director HIV Department, WHO

"HIV has lit the fuse of TB on drug users — when it diminishes the immune response, it significantly encourages the development of active TB from latent TB that it is already present."

Paul Nunn, Coordinator TB/HIV and Drug Resistance, Stop TB Department, WHO

"And let me say that funding is not the only way AIDS can be a starting point to building stronger health systems, which in turn makes possible universal treatment and care. There is an incredible opportunity to do so in the design and delivery of HIV services by taking into account the need for TB diagnosis and treatment at the same time. In some African nations, nearly three out of four people who have TB are also infected with HIV. It does not make much sense for us to be continuing to ask these men, women, and children to go to two clinics with two doctors and two pharmacies and two strategies to treat one person who has got enough problems as it is."

William Clinton, William J. Clinton Foundation

"... it is important to acknowledge ... recognize and promote the fact that TB and HIV have been clear successes in global health and in development. And I think it is important that we recognize it is not just in health, but in development. TB and HIV programs have been among the most successful promoting basic development principles ... it is a success we need to talk about."

Ambassador Mark Dybul, Global AIDS Coordinator, US.

The PANOS Global AIDS Program (GAP) with the sponsorship of the the Stop TB Department at WHO and the TB/HIV Working Group of the Stop TB Partnership trained southern journalists to prepare a daily newspaper called Panoscope during the International AIDS Conference. Each edition of the conference newspaper featured a special section on HIV/TB as a means to increase awareness of the implementation of TB/HIV collaborative activities at all levels of health service delivery.

Panos GAP is a Southern driven network, working in twenty-three countries around the world, drawing on more than twenty years experience working with media and communication, with experience in TB and HIV media work.

Panoscope was produced during the conference and disseminated in hard copy to 15,000 delegates.