TB preventive treatment among people living with HIV: Time for Action!
UNAIDS Meeting Room 2 (Hall 6), RAI Exhibition and Convention Centre
24 July, 2018, 18:00-19:30

Background: Despite impressive scale-up of antiretroviral therapy with nearly 21 million people on antiretroviral treatment (ART) by June 2017, TB remains the leading cause of death among people living with HIV (PLHIV), accounting for an estimated 37% of AIDS deaths in 2016. People living with HIV, on antiretroviral drugs, continue to have a higher risk of acquiring TB, than people without HIV, and are four times more likely to die during TB treatment. In response to this, in 2016 the United Nations Political Declaration on HIV and AIDS committed to reducing TB deaths among people living with HIV (PLHIV) by 75% by 2020 compared with 2010.

Yet opportunities abound. Shorter and better tolerated treatment regimens are now recommended in WHO’s updated and consolidated guidelines for the programmatic management of latent TB infection, facilitating better adherence and scale-up. Efforts to reach the fast track HIV targets of 95:95:95 and to increase ART coverage offer an ideal platform for scaling up TB preventive treatment. There is increased political momentum surrounding tuberculosis, including the High Level Meeting on TB in New York on 26th September 2018 to sensitize and elicit commitment from member states to end TB through multisectoral action, with TB preventive treatment as a major pillar to achieving End TB goals.

Implementation and scale-up of TB prevention interventions are key to reaching this target and to ending preventable deaths. A six month course of isoniazid in PLHIV enrolling in care has been shown to reduce mortality by 37% after 5 years in a major study from West Africa (TEMPRANO). However, implementation and scale-up of TB preventive treatment, has been slow, with only 12 of the 30 countries with a high burden of HIV-associated TB reporting provision of preventive treatment in 2016. Among reporting countries coverage varied considerably and substantial gaps remain. In all, 60 countries reported 42% global coverage in 2016.

The World Health Organization, in collaboration with the CDC, will convene a consultation in conjunction with AIDS 2018 to review global progress in implementing and scaling up TB preventive treatment efforts, share country experiences, identify key barriers and discuss opportunities, including in the research arena to support increased implementation and scale-up.

Meeting participants will include TB and HIV decision makers, opinion leaders, scientists, activists and programme managers.
**AGENDA**

Co-chairs: Irene Mukui and Hank Tomlinson

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<th>Time</th>
<th>Session</th>
<th>Presenter/Representative</th>
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<tr>
<td>18:00-18:15</td>
<td>Opening Remarks</td>
<td>Gottfried Hirnschall, World Health Organization</td>
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<td>18:15-18:25</td>
<td>Overview of progress, challenges, and opportunities for the scale-up of TB Preventive Treatment among PLHIV</td>
<td>Annabel Baddeley, World Health Organization</td>
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| 18:25-18:50 | Panel discussion: How will HIV and TB programmes accelerate scale-up of TB preventive treatment? | Filipe de Barros Perini, Ministry of Health, Brazil  
Kuldeep Singh Sachdeva, Ministry of Health, India  
Muthoni Karanja, Ministry of Health, Kenya  
Yogan Pillay, National Department of Health, South Africa (TBC)  
Voldymyr Kurpita, Ministry of Health, Ukraine |
| 18:50-19:10 | Perspectives from international partners and civil society: how can we support scale-up of TB preventive treatment? | Timur Abdullaev, TBpeople  
Sean Cavanaugh, PEPFAR  
Marijke Wijnroks, Chief of Staff, Global Fund  
Carmen Perez Casas, UNITAID |
| 19:10-19:30 | Discussion                                                                              |                                               |