In preparation for the first WHO Ministerial Conference on ending TB in a Sustainable Development Era to be held in Moscow on 16-17 November 2017, WHO convened a consultation on actions needed to galvanize political momentum and to eliminate TB deaths among people living with HIV, at a side event at the 9th International AIDS Society Conference on HIV Science on 25th July 2017.

The event was chaired by Gottfried Hirnschall, Director of the Department of HIV/AIDS at the World Health Organization (WHO), and Shannon Hader, Director of the Division of Global HIV and TB at the US Centers for Disease Control and Prevention (CDC), and was attended by HIV researchers, programme Managers, international technical agencies, community representatives and implementers. The consultation was opened by Ambassador-at-Large Deborah L Birx, U.S. Global AIDS Coordinator, who emphasised the importance of TB for PEPFAR and mentioned the decision by PEPFAR to use an indicator for completion of isoniazid preventive therapy for measuring performance.

Haileyesus Getahun, Coordinator at WHO’s Global TB Programme presented on Eliminating HIV-associated TB deaths: What does it mean? highlighting that despite having effective tools, there are still significant gaps in implementation and access to prevention, diagnosis and care of HIV-associated TB. He further pointed out that the upcoming WHO Ministerial Conference provides an opportunity to reinvigorate political commitment and action to end TB deaths among people living with HIV through scaling up existing interventions. Gavin Churchyard of the Aurum Institute presented on Research gaps for eliminating TB deaths among people living with HIV and gave an overview of ongoing research in prevention and treatment of HIV-associated TB, with particular focus on the potential game-changing shorter rifamycin-based regimens for the management of latent TB infection.

During the panel discussion, and drawing on South Africa’s experience, Yogan Pillay, Deputy Director General of the Department of Health of South Africa, underscored the importance of strong political will to ensure rapid scale-up of new tools, as has been demonstrated by South Africa’s impressive scale-up of Xpert MTB/RIF. He also pointed out the importance of researchers that have the attention of policy leaders, to push for aggressive policy uptake, as was shown by South Africa’s adoption and scale-up of isoniazid preventive therapy. He further emphasised the importance of focus on the use of data at facility and district level for cascade analysis to improve quality of service delivery.

From the civil society perspective, Maurine Murenga of the International Community of Women Living with HIV/AIDS (ICW), stressed the importance of community inclusion, as service users, equal partners and as well as implementers to support in case finding, adherence, and treatment literacy. She also highlighted the importance of ensuring an enabling legislative environment that promotes and protects human rights. Focus should be given to fostering equal partnership so that civil society representatives are adequately resourced given their critical role in the response.

For scaling up new tools and innovation, Executive Director of UNITAID, Lelio Marmora stated that, prior to taking political decisions, governments should generate space for debate and consensus with communities, Country Coordination Mechanisms and industry, and then transform the decision into concrete action. This should entail addressing the bottlenecks, and change management to encourage closer collaboration between TB and HIV programmes, in order to bring the innovations downstream.

Director of the Division of Global HIV and TB at CDC, Shannon Hader, pointed out the benefits and added synergies of bringing TB and HIV programmes together to reframe the solutions. She underlined the importance of working together and bringing others to the table to find the missing cases, including those who do not reach the health system and are not enrolled in care. Dr Hader reiterated the importance of using data to drill down to
the different localities, for mapping hot spots and areas of need.

Helen Ayles, Director of the ZAMBART project brought her perspective as a researcher and clinician from Zambia who witnesses on a daily basis patients coming into the clinic with late stage HIV dying from tuberculosis. Dr Ayles acknowledged the advances in TB diagnostic technology for people living with HIV but stressed the urgent need for research into a simple point of care diagnostic test. She further pointed out the opportunity for simultaneous TB symptom screening during HIV testing, regardless of HIV status. Addressing TB among HIV-negative TB patients is equally important in the prevention of TB among people living with HIV. She also highlighted the need for more funding in implementation research to understand how we can improve implementation. As an example, we need to understand the barriers preventing clinicians from initiating TB preventive treatment and she stressed the role of behavioural change to help scale up prevention.

Feedback from consultation attendees emphasized the need for urgent action to reduce TB deaths by implementing a joint TB and HIV response, through engaging communities, advocating for increased funding for TB programmes and research, and by improving integrated service access and quality.

During the International AIDS Society conference, TB received excellent coverage with sessions, abstracts and posters mainstreamed throughout, as outlined within the Roadmap of HIV/TB Sessions. These included, *inter alia*, an abstract driven session *Tuberculosis in a time of HIV*, two sessions launching WHO’s guidelines on advanced HIV disease, sessions on integration of diagnosis and care, and a workshop on *Tuberculosis in Europe: The impact of Migration*. 