The 20th International AIDS Conference was held in Melbourne from 20th to 25th July 2014. It was overshadowed by the devastating Malaysian Airlines tragedy that killed six conference delegates including Glenn Thomas, WHO’s communication officer.

The overall theme of the conference was Stepping up the pace and the main overall focus was on key populations, which was reflected by WHO’s launch of the new Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations which also includes addressing HIV-associated TB. TB was well profiled throughout the conference including at a variety of TB specific sessions as well as a press conference on the dual challenges of drug-resistant TB and HIV co-infection and in the TB/HIV networking zone in the Global Village. In addition TB was also well mainstreamed throughout other sessions focussing on maternal and child health, drug dependence, prisons, human rights and financing.

The World Health Organization convened a high level international consultation on 20th July 2014, aimed at galvanizing efforts to eliminate TB deaths among people living with HIV. The meeting was chaired by Hiroki Nakatani, Assistant Director General of WHO’s cluster of HIV, Tuberculosis, Malaria and Neglected Diseases and Haileyesus Getahun, Coordinator in the Global TB Programme, and was attended by some 80 participants, including opinion leaders, leading researchers and scientists, activists and civil society, and TB and HIV policy makers and programme managers. Gottfried Hirnschall, Director of the WHO department for HIV, provided an overview of the latest global policy and the progress achieved so far in the response to HIV-associated TB. Dr Hirnschall highlighted the recent increased momentum and focussed partner alignment of WHO, PEPFAR and the Global Fund as opportunities to drive the response still further. He stressed the importance of service integration and “one stop shops” in high burden countries as well as tailored models of services delivery in concentrated epidemics and for expanding coverage and access for hard to reach populations such as prisoners, people who inject drugs and children.

Mark Dybul, Executive Director of the Global Fund, outlined the importance of advances in science, focus on implementation, innovation and partnerships that provide the opportunity to completely control TB and HIV. He particularly stressed the decision of the Global Fund Board requesting high TB and HIV burden countries to submit a single concept note which was long overdue. However, he acknowledged challenges in the implementation of joint TB and HIV programming in the context of the single concept note including among Fund Portfolio managers within the Global Fund Secretariat. He pledged to overcome this with transparent and intensified engagement with partners and called on “educational rather than punitive” criticism and communication from all the partners working with Global Fund as “change always needs time”.

The US Global AIDS Coordinator, Ambassador Deborah Birx presented on PEPFAR’s response and highlighted the unacceptable gap of almost 200,000 HIV-related TB patients not receiving ART in 21 PEPFAR assisted countries in sub-Saharan Africa despite being captured within the system, and renewed her interest to address this gap as a matter of priority. Ambassador Birx reiterated the importance of service integration, task shifting and a client-focussed approach to ensure that 100% of eligible co-infected patients access life-saving treatment.

The US National Institute of Health’s perspective on what it will take to eliminate TB deaths among people living with HIV was presented by the Director of National Institute of Allergy and Infectious Diseases, Anthony
Fauci who highlighted the important gaps in our own understanding of TB including the complex interaction between host and pathogen. He highlighted the need for diagnostics and drugs for latent TB infection are as much required as those for active disease.

Lucy Chesire, as a member of civil society, emphasised the importance of stakeholder and resource mapping, and of conducting open discussions at country level to minimise duplication of efforts and to ensure optimisation of limited resources. Ms Chesire concluded by calling upon civil society in collaboration with partners to rise up and ensure that as donors provide funding for the scale-up of collaborative TB/HIV activities, governments also increase their domestic resources to ensure a world free of TB and HIV.

Director of Cambodia’s National Center for HIV/AIDS, Dermatology and Sexually transmitted diseases, Mean Chhi Vun, provided an overview of Cambodia’s commitment to achieve elimination of TB deaths among people living with HIV by 2020. The National Programme Officer for ART at the National AIDS Control Organisation, BB Rewari, presented on India’s achievements, including 90% ART coverage among notified HIV-positive TB patients. Participants were appraised of India’s national strategic plan for 2017 to detect and treat at least 90% of estimated HIV-associated TB cases in the community. An overview of Viet Nam’s progress in their response to HIV-associated TB driven by service integration including methadone and needle exchange, outreach to key populations, and decentralization of HIV testing to Primary Health Care services was provided by Nguyen Hoang Long, Director General of the Vietnam Administration of HIV/AIDS Control. During the meeting the impact of TB infection control in scaling up integrated TB and HIV services was also debated.

On 21st July 2014, WHO held an AIDS 2014 conference workshop aimed at increasing access to TB services as part of integrated care for people who inject drugs (PWID). The workshop was chaired by Haileyesus Getahun and attended by some 100 participants. An overview of the upcoming WHO guidance on integrated management of TB, HIV and viral hepatitis among PWID was provided by Annabel Baddeley of the Global TB Programme, who highlighted the increased risk of TB among PWID, regardless of HIV status, the higher mortality rate from TB among PWID, and the large overlap between TB, HIV and viral hepatitis, largely driven by incarceration. The importance of a holistic approach was emphasised, strengthened by multisectoral coordination, integrated patient-centred care and inclusion of the community, with equivalence of health care for prisoners.

The National AIDS Programme Manager of Indonesia, Siti Nadia presented on Indonesia’s first steps towards increasing access to TB screening, IPT and care for PWID living with HIV, which they are looking to enhance and expand. Director of the State Institution Ukrainian Center for the Socially Dangerous Disease Control, Natalia Nizova and Zahedul Islam of International HIV/AIDS Alliance jointly presented on their collaborative work to expand access to HIV and TB services for PWID in Ukraine where 16% of PWID who received opioid substitution therapy in 2013 had TB.

During the plenary session No One Left Behind, Diane Havlir of UCSF provided a stimulating and comprehensive overview of advances in the response to HIV-associated TB and Khuat Thi Hai Oanh warned of the risk of high TB mortality rates among people who inject drugs in her plenary presentation on effective drug policy and harm reduction. During the session on Cutting Edge Issues in TB and HIV promising findings were presented from a phase 2 randomised bactericidal activity study of PA-824, moxifloxacin and pyrazinamide among TB and MDR-TB patients. During the same session results from a study using Xpert MTB/RIF in Brazil, South Africa and USA confirmed that Xpert is as effective in low burden countries as in high burden countries.

Links to all the main conference sessions with presentations and webcasts can be found in the TB/HIV roadmap.
In fond memory of Glenn

Time to act
Save a million lives by 2015
Stop deaths from tuberculosis among people living with HIV