Communities Representatives Speech in Beijing, April 1st 2009

Tamari/Cindy – Honorable Vice-Premier, Your Excellency Dr. Chan, Honorable Ministers: we, members of civil society, particularly people who are infected and affected by and engaged in the fight against TB, present in the 3rd Stop TB Partners Forum, issued the Rio Communities Declaration to call urgent attention to the fact that: Multi Drug Resistant (MDR) and Extensively Drug Resistant (XDR) TB threaten to reverse gains made by TB and AIDS programs worldwide. As that despite being curable, each year TB kills nearly two million people worldwide. Drug resistant forms of TB are on the rise and receiving inadequate or inappropriate responses.

Ezio – TB is the well known #1 cause of death among PWA. The high level of mortality amongst people with HIV due to M/XDR-TB requires special attention to prevent and treat drug resistant TB among this population. Infection control and early case detection should be implemented to prevent and detect TB among people with HIV and treatment support should be prioritized to encourage treatment completion. We need urgently new diagnostics, new and HIV manageable drugs and a new TB vaccine!

Tamari/Cindy - Rights-based responses are few and the needs of the most marginalized continue to be unmet. Further, accessible and quality services and care for the most vulnerable and socially marginalized, including prisoners, drug users, refugees, and migrant workers are unavailable or extremely limited. Meaningful civil society participation in policy and program development and implementation remains weak.

Ezio - In light of the current state of affairs, civil society participants at the 3rd Stop TB Partners Forum in Rio de Janeiro, Brazil, issued this message to the M/XDR TB Ministerial Meeting to address the communities affected priorities to be included in the Ministerial Call for Action:

- (T/C) Ensure that necessary diagnostic tests and treatments for drug resistant TB are accessible wherever M/XDR-TB are found. Support the development of and ensure access to new diagnostic tools that can be used at the point-of-care, treatment regimens that are proven effective in children and compatible with HIV medications and new vaccines that will protect against all forms of TB and will be safe for people with HIV.

- (E) Ensure now the provision of the USD 44 B needed to reach the MDG by 20015, and extra USD 2B annually in Research and Development of new tools. Invest at least the $270 million needed each year between 2009-2015 to scale up laboratory capacity to provide Universal Access to culture and drug susceptibility testing and develop national and regional laboratory indicators to measure progress. Dear Sirs and Madams: the 44B USD needed to control TB by 2015 is less than 1% of what G8 provided to their private banks system since last October to reduce the impact of the financial crisis!

- (T/C) Make community-based care for MDR-TB, which has been shown to lead to better treatment outcomes, be cost-effective, and facilitate access to critical services, a norm in your national MDR-TB programs.

- (E) Mandatory hospitalization should not remain the primary response to MDR-TB treatment, as it overburdens an already stretched health system, infringes on the rights of patients and does not guarantee appropriate and quality care or treatment success

- (T/C) Ensure that all TB patients, including the most marginalized in society are able to receive treatment that respects their human rights and ensures treatment success.

Ezio – We trust the honorable ministers gathered here in Beijing will consider the communities affected priorities in addressing their Call to Action for M/XDR TB global control and patient care.