

UK COALITION TO STOP TB CALLS FOR UNIVERSAL ACCESS TO TB-HIV SERVICES BY 2015

24 March 2009, LONDON – This World TB Day is marked by the release of dramatic new data from the World Health Organisation (WHO) showing rates of TB-HIV co-infection are twice as high as originally estimated.

In Sub-Saharan Africa, HIV has caused TB incidence to triple since the 1990s and in some countries 80% of TB patients are co-infected with HIV.

A lack of integrated TB and HIV services is one of the biggest problems in controlling these two epidemics. Only 1% of people living with HIV in 2008 had been screened for TB.

Kate Finch of the UK Coalition to Stop TB said, “If there was ever any doubt about the need to integrate the responses to TB and HIV, this is compelling new evidence we cannot ignore. We are calling on UK Prime Minister Gordon Brown to push for the scale up and better link of TB and HIV activities to reach a goal of universal access to TB-HIV care by 2015.”

The Coalition has been joined in a message of support from the Archbishop of Canterbury, Dr Rowan Williams: “Tuberculosis is preventable, treatable and curable yet it kills close to 2 million people a year. ‘World TB Day’ emphasises the need for global health efforts to provide adequate care for the millions worldwide affected by HIV and related illnesses such as TB.”

The Coalition to Stop TB is urging Gordon Brown and world leaders attending the forthcoming G20 meeting to deliver on their funding pledges to stop TB and to scale up a coordinated and coherent response to TB-HIV programming.

An investment of US\$14 billion would reduce TB deaths in people living with HIV by 80-90%.

“At a time when many investments seem secure we know that investing in community responses to TB and HIV will pay off,” said Alvaro Bermejo, Executive Director of the International HIV/AIDS Alliance.

“We must make sure that people living with HIV and TB have access to appropriate services. Access to drugs, diagnostics and vaccines but also the power to speak out confidently about the issues surrounding HIV and TB that affected marginalised and poor people,” he said.

“In the current financial crisis with donors questioning their commitment to international aid and increased pressure on programme accountability and effectiveness, continuing to approach these two diseases separately would not only be inefficient, it would be negligent,” Kate Finch commented.

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Note to editors

1. For more information please contact Kate Finch, RESULTS UK on 01926 435 430 or 07751 724 139; or Sarah Wheeler, HIV/AIDS Alliance on 01273 718 900 or 07590 358 391.

2. The UK Coalition to Stop TB was formed in 2008 to increase political support and funding for the global campaign to stop TB. The 30 current members are:

Aeras Global Vaccine Foundation; All-Party Parliamentary Group on Global Tuberculosis; AMREF; AstraZeneca; British Lung Foundation; British Medical Journal; British Thoracic Society; Centre for Infectious Diseases & International Health, University College London; COMDIS Research Consortium; FIND Diagnostics; Genus Pharmaceuticals; Global TB Drug Alliance; GlaxoSmithKline; Health Protection Agency; International HIV/AIDS Alliance; The Lancet; London School of Hygiene & Tropical Medicine; Medecins Sans Frontieres; NAM; NHS Leeds; Panos London; RESULTS UK; Royal College of General Practitioners; Royal College of Nursing; Royal Society of Tropical Medicine and Hygiene; Target TB; TB Alert; TB Survival Project; UK Clinical Pharmacy Association; UK Public Health Association; World Without TB.

3. Members of the UK Coalition to Stop TB and UK Stop AIDS Campaign will be presenting an invitation to Gordon Brown to join the fight to stop TB-HIV co-infection. They will be presenting the invitation at 10 Downing Street on Tuesday 24 March at 1.30pm. For more information, contact Kate Finch on the numbers above.

4. On 9 June 2008, the first HIV/TB Global Leaders' Forum was held at the United Nations in New York. To coincide with this event, civil society organisations from around the world called on all governments to commit to achieve universal access to TB-HIV care by 2015. If achieved, this would result in every person living with HIV being screened for TB, every person with TB being offered HIV counselling and testing, and treatment, prevention, and care being made universally available and coordinated for both diseases.