

The Panama Call for Action to Expand Collaborative TB/HIV Activities – July 2011

We, the participants of the meeting “Scaling-up the Implementation of Collaborative TB/HIV Activities in the Region of the Americas”, held in Panama City on 7 and 8 July to review the current status of the Tuberculosis and HIV co-infection (TB/HIV) in Latin America and the Caribbean (LAC), and **recognizing**:

- The advances in the LAC countries and the commitments reflected in the Political Declaration on HIV/AIDS during the UNGASS High Level Meeting on AIDS in June 2011, that in paragraph 75 states: “Expand efforts to combat tuberculosis, which is a leading cause of death among people living with HIV, by improving tuberculosis screening, tuberculosis prevention, access to diagnosis and treatment of tuberculosis and drug-resistant tuberculosis and access to antiretroviral therapy, through more integrated delivery of HIV and tuberculosis services in line with the Global Plan to Stop TB, 2011-2015, and commit by 2015 to work towards reducing tuberculosis deaths in people living with HIV by 50 per cent”.
- The demonstrated capability of civil society and activists to create human capital to modify public health policies, and to provide education and awareness, as exemplified by the HIV/Aids experience.

Note with concern that in the LAC region:

- HIV epidemic has not been controlled, estimating 120.000 new infections in 2009, with the antiretroviral coverage being 50% of the people in need.
- TB continues being a public health problem, with 216.000 cases in 2009.
- Only 41% of the TB cases had access to HIV testing in 2009 and approximately 15.000 cases of TB/HIV were reported that year
- Behind Africa, LAC has the next highest co-infection rate with 17%.
- TB continues being the most frequent cause of death in people with HIV.
- Throughout the Region, the presence of TB/HIV is associated with social determinants that hamper adequate access to health services and adequate follow up, affecting most vulnerable populations disproportionately. Those social determinants impact adherence to both, TB and HIV treatment, which increase the risk of TB and HIV drug resistance.
- Civil society and affected communities have limited involvement in the national TB/HIV planning and decision making process at national level.
- There are still practices in countries that do not follow the international recommendations based on evidence.

We agree on that in order to improve the expansion of collaborative TB-HIV activities:

- Formal cooperation mechanism between TB and HIV programs should be promoted and established, where civil society and affected communities should be essential partners;
- Evidence based TB-HIV interventions should be given high priority within national health plans;
- Models of TB/HIV care should be adapted to the context of each country to ensure early ARV treatment and adequate follow up;
- HIV testing in TB patients and TB screening and isoniazid preventive therapy (IPT) in people with HIV should be scaled up;
- The health system should be strengthened to ensure integration of TB/HIV services, access to diagnostic services, adequate logistics for continued provision of drugs, effective infection control policies and reliable surveillance systems to measure impact.
- The introduction of new molecular diagnostic methods for TB should be evaluated and promoted;
- Strategies for reduction of barriers due to stigma and discrimination of people with TB or HIV should be implemented.
- Socio-economical support measures to ensure continuity in TB and HIV treatments, promoting the balance between public policies while respecting autonomy and human right principles should be promoted.

We call to our governments, international organizations and partners to:

- Ensure national multisectoral coordination mechanisms that involve civil society, academia, donors and relevant partners to support activities aligned with the Stop TB Strategy and the Global Health Sector Strategy on HIV/AIDS;
- To actively promote the involvement of affected populations through policies such as The Patients' Charter for Tuberculosis Care that contains the rights and responsibilities in TB care and the Greater Involvement of People Living with HIV/AIDS principle.
- To establish operational plans to scale-up collaborative TB/HIV activities that include realistic objectives, allocation of sufficient national financial resources, mobilization of other funding sources, and ensuring trained and sensitized human resources;
- Identify and reduce barriers to HIV diagnosis among TB and presumptive TB cases; ensure TB screening in people with HIV, IPT and early ART in TB/HIV patients;
- Address social determinants that favor HIV transmission and development of TB disease through multisectoral interventions.

We commit to:

- Promote collaboration between TB and HIV programs; civil society, the academia and other partners to scale-up the TB-HIV collaborative activities within the country context;
- Involve civil society in monitoring national activities and achievements, increasing sensitization and education activities and activism to break the political, economical and programmatic silence related to TB/HIV co-infection in the region;

- Advocate from the civil society for inclusion in the political agenda the strengthening of public health and social services systems; with a non discriminatory, human rights, social determinants and gender equality perspective that respects diversity;
- Promote the empowering of people with TB-HIV and their communities promoting access to services, retention and adherence, in particular in communities in state of vulnerability;
- Advocate for increased social, basic and operational research, and TB and HIV surveillance to support evidence based policies and practices;
- Stimulate technical cooperation processes between countries;
- To review the commitment made in this meeting in the next regional TB-HIV meeting.

Panama City, Panama – July 8, 2011