

Zero tuberculosis at the latest International AIDS Congress in Asia and the Pacific?

We recently attended the 11th International Congress on AIDS in Asia and the Pacific (ICAAP) in Bangkok, Thailand. ICAAP is the largest forum on HIV/AIDS held in the Asia-Pacific region and globally one of the largest AIDS conferences. The conference has been organised for more than 20 years, and according to the organisers "it has played a key role in raising public awareness, building political commitment, strengthening advocacy networks, and disseminating knowledge on HIV/AIDS issues among key affected populations and other stakeholders in the region".

In terms of advocacy and political commitment, the conference seemed successful, dynamic, and forward looking. A large proportion of conference delegates were members of communities affected by HIV, sex workers, lesbian-gay-bisexual-transgender individuals, injectable drug users, and ethnic and other minorities with no scientific background but committed to the cause of fighting HIV together. Their expectations from the conference were to network, advocate for change, share best and worst practice experiences, shape policies, and define priorities for the future. They also celebrated success stories and empowered people living with HIV.

During the 5 days of the conference (Nov 18–22, 2013), we hardly heard the words tuberculosis, TB, multidrug-resistant tuberculosis, or MDR-TB being used by either speakers, delegates, or community representatives. This absence alerted us that something was amiss, but we assumed that we might have simply missed the sessions, meetings, plenaries, and symposia in which tuberculosis—the number one killer of people with HIV¹—was mentioned, discussed, condemned, or accounted for.

We therefore searched written and archived conference material in reference to tuberculosis via the conference CD-ROM, which contains abstracts presented (e-poster presentations, e-poster discussions, and oral sessions), and the programme book² that contains everything from welcome messages and abstract titles to satellite sessions and symposia organised by third parties and conference sponsors. For the CD-ROM, we used the CD-ROM search engine and entered the following keywords: "TB", "tuberculosis", "multidrug-resistant tuberculosis", and "MDR-TB". We cross-checked the results with the keywords "co-infection" and "HIV/TB". For the programme book, we used a word-cloud visualisation of the most commonly used words in the text; we used a freeware application available online. Finally, we visually inspected the generated word-cloud for the same words and acronyms as for the CD-ROM.

Of 1636 abstracts presented at the 11th ICAAP, 70 (4.2%) abstracts contained "TB" at least once. We manually searched the 70 abstracts and we noted that 19 (1.1%) were actually about tuberculosis; the other 51 abstracts only mentioned tuberculosis as part of the background or setting, or both. Similarly, the keyword "tuberculosis" produced 16 hits, "MDR-TB" produced two, and "multidrug-resistant tuberculosis" produced none. The word-cloud (figure) contains none of these terms, not even among the small letters.

The Asia-Pacific region accounts for more than half of the world's burden of tuberculosis and drug-resistant tuberculosis, and is a major part of the global HIV burden.³ India and China alone have half of all patients with multidrug-resistant tuberculosis. The disease disproportionately affects people living with HIV, which is one of the strongest risk factors for developing active tuberculosis, and people with HIV are 20–30 times more likely to develop active tuberculosis than are HIV-negative people.³ So,



Figure: Word-cloud showing the most frequently words used in the 11th International AIDS Congress programme book

why was the community at this AIDS conference not discussing tuberculosis when it is undeniably an issue of high importance?

The dynamism and speed the scientific community and civil society have shown so far in responding to the HIV epidemic has been unprecedented. Can we say the same for tuberculosis? It took less than 30 years until aspirational goals of zero targets were set for HIV, including zero new HIV infections, new deaths, and discrimination. Tuberculosis, a disease as ancient as the mummies, only fairly recently acquired such aspiring and ambitious targets. Still, many activists believe that these targets are a so-called lip service rather than a genuine global political commitment.

We share a concern that this measurement of response to the tuberculosis and multidrug-resistant tuberculosis epidemic in the Asia-Pacific region does not seem proportional to the suffering and death the disease has been causing. This conference seemed to reinforce our concern. Surely, we can do better next time.

We declare that we have no competing interests.

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For more on ICAAP see <http://icaap11.org/index.php/congress-overview/about-icaap>

For the **word-cloud visualisation application** see <http://www.wordle.net/>

For more on **targets for tuberculosis targets** see http://www.stoptb.org/events/world_tb_day/2012/

For more on **treatment action groups** see <http://www.treatmentactiongroup.org/tb-zeroes-campaign/>

- 1 WHO. Facts at a glance. Geneva: World Health Organization. <http://www.who.int/tb/challenges/hiv/facts/en/> (accessed Feb 17, 2014).
- 2 11th International Congress on AIDS. The 11th International Congress on AIDS in Asia and the Pacific Programme Book. <http://icaap11.org/images/stories/ICAAP11%20programme%20book.pdf> (assessed Dec 18, 2013).
- 3 WHO. The global plan to stop TB 2011–2015: transforming the fight towards elimination of tuberculosis. Geneva: World Health Organization, 2010.