

6th international Conference on Tuberculosis A Comprehensive Perspective on an Enduring Challenge

VI Jornadas Internacionales de Tuberculosis. Una mirada integral para un desafío persistente

Talking about tuberculosis today means confronting a paradox. We have better diagnostic tools, more effective treatments, proven preventive strategies, and a growing understanding of the disease. Yet tuberculosis continues to challenge our healthcare systems, exposing persistent inequalities and reminding us that scientific advances alone are not enough.

Against this backdrop, the **6th International Conference on Tuberculosis of the Argentine Association of Respiratory Medicine (AAMR)** was held on August 28, 2026, at the Instituto de Tisiología “Profesor Dr. Raúl Vaccarezza” in a hybrid format. **Under the theme “Yes! We Can End TB! Country-led. People-powered,”** the Conference aimed to go beyond scientific updates. It sought to create a space for dialogue and exchange, approaching tuberculosis from its many different dimensions.

The event was held with the support of the University of Buenos Aires (Universidad de Buenos Aires, UBA), the Argentine Society of Pediatrics (SAP), the Argentine Medical Association (Asociación Médica Argentina, AMA), the Latin American Thoracic Association (Asociación Latinoamericana del Tórax, ALAT), the Argentine Society of Infectious Diseases (Sociedad Argentina de Infectología, SADI), the Argentine Anti-Smoking Union (Unión Anti tabáquica Argentina, UATA), the Society of Internal Medicine of Buenos Aires (Sociedad de Medicina Interna de Buenos Aires, SMIBA), and the Argentine Association of Tobac-

co Dependence Treatment (Asociación Argentina de Tabacología, AASAT).

The attendance reflected the breadth of the program. The hybrid format brought together **318 participants: 120 in person and 198 via the online broadcast**, extending the exchange beyond the physical and geographic boundaries of the venue. This participation, together with the presence of national and international experts from countries including **Chile, Peru, Mexico, Cuba, Ecuador, Honduras and the United States**, confirmed the continued interest that tuberculosis generates among health care teams and the need to maintain opportunities for ongoing education, discussion, and collaboration.

The extensive program was, in a sense, an expression of that complexity. The national epidemiologic situation, tuberculin skin test production, BCG vaccination coverage, the availability of anti-TB drugs, and updates in diagnostic methods provided an initial overview of some of the essential elements of a tuberculosis control strategy.

The program also included experiences from various Latin American countries and addressed issues related to the environment, social vulnerability, migration, problematic substance use, pediatric tuberculosis, drug resistance, new treatments, and biomarkers. All of these topics were brought together during a single meeting—not as a mere accumulation of subjects, but as an expression of the multiple dimensions that must

be considered to understand tuberculosis, let alone control it.

We began the day with the theme of **“looking at ourselves and looking at the region,”** starting with a local assessment of the disease by examining the epidemiological situation in our own country, Argentina. We then turned to different countries across Latin America, with experiences from Chile, Peru, Mexico, and Cuba that allowed us to recognize different realities, identify shared challenges, and discuss the various responses of healthcare systems.

Beyond the epidemiological and organizational particularities of each country, the exchange once again highlighted the value of regional cooperation in addressing a disease that shares common determinants, difficulties, and challenges.

The meeting was **“focused on the patient and their environment,”** as we continued with a session involving civil society organizations and presented the **AAMR Tuberculosis Observatory**, a permanent technical and scientific platform dedicated to analysis, monitoring, and interinstitutional dialogue. Its purpose is to develop strategies for a comprehensive approach to tuberculosis across its epidemiological, clinical care, academic, and public health dimensions.

Its inclusion in the program conveys a message that deserves to be emphasized: the response to tuberculosis cannot be built exclusively from doctors' offices, laboratories, or public health programs. Affected individuals, communities, and the organizations that represent them must be part of this process.

Social conditions, barriers to accessing the healthcare system, and different forms of vulnerability influence exposure, diagnosis, treatment, and outcomes. The program sought to reflect this reality by addressing the situation of migrants, people deprived of their liberty, patients who use nicotine and its derivatives, and those experiencing problematic substance use within the module dedicated to special situations.

We also devoted significant attention to environmental pollution and biomass exposure, thereby incorporating into the discussion environmental factors and exposures that may interact with the risk, presentation, and progression of tuberculosis.

Pediatric tuberculosis was also given a dedicated session. Perinatal tuberculosis, multidrug-

resistant disease, and diagnostic algorithms were addressed by specialists from across the region. Including children and adolescents in this discussion is not simply a matter of adding another age group: tuberculosis in childhood points to recent transmission and compels us to consider the child, their family, their contacts, and the community in which they live.

Finally, the meeting turned its attention toward the future. New treatments, biomarkers, and tuberculosis across the life course were the focus of the final module of the conference. It was an appropriate way to conclude a journey that had begun with epidemiology and the tools **currently** available, and that ultimately led us to ask what new possibilities we may be able to incorporate tomorrow.

The opening included a particularly meaningful moment: a **tribute to Dr. Alicia Dambrosi**, delivered by Dr. Domingo Palmero. Remembering those who have contributed to the path we traveled is also part of building the future. A tireless scholar and generous in sharing what she learned; she mentored many colleagues who found in her a role model. The history of the fight against tuberculosis is built on scientific knowledge and health policies, but also on the sustained work of individuals who devoted a significant part of their professional lives to this disease.

For me, remembering her also has a personal dimension. During my training as a specialist, Alicia generously shared her time and knowledge with me. I spent many afternoons by her side reviewing X-rays, learning how to interpret them and, above all, learning to think about tuberculosis beyond an image. Those of us who have had the opportunity to learn from mentors like her know that a part of them remains with us—in the way we practice medicine and in the way we teach those who come after us.

Beginning these 6th Conference by remembering Alicia was also a way of bringing together **memory, the present, and the future**. Because the advances we discussed today—new diagnostic methods, shorter treatment regimens, and improved strategies to address drug resistance—are built upon the work of those who confronted these challenges when the tools available were far fewer and the uncertainties far greater.

Diagnostic tools must reach those who need them in a timely manner. Treatments must be available and accessible. Prevention must reach the most vulnerable populations. Surveillance must be transformed into information that can guide action. Healthcare teams must be properly trained, but they must also be supported. And people affected by tuberculosis must no longer be regarded merely as recipients of our interventions; they must become active participants in the strategies designed to control the disease.

The 6th International Conference on Tuberculosis thus left us with both a certainty and a responsibility. Tuberculosis can be prevented, diagnosed, and treated, but moving toward its elimination requires much more than having effective tools at our disposal. It requires health systems capable of bringing those tools to the people who need them, sustained policies, research, surveillance,

cooperation among countries, and the active participation of communities.

“Yes, we can end tuberculosis” should not be merely the motto of a meeting. It should be an invitation to transform knowledge into action, and action into results. It should also remind us that this path is built across generations: with those who paved the way, with those of us who today assume the responsibility of continuing it, and with those to whom we must pass on what we have learned.

From the Argentine Association of Respiratory Medicine and through these pages of the American Review of Respiratory Medicine, that commitment continues.

Sandra J. Inwentarz 

Editor-in-chief

American Review of Respiratory Medicine