

**TB/HIV**  
Report of the 14<sup>th</sup> Core Group meeting  
Addis Ababa, Ethiopia  
November 11-12, 2008

The 14<sup>th</sup> meeting of the Core Group of the TB/HIV Working Group of the Stop TB Partnership was conducted in Addis Ababa, Ethiopia from November 11-12, 2008. The meeting was hosted by the HIV/AIDS Prevention and Control Office (HAPCO) of Ethiopia, a member of the TB/HIV Core Group. The meeting was officially opened by Dr Kebede Worku, vice minister of Health of Ethiopia and was held in the UN Conference Centre. Dr Betru Tekle, Director General of HAPCO also attended and chaired the opening session of the meeting. The meeting reviewed the global progress, challenges, constraints and regional responses in the implementation of collaborative TB/HIV activities, discussed key strategic issues in the global response to the dual TB and HIV epidemic, and conclusions and recommendations were drawn. The meeting was attended by members of the Core Group, as well as National TB and AIDS program managers from 14 African countries, and representatives from Track 1.0 ART Program partners of PEPFAR which brought a country perspective to the proceedings of the meeting. The overall meeting was chaired by Dr Diane Havlir, Chair of the Working Group. The Core Group meeting was then followed up a planning workshop of AIDS and TB programme managers of the 14 African countries on 13-14 November 2008. Presentations from the meetings and list of participants are available at [http://www.stoptb.org/wg/tb\\_hiv/cgd2.asp](http://www.stoptb.org/wg/tb_hiv/cgd2.asp)

The following were the key conclusions and recommendations of the meeting:

### **1. Global and regional response**

The Core Group noted the continued progress and encouraging rate of increase in the implementation of collaborative TB/HIV activities globally and particularly in sub-Saharan Africa. More countries, particularly those that set national TB/HIV targets, are now bracing for nationwide expansion of collaborative TB/HIV activities. Preliminary data from the 2009 Global TB Control Report showed that 42% of the estimated people living with HIV (PLHIV) who developed TB were treated for their TB by the end of 2007. However, the overall coverage of HIV treatment for TB patients and of those interventions aimed at reducing the burden of TB among PLHIV is still low. More concerted action is required particularly in the Asia Pacific region where overall scale-up of collaborative activities has seen low implementation. Those pioneer countries that demonstrated nationwide scale-up of activities were able to sustain their success and forged ahead with provision of CPT but again ART provision lagged behind. The Core Group also noted that all of its recommendations from the previous meeting are either implemented or are on track to being implemented\*.

#### **Recommendations:**

- *All TB/HIV priority countries should, at a minimum, have policies that promote the implementation of collaborative TB/HIV activities firmly based on the principles of three ones (one national TB/HIV coordination mechanism, one national TB/HIV plan, and one monitoring and evaluation system).*
- *The Chair of the Working Group to write an open letter on behalf of the Working Group to Ministers of Health of those TB/HIV priority countries with high burden of TB/HIV and with no supportive policies to nationwide scale-up of collaborative TB/HIV activities to encourage them introduce the policies and create conducive policy and program environment for scale-up.*
- *Countries should develop national targets for TB/HIV activities that will pave the way for nationwide expansion of collaborative TB/HIV activities.*

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\* Progress notes on the implementations of the 13<sup>th</sup> Core Group meeting are available at:  
[http://www.stoptb.org/wg/tb\\_hiv/assets/documents/Progress%20recommendations%2013th%20CG%20meeting.pdf](http://www.stoptb.org/wg/tb_hiv/assets/documents/Progress%20recommendations%2013th%20CG%20meeting.pdf)

- *The Monitoring and Evaluation Task Force of the Core Group should prepare a brief document that summarizes the process and ingredients of the development of national TB/HIV targets. The Secretariat of the Working Group should then disseminate the document to countries as soon as it is developed using its communication channels, including the TB/HIV newsletter and regional meetings of TB and AIDS Program managers.*
- *Innovative strategies should be designed to increase the access of collaborative TB/HIV activities namely the delivery of ART for HIV infected TB patients through TB clinics and the provision of TB diagnosis and treatment through ART clinics, whenever possible and feasible.*
- *The Secretariat in close collaboration with the World Bank and OGAC is requested to document best practices of provision of ART by TB clinics and TB stakeholders, and the provision of TB treatment by ART clinics and HIV stakeholders and present to the next Core Group meeting.*

## **2. Progress on the 3Is (Isoniazid preventive therapy, intensified case finding and TB infection control)**

A result of a community based survey from four sites in Southern Africa conducted by ZAMSTAR as part of CREATE that illustrated huge burden of undiagnosed culture positive TB disease (960 and 2200 per 100,000 population in Zambia and South Africa respectively) was presented and discussed. The Core Group expressed its concern on the magnitude of the problem and its overlap with the HIV epidemic and calls for extraordinary and innovative actions to ensure early case finding and case holding. The Core Group noted the progress in the implementation of the Three Is for HIV/TB. However, the coverage of the interventions is still unacceptably low and needs a re-conceptualised approach in order to ensure progress over the next year. Intensified case finding should be strengthened as a primary gatekeeper for IPT and TB infection control. The draft policy on TB infection control was presented and discussed. The need for leadership of HIV stakeholders for the implementation of the Three Is, including in TB infection control was once again reiterated. Reaching out to vulnerable groups and not-easy to reach communities such as prisoners, miners, migrants, women and children for the implementation of the Three Is was emphasized.

### **Recommendations:**

- *The Secretariat to facilitate the availability of INH for IPT through the direct procurement system of the Global Drug Facility and communicate the outcomes to the broader TB/HIV community in its newsletter.*
- *The Secretariat is requested to speed up the development of co-formulation of INH with co-trimoxazole as one key step to ensure the uptake of IPT by HIV stakeholders.*
- *The Infection Control sub-group Secretariat should accelerate the development of costing for TB infection control interventions and communicate with the broader membership of the Working Group and countries as a matter of urgency before the deadline of round 9 of the Global Fund proposal submission.*
- *The Infection Control sub-group should develop clear strategies around TB infection control measures among migrants, cross-border travellers and prisoners, and communicate with countries and present progress in the next Core Group meeting.*
- *UNAIDS representative to the Core Group to prepare a document summarizing the TB/HIV activities of its co-sponsors, identify opportunities and challenges and communicate with members of the Core Group in due course before the next meeting.*
- *The Secretariat is requested to finalize the meta-analysis of primary data to assist the development of TB screening approach among people living with HIV.*

## **3. Monitoring and evaluation of collaborative TB/HIV activities**

The revised and harmonized TB/HIV indicators were presented and discussed. The Core Group welcomed the reduction of indicators from 20 to 12, and the inclusion of two new indicators including one for TB infection control. It was emphasized that monitoring and evaluation of TB/HIV activities is the weakest link of the global TB/HIV response that

needs urgent attention by all stakeholders. Nationwide scale-up of the standardized TB and HIV (pre-ART and ART) registers, including also by partner organizations was underlined as a critical step to strengthen national TB/HIV monitoring and evaluation systems. Scale-up needs to be synchronized with decentralization and integration of HIV and TB services, within one national monitoring and evaluation system tightly linked with National AIDS and TB Control Programmes. The Core Group discussed also the progress of revising the methodology of the global TB/HIV estimates. The Core Group underlined the importance of regular update of the global and country estimates of HIV infected TB patents based on the national proportion of HIV tested TB patients using the direct method. It also appreciated the efforts of WHO to improve the accuracy of the estimates using the direct method and the achievements in harmonizing TB/HIV indicators across the different stakeholders.

**Recommendations:**

- *In light of recent country re-assessment of TB/HIV estimates based on direct country data, the Secretariat should revise the incidence rate ratios and TB/HIV estimates and disseminate the information urgently. This revision should also re-examine the data available for burden of death estimates, and include confidence intervals.*
- *The Secretariat should encourage regular international and national review meetings and processes to ensure TB/HIV data collected are comparable and consistent, accurate, comprehensive and based on one national TB/HIV monitoring and evaluation system owned by Ministries of Health and one reporting cycle. Technical and donor partners agencies working on TB and HIV should be part of these review meetings and process, and should support it.*
- *Countries should promote regular crosschecking of TB, pre-ART and ART registers for consistency and completeness of TB/HIV indicators as part of routine monitoring and evaluation process.*
- *The Secretariat to encourage countries to utilize locally collected information to improve the performance of programmes through mainstreaming it into its technical assistance work for countries such as the TBTEAM.*

**4. Enhancing community mobilization for nation-wide scale-up**

The ongoing global activity around community mobilization and civil society engagement for TB/HIV was presented and discussed. The Core Group recognized the important role played by community groups and global activists to increase the global visibility of TB/HIV and accelerate the implementation of collaborative TB/HIV activities. The roles of community groups to catalyze national implementation and generate grass root demand for services have been particularly emphasized. Nonetheless, it was noted that there are several challenges to realize meaningful engagement of community and grass root groups including lack of resources and limited technical capacity, particularly in national efforts. The Core Group reiterated that activism can make a difference at local, national and global levels, and should be an integral part of the global TB/HIV response. There is an urgent need to widely support the mushrooming of grassroots and national community groups and activists to catalyse implementation and enhance a system of accountability.

**Recommendations:**

- *Treatment Action Group, UNAIDS and community representatives of the Core Group to develop a draft statement to be released on behalf of the Working Group on what is needed from global and national stakeholders to ensure meaningful engagement of community groups particularly in national efforts, including access to resources. The statement should be released during the Stop TB Partners' Forum in March 2009 after email based consultation with the broader membership of the Working Group.*
- *Partners engaged in supporting community groups for TB/HIV advocacy and implementation need to prioritize and refocus efforts towards enabling meaningful national and local engagement of community groups and demand generation for services.*

## 5. HIV and drug resistant TB

The epidemiology of MDR and XDR-TB and its overlap with HIV was presented as well as the challenge posed by drug resistant TB for effective management of HIV. The Core Group noted that HIV is causing outbreaks of MDR-TB, and HIV is probably increasing community transmission of MDR-TB where prevalence of infection with MDR-TB is high. The epidemics of HIV (focus Africa) and MDR (focus Eastern Europe) now overlap and is cause for great concern globally that needs a harmonized response. HIV stakeholders must be involved in the design of quality basic TB prevention and treatment services for PLHIV, including TB infection control measures to prevent the development and transmission of drug resistant strains. The Core Group underlined the importance of strengthening the quality of basic TB control services, and with the expansion of delivery of TB services by HIV stakeholders, emphasis should be given to the minimum standards of quality to prevent the development of drug resistance. Speedier diagnosis and management of TB in HIV clinics has to be encouraged. This includes intensified case finding and the use of all available laboratory investigations for drug susceptible and resistant strains (culture technologies and molecular tests). In settings where there is extensive overlap between drug resistance and HIV, and where early diagnosis is difficult, patients should be put on empirical treatment for drug resistant TB, based on their clinical condition, to avert unnecessary death of PLHIV. More research is needed to answer the questions about when to start ART, what are the likely drug interactions of second line TB drugs and ART, and also on the clinical response to treatment including IRIS. The Core Group underlined the importance of the upcoming Ministerial meeting on MDR TB in China to reinforce programme actions to address drug resistance TB in the context of HIV prevalent settings. The Core Group suggested appropriate regional approaches need to be designed to address drug resistant TB in the context of HIV. Eastern Europe and Southern Africa should get the priority to consolidate such efforts and actions.

### *Recommendations:*

- *The Secretariat along with the MDR TB Working Group should promote and ensure HIV testing with new national TB drug resistance surveys particularly in African and Eastern European countries.*
- *HIV stakeholders and implementers should support the expansion of drug susceptibility testing for all PLHIV suspected to have drug resistant TB and regularly track its implementation in line with one national monitoring and evaluation system.*
- *The Secretariat to regularly communicate about the functions of the Green Light Committee with HIV stakeholders and the broader membership of the Working Group to facilitate the access of HIV stakeholders and implementers to quality assured and reduced priced second line TB drugs through the Green Light Committee (GLC).*
- *The Secretariat should prepare a two-page position paper on behalf of the Core Group as a background document for the upcoming Ministerial meeting on MDR TB in China. This paper should outline a response to mitigate the impact of HIV in accelerating the epidemics of MDR-TB and XDR-TB and vice versa.*

## 6. TB/HIV Research Priorities

The Core Group discussed redefinition of the TB/HIV research priorities and how to advance interest and investment for their implementation. The Core Group underlined the unmet need of TB/HIV research and called for extraordinary actions to be carried out by funding agencies, researchers and national governments. Although there are several priorities that need to be addressed as a matter of urgency, the Core Group felt the following are of immediate priority that need urgent attention: understanding the interaction between drug resistance TB and HIV through joint surveys; better use of existing data to guide and improve program performance; rapid point-of-care diagnostics to be used at the lowest level of the health system (dipstick test); operational models for improving existing TB diagnostics; targeted community level interventions and scale-up of new TB drugs in the development pipeline and ART; identification of best regimens for the management of MDR TB in PLHIV; optimal timing for ART initiation in TB patients including those with MDR and XDR TB; development of operational model for programmatic infection control interventions; and operational models for scale-up of IPT in HIV care setting.

The Core Group endorsed the planned highly visible TB/HIV research meeting in conjunction with the IAS Conference on Pathogenesis in August 2009 in Cape Town, South Africa. It also welcomed the overall support by the IAS and its Governing Council, including the announcement of establishing a TB/HIV prize for the best research presented in the Conference. The Core Group once again reiterated its concerns over the dire need for funding for TB/HIV research and stressed the importance of keeping the pressure on lead funding agencies through tailored and focused strategies.

**Recommendations:**

- *Treatment Action Group in collaboration with the Secretariat to take the lead on behalf of the Working Group to communicate with the leadership of NIH in order to enable more investment on HIV/TB research from the office of the AIDS Research as part of their HIV funding stream and report back the progress in the next Core Group meeting.*
- *The Secretariat to continue revising the TB/HIV research priorities based on the 2005 document with broader involvement of the Working Group and combine it with effective communication and advocacy strategies for its wider implementation. The upcoming TB/HIV research meeting in Cape Town should be seized to further nurture and implement the priority questions.*
- *The Secretariat to establish a research task force of the Core Group that will develop a list of immediate TB/HIV research priorities based on the discussions to be systematically communicated with research funding agencies on behalf of the Core Group.*
- *The Stop TB Partnership Secretariat to establish an annual award scheme for young researchers with outstanding contribution into the area in order to stimulate the interest of young people for TB research.*
- *The Stop TB Partnership Secretariat to encourage the UN Special Envoy for TB to visit heads of agencies that fund health research (e.g. NIH, Ford Foundation, Rockefeller Foundation etc.) in order to request them to fund or increase their commitment to TB research.*

**7. TB diagnostics for PLHIV**

The Core Group reviewed ongoing efforts of the New Diagnostics Working Group and the Foundation for Innovative and New Diagnostics (FIND) in the development of TB diagnostics tools and discussed their implication for PLHIV. The Core Group acknowledged the impressive progress made so far in the diagnostic pipeline, which, in comparison to current practice will benefit PLHIV with expanded implementation. However, the Core Group once again reiterated the importance of a point of care TB diagnostic in a form of dipstick test. The ongoing activities to discover a point of care TB test have to be scaled-up into extraordinary and unprecedented levels, including in innovation, scientific interest and financial investment. The Core Group encouraged the combined innovation of TB and HIV diagnostics into one diagnostic platform, whenever possible. The Core Group called for the revision of the diagnostic section of the Global Plan to Stop TB (2006-2015) with much more ambitious diagnostic research and development targets including a TB point-of-care (dipstick) test. In the meantime, the Core Group emphasized the expanded use and implementation of new technologies and existing culture and molecular tests through strengthened laboratory and effective specimen transportation systems.

**Recommendations:**

- *FIND and the Diagnostic Working Group of the Stop TB Partnership should work towards strengthening the innovation of TB and HIV diagnostics into one platform, whenever possible.*
- *The broader members of the Working Group and the Secretariat to work closely with the Global TB Laboratory Initiative and existing laboratory initiatives of HIV*

*stakeholders in order to support countries to proactively expand the implementation of new technologies through strengthened national laboratory policies.*

### **8. Non-rifampicin rifamycins (rifapentine and rifabutin)**

The Core Group discussed the role of rifapentine and rifabutin in treatment of TB among PLHIV particularly in the context of the resource limited settings. The Core Group noted that the evidence from non HIV infected populations showed that rifabutin is as equally safe and effective as rifampicin. However, rifabutin allows the use of boosted Protease inhibitors to treat HIV in patients diagnosed with TB. According to WHO's guidelines, Ritonavir-boosted Protease inhibitor based antiretroviral therapy is reserved for second-line therapy in patients who no longer respond to first line therapy or as alternative option for those with adverse reactions or contraindications to non nucleoside reverse transcriptase inhibitors (NNRTIs).

#### **Recommendations:**

- *The Core Group suggest the use of Rifabutin in TB patients who are put on second-line ART.*
- *Multi-dimensional efforts have to be made in order to enhance the access of rifabutin in resource limited settings to be used in patients who are put on second line ART.*
- *WHO should accelerate the efforts to include Rifabutin in the essential drug list to be used in patients who are put on second line ART.*

### **9. Resource mobilization**

The Core Group noted the increased engagement of PEPFAR Track 1.0 partners for collaborative TB/HIV activities and welcomed the decision of the Office of the Global AIDS Coordinator (OGAC) to make TB screening as a requirement of Track 1.0 Partners grant agreement. The critical role of the Global Fund for ensuring nationwide scale-up of collaborative TB/HIV activities and the recent TB related decision points of the Board of the Global Fund were noted. The Core Group endorsed a recent call by the Stop TB Partnership Coordinating Board in its 15<sup>th</sup> Meeting that request a mandatory inclusion of TB/HIV components into successful HIV and TB proposals.

#### **Recommendations:**

- *The Secretariat to establish a group from the Core Group members to develop a Working Group statement about the mandatory inclusion of TB/HIV in successful TB and HIV proposals of the Global Fund*
- *The routine advocacy activities of the Secretariat should mainstream the recent decision points of the Board of the Global Fund, the OGAC for Track 1.0 partners and the call of the Coordinating Board of the Stop TB Partnership.*

### **10. Next Core Group meeting and financial issues**

OGAC and London School of Hygiene and Tropical Medicine offered to explore the possibility of hosting the next Core Group meeting in conjunction with the HIV Implementers' meeting (June 2009) and the IAS Pathogenesis Conference (July 2009) in Windhoek, Namibia and Cape Town, South Africa respectively. The Secretariat expressed its serious concern about a looming uncertainty of the continuity of its funds that have been very instrumental for the work of the Working Group and Secretariat to coordinate the global TB/HIV response. It was noted that such uncertainty will seriously affect the work of the Secretariat and the productivity of the Core Group, including conducting its regular meetings.

#### **Recommendations:**

- *The Secretariat to discuss with members of the Core Group who expressed interest to host the next meeting and communicate with members of the Core Group.*
- *The Secretariat to keep the Core Group informed about its funding uncertainties on regular basis.*