



Progress note of the recommendations of the 16<sup>th</sup> TB/HIV Core Group  
Meeting Report

**May 26-28, 2010, Almaty, Kazakhstan**  
**November 2011**

## **1. Structural and organizational barriers**

### **Recommendations:**

- *The Core Group urges Ministries of Health to establish functional TB/HIV Coordinating bodies to facilitate the delivery of integrated TB and HIV services within the same facility.*
- *The Core Group urges the Ministries of Health of countries where there is no delivery of ART in TB dispensaries and TB treatment in AIDS dispensaries to urgently develop directives (prikaz) to do so.*

### **Actions carried out:**

- *The Working Group Secretariat at the WHO in collaboration with regional partners has conducted a series of regional advocacy and programmatic efforts to address the structural and organisational barriers. A regional implementation meeting involving some 200 participants from 37 countries with representation from 18 high TB burden countries from the European and Central Asian Region was conducted in conjunction with the IAS 2010 Conference in Vienna. Participants included members of the TB/HIV Working Group, representatives from national TB, HIV and harm reduction programmes as well as officials from the penitentiary system and civil society. At this meeting and in the meeting report the strict verticalization of services, characteristic of the region, was highlighted as a key bottleneck for access to TB and HIV services, and it was stressed how important it is to establish effective TB/HIV coordinating bodies at all levels with broad stakeholder inclusion, as well as providing the necessary regulatory and policy environment to facilitate the delivery of integrated TB and HIV services.*
- *Similarly a follow-up meeting to facilitate the delivery of integrated TB, HIV and harm reduction services for people who use drugs was convened by WHO EURO in collaboration with the Secretariat, in September 2011 in Moldova, Chisinau. Attended by approximately 60 participants representing TB, HIV and drug support services, as well as active members of civil society from nine countries in the region, the meeting explored existing successful models of effective delivery and encouraged countries to consider current barriers to access and the steps needed to overcome these barriers to ensure effective delivery of integrated TB and HIV services.*

## 2. Hospitalization of patients with drug susceptible TB disease

### **Recommendations:**

- *The Core Group expresses its serious concerns about the mandatory and routine hospitalization of all patients with drug susceptible TB disease in the region.*
- *The Core Group strongly urges the Ministries of Health of those countries where hospitalization is routinely practiced for patients with drug susceptible TB to implement ambulatory and other community based initiatives for TB treatment.*
- *The Core Group recommends that the TB/HIV Working Group Secretariat works together with all relevant global and regional stakeholders in order to discourage routine hospitalization of all TB patients and to identify and highlight other best practice options that are relevant to the regional context.*

### **Actions carried out:**

- *At the 19th meeting of the Coordination Board of the Stop TB Partnership, held in South Africa in October 2010, the Chair and Secretariat of the TB/HIV Working Group raised the issue of mandatory hospitalization as a serious barrier for the scaling up of collaborative TB/HIV activities in the region and requested the Board to issue a statement of concern. As a result in the Coordinating Board acknowledged the challenges posed by compulsory hospitalization for drug sensitive TB in limiting the regional TB/HIV response of Eastern Europe and Central Asia and encouraged WHO HQ and EURO to work closely with Ministries of Health in order to address the issue. This was subsequently recognised as a system weakness in the WHO European office's "Roadmap to prevent and combat drug-resistant TB. The WHO EURO will undergo cost-effectiveness studies of various models in the region and the best funding mechanisms will be defined for efficient TB prevention and control.*

## 3. Lack of access for people who use drugs:

### **Recommendations:**

- *The Core Group expresses its concerns about the lack of political commitment to expand evidence based harm reduction services, which include TB and HIV prevention, diagnosis and treatment services to people living with or at risk of HIV in the region, in particular people who use or inject drugs.*
- *The Core Group calls upon all authorities of the Ministries of Health and Justice in the countries to ensure the access of evidence based harm reduction services including TB prevention, diagnosis and treatment services for people living with or at risk of HIV, particularly people who use or inject drugs*
- *The Core Group urges the Secretariat of the TB/HIV Working Group to work with WHO European and country offices, UNODC, UNAIDS and other regional stakeholders including civil society organizations in order to document best regional experiences and replicate them into other countries.*

### **Actions carried out:**

- *In June 2010 a workshop was held in Liverpool to build the capacity of networks of people who use drugs and those involved in harm reduction and drug use support to advocate for integrated TB/HIV services, which included participants from Eastern Europe.*
- *The Secretariat of the TB/HIV Working Group commissioned a documentation of experiences of the provision of collaborative TB/HIV activities for drug users in Brazil, India, Ukraine and Zanzibar. The study assesses the service delivery according to the recommendations set out in the guidelines and has been broadly distributed to HIV and TB stakeholders and related networks as part of HIV in Practice publication.*
- *National health authorities were urged to implement and scale-up a comprehensive package of nine interventions for harm reduction, preferably using a “one-stop service” or integrated service in the Regional TB/HIV meeting in July 2010.*
- *The WHO European office commissioned a report that was published at the end of 2010 [Building integrated care services for injection drug users](#) which documents in more detail the various models available in the Ukraine of integrated care, which includes TB prevention, care and support.*
- *The meeting convened in the Republic of Moldova in September 2011 documented best practices of integrated care in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan and Ukraine, and helped to develop country specific operational guidance on integration of these services. The compendium of best practice is currently in the process of being completed.*
- *UNODC conducted reviews of the changes in drug use, drug user behaviour and the states’ response to the social and medical co-morbidities of these populations from 2001-2010 for Kazakhstan, Kyrgyzstan and Uzbekistan. In addition, further field studies will be conducted in each of the project countries between December 2011-December 2012 to assess the current access to health and social protection services including TB prevention, diagnosis and treatment for these key populations.*
- *UNODC will also be providing technical support to the CCM of Kazakhstan to include issues of integration of TB/HIV/drug dependence prevention and treatment services for people who use drugs (particularly IDUs) and prisoners into GF Round 11 proposal of the TB component.*
- *An advocacy guide for TB services among people who use drugs was developed by the International Network of People who Use Drugs (INPUD) with the support of the TB/HIV Working Group Secretariat, UNAIDS and WHO/EURO. The advocacy guide, which was developed through a consultative stakeholder process with experts on HIV and TB, activists and drug use networks, is currently in the final phase of development and will be translated in Russian to make it available to the active and affected communities within the region.*

#### 4. Lack of services for prisoners and migrant populations

##### **Recommendations:**

- *The Core Group reiterates that the TB and HIV epidemic in the region can not be addressed without high quality prison health services that are well coordinated with an equivalent or superior quality to public health services.*
- *The Core Group strongly promotes the recognition of the basic rights of prisoners and migrant population to access evidence-based integrated TB and HIV interventions.*
- *The Core Group recommends WHO, UNODC and other regional partners working on TB and HIV in the region need to specifically encompass quality TB service delivery as part of their core functions for prisoners and migrant population.*
- *The Core Group urges governments and health authorities in the region to establish formalized coordination between prison health services and Ministries of Health to provide quality patient centered TB and HIV services. At the minimum a division of labour between Ministries of Health and Prison Authorities (e.g. Ministries of Justice) needs to be developed, preferably through a government directive (prikaz).*

##### **Actions carried out:**

- *Prisons were high on the agenda at the Working Group meeting held in Vienna in July 2010, where delegates responsible for the penitentiary system in Eastern European and Central Asian countries also attended. A special breakout group was convened to focus on the barriers and actions needed to increase access to equitable access to infection control, prevention, treatment and care in prisons. Key recommendations coming from the meeting included the need for the responsibility of prison health to be handed over from the penitentiary system to the Ministry of health or at least for a strong mechanism of coordination to be established. Furthermore, penitentiary health authorities were urged to improve referral from penitentiary to civil health systems in order to ensure continuity of care, and it was recommended that ministries of justice undergo comprehensive penal reform to reduce overcrowding and improve conditions.*
- *The formation of the Stop TB Partnership Taskforce on TB and Human Rights, whose first meeting was held in November 2010 included representation from the Office for the High Commissioner for Human Rights and other key human rights and prison stakeholders. The secretariat and UNAIDS ensured that TB/HIV in prisons were a key issue of focus at the first meeting and it was recommended that the task force tap into the expertise and resources of a number of key human rights mechanisms involved in prisons.*
- *As mentioned above, UNODC is currently assessing the access to healthcare services for detainees which will serve as a baseline to measure future progress.*

## 5. Convergence of drug resistant TB with HIV and diagnostic expansion

### **Recommendations:**

- *The Core Group urges Ministries of Health authorities in the region to take leadership to scale up the programmatic management of drug resistant TB including massive expansion of novel molecular TB diagnostics as a matter of urgency.*
- *The Core Group recommends that the Secretariat collate best practice examples of managing drug resistant TB and HIV from the region and share with a wider audience in the region through its routine communication outlets.*

### **Actions carried out:**

- *In Vienna in July 2010 TB programmes were urged to scale-up the use of rapid diagnostics for drug susceptible and drug resistant TB as well as treatment of MDR-TB. A further recommendation was for TB programmes to incorporate HIV testing in ant-TB drug resistance surveillance to evaluate the relationship between HIV and drug resistant TB and to improve the management of patients through early detection of drug resistant TB among people living with HIV.*
- *In December 2010, WHO released its recommendations on Xpert MTB/RIF. A key recommendation was that Xpert MTB/RIF should be used as the initial diagnostic test in individuals suspected of MDR-TB or HIV/TB. Evidence from role out of this new technology in relation to people living with HIV is being monitored.*
- *The Road map and action plan to prevent and combat drug resistant TB in the European Region was released in October 2011. Developed by WHO/Europe through a process of broad stakeholder consultation, a key component of the Road map is to scale-up access to testing for resistance to first and second-line anti-TB drugs and to HIV testing among TB Patients.*

## 6. IPT implementation and drug resistance in the region

### **Recommendations:**

- *The Core Group urges scaling up of the provision of IPT in all AIDS dispensaries as a core HIV care intervention in line with internationally recommended evidence based policies.*
- *The Core Group urge Ministries of Health authorities to ensure the availability of INH in AIDS dispensaries as part of HIV care intervention for example by establishing directives (prikaz).*

### **Actions carried out:**

- *One of the key recommendations from the European regional meeting in Vienna in July 2010, focused on the Three I's for HIV/TB, encouraging health workers to rule out TB using the four symptom-based algorithm and, once active TB is ruled out to prescribe isoniazid preventive therapy. At this meeting the latest evidence was also presented on the effectiveness of Isoniazid preventive therapy in a context of high drug resistance. The meeting report further stressed the urgent need for HIV/AIDS, harm reduction programmes and penitentiary health authorities to*

*scale-up prevention of TB through IPT. These recommendations were further highlighted at the meeting held in Moldova in September 2011.*

- Whilst there has been limited regional implementation or scale-up of the provision of IPT for people living with HIV or provided in AIDS dispensaries, WHO regional clinical guidelines for TB/HIV have been developed and are due to be launched on 1st December 2011, World AIDS Day. In addition, the new guidelines for intensive case finding and isoniazid preventive therapy are in the process of being translated into Russian and will be distributed accordingly. Both these guidelines address the need to provide IPT to all patients, explicitly dispelling the wrongly perceived barriers, cited so far, as reasons for not implementing IPT.*

## **7. Limited civil society engagement in the regional TB/HIV response**

### **Recommendations:**

- The Core Group urges all NGOs working on TB or HIV in the region to embrace collaborative TB/HIV activities as their core business.*
- The Core Group urges national TB and HIV programmes and dispensaries to actively engage with civil society partners to improve access to integrated TB/HIV and where appropriate harm reduction services for the most at risk and vulnerable populations.*

### **Actions carried out:**

- Much of the Secretariat's focus for 2010/2011 has been on building the capacity of civil society to demand and advocate for increased access for integrated TB/HIV activities globally and this has included for most at risk groups such as people who use drugs as mentioned above.*
- Prior to the meeting in Vienna in July 2010, the Secretariat convened a meeting in collaboration with UNAIDS to build the capacity of civil society in the region to advocate for increased access to collaborative TB/HIV activities. Activists were then invited to the subsequent Working Group meeting thus providing a platform for them to network with programme managers from their countries and to demand answers surrounding access to TB/HIV services, hospitalization, access for people who use drugs and detainees. Streamlined throughout the Vienna meeting recommendations was the need for greater engagement of civil society as crucial for an effective and integrated response to TB and HIV. WHO Regional Office for Europe engaged civil society representatives in the process of MDR-TB roadmap development through a broad consultative process coordinated by the TB Alliance.*
- WHO Regional Office for Europe has been working extensively with HIV civil society and supporting their strategic planning, ensuring that TB/HIV co-infection issues are streamlined within plans (e.g. EHRN's Global Fund regional proposal, EATG's research advocacy strategic meeting, ITPC's regional strategic planning for eastern Europe and central Asia) as well as raising TB/HIV co-infection issues at the HIV/AIDS Civil Society Forum of the European Commission.*
- The advocacy guide for TB services among people who use drugs was developed by the International Network of People who Use Drugs (INPUD) and mentioned above is another effort by the Secretariat to enhance the capacity of civil society organizations in region.*