

Report of the 9th **TB:HIV** Core Group Meeting

Paris, France, 18 October, 2005

After welcoming the participants to the meeting and particularly the new Core Group members, the chair introduced the revised agenda. A presentation by the Secretariat and discussion on progress made since the 8th Core Group (CG) meeting followed, including the issues arising from the TB/HIV Working Group meeting held the previous three days in Versailles, France. Ways to increase the involvement of HIV community in TB/HIV implementation, the utility of the IMAI approach as a suitable vehicle for TB/HIV training, the Core Group's functioning and ways to improve performance, and a discussion on the TB/HIV component of the Global Plan to Stop TB were the major topics addressed during the meeting. The main conclusions and recommendations were:

1. Progress and latest developments:

The CG expressed their recognition for the latest advances on TB/HIV implementation by countries recently visited, like Malawi, Rwanda and Thailand. The CG also expressed the need for continued support and strengthening of areas such as training, advocacy, community involvement and guideline development. Despite the high percentage of TB/HIV activities included in the approved proposals for the GFATM (77% and 84% of TB and HIV/AIDS proposals respectively) and the steady rise in TB/HIV in TB proposals in rounds 1 to 5, some CG members expressed surprise that not all of them included collaborative activities as the GFATM requested. Key actions points defined were:

1.1 Algorithm for diagnosis of smear negative pulmonary TB: The expert group created for this topic should finalize the draft algorithms already developed, including paediatric aspects. The process of submission for publication of the peer review background paper led by the Secretariat should continue.

1.2 Training modules for provider initiated HIV counselling and testing: CDC has finalized and piloted modules and scripts, which are now ready for clearance. A paediatric module is still under development. The CG suggested CDC to circulate the current version of the available modules among the CG members, HIV community and some countries for final comments. It was also suggested to broaden the clearance process to include other agencies than WHO. CDC has planned to finalize this process by the end of November 2005. Trainings are already planned in Zambia and Ethiopia in the coming months.

It was mentioned that the Working Group subcommittee on TB infection control in HIV care settings, including members from CDC, WHO and the Union, are finalizing the document "Tuberculosis infection control in the era of expanding HIV care and treatment: An addendum to WHO Guidelines for the Prevention of Tuberculosis in Health Care Facilities in Resource-limited Settings, 1999".

1.3 TB/HIV treatment literacy: The recommended plan to empower patient and communities for quality TB/HIV care is still pending. Mark Harrington and the Secretariat will work and report on it during the next meeting. It was pointed out that there is an ongoing process for training of TB/HIV advocates.

2. Ways to increase involvement of HIV community in TB/HIV implementation:

A Secretariat's presentation showed the HIV/AIDS community increasing involvement

on TB/HIV issues, both in the policy and advocacy front as well as in implementation, but further progress is still required. The Secretariat suggested reinforcement of joint advocacy at high level; reinforcement of coordinated action through the Working Group, training and country support; joint missions; setting targets and monitoring them; documenting progress; and involving UNAIDS more. The CG recognized the progress of the engagement between TB and HIV/AIDS and called for participation of other constituencies.

To enhance involvement on TB/HIV implementation, several entry points were suggested, such as development of community ARV - TB treatment supporters and one-stop shop approach; establishment of an indicator on TB/HIV collaboration for HIV/AIDS and TB programmes; inclusion of TB/HIV in national partnerships for TB and HIV/AIDS as well as in country coordination mechanisms; involvement of health systems and human resources departments of Ministries of Health; further push from WHO regional and country offices (AFRO's taking advantage of the African Health Ministers' Declaration of TB as an emergency, for example); accelerated decision on policy issues related to preventive therapy and use of ARVs in TB patients; more decisive partner involvement; use of the interim policy as an advocacy tool; setting targets for TB/HIV activities (as in Thailand); and strengthening of monitoring and evaluation mechanisms.

The secretariat was requested to map out an action plan to intensify collaboration and increase involvement of the HIV community (in the broad sense); to identify and resolve constraints in programmes first, then at service delivery level; and to ensure continuity of care of TB/HIV patients after TB treatment. The Core Group's support to resolve human resource strategies should be included.

3. Utility of IMAI approach for TB/HIV training:

The Secretariat presented the latest developments on the TB/HIV training strategy, on training materials for TB and HIV/AIDS managers (TB/HIV training package) and on clinical guidelines (TB care with TB/HIV co-management from the IMAI series). The latter is compatible and complementary to the counselling and testing training developed by CDC. The CG welcomed the progress on this field and the coordination developed and gave a positive response to moving forward with the use of these materials. It suggested the Secretariat to develop job aids involving national partners and recommended the finalization of these materials by the end of the year. It also suggested the inclusion of community-based care.

4. Core Group's functioning and strengthening:

Following the Secretariat's summary on the recent selection process of new members, proposals to strengthen the modus operandi of the group and a request to decide on retirement procedures for CG members completing their three year term, the CG recommended the following:

- Consider the establishment of regional TB/HIV working groups after an analysis by the Secretariat on what is happening at regional level, defining clear terms of reference, determining specific issues to be addressed, and establishing a guarantee of truly combined TB and HIV/AIDS participation. WHO/AFRO will present in the next meeting a progress report on the regional TB/HIV task force and the country response to the recent declaration of TB as a regional emergency.
- Strengthening of the CG by including at least another IDU expert (Richard Chaisson is the only current expert member) and representatives from Eastern Europe as new members.

- Renewal for another 3 year term for CG members finishing their period. The duration could be less if the member so desires. The Secretariat to contact directly the five members involved.
- The CG agenda should continue being balanced between strategic and technical issues.

5. TB/HIV component of the Global Plan to Stop TB:

Serious concerns about the rate of scale up for TB/HIV activities in the Global Plan were expressed by the activist members and country and regional representatives. Unless the proposed projections for scale up of TB/HIV implementation were revised, the activist groups would be unable to support the Plan. The Secretariat presented initial estimates for Africa following a UNAIDS scenario for universal access, which accelerated the proposed rate of scale up. After an intense debate in which the implications of changing all the projections were discussed with those responsible in the Secretariat, the CG agreed that Universal access should be included and new calculations be made for all regions of the world accordingly. If possible, these should meet the coming deadline for the World Economic Forum in Davos, where the Global Plan is to be presented in early 2006. The CG recognizes that this entails extra work and contacts with groups working with UNAIDS. If the projections are not possible for all regions, efforts should concentrate in Africa or considerations on other ways forward should be explored. The chair will report the results of this discussion to the Stop TB Global Plan II steering committee who should make the final decisions.

6. Next Core Group meeting:

The CG will have its 10th meeting during the first quarter of next year. Peter Godfrey-Faussett offered to host the meeting in the London School of Hygiene and Tropical Medicine in March 2006. The Secretariat should follow-up and coordinate with him. It was suggested to hold the 11th CG and 6th Working Group meetings back to back with the International AIDS Conference in Toronto in August 2006. The Secretariat will explore this possibility.

The 9th TB/HIV Core Group meeting concluded with remarks from the chair highlighting the energetic character of this particular gathering, with its positive exchange during the discussions and the opportunity to openly debate, which shows important engagement.