

**TB:HIV**  
Report of the 16<sup>th</sup> Core Group meeting  
Almaty, Kazakhstan  
May 26-28, 2010

The 16<sup>th</sup> meeting of the Core Group of the TB/HIV Working Group of the Stop TB Partnership was conducted in Almaty, Kazakhstan from May 26-28, 2010. The meeting was hosted by KNCV TB Foundation. It was organized by the Secretariat of the Working Group and the WHO European Regional Office. The meeting reviewed the global progress, challenges, and constraints and specifically discussed central Asian regional response in the implementation of collaborative TB/HIV activities and recommendations were drawn. The meeting was attended by members of the Core Group, as well as National TB and AIDS program managers or their equivalents and representatives from four out of five central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan). Participants from Turkmenistan were not able to attend the meeting. In addition representatives of prominent technical and donor agencies actively supporting the regional response to TB/HIV were also in attendance. A field visit of TB and HIV dispensaries in Almaty city was conducted before the opening of the main meeting. Similarly the Core Group held a closed meeting to discuss strategic and administrative issues, including the selection of individual members for the Core Group. Presentations from the meeting and list of participants are available at [http://www.stoptb.org/wg/tb\\_hiv/meetings\\_core.asp](http://www.stoptb.org/wg/tb_hiv/meetings_core.asp)

All participating countries presented the status of implementation of TB/HIV activities and the challenges they face. TB/HIV responses in the sub-region are generally in line with the recommendations of the WHO policy on TB/HIV. Kazakhstan and Uzbekistan reported the provision of HIV testing for almost all TB patients although Tajikistan reported testing only about half of all TB patients. It was noted that there was no HIV testing of TB patients reported to WHO in 2008 from either Kyrgyzstan or Turkmenistan. Problems related to monitoring and reporting were mentioned as possible reasons. However, the meeting participants reiterated that the regional TB/HIV response has many, complicated challenges that need to be addressed as a matter of urgency. Although the population prevalence of HIV remains below 1%, new infections are rapidly spreading among drug users, prisoners and people engaged in sex work. The following key challenges and related issues were discussed by the meeting participants and recommendations drawn.

- 1. Structural and organizational barriers:** The Core Group recognized that there are serious structural barriers that impede progress in the regional TB/HIV response. The critical structural and organizational barriers that were identified include: extreme verticality of the TB and AIDS programs both in service provision and programme management; excessive stigma and discrimination of HIV and TB; criminalisation of drug use; and lack of access of TB and HIV services for people who use and inject drugs, prisoners and migrant populations who are heavily affected by the dual TB and HIV diseases. Lack of effective coordinating mechanisms for TB and HIV was mentioned as a key barrier. Although TB/HIV coordinating bodies are created in some countries, they were not functional in most cases. For example in Tajikistan, although a TB/HIV coordinating body was established since 2002, it was not functional until 2005 when it was replaced by a more technical working group that include the technical experts from the TB and HIV streams rather than highly positioned officials working on TB and HIV from the Ministry of Health. The Technical Working Group was instrumental in kick-starting the implementation of collaborative TB/HIV activities by developing a training curriculum for TB and AIDS specialists and organizing HIV testing for TB patients through out the country. These structural barriers resulted in inadequate TB and HIV service provision, often

resulting in higher mortality of TB patients living with HIV. HIV testing for TB patients is generally mainstreamed into the TB dispensaries, though often through a cross-referral mechanism. ART is available in TB dispensaries, in some settings, for those patients who need it, but no provision of TB treatment in ART services. This was largely because of lack of national directives that authorize the delivery of TB treatment in AIDS dispensaries.

*Recommendations and conclusions:*

- *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.*

- 2. Hospitalization of patients with drug susceptible TB disease:** The meeting noted that hospitalization of all patients with drug susceptible TB is routine practice in the region despite being abandoned in other parts of the world, on the basis of evidence demonstrating the advantage of ambulatory, outpatient care. It was reported that the average hospitalization period ranges between 2-3 months and can often extend to longer periods. In many cases, family members of patients being hospitalized are obliged to stay in sanatorium for the period of the treatment. The Core Group expressed its concern that health budgets for TB control in the countries are dependent on the occupancy and number of beds. This obviously impedes efforts to abandon this practice and replace it with other evidence based options (e.g. ambulatory or community based care). It was also noted that in some countries the number of notified cases outstripped the number of beds (e.g. Uzbekistan), which impacts on the health system as well as on the quality of care that is provided to patients. The Core Group, taking the excessive impact of unnecessary hospitalization on the health system and the rights of individual patients and their families into consideration, underlined the importance of facing and addressing this challenge as a matter of priority for a better regional TB/HIV response.

*Recommendations and conclusions:*

- *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.*

- 3. Lack of access for people who use drugs:** The Core Group noted that the increasing problem of substance use and dependence in the Central Asia region is a huge challenge for the regional TB and TB/HIV response. The United Nations Office on Drugs and Crime estimated the population prevalence of drug use to range between 0.5% (in Turkmenistan) to 1.02% (in Kazakhstan) and they estimated that more than 300,000 people used drugs in the five countries in 2006. Injecting drug use drives the HIV epidemic both in the general and the prison population. The HIV prevalence in injecting drug users ranged between 4 and 18% in four of the five central Asian countries (no data were reported from Turkmenistan). It was also noted that access to harm reduction services including TB prevention, diagnosis and treatment

services is very low in most countries despite 20-50% of the estimated drug users being registered for narcology (drug dependence) services. Nonetheless the Core Group noted that there are best practice experiences in the region that prove the feasibility of harm reduction programmes including TB prevention, diagnosis and treatment components. One example is the All Ukrainian Network of PLHIV, which has demonstrated the feasibility of delivering integrated TB and harm reduction services (including Opioid substitution treatment) in many settings across the country. The Core Group noted that punitive drug policies towards people who use drugs including their incarceration and restriction of the rights of people living with HIV to access evidence based harm reduction services are critical barriers to effective TB and HIV prevention, treatment and care in the region that need urgent attention.

*Recommendations and conclusions:*

- *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, particular people who use or inject drugs.*
- *The Core Group calls up on 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.*

**4. Lack of services for prisoners and migrant population:** The Core Group noted that lack of access of TB and HIV services to prisoners, including those who transiently stay in pre-detention centers, and the absence of coordination between Ministries of Health and authorities looking after the prison health services negatively impact on the delivery of quality TB and HIV services for prisoners. In many countries prison health authorities are linked with Ministries of Justice with their own funding stream and accountability chain. During the meeting it was mentioned that bringing prison health services under the Ministry of Health was instrumental to improve the prison health service delivery in Kazakhstan. It was also reiterated that the development of a division of labour and a scheme of coordination between the two programs is also crucial. The lack of systems to ensure adherence of patients to treatment while in detention or continuity of treatment after release from prison is an issue that need to be addressed. The Core Group reiterated the need for social services to enable smooth integration of prisoners into their communities once they finished their term, and acknowledges the work of some NGOs in the region in this regard. The Core Group noted that migration between the countries of the region is very common and migrant people are more prone to TB and HIV. Very often migrants are not able to access TB and HIV services if they fail to produce identity documents. Although during the meeting, some positive practices for ensuring access of migrant population for health services in general and TB and HIV services in particular were reported, the Core Group felt that much has to be done to address this neglected matter.

*Recommendations and conclusions:*

- *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 and 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 services 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).*

**5. Convergence of drug resistant TB with HIV and diagnostic expansion:** The Core Group expressed its concern about the increasing convergence of drug resistant TB and HIV in the region and the lack of understanding of the extent of the problem. It also emphasized that efforts to address drug resistant TB in the region need to be scaled up and integrated with HIV prevention and treatment services. It was reported that the region has the infrastructure capacity to rapidly introduce and expand molecular TB diagnostics. This will improve the diagnosis of drug resistant TB and also ensures the region maximally and expeditiously use existing opportunities such as the TB EXPAND initiative, which aims at expanding molecular TB diagnostics through a collaboration of UNITAID, WHO, the Global Lab Initiative and FIND. The Core Group strongly reiterated the importance of including HIV testing while performing TB drug resistance surveillance. This will help understand the extent of the problem and design responsive strategies.

*Recommendations and conclusions:*

- *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.*

**6. IPT implementation and drug resistance in the region:** The Core Group noted that the provision of isoniazid preventive therapy (IPT) with the background of high INH mono-resistance is a concern for programme managers and other stakeholders in the region. The Core Group re-emphasized the evidence that the provision of IPT to treat latent TB infection in PLHIV has not lead to the development of drug resistant TB in settings with INH mono-resistance as high as 17%. Furthermore, it underlined that there is no evidence about the threshold of INH mono-resistance at which point the risk of IPT outweighs the benefits. The Core Group noted the provision of IPT in Kazakhstan, Tajikistan and Uzbekistan for people living with HIV.

*Recommendations and conclusions:*

- *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).*

**7. Limited civil society engagement in the regional TB/HIV response:** The Core Group recognized the critical role of civil society organizations and NGOs in particular in addressing critical issues such as human rights, access to integrated harm reduction, TB and HIV services, adherence support, psycho-social support, and developing region specific models of service delivery. However, it expressed its concern for the limited engagement of civil society organizations and NGOs in the regional response to TB/HIV.

*Recommendations and conclusions:*

- *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.*

**8. Administrative matters:** The Core Group discussed administrative matters including election of Core Group members and the revision of the Global Plan to Stop TB in a closed meeting. It has also authorized the Secretariat to propose a venue and time for the next Core Group meeting in consultation with the Chair of the Working Group.