TBHIV

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BIMONTHLY NEWSLETTER
OF THE TB/HIV WORKING GROUP OF THE STOP TB PARTNERSHIP

Stop TB Partnership

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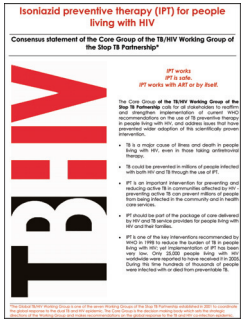
World AIDS Day 2007

Children marched to raise awareness of TB for people living with HIV, on World AIDS Day, Accra, Ghana. Photo provided by Chief Obiefuna.

Dr. Margaret Chan, Director-General of the World Health Organization (WHO) released a statement on World AIDS Day (December 1, 2007) which called for further strengthening of health systems, scaling up ART, improving the social status of women and girls, and more outreach to those at high risk of infection such as injecting drug users. She also asked for scale up of joint interventions to address the dual epidemics of TB and HIV.

Read the WHO Director General's message:
» http://www.who.int/mediacentre/news/statements/2007/s18/en/index.html

Core Group releases Isoniazid Preventive Therapy Statement


Isoniazid preventive therapy (IPT) for people living with HIV

Consensus statement of the Core Group of the TB/HIV Working Group of the Stop TB Partnership*

IPT works
IPT is safe.
IPT works with ART or by itself.

TB/HIV

Consensus Statement of the Core Group of the TB/HIV Working Group

The TB/HIV Core Group released a Consensus Statement at the Lung Union conference in November 2007, which called on all stakeholders to reaffirm and strengthen implementation of current WHO recommendations on the use of TB preventive therapy in people living with HIV, and address issues that have prevented wider adoption of this scientifically proven intervention.

Read the Consensus Statement of the Core Group of the TB/HIV Working Group:
» http://www.stoptb.org/wg/tb_hiv/assets/documents/IPT%20Consensus%20Statement%20TB%20HIV%20Core%20Group.pdf

Read the AIDSMAP special newsletter on IPT: Time for clear and simple messages about delivering isoniazid preventive therapy (IPT):
» http://www.aidsmap.org/cms1255940.asp

Photo: Damien Schumann

Five thousand march through Cape Town to raise TB awareness

Prior to the opening of the International Lung Union Conference over 5000 activists from around the world marched through Cape Town calling for greater global investment in TB research and programs. Led by Zackie Achmat of the Treatment Action Campaign, the marchers delivered a petition to the organizers of the World Conference on Lung Health. TB is mostly preventable and treatable, and yet it remains the greatest cause of illness and death in people living with HIV.

The marchers said that progress in research and development of new TB medicines and diagnostics has been too slow and that investment must be increased enormously to respond to the fact that there have been no new TB medicines for over 40 years and we are still using diagnostics that are over 100 years old.

World Health Organization

The Secretariat of the TB/HIV Working Group is housed by WHO

Message from the Chair and Secretariat of the **TB/HIV Working Group**

It has been a very productive year filled with lots of activities and achievements of the TB/HIV Working Group of the Stop TB Partnership in 2007. The main strategic direction of our Working Group over the past year has been to accelerate and catalyse the implementation of collaborative TB/HIV activities and enhance the visibility and uptake of TB/HIV by HIV stakeholders, including HIV researchers.

Thanks to your continued support and work, we are happy to report on the following key achievements:

The number of countries implementing collaborative TB/HIV activities has increased dramatically. Countries that reported routine offer of HIV testing to TB patients increased from 7 in 2003 to 113 in 2006. More than half a million TB patients were tested for HIV in 2006, an 18% increase in the figure from 2005. Likewise more than 56,000 HIV positive TB patients were put on ART, double the figure in 2005. The number of PLHIV screened for TB has also increased from 195,000 in 2005 to 315,000 in 2006.

The Secretariat of the WG in collaboration with the Office of the Global AIDS Coordinator (OGAC) and The Bill and Melinda Gates Foundation organized a meeting to accelerate the implementation of collaborative HIV/TB in selected sub-Saharan African countries in March 2007. This region carries the brunt of the burden of the TB and HIV dual epidemic. Selected members of the TB/HIV Core Group were in attendance at the meeting. Ambassador Mark Dybul opened the meeting by reiterating the importance of the collaborative TB/HIV activities and announced the availability of an additional $50 million supplemental funding for all PEPFAR focus countries for HIV/TB for 2007. This brought the total available funding for TB/HIV by PEPFAR to USD 120 million in 2007.

The WHO publication Improving the diagnosis and treatment of smear-negative pulmonary and extrapulmonary tuberculosis among adults and adolescents: Recommendations for HIV-prevalent and resource-constrained settings which was released at the beginning of this year provides guidance for those dealing with tuberculosis and HIV at all levels in HIV-prevalent and resource-constrained settings. Members of the Working Group played an active role in its development and finalization.

The visibility of HIV/TB among HIV stakeholders has increased over the past year. The International AIDS Society (IAS) Governing Council discussed TB at their last meeting and made it a priority area. The TB/HIV Working Group Secretariat organized a non-abstract driven session at the 4th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention that was held in Sydney, Australia from July 22-25, 2007. They also organized a satellite symposium, entitled *HIV/TB Co-Infection: Meeting the Challenge* which called for urgent action for TB research. Conducted in collaboration with the Forum for Collaborative HIV Research, the report of the meeting received massive media coverage. Similarly, at the HIV Implementers' Meeting in Kigali, Rwanda, 16–19 June 2007, the Secretariat of the TB/HIV Working Group was instrumental in organizing the TB/HIV sessions of the meeting, which contained plenary, abstract and non-abstract driven sessions. A consultative meeting on HIV/TB research priorities with leading HIV researchers was also held in conjunction with the Conference on Retroviruses and Opportunistic Infection (CROI 2007) in Los Angeles in February 2007 in Los Angeles, USA.

The TB/HIV Core Group also released a Consensus Statement on IPT at the 38th Lung Union Conference in South Africa in November, 2007 to stimulate the debate on IPT. The Consensus Statement called on all stakeholders to reaffirm and strengthen implementation of current WHO recommendations on the use of TB preventive therapy in people living with HIV, and address issues that have prevented wider adoption of this scientifically proven intervention.

At their meeting in October 2007 in Amsterdam, The Netherlands, the TB/HIV Core Group approved new terms of reference (ToR), which was also routed for comments from the wider Working Group members. The revised ToR will come into effect on January 1, 2008. The new ToR will allow the Working Group to be able to better respond to the current situation with collaborative activities scale-up and implementation.

Over the past year increased collaboration with UNAIDS, the HIV and TB Departments of WHO as well as other working groups of the Stop TB Partnership have been instrumental in fostering a better and more coordinated response to TB/HIV globally.

We wish you a wonderful new year and look forward to working with you in 2008.

Diane Havlir,
Chair TB/HIV Working Group of the Stop TB Partnership

The TB/HIV Working Group Secretariat Team

Faster approval of drugs to treat MDR-TB needed

The Treatment Action Group (TAG) and the Stop TB Partnership held a satellite symposium on multidrug resistant TB (MDR-TB) and extremely drug resistant TB (XDR-TB) in the context of HIV infection prior to the 38th World Lung Health Conference in November 2007.

Discussions between community groups and activists with national program managers were centered on the pipeline for drugs in clinical development for TB and MDR-TB. Participants discussed whether or not the model of faster regulatory approval utilized for new AIDS drugs would be appropriate to push through new TB drugs. However, many concerns were raised including, very few drugs in the pipeline and the fact that the drugs have not been tested on people with MDR-TB before and that to give people new drugs with less effective second line drugs could lead to more resistance.

The importance of decentralizing and expediting the Green Light Committee (GLC) initiative functions were also discussed. Many HIV activists and community groups were not familiar with the role and function of the GLC.

What is the Green Light Committee (GLC) Initiative?

The Green Light Committee helps countries access treatment for drug-resistant tuberculosis. It is a mechanism that helps countries responsd to the WHO Stop TB Strategy which calls for the control and prevention of multidrug-resistant tuberculosis (MDR-TB) through increased access to high quality second line anti-TB drugs and management of MDR-TB programs in line with WHO guidelines.

The Initiative consists of a Secretariat, the Green Light Committee (an expert review and WHO advisory body) and the Global Drug Facility (GDF) (the drug procurement arm of the Initiative).

The GLC collaborates with the Global Fund to Fight AIDS, TB and Malaria and UNITAID. To help limit resistance to second-line anti-TB drugs, the Global Fund requires that all procurement of these drugs under Global Fund grants is conducted through the GLC Initiative. UNITAID provides funding for second-line anti-TB drugs to GLC-approved programs. Collaboration allows for negotiation of better prices by pooling procurement needs and resources of many programs. The Global Fund and GLC monitor the performance of MDR-TB programs, including program results and targets relevant to MDR-TB scale up.

In order to start an MDR-TB program and receive second line anti-TB drugs, TB programs can submit applications to the GLC. For more information contact your WHO country or regional offices (www.who.int).

Tailored TB interventions needed for people living with HIV

The 38th Lung Union Conference themed 'Confronting the challenges of HIV and multi-drug resistance in TB prevention and care' was held in Cape Town, South Africa from November 9 - 12, 2007.

The timely theme ensured that there was a high attendance of over 3000 people. A key message from the conference was that each year 200,000 people still die unnecessarily because the world is failing to treat HIV and TB together.

Several important issues relating to people living with HIV and TB were presented and discussed including intensified TB case finding. Researchers found that by looking for only one symptom - cough - TB diagnosis rates among people living with HIV were hampered. Accurate symptom-based screening is important in settings where there is a high burden of active TB.

The research presented at the conference (Cain K et al. Developing a clinical algorithm to diagnose TB in HIV-infected persons in SE Asia 2007) showed that current interventions for TB need to be tailored when it comes to people living with HIV. Studies in Cambodia and Ethiopia showed that cough alone was a poor predictor of TB in PLHIV and that it was important to look at a combination of symptoms such as persistent fever, rapid weight loss and haemoptysis (coughing up blood). When researchers looked at the combination of symptoms they were able to detect every case of TB in both HIV positive and HIV negative patients. A second study found that a cough lasting two to three weeks did not by itself predict TB. Initial study results in Cambodia suggest that cough, fever and weight loss detected 93% of TB cases.

Another study conducted at the University of Cape Town (Boulle, A et al. Antiretroviral treatment outcomes in patients who received rifampicin together with nevirapine or efavirenz 2007) found that patients who start taking a nevirapine-based antiretroviral regimen (ART) while they are already taking standard tuberculosis (TB) treatment (that includes rifampicin) have up to twice the risk of having a detectable viral load (over 400 copies/ml) during the first 18 months on ART compared to people who were not on TB treatment when starting the ART regimen.

However, the vast majority (80%) of those who were on rifampicin/TB treatment at the clinics when they began nevirapine-based ART sustained a viral load below 400 copies/ml through the first 18 months on ART. And, there was no increased risk of failure if patients on a stable nevirapine-based regimen developed TB and went onto TB treatment (although this occurred in a relatively small number of cases)*. Being on TB treatment did not seem to affect the virological outcomes in people taking standard doses of efavirenz-based ART.

* Information reported by **Theo Smart, AIDSMAP**

More investment for research and development urgently needed to save lives

The Treatment Action Group released their new publication, A Critical Analysis of Funding Trends, 2005 - 2006 at the Lung Union conference in November 2007. The report showed that current funding levels for research and development for TB drugs, vaccines and diagnostics was wholly and completely inadequate to meet targets and needs. The study found that in 2006, funding had almost stalled, and rose from $393 million in 2005 to $426 million. Public sector funding fell by $9 million and from 66% to 59% of the total. When inflation and reporting changes are taken into consideration in real terms it means there was actually no growth. The report recommendations call for investment to increase from about $400 million each year to about $2 billion per year in order to meet the Global Plan targets.

Mark Harrington, Executive Director of TAG said that the news was depressing but not surprising as governments are failing to adhere to their promises on TB.

The report was a timely contribution to the discussions on R&D at the Lung Union conference which highlighted the need for more specific research to be conducted for people living with TB/HIV due to the complexities they face. Currently there is little research into new ART involving TB patients to ensure compatibility with anti-TB medications and there is hardly any research being done to address the lack of appropriate TB diagnostic tools in PLHIV. New and modified interventions including clinical diagnosis recommendations are required to deal with PLHIV and TB, particularly in light of added complication of MDR-TB. Without more operational research we will not be able to implement effective strategies and recommendations for PLHIV. Governments need to invest much greater amounts on TB research particularly in new ART and TB patients. If we are to effectively address TB/HIV we must collectively work towards increasing investment into research and development.

Read the full TAG report:
» **http://www.aidsinfonyc.org/tag/tbhiv/tbrandd/2007tbranddreport.pdf**

Drug users and HIV associated TB

The WHO, United Nations Office of Drugs and Crime (UNODC), and UNAIDS organized a consultative meeting to produce guidelines for drug users which will specifically address HIV associated TB. They assessed a range of social, economic and political issues that affect access to TB/HIV services by drug users. The aim of the guidelines is to set out recommendations for prevention and treatment through integrated health service delivery in harm reduction, drug treatment, criminal justice, and both TB and HIV service settings.

Drug users are a large and increasingly HIV positive population group who suffer stigmatization, criminalization, and lack of access to health care services for the treatment of addiction, and the prevention and treatment of HIV associated TB. HIV is often transmitted through explosive outbreaks in this vulnerable group and lack of access to services leads to the spread of HIV to other drug users, their sexual partners and to the further spread of TB including outbreaks of multi-drug resistant TB (MDR-TB).

The meeting participants recognized that health services for drug users are not business as usual. Drug users do not engage with health services in the same structured way as other citizens do, so provision of TB and HIV and other services requires collaboration between harm reduction, drug treatment, the criminal justice system and TB and HIV health care services to ensure that step by step obstacles to treatment of drug users are addressed and that screening and treatment are initiated appropriately. This requires systematic collaboration between the various health services involved at all levels.

The Guidelines on integrated TB and HIV treatment and prevention in drug users will address the needs of all drug users with a harmful or dependent pattern of use, and will focus on injecting drug use as a marker for the highest risk of HIV associated TB. There is recognition that drug users have complex problems, but that there can be simple solutions to meeting some needs.

The Guidelines are due to be released early in 2008 for wider consultation.

SHARE YOUR EXPERIENCES

THE FORUM

INTENSIFIED CASE FINDING IN ELDORET, KENYA

Cough Monitors, Eldoret, Kenya

THE COUGH MONITOR STORY

The story told by the young woman, surrounded by her children, in her one room home in St Brigitta, Kenya was not a new one. Ill for over 2 months, she bought cough syrup from the local chemist for 10 KShillings (the rural health center would cost 50 KSh to visit). A village elder heard about her illness and sent the cough monitor. He collected her sputum in the home and returned the next day with the diagnosis- tuberculosis. She has been on treatment now for two weeks. Her only question on this visit- "does this mean I have AIDS also? I heard they were the same disease."

The patient's history is not a new one. The cough monitor program, developed by staff at the Chest Clinic of Moi University Faculty of Health Sciences/ Moi Teaching and Referral Hospital (Eldoret, Kenya) was designed to respond to this story, heard time and again.

Kenya, one of the 22 high burden TB countries, has seen case notification rates soar over the last decade driven by HIV. Eldoret, the 5th largest city, is no exception. The story told by patients presenting late on the wards and in the clinic were repetitive: cough- a symptom of annoyance, the cost of registration at a local rural health facility, district hospital, or at the Referral Hospital as much as a day's salary, delaying diagnosis. TB treatment is free in Kenya- but the patient must have the diagnosis made to access that free care; that user fee for health facilities acts as a barrier.

In 2004, funded by the FIDELIS (Fund for Innovative DOTS Expansion Through Local Initiatives) program at the International Union for Asthma, TB and Lung Disease (IUATLD), a program was designed to address two locally identified needs: the improvement of microscopy centers (repair or purchase of microscopes, repair of laboratory facilities by building counters or repair of leaking roofs) and active case finding in the community by cough monitors.

WHO IS A COUGH MONITOR?

Cough monitors are lay people from local communities who are hired and trained on TB pathophysiology and treatment, sputum collection methods, labeling and transport of specimens, community mobilization, and patient confidentiality. Cough monitors are allowed to plan sensitization campaigns based on their own knowledge of the community. The majority utilize village elders to advise them. Local barazzas (public meetings for information exchange) are organized with the village elder assistance.

After community sensitization, cough monitors identify individuals in their communities who are sick. The cough monitors use a six question assessment tool and any person with one positive answer has sputa collected on the spot. Each cough monitor is part of a team which is attached to a diagnostic and treatment center to which the sputa is transported for examination. The cough monitor returns to the community member with the results and to collect follow-up specimens. Patients with positive smears are referred by the cough monitor to the local treatment center for care.

Cough monitors also play a role in case holding as they became responsible for collecting the follow-up specimens during treatment (months 2, 5 and 7). As patients are referred with their smear microscopy already performed, they are able to go directly to the national TB program treatment center without incurring a registration charge at the local facility.

Bicycles are supplied and maintained by the project for each cough monitor team to ensure mobility in their community. Information is distributed by fliers, by T-shirts worn by the cough monitors, but most importantly by word of mouth. After a few months in the community, screening referrals come primarily by former patients.

Initiated in July 2004, the first program in Uasin Gishu District screened over 13,000 symptomatic patients at 9 diagnostic centers. 1377 smear negative cases were diagnosed with a cure rate (8 month sputum conversion rate documented) of over 85%.

There were some challenges that arose as the program scaled up - screening services experienced strained supply chains of reagents, slides and drugs from the national TB program; fortunately no interruption of drug supply ever occurred. Cough monitors reported significant misinformation in the community regarding TB and HIV; this led to the distribution of a flyer about TB and HIV in both English and KiSwahili.

The most successful sites are those that worked as a team such as the Turbo Rural Health Center Team which developed the motto "Plan your work, Work your plan" and held weekly meetings to design community campaigns and organize sweeps across their rural area by bicycles. This cohesive team, consisting of one lab technician and two cough monitors, noted an increase of 75-100% in numbers screened over the previous year and noted a smear positivity rate of 8-12%. This team became the trainers for subsequent expansion.

FIDELIS GRANTS ARE FOR ONE YEAR, SO WHAT CAN WE SAY ABOUT SUSTAINABILITY?

The USAID AMPATH Partnership which has cared for over 50,000 people living with HIV in the area has assumed funding for the cough monitor program in Uasin Gishu District. They recognized that reducing the community burden of TB would clearly benefit the HIV care program.

Since the inception of the cough monitor program, over 45,000 persons have been screened and 4442 smear positive cases were identified and treated. At the most recent national TB program quarterly meeting of the Western Province, it was reported that cough monitors are now utilized to trace and screen household members of smear positive cases with success.

What happened to the young woman we first mentioned? The cough monitor brought her to the local heath center where diagnostic testing and counseling services were being set up in the TB Clinic. She tested negative for HIV. As she grew stronger, her voice in the community did as well. She referred the cough monitor to her coughing neighbor, then a cousin, then a brother, then a friend. The circle of community in St. Brigitta broadens with individuals with TB knowledge and access to care.

STOP TB NOW

Share experiences in TB/HIV implementation and research – Working Group members can send their contributions to the Forum (no more than 1000 words and no more than three authors) to **tbhiv@who.int**

Contributed by E. Jane Carter, MD, Director, Brown-Kenya Program, Alpert School of Medicine at Brown University, Providence, RI, USA
Sylvester Kimaiyo, MD, Director, Clinical Services, USAID AMPATH, Eldoret, Kenya
Nathan Buziba, MD, Director, USAID AMPATH Laboratory, Eldoret, Kenya

Community Involvement in AIDS 2008 Conference

The International Council of AIDS Service Organizations (ICASO) and the Global Network of People Living with HIV/AIDS (GNP+) have launched a new web-based guide to increase understanding and participation of communities in the 27th International AIDS Conference (AIDS 2008) to be held in Mexico City, August 3-8, 2008.

Community groups are encouraged to get involved in the conference next year, particularly to enhance awareness and emphasize TB/HIV issues for people living with HIV.

The web-guide offers information on key dates, a section focused on people living with HIV which outlines suggestions to support their involvement, practical advice on getting the most out of the conference, details of the community organizing partners of the conference, the history of community involvement at International AIDS Conferences, suggestions on how to do advocacy, and the role of activism and networking at the conference.

Guide to Community Involvement in AIDS 2008 **– www.aids2008community.org**

IMPORTANT: Many AIDS 2008 conference applications are now open, including abstracts and skills-building sessions, with registration and other applications also opening in December. Some of the deadlines for submission are as soon as February, check the Guide www.aids2008community.org for help and tips for the application processes, or go directly to the conference site www.aids2008.org

For more information about the Guide, please contact icaso@icaso.org

AIDS 2008 – UNIVERSAL ACTION NOW

Upcoming events

The Secretariat of the TB/HIV Working Group encourage members of the Working Group and other HIV and TB implementers and stakeholders to submit their abstracts on TB/HIV issues for these important meetings.

FEBRUARY 2008

CONFERENCE RETROVIRUSES AND OPPORTUNISTIC INFECTIONS

When: **February 3 - 6, 2008**
Where: **Boston, Massachusetts, USA**
For more information » **http://www.retroconference.org/2008/**

3RD AFRICA CONFERENCE ON SEXUAL HEALTH AND RIGHTS

When: **February 4 - 7, 2008**
Where: **Abuja, Nigeria**
For more information » **http://www.africasexuality.org/**

8TH INTERNATIONAL CONFERENCE ON NEW TRENDS IN IMMUNOSUPPRESSION AND IMMUNOTHERAPY

When: **February 14 - 17, 2008**
Where: **Berlin, Germany**
For more information » **http://www.kenes.com/immuno/**

IUATLD NORTH AMERICA REGIONAL CONFERENCE

When: **February 28 - March 1, 2008**
Where: **San Diego, California, USA**
For more information » **http://www.bc.lung.ca/lungdiseases/tuberculosis_iuatld.html**

IMPORTANT:

Abstracts for the HIV Implementers Meeting have been extended and are now due on **February 12, 2008**

When: **June 3 - 7, 2008**
Where: **Kampala, Uganda**
For more information » **http://www.hivimplementers.com/default.asp**