Report of the 12th TB/HIV Core Group meeting
Amsterdam, the Netherlands, 25-26 October, 2007

The 12th TB/HIV Core Group (CG) meeting was conducted in Amsterdam on 25-26 October 2007 hosted by the KNCV Tuberculosis Foundation. The meeting reviewed the global progress, challenges, constraints and regional responses in the implementation of collaborative TB/HIV activities and key conclusions were drawn to improve the quality of care provided to TB and HIV co-infected individuals. The revised terms of reference of the Working Group was also discussed and approved. The meeting was chaired by Dr Diane Havlir, the chair of the Working Group and was attended by members of the Core Group and other invited speakers[1].

The following were the key discussion points and conclusions from the meeting:

1. **Global progress in the implementation of collaborative TB/HIV activities**: The global progress in the implementation of collaborative TB/HIV activities was presented using the preliminary data of 2006. The CG noted that the rapid rate of implementation that has been observed over the last couple of years has continued. Dramatic increase was observed in the number of countries implementing collaborative TB/HIV activities in 2006 as compared to previous years, based on a preliminary data received from 160 countries out of 211. TB/HIV implementation progress was reported from India, Tanzania and Uganda and showed significant improvement. In India there has been a six fold increase in the referral of HIV testing clients for TB evaluation and a three fold increase in the number of TB patients HIV tested between 2005 and 2007. In both Uganda and Tanzania, nationally, more than 40% of all TB patients were tested for HIV in the first two quarters of 2007. It was also noted that funding for TB/HIV has also increased significantly mainly through the Global Fund (42% of approved HIV proposals and 88% of approved TB proposals in round six have TB/HIV components) and PEPFAR (more than US$ 120 million out of which US$ 50 million was made available as a plus-up funding after a meeting jointly organized by the TB/HIV Working Group, WHO, the Gates Foundation and OGAC in March 2007). However, despite this rapid increase in implementation, the CG expressed its concern that the rate of implementation is far short of the 2006 milestones of the Global Plan to Stop TB and calls for further enhancement and unprecedented actions from both global donors and national authorities. It was underlined that activities that need to be carried out by HIV service providers (intensified TB case finding, Isoniazid preventive therapy and TB infection control) are of a particular concern necessitating urgent action. Keeping the political will at a higher level, ensuring sustainable and efficient logistic supply and functional health systems were underscored as important factors to enhance implementation.

2. **Regional responses to the TB/HIV epidemic:** The CG emphasized the importance of regionally tailored responses to catalyse and accelerate the implementation of collaborative TB/HIV activities. It also advised that due consideration need to be given by the Secretariat to direct its scarce resources where the magnitude of the problem is huge. However, the CG recognized TB/HIV as an important issue in Eastern Europe, where its origins are complex, but include high rates of TB in intravenous drug users (IDUs), which also drives the HIV epidemic in the region. The

[1] Participants of the meeting were: Francisco A. Carillo Ibarra; Richard Chaisson; Lakhbir Singh Chauhan; William Coggin; Colleen Daniels; Riitta Dlodlo; Saidi M. Egwaga; Haileyesus Getahun; Philippe Glaziou; Peter Godfrey-Faussett; Reuben Granich; Mark Harrington; Diane V. Havlir; Barbara Laughon; Rafael Lopez-Olarte; Elizabeth Madraa; Bess Miller; Ya Diul Mukadi; Jintana Ngamvithayapong-Yanai; Paul Nunn; Obatunde Oladapo; Alasdair Reid; Thomas Sukwa; Jeroen van Gorkom; Pieter van Maaren

CG noted that the guidance prepared by WHO for the delivery of TB/HIV services to IDUs, through a consultation in Copenhagen, Denmark in November, 2007 will be useful addition to the global response.

a. **TB/HIV Strategic Framework of the Western Pacific Region:** the draft outline and process of development of the Framework was presented and discussed. The CG commended the regional framework of `the Western Pacific region as it prioritizes early detection of co-infected patients through ensuring the provision of HIV testing to all TB patients, timely HIV treatment and care services, and intensified TB case finding coupled with infection control among PLHIV. However, the CG expressed its concerns about the generally conservative approach in the expansion and extremely low coverage of HIV testing and treatment services, and other collaborative TB/HIV activities in the region, particularly in the face of marked mortality of HIV infected TB patients during treatment that is higher than in Africa. It particularly calls for intensified higher level political advocacy and proactive engagement of regional and national community groups and PLHIV networks in TB/HIV to enhance the visibility of TB/HIV and its implementation, and address the conservative approach in the expansion of services. Although the importance of having a bi-regional TB/HIV implementation (South East Asia and Western Pacific regions) meeting for Asia to further raise TB/HIV visibility in the region and assist in implementation was agreed by all, it was generally felt conducting it before end of 2008 will not be ideal.

b. **Implementation of TB/HIV activities in the Americas region:** similarly the status of implementation of collaborative TB/HIV activities in the Americas region were also presented and discussed. The CG noted the progress made particularly in creating conducive policy environment for TB/HIV implementation in the region and calls for intensified efforts to increase the coverage of services and the number of beneficiaries from the activities.

3. **Monitoring and evaluation of collaborative TB/HIV activities**: The CG noted the progress made in enhancing and expanding the global monitoring and evaluation of collaborative TB/HIV activities. However, concern was expressed about the accuracy of the monitoring and evaluation, and of the parameters of the TB/HIV estimates used to monitor performance, and that the existing system is not fully capturing what is going on in countries. It was noted that HIV care and treatment implementers (e.g. NGOs) may not report their activities to Ministries of Health and hence the data is not coming to the WHO system of data collection. The importance of harmonizing the reports from the Stop TB and HIV/AIDS Departments of WHO an UNAIDS and ensuring inclusion of TB/HIV information was underlined. The CG established a task force that consist of the following individuals (B. Coggin, R. Granich, J. van Gorkom, O. Oladapo, A. Reid and M. Ya Diul) to be led by the Secretariat in order to identify the key problems around the global TB/HIV monitoring and evaluation and suggest critical next steps and solutions. A brief document will be prepared by the Task Force and will be discussed during the next meeting of the CG.

4. **TB infection Control:** The CG heard the feedback from the two day consultation meeting on TB infection control that was held on 22-23 October 2007 in Geneva. The CG commended the work that has already been done by WHO and CDC especially to develop a Framework for programmatic implementation of infection control at national level as well as the revision of the WHO guidelines for TB infection control in health care facilities. The CG emphasized the importance of expediting the process of development of these documents to provide clear and specific recommendations

and package of activities for countries, but at the same time underscored the development of interim tools that guide HIV prevalent settings to address the issue as a matter of urgency. It was noted that increased engagement of the HIV community in this process is crucial and the upcoming meeting to be organized by the HIV/AIDS Department of WHO in March 2008 need to give due consideration for this. Notably, addressing the issue of stigma and the establishment of common understanding and approach between the two communities is essential. The CG underlined that TB infection control efforts need to embrace advocacy and activism for high level political involvement and the participation of patient and community groups at all levels. The CG also requested the Chair and Secretariat of the WG to facilitate the selection of the definite chair for the Infection Control Subgroup in due course.

5. **The Isoniazid Preventive Therapy (IPT) consensus statement:** The CG discussed the draft document to reaffirm and strengthen the existing WHO recommendations on the use of this effective intervention by addressing the issues that have interfered with its implementation. The CG reiterated the usefulness of IPT for PLHIV in averting preventable deaths from TB and strongly recommended its implementation as part of an HIV care package for PLHIV. It was noted that the difficulty in excluding active TB disease, fear of development of drug resistance and toxicity of IPT are the main reasons that impede its scale-up. The CG noted that intensified TB case finding needs to be stepped up in all HIV care services and IPT should be an integral part of these services. It was agreed to link the statement with aggressive advocacy starting from the 38th Union World Conference on Lung Health , which will be held in Cape Town from 8 to 12 November 2007. The CG recommended to finalize the document and garner support from key HIV stakeholders, including the IAS, for a wide dissemination particularly to the HIV community in the coming months using main upcoming events. It was also recommended to publish the statement in a high profile peer-reviewed journal most conveniently linking it with the upcoming IAS Conference in Mexico in August 2008. The CG strongly underlined the importance of engaging PLHIV, their community groups and grass root organizations in order to generate demand for IPT. Targeting IPT at early HIV infection (with higher CD4 count) when it is possible to comfortably exclude active TB disease was also mentioned during the discussions. A Task Force of the following individuals (R. Chaisson, R. Granich, P. Godfrey-Fausett, M. Harrington and A. Reid) was established to prepare abridged form of the statement for the Cape Town Lung Health Conference within one week.

6. **The revised TOR of the Working Group:** The CG reviewed the achievements, functions and the strategic direction of the Working Group and discussed the draft of the revised terms of reference of the WG. The contribution of the WG to accelerate country level implementation was commended by NTP managers of India and Tanzania. The CG acknowledged the revised TOR addressed the gaps and will help to refocus its efforts in accelerating the implementation of collaborative TB/HIV activities and enhancing the engagement of the HIV stakeholder for TB/HIV. More enhanced engagement of the WG into efforts to strengthen health systems, improving communications among WG members and addressing women were mentioned as crucial areas during the discussions. The CG unanimously approved the revised TOR with minor suggestions. The CG agreed on the importance of changing its composition and mechanism of function to align itself with requirements of accelerated implementation. The CG underlined the importance of greater involvement of national TB and HIV policy makers and programme managers in the CG on rotation. The following were key points suggested during the discussion: improving the communication between the CG and the wider WG members including conducting regular meetings, focused action on key critical issues (e.g. the diagnostics urgency) and linking the efforts with aggressive advocacy activity and ad

hoc invitation of experts and authorities in the debate and discussions of the meetings of the CG and WG and harmonization with other WGs of the Stop TB Partnership and with similar structures that belong to the HIV community.

7. **TB/HIV research and diagnostics:** Preliminary findings from the Treatment Action Group's annual report on the status of funding for TB research was presented. The report showed that TB research and development investment barely rose from $393M in 2005 to $426M in 2006, while public sector funding fell by $9 million and from 66% to 59% of the total. The CG expressed its concerns for this reduction and called for greater investment by governments on TB research. The CG particularly noted that little research is ongoing on new ART involving TB patients, and thus not ensuring compatibility with anti-TB medications. The lack of appropriate TB diagnostic tools in PLHIV was noted as urgent by the CG and agreed to discuss it in its next meeting. A Task Force of CG members (B. Laughon, M. Harrington and P. Godfrey-Faussett) was established to prepare a background document that review the current state of TB diagnostics and outline action steps and what needs to be done by the CG and the WG. B. Laughon will head the taskforce. It was also suggested to include W. El Sadr of Columbia University, New York , USA in the taskforce.

8. **Key other issues discussed**

   a. **Accelerating implementation**: The CG agreed to conduct TB/HIV implementation meeting based on the model of the March 2007 Washington DC meeting co-organized by WHO, OGAC and Gates Foundation with priority countries from sub-Saharan Africa and 2-3 other countries from other regions. The meeting will be held within the first six months of 2008 and will build on following up outcomes of the Washington and Kigali meeting in March and June 2007 respectively. It was also agreed to approach the Gates Foundation for their involvement in this activity.

   b. **Messaging and advocacy:** The CG noted the immense role played by messaging and advocacy to enhance the visibility of TB/HIV globally and nationally. It was agreed to discuss this important area in its next meeting to strategise better and use innovative ways that will address the mission and priorities of the WG.

   c. **TB/HIV visibility in upcoming events:** The CG discussed key upcoming global events to ensure the visibility of TB/HIV. These include:
      i. *Conference on Retroviruses and Opportunistic Infections (CROI)*: The CG supported the suggestion by the Secretariat and Consortium to Respond Effectively to the AIDS/TB Epidemic (CREATE) to organize a meeting of HIV researchers attending the Conference, (February 2008) with a focus on research priorities of TB prevention and enhanced case finding in PLHIV.

      ii. *HIV Implementers Meeting in Kampala, Uganda June 2008:* The CG suggested the Secretariat to work with OGAC and other sponsors of this meeting to ensure the visibility of TB/HI and address particularly issues related to implementation, including the IPT statement.

      iii. *The International AIDS Conference in Mexico in August 2008:* The CG commended the efforts by the Secretariat to ensure the visibility of TB/HIV in the upcoming International AIDS Conference, particularly in the community track. It recommended that the

Secretariat to work with IAS and other concerned bodies to ensure the visibility of TB/HIV in the mainstream Conference.

iv. *Other Conferences:* The CG underlined the importance of keeping the visibility of TB/HIV in the major upcoming TB, HIV and other infectious diseases events including the 39th Union World Conference on Lung Health in October 2008 and the Conference of Infectious Diseases Society of America.

d. TB/HIV Working Group meeting: It was agreed that the Working Group should meet within the next 18 months by itself and the Secretariat was requested to come with proposals of time and place for discussion in the next CG meeting.

e. Next Core Group meeting: Treatment Action Group has offered to host the next Core Group meeting at its office in New York city. The Chair and the Secretariat were asked to come with possible dates in due course as the CG agreed to meet with in the next six months.