



Progress Note of the recommendations of the 13th
Core Group meeting
Addis Ababa, Ethiopia
November 11-12, 2008

The 13th meeting of the Core Group of the TB/HIV Working Group of the Stop TB Partnership was conducted in New York, USA on April 17-18, 2008 and was co-hosted by Treatment Action Group and the Consortium to Respond Effectively for AIDS/TB Epidemic. The meeting reviewed the global progress, challenges, constraints and regional responses in the implementation of collaborative TB/HIV activities, discussed key strategic issues in the global response to the dual TB and HIV epidemic and conclusions and recommendations were drawn to improve the quality of care provided to TB and HIV co-infected individuals.

The following were the key recommendations of the meeting and summary of the progress their implementation:

1. Global and regional response

Recommendations:

- *The Secretariat along with PEPFAR representatives in the Core Group to encourage the engagement of PEPFAR Track 1 partners in TB/HIV and the activities of the Working Group.*
 - a. *The Secretariat and PEPFAR representatives in the Core Group to explore for TB/HIV presentation in the next annual meeting of PEPFAR Track 1 partners.*
 - b. *The Secretariat and PEPFAR representatives in the Core Group to encourage the participation of leading PEPFAR track 1 partners in the next Core Group meeting to present and discuss their work.*

A preliminary meeting with Track 1 partners was held during the HIV Implementers Meeting in Kampala in June 2008. During that meeting it was decided to include a TB/HIV session in the agenda of the annual meeting of Track 1.0 Partners in August 2008, which was held in Washington DC. Staff from the Secretariat attended the annual meeting to present and be involved in the discussions. It was noted that all partners are either engaged or plan to be engaged in collaborative TB/HIV activities. However, it was clear that there are missed opportunities to scale up collaborative TB/HIV activities particularly the Three Is for HIV/TB among these important implementers. A communication mechanism with WHO at all levels and the TB/HIV Working Group to accelerate the implementation of collaborative TB/HIV activities have been established. Representatives of these partners will attend the 14th TB/HIV Core Group meeting and the Planning Workshop of 15 African countries in November 2008.

Assessment: Full implementation.

- *The Secretariat to explore best time and venue for the next TB/HIV Working Group in Asia with the relevant regional and global stakeholders, and provide the information to the Core Group in its next meeting.*

Together with the WHO regional offices (SEARO and WPRO) and other stakeholders it has been agreed that the TB/HIV Working Group meeting, which otherwise will be known as "The Asia-Pacific TB/HIV Meeting" will be held on August 8-9, 2009 in conjunction the International Conference on AIDS in the Asia Pacific (9-12 August 2008) in Bali, Indonesia. Ongoing discussions continued about the development of the agenda, areas of focus, and logistic arrangement including resource mobilization.

Assessment: Full implementation.

- *The TB/HIV Working Group and Core Group members to commence and enhance their engagement with the International Health Partnership(IHP+) in order to contribute for strong health systems that are crucial for delivery of collaborative TB/HIV activities.*

A civil society meeting was held in Geneva on May 23, 2008 to engage civil society in a more proactive manner. Members of the Working Group and the Secretariat were invited to attend this meeting and be involved in the discussions. Key civil society in the priority countries have been identified and next steps are to ensure they are involved in the country compact process. A presentation about the IHP+ and civil society engagement was also made at the Union International Conference on Lung Disease, Paris, October 2008. An IHP+ Guidance on civil society engagement in country health sector teams has been produced and disseminated. This guidance outlines how civil society must be involved as a full partner in the compact process. IHP+ will also facilitate additional financing for civil society engagement at both global and country levels.

Assessment: Full implementation and ongoing

2. WHO meeting on the 3Is (Isoniazid preventive therapy, intensified case finding and TB infection control)

Recommendations:

- *The WHO HIV/AIDS Department to ensure the engagement of its regional units and urgently prioritize country and region specific technical assistance to increase the implementation of collaborative TB/HIV activities notably the three intervention.*

The Three Is meeting report is now finalized and available on the website (http://www.who.int/hiv/pub/meetingreports/WHO_3Is_meeting_report.pdf).

A letter signed by the Directors of the HIV and TB Departments summarizing the outcomes of the Three Is meeting was sent to all WHO TB and HIV staff based in regions and countries. The outcomes of the Three Is meeting were discussed with the WHO TB regional and country staff in their annual meeting in June 2008. Symposia on the Three Is were held at the AIDS 2008 Conference, Mexico, the Union Lung Disease Conference, October 2008, a workshop for NTP and NAP managers will follow this CG meeting and another symposium is scheduled in the first quarter of 2009 for Francophone African countries. Prioritization of country and regional specific technical assistance is ongoing.

Assessment: Full implementation and ongoing

- *The Secretariat along with PEPFAR and IAS representatives in the Core Group to ensure the visibility of these interventions in upcoming HIV implementers meeting and International AIDS Conference in Mexico city.*

The visibility of TB/HIV was very high during the HIV Implementers' meeting in Kampala in June 2008 through close collaboration of the Secretariat and the representative of USG in the Core Group. There were several sessions

including plenary and break out sessions that the implementation of the Three Is was communicated.

During the Mexico AIDS Conference TB achieved the greatest visibility with key opinion leaders and heads of agencies speaking of the need for collaboration between TB and HIV service delivery. A satellite session that focused on the Three Is was conducted. The WHO/ UNODC/ UNAIDS Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users was also launched at the conference. WHO and the TB/HIV WG also sponsored the Shack, an innovative photographic exhibition which displayed an authentic South African township shack illustrating the lives of people affected by HIV and TB.

Assessment: Full implementation

3. Intensified Case Finding

Recommendations

- *The Secretariat to develop a document for TB screening among PLHIV to facilitate the implementation of intensified case finding. The tool should include a suggested TB screening system based on best available data and consensus and include examples of tools which are already out in countries for use.*

WHO has collaborated with CDC to conduct a meta-analysis of primary data to answer the question: What is the most sensitive clinical algorithm to screen for culture-confirmed pulmonary TB in PLHIV? Twelve published and unpublished studies with a sample size of nearly 30,000 have been submitted and analysis is ongoing. The results of the meta-analysis will inform the development of a standardized TB screening approach in people living with HIV to facilitate the implementation of intensified TB case finding and the provision of Isoniazid. Data was mapped and a data analysis plan was developed and is currently under discussion with the principal investigators.

- *Interested members of the Core Group to be involved in this activity are encouraged to contact the Secretariat.*

One Core Group member expressed interest and is kept in the loop of discussions of the meta-analysis

Assessment: Full implementation and ongoing activity

4. Isoniazid Preventive Therapy

Recommendation

- *The Secretariat to finalize and disseminate the IPT consensus statement on behalf of the Working Group and submit a peer-reviewed manuscript based on it for publication in the AIDS journal.*

The IPT consensus statement was finalized and posted on the TB/HIV Working Group website. A manuscript has been submitted to the Lancet in September 2008 after having undergone repeated cycles of revisions and consultation with the IPT task force members. Editorial decision is pending.

Assessment: Full implementation

5. TB infection Control

Recommendations:

- *The TB Infection Control sub-group in collaboration with the Secretariat of the subgroup to develop "ten-points" TB infection control guidance by June 2008.*

The sub-group developed the ten essential actions for TB infection control and disseminated to a wider group of stakeholders including participants at the HIV Implementers meeting in Kampala in June 2008, the Mexico AIDS Conference and at the 39th Union World Conference on Lung Health. It is also available on the WHO and the TB/HIV Working Group websites. KNCV as the lead agency along with TBCAP partners plan to pilot the "Essential Actions for Effective TB Infection Control" in the first quarter of 2009 and generate evidence.

Assessment: Full implementation

- *The TB Infection Control sub-group to prioritize and execute aggressive advocacy and communication in order to increase the visibility of TB infection control particularly within HIV/AIDS care and treatment services and keep the momentum of urgency created by the emergence of XDR-TB.*

The first core team meeting of the TB Infection Control Subgroup of the TB/HIV Working Group, Stop TB Partnership was conducted in Geneva, Switzerland on 27-28 August 2008. The meeting reviewed the progress in the global response to implement TB infection control in health care and congregate settings, including the community at large. The overall objective of the meeting was to finalize and approve an annual plan of work for the core team, with goals, deliverables and accompanying timelines and identification of responsible persons/organizations. The plan of work will encompass the development of the following; an advocacy strategy, monitoring and evaluation indicators for TB infection control, a human resource development plan, an annotated catalogue of case studies in facility planning, and a checklist for country implementation of TB infection control interventions.

Assessment: Partial implementation but ongoing activity

- *WHO's leadership and activities in TB infection control has to be strengthened. It has to expedite the process of developing the policy document which addresses what TB infection control interventions should be implemented at the national level, and how to prioritize them.*

The first draft of the policy document involves rigorous evidence garnering in the form of systematic reviews has been completed and is currently being reviewed by an expert panel. Draft will be discussed in the Core Group meeting. It is anticipated that the document will be available in January 2009. The WHO Stop TB Department is establishing a team working on TB infection control with the mandate of working across departments and disciplines.

Assessment: Full implementation

- *The following partners committed for the actions below:*
 - *Treatment Action Group will prioritize TB infection in its work with community groups with the primary aim of generating demand. TAG also committed to increase the visibility of TB infection control during the Mexico AIDS Conference, including a media event in collaboration with IAS and other stakeholders with the*

technical expertise including the dissemination of the "10 points".

TB infection control was discussed among community groups in a training workshop that was held in September 2008 in Kampala, Uganda and also in an affiliated meeting of civil society, programme managers and community groups during the 39th World Lung Health Conference in October 2008.

- *TB CAP partners (FHI, KNCV, Union and WHO) will mainstream TB infection control in the TB/HIV literacy document which is under development.*

The TB/HIV literacy materials are under development and a decision was made to include TB infection control information.

- *IAS will mainstream TB infection control into its health workforce related activities and will organize an informal meeting of HIV stakeholders around the implication of TB infection control for longitudinal HIV care and treatment services.*

IAS conducted a meeting of health professional organizations largely based in Geneva in July 2008 to discuss the implications of TB infection control for the safety of health professionals and also discuss engagement of these organizations for TB/HIV activities. Follow up plan is pending.

Assessment: Full implementation

6. Monitoring and evaluation of collaborative TB/HIV activities

Recommendations

- *The Secretariat and the PEPFAR representatives in the Core Group to ensure the inclusion of TB infection control and TB laboratory indicators in the PEPFAR TB/HIV indicators list.*

In consultation with the WHO laboratory and TB infection control teams a list of indicators was submitted for discussion into the PEPFAR TB/HIV indicators list.

- *The Secretariat needs to accelerate the urgent peer reviewed publication of the revised TB/HIV methodology and estimates. In the meantime the use of country case studies should be promoted such as during the upcoming HIV/TB Leaders Forum.*

WHO has revised the methodology of its TB estimates, which will include the estimates for TB/HIV. Once this estimate is finalized, the paper will be prepared and submitted for publication. The progress data that was obtained from pioneer countries was used for the HIV/TB Leaders Forum.

- *The Secretariat to make the revised TB/HIV estimates readily available for the use by countries for operational planning (particularly for PEPFAR focus countries).*

Pending

- *The Task Force of the Core Group to continue primarily working to simplify monitoring at district level and to revise the TB/HIV monitoring and evaluation guidelines.*

The TB Monitoring and evaluation guide has been revised. An expert meeting was held in September 2008 in Geneva. A proposal has been submitted and approved by TBCAP to enhance the TB/HIV monitoring from district to national level in six countries in collaboration with different partners (WHO, KNCV and MSH).

Assessment: Partial implementation

7. TB diagnostics for PLHIV

Recommendations

- *The Chair of the TB/HIV Working Group in collaboration with the Diagnostics Task Force to write a letter to the Chair of the New Diagnostics Working Group highlighting the importance of addressing the TB Diagnostic needs of PLHIV and solicit future ways of collaboration.*

A letter was drafted by the Taskforce and was sent by the Chair.

- *The Diagnostics Task Force in collaboration with the Secretariat to approach NIH, FIND and other key players to organize a workshop to advance the discussion around TB diagnostic related issues of PLHIV and elevate the investment and interest around the area.*

A workshop is being proposed for a satellite to the Keystone, Colorado meeting on TB in January 2009. This will be in addition to the workshop on Immunodiagnosis of TB which was planned for Virginia Beach in September 2008. The Keystone meeting will highlight the needs in HIV/TB and children for a detection technology that is highly sensitive and specific and adaptable to the point of care setting. New molecules may need to be identified (beyond LAM), so the need for new biomarkers will be examined and approaches planned. The New Diagnostics Working Group held an open meeting at the Union Conference on Lung Disease, Paris, October 2008. The Secretariat presented at this meeting highlighting the need for an advocacy campaign urgently calling for a TB dipstick or a similar point of care diagnostics and to massively increase the level of research interest and funding.

- *The Chair and Secretariat to invite the New Diagnostics Working Group, FIND and other key players in the field for the next Core Group meeting to discuss the particular TB diagnostic needs of PLHIV and advance the efforts and the discussions.*

To explore opportunities for collaboration, some members of the diagnostics taskforce met with the staff of FIND in June 2008 and reviewed their research pipeline. The meeting provided much new information, the slides of which have been requested to share with the core TB/HIV group. The Chair of the New Diagnostics Working Group and the CEO of FIND will attend the next Core Group meeting in Addis Ababa in November 2008 and present on what the work so far and identify ways of collaboration between the two Working Groups.

Assessment: Full implementation

8. Community mobilization in TB/HIV

Recommendations

- *All members of the Working Group and the Core Group should advocate and actively support the engagement of community groups and civil society organizations for TB/HIV and tirelessly work to unblock routes towards sustainable financing.*

A meeting between community representatives present at the Union Conference on Lung Disease, the HIV, Stop TB Departments of WHO and the Stop TB Partnership was organized to identify the barriers and brainstorm on solutions. However, systematic engagement of the members of the Working and Core Groups is lacking.

- *All TB/HIV stakeholders to work towards increasing the technical capacity of community members by providing mentoring services as deemed necessary and appropriate.*

Systematic modalities to provide mentoring services for community groups needs urgent attention.

Assessment: Partial implementation

9. TB/HIV Research issues

Recommendations:

- *The Chair and Secretariat to ensure the discussion about the planned 2009 Conference on HIV/TB research is on the agenda in the next Core Group meeting.*

The Steering Committee met during the Mexico AIDS Conference and a preliminary strategy and agenda will be presented at this Core Group meeting.

Assessment: Full implementation

- *TAG to produce their annual review of funding on TB research in time for the AIDS Conference in Mexico in August 2008.*

TAG could not update their document in time for the Mexico Conference but released a preliminary report during the Union Conference in October 2008.

Assessment: Partial implementation

- *All members of the Working Group and the Core Group to advocate for increasing funding for TB/HIV research from National Institutes of Health, USA.*

TAG has been working with several advocates in Washington DC who focus on NIH advocacy and they are in the process of developing a justification for the FY2010 proposal as a first step in their advocacy strategy. No systematic way of engagement of members of the Working and Core Groups for this function is available.

Assessment: Partial implementation

10. TB/HIV visibility in upcoming events

- **Global Leaders Forum, June 2008**
The Forum presented an opportunity to raise awareness of HIV/TB and get high level commitment. It was hosted by Mr. Jorge Sampaio, UN Secretary-General's Special Envoy to Stop TB and former President of the Portuguese Republic, H.E. Mr. Srgjan Kerim, President of the 62nd Session UN General Assembly, and H.E. Mr. Ban Ki Moon, UN Secretary-General. Dr. Margaret Chan, Director General, WHO H.E. Armando Guebuza, President of the Republic of Mozambique, H.E. Jeannette Kagame, First Lady of Rwanda also spoke eloquently about the need for HIV/TB collaborative activities to be implemented rapidly. The

Forum succeeded in its aims as HIV/TB was a prominent feature of the High Level Meeting on AIDS which followed the meeting. Many speakers at the High Level Meeting included HIV/TB in many of their interventions and the Irish representative, in particular, impressed the importance of HIV/TB in all her interventions. The Secretary General, H.E. the President of Burkina Faso, H.E. the President of Mozambique, H.E. the President of El Salvador also spoke of HIV/TB in their opening speeches at the High Level meeting on June 10. Many of the speakers at the civil society hearing also included HIV/TB in their interventions.

- **AIDS 2008 Conference**
The first ever HIV/TB protest at an AIDS conference was held at the AIDS 2008 conference in Mexico City. People living with HIV (PLHIV) and activists from all over the world demanded that no more PLHIV should die of preventable, curable TB. They called for HIV/TB to be mainstreamed into the work of HIV programs, implementers and activists. They also highlighted the fact that TB was not yet an integral part of the AIDS conference agenda as evidenced by the sparse number of sessions on TB which were accepted by the selection committees.
- **Union Lung Disease Conference**
There has been quite good visibility of TB/HIV issues across the Conference with the creation of new HIV section. The special session co-organized with the Union in which ten AIDS program managers were supported to attend the conference went very well. A meeting with community representatives to discuss TB/HIV advocacy priorities for 2009 was also held.
- **ICASA**
There will be a satellite symposium titled "Introducing the Three I's for HIV/TB - TB prevention, diagnosis and treatment for people living with HIV"

Assessment: Full implementation

Recommendation

- *The Secretariat and the TB/HIV Working Group particularly leading agencies such as UNAIDS, WHO and PEPFAR to ensure the translation of these high level global commitment into country level action.*

WHO Secretariat and UNAIDS have conducted a meeting with WHO regional advisers on exploring best mechanisms to translate the global momentum created around TB/HIV into regional and country level action. TB/HIV was included in PEPFAR country operational planning 2009. The Working Group initiated a discussion with the Global Fund how to make TB/HIV a mandatory and integral part of successful TB and HIV proposals.

Assessment: Full implementation and ongoing activity