TBHIV

JOINT NEWSLETTER OF THE TB/HIV AND MDR-TB WORKING GROUPS OF THE STOP TB PARTNERSHIP

UPDATE JULY 2009

MDR TB

INSIDE:

Stop TB Partnership

World Health Organization

The Secretariats of the TB/HIV and MDR-TB Working Groups are provided by WHO Stop TB Department

WE ASK INFLUENTIAL EXPERTS, "WHAT IS THE MOST IMPORTANT PRIORITY IN HIV/TB RESEARCH?"

Ahead of the HIV/TB research priorities meeting "Catalysing HIV/TB Research: innovation, funding and networking" organized by WHO, the TB/HIV Working Group, the International AIDS Society, the Consortium to Respond Effectively to the AIDS/TB Epidemic (CREATE), Treatment Action Group and the Desmond Tutu HIV Center, which will be held from July 18-19, 2009 in Cape Town, we asked influential experts what they thought was the most important priority in TB/HIV research. Read what they said:

"The most important priority in TB/HIV research is the diagnostic of TB in HIV-infected people particularly children."

Francoise Barre-Sinoussi
2008 Nobel Laureate

"It is critical for us to tackle the challenge of TB with cutting edge science to develop truly transforming (not just incremental) approaches to the diagnosis, treatment, prevention and control of TB."

Anthony S. Fauci
Director of the USA National Institute of Allergy and Infectious Diseases

"The most important research in TB/HIV should focus on the development of TB diagnostics which can be used at the point of care delivery. Operational research on how best to scale up integrated TB and HIV prevention, treatment and care services needs to be prioritized to ensure Universal Access to the millions of people co-infected by these two diseases."

Teguest Guerma
Director, ad interim, HIV Department, WHO

"The most important priority in TB/HIV research is determining how best to diagnose all forms of TB infection and especially disease - bacillary and paucibacillary, smear-positive and negative, pulmonary and extrapulmonary, drug-sensitive and drug-resistant, in adults, adolescents, children, and infants, both HIV positive and HIV negative - so that individuals can receive preventive or curative therapy as quickly as possible, saving their lives and preventing onward transmission. Within the TB diagnostics area, the single greatest advance would be a point-of-care dipstick diagnostic test that could rapidly (within 15m-3h), cheaply (<$1.00), and accurately (95-99% sensitivity/specificity) diagnose all the active forms of TB disease mentioned above."

Mark Harrington
International AIDS activist and Executive Director of Treatment Action Group

"Developing and field testing a point of care diagnostic assay for TB diagnosis that can be done in the most remote areas is one of the most important priorities. Right on the heels of this priority is testing of novel prevention strategies, improving ART and TB treatment strategies and the rapid evaluation of new drugs for MDR/XDR TB."

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

"The most important piece of work needed is to understand the reasons for little implementation of IPT and circumvent them. This intervention is the most likely to produce a major effect on the TB burden both for individual PLHIV and for communities at large. Since it works with a proven efficacy of up to 65% but it is difficult to implement on the ground, its feasibility (including assessment of acceptance, demand, cost-effectiveness, adherence etc) is a crucial issue and should be studied in depth, setting by setting, to maximize implementation. By introducing IPT widely, one automatically will deal also with the issue of intensified case finding as screening for active TB is key in IPT implementation."

Mario Raviglione
Director, Stop TB Department, WHO

INTERNATIONAL AIDS SOCIETY'S COMMITMENT TO TB/HIV: A KEY PRIORITY

The International AIDS Society (IAS) has been committed to raising awareness and visibility of TB/HIV among its members and scientific conferences and events. In 2006, IAS' Governing Council identified accelerating research on TB/HIV co-infection and the scale-up of TB prevention, care and treatment services for people living with HIV as core priorities for advocacy. The collaboration between IAS, WHO and the TB/HIV Working Group also began in 2006 at the AIDS conference when they co-organized a highly visible TB/HIV pre-conference meeting. Since then the collaboration has been strengthened and IAS has prioritized TB/HIV as one of its key areas of work. IAS is now also a standing member of the Core Group of the TB/HIV Working Group.

The 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention in Cape Town, South Africa (July 19-22, 2009), will for the first time feature three plenary presentations on TB/HIV, reflecting the importance awarded to the issue by IAS and the recognition of the heavy concentration of HIV-associated tuberculosis in South Africa. In addition, the international pre-conference meeting, "Catalyzing HIV/TB research: Innovation, Funding and Networking", organized by the WHO TB/HIV Working Group of the Stop TB Partnership in collaboration with the IAS and other partners, will continue the process of sharing new research and defining priorities including the launch of a new prize for the most outstanding piece of HIV/TB research presented at the conference.

The TB/HIV Working Group acknowledges the leadership of Craig McClure and the staff of IAS, including its governing council for this fruitful collaboration.

Craig McClure, outgoing Executive Director, said, "collaborative activities with the TB/HIV Working Group and WHO have served an important function in highlighting key findings and emerging evidence from ongoing research at IAS conferences; increasing the visibility of critical challenges and lessons learned about the dual epidemics of HIV and TB; while also contributing to identifying priorities for HIV/TB research."

Craig McClure, outgoing Executive Director, IAS

Robin Gorna, incoming Executive Director, IAS

Craig has been a leader in raising awareness and increasing understanding of TB/HIV. He will be replaced by Robin Gorna as IAS Executive Director in September 2009. Robin is currently based in South Africa where she is the Senior Regional Health and AIDS Adviser for the UK Government's Department for International Development (DFID).

Ms. Gorna has said, that "under the IAS' 2010-2014 strategy, we will consolidate existing partnerships with the WHO and the Stop TB Partnership to advance research and implementation of prevention and treatment of TB and TB/HIV co-infection. TB/HIV will continue to be a very visible element in IAS' policy priority and advocacy work. "Clearly universal access to comprehensive HIV prevention, treatment and care by 2010 will not be achieved without urgent and intensified action on TB. The IAS remains vigilant in advocating for adequate resources to deliver global targets for both diseases, and to strengthen health systems capacity to deliver life saving treatment at the primary care level for both HIV and TB," she said.

The TB/HIV Working Group of the Stop TB Partnership is looking forward to working with Ms. Gorna.

HIV/TB PRIORITY IN THE 2009 HIV IMPLEMENTERS MEETING, WINDHOEK

"Optimizing the Response: Partnership for Sustainability" was the theme of this year's HIV/AIDS Implementers` meeting. The meeting was held from June 10-14, 2009 in Windhoek, Namibia. A video link address by US Secretary of State, Hillary Clinton, the President of Namibia, and a speech by Kevin de Cock, outgoing Director of the HIV Department, WHO set the scene for the 2000 participants. HIV implementers, partners from NGOs, Ministry of Health officials, bilateral and multilateral agencies shared best practice and lessons learned and discussed key priority areas such as the current fiscal crisis were discussed.

Kevin de Cock called on participants to learn from the lessons of TB control. **"Despite challenges, political will and science could get us closer to one, or a few, global, once-daily, first line regimens, with the best drugs. That it can be done was shown by the tuberculosis community a decade ago. Today, if you get tuberculosis in Jakarta, Kampala or Los Angeles, you receive the same 4 drug regimen."**

This year TB featured more prominently than in any other previous HIV Implementers' meeting reflecting the reality that TB is the leading cause of death and illness in people living with HIV and poses one of the greatest challenges for HIV implementers. HIV/TB dedicated sessions, side meetings as well as being in several plenary speeches meant that issues of scaling up implementation of the collaborative activities in particular those interventions that reduce the burden of TB in people living with HIV, the Three I's (intensified case finding, provision isoniazid preventive therapy and infection control measures), monitoring of HIV/TB collaborative activities, and managing HIV/TB co-infection were being addressed.

Success stories shared included WHO data on scale up of HIV testing of TB patients in Africa showing a 10 fold increase in testing to reach 37% of all notified TB cases in the African region in a 4 year period. Other presentations highlighted the need to improve basic laboratory smear testing for all TB patients in Uganda. Rapid scale up of HIV testing in TB clinics in Vietnam showed CPT provision around 70% of patients and ART referral to one third of patients. High TB mortality even in people on ART, 30% was shown in a Rwandan study. This did not take into account undiagnosed TB among the other respiratory deaths or those with wasting disease, or meningitis some of whom might also have had TB.

A presentation from Mozambique showed that it is feasible to implement IPT in ART facilities. Mozambique has a high rate of HIV/TB co-infection. 60% of notified TB patients tested for HIV in 2008 were HIV positive. IPT began in 2008 and initial challenges included availability of INH, the fact that TB services and ART facilities are often physically separated, and INH was traditionally stored at TB service. Lack of coordination between TB and HIV programs, clinicians concerned about ability to rule out active TB and patients' adherence to preventive treatment and follow up. However, after the first six months of the program, results show that IPT implementation in an ART facility is feasible. It takes commitment of all the staff in a clinic, for example to provide intensive patient counseling prior to initiating IPT to improve adherence and it can be done. This model resulted in 84.4% completion of 6 months of IPT and all follow up visits.

Findings like the Rwanda and Mozambique examples confirm the urgent need for decentralizing HIV care and ART treatment to the primary care level where TB clinics are situated.

The revised WHO Monitoring and Evaluation Guidelines for TB/HIV collaborative activities was also presented to participants. The revised guidelines, co-sponsored by PEPFAR and UNAIDS reduced the number of indicators from 20 to 13 and included 2 new indicators on infection control. Read the guidelines at: www.who.int/tb/publications/2009/WHO_HTM_TB_2009.414.pdf

Drug users and co-infection also saw heightened visibility at the meeting and presentations showed high HIV/TB related mortality which indicates the urgent need for TB to be addressed in integrated harm reduction and HIV management of intravenous drug users. The WHO guidelines for collaborative TB and HIV services for injecting and other drug users (www.who.int/tb/publications/2008/tbhiv_policy_guidelines_injecting_drugusers/en/index.html) outlines key activities that programs must implement in order to respond appropriately to this marginalized group.

Dedicated HIV/TB sessions, and frequent references to HIV/TB in the major plenary sessions indicate that this is now firmly on the radar screen of HIV stakeholders and implementers. However, data from presentations show that scale up is far behind in most countries and that if we are going to reverse current high levels of TB mortality in people living with HIV the Three Is have to be implemented as the highest priority. Globally, one in four deaths from HIV are due to TB, only 20% of people living with HIV know their status, and only one in four people estimated to be living with HIV and TB are detected and treated for both diseases.

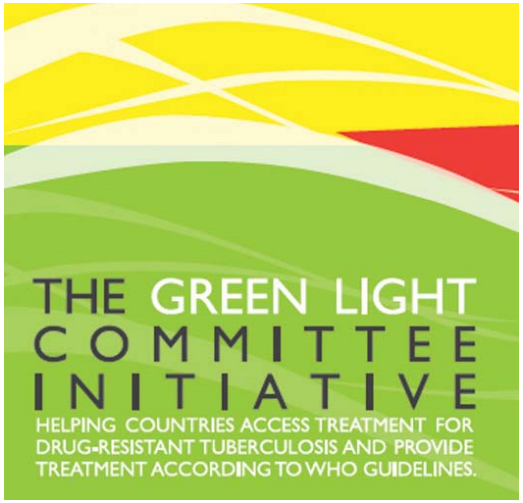
For more information about TB/HIV at the Implementers meeting please see HATIP Issue 140 at: www.aidsmap.com/cms1324598.asp

Contribution provided by Christian Gunneberg, Stop TB Department

GLC FORUM: A PLATFORM TO SHARE EXPERIENCES

Since its inception in 2000, the Green Light Committee (GLC) Initiative has worked to ensure patients receive appropriate treatment for DR-TB with quality-assured second-line drugs, therefore preventing the emergence of further drug resistance. Since then, the GLC has approved over 50,000 patient treatments in projects spanning more than 60 countries. Data from these projects has contributed to the evidence base for the programmatic management of DR-TB, and has played a significant role in shaping global policy on MDR-TB/XDR-TB reflected in the updated Guidelines for the programmatic management of drug-resistant tuberculosis released in April 2008.

Read the guidelines at: http://whqlibdoc.who.int/publications/2008/9789241547581_eng.pdf



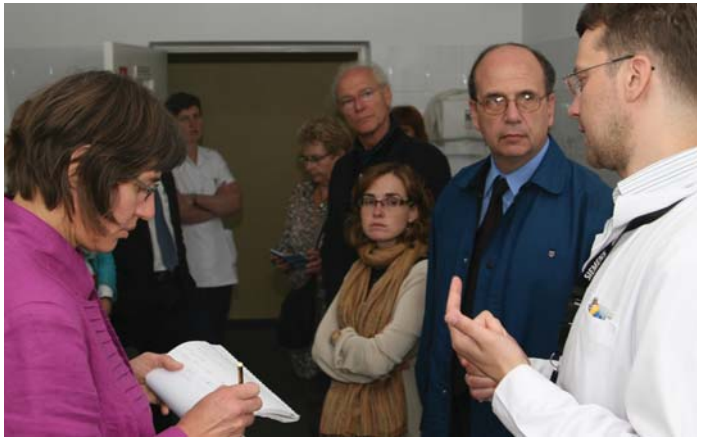
The situation continues to evolve rapidly and the dynamics of MDR-TB treatment globally are close to experiencing a major scale up. The Global Laboratory Initiative (GLI) in partnership with Foundation for New Innovative Diagnostics (FIND) and UNITAID embarked on a program of laboratory strengthening which is scheduled to diagnose close to 130,000 patients over the next five years. This year, at the Ministerial M/XDR-TB Meeting held in Beijing, in April, more than 27 countries with a high burden of MDR-TB pledged to scale up treatment for these patients. All these countries expressed their desire to work through the GLC mechanism, to provide them with quality-assured second-line anti-TB drugs.

At the 6th MDR-TB Working Group meeting held in Tbilisi, Georgia, in September 2007, procurement and supplies of second-line anti-TB drugs was declared a crisis. Since that declaration multiple serious efforts have been made to address the issue, including new grants from UNITAID to establish a Strategic Rotating Stockpile (a buffer stock valued at more than 9 million USD) and the Strategic Revolving Fund, a 22 million USD fund providing advance order financing to expedite second-line TB drug orders for GLC-approved projects. Even with these initiatives, supply and procurement of second line drugs still remains a priority issue for the GLC Initiative.

The 7th meeting of the MDR-TB Working Group will be held from October 12-14, 2009 and will be followed by a GLC Forum. The meeting will bring together people who have successfully implemented GLC approved projects. They will discuss progress, share experiences, identify implementation challenges, collectively find solutions, and promote best practices identified. The forum will enable interaction between the GLC Secretariat, the Global Fund, the GLC expert committee and projects' representatives, to promote and foster quality and responsiveness of GLC technical assistance. The strengthened network of GLC approved projects which implement and advance new strategies in the field will support knowledge sharing via documentation, analysis, wider dissemination and adoption of best practices, contribute to faster and greater scale-up of sustainable interventions, and build country-level capacity to make universal high-quality treatment of drug resistant TB a reality.

The 55th GLC meeting

The GLC is a component of the GLC Initiative that serves as a technical advisory body to the Stop TB Partnership and WHO. GLC provides a unique combination of services to its applicant countries, including evaluation of the programmatic and clinical aspects of programme, constant monitoring and technical assistance, and enabling access to quality assured second-line anti-TB drugs at concessional prices. The GLC is comprised of representatives from nine member institutions with specific programmatic, clinical, advocacy, scientific and managerial expertise. Green Light Committee members meet bi-monthly to review applications, monitoring reports and discuss other important issues related to programmatic management of drug-resistant tuberculosis.



GLC members visit the Latvian State Agency for Tuberculosis and Lung Diseases

The 55th meeting of the GLC took place in Riga, Latvia from June 10-12, 2009. Two applications to the GLC were approved resulting in one of the applications covering 1,500 patients in Pakistan being approved. Six GLC monitoring and evaluation reports were reviewed and after discussion and some clarification were all endorsed by members.

Meeting participants also visited the State Agency for Tuberculosis and Lung Diseases of Latvia (SATLD) and met with the Undersecretary of State at the Ministry of Health. The Latvian TB program has implemented an effective drug resistant TB management model through which it progressively reduced the number drug resistant TB patients, attained a high cure rate for patients (70% on average) and is moving toward implementing universal access to MDR-TB treatment, care and support. GLC members urged their Latvian colleagues to document their experience with implementation, and urged them to share this experience at the upcoming GLC Forum in October this year.

New opportunities: New sources of second-line anti-TB medicines

In September 2008, GDF launched a global invitation for Expressions of Interest from manufacturers of second-line anti-TB medicines.

GDF has so far received 53 dossiers, which have undergone stringent quality assessment by both a GDF-appointed Technical Evaluation Committee and a Technical Review Panel convened by the WHO Prequalification Programme. Dossiers deemed to be complete and in full compliance with GDF's Quality Assurance standards will be eligible for submission to a tender.

To date, GDF has accepted 28 submissions for 18 products, with further dossiers expected by the end of the year in a rolling submission process. Seven products already have at least 2 submissions and GDF is optimistic that the number of multi-sourced, quality-assured products available to GLC-approved programmes will increase as a result of this competitive process.

NEW! THE GLC UPDATE

New initiatives to improve access to drugs

UNITAID is providing funding for two new GDF projects to improve access to second line anti-TB medicines for GLC-approved programmes – a Strategic Rotating Stockpile (SRS) and a Strategic Revolving Fund (SRF). Both projects work in tandem to increase patient enrolment and treatment rates, reduce delivery lead times, minimize the risk of stock-outs, facilitate customer order consolidation, improve implementation of the pooled procurement concept, regularize order cycles via constant production, and reduce prices of second-line anti-TB medicines by stimulating production and market competition.

The SRS project increases GDF's stockpile capacity to 5800 patient treatments and provides improved, accelerated services for a major portion of newly enrolled patients under GLC-approved projects. Already more than 40 orders have been expedited and completed as a result. GDF has developed and implemented a web-based, integrated Stockpile Management System that provides efficient real-time management and monitoring of stock levels, shelf-life and order allocation as well as comprehensive reporting.

The SRF project which will be launched later this year, eliminates order delays associated with fund disbursement and order payment by providing advance financing for drug orders for selected GLC-approved programs.

GLC Project Updates at a Glance

At the end of 55th GLC review cycle:

Total approved applications	**156**
Total approved countries	**66**
Total approved projects	**103**
Total approved patients	**56,374**
New approved projects during this cycle	**3**
Total countries started projects (Drug received)	**42 countries**
Patient treated (including on treatment)	**Enrolment data is now being received for 2008 and reporting on this data will be available in the near future.**
M&E and TA mission provided	**30 countries**

GLC project update can be found on the GLC Website and is updated bi-monthly following the GLC meetings.

www.who.int/tb/challenges/mdr/greenlightcommittee/en/

GLC approved cohorts by Year

Year	No of applications	Patients approved	Cumulative
2000	2	1000	1000
2001	3	1180	2180
2002	1	800	2980
2003	9	2099	5079
2004	17	4630	9709
2005	13	2291	12000
2006	25	12954	24954
2007	25	5252	30206
2008	39	19652	49858
2009*	22	6516	56374

*January to June '09

IMPLEMENTING TB INFECTION CONTROL MEASURES: TRAINING OF TRAINERS

Participants at the infection control workshop, Cairo, Egypt, June 2009

Thirty participants from 21 countries from all WHO regions attended a 5 day global training course on TB infection control in Cairo, Egypt, from June 7-11, 2009. Participants included TB program managers, MDR-TB and TB/HIV focal points, WHO staff, epidemiologists, heads of hospitals and reference laboratories, infection control officers, and academicians. The main objectives of the course were to strengthen the capacity of participating national programs in the implementation of TB infection control (TB-IC) and provide participants with the necessary knowledge and skills to understand and appreciate the importance of conducting TB-IC assessments at the facility level and to perform a TB-IC situational analysis at program level. This would result in the development of national TB-IC action plans.

The participants and the collective expertise in TB, MDR-TB and epidemiology made for lively discussions, probing questions, interactive site visits, and a robust evaluation of the course content and process. Many of the participants felt confident that they would be able to utilize the knowledge gained during the course to further TB infection control within their areas of work and implement the components of the draft plan of action that they developed during the workshop within their sphere of influence and responsibilities.

COLLABORATING TO MAKE A DIFFERENCE IN EARLIER DIAGNOSIS OF MDR-TB

On May 12-13, 2009, the UNITAID Board approved the proposal for extension of the project Narrowing the Gap - Expanding and Accelerating Access to Diagnostics for Patients at Risk of MDR-TB called "EXPAND-TB". Two of the Stop TB Partnership initiatives hosted by WHO - the Global Laboratory Initiative (GLI), the Global Drug Facility (GDF) together with the Foundation for New Innovative Diagnostics (FIND) received a new grant of US $61,482,085. This new grant will be used to increase the number of high burden TB and HIV countries being served from 16 to 27. The project began with an initial grant of US $26.1 million from UNITAID approved at the April 2008 UNITAID Executive Board meeting to cover the first wave of 16 countries for the period 2008-2011.

With the extension, the total project duration will be from 2009 to 2013 and the goal is to strengthen and improve the laboratory capacity in selected countries involving partners. The GLI will coordinate technical assistance at global, regional and country level for laboratory infrastructure development to facilitate the introduction of new diagnostic tools and FIND will facilitate the development of implementation of new diagnostic tools for TB, evaluate their accuracy, demonstrate their effectiveness, accelerate their appropriate use and negotiate reduced prices for procurement within the public health sector of countries participating to this project. GDF will coordinate the procurement of anti-TB drugs and diagnostics and enable access to such products at the lowest price and will continue to improve the quality of its services to countries to meet their requirements.

INITIATING TB/HIV SERVICES IN PRISONS, A KENYAN MODEL

SHARE YOUR EXPERIENCES THE F@RUM

Raising awareness of TB with prisoners, Embu Prison, Kenya

People who are incarcerated or work in the prison system in Kenya are at a higher risk of contracting TB. The prevalence of TB in prisons can be as high as 100 times more than in the general population. This is due to conditions within a prison such as overcrowding, poor ventilation, poor nutrition and inadequate or inaccessible health care, which may enable the spread of TB.

The unique condition of prisons and prisoners calls for a different approach to TB control from that used for the general population. In February 2008, the APHIA II Eastern (A2E) prison TB project was initiated by the Kenyan Ministry of Health, USAID and Jhpiego (an affiliate of Johns Hopkins University). The objectives of the project were to improve prison health services and promote utilization of services, improve the quality of TB prevention, diagnosis, care, treatment and support services, increase awareness of TB and intensify case finding in prison settings, and promote unrestricted access to appropriate diagnosis and treatment of TB.

Prisons in Embu and Meru were selected and the provision of TB/HIV services began. The upgrading of prison clinics began with facility renovation and staffing, plus provision of supplies & equipment for the clinic and laboratory, and trained service providers were trained.

In order to increase and promote use of services, inmates and prison wardens received education and information about the services, and about TB, and in particular, transmission. All levels of prison management were included in the training sessions. Inmates were also trained to be supporters and treatment monitors. 243 prison officers were trained on TB and HIV prevention, detection and control. A further 1842 inmates were trained on TB/HIV and 16 prison officers at Embu prison were trained on health services management and support.

Clinical services were also strengthened through twice weekly visits to prison clinics by a TB clinician and clinic staff participated in Ministry of Health trainings. Laboratory diagnostics services for TB were made available throughout the week as opposed to certain days and provider initiated counseling and testing (PITC) services began along with TB-DOTS, and treatment for opportunistic (OI) and sexually transmitted (STI) infections.

Along with provision of diagnostic equipment and supplies, the upgrade of the prison clinics and laboratories included renovation and purchase of basic furnishings, and a full time laboratory technician, as well as support for a part-time TB/HIV clinician.

TB Case Finding 2008, Embu Prison

	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Screened for TB	154	439	330	208
Started on TB treatment	89	128	96	56
Found to be HIV positive	22	26	14	12
Started on CPT	15	23	13	12
Started on ARV	4	9	9	7

The results so far show an increased use of prison clinic facilities by inmates as well as staff and families. TB screening is now a routine practice for all new inmates at Embu & Meru prisons. There is adequate understanding of TB/HIV by prison wardens and prisoners are now more aware of their need to take care of their health (for example reports show a reduction in risky behavior such as sharing of needles). The approach of the project at Embu prison has been sited as a best practice model for TB/HIV work in Kenyan prisons.

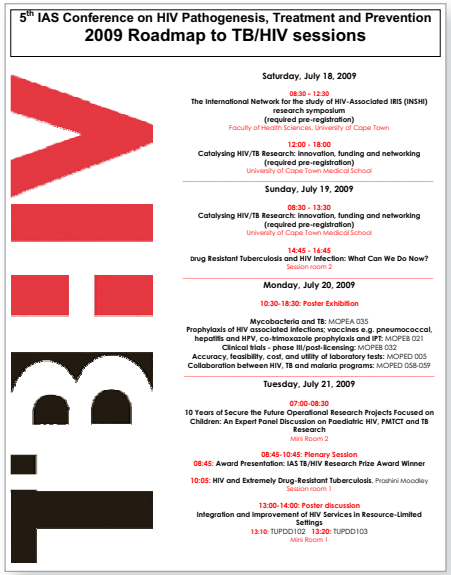
The next steps for the project are to further upgrade the prison clinic to Health Center (Level 3) status, expansion of the peer education program to Meru prison and expansion of TB control activities to a selection of other prisons in the Eastern Province of Kenya. The project will also start an HIV clinic in each incorporated prison and upgrade these to ART satellite status in the near future. TB/HIV clinicians will also be supported full-time and one will be at each prison. A referral system will be put in place for those inmates who are released to ensure continuation and completion of treatment.

Contribution provided by Kennedy Manyonyi, Jhiepgo and USAID

Upcoming events

JULY

See the TB/HIV roadmap for 5th International Conference on HIV Pathogenesis, Treatment and Prevention conference.


5th IAS Conference on HIV Pathogenesis, Treatment and Prevention
2009 Roadmap to TB/HIV sessions

Saturday, July 18, 2009

08:30 - 12:30
The International Network for the study of HIV-Associated IRIS (INSHI) research symposium
(required pre-registration)
Faculty of Health Sciences, University of Cape Town

12:00 - 18:00
Catalysing HIV/TB Research: innovation, funding and networking
(required pre-registration)
University of Cape Town Medical School

Sunday, July 19, 2009

08:30 - 13:30
Catalysing HIV/TB Research: innovation, funding and networking
(required pre-registration)
University of Cape Town Medical School

14:45 - 16:45
Drug Resistant Tuberculosis and HIV Infection: What Can We Do Now?
Session room 2

Monday, July 20, 2009

10:30-18:30: Poster Exhibition

Mycobacteria and TB: MOPEA 035
Prophylaxis of HIV associated infections: vaccines e.g. pneumococcal, hepatitis and HPV, co-trimoxazole prophylaxis and IPT: MOPEB 021
Clinical trials - phase III/post-licensing: MOPEB 032
Accuracy, feasibility, cost, and utility of laboratory tests: MOPED 005
Collaboration between HIV, TB and malaria programs: MOPED 058-059

Tuesday, July 21, 2009

07:00-08:30
10 Years of Secure the Future Operational Research Projects Focused on Children: An Expert Panel Discussion on Paediatric HIV, PMTCT and TB Research
Mini Room 2

08:45-10:45: Plenary Session
08:45: Award Presentation: IAS TB/HIV Research Prize Award Winner
10:05: HIV and Extremely Drug-Resistant Tuberculosis, Prashini Moodley
Session room 1

13:00-14:00: Poster discussion
Integration and Improvement of HIV Services in Resource-Limited Settings
13:10: TUPDD102 13:20: TUPDD103
Mini Room 1

Click here »

WHO PLANNING AND BUDGETING TOOL FOR TB CONTROL: A TRAINING FOR TRAINERS (TOT) WORKSHOP FOR MDR-TB EXPERTS

When: **29-30**
Where: **Geneva, Switzerland**
More Information: **glc_secretariat@who.int**
gozalovo@who.int

AUGUST

FROM MEKONG TO BALI: ACCELERATING TB/HIV COLLABORATIVE ACTIVITIES SCALE UP IN ASIA PACIFIC

When: **8-9**
Where: **Bali, Indonesia**
More Information: **tbhiv@who.int**

BUILDING DESIGN AND ENGINEERING APPROACHES TO AIRBORNE INFECTION CONTROL

When: **3–14**
Where: **Harvard University, Boston, Massachusetts**
More information:
www.hsph.harvard.edu/ccpe
The course will review strategies for control of human airborne infections including tuberculosis (including drug resistant strains), pandemic influenza, SARS, and selected bioterrorism agents.

9TH INTERNATIONAL CONGRESS ON AIDS IN ASIA AND THE PACIFIC (ICAAP 9)

When: **9-13**
Where: **Bali, Indonesia**
More information:
www.icaap9.org/index.php?id_pages=1

GREEN LIGHT COMMITTEE MEETING

When: **19-21**
Where: **Geneva, Switzerland**
More information: **glc_secretariat@who.int**
pavelsonsm@who.int

OCTOBER

ACSM COUNTRY LEVEL SUB-GROUP MEETING

When: **8-9**
Where: **Geneva, Switzerland**

MDR-TB WORKING GROUP MEETING

When: **12**
Where: **Geneva, Switzerland**
More Information: **jaramilloe@who.int**

GLC FORUM

When: **12-14**
Where: **Geneva, Switzerland**
More Information: **glc_secretariat@who.int**
mirzayevf@who.int

CHILDHOOD TB SUB-GROUP

When: **12-13**
Where: **Geneva, Switzerland**

DOTS EXPANSION WORKING GROUP

When: **12-14**
Where: **Geneva, Switzerland**

GREEN LIGHT COMMITTEE MEETING

When: **15-16**
Where: **Geneva, Switzerland**
More Information: **glc_secretariat@who.int**
pavelsonsm@who.int

TB TEAM MEETING

When: **15**
Where: **Geneva, Switzerland**

GLOBAL LABORATORY INITIATIVE

When: **15-16**
Where: **Annecy, France**

NOVEMBER

WHO STRATEGIC AND TECHNICAL ADVISORY GROUP FOR TUBERCULOSIS (STAG-TB)

When: **9-11**
Where: **Geneva, Switzerland**

5th IAS Conference on HIV Pathogenesis, Treatment and Prevention
2009 Roadmap to TB/HIV sessions

Saturday, July 18, 2009

08:30 – 12:30
The International Network for the study of HIV-Associated IRIS (INSHI) research symposium
(required pre-registration)
Faculty of Health Sciences, University of Cape Town

12:00 - 18:00
Catalysing HIV/TB Research: innovation, funding and networking
(required pre-registration)
University of Cape Town Medical School

Sunday, July 19, 2009

08:30 - 13:30
Catalysing HIV/TB Research: innovation, funding and networking
(required pre-registration)
University of Cape Town Medical School

14:45 - 16:45
Drug Resistant Tuberculosis and HIV Infection: What Can We Do Now?
Session room 2

Monday, July 20, 2009

10:30-18:30: Poster Exhibition

Mycobacteria and TB: MOPEA 035
Prophylaxis of HIV associated infections; vaccines e.g. pneumococcal, hepatitis and HPV, co-trimoxazole prophylaxis and IPT: MOPEB 021
Clinical trials - phase III/post-licensing: MOPEB 032
Accuracy, feasibility, cost, and utility of laboratory tests: MOPED 005
Collaboration between HIV, TB and malaria programs: MOPED 058-059

Tuesday, July 21, 2009

07:00-08:30
10 Years of Secure the Future Operational Research Projects Focused on Children: An Expert Panel Discussion on Paediatric HIV, PMTCT and TB Research
Mini Room 2

08:45-10:45: Plenary Session
08:45: Award Presentation: IAS TB/HIV Research Prize Award Winner

10:05: HIV and Extremely Drug-Resistant Tuberculosis, Prashini Moodley
Session room 1

13:00-14:00: Poster discussion
Integration and Improvement of HIV Services in Resource-Limited Settings
13:10: TUPDD102 **13:20:** TUPDD103
Mini Room 1

5th IAS Conference on HIV Pathogenesis, Treatment and Prevention
2009 Roadmap to TB/HIV sessions

13:00-14:00: Poster discussion
Integration and Improvement of HIV Services in Resource-Limited Settings
13:00: TUPDB101 **13:40:** TUPDB105 **13:50:** TUPDB106
Mini Room 2

10:30-18:30: Poster Exhibition

Tuberculosis: TUPEB 123-154
Disease burden: mortality/morbidity: TUPEB 099, 104, 107, 109, 110
Immune reconstitution disorders/IRIS: TUPEB 156-165
Strategies and models of delivering services in resource-limited settings: TUPED 089, 118
Training and mentoring health care workers including task shifting: TUPED 133

18:30-20:30: HIV/TB Research: Where Do We Stand and What Are the Priorities?
18:30: Preventing TB in People Living with HIV: research priorities and way forward, Peter Godfrey-Faussett
18:50: TB in HIV-infected Children: addressing the research neglect, Soumya Swaminathan
19:10: Drug resistance TB in People Living with HIV: research questions and priorities, Haileyesus Getahun
19:30: Clinical challenges of diagnosing and treating TB in People Living with HIV: what next for research, Prudence Ive
Session Room 2

Wednesday, July 22, 2009

08:45-10:45: Plenary Session
08:45: Advances in Operations Research Addressing the Convergent HIV and TB Epidemics, Gerald Friedland
10:00: Developments in Tuberculosis Vaccine Research, Jerald Sadoff

11:00-12:30: Challenges in Treatment and Care
12:00 When to Start ART in advanced disease in patients with opportunistic infections

13:14:00: Oral Abstract Session
13:40 Widespread ART is associated with decline in TB prevalence, Keren Middelkoop

10:30-18:30: Poster Exhibition
Efficacy and effectiveness of interventions: WEPED 189
Impact and integration of services: WEPED 229, 231

EXHIBITION AREA

Lifeline, photo exhibition by Damien Schumann

Stand 414
Three women share their experiences with HIV. Documented over a number of years, the photos show their lives & experiences. They will also be at the exhibition to share their stories.