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ONE LIFE - TWO DISEASES - ONE RESPONSE

First Global Leaders Forum HIV/TB

Bold new leadership is needed to galvanize action on the HIV/TB epidemic. The first ever Global Leaders Forum on HIV/TB held on June 9, 2008 at the United Nations in New York brought together decision-makers in order to accelerate action to fight the dual epidemic. The Forum, convened by the UN Secretary-General's Special Envoy to Stop TB, Dr Jorge Sampaio, was endorsed by the UN Secretary-General Ban Ki-moon, who along with President William J Clinton, and Mr Srgjan Kerim, President of the UN General Assembly opened the Forum.

The meeting co-sponsored by UNAIDS, the World Bank, WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Stop TB Partnership, was held on the eve of the UN High Level Meeting on HIV/AIDS. It was an energized meeting with speakers calling for rapid implementation of HIV/TB collaborative activities.

H.E. President Armando Guebuza of Mozambique gave examples of activities in his country which resulted in 68% of all TB patients being tested for HIV in 2007. Of the 47% found to be HIV infected, 93% received cotrimoxazole and 33%

started antiretroviral treatment. President Guebuza said, "We take collaborative HIV/TB activities seriously ... [because] we all stand to benefit from these initiatives."

H.E. Faure Gnassingbe, President of Togo said that, "in spite of the socioeconomic crisis today, Togo is committed to improve the health services to reach the Millennium Development Goals," showing that regardless of the situation in a country, collaborative activities can be implemented if there is political will and allocation of resources.

Other speakers such as Winstone Zulu, Lucy Chesire, Margaret Chan, Director General, WHO, Peter Piot, Executive Director, UNAIDS, Michel Kazatchine, Executive Director, Global Fund, Nafis Sadik, UN Special Envoy for AIDS in Asia and the Pacific, and Mark Dybul, US Global AIDS Coordinator made interventions which stressed the importance of responding to both diseases to reduce unnecessary deaths.

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UN Secretary General Ban Ki-moon and UN Special Envoy to Stop TB, Former President of Portugal, Jorge Sampaio

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First Global Leaders Forum HIV/TB

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President William J Clinton presenting at the Forum

Speakers called for specific interventions to reduce the burden of TB among people living with HIV, the so called Three Is for HIV/TB, (isoniazid preventive therapy, intensified case finding for TB, and infection control), should be implemented by all HIV services as a matter of urgency. This involves early diagnosis and treatment of TB if it is present, and, if it is not, TB preventive treatment with isoniazid.

The Forum produced a Call for Action which calls for measures to be taken which could drastically cut the number of deaths associated with HIV/TB co-infection. Dr Sampaio reported on the outcomes of the meeting and the Call for Action at the UN High-Level Meeting on AIDS and it is hoped that the recommendations set out in the Call for Action will be taken up by governments, multilateral and bilateral agencies and people living with HIV to ensure we not only achieve the Millennium Development Goals but also universal access.

"We have to do a better job of fighting the two diseases with one approach, designing our work around the realities of the patients who are treated. That means, among other things, that a protocol for AIDS treatment should factor in TB prevention, diagnosis and DOTS and TB plans should include comprehensive HIV service."

Former President William J Clinton

"... success stories tell us we can indeed set our sights very high and I am referring in particular to the striking progress in countries like Kenya, Malawi and of course Rwanda."

Dr. Margaret Chan, Director General, WHO

"I believe we have an opportunity for that now, there is a particular focus and interest in global development in health but if we don't grab it, we will lose it, and the only way to grab it is for us to work together in partnership and to put pieces together. So I believe, we have momentum and we have the will, we have increasing resources but that is not an unending source and if we don't all work together it will evaporate."

Ambassdaor Mark Dybul

"The Global Leaders' Forum marked a sea-change in attitudes towards the co-epidemics of HIV and tuberculosis. Considerable progress has been made and with this increased awareness we are finally poised to address HIV/TB seriously and comprehensively."

**Kevin De Cock,
Director HIV Department, WHO**

"I was glad about, and moved by, the intervention of the civil society representatives calling the governments of the world to react and to act. I was glad that leaders responded with assertive statements which must be put in place today, and not tomorrow. I was glad to hear at the HIV High Level Meeting HIV/TB and TB were raised as issues to be addressed urgently by all those who care for people living with HIV."

**Mario Raviglione, Director,
Stop TB Department, WHO**

Presidents and prime ministers who opened the High Level Meeting on HIV/AIDS included HIV/TB and TB in their opening remarks and this was reflected in subsequent panel discussions. Leaders of the public and private sectors are now more aware and understand much better that it is not possible to deal with HIV without dealing with TB properly. The time for action is **now**, we have the right environment to facilitate rapid implementation of collaborative activities. It is now up to each of us to work together to bridge political commitment, resources and policy with clear, focused action.

See the entire web cast of the Forum at:

» <http://webcast.un.org/ramgen/ondemand/specialevents/2008/se080609pm.rm>

Read the Call for Action at:

» <http://www.stoptb.org/events/hivtbleaders/home.html>

STAG endorses Three Is for HIV/TB

The Strategic Technical Advisory Group (STAG) to the Stop TB Department met in Geneva, Switzerland from June 23-25, 2008 to discuss and direct strategy and future policy directions for the World Health Organization (WHO). The STAG provides ongoing support and guidance in TB care and control to WHO in order to achieve the goals outlined in the Stop TB Strategy and the Stop TB Partnership Global Plan to Stop TB, 2006-2015 and address challenges such as TB/HIV and MDR and XDR-TB. STAG-TB is represented by experts from communities, patients affected by TB, academic, technical and civil society organizations.

STAG members discussed HIV/TB and the Three Is. These are specific measures, recommended by WHO, that need to be implemented by those delivering HIV services and could drastically reduce unnecessary and preventable deaths from HIV/TB. Known as the **Three I's for HIV/TB (isoniazid preventive therapy, intensified case finding for TB, and infection control)**, they involve early diagnosis and treatment of TB if it is present, and, if it is not, TB preventive treatment with isoniazid. Dr. Kevin De Cock, Director of the HIV Department, WHO, presented and asked STAG members to endorse the plan for making the Three Is an integral part of HIV treatment, care and support. An enthusiastic discussion ensued and STAG members endorsed the plan and offered technical advice to overcome some of the implementation challenges that some countries still face.



Participants at the STAG meeting, Geneva, Switzerland

High TB/HIV visibility in HIV Implementers meeting

The HIV Implementers meeting was held in Kampala, Uganda from June 3-7, 2008. The conference themed *scaling up through partnerships: overcoming obstacles to implementation* provided a forum for participants to share lessons learned and best practices in the scale up of HIV programs. The focus was on scale-up of prevention, treatment, and care programs, building local capacity, quality and coordination among partners.

More than 70 countries were represented by 1700 HIV implementers. H.E. Yoweri Kaguta Museveni, President of the Republic of Uganda, opened the meeting which was hosted by the Government of Uganda and co-sponsored by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) among others.

More than 200 abstracts presented by representatives from

governments, non-governmental organizations, multilateral organizations, the private sector, and people living with HIV, provided for open dialogue about future directions of HIV program implementation.

TB/HIV featured in all panel discussions and there were some critical barriers identified to show why progress on TB/HIV collaboration has been slow. For example, few countries are providing IPT (isoniazid preventive therapy) and it was recognized that there is a need to provide much more support to integrate the Three Is - those interventions that reduce TB in people living with HIV; intensified case finding, IPT and infection control.

Watch the webcast of the meeting at:

» <http://www.kaisernetwork.org/hivimplementers2008>

TOP 10 ESSENTIAL ACTIONS FOR EFFECTIVE TB INFECTION CONTROL

The Infection Control Subgroup of the TB/HIV Working Group is now established and membership continues to grow. The Subgroup provides leadership and coordination for the global scale-up of TB infection control practices to prevent the transmission of TB, MDR-TB and XDR-TB in health care and congregate settings.

The goals of the Subgroup include the development of policies and programme guidance, assistance with implementation through provision of technical assistance, strengthening of strategic partnerships, capacity-building, monitoring and evaluation, advocacy and resource mobilization.

The Subgroup has developed a 2-page fact sheet "Essential Actions for Effective TB Infection Control - Safety without Stigma," based on current WHO guidelines. This document lists 10 essential actions that can be taken immediately to prevent TB transmission in health care facilities and the community. This document will be used to promote awareness and stimulate urgent action and attention to TB infection control.

Essential Actions for Effective TB Infection Control

1. Include patients and community in advocacy campaigns
2. Develop an infection control plan
3. Ensure safe sputum collection
4. Promote cough etiquette and cough hygiene
5. Triage TB suspects for "fast-track" or separation
6. Assure rapid diagnosis and initiation of treatment
7. Improve room air ventilation
8. Protect health care workers
9. Capacity building
10. Monitor infection control practices

Read the Essential Actions for Effective TB Infection Control at:

» http://www.stoptb.org/wg/tb_hiv/assets/documents/10%20Essential%20Actions%20for%20Effective%20TB%20Infection%20Control.pdf

See the new Infection Control Subgroup website and become a member of the Subgroup:

» http://www.stoptb.org/wg/tb_hiv/tbics.asp

PRIVATE COMPANIES RESPOND TO TB/HIV



Angola was battered by a civil war of more than 25 years, beginning shortly after its independence from Portugal in 1975 and lasting until the ceasefire in April 2002. Part of the fallout from this violence was a health service severely stretched and under funded.

In 1989, the Cabinda Gulf Oil Company (CABGOC) began a program to combat tuberculosis. They discovered that by providing services at company clinics for employees and the community, educating people about the symptoms of TB, offering treatment and care and engaging employees in the response resulted in successful program.

Services were made available at the company's clinics in Cabinda, Malongo and Luanda. In 2001, as the number of TB cases grew, the company expanded its program to cover community members as well as employees throughout the four municipalities of Cabinda. Working with the government health service, Chevron now supplies equipment, drugs, laboratory materials and other resources to nine clinics in the region.

The company also provides training to nurses and other health officials and

supports a broad-based program of education, enlisting the help of local religious and community leaders, including traditional healers.

IN ROADS THROUGH EDUCATION

Education has been a critical first step for case finding for TB. The company now receives referrals every week from traditional healers and religious leaders who continue to work with the program passing on the educational message.

"As news gets out and the message is being delivered more and more people are coming forward to the TB centers for diagnosis and treatment said Dr. Vanda Andrade SASBU General Manager HR and Medical. Numbers are up again this year as more and more people are coming forward to the centers, we projected this or next year could be the peak before we see cases leveling off before declining.

Symptoms that could point to TB are fatigue, weight loss and a cough or fever that persists for two weeks. Diagnosis consists of examining sputum from the lungs under a microscope and is sometimes supplemented by chest X-rays. Treatment usually consists of a combination of four antibiotic drugs, taken for six months or more.

THE TB BURDEN

As with so many diseases, the burden of tuberculosis is borne mainly by developing countries, but the good news is that the disease is curable if detected early and treatment is relatively affordable at a cost of U.S. \$10 per patient.

At a cost of \$50,000 a year, Chevron has arranged for a reliable supply of drugs for use throughout the community. These supplement the medications supplied by government clinics and provide an emergency stockpile as well. In the past, many Angolans only had access to unreliable drugs sold on the black market.

The company program serves some 700 patients a year and reports a cure rate of 90 percent - surpassing the 80 percent target established by the World Health Organization (WHO). "Virtually everyone is cured if they complete the treatment and aren't suffering from another fatal disease," says Gama. "It's absolutely critical that the prescribed medications are taken without interruption."

VOLUNTEERS HELP FIGHT THE DISEASE

CABGOC's employee volunteers also regularly conduct fund drives to provide such staples as milk to patients and their

families. Volunteers do maintenance work at health facilities and even donated a vehicle for use by the clinics. "This is one way we show our face to communities where we operate," says Afonso Nunes, the company's coordinator of community development projects. "Provincial authorities see us as a caring company and a good neighbor. But the bottom line is: we do it because it has to be done."

"We are happy to help out in this humanitarian crisis," says Nunes. "But to be truly self-sustaining, the community and government must ultimately take ownership of this effort."

Looking ahead, Dr. Vanda sees TB cases rising 5 to 10 percent a year for maybe five years. "2007 saw a small increase with 921 cases recorded, as the program matures we will see a gradual decline in positive cases this decline is projected for 2008 - 2009."

Contribution provided by:
David McMurry, Manager, Global H&M Administration, HIV/AIDS, and Special Projects, Chevron Corporation.

Vacancy Notice No: HQ/08/HTM/FT541

Title: **Medical Officer**

Grade: **P5**

Contract type: **Fixed-term appointment**

Date: **13 June 2008**

Deadline for application: **11 July 2008**

Currently accepting applications

Organization unit: **HIV/AIDS, TB, Malaria and Neglected Tropical Diseases (HTM) / Stop TB (STB) THD**

Online applications are strongly encouraged to enable WHO to store your profile in a permanent database. Please visit WHO's e-Recruitment website at: www.who.int/employment. The system provides instructions for online application procedures. All applicants are encouraged to apply online as soon as possible after the vacancy has been posted and well before the deadline stated in the vacancy announcement.

UPCOMING EVENTS

Special Event: **XVII International AIDS Conference, Mexico City, August 3-8, 2008**

The XVII International AIDS Conference will be held in Mexico City, Mexico from August 3 - 8, 2008. The theme of the conference is Universal Action Now. This theme emphasizes the need for continued urgency in the worldwide response to HIV/AIDS, and for action on the part of all stakeholders.

This is the most important gathering for the release and discussion of scientific, programmatic and policy developments in the global response to HIV/AIDS. An estimated 25,000 participants, including 3,000 journalists, are expected to attend AIDS 2008.

CLICK HERE TO PRINT ROADMAP FOR HIV/TB SESSIONS TO TAKE TO THE CONFERENCE (2 page PDF)

> Page 1/2 > Back to Newsletter **XVII International AIDS Conference**

Roadmap HIV/TB Sessions

SUNDAY, 3 August 2008
Satellite Discussion: Location: SR 10 (950) (15:45 - 17:45)
Universal access of TB services to PLHIV: harnessing collaboration and coordination (SUSAT46)
This satellite session will address the key, practical activities that need to be implemented in order to reduce the burden of TB in PLHIV and ensure the universal access of TB prevention, diagnosis and treatment services. Particular emphasis will be given to the challenges and opportunities of mainstreaming the Three Is - intensified TB case finding, the use of Isoniazid preventive therapy and TB infection control in HIV care services in order to advocate for their inclusion as core functions of HIV care services.

Organized by the World Health Organization, International AIDS Society, the Global Fund for AIDS, TB and Malaria, UNAIDS and the Forum for Collaborative HIV Research on behalf of the Global TB/HIV Working Group.

MONDAY, 4 August 2008
Poster Discussion: Location: Skills Building Room 10 - Hall D, Level 2 (12:30 - 14:30)
TB and HIV: A Deadly Partnership (MOPDB2)
Oral Abstract Session: Location: SR 10 (950) (14:30 - 16:00)
BCG, Tuberculosis and HAART (MOAB03)
Poster Exhibition: Hall D, Level 2 (12:30 - 14:30)
TB/HIV poster exhibition

TUESDAY, 5 August 2008
Poster Exhibition: Location: Poster exhibition hall, Hall D - (12:30 - 14:30)
TB/HIV poster exhibition

WEDNESDAY, 6 August 2008
Panel: Location: Session Room 2 (10:30 - 11:30):
Working across North-South borders to collaborate on creative advocacy.
Organizers: Advocacy to Control Tuberculosis Internationally (ACTION)
Push-pull strategies have led to great success in increasing attention and resources for TB and HIV/AIDS. This panel discussion will focus on experiences and lessons learned from globally coordinated efforts.

Poster Exhibition: Location: Hall D, Level 2 (12:30 - 14:30)
TB/HIV poster exhibition

THURSDAY, 7 August 2008
Skills Building Workshop: Location: SBR 6 (90) (11:00 - 12:30)
Wanted: TB/HIV in the News—Strengthening Media and CSOs Partnership in Africa (THSB06)
Poster Exhibition: Poster exhibition hall, Hall D (12:30 - 14:30)
TB/HIV poster exhibition

FRIDAY, 8 August 2008
Plenary Session: Location: Session Room 1 (8090) (08:15 - 10:30)
Plenary Session Day 5 (FRPL01)
Keynote speaker: Dr. Jeremiah Chakaya, Mch, Kenya
Presentations: HIV and TB, Prevention Strategies, Criminalization, Women and Girls

Workshop: Location: Session Room 2 (100) (15:30 - 17:00)
IMF Policies Blocking the Response to HIV/AIDS: A Call for Activism (MOWS04)
Organizers: RESULTS Educational Fund, Treatment Action Group, ActionAid International USA, Health Gap and Physicians for Human Rights

OTHER EVENTS/PARTNER ACTIVITIES

Skill Building Workshop: Pre-Conference, August 1-3, Venue TB
PANOS GAP: Workshop for County-Level Journalists
Organizers: TB/HIV Working Group of the Stop TB Partnership, PANOS

Exhibition Booth: Exhibition Hall, 3-8 August 2008
TB/HIV Monitoring & Advocacy: Experiences & Leadership by AIDS Activists.
Organizers: Public Health Watch, Open Society Institute





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ONE LIFE - TWO DISEASES - ONE RESPONSE

Meet the Experts at the Shack

HIV/TB Photographic Exhibition
Exhibition Hall (Space 104)

The Shack, an innovative photographic exhibition by rising young artist Damien Schumann displays an authentic South African township shack. The pictures deal with people and families affected by tuberculosis (TB) and HIV, their stories and the lifestyle and living conditions that influence these diseases.



MEET THE EXPERTS
Each day during the conference from 14:00-17:00, experts will be on site at the Shack to answer questions about TB/HIV co-infection. Experts are available to speak in several languages, including English, French, Spanish.

Recommended activities to decrease the burden of tuberculosis in people living with HIV/AIDS: The WHO 3 I's for HIV/TB

- **Intensified Case Finding**
In 2006, less than 1% of people living with HIV were screened for TB. Intensified TB case finding should be established in HIV counseling and testing sites, in clinics and hospitals in the community, in groups at high risk for HIV, and among household contacts of those known to be infected with TB. A simple set of questions can be asked to identify suspected cases that can then be referred to diagnostic and treatment centers.
- **Isoniazid Preventative Therapy (IPT)**
A 6-9 month course of self-administered isoniazid therapy can significantly reduce the risk of developing active TB. Though isoniazid preventative therapy costs only US \$2, only 0.08% of the estimated 33.2 million people living with HIV were reported to have received it in 2006. IPT can be used in conjunction with antiretroviral treatment.
- **Tuberculosis Infection Control in Health Care and Congregate Settings**
TB infection control - preventing the transmission of TB (especially drug resistant TB - MDR and XDR TB) in high-risk settings such as healthcare facilities, prisons, military barracks and other places where people are frequently crowded together—is essential. Administrative, environmental, and personal measures should be taken to reduce the risk of transmission.

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