

Report of the 11th **TB/HIV** Core Group Meeting
Paris, France, 30 October, 2006

The 11th TB/HIV Core Group (CG) meeting was conducted in Paris on 30 October 2006 embedded in the Joint Meeting of 22 High Burden Countries and Core Groups of the DOTS Expansion, TB/HIV and MDR-TB Working Groups. The brief meeting was chaired by the newly-elected chair of the Working Group, Dr Diane Havlir, Professor of Medicine and Chief of the HIV/AIDS Division and Positive Health Program of the University of California in San Francisco, USA. She has worked as a researcher and clinician in the HIV epidemic for 25 years. She was elected by the Core Group of the TB/HIV Working Group to serve for the next three years and replaces the outgoing Chair, Dr Gijs Elzinga, who announced his intention to stand down after serving the Working Group as chairperson since its establishment in 2001. The objective of the meeting was to share the strategic direction and vision of the Chair with the Core Group members.

The following are the key points from the meeting:

1. Strategic direction of the new Chair of the WG: Dr Havlir started her presentation by expressing the time is unique in the history of the two epidemics. The global efforts against the two diseases are armed with strategic plans (the Global Plan to Stop TB 2006-2015 and Universal Access to HIV prevention, treatment and care), which recognize the TB and HIV links. Likewise, despite the differences in culture and philosophy, there are encouraging signs that the two communities are now starting to proactively reach out to each other. Therefore, forging this emerging relationship and promoting accelerated implementation of the strategic plans and collaborative TB/HIV activities at country level will be the priorities of the WG in the coming years. In this regard, the following will be the key focus areas for the WG while Dr Havlir is chair:

1.1. Increased engagement of the HIV community: Extraordinary efforts are needed to ensure TB prevention, diagnosis and treatment are core functions of HIV prevention, treatment and care services and vice versa. More reaching out is needed to the HIV community using all available avenues such as international conferences and events. The greater involvement of the HIV community into the TB/HIV WG and Core Group activities will be prioritized, and all efforts will be made to increase the visibility of TB in leading HIV funding mechanisms (e.g. PEPFAR, GFATM), technical agencies, research and advocacy groups.

1.2. Community mobilization for TB/HIV: Community groups and affected communities are extremely important partners and under-utilized resources for the implementation of collaborative TB/HIV activities and the provision of quality care. Ensuring increased involvement of community groups and enhancing their capacity at all levels will be a priority.

1.3. Prompt response to new events: The Working Group will be vigilant to monitor the emergence of new events that will have implications for the HIV-related TB problem and will act promptly to ensure an appropriate response. The emergence of extensively drug-resistant tuberculosis (XDR-TB) and the associated high case fatality among people living with HIV is a case in point that needs urgent consideration by the WG in the short term.

1.4. Increasing the use of technology for TB/HIV: Exploring and expanding the use of new technologies not only for improved diagnosis, prevention and

treatment of HIV-related TB but also to improve the management of the information exchange system between the TB and HIV communities will also be prioritized.

2. Discussion on strategic direction and CG function: Following the presentation of the strategic direction by the Chair of the WG, brief presentations were given by each CG member explaining their specific added values to the work of the CG and discussion was held on how to maximally use these in light of the strategic directions presented by the Chair. The following are the key recommendations from the discussion:

- Heightened focus and emphasis is needed to ensure integrated delivery of HIV and TB services. Successful models of service delivery have to be harvested and shared.
- The balance of representation in the CG should be revisited and needs more representation from the HIV community.
- ART prevents TB and monitoring the implementation and impact of ART programmes should be considered by the CG.
- Efforts should be made to monitor those undocumented TB prevention, diagnosis and treatment services that are provided by HIV services.
- The regional and country-specific factors that play a role in the implementation of collaborative TB/HIV activities have to be considered by the CG while giving strategic guidance for the global response.

3. Honouring Gijs Elzinga's work: The Core Group members honoured the services of the outgoing chair of the Working Group, Dr Gijs Elzinga, in a dinner party on 31 October, 2006. They appreciated his contribution to the work of the WG, thanked him for the excellent leadership he rendered for the WG for the past five years and wished him well for the future.

4. Next Core Group Meeting: It was decided that the Chair and the Secretariat should discuss the time and place of the next meeting of the CG and communicate this with CG members in due course.