



15th TB/HIV Core Group Meeting Report

November 3-4, 2009

Geneva, Switzerland

The 15th meeting of the Core Group of the TB/HIV Working Group of the Stop TB Partnership was conducted in Geneva, Switzerland from November 3-4, 2009. The meeting was hosted by the World Health Organization. The meeting reviewed the global progress, challenges, constraints and regional responses in the implementation of collaborative TB/HIV activities particularly between 2006-2009, discussed key strategic issues to be pursued for 2010-2012 in the global response to the dual TB and HIV epidemic. Dr Mario Raviglione, Director of the Stop TB Department and Dr Andrew Ball, Senior Adviser of the HIV/AIDS Department opened the meeting and participated in the strategic discussions to determine what needs to be done in the next three years. The overall meeting was chaired by Dr Diane Havlir, Chair of the Working Group. The Core Group has expressed its appreciation for the quality leadership of Dr Diane Havlir over the last three years as Chair of the Working Group particularly to raise the visibility of TB among key HIV stakeholders and research communities, and unanimously re-elected her for another three years term as Chair of the Working Group.

Presentations from the meetings and list of participants are available at http://www.stoptb.org/wg/tb_hiv/cgd3.asp

The following were the key conclusions and recommendations of the meeting:

1. Overall global and regional response 2007-2009

The Core Group noted that the well coordinated and focused normative, programmatic and advocacy efforts laid by the Working Group particularly between 2003-2006 has resulted in continued country level progress. This has resulted in encouraging rate of increase in the implementation of collaborative TB/HIV activities globally and particularly in sub-Saharan Africa. Building on these achievements and efforts and particularly targeting HIV stakeholders in the last three years, the Working Group was instrumental in accelerating nationwide implementation and raising visibility and importance of TB among HIV stakeholders. Although the progress in sub-Saharan Africa region is encouraging particularly for the implementation of TB interventions for people living with HIV, the Core Group expressed its concerns about the overall slow progress of implementation of collaborative TB/HIV activities in the Asia and European Regions.

The outcomes of the Asia-Pacific TB/HIV meeting organized by WHO and the Working Group in conjunction with the IXth ICAAP in August 2009 was presented during the meeting and discussed. The meeting, which was entitled "*From Mekong to Bali: the scale up of collaborative TB/HIV activities in Asia Pacific Region*" has helped the exchange of experiences and best practices and issued recommendations to accelerate the implementation of nation-wide scale up of collaborative HIV/TB activities. A follow up monitoring meeting is recommended in 2011. The Core Group acknowledges the outcomes of the meeting and underlined the importance of following up the implementation of the recommendations of the meeting and enhancing increased collaboration and engagement of National AIDS and TB control programs in all countries. The Core Group expressed its concerns about the overlap of HIV with drug resistant TB and its grave implications particularly in the European Region.

The Core Group emphasized that delivering integrated TB and HIV services at facility level is crucial to increase the access of services for patients. In addition, exploring the advantages and disadvantages of integration of TB and HIV programme management at national and sub-national levels particularly in HIV prevalent countries where the majority of TB patients are also HIV infected, as a means to enhance the delivery of integrated and quality services was suggested. However, the Core Group noted that the integration of programme management and services needs close review of several factors and country specific context including political sensitivities. Therefore, the Core Group underlined the need to explore with care without any negative impact in the provision of quality care for both TB and HIV patients.

Recommendations:

- *The Core Group to develop a position paper that outlines the advantages and disadvantages of various models of integration of TB and HIV services and programme management for debate and dissemination.*
- *The Secretariat to document and promote good practices of TB and HIV services integration at facility level from different regions.*
- *The Secretariat to develop guidance that promote the delivery of ART through TB services and TB prevention and treatment in ART services*

2. Proposed Activities for 2010-2012: *Let's be serious*

The Core Group discussed activities that the Working Group should focus on in the coming three years with a theme of "*Let's be serious.*" Once again the Core Group reiterated that the primary responsibility of the Working Group should be accelerating the implementation of collaborative TB/HIV activities but suggested the following specific areas as priorities for the next three years, in addition to the strategic areas described in its terms of reference:

- Heightened focus on the implementation of the Three Is for HIV/TB
- Improving the monitoring and evaluation of collaborative TB/HIV activities
- Response to the link between drug resistant TB and HIV
- Vigilance and adaptation to the changing global health and funding architecture so as to keep the achievements gained so far, and continue saving lives.
- Proactive and constructive engagement with the health systems movement at all levels and contribute towards health systems strengthening with a common goal.
- Full engagement in the debates around universal testing and coverage of ART as a means of HIV prevention as it will also benefit TB prevention
- Enhancing community mobilization and generation of demand for collaborative TB/HIV activities
- Regional focus to strengthen the nationwide collaborative TB/HIV activities particularly the Asia Pacific and European regions.
- Revamping the advocacy strategy and approach so as to not preach only to the converted but to reach out to new and previously unreached stakeholders.

Recommendations:

- *The Core Group to prepare a concept paper to stipulate the contribution of collaborative TB/HIV activities to strengthen health systems and highlight what needs to be done.*
- *The Secretariat to organize regional TB/HIV implementation meetings in the European and Caribbean regions to promote exchange of regional experiences and scale up the implementation of activities.*

3. The implementation of the Three Is

The Core Group noted that there has been slow progress in providing the necessary normative guidance and implementing the Three Is. The Core Group emphasized that more focus on implementation needs to be given by HIV services and HIV stakeholders. Innovative approaches and bold measures are needed to ensure people living with HIV get TB screening and Isoniazid preventive therapy. The implementation of IPT is challenged with several factors in all regions. The Core Group learned that the recent Asia Pacific TB/HIV meeting revealed that much of the resistance about IPT in the Asia Pacific region comes from Professional Associations. Similarly the implementation of infection control measures in both HIV and TB facilities is slow. The WHO infection control guidelines have now been released and strategies have been finalized to address implementation of the guidelines, human resource issues and overall advocacy. The Core Group underlined the importance of highlighting the implementation of the WHO TB infection policy as the topmost key activity for HIV service providers.

Recommendations:

- *The Secretariat to expedite the finalization of the IPT/ICF guidelines and develop a communication and advocacy plan to disseminate it as a matter of urgency.*
- *The Secretariat to develop a synthesized and repackaged version of all policies and guidance relating to the implementation of the Three Is .*
- *The Secretariat to explore the buy-in from professional bodies (national and global) for the repackaged guidance on the Three Is.*
- *The Infection Control sub-group to develop a segmented advocacy strategy (out of the overall strategy) to ensure the implementation of the WHO IC policy by HIV stakeholders.*

4. Monitoring & evaluation

The CG noted the significant progress in monitoring and evaluation over the past year. However, the little progress in standardizing recording and reporting at national levels and the lack of leadership by Ministries of Health was a concern. Regular crosschecking of TB, pre-ART and ART registers for consistency and completeness of TB/HIV indicators as part of routine monitoring and evaluation is still not being done by national programs. The CG underlined the importance of countries in establishing standardized national systems and enhancing the engagement of civil society in country level monitoring and evaluation activities.

Recommendations:

- *Community representatives of the CG in close collaboration with other stakeholders to explore mechanisms to enhance the engagement of civil society in TB/HIV monitoring and evaluation at country level and report to the Core Group.*
- *The Secretariat to develop key advocacy messages on monitoring and evaluation including on recording and reporting and data quality and disseminate for increased awareness among implementers and resource mobilization.*

5. TB/HIV Research priorities

The Core Group noted that there has been good progress in moving the HIV/TB research agenda to the forefront of HIV and TB researchers. The outcomes of the TB/HIV research priorities meeting which was held in conjunction with the IAS conference on HIV pathogenesis, treatment and care in July 2009 were shared. The revised TB/HIV research priorities document and the process to prioritize these were also presented. The Core Group noted that the prioritization

process was sound, transparent and objective, although the applicability and interpretation of some of the prioritization criteria for some of the identified questions will make exclusive reliance on the prioritisation scores difficult. Therefore, the Core Group supported the Secretariat's suggestion to finalize the document after a web based, open consultation and a face to face meeting. The Core Group noted the sound harmonization and complementarities between the efforts of the Working Group and the TB Research Movement. However, the Core Group recognized the difficulties around defining the term "operational research" and developing a standardized unit costing.

Recommendations:

- *The Secretariat to finalize the TB/HIV research priorities document through a face to face meeting of key stakeholders (including funding agencies) after a web based consultation.*
- *The Secretariat to develop a dissemination and advocacy strategy for the prioritized TB/HIV research questions.*
- *The Secretariat to continue collaborating with the Research Movement to provide inputs for the revision of the research component of the Global Plan to Stop TB .*

6. New diagnostics and laboratory strengthening

Data from the Foundation for Innovative and New Diagnostics (FIND) on new TB diagnostics and laboratory strengthening efforts of the Global Laboratory Initiative (GLI) were presented. The Core Group noted the progress in developing new TB diagnostics by FIND and the scaling up of laboratory efforts that have implications for the global TB/HIV response and individual patient care. However, the Core Group expressed concern about the amount of research conducted around new TB diagnostics particularly point of care tools and the availability of funds. The Core Group underlined the importance of sample banks and called for increasing access of existing banks by researchers and creating new sample banks in order to encourage more research and raise the interest around TB research particularly point of care diagnostics. However, the Core Group recognized the problems associated with sample banks such as intellectual property rights issue and the expensive cost needed to maintain them. The Core Group once again reiterated the importance of promoting a common laboratory platform for TB and HIV as much as possible. It also underlined the importance of being vigilant about emerging issues in the case of development of technologies that can disrupt the existing norm and traditional approach.

Recommendations:

- *The Secretariat to work closely with FIND so that the roll out and demonstration studies of all upcoming tools covered people living with HIV and their needs..*
- *The Secretariat to work closely with the Global Laboratory Initiative to ensure HIV stakeholders included in its activities and the roll out of any new technology particularly to review the value of new technologies in high HIV prevalent settings.*
- *The Secretariat to explore what needs to be done around sample banks in order to enhance access of specimens for researchers.*

7. Community mobilization

The Core Group noted that there have not been enough efforts to ensure the involvement of communities and activists in the TB/HIV response and generate demand for collaborative TB/HIV activities at the grassroots. Similarly there has been little or no involvement of civil society in monitoring the service delivery of TB/HIV at local, national and global levels. The Core Group underlined framing the argument of community involvement in a rights based approach and conducting implementation and social science research to identify the barriers and

the enablers would help to push the agenda forward. One critical area to explore will be the best ways to develop TB patient experts, in the same way done for HIV in which informed patients have an equal say on their clinical condition with their treating health workers. The Core Group noted that funding issues and access to available funds particularly at country level for community groups is a key barrier for meaningful engagement of communities and demand generation for the TB/HIV response.

Recommendations:

- *The Secretariat to commission implementation and social science research to identify the barriers and enablers for meaningful community engagement in countries, the availability of funds permitting.*
- *The Secretariat and UNAIDS representative in the Core Group to explore funding opportunities for community groups at national level to promote the civil society response for TB/HIV in countries and communicate with the community representatives in the CG.*

8. Administration Issues

The Core Group discussed the institutional membership requests from the following three organisations: Infectious Disease Society of America, Public Health Watch of the Open Society Institute and Tuberculosis Control Assistance Programme (TB-CAP). The Core Group in general appreciated the interest and commitment of all the organisations to the global TB/HIV response. After reviewing the documents submitted by each organisation and detailed discussions the Core Group decided as follows:

- *Infectious Disease Society of America (IDSA):* works actively on global TB/HIV advocacy particularly around institutions linked to the United States Government (e.g. Congress, Senate) in order to ensure the availability of funding and the visibility of TB/HIV. The Core Group noted that this is an important function that has to be pursued as the US Government is the single biggest funding agency for the global TB/HIV response. The inclusion of IDSA as member of the Core Group will catalyse this important function and the Core Group decided to accept the application of the organization.
- *Public Health Watch:* this is a project of the Public Health Program of the Open Society Institute and aims to strengthen meaningful and sustained engagement by infected and affected communities in the development, implementation, and monitoring of TB, HIV and TB/HIV policies, programs and practices. The Core Group noted (from the application document) that other public health programs within the Institute are also working on issues relevant to TB/HIV such as the International Harm Reduction Program. The Core Group decided to defer the membership request at this point and invite the Directors of the Public Health Watch and the International Harm Reduction Program to the next Core Group meeting to present their activities and discuss further the application.
- *Tuberculosis Control Assistance Programme (TBCAP):* The programme supports 24 countries out of which the implementation of national TB/HIV strategies was supported in 11 countries. It has created a momentum for partnership around TB/HIV particularly at country level, which has been instrumental for implementation. However, the Core Group recognized that the Programme is approaching its final year and is bracing for another bid for its extension from USAID. The Core Group decided to defer the membership request at this point

and to consider it when a decision is reached about the extension of the programme..

The Core Group also noted that most of its institutional members are northern organisations and largely US-based. Although this is the reality it was suggested to actively explore for the inclusion of regional organizations into the Core Group. Similarly, the Core Group agreed to substantially increase membership from high burden countries particularly programme managers.

Recommendations:

- *The Secretariat to develop a criteria for regional organization for the approval of the Core Group and send out an open invitation for application for membership to the TB/HIV Core Group.*
- *The Secretariat and Chair to enhance substantial membership of programme managers of HIV prevalent countries.*
- *The Secretariat will follow up on offers from members of the Core Group to host the next meeting to decide on dates and location.*