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» About the Stop TB Partnership
www.stoptb.org

First ever HIV/TB Thematic session before UNAIDS Program Coordinating Board

The first day of the UNAIDS' Programme Coordinating Board (PCB) meeting in Chiang Mai, Thailand, 23-25 April was devoted to a thematic session on HIV/TB. UNAIDS is guided by the PCB which has representatives from government, co-sponsors, NGOs, and people living with HIV networks. The session explored the threat that TB poses for people living with HIV and how the HIV community can work with TB programs to reduce the burden of both diseases. Dr Peter Piot, the Executive Director of UNAIDS, began the meeting by reminding everyone that, in many countries, TB and HIV control worked in separate silos, and the goal of the day was not to recite the problems, "which everyone knows," but to arrive at solutions.

The overarching aims of the sessions were to showcase the benefits of a joint HIV/TB approach to scaling up towards universal access, highlight the need to address tuberculosis within the comprehensive response to HIV; and to build commitment to integrated delivery of quality HIV and TB prevention, treatment, care and support services.

Michel Sidibe, Deputy Executive Director, UNAIDS said the time had come for "real strategic partnership" between the two disease control communities, and integrated delivery of services, as shown by several of the organizations with stalls in the "market place," just outside the meeting room.

Discussions during the thematic session centered around the fact that we will not achieve universal access if we do not respond to TB and implement a joint HIV/TB approach. TB must be addressed as an integral component of a package of HIV care services. More commitment to integrated delivery of quality HIV and TB prevention, treatment, care and support services at all levels is needed. In particular, harmonization of monitoring and evaluation at the global level especially between funding agencies; increased human and financial resources at all levels, and, most importantly, commitment must be reflected in both HIV and TB national program plans which show scale up of collaborative HIV/TB activities. Other discussions included mobilizing community and faith-based organizations in the joint response to HIV and TB; investment in HIV and TB and health systems strengthening; and access to improved TB prevention, diagnosis and treatment for people living with HIV and the threat of TB drug resistance.

The UN Envoy to Stop TB, former President Jorge Sampaio, addressed the thematic session via video conference and called on participants to exhibit bold leadership at all levels to keep both TB and HIV high on political and development agendas. In this context, he highlighted the upcoming HIV-TB Leaders' Forum on the 9 June, ahead of the High-Level Meeting on HIV/AIDS, in New York.



UN Special Envoy to Stop TB, President Jorge Sampaio addressing the session via video conference

The marketplace expanded beyond the constraints of a traditional poster session normally seen at scientific conferences and provided a lively and interactive forum where participating organizations presented and promoted their experiences, results, views and opinions regarding HIV/TB collaboration. Presentations were made through posters, booths and displays, including one for the TB/HIV Working Group. »

First ever HIV/TB Thematic before UNAIDS Programme Coordinating Board



The marketplace provided an opportunity for groups to share their experiences in collaborative activities scale up

» “It was an excellent day,” said WHO Stop TB Department Director, Dr Mario Raviglione, “What was so striking about the PCB meeting in Thailand was seeing how new energies are being put in place to move things forward on HIV/TB. New partners from the HIV community have committed to make the response to the co-epidemic work fully. Activists, fully convinced that TB is a killer among PLHIV, are stepping in. Stop TB will keep playing its part in ensuring that these energies have the desired impact on the lives of those at most risk.”

The thematic session was successful at identifying ways the two communities could move forward together. The HIV and TB communities applaud the strong commitment of UNAIDS and look forward to rapid implementation of HIV/TB services and the translation of this global commitment into actions at country level.

During the main business meeting of the PCB, the following key decisions were passed.

The UNAIDS Programme Coordinating Board,

- **Recognizes** the commitment to the goal of scale-up to Universal Access at the 2006 High Level Meeting on AIDS as a determination to address the urgent threat that TB, particularly drug-resistant TB, poses to people living with HIV;
- **Calls** upon member states to mobilize community involvement, including faith based organizations and affected communities, in addressing the prevention and treatment of TB in people living with HIV, including issues of stigma, human rights, migrants and other marginalized populations and adherence support;
- **Requests** the UNAIDS Secretariat with WHO to establish mechanisms for accountability of HIV programmes to prevent, diagnose and treat TB in people living with HIV, through the incorporation of relevant indicators in national AIDS action frameworks, which include the goal of reducing TB mortality in people living with HIV;
- **Recognizes** the need for a person-centred approach, that is “one life - two diseases” and calls on member states to deliver integrated TB and HIV services that provide adequate TB infection control in HIV care settings;
- **Requests** UNAIDS and WHO to advocate for the inclusion of TB prevention and treatment for people living with HIV in national AIDS action frameworks, as part of the multi-sectoral approach to HIV, and in building the capacity of affected communities to respond to the dual epidemics of TB and HIV;
- **Calls** upon the international community, including governments, to address the resource gap for the prevention and treatment of TB in people living with HIV through its inclusion in the broader development agenda;
- **Requests** UNAIDS and WHO to work with relevant partners to accelerate research and development of better tools for the prevention, diagnosis and treatment of TB in people living with HIV;
- **Calls** on UNAIDS to use the decisions of the 22nd Programme Coordinating Board in its work at the global level on TB and HIV through high-level events such as the HIV-TB Global Leaders Forum to be held in New York on 9 June 2008;
- **Requests** the UNAIDS Secretariat to work with WHO and other cosponsoring organizations, as well as governments, to extensively expand the coverage of voluntary counselling and testing to achieve the early diagnosis and treatment of HIV so that opportunistic infection, including TB, can be prevented.

TB/HIV Core Group

- How do we achieve the Global Program Targets?

The Core Group (CG) of the TB/HIV Working Group of the Stop TB Partnership, which facilitates and accelerates decision making and guides strategic direction, held its 13th meeting from April 17-18, 2008 in New York, USA. Over the two days there was a review of the collaborative activities to monitor progress of implementation over the past year and discuss several strategic issues to accelerate global implementation. Though there has been some progress in many parts of the world, the targets set for 2006 in the Global Plan have yet to be reached. The slow implementation of those interventions that reduce the burden of TB in PLHIV is of great concern to the Core Group and the need to engage more HIV stakeholders particularly in infection control, isoniazid preventive therapy (IPT) and intensified TB case finding was emphasized.

The progress and challenges of TB/HIV implementation in the South East Asia Region were presented, and ways in which the Working Group could assist in the regional response discussed. It was decided to conduct the next TB/HIV Working Group meeting in Asia, aiming particularly at HIV stakeholders, in order to promote awareness and understanding of TB and TB/HIV.

The outcomes and implications of the WHO meeting on the Three Is, those interventions that reduce the burden of TB in PLHIV - infection control, isoniazid preventive therapy, and intensified case finding (read more about the Three Is meeting later in this edition of the newsletter), were discussed and the urgency of addressing the recommendations of the meeting was stressed. In particular, the greater

engagement of HIV implementers in scaling up implementation of the Three Is is needed urgently. The progress made in harmonizing TB/HIV indicators among WHO, UNAIDS and PEPFAR, and the ongoing process of revising the TB/HIV estimates were also presented and discussed. A key suggestion from the Core Group was to add TB infection control and TB laboratory indicators to the PEPFAR TB/HIV indicators list.

The presentations on infection control provided a lively discussion among participants. The terms of reference for the TB Infection Control subgroup has been finalized with an overall goal to address the urgent need to reduce the transmission of TB in health care and congregate settings. The sub-group committed to the urgent development of a "ten-points" TB infection

control guidance by June 2008. This document would outline the key TB infection control interventions that should be implemented at the national level.

The importance of advocacy and communications for infection control was also highlighted with the need to focus on promoting implementation of the basics of TB infection control concepts and interventions that already exist in WHO guidelines.

The development of an interim TB screening tool to guide the implementation of intensified case finding among PLHIV and accelerate scale-up of its implementation was also agreed. As more and more countries are proceeding with their own national (and diverse) screening tools, the

document will aim to not disrupt ongoing activities. The document would also highlight laboratory issues.

Presentations on research and development showed the progress made for a point of care diagnostic for TB. The Core Group gave their full support to push for much more investment and research interest into a "TB Dipstick" diagnostic (read more about the TB dipstick diagnostic later in this edition of the newsletter).

The successful meeting laid out plans for further action to increase global implementation of the collaborative activities. A full report of the meeting is available at:

» www.stoptb.org/wg/tbhiv



Participants at the 13th TB/HIV Core Group Meeting

WHO HIV and TB Departments issue joint call for TB to be seen as intrinsic part of HIV care



Participants at the Three Is meeting, Geneva, Switzerland

Sixty-five experts from the HIV and TB communities came together in Geneva, Switzerland from April 2-5, 2008 for the "Three Is" meeting on those 3 interventions that reduce the burden of TB in PLHIV - infection control, intensified case finding, and isoniazid preventive treatment (IPT). Participants were asked to review their program experience, available data on the three interventions and develop guidance for national programs and their partners for implementation of the Three Is for people living with HIV.

HIV/TB is a major public health threat for people living with HIV, and the community. TB is now the most frequent life-threatening opportunistic disease, even in those receiving antiretroviral therapy, and it has been shown to be the leading cause of death. TB threatens the significant gains in HIV care and ART scale-up. Prevention and treatment of

TB in people living with HIV is therefore an urgent priority for both HIV/AIDS and TB programs.

The "Three Is" cover the key public health interventions for the prevention and treatment of TB in people living with HIV.

- People living with HIV are at increased risk of acquiring TB in the community or a health-care setting: better infection control can reduce these risks.
- Once infected with TB, HIV accelerates the appearance of TB disease: this evolution to disease can be greatly reduced by isoniazid preventive therapy a simple safe and cost-effective intervention.
- Any delay in diagnosing established TB disease and starting appropriate therapy significantly impacts on outcome including death; intensified case finding (ICF) can identify cases early and improve treatment outcomes.

National programmes have requested additional operational guidance on how to deliver comprehensive TB prevention activities within HIV/AIDS clinical settings and the recommendations of this meeting identified constraints and will hopefully stimulate increased implementation of "Three Is" policies.

Recommendations from the meeting are global, regional and country-specific and will determine concrete next steps for regional and country-level implementation. The final meeting report is being drafted but some interim recommendations include:

- The "Three Is" should be a central part of HIV care and treatment and are critical for the continued success of ART scale-up. Everyone accessing services in a higher HIV and TB prevalence area should be screened for TB and either diagnosed with TB or placed on IPT. Infection control is vital to make health care facilities safe for PLHIV.
- Implementation of the "Three Is" should be within HIV programs and must be viewed as an indispensable part of HIV care, as important as patient monitoring or co-trimoxazole prophylaxis.
- There is an urgent need to strengthen public health laboratory capacity and referral systems for the timely diagnosis of TB.
- People living with HIV, health care workers and the community have a right to a safe clinical environment which means immediate implementation of WHO recommended TB infection control measures.



Mario Raviglione, Reuben Granich, Haileyesus Getahun, Kevin de Cock, Charles Gilks, and Paul Nunn, of the WHO TB and HIV Departments are the team who facilitated the Three Is meeting

There is an urgent need to strengthen the "Three Is" supply chain, particularly the potential co-formulation and/or co-packaging of INH/CTX. Co-formulating and/or co-packaging isoniazid and co-trimoxazole is technically feasible and could serve to solve some of the supply chain challenges of delivering these two life-saving drugs to people living with HIV.

A top down and bottom up advocacy approach is integral to ensure implementation progress. Advocacy should focus on the importance of the Three Is and the need to create community demand for TB screening, IPT and infection control as positive actions to fight TB.

Resource mobilization is essential for success including political commitment and resources for "Three Is" implementation. An interdepartmental taskforce will be established within WHO to develop a plan to now move forward with these recommendations.

A Dipstick diagnostic test for TB?

The AIDS and Rights Alliance for Southern Africa and Treatment Action Group in collaboration with Cambridge University, UK organized a meeting to develop a research agenda for expediting a point of care assay for diagnosing active TB in resource constrained settings. The meeting brought together an interesting mix of expertise with 15 participants from the TB and HIV world representing global activist groups, academic and research institutions, industry and program implementers.

Ongoing efforts in developing point-of-care diagnostics, with special emphasis on a dipstick test were reviewed. Experiences from the work on developing a qualitative CD4 dipstick test (spearheaded by Gregg Gonsalves, ARASA and Imperial College), which is said to be near yielding a result, were shared, and lessons for the TB diagnostic effort were discussed. Ongoing discovery and evaluation efforts of the TB diagnostic tool including by the Foundation for Innovative and New Diagnostics (FIND) were also presented.

The ideal characteristics of a point-of-care TB diagnostic should be a dipstick test that uses easily obtainable specimens such as urine, blood spots or saliva, able to reliably detect TB infection and any form of active TB disease in any person notwithstanding immune and other clinical conditions, and that can easily be performed peripherally, where patients live, without need for extra infrastructure or technical expertise.

Mark Harrington, Executive Director, TAG, emphasized the fact that current investment and the level of understanding of the mycobacteria pose a challenge to the rapid realization of such a test. Current global efforts for the quest of a TB diagnostic tool are mostly focused on developing tools that require substantial infrastructure and will largely be functional at higher levels in the health system, and thus inaccessible for most of the TB patients in resource constrained settings. However, experience from similar areas showed that dipstick tests are usually derived from a preceding laboratory test.

It was agreed that ensuring massive interest and investment in a dipstick diagnostic was crucial. As a result, the TB/HIV Core Group of the Stop TB Partnership Working Group (at their meeting in April) endorsed the movement to push for much higher levels of investment for a dipstick test. Current investment and coordination around research areas that potentially pave the way for a dipstick TB test are minimal and need urgent intervention. We must now work towards massive investment and mushrooming of multiple stakeholders (researchers, donors and consortia) to ensure further and speedy discovery and innovation particularly for a rapid dipstick type of TB test.

The discussions and recommendations of the meeting in Cambridge will be published in a peer-reviewed high impact journal and the key messages will further be tailored to advocacy messages to reach out, particularly to donors, for massive investment in this area.

DEVELOPMENT OF GUIDANCE ON TB INFECTION CONTROL BY WHO: INFORMATION NOTE

The Stop TB Department of WHO, in collaboration with the HIV Department, is currently developing a framework document which addresses what TB infection control interventions should be implemented at the national level in low resource settings, and how to prioritize them. It will expand on the expert advice garnered at the meeting of TB infection control experts held in Geneva, October 2007.

This process will pull together the available evidence which will help to update parts of the 1999 Guidelines for the prevention of tuberculosis in health care facilities in resource-limited settings.

In order to provide you with timely information regarding this process a website for infection control will be established in May 2008, where you will be able to find current information and updates on TB infection control.

Given the urgency to address infection control at the country level, both in terms of capacity development and national action planning, we recommend that you continue to refer to the content found in the following documents, pending the development of revised guidance:

1. WHO: Guidelines for the prevention of tuberculosis in health care facilities in resource-limited settings. Geneva: WHO, 1999
2. WHO: Tuberculosis infection control in the era of expanding HIV care and treatment Addendum. Geneva: WHO, 2006

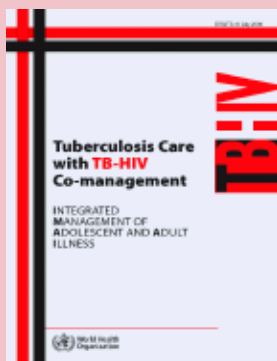
Both documents can be found at the following link:

» http://www.who.int/tb/publications/who_tb_99_269/en/index.html

Additionally, the TB Infection Control subgroup of the TB/HIV Working Group, of the Stop TB Partnership is developing a 10 point plan which will highlight key action steps that can be implemented at the health facility level immediately. These measures will prevent TB transmission, stressing key infection control measures from current guidelines, as well as lessons learned from best practice and successful implementation models.

If you have any suggestions, queries, or would like to join the TB Infection Control subgroup, please do not hesitate to contact: Rose Pray at prayr@who.int or Fabio Scano at scanof@who.int.

Inter-regional adaptation workshop for the new WHO TB care with TB/HIV co-management guideline module



An international workshop was held by WHO in Addis Ababa, Ethiopia from February 11-13, 2008 to facilitate country adaptation of the new IMAI/STB TB Care with TB-HIV Co-management clinical guideline module and the clinical training courses on TB-HIV co-management and TB infection control for primary facilities.



Participants at the IMAI/STB TB/HIV co-management training workshop, Addis, Ethiopia

The workshop was organized to familiarize HIV and TB program managers with this new guideline module and prepare a technical resource network that supports country adaptation. Forty one TB and HIV program managers from 11 countries (Ethiopia, Guyana, Lesotho, Mozambique, Namibia, Nigeria, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe), participated in the workshop. By the end of the workshop participants had drafted and presented their national plans for IMAI/STB TB care with TB/HIV co-management based on the guideline.

For further questions on this workshop, the guideline and training materials please contact imaimail@who.int or negussiee@who.int. You can also download the WHO Tuberculosis care with TB/HIV co-management guideline module from:

» <http://www.who.int/hiv/pub/en/index.html>

UNITAID Approves new TB projects

For the first time since its inception the UNITAID Board met outside of Geneva in Brasilia, Brazil. There was high level interest and participation from the Brazilian Government and the Executive Director of the Global Fund.

New TB projects were approved for a rotating stockpile of drugs for MDR-TB and a revolving fund to purchase MDR-TB drugs (\$33m) and improving MDR-TB diagnostics (\$26m). The lead recipient for the “drugs proposal” is the Global Drug Facility, and for the “diagnostics proposal,” the Global Laboratory Initiative. An extension of funding for the WHO prequalification programme (\$40m until 2012) was also approved.



Join Us: Become a member of the TB/HIV Working Group

The new Terms of Reference for the TB/HIV Working Group means that you will need to reapply for membership to the Working Group. Click on form on the right and complete the forms to receive regular information and updates from the TB/HIV Working Group.

VACANCY - WHO, STOP TB DEPARTMENT

P4 Medical Officer | Reference: HQ/08/STB/TA194 | Applications close May 19, 2008.

Job description: https://erecruit.who.int/public/hrd-cl-vac-view.asp?o_c=1000&jobinfo_uid_c=19506&vaclng=en

THAT'S IT, SOUTH AFRICA



Lerato Riet* is 22 years old and classified as a TB defaulter – not because she chose to be, but because her nearest clinic is 100 km away on a dirt road with no public transport available. She has to rely on the occasional traveler to offer her a lift. She was a defaulter until the *that's it* program started their activities in Bray, a remote Kalahari border town between South Africa and Botswana.

that's it, stands for **TB, HIV Aids, Treatment Support and Integrated Therapy**, a Pefpar-funded joint initiative between the South African Medical Research Council (MRC) and the Foundation for Professional Development (FPD). Its aim is to implement a best-practice model of integrating TB and HIV care to patients. It was conceptualized and initiated in 2004 by the TB Epidemiology and Intervention Research Unit (MRC) and the CDC and piloted in a public private mix TB hospital in Richmond in rural Kwa-Zulu Natal.

The lessons learnt from that model are now being applied and implemented in deep rural and resource poor settings, such as Bray - a barren and dry area, with erratic

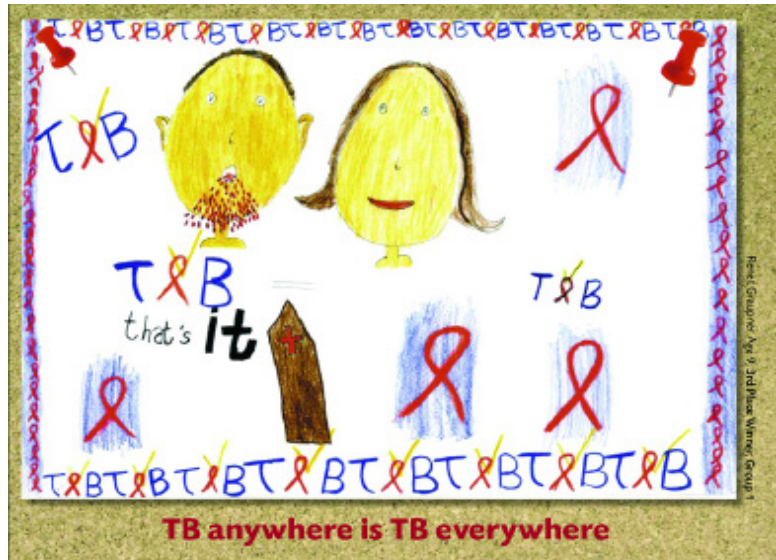
electricity supply, limited water resources in a semi-desert setting. Roads are treacherous and are either very slippery during the rainy season or dry with deep sand the rest of the year, which means that public transport is non-existent.

The successful implementation of integrated TB/HIV health care services in a setting full of these kinds of challenges means it can be done anywhere. "If we can make a difference in Bray and other very remote areas, there should be no obstacle to implementation in settings that are less resource constrained," said Dr Karin Weyer, TB Epidemiology and Intervention Research Unit of the MRC.

The program emphasizes the importance of counseling and testing for all TB patients, regular screening of all HIV positive patients for TB (a special screening tool has been developed), education, nutritional support and preventive therapies, adequate referrals and follow-up, treatment of opportunistic infections, the early introduction of antiretroviral therapy to all TB patients with a CD4 count of less than 200 and active community involvement.

The initial pilot consisted of 1000 patients from Richmond hospital, the expansion sites have dramatically added to this number of patients. To date more than 7000 patients >>

THAT'S IT, SOUTH AFRICA



Winners of the 2008 calendar art competition

have been enrolled in HIV/TB care of which 3175 are currently enrolled on ART. The program roll-out started in the North West province and has now added two more provinces (Eastern Cape and Western Cape) to their list, supporting more than 80 clinics in 5 sub-districts. This is apart from supporting eight TB referral hospitals in the Eastern Cape.

Recruiting staff in remote areas, finding accommodation for them, ensuring a reliable and efficient laboratory service and training all staff in TB management remain some of the challenges to the program.

Another key area that needs more attention is the provision of reliable and accurate data to funders and collaborators. In this regard, *that's it* utilizes a database which was successfully implemented in Kenya over the last 10 years. This system relies on the standardization and utilization of forms and patient records. The integration of this data collection system with the existing government data requirements is another barrier that needs to be surmounted. However, a workshop for the implementation of the database was conducted from February 6-8, 2008 for all

site managers, area and data collectors.

Infection control practices are another focus area and care is taken that all supported facilities comply with the required air changes per hour. In addition UV lights are installed wherever appropriate.

that's it has provided many mobile homes to expand on existing, restricted space in the health facilities. This, however, has highlighted the high levels of stigma that are still prevalent among sufferers of the two diseases. *that's it* has tried to overcome this by positive branding, organizing and

providing patient pamphlets, information sheets, T-shirts, World TB day celebrations and "proudly tested" buttons.

For the year 2008 a special calendar was printed following a TB/HIV art competition in Bray that was organized by the site coordinator. This also resulted in all children who took part in the competition bringing their parents for counseling and testing!

In Potchefstroom, the speedy intervention of the *that's it* TB tracer ensured that 35 of the 43 patients with a low CD4 count identified during December 2007, were physically traced and rerouted to the clinic for initiation of ARV treatment.

Overcoming stigma, the inertia of health care personnel burnt out by lack of resources, heavy patient load, finding solutions for lack of telecommunications (fax lines, email, poor cellular networks) will remain some of the major challenges of working hand in hand with provinces in remote rural areas. The *that's it* team is determined however, to work to the benefit of all patients.

Article provided by:
Dr Margot Uys, Project Manager, *that's it*

Share experiences in TB/HIV implementation and research – Working Group members can send their contributions to the Forum (no more than 1000 words and no more than three authors) to tbhiv@who.int

Upcoming events

The Secretariat of the TB/HIV Working Group encourage members of the Working Group and other HIV and TB implementers and stakeholders to submit their abstracts on TB/HIV issues for these important meetings.

MAY

SECOND EASTERN EUROPE AND CENTRAL ASIA AIDS CONFERENCE

When: **May 3 - 5**

Where: **Moscow, Russian Federation**

For more information:

<http://www.eecaac.org/en/index.phtml>

STOP TB PARTNERSHIP COORDINATING BOARD

When: **May 6 - 7**

Where: **Cairo, Egypt**

For more information:

http://www.stoptb.org/cb/meetings/20080506_Cairo_Egypt/

HARM REDUCTION CONFERENCE

When: **May 11-15**

Where: **Barcelona, Spain**

For more information:

<http://www.ihra.net/Barcelona/Home>

WORLD HEALTH ASSEMBLY

When: **May 19 - 24**

Where: **Geneva, Switzerland**

For more information:

<http://www.who.int/mediacentre/events/2008/wha61/en/index.html>

INTERNATIONAL AIDS MEMORIAL DAY

When: **May 18**

Where: **Global events**

For more information:

<http://www.candlelightmemorial.org/>

GLOBAL AIDS WEEK OF ACTION

When: **May 18 - 24**

Where: **Global events**

For more information:

<http://www.globalaidsweek.org/>

People from around the world will come together under the banner One week, One voice, to take action to stop AIDS during the Global AIDS Week of Action. Campaigners will demand urgency, accountability and

more resources in the fight against HIV and AIDS.

For the past two years activists have organized events in over 30 countries to hold world leaders accountable on their landmark commitment to universal access. The Global AIDS Week of Action is the defining mobilization moment before world leaders gather at the United National General Assembly Special Session on AIDS (UNGASS) Review to report the progress they have made on their national HIV and AIDS commitments. In addition, actions during the Global AIDS Week will remind leaders of G8 countries that they too must turn their promises into actions at the upcoming G8 Summit in Japan.

Now time to take action and demand leaders keep their promises. Between now and May bring together campaigners in your country to plan what action to take and what demands to make of your government. Then share your plans with friends and activists in other countries through the Global AIDS Week website, www.globalaidsweek.org

JUNE

PEPFAR HIV IMPLEMENTERS' MEETING

When: **June 3 - 7**

Where: **Kampala, Uganda**

For more information:

<http://www.hivimplementers.com/>

This is a meeting for program implementers to share lessons learned and best practices in the scale-up of HIV/AIDS programs.

GLOBAL LEADERS FORUM ON HIV/TB

When: **June 9**

Where: **UN Building, Conference Room 2, New York, USA**

UN Special Envoy to Stop TB, Jorge Sampaio

For more information:

www.stoptb.org/events/hivtbleaders/

The Forum will emphasize bold leadership in the global fight against HIV and TB. The organizers plan to draw attention to the urgent need for collaboration to reduce the number of people living with HIV and

dying of TB. The Forum will convene world leaders, senior political officials, together with leaders of civil society, foundations, the private sector and the media. The expected outcome is a call for action to inform the debate at the General Assembly High-Level meeting on AIDS (10-11 June 2008).

HIGH LEVEL MEETING ON HIV AND AIDS

When: **June 10 - 12**

Where: **New York, USA**

For more information:

www.unaids.org/en/Conferences/2008HLM/default.asp www.ua2010.org/en/UNGASS

This year's high level meeting will review country progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

STOP TB ADVISORY GROUP MEETING

When: **June 23 - 24**

Where: **Geneva, Switzerland**

For more information:

www.who.int/tb/events/archive/stag/en/index.html

The WHO Strategic and Technical Advisory Group for TB addresses the developments and challenges in TB control today.

TB/HIV CO-MANAGEMENT AND TB INFECTION CONTROL IN HEALTH CARE SETTINGS FOR PRIMARY CARE PROVIDERS COURSE

When: **June 23-28, 2008**

Where: **Jinja, Uganda**

For more information:

Eyerusalem Negussie (negussie@who.int) or Akiiki Bitalabeho (bitalabehoa@who.int)

WHO in collaboration with the WHO/IST-East and Southern Africa office, WHO/Uganda, and Uganda Knowledge Hub is organizing a clinical course on TB/HIV co-management and TB infection control in health care settings for primary care providers.

The training is designed for participants from national and international technical assistance agencies and/or for service providers involved in HIV and TB prevention, care and treatment. The training is ideal

for persons who are already trained in basic TB care and the WHO IMAI Basic Chronic HIV care with ART and prevention course.

JULY

G8 MEETING

When: **July 7-9**

Where: **Hokkaido, Japan**

For more information:

www.mofa.go.jp/policy/economy/summit/2008/info/index.html

The Group of Eight (G8) Summit exchange opinions on a variety of issues facing the global community centering on economic and social problems.

ENGINEERING METHODS FOR THE CONTROL OF AIRBORNE INFECTIONS

When: **July 14-25, 2008**

Where: **Harvard University, Boston, MA**

For more information:

www.hsph.harvard.edu/ccpe

Phone 617-384-8692

Fax 617-384-8690

Email: contedu@hsph.harvard.edu

This two week, multi disciplinary continuing education course is globally unique in that it brings together in one place a body of technical expertise common to the control human airborne infections. These include tuberculosis (including drug resistant strains), pandemic influenza, SARS, and selected bioterrorism agents.

Control strategies will range from mechanical ventilation, filtration, and the design and use of space, to the proper application of germicidal UV air disinfection and natural ventilation. The course will include didactic lectures, laboratories, and interactive workshops focusing on problem solving in both resource-rich and resource-limited settings.