

# Report of the 13<sup>th</sup> **TB:HIV** Core Group meeting New York, USA, April 17-18, 2008

The 13<sup>th</sup> meeting of the Core Group of the TB/HIV Working Group of the Stop TB Partnership was conducted in New York, USA on April 17-18, 2008 and was co-hosted by Treatment Action Group and Consortium to Respond Effectively for AIDS/TB Epidemic. The meeting reviewed the global progress, challenges, constraints and regional responses in the implementation of collaborative TB/HIV activities, discussed key strategic issues in the global response to the dual TB and HIV epidemic and conclusions and recommendations were drawn to improve the quality of care provided to TB and HIV co-infected individuals. The meeting was chaired by Dr Diane Havlir, the chair of the Working Group and was attended by members of the Core Group and other invited speakers<sup>1</sup>.

The following were the key issues discussed and the conclusions made during the meeting:

## **1. Global and regional response**

The Core Group noted the encouraging rate of increase in the implementation of collaborative TB/HIV activities globally and particularly in sub-Saharan Africa. However, the overall coverage of the services particularly of those interventions that are aimed at reducing the burden of TB among PLHIV is very insufficient requiring urgent concerted action. The engagement of leading HIV implementers such as PEPFAR Track one partners for TB/HIV was underlined. The Core Group noted the encouraging global engagement of UNAIDS in TB/HIV issues, as it is preparing to discuss TB/HIV in the meeting of its Programme Coordinating Body (April 23-25, 2008) and called for translation of these commitments to country level action.

The Core Group called for regionally tailored responses to catalyse and accelerate the implementation of collaborative TB/HIV activities. The progress and challenges of TB/HIV implementation in South East Asia Region was presented, and modalities for the Working Group to assist in the regional response discussed. There has been some progress in the implementation of collaborative TB/HIV in the South East Asia region. Thailand now has fully integrated, nation-wide implementation, India and Myanmar are rapidly scaling up and there are pilot projects in Indonesia and Nepal. The limited availability and expansion of HIV and AIDS services was cited as a key barrier for the scale-up of collaborative TB/HIV activities among others. The need to technically support the development and establishing of policies and clear operational guidelines for infection control and to correct the variance in policy and application of co-trimoxazole preventive therapy and ART at the operational level in countries of the region were also raised. The Core Group agreed conducting the next TB/HIV Working Group meeting in Asia will be useful as a potential advocacy opportunity to raise the visibility of TB/HIV and garner support for implementation of collaborative activities in the region.

Special populations are also being addressed through the development of the TB/HIV Guidelines for drug users which will provide guidance for integrated TB and HIV prevention in those settings where drug use is fuelling the HIV epidemic.

The importance of strong health systems for the delivery of collaborative TB/HIV activities has been emphasized and meaningful engagement of the TB/HIV Working Group with the International Health Partnership (IHP+) was suggested.

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<sup>1</sup> Participants of the meeting were: Yibletal Assefa, Amy Bloom, Jacqueline Bataringaya, Francisco A. Carrillo Ibarra, Richard Chaisson, Lakhbir Singh Chauhan, Gavin Churchyard, John Paul Clark, William Coggin, Colleen Daniels, Ritta Dlodlo, Lois Eldred, Peter Godfrey-Faussett, Haileyesus Getahun, Jeroen van Gorkom, Reuben Granich, Christian Gunneberg, Mark Harrington, Diane V. Havlir, Barbara Laughon, Bess Miller, Ya Diul Mukadi, Nani Nair, Sue Perez, Sonia Qasba, Alasdair Reid, Rose Pray, Fabio Scano, Joseph Sitienei, Henrietta Wembanyama, Irum Zaid.

### **Recommendations:**

- *The Secretariat along with PEPFAR representatives in the Core Group to encourage the engagement of PEPFAR Track I partners in TB/HIV and the activities of the Working Group.*
  - a. *The Secretariat and PEPFAR representatives in the Core Group to explore for TB/HIV presentation in the next annual meeting of PEPFAR Track I partners.*
  - b. *The Secretariat and PEPFAR representatives in the Core Group to encourage the participation of leading PEPFAR track I partners in the next Core Group meeting to present and discuss their work.*
- *The Secretariat to explore best time and venue for the next TB/HIV Working Group in Asia with the relevant regional and global stakeholders, and provide the information to the Core Group in its next meeting.*
- *The TB/HIV Working Group and Core Group members to commence and enhance their engagement with the International Health Partnership(IHP+) in order to contribute for strong health systems that are crucial for delivery of collaborative TB/HIV activities.*

## **2. WHO meeting on the 3Is (Isoniazid preventive therapy, intensified case finding and TB infection control)**

The outcomes of the recent meeting organized by the WHO HIV Department in collaboration with the Stop TB Department which was held from April 2-4, 2008 in Geneva, Switzerland, were presented and discussed. The Core Group recognised that the meeting was an important step to enhance the engagement of HIV service providers for the implementation of these crucial interventions. However, a concern was expressed about the lack of representation of leading HIV treatment providers and opinion leaders, including HIV/AIDS units of WHO regional offices during the meeting.

The Core Group stressed the urgency of addressing the recommendations of the meeting and the amount of work it entails particularly to the HIV Department and Regional HIV Units of WHO. Enhanced engagement of leading HIV implementers and regional HIV Advisors of WHO was underlined as a critical step to enhance scale up of implementation in countries and needs urgent attention. The Core Group welcomed the suggestion to conduct region specific meetings focused on these three interventions.

Although the importance of branding the three interventions was highly supported, the appropriateness of the brand "3Is" was a source of disagreement. Further exploration of its appropriateness through expertise in the field is required.

### **Recommendations:**

- *The WHO HIV/AIDS Department to ensure the engagement of its regional units and urgently prioritize country and region specific technical assistance to increase the implementation of collaborative TB/HIV activities notably the three intervention.*
- *The Secretariat along with PEPFAR and IAS representatives in the Core Group to ensure the visibility of these interventions in upcoming HIV implementers meeting and International AIDS Conference in Mexico city.*

## **3. Intensified Case Finding**

The global implementation of TB screening among PLHIV, examples of country screening strategies, evidence on the effectiveness of screening strategies as well as the challenges were presented and discussed. It was found that screening tools vary from country to country and more non-specific constitutional symptoms and signs were included in tools with inconsistent results. These studies used culture-positive tuberculosis (from one or more samples) as the gold standard. The importance of considering predictive values as well as sensitivity was emphasised as was the need to reinforce laboratory capacity. In settings, such as home based care and other examples where advanced HIV infection is common, the prevalence of culture positive disease may be 8-10%. The yield of cases from culturing samples from every patient in such setting may outweigh the advantages of initial screening. In settings where the prevalence is 2-5%,

such as VCT or community based testing, an initial screen with a high positive predictive value will provide the best compromise between overburdening the laboratory and finding the most cases. It was also noted that children were not addressed and the role of Chest X ray in the screening process unclear and inconsistent. It was noted that TB screening among PLHIV is poorly implemented and requires urgent action.

The national TB program of Kenya presented an example of scaling up intensified case finding. Up to 10% of PLHIV at point of HIV testing were diagnosed with active TB in Kenya and plans are underway to set up symptom based TB screening and referral for all PLHIV in all HIV sites (ART, STI, PMTCT and VCT). However, the apparent lack of engagement of HIV service providers and extra need for financial and infrastructure needs are huge challenges for scaling up. The Core Group noted the dearth of evidence to develop an optimal standardized screening tool. However, the development of an interim TB screening tool and document to guide and assist intensified case finding among PLHIV and accelerate and scale-up its implementation in countries was agreed. As more and more countries are proceeding with their own national (and diverse) screening tools, the document should give due emphasis not to disrupt ongoing scaling up activities. The document should provide different options to countries so that they can adapt the tool to suit their own context such as development of laboratory infrastructure, prevalence of disease and diagnostic criteria of TB.

#### **Recommendations**

- *The Secretariat to develop a document for TB screening among PLHIV to facilitate the implementation of intensified case finding. The tool should include a suggested TB screening system based on best available data and consensus and include examples of tools which are already out in countries for use.*
- *Interested members of the Core Group to be involved in this activity are encouraged to contact the Secretariat.*

#### **4. Isoniazid Preventive Therapy**

It was reported that the IPT Consensus Statement has now undergone a full Working Group consultation and was discussed at the IAS governing council at their recent meeting. The IPT consensus statement of the Working Group and the manuscript being prepared for the AIDS Journal will be revised using the comments from members of the Working Group as appropriate. The Core Group agreed to the submission of the manuscript as an advocacy piece to the AIDS Journal. The lack of clear and explicit guide on the use of IPT was cited as a main bottleneck about the use of IPT in the South East Asia region, and a document particularly targeting TB and AIDS control managers was suggested. It was also noted that the fact that many more people are living with latent TB infection in Asia should promote the use of IPT rather than fear of the emergence of drug resistance. Promoting research that assesses the efficacy of use of IPT in settings with high multidrug resistant TB is essential. The discussion also covered about the critical importance of a negative predictive value of a screening procedure to screen-out active tuberculosis before IPT.

#### **Recommendation**

- *The Secretariat to finalize and disseminate the IPT consensus statement on behalf of the Working Group and submit a peer-reviewed manuscript based on it for publication in the AIDS journal.*

#### **5. TB infection Control**

The progress made in TB infection control (IC) was presented and discussed. 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 development process of the Framework document which addresses what TB infection control interventions should be implemented at the national level, and how to prioritize them was presented and discussed. The development of this document is in accordance with the new rules for developing policy guidance by WHO, which will include an intensive systematic

process of garnering the evidence for the formulation of recommendations. It will also inform the revision of the 1999 *Guidelines for the prevention of tuberculosis in health care facilities in resource-limited settings*.

The Core Group generally expressed its concerns about the slow speed of response to TB infection control including from WHO that is leading to the loss of the sense of urgency that was built after the emergence of XDR TB. The Core Group endorsed and emphasised the urgent development of a "ten-points" guide to countries to address TB infection control based on existing guidelines and recommendations through the leadership of the TB infection Control sub-group and its Chair. There is an urgent need to develop tailored information about TB infection control particularly for HIV stakeholders and service providers through simple messaging and information sharing strategies (e.g. posters). However, it was stressed that such strategies may not bring change by themselves and has to be considered as additional supportive methods and need to strictly be responsive to national and local context.

It was also suggested to carry out critical analysis of the barriers for the implementation of the current TB infection control guidelines and garner the lessons for tailored and aggressive advocacy and communication. The advocacy and communication should focus in promoting the implementation of the basics of TB infection control concepts and interventions that are already available in the guidelines, and position it as an integral part of health system strengthening efforts. The importance of prioritizing health workers safety as part of TB infection control was suggested. Generating demand by community groups and grass root communities for TB infection control and other related TB/HIV services was underlined. The role of standardized indicator(s) to measure TB infection control efforts was emphasized, but the type of indicator and whether it should best measure process or impact was a point of disagreement. Different partners expressed their commitment for raising the profile of TB infection control as a matter of urgency.

#### ***Recommendations:***

- *The TB Infection Control sub-group in collaboration with the Secretariat of the sub-group to develop "ten-points" TB infection control guidance by June 2008.*
- *The TB Infection Control sub-group to prioritize and execute aggressive advocacy and communication in order to increase the visibility of TB infection control particularly within HIV/AIDS care and treatment services and keep the momentum of urgency created by the emergence of XDR-TB.*
- *WHO's leadership and activities in TB infection control has to be strengthened. It has to expedite the process of developing the Framework document which addresses what TB infection control interventions should be implemented at the national level, and how to prioritize them.*
- *The following partners committed for the actions below:*
  - *Treatment Action Group will prioritize TB infection in its work with community groups with the primary aim of generating demand. TAG also committed to increase the visibility of TB infection control during the Mexico AIDS Conference, including a media event in collaboration with IAS and other stakeholders with the technical expertise including the dissemination of the "10 points".*
  - *TB CAP partners (FHI, KNCV, Union and WHO) will mainstream TB infection control in the TB/HIV literacy document which is under development.*
  - *IAS will mainstream TB infection control into its health workforce related activities and will organize an informal meeting of HIV stakeholders around the implication of TB infection control for longitudinal HIV care and treatment services.*

## 6. Monitoring and evaluation of collaborative TB/HIV activities

The Core Group noted the progress made in harmonizing the TB/HIV indicators among WHO, UNAIDS and PEPFAR and in enhancing and expanding the global monitoring and evaluation of collaborative TB/HIV activities. The ongoing process and changes in the revision of the TB/HIV estimates based on increasingly available data from countries were presented and its implications discussed.

The Core Group hailed the encouraging example of national harmonization of TB/HIV monitoring and evaluation presented by Ethiopia where they were able to bring together all stakeholders - government, partners, and donors- to work out one effective monitoring and evaluation system with strengthened leadership of the government at all levels. The ongoing efforts were able to improve the data collection system, lack of ownership and leadership by the government at all levels and the prevailing fragmentation of data collection among partners. The Monitoring and Evaluation Taskforce presented their work which resulted in a paper which outlined recommendations for indicators to harmonize monitoring and evaluation between key partners such as PEPFAR, WHO and UNAIDS and the revision of the TB/HIV estimates. The Core Group endorsed the document developed by the Task Force and suggested the process to inform the revision of the Global Fund monitoring and evaluation toolkit and the TB/HIV Monitoring and Evaluation guidelines. The need to ensure simplicity of monitoring and evaluation efforts was underlined.

### *Recommendations*

- *The Secretariat and the PEPFAR representatives in the Core Group to ensure the inclusion of TB infection control and TB laboratory indicators in the PEPFAR TB/HIV indicators list.*
- *The Secretariat need to accelerate the urgent peer reviewed publication of the revised TB/HIV methodology and estimates. In the meantime the use of country case studies should be promoted such as during the upcoming HIV/TB Leaders Forum.*
- *The Secretariat to make the revised TB/HIV estimates readily available for the use by countries for operational planning (particularly for PEPFAR focus countries).*
- *The Task Force of the Core Group to continue primarily working to simplify monitoring at district level and to revise the TB/HIV monitoring and evaluation guidelines.*

## 7. TB diagnostics for PLHIV

A presentation was delivered on an advocacy effort to realise a robust point of care diagnostic with special emphasis on a dipstick test for TB spearheaded by the AIDS and Rights Alliance for Southern Africa and Treatment Action Group. However, it was noted that the current investment and the level of understanding of the mycobacteria pose a challenge to realizing such a test in a short period of time. Nonetheless, strong support was given by the Core Group for the "TB Dipstick " or other test that was truly a "point-of-care" test (for example a simple breath test like those used by traffic police..) and the movement advocating for massive investment in the areas.

The work and challenges of the Diagnostics task force of the Core Group was also presented. The Task force identified special TB diagnostic issues for PLHIV and recommended test formats for the diagnosis of TB in PLHIV. The format include: lateral flow tests, dip sticks or vapor detection systems, using easily accessible specimens such as urine, saliva, breath or blood; line probe assays or other nucleic acid amplification assays that can integrate into laboratories already using PCR for HIV RNA copy numbers; combined HIV and MTB testing in one product; self-contained PCR test devices returning screening results during a clinical visit.

The Core Group noted the importance of advocacy and massive investment to improve TB diagnosis among PLHIV as most current efforts are largely short of addressing the needs of PLHIV. The interaction of the TB/HIV Working Group with the New Diagnostic Working Group and other major players in the field such as Foundation for Innovative and New

Diagnostics (FIND) has to be improved and strengthened. The importance of tracking the implementation of currently available tools (such as culture and molecular technologies) in HIV prevalent and resource constrained settings was suggested. It was agreed to keep the Diagnostic Task Force of the Core Group.

#### **Recommendations**

- *The Chair of the TB/HIV Working Group in collaboration with the Diagnostics Task Force to write a letter to the Chair of the New Diagnostics Working Group highlighting the importance of addressing the TB diagnostic needs of PLHIV and solicit future ways of collaboration.*
- *The Diagnostics Task Force in collaboration with the Secretariat to approach NIH, FIND and other key players to organize a workshop to advance the discussion around TB diagnostic related issues of PLHIV and elevate the investment and interest around the area.*
- *The Chair and Secretariat to invite the New Diagnostics Working Group, FIND and other key players in the field for the next Core Group meeting to discuss the particular TB diagnostic needs of PLHIV and advance the efforts and the discussions.*

### **8. Community mobilization in TB/HIV**

The ongoing global activity around community mobilization and civil society engagement for TB/HIV was presented and discussed. The CG recognized the important role played by community groups to increase the global visibility of TB/HIV and accelerate the implementation of collaborative TB/HIV activities. The role of community mobilization to generate demand for services has been particularly emphasized. Nonetheless, it was noted that there are several challenges to realize meaningful engagement of community and grass root groups including lack of resources and limited technical capacity.

#### **Recommendations**

- *All members of the Working Group and the Core Group should advocate and actively support the engagement of community groups and civil society organizations for TB/HIV and tirelessly work to unblock routes towards sustainable financing.*
- *All TB/HIV stakeholders to work towards increasing the technical capacity of community members by providing mentoring services as deemed necessary and appropriate.*

### **9. TB/HIV Research issues**

The Core Group discussed the ongoing activities to raise the visibility of HIV/TB research issues particularly to HIV researchers and funding agencies. Discussions have been initiated with relevant stakeholders about the organization of a high level meeting of 200-300 participants on HIV/TB research issues in conjunction with the IAS Conference on Pathogenesis in 2009 in Cape Town, South Africa. The Core Group noted the dire need of funding for TB/HIV and stressed on the importance of keeping the pressure on lead funding agencies through tailored and focused strategies. The Core Group particularly called for more investment on HIV/TB research from the Office of the AIDS Research of NIH as part of their HIV funding stream. The Core Group also suggested that TAG continue the development of the review of TB research funding as an important advocacy tool, and this has to be preferably done by the Mexico AIDS Conference.

#### **Recommendations:**

- *The Chair and Secretariat to ensure the discussion about the planned 2009 Conference on HIV/TB research is on the agenda in the next Core Group meeting.*
- *TAG to produce their annual review of funding on TB research in time for the AIDS Conference in Mexico in August 2008.*
- *All members of the Working Group and the Core Group to advocate for increasing funding for TB/HIV research from National Institutes of Health, USA.*

## 10. TB/HIV visibility in upcoming events

The Core Group discussed key upcoming global events and emphasised on the importance of ensuring the visibility of TB/HIV.

***HIV Implementers Meeting in Kampala, Uganda 3-7 June 2008:*** The Core Group suggested the Secretariat of the Working Group work with OGAC and other sponsors of this meeting to ensure the visibility of TB/HIV and address particularly issues related to implementation, including monitoring and evaluation, IPT, TB infection control and intensified TB case finding.

***HIV-TB Global Leaders Forum:*** The Core Group noted the importance of this meeting on June 9, 2008 to enhance the visibility of TB in UNGASS (June 10-11, 2008) and advance the global response in TB/HIV. The highest possible representation from political leaders and different stakeholders particularly working on HIV/AIDS will be crucial.

***The International AIDS Conference in Mexico in August 2008:*** The Core Group commended the efforts by the Secretariat and IAS to ensure the visibility of TB/HIV in the upcoming International AIDS Conference. The visibility of TB/HIV will be elevated this year at a series of planned activities for the IAS conference: a plenary presentation, satellite symposium and other sessions. The Secretariat reported their work with PANOS GAP (Global AIDS Program), which will train southern journalists to prepare a daily newsletter with 2-4 page features on TB/HIV.

***Other Conferences:*** The Core Group underlined the importance of keeping the visibility of TB/HIV in the major upcoming TB, HIV and other infectious diseases events including the 39<sup>th</sup> Union World Conference on Lung Health in October 2008 and the Conference of Infectious Diseases Society of America.

### ***Recommendation***

- *The Secretariat and the TB/HIV Working Group particularly leading agencies such as UNAIDS, WHO and PEPFAR to ensure the translation of these high level global commitment into country level action.*

## 11. Next Core Group meeting

There were three offers to host the next Core Group meeting. The Union offered to host it in Paris in conjunction with the World Lung Health Conference in October 2008. However, most Core Group members agreed that conducting the meeting back to back with the Conference will not be ideal as the conference is usually busy. The National AIDS Programme manager of Ethiopia and the London School of Hygiene and Tropical Medicine offered to host it in Addis Ababa, Ethiopia and London, UK respectively. It was agreed to conduct the meeting in November 2008.

### ***Recommendation***

- *The Chair and the Secretariat to suggest the venue and the exact dates for the meeting in due course, and to include the diagnosis and treatment of TB in children with HIV infection in the agenda of the next meeting.*