



Message from the Chair and the Secretariat of the TB/HIV Working Group of the Stop TB Partnership, December 2012

Dear members of the TB/HIV Working Group and friends of TB/HIV,

We have pleasure in sharing a brief update that includes an overview of the latest news, TB/HIV data released, links to new resources developed by members of the TB/HIV Working Group and upcoming events to note in the diary.

1. **Less than half of TB/HIV Patients on ART in 2011 compared with 54% of all eligible people living with HIV**

The theme of World AIDS Day this year was once again “Getting to Zero - Zero New HIV Infections, Zero Discrimination and Zero AIDS Related Deaths”. TB plays a fundamental role in undermining the target of “Zero HIV-Associated Deaths”. The [UNAIDS World AIDS Day Report](#) shows a 13% reduction in TB-associated HIV deaths over the last two years, however, TB continues to be the number one killer of people living with HIV, accounting for a quarter of all HIV-related deaths. Earlier initiation of ART is effective in preventing TB among people living with HIV. The combined use of earlier antiretroviral treatment and isoniazid preventive therapy can have a virtual impact of eliminating TB among people living with HIV. Latest data from the [Global Tuberculosis Report 2012](#) show substantial progress in the implementation of the TB/HIV activities, particularly in the African region where over 60% of countries now test more than 75% of their TB patients for HIV. However, the gap between diagnosis and treatment needs to narrow considerably. Despite WHO recommendations to initiate ART in all TB patients living with HIV irrespective of CD4 count, globally only 48% of TB patients found to be HIV-positive in 2011 were provided with life-saving ART, compared with 54% of all eligible people living with HIV on ART. Partners are urged to consider ways to both understand and address this difference, ensuring also that ART is given as soon as possible to all TB/HIV patients to help reduce needless mortality. The revised Fact Sheet, giving a summary of TB/HIV data can be found [here](#).

2. **The Working Group welcomes Mark Dybul’s appointment as the new Executive Director of the Global Fund**

We welcome the appointment of Mark Dybul as Executive Director to the Global Fund which was announced at their recent Board meeting on 15th November 2012. Well known as one of the chief architects of PEPFAR, subsequently leading it as Global AIDS Coordinator from 2006 to 2009, Dr Dybul currently co-directs the Global Health Law Program at the O’Neil Institute for National and Global Health Law at Georgetown University. No stranger to the TB/HIV cause and the TB/HIV Working Group, he recently hosted and co-Chaired the TB/HIV Working Group’s meeting “[Transforming the HIV/TB Response: Defining the next 10 years](#)” on 21 July 2012 in conjunction with AIDS 2012. He is due to begin his four-year term at the Global Fund in February 2013 and we look forward very much to further collaboration in his new role.

3. **Strong emphasis on TB/HIV in PEPFAR Blueprint and COP guidance**

The [PEPFAR Blueprint: Creating an AIDS-free Generation](#), unveiled last week, clearly emphasizes the importance of addressing HIV-associated TB, outlining a number of key commitments. These include among others promoting ART regardless of CD4 count for all HIV positive TB patients; supporting the expansion of access to Xpert MTB/RIF; promoting the integration of TB prevention at MNCH services; supporting the decentralization of ART to TB facilities; and enhancing the engagement of civil society in delivery of community-based integrated health services. In addition, PEPFAR’s latest Country Operational Plan (COP) guidance for 2013 states that submissions that do not reflect resource commitments commensurate with the national burden of TB and HIV should expect to receive additional scrutiny in the review process. Integration of TB/HIV activities is promoted throughout the various thematic areas within the guidance document and further supported by PEPFAR’s recent [guidance update](#) recommending that TB/HIV activities, especially intensified TB case finding, are included in all PMTCT programmes and PMTCT acceleration plans. All COPS and Regional Operational Plans must be submitted by March 1, 2013. In the meantime, TB/HIV stakeholders and Working Group members are encouraged to consult with PEPFAR country teams and the Ministries of Health over the next few months as they plan and allocate for TB/HIV.

Links to the COP guidance and related documents can be found at the links below.

[PEPFAR Fiscal Year 2013 Country Operational Plan \(COP\) Guidance and Appendices](#)

[PEPFAR Fiscal Year 13 Technical Considerations](#)

4. Case study of Cambodia leading the way in IPT scale-up

As part of the *Moving Evidence into Action* series, FHI 360 has recently published a [case study](#) based on a retrospective case analysis of IPT implementation in Cambodia, conducted in collaboration with CENAT and NCHADS. For countries planning to scale up IPT, this study serves as an excellent practical example of how to simplify procedures, removing barriers for both clinician and the patient. The introduction of the four symptom screening algorithm together with removal of TST as a prerequisite for initiating IPT is cited as a key catalyst for scale-up. As a result of Cambodia's interventions the number of people living with HIV who received IPT increased 20-fold from 66 in 2009 to 1,305 in 2011.

5. Engage-TB Approach: Integrating community-based TB activities into the work of HIV NGOs and other CSOs

WHO has recently released its new [ENGAGE-TB Approach Operational Guidance](#) that aims at increasing engagement of nongovernmental organisations (NGOs) and other civil society organizations (CSOs), including those involved in HIV treatment and care activities, in community-based TB and TB/HIV activities. Vulnerable and at risk populations living with HIV such as women and children, migrants, commercial sex workers and people who use drugs can be particularly difficult to reach through traditional facility-based care. One of the strengths of CSOs involved in community based activities is their ability to reach out to such marginalized groups in their homes and communities. This makes CSOs such as those involved in community HIV activities, a crucial actor for implementing collaborative TB/HIV activities as they can ensure early TB and HIV diagnosis as well as timely and life-saving ART and TB treatment or prevention.

6. The Consolidated ART Guidelines

In 2013, WHO will be releasing a revised and consolidated set of guidelines related to the use of ARVs for both HIV treatment and prevention for adults, children, pregnant women, and other key populations. In addition to customary clinical guidance on questions such as what regimens to start, when to start, when to switch, the new generation of WHO guidelines will also include operational and service delivery guidance as well as programmatic guidance which aims to provide a framework to support countries and programmes to plan and use resources most effectively. TB will be presented prominently in this process.

7. The 20th Meeting of the Coordinating Board of the Stop TB Partnership, Kuala Lumpur, 18-19 November 2012

The Stop TB Partnership's Coordinating Board held its 20th Meeting in Kuala Lumpur, Malaysia on 18-19 November 2012 which was attended by Diane Havlir, the Chair of the TB/HIV Working Group. The board discussed the new Operational strategy of the Partnership and related governance issues such its role, model, composition, selection and supporting structures. Also discussed was the future of Working Groups. Working Group Chairs have been asked to provide the Board with priority areas for the next three years. The renewed [Memorandum of Understanding](#) between UNAIDS and the Stop TB Partnership, which extends the MOU signed for 2010-2011 and will last until the end of December 2015 was mentioned during the meeting. The decision points for the meeting will be posted up on the following [website](#) in due course.

8. Upcoming events

Please find below details of upcoming events, offering further opportunities to increase the profile of TB/HIV. In addition to the usual suspects, you will see also [see](#) the Women Deliver and the Harm Reduction International Conferences which will be attended largely by stakeholders that might not necessarily recognise TB as an issue to be concerned about. We encourage working group members and friends of TB/HIV to help ensure that TB features on the agendas of these events by submitting abstracts and organizing events. Please make a note the abstract deadlines.

20th Conference on Retroviruses and Opportunistic Infections (CROI), Atlanta, Georgia, 3–7 March 2013

The annual CROI event is attended by over 4,000 leading researchers and clinicians from around the world and provides a forum for translating laboratory and clinical research into progress against the AIDS epidemic. For more information please visit the conference [website](#). In addition, the Secretariat will be organizing the 7th CROI affiliated HIV/TB research frontiers meeting. The meeting will focus on latest evidence, developments and controversy around IPT among children as well as new TB drugs and ART. Further details will follow. **Key dates: Late breaker abstract submissions open from 26 December 2012 – 6 January 2013**

The 3rd Women Deliver Global Conference, Kuala Lumpur, Malaysia, 28-30 May 2013

More than 5,000 participants are expected to attend the Women Deliver 2013 conference in 2013 and will focus on the links between women's health and other development goals, offering a perfect opportunity to mainstream TB onto the agenda. For more details please visit the conference [website](#)

Harm Reduction International Conference 2013, Vilnius, Lithuania, 9-12 June 2013

Harm Reduction 2013 is expecting attendance by over 1000 delegates and will focus on key issues affecting the Eurasian region. The theme for the conference is "the value/s of harm reduction". For more information please visit the conference [website](#).

7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS), Kuala Lumpur, Malaysia, 30 June – 3 July 2013

IAS 2013 will be organized by the International AIDS Society (IAS), in partnership with the Centre of Excellence for Research in AIDS (CERiA), University of Malaya a centre established in 2007 to undertake HIV-related research with a particular focus on HIV and substance use and related co-morbidities including tuberculosis (TB) and hepatitis C. For more please visit the conference [website](#). **Key dates: Abstract submissions open from 1 December 2012 to 24 January 2013**

17th International Conference on AIDS and STI's in Africa, 7-11 December 2013

ICASA is Africa's largest AIDS Conference and will be held next year at the Cape Town International Convention Centre (CTICC), South Africa, from 7 – 11 December 2013. The theme of ICASA 2013 is "Now More Than Ever: Targeting Zero" More information is available at www.icasa2013southafrica.org. **Key dates: Abstract submissions and workshop/skills building applications open from 13 March to 13 June 2013**

Please note that you can keep up-to-date with TB/HIV news on a more regular basis by monitoring the [TB/HIV Working Group homepage](#), by following us on Twitter @HIVTB or by liking our [Facebook](#) page. We also encourage members to provide us with news items that you would like to be included in future letters.

Regards,

Diane Havlir
The Chair

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Secretariat