



Message from the Chair and the Secretariat of the TB/HIV Working Group, December 2011

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

On the occasion of World AIDS Day, we have pleasure in sharing a brief overview of recent activities by members of the Working Group and the Secretariat, developments on the funding scene and upcoming events and dates to note in the diary.

1. Getting to Zero. Zero New HIV Infections. Zero Discrimination and Zero AIDS Related Deaths

World AIDS Day this year is about "Getting to Zero. Zero New HIV Infections. Zero Discrimination and Zero AIDS Related Deaths". With almost one in four HIV related deaths attributable to TB globally and up to 50% in some settings, there is no question that TB prevention, diagnosis and treatment will contribute towards zero AIDS related deaths. Thanks to your efforts and commitment, we have observed encouraging progress in the scale-up of collaborative TB/HIV activities recently. The uptake of HIV testing and counselling for TB patients in the African and European regions has been particularly impressive. Similarly in 2010, almost 60% enrolled into HIV care were screened for TB in the African Region, and nearly one out of four eligible people enrolled in HIV care were put on Isoniazid preventive therapy. However, despite evidence based recommendations for providing ART to all TB patients, regardless of CD4 count within the first two weeks of their TB treatment, less than half of the TB patients who were identified with HIV received life saving ART. In the spirit World AIDS Day, we call upon all members of TB/HIV Working Group and friends of TB/HIV to ensure the delivery of integrated TB and HIV services including life saving ART to all people living with HIV.

2. 17th TB/HIV Core Group Meeting, Beijing, People's Republic of China, 9–11 November 2011

The Core Group of the TB/HIV Working Group held its annual meeting in Beijing between 9-11 November 2011. The meeting was organized by the Secretariat, based at WHO Geneva, in collaboration with the WHO office in Beijing and the Center for Disease Control and Prevention of the People's Republic of China (PR China). Co-hosted by the Ministry of Health of PR China, the meeting was attended by some 90 participants, comprising Core Group members and



representatives from National TB and HIV programmes in Cambodia, Papua New Guinea, the PR China and Vietnam and from six high burden provinces in PR China. In addition, representatives from key international technical and funding agencies in the region also attended. On the first day, meeting participants reviewed global and regional progress and shared experience and challenges in scale-up of collaborative TB/HIV activities. The second day focused on the scale-up of activities in PR China with presentations from the National Centres of TB and AIDS and from four high prevalent provinces (Yunnan, Henan, Guangxi and Sichuan). A closed Core Group meeting to discuss administrative and strategic issues of the TB/HIV Working Group was then convened on 11th November 2011. It was reported that there is considerable heterogeneity of HIV burden across PR China with five provinces accounting for 60% of the burden and 294 counties rated as high HIV prevalence. In these high HIV prevalent counties 54% of notified TB patients were tested for HIV in 2010. The Chinese Government has developed collaborative mechanisms between HIV and TB programmes with standardized patient referral mechanisms and evidence-based treatment guidelines since 2005. Best practices for scaling up TB/HIV such as the use of rapid HIV testing, working with non-governmental organisations, the use of village doctors, piloting isoniazid preventive therapy and innovative ways of HIV prevention including needle and syringe exchange programmes were reported. There are also very encouraging moves towards policy change such as the provision of ART for TB patients regardless of CD4 count. However, the use of ELISA based HIV testing strategies and the limited number of HIV treatment centres impede scale-up of collaborative TB/HIV activities. It was also noted that people living with HIV and diagnosed with TB, particularly extrapulmonary TB, are not provided with immediate TB treatment or ART. This has contributed to the high rates of mortality among people living with HIV diagnosed with TB. With an estimated 120,000 MDR patients every year, there are concerns about the possible linkage with HIV and the lack of appropriate measures to address it. Similarly the 200 million migrant populations pose a great challenge for the TB/HIV response in PR China. With the phasing out of the Global Fund support, there is an imminent shortage of funding to continue TB/HIV activities in most of the provinces. The Core Group meeting concluded HIV and TB stakeholders in the Western Pacific Region and PR China need to ensure the rapid scale-up of HIV testing for TB patients and ensure immediate TB and HIV treatment for people living with HIV. Best experiences need to be nurtured and scaled up. More details about the meeting can be found at the following website: http://www.stoptb.org/wg/tb_hiv/meetings_core.asp



3. Global Fund changes and implications

At the recent board meeting of the Global Fund to Fight AIDS, TB and Malaria, in Accra, Ghana on 21–22 November 2011, the Board decided to cancel Round 11, the Second Wave of National Strategy Applications (NSA) and funding requests through the Health Systems Funding Platform (HSFP) due to ongoing financial difficulties and a number of donors not honouring their pledges. For those countries whose existing grants will have reached the end of Phase 2 between 1 January 2012 and 31 March 2014 and who face programme disruption, a Transitional Funding Mechanism will be put in place to provide funding for the continuation of essential prevention, treatment and/or care services currently financed by the Global Fund. The essential package of services is yet to be defined. Applicants will have to demonstrate that there are no alternative sources of funding available to fund the activities proposed. G-20 upper-middle-income countries “without an extreme disease burden” such as Argentina, Brazil, PR China, Mexico and the Russian Federation will not be eligible to apply. We urge members of the Working Group and friends of TB/HIV to ensure TB/HIV activities remain high on the agenda of Global Fund related discussions at all levels during such times of financial uncertainty. We also urge governments of high TB and HIV burden countries to increasingly mobilize national funding to ensure the provision of life saving collaborative TB/HIV activities.

The application form and guidance for applying to the Transitional Funding Mechanism will be made available no later than 12th December with the application deadline on 31st March 2012. For the Board's decision points please see the following link <http://www.theglobalfund.org/en/board/meetings/twentyfifth/>

4. Upcoming events

16th International Conference on AIDS and STIs in Africa (ICASA)

Addis Ababa, Ethiopia 4 –8 December 2011

ICASA offers an excellent opportunity for discussing the scale-up of collaborative TB/HIV activities and sharing experiences and challenges in Africa and TB/HIV has been mainstreamed into this year's conference. For all HIV/TB sessions and presentations featured in the programme please see the [ICASA Roadmap](#). For other information about the conference please visit the [ICASA](#) website.

CROI 2012, 19th Conference on Retroviruses and Opportunistic Infections

Seattle, USA 5–8 March 2012

CROI 2012 will be attended by an expected 4000 leading researchers and clinicians and offers and provides an excellent platform for highlighting TB/HIV research priorities. The conference agenda this year features a symposium on the afternoon of 8 March on Scientific advances on TB pathogenesis and treatment. For further details please visit the CROI 2012 [website](#). In addition, the Secretariat of the Working Group will be holding its regular Research Frontiers Meeting in conjunction to the conference. We will send the details about this pre-meeting in due course. In the meantime we encourage you to submit late breaker abstracts from 20 December 2011 to 17 January 2012

***AIDS 2012, XIX International AIDS Conference
Washington DC, USA, 22-27 July 2012***

This year's conference theme is "Turning the Tide Together" and is expected to host some 20,000 delegates from 200 countries. The Chair of the Working Group has the privilege of being the co-chair of the Conference. We encourage Working Group members to assist in mainstreaming TB/HIV activities and sessions into the conference agenda and to submit TB/HIV ideas for skills-building workshops, bridging sessions and for the Global Village. For further details please visit the conference [website](#).

- Abstract submissions open: 1 December – 15 February 2012
- Workshop applications open: 1 December – 15 February 2012
- Global Village applications open: 1 December – 15 February 2012
- Satellite applications open: 1 December – 31 March 2012
- Scholarship submissions open: 8 December – 15 February 2012
- Late breaker abstract submission open: 19 April - 22 May 2012

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

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