

# Report of the 12<sup>th</sup> TB:HIV Core Group meeting Amsterdam, the Netherlands, 25-26 October, 2007

## *Progress Note for the 13<sup>th</sup> Core Group meeting*

The 12<sup>th</sup> TB/HIV Core Group meeting was conducted in Amsterdam on 25-26 October 2007 hosted by the KNCV Tuberculosis Foundation. The meeting reviewed the global progress, challenges, constraints and regional responses in the implementation of collaborative TB/HIV activities and key conclusions were drawn to improve the quality of care provided to TB and HIV co-infected individuals. The revised terms of reference of the Working Group was also discussed and approved. 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 discussion points and conclusions from the meeting:

- 1. Global progress in the implementation of collaborative TB/HIV activities:** The global progress in the implementation of collaborative TB/HIV activities was presented using the preliminary data of 2006. The Core Group noted that the rapid rate of implementation that has been observed over the last couple of years has continued. Dramatic increase was observed in the number of countries implementing collaborative TB/HIV activities in 2006 as compared to previous years, based on a preliminary data received from 160 countries out of 211. TB/HIV implementation progress was reported from India, Tanzania and Uganda and showed significant improvement. In India there has been a six-fold increase in the referral of HIV testing clients for TB evaluation and a three-fold increase in the number of TB patients HIV tested between 2005 and 2007. In both Uganda and Tanzania, nationally, more than 40% of all TB patients were tested for HIV in the first two quarters of 2007. It was also noted that funding for TB/HIV has also increased significantly mainly through the Global Fund (42% of approved HIV proposals and 88% of approved TB proposals in round six have TB/HIV components) and PEPFAR (more than US\$ 120 million out of which US\$ 50 million was made available as a plus-up funding after a meeting jointly organized by the TB/HIV Working Group, WHO, the Gates Foundation and Office of the Global AIDS Coordinator (OGAC) in March 2007). However, despite this rapid increase in implementation, the CORE GROUP expressed its concern that the rate of implementation is far short of the 2006 milestones of the Global Plan to Stop TB and calls for further enhancement and unprecedented actions from both global donors and national authorities. It was underlined that activities that need to be carried out by HIV service providers (intensified TB case finding, Isoniazid preventive therapy and TB infection control) are of particular concern necessitating urgent action. Keeping the political will at a higher level, ensuring sustainable and efficient logistic supply and functional health systems were underscored as important factors to enhance implementation.

*Progress: The latest Global TB Report 2008 shows that there has been considerable progress in HIV testing among TB patients and in the provision of CPT and ART to those who are found to be HIV positive though we still have not reached the targets set for 2006. 700,000 patients were tested for HIV in 2006 up from 470,000 in 2005*

---

<sup>1</sup> Participants of the meeting were: Francisco A. Carillo Ibarra; Richard Chaisson; Lakhbir Singh Chauhan; William Coggin; Colleen Daniels; Riitta Dlodlo; Saidi M. Egwaga; Haileyesus Getahun; Philippe Glaziou; Peter Godfrey-Faussett; Reuben Granich; Mark Harrington; Diane V. Havlir; Barbara Laughon; Rafael Lopez-Olarte; Elizabeth Madraa; Bess Miller; Ya Diul Mukadi; Jintana Ngamvithayapong-Yanai; Paul Nunn; Obatunde Oladapo; Alasdair Reid; Thomas Sukwa; Jeroen van Gorkom; Pieter van Maaren

and 22,000 in 2002. Globally in 2006 78% (146,586) and 41% (66,601) of the notified HIV infected TB patients were started co-trimoxazole (CPT) and antiretroviral therapy (ART) respectively. However, 310,000 PLHIV were screened for TB and only 0.08% (27,000) of the estimated 33.2 million PLHIV were put on IPT globally in 2006. The HIV Department of WHO with support from the Stop TB Department will host a meeting from April 2-4, 2008 to address intensified TB case finding, IPT and TB infection control. The critical outcomes of this meeting and their implication to the work of the WG will be discussed in this Core Group meeting. The availability of nationwide data of HIV testing among patients increasingly from many African countries helped the Secretariat to revise the methodology and recalculate the estimates of HIV positive TB patients globally.

*In coordination and collaboration with the WHO HIV Department and other key implementing partners, the following guidelines addressing patients with TB disease in countries with high HIV burdens have been finalized: TB Care with TB-HIV Co-management, and the Guidance on Provider-Initiated HIV Testing and Counseling in Health Facilities. We are also working with the HIV Department to harmonize the language of all WHO materials that feature HIV testing and counseling using the 2007 Guidance on Provider-Initiated HIV Testing and Counseling as the standard. A 3 day training course on TB/HIV Co-management and TB Infection Control is currently being piloted*

*The Secretariat and other partners have also worked to keep the TB/HIV political visibility and will at a higher level. The Programme Coordinating Board of UNAIDS will discuss TB/HIV in its thematic round table on April 23, 2008 in Chiang Mae, Thailand. The UN Special Envoy to Stop TB, Jorge Sampaio will host, on behalf of the UN Secretary General, a Global Leaders Forum on TB/HIV. The meeting will invite heads of state to come together to discuss TB/HIV and actions required to scale up implementation and political will. The Forum will be held on June 9, 2008 a day before the UN General Assembly Special Session on HIV/AIDS. A mission briefing by the Special Envoy with 25 Ambassadors and First Secretaries was held on March 25 in New York. It was followed by a press conference announcing the Forum, which resulted in articles major media outlets. Another briefing for missions will take place in May and it will be co-sponsored by TAG, OSI and Stop TB. Outreach with the Irish, Estonian and Botswana missions is being done to see if they can host the briefing. This briefing will be open to all UN missions and Civil Society Organisations.*

*The meeting report of the satellite symposium that was organised by the Working Group and Forum for collaborative HIV research with other partners was released in November 2007. The report called for urgent action for TB research in the context of HIV and was immediately picked up by main media outlets for unprecedented global media coverage.*

*The UNAIDS Program Coordinating Board meeting will have a thematic session on TB/HIV for a full day on April 23,2008 during its meeting. A briefing will be provided by Alasdair Reid in this CG meeting.*

- 2. Regional responses to the TB/HIV epidemic:** The Core Group emphasized the importance of regionally tailored responses to catalyse and accelerate the implementation of collaborative TB/HIV activities. It also advised that due consideration need to be given by the Secretariat to direct its scarce resources where the magnitude of the problem is huge. However, the Core Group recognized TB/HIV as an important issue in Eastern Europe, where its origins are complex, but include high rates of TB in intravenous drug users (IDUs), which also drives the HIV epidemic in the region. The Core Group noted that the guidance prepared by WHO

for the delivery of TB/HIV services to IDUs, through a consultation in Copenhagen, Denmark in November, 2007 will be useful addition to the global response.

*Progress: There has been significant progress in rate of increasing access of HIV testing to TB patients particularly in Africa, where 22% of all notified TB patients were tested for HIV in 2006. Among 11 African countries with over 50% of the world's HIV-positive TB cases that reported data for all years 2002-2006, the percentage of notified cases that were tested quadrupled, from 8% to 35%. Rwanda (76%), Malawi (64%) and Kenya (60%) achieved the highest testing rates, which are ahead of the 51% target for the African region in the Global Plan. In AMRO it was 32% of all patients, and this testing identified over half of estimated HIV positive TB cases. Brazil achieved approximately 70% testing of HIV-positive TB patients. Targeted testing appears to be happening in SEARO and to some extent in WPRO but not in EURO, where testing of 46% of TB patients led to 41% of estimated cases being identified.*

*The guidelines on providing integrated TB and HIV prevention, treatment and care services for injecting and other drug users are currently being peer reviewed. A final draft will be circulated to wider stakeholders in due course. In May 2008, the new WHO Guidelines Review Committee will consider and give their final approval. The Stop TB, HIV and Substance Misuse departments in WHO have developed these in collaboration with two partner organizations (UN Organization for Drugs and Crime, and UNAIDS). The final agreement by all partners will be reached by early June 2008 and the final document is scheduled to be launched at the next World AIDS Day in December 2008.*

- a. **TB/HIV Strategic Framework of the Western Pacific Region:** The draft outline and process of development of the Framework was presented and discussed. The Core Group commended the regional framework of the Western Pacific region as it prioritizes early detection of co-infected patients through ensuring the provision of HIV testing to all TB patients, timely HIV treatment and care services, and intensified TB case finding coupled with infection control among people living with HIV (PLHIV). However, the Core Group expressed its concerns about the generally conservative approach in the expansion and extremely low coverage of HIV testing and treatment services, and other collaborative TB/HIV activities in the region, particularly in the face of marked mortality of HIV infected TB patients during treatment that is higher than in Africa. It particularly calls for intensified higher level political advocacy and proactive engagement of regional and national community groups and PLHIV networks in TB/HIV to enhance the visibility of TB/HIV and its implementation, and address the conservative approach in the expansion of services. Although the importance of having a bi-regional TB/HIV implementation (South East Asia and Western Pacific regions) meeting for Asia to further raise TB/HIV visibility in the Regions and assist in implementation was agreed by all, it was generally felt conducting it before end of 2008 will not be ideal.

*Progress: Around 70 regional TB and HIV experts, national HIV and TB programme managers, bilateral technical and NGOs and WHO country and regional staff met in Phnom Penh, Cambodia to review the Regional TB/HIV strategic framework and to review the progress in the implementation of collaborative TB/HIV activities and research in the Western Pacific Region. Considerable progress in TB/HIV activities was documented from China, Cambodia, Vietnam, Malaysia and Papua New Guinea. The issue of drug*

*users' access to HIV treatment and prevention services and TB care were presented. Critical areas addressed during the meeting include: approaches for HIV testing in TB; Intensified TB case finding for HIV-infected care settings, infection control and IPT; planning and coordination, home based care and community participation; and recording, reporting, monitoring surveillance and evaluation*

**Implementation of TB/HIV activities in the Americas region:** Similarly the status of implementation of collaborative TB/HIV activities in the Americas Region were also presented and discussed. The Core Group noted the progress made particularly in creating conducive policy environment for TB/HIV implementation in the region and calls for intensified efforts to increase the coverage of services and the number of beneficiaries from the activities.

*The fourth TB/HIV meeting of the America Region was held in December 2007 in Lima, Peru with participation of National TB and HIV programme managers or their representatives from 20 countries. The progress in the implementation of collaborative TB/HIV activities from the countries were presented, challenges discussed and next steps laid out. The region is developing a clinical TB/HIV management manual, which give due consideration for issues specific to the region. There is an ongoing effort to enhance the engagement of civil society and community groups in TB/HIV in the region.*

- 3. Monitoring and evaluation of collaborative TB/HIV activities:** The Core Group noted the progress made in enhancing and expanding the global monitoring and evaluation of collaborative TB/HIV activities. However, concern was expressed about the accuracy of the monitoring and evaluation, and of the parameters of the TB/HIV estimates used to monitor performance, and that the existing system is not fully capturing what is going on in countries. It was noted that HIV care and treatment implementers (e.g. NGOs) may not report their activities to ministries of health and hence the data is not coming to the WHO system of data collection. The importance of harmonizing the reports from the Stop TB and HIV/AIDS departments of WHO and UNAIDS and ensuring inclusion of TB/HIV information was underlined. The Core Group established a task force that consist of the following individuals (B. Coggin, R. Granich, J. van Gorkom, O. Oladapo, A. Reid and M. Ya Diul) to be led by the Secretariat of the Working Group in order to identify the key problems around global TB/HIV monitoring and evaluation and suggest critical next steps and solutions. A brief document will be prepared by the task force and will be discussed during the next meeting of the Core Group.

*Progress: The Taskforce has conducted teleconferences and discussed critical M and E issues the outcome of which is summarized in a document prepared by the Taskforce for this meeting. Discussions were also held to harmonise the TB/HIV indicators of the different actors (UNAIDS, PEPFAR and WHO). The main achievements and recommendations of the Taskforce, including the harmonised TB/HIV indicators will be discussed during this meeting.*

- 4. TB infection Control:** The Core Group heard the feedback from the two day consultation meeting on TB infection control that was held on 22-23 October 2007 in Geneva. The Core Group commended the work that has already been done by WHO and CDC especially to develop a framework for programmatic implementation of infection control at national level as well as the revision of the WHO guidelines for TB infection control in health care facilities. The Core Group emphasized the importance of expediting the process of development of these documents to provide clear and specific recommendations and package of activities for countries, but at the

*Progress: The terms of reference have been developed for the TB Infection Control subgroup with an overall goal to address the urgent need to reduce the transmission of TB in health care and congregate settings. A definite chair has been appointed and a 10 member core team is being constituted to facilitate and accelerate decision making and guide the strategic direction of the subgroup. Working with key implementing partners such as KNCV and CDC, training courses have been held to develop a pool of international and country-specific consultants to assist countries undertake situational analyses and develop action plans for initiating and implementing infection control activities. These include: training for national consultant in November, 2007; Workshop to develop TB infection control national action plans - November, 2007; and training for international consultants in February, 2008. Generic training materials, designed for key staff responsible for planning, organizing, implementing and evaluating TB infection control activities at national or sub-national level, are being developed, which will be disseminated to regions and countries for local adaptation and use.*

*An infection control planning framework has been developed to assist countries in developing infection control segments within TB and HIV Global Fund proposals in round 8, which can be adapted for targeting additional funding sources for country level resource mobilization. Working with key implementing partners, a set of indicators and standardized methods for monitoring and evaluation of the implementation of infection control measures at the program level will be developed.*

*The Stop TB Department of WHO is currently developing, as an urgent priority, a framework document which addresses what TB infection control interventions should be implemented at the national level, and how to prioritize them. The development of this document is in accordance to new rules of developing policy guidance by WHO, which will include intensive 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 need to increasetting the political commitment for TB Infection control and fully utilize TB and HIV advocacy and activism efforts needs to be explored.*

5. **The Isoniazid Preventive Therapy (IPT) consensus statement:** The Core Group discussed the draft document to reaffirm and strengthen the existing WHO recommendations on the use of this effective intervention by addressing the issues that have interfered with its implementation. The Core Group reiterated the usefulness of IPT for PLHIV in averting preventable deaths from TB and strongly recommended its implementation as part of an HIV care package for PLHIV. It was noted that the difficulty in excluding active TB disease, fear of development of drug resistance and toxicity of IPT are the main reasons that impede its scale-up. The Core Group noted that intensified TB case finding needs to be stepped up in all HIV care services and

IPT should be an integral part of these services. It was agreed to link the statement with aggressive advocacy starting from the 38<sup>th</sup> Union World Conference on Lung Health, which will be held in Cape Town from 8 to 12 November 2007. The Core Group recommended to finalize the document and garner support from key HIV stakeholders, including the International AIDS Society (IAS), for a wide dissemination particularly to the HIV community in the coming months using main upcoming events. It was also recommended to publish the statement in a high profile peer-reviewed journal most conveniently linking it with the upcoming IAS Conference in Mexico in August 2008. The Core Group strongly underlined the importance of engaging PLHIV, their community groups and grass root organizations in order to generate demand for IPT. Targeting IPT at early HIV infection (with higher CD4 count) when it is possible to comfortably exclude active TB disease was also mentioned during the discussions. A Task Force of the following individuals (R. Chaisson, R. Granich, P. Godfrey-Fausett, M. Harrington and A. Reid) was established to prepare abridged form of the statement for the Cape Town Lung Health Conference within one week.

*Progress: The Taskforce has developed a two page document that was finalised with inputs from the CG members and distributed at the IUATLD conference in South Africa in October 2007. The full consensus statement has gone through an open consultation to the TB/HIV Working Group members and the final document will be ready soon. It will also be submitted for publication in the AIDS journal. The Secretariat has commissioned a special issue of the electronic newsletter, HATIP (hiv & aids treatment in practice) focusing solely on IPT and released on World AIDS Day in 2007.. NAM has a leading role in the delivery of reliable and accurate information across the world to HIV-positive people and to the professionals who treat, support and care for them. It is one of very few organizations providing high quality HIV treatment information. The IPT special edition of HATIP was distributed to over 28,000 HIV service provider and was also sent to all WG members as well as PEPFAR HIV service providers. It is also freely available from the WG and NAM's websites.*

- 6. The revised Terms of Reference (TOR) of the Working Group:** The Core Group reviewed the achievements, functions and the strategic direction of the Working Group and discussed the draft of the revised terms of reference of the WG. The contribution of the WG to accelerate country level implementation was commended by NTP managers of India and Tanzania. The Core Group acknowledged the revised TOR addressed the gaps and will help to refocus its efforts in accelerating the implementation of collaborative TB/HIV activities and enhancing the engagement of the HIV stakeholder for TB/HIV. More enhanced engagement of the WG into efforts to strengthen health systems, improving communications among WG members and addressing women were mentioned as crucial areas during the discussions. The Core Group unanimously approved the revised TOR with minor suggestions. The Core Group agreed on the importance of changing its composition and mechanism of function to align itself with requirements of accelerated implementation. The Core Group underlined the importance of greater involvement of national TB and HIV policy makers and programme managers in the Core Group on rotation. The following were key points suggested during the discussion: improving the communication between the Core Group and the wider WG members including conducting regular meetings, focused action on key critical issues (e.g. the diagnostics urgency) and linking the efforts with aggressive advocacy activity and ad hoc invitation of experts and authorities in the debate and discussions of the meetings of the Core Group and Working Group and harmonization with other Working Groups of the Stop TB Partnership and with similar structures that belong to the HIV community.

*Progress: The Core Group approved the revised ToR at the meeting in Amsterdam in October 2007. The revised ToR was then subject to an open consultation process to all Working Group members and the public as it was uploaded onto the website. All comments received were included in the final document which was uploaded onto the TB/HIV website in January 2008. The new ToR will be in effect until 2013. The new ToR also required a change in the membership of the Core Group with standing institutional members and some individuals. These include national and international institutions, donors and civil society, national AIDS and TB program managers.*

*A call for renewal of and new membership to the Working Group occurred after the revised ToR was approved by the Core group at the October meeting in Amsterdam. All existing Working Group members were advised that they needed to reapply for membership to the WG. Following this process the Working Group of 174 members to date. We also amended the application form for membership to be able to determine which area of expertise members are from in an effort to engage the HIV community.*

7. **TB/HIV research and diagnostics:** Preliminary findings from the Treatment Action Group's annual report on the status of funding for TB research was presented. The report showed that TB research and development investment barely rose from \$393M in 2005 to \$426M in 2006, while public sector funding fell by \$9 million and from 66% to 59% of the total. The Core Group expressed its concerns for this reduction and called for greater investment by governments on TB research. The Core Group particularly noted that little research is ongoing on new antiretroviral drugs involving TB patients, and thus not ensuring compatibility with anti-TB medications. The lack of appropriate TB diagnostic tools in PLHIV was noted as urgent by the Core Group and agreed to discuss it in its next meeting. A Task Force of Core Group members (B. Laughon, M. Harrington and P. Godfrey-Faussett) was established to prepare a background document that review the current state of TB diagnostics and outline action steps and what needs to be done by the Core Group and the WG. B. Laughon will head the task force. It was also suggested to include W. El Sadr of Columbia University, New York, USA in the task force.

*Progress: The Taskforce on Diagnostics was established and held two teleconferences. Mark Harrington and Barbara Laughon will present the outcomes of those discussions at this meeting.*

*The Chair and Secretariat have initiated discussion with relevant stakeholders about the organisation of a high level meeting of 200-300 participants in conjunction with the IAS 2009 in Cape Town in order to advocate for the priority HIV/TB research issues.*

## 8. Key other issues discussed

- a. **Accelerating implementation:** The Core Group agreed to conduct TB/HIV implementation meeting based on the model of the March 2007 Washington DC meeting co-organized by WHO, OGAC and Gates Foundation with priority countries from sub-Saharan Africa and 2-3 other countries from other regions. The meeting will be held within the first six months of 2008 and will build on following up outcomes of the Washington and Kigali meetings which took place in March and June 2007 respectively. It was also agreed to approach the Gates Foundation for their involvement in this activity.

*Discussion between the Secretariat and OGAC has been initiated to expand into five more countries, which will include the implementation meeting. Otherwise there is no much progress in this.*

- b. Messaging and advocacy:** The Core Group noted the immense role played by messaging and advocacy to enhance the visibility of TB/HIV globally and nationally. It was agreed to discuss this important area in its next meeting to strategise better and use innovative ways that will address the mission and priorities of the WG.

*Progress: The strategy for the advocacy efforts for 2008 is to contribute to the achievement of the Millennium Development Goals on TB and HIV/AIDS, the Stop TB Global Plan targets and ensure universal access to treatment, prevention, care and support by 2010. The focus of the key messages have been on the HIV community to ensure that collaborative activities which fall under their remit (intensified TB case finding, IPT and TB infection control). This will be done in parallel with ensuring the uptake of HIV intervention by TB services.*

*Five thousand people marched through Cape Town to raise TB awareness prior to the opening of the International Lung Union Conference in November 2007. The 38th Lung Union Conference themed 'Confronting the challenges of HIV and multi-drug resistance in TB prevention and care' ensured higher visibility for TB/HIV. Concerted efforts were taken to ensure global HIV/AIDS leaders mention TB in their message for World AIDS Day.*

*The TB/HIV Update, the newsletter of the WG, was delivered in on time every two months since July 2007; all editions are available on the website [http://www.stoptb.org/wg/tb\\_hiv/](http://www.stoptb.org/wg/tb_hiv/). It serves a forum of information and experience sharing. Similarly, the Secretariat is working with NAM AIDS MAP who will deliver 4 editions of the electronic newsletter, HATIP (hiv & aids treatment in practice) focusing solely on TB through out the year. NAM has a leading role in the delivery of reliable and accurate information across the world to HIV-positive people and to the professionals who treat, support and care for them. It is one of very few organizations providing high quality HIV treatment information. The first edition on IPT was produced for World AIDS Day 2007, the second edition of the newsletter focusing on intensified case finding was released on April 1, 2008 in time for the 3Is meeting, the third edition will focus on TB infection control and will be released during the Mexico AIDS Conference. The last edition will focus on TB/HIV research issues and will be finalized before end of 2008.*

- c. TB/HIV visibility in upcoming events:** The Core Group discussed key upcoming global events to ensure the visibility of TB/HIV. These include:
- i. Conference on Retroviruses and Opportunistic Infections (CROI):** The Core Group supported the suggestion by the Secretariat and Consortium to Respond Effectively to the AIDS/TB Epidemic (CREATE) to organize a meeting of HIV researchers attending the Conference, (February 2008) with a focus on research priorities of TB prevention and enhanced case finding in PLHIV.

*Progress: As mentioned earlier, the Stop TB and HIV/AIDS Departments of the World Health Organization (WHO) in collaboration with the Consortium to Respond Effectively to the*

*AIDS TB Epidemic (CREATE) hosted a HIV/TB meeting as an affiliated event to the 15th Conference on retroviruses and opportunistic infections (CROI 2008) on behalf of the TB/HIV Working Group of the Stop TB Partnership. The meeting held on February 3, 2008 in Boston, USA was attended by more than 50 leading HIV researchers, policy makers and representatives from funding agencies. The main objectives of the meeting were to review ongoing research efforts, promote interchange of scientific ideas on unmet research needs and discuss priorities around the prevention of TB (isoniazid preventive therapy) and enhanced TB case finding (TB screening) among people living with HIV (PLHIV). There were presentations on intensified case finding and IPT.*

- ii.** *HIV Implementers Meeting in Kampala, Uganda 3-7 June 2008:* The Core Group suggested the Secretariat of the Working Group to work with OGAC and other sponsors of this meeting to ensure the visibility of TB/HI and address particularly issues related to implementation, including the IPT statement.
- iii.** *The International AIDS Conference in Mexico in August 2008:* The Core Group commended the efforts by the Secretariat to ensure the visibility of TB/HIV in the upcoming International AIDS Conference, particularly in the community track. It recommended that the Secretariat of the Working Group to work with IAS and other concerned bodies to ensure the visibility of TB/HIV in the mainstream conference.

***Progress: International AIDS Conference, August 3-8, 2008***

*The visibility of TB/HIV will be elevated this year at a series of planned activities for the IAS conference. The Secretariat has been working with the IAS to build on the work done in Toronto in 2006. We are also working with the IAS to ensure that articles on key issues are published in their various journals prior to the conference.*

*There is a plenary session on TB/HIV and Dr. Jeremiah Chakaya has been asked to deliver the key speech. We will have a satellite session (co-sponsored by WHO, UNAIDS, Global Fund and IAS) prior to the opening ceremony which will focus on the 3Is - those activities that reduce the burden of TB in PLHIV. We have also submitted abstracts for a skills building session on the 3Is, a presence in the Global Village (the Shack), as well as several scientific abstracts based on the data from the Global TB report 2008.*

*We are also working with PANOS GAP (Global AIDS Program) to train southern journalists and prepare them for the International AIDS Conference from August 3-8, 2008 in Mexico City, Mexico. The journalists will prepare a daily newspaper called Panoscope during the International AIDS Conference - each edition of the newspaper will feature 2-4 pages of TB/HIV articles and follow-up TB/HIV news item in the respective countries from which the journalists are selected. The project will include escorting five journalists from selected high TB/HIV burden countries to the conference, running a three day skills building workshop on TB/HIV before the conference, and supporting them in covering TB/HIV at the conference for their in-country media and for Panoscope's specific TB/HIV section.*

*Panoscope will be disseminated to participants at the conference, be uploaded onto the Panos website and further shared via e-mail and through partner websites with a wide audience both in the global North and South. It is expected that there will be about 30,000 participants at the conference this year.*

*Jacqueline Bataringaya of IAS will present on IAS related activities during this meeting.*

- iv. 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.

- d. TB/HIV Working Group meeting:** It was agreed that the Working Group should meet within the next 18 months by itself and the Secretariat of the Working Group was requested to come with proposals of time and place for discussion in the next Core Group meeting.

*The plan is to conduct the next Working Group meeting in Asia as an advocacy opportunity to promote the scale-up of collaborative TB/HIV activities in the region and it will be further discussed during this meeting*

- e. Next Core Group meeting:** Treatment Action Group has offered to host the next Core Group meeting at its office in New York city. The Chair and the Secretariat of the Working Group were asked to come with possible dates in due course as the Core Group agreed to meet with in the next six months.