



Progress note on the implementation of the recommendations
of the 14th TB/HIV Core Group meeting held in
Addis Ababa, Ethiopia
November 11-12, 2008

Recommendations

1. Global and regional response

- All TB/HIV priority countries should, at a minimum, have policies that promote the implementation of collaborative TB/HIV activities firmly based on the principles of three ones (one national TB/HIV coordination mechanism, one national TB/HIV plan, and one monitoring and evaluation system).
- The Chair of the Working Group to write an open letter on behalf of the Working Group to Ministers of Health of those TB/HIV priority countries with high burden of TB/HIV and with no supportive policies for nationwide scale-up of collaborative TB/HIV activities to encourage them introduce the policies and create a conducive policy and program environment for scale-up.

Most TB/HIV priority countries have one or more policies in place. Around 96% of people with HIV related TB live in countries with supportive TB/HIV policies in place. Among the 63 priority countries, eleven had no policies on TB/HIV in 2007 in place. However, these countries contribute to only 4% of the global TB/HIV burden. In addition some of the country data reported over the last three years showed inconsistency about the availability of supportive TB/HIV policies, which has made it difficult to identify which countries need to be contacted. As a result the Secretariat and the Chair of the WG felt that identifying the countries to send letters to Ministers of Health would have some inaccuracies and deferred from doing so.

- Countries should develop national targets for TB/HIV activities that will pave the way for nationwide expansion of collaborative TB/HIV activities.
- The Monitoring and Evaluation Task Force of the Core Group should prepare a brief document that summarizes the process and ingredients of the development of national TB/HIV targets. The Secretariat of the WG should then disseminate the document to countries as soon as it is developed using its communication channels, including the TB/HIV newsletter and regional meetings of TB and AIDS Program managers.

The M&E task force members discussed the added value of setting yet another numerical target which is different from universal access targets, or Global Plan targets which are already available. There is, however, a need to revisit whether the taskforce should focus on producing guidelines to aid countries to develop their own targets. The Secretariat together with other relevant departments at WHO have produced a draft document on how national HIV target setting can include TB/HIV indicators. This is yet to be finalized. Nonetheless, the M&E taskforce has produced a draft discussion document suggesting uniform national targets for TB/HIV. The way forward about this newly set targets need further discussion with the broader Core Group membership.

The latest global TB report data provides evidence that assessing the HIV status on all TB patients at the beginning of treatment is possible. Provisional data from 2008 shows the following progress: Rwanda (99%), Benin (96%), Kenya (83%), Malawi (84%), Burkina Faso (83%), Mozambique (81%), the United Republic of Tanzania (77%), Sierra Leone (72%), Cameroon (71%), Swaziland (71%), Lesotho (68%), Namibia (67%), Zambia (65%), Botswana (65%) and Nigeria (62%). It also looks like we are moving towards a global consensus for early ART initiation for all TB patients regardless of CD4 count, which would mean that countries should be looking universal ART coverage for HIV positive TB patients from current reported levels of 30%-40%. In light of this it might be questionable to set

targets which are short of universal coverage (100%) which is already being achieved by some countries.

- Innovative strategies should be designed to increase the access of collaborative TB/HIV activities namely the delivery of ART for HIV infected TB patients through TB clinics and the provision of TB diagnosis and treatment through ART clinics, whenever possible and feasible.

In order to accelerate the provision of HIV prevention and antiretroviral treatment for HIV positive TB patients using TB service points, situational analyses are being conducted in 6 African countries, Cameroon, DRC, Ethiopia, Kenya, Mali and Zambia, through the support of the Secretariat. Based on the recommendations of these situational analyses, country based follow-up activities will be conducted to facilitate the delivery of ART in TB clinics. National consultations are already planned for Mali and will be held before the end of 2009. Based on these experiences, operational guidelines to promote and enhance the delivery of HIV prevention and treatment through TB services will be developed and best practices documented.

- The Secretariat in close collaboration with the World Bank and OGAC is requested to document best practices of provision of ART by TB clinics and TB stakeholders, and the provision of TB treatment by ART clinics and HIV stakeholders and present to the next Core Group meeting.

OGAC provided a paper which was published in the INT J TUBERC LUNG DIS 12(3):S73-S78 TB-HIV SUPPLEMENT titled Counseling and testing TB patients for HIV: evaluation of three implementation models in Kinshasa, Congo and the World Bank provided a report on TB and HIV/AIDS integration in Ethiopia, Kenya, Tanzania and Eritrea. These were communicated to the members of the WG through the newsletter.

2. Progress on the 3Is (Isoniazid preventive therapy, intensified case finding and TB infection control)

- The Secretariat to facilitate the availability of INH for IPT through the direct procurement system of the Global Drug Facility and communicate the outcomes to the broader TB/HIV community in its newsletter.

Discussions were held between the Global Drug Facility (GDF) and the Secretariat to expand procurement of INH for both National TB and AIDS programs through the GDF mechanism to scale up IPT globally. GDF supports the initiative for promoting access to its Direct Procurement service to NAPs. Some NTPs already use GDF grant or Direct Procurement services for the supply of INH for prophylaxis use in TB Smear+ contacts, but only Ethiopia, Burundi and Somalia have been specifically procuring INH for people living with HIV. The GDF experience from these countries shows that recording of patients provided with IPT is poor. Proceeding with this initiative needs monitoring requirements, and the fostering of coordination between NAPs and NTPs on programmatic and procurement and supply management issues.

As this expansion initiative has the potential to stretch out GDF Secretariat capacity, it was agreed to proceed with piloting the procurement of INH for people living with HIV in less than 10 countries selected by the Secretariat for their HIV prevalence and programmatic experience with IPT. The Secretariat is now working with GDF to develop eligibility criteria for countries to access GDF Direct Procurement service, review monitoring mechanisms, as well as development of procurement and monitoring & evaluation templates. Once completed, the initiative will be announced in the appropriate communication channels of the WG.

- The Secretariat is requested to speed up the development of co-formulation of INH with co-trimoxazole as one key step to ensure the uptake of IPT by HIV stakeholders.

The secretariat commissioned a consultant to review the potential for such a co-formulation including a market analysis. The main challenges include low uptake of INH, lack of congruity around respective recommendations i.e. usage and size of FDC. Exploratory discussions have already started with the Clinton Foundation regarding possible joint work in the area. The Secretariat will continue to identify staff to further explore feasibility and develop a medium term strategy.

- The Infection Control sub-group Secretariat should accelerate the development of costing for TB infection control interventions and communicate with the broader membership of the Working Group and countries as a matter of urgency before the deadline of Round 9 of the Global Fund proposal submission.

In preparation for the Ministerial meeting on MDR/XDR TB held in Beijing on 1-3 April 2009, the Secretariat estimated the cost of implementing the WHO policy on TB IC in the 27 high MDR-TB burden countries. Work is under way to include in the costing exercise an additional 9 high TB burden countries not already included among the 27 high MDR-TB burden countries. Between 2009 and 2015, it is estimated that the costs range from US\$758 million to implement IC measures focused on MDR-TB patients treated mostly in the community, to US\$1,728 million for both MDR and drug susceptible cases treated in specific TB hospitals and community health centers, to US\$4,546 million for IC measures to be implemented in all health care facilities. The estimates allow community based approaches to be phased in between now and 2015 for the management of MDR TB. The estimates are still preliminary and next steps include selected country level validation of the assumptions underlying the costing model in countries which are beginning to implement TB infection control measures. The TB infection control line items in the WHO budgeting & planning tool will be fine-tuned when the modeling exercise is completed and when countries have validated the costing assumptions.

- The Infection Control sub-group should develop clear strategies around TB infection control measures among migrants, cross-border travellers and prisoners, and communicate with countries and present progress in the next Core Group meeting.

The Infection Control Sub-group Core Team reviewed progress towards accomplishment of activities in its annual work plan when the Team met in August 2009. It was noted that both an human resource plan and a TB advocacy strategy are near completion. A TB IC implementation framework and a case studies document were somewhat delayed over the last year, the former product put on hold intentionally in order to align it with the content of the new WHO TB IC policy. The Core Team also made a decision to fold the M&E indicators document into the implementation framework in order to minimize the production of too many documents.

The IC sub-group is also working with the STOP TB Department to follow-up on the progress of the 27 high MDR burden countries and their work plans as a result of the Beijing meeting to ensure infection control activities are included and costed. Work has also been done with the Global Fund to assess the number of countries requesting infection control funding for Round 9.

- UNAIDS representative to the Core Group to prepare a document summarizing the TB/HIV activities including earmarked funding of its co-sponsors, identify opportunities and challenges and communicate with members of the Core Group in due course before the next meeting.

The UNAIDS Biennium Work plan proposal which outlines the key TB/HIV activities of all UNAIDS co-sponsors has been approved and will now be developed into a work plan with key activities. A meeting of all the agencies working on TB/HIV was held in September 2009 to ensure coherence of activities. A strategic framework is now being finalized and activities for the next biennium are also being developed with budgets.

- The Secretariat is requested to finalize the meta-analysis of primary data to assist the development of TB screening approach among people living with HIV.

A meeting was held in June 2009 to discuss the analysis which is now being finalized. Results will be presented during this meeting.

3. Monitoring and evaluation of collaborative TB/HIV activities

- In light of recent country re-assessment of TB/HIV estimates based on direct country data, the Secretariat should revise the incidence rate ratios and TB/HIV estimates and disseminate the information urgently. This revision should also re-examine the data available for burden of death estimates, and include confidence intervals.

The scale up of routine HIV testing and representative surveillance data in 64 countries (up from 15 countries in 2007) allowed for direct measurement of the proportion of TB patients that are co-infected with HIV and this better surveillance data led to a revision of the global estimated HIV related TB cases. The revision doubled the global estimate of HIV related TB burden with 1.4 million HIV related TB cases and 0.5 million deaths now representing 25% of all TB and 23% of all HIV related deaths and 15% of all incident TB cases.

- The Secretariat should encourage regular international and national review meetings and processes to ensure TB/HIV data collected are comparable and consistent, accurate, comprehensive and based on one national TB/HIV monitoring and evaluation system owned by Ministries of Health and one reporting cycle. Technical and donor partners agencies working on TB and HIV should be part of these review meetings and process, and should support it.

The Revision of the guide to Monitoring and Evaluation for collaborative TB/HIV activities was launched at the June 2009 Implementers meeting in Windhoek. This revision harmonizes the TB /HIV indicators which will be used by WHO with those proposed by PEPFAR UNAIDS and GF. This harmonization of indicators should result in harmonized data collection. The WHO revision of the generic HIV care and ART registers incorporate the recording and reporting of these indicators to national level. This should ensure that the HIV Department of WHO will obtain increasingly accurate and complete data on TB screening TB treatment and IPT provision from HIV care registers. A meeting between PEPFAR, WHO HIV and TB departments is planned for November 19, 2009 to discuss mechanisms to ensure that country data published is cross checked with countries (as the ART reconciliation meetings already in place).

- Countries should promote regular crosschecking of TB, pre-ART and ART registers for consistency and completeness of TB/HIV indicators as part of routine monitoring and evaluation process.

The Secretariat coordinated with TB CAP partners to examine this issue in six countries. Some of the 6 country M&E reviews highlighted the need for and the possibility of crosschecking TB and HIV care registers. This is recommended as part of the revised M&E guidelines. The major blockage here is the lack of TB/HIV data in HIV care registers. The dissemination of and adaptation of the generic HIV care and ART registers and quarterly reporting formats should lay the foundations for cross-checking of data.

- The Secretariat to encourage countries to utilize locally collected information to improve the performance of programmes through mainstreaming it into its technical assistance work for countries such as TBTEAM.

TB/HIV data collection has been mainstreamed in HIV prevalent countries on the TB side e.g. annually the number of countries reporting HIV testing is increasing. For example, 135 countries globally reported HIV testing of TB patients in 2007. TB/HIV activities are increasingly being reported from the HIV programs too (between 2007 and 2008 the number of people living with HIV screened for TB doubled, IPT provision doubled, (but from low baselines).

A meeting between the Secretariat and other stakeholders working on TB data collection and technical assistance (TBTEAM) will be scheduled in the next few weeks.

4. Enhancing community mobilization for nation-wide scale-up

- Treatment Action Group, UNAIDS and community representatives of the Core Group to develop a draft statement to be released on behalf of the Working Group on what is needed from global and national stakeholders to ensure meaningful engagement of community groups particularly in national efforts, including access to resources. The statement should be released during the Stop TB Partners' Forum in March 2009 after email based consultation with the broader membership of the Working Group.

No progress

- Partners engaged in supporting community groups for TB/HIV advocacy and implementation need to prioritize and refocus efforts towards enabling meaningful national and local engagement of community groups and demand generation for services.

There has been no concrete progress in this area, primarily due to the lack of funding to support the work. However, it is likely that dedicated funding will be available (UNAIDS/TAG/others) to support these activities in the coming biennium. Work with the Community Task Force and other partners to establish a framework for building meaningful civil society engagement in HIV/TB activities and a supporting statement to be presented at the next Core Group meeting is being proposed.

5. HIV and drug resistant TB

- The Secretariat along with the MDR TB Working Group should promote and ensure HIV testing with new national TB drug resistance surveys particularly in African and Eastern European countries.

The new guidelines for DR surveillance have included HIV testing as an integral part. The Drug Resistance team at WHO is identifying countries who will conduct a DR survey soon. They are currently working with regional and country WHO offices to ensure that HIV testing is included as a component of the surveys. Albania, Bangladesh, Benin, Belarus, Botswana, Bulgaria, China, DPR Korea, Egypt, India, Indonesia, Kazakhstan, Lesotho, Malawi, Mauritania, Mongolia, Morocco, Myanmar, Namibia, Nigeria, Paraguay, Philippines, Romania, Saudi Arabia, Serbia, Somalia, Sudan, Swaziland, Tajikistan, Tanzania, Togo, Uganda, Uzbekistan, Yemen, and Zambia have been in various stages of DR survey planning and implementation during 2009. Unfortunately, we can not confirm which countries have included HIV testing in their survey.

- HIV stakeholders and implementers should support the expansion of drug susceptibility testing for all PLHIV suspected to have drug resistant TB and regularly track its implementation in line with one national monitoring and evaluation system.

The Secretariat will mainstream this in its TB/HIV advocacy work through collaboration with the MDR-TB WG and through contributions to the Stop TB Department and Stop TB Partnership newsletters.

- The Secretariat to regularly communicate about the functions of the Green Light Committee with HIV stakeholders and the broader membership of the Working Group to facilitate the access of HIV stakeholders and implementers to quality assured and reduced priced second line TB drugs through the Green Light Committee (GLC).

An article about an MDR-TB project in the Philippines (one of the first DOTS-Plus pilot projects to be approved by the Green Light Committee to procure second-line drugs for

200 MDR-TB patients) was published in April 2009. A dedicated section of the newsletter has been assigned to a GLC update bimonthly.

- The Secretariat should prepare a two-page position paper on behalf of the Core Group as a background document for the upcoming Ministerial meeting on MDR TB in China. This paper should outline a response to mitigate the impact of HIV in accelerating the epidemics of MDR-TB and XDR-TB and vice versa.

A two page paper was prepared after input from the Core Group members and was used to prepare the background document for the Beijing Ministerial meeting on MDR TB. It was also included in folders for dissemination at the meeting. Extracts from the paper were also published in a peer-reviewed journal in time for the meeting and was also disseminated in the folders.

6. TB/HIV Research Priorities

- Treatment Action Group in collaboration with the Secretariat to take the lead on behalf of the Working Group to communicate with the leadership of NIH in order to enable more investment on HIV/TB research from the Office of the AIDS Research (OAR) as part of their HIV funding stream and report back the progress in the next Core Group meeting.

TAG held a series of discussions with NIAID and OAR to discuss the integration of TB into priority research, including clinical trials. Discussions continue and are promising.

- The Secretariat to continue revising the TB/HIV research priorities based on the 2005 document with broader involvement of the Working Group and combine it with effective communication and advocacy strategies for its wider implementation. The upcoming TB/HIV research meeting in Cape Town should be seized to further nurture and implement the priority questions.
- The Secretariat to establish a research task force of the Core Group that will develop a list of immediate TB/HIV research priorities based on the discussions to be systematically communicated with research funding agencies on behalf of the Core Group.

The initial draft was prepared by a WHO writing group with members from the Stop TB and HIV Departments, assisted by an international Advisory Group. The draft was then commented on by members of the Review Committee and was also informed by discussions held at the international meeting on TB/HIV research issues entitled "Catalysing HIV/TB Research: innovation, funding and networking" held in Cape Town, South Africa in July 2009.

Prioritization of the research questions was then made using a grading scale to assess the importance of the specific questions based on defined criteria of effectiveness, deliverability, answerability and equity adapted from the Child Health Nutrition Research Initiative. The prioritization process is being finalized. Outcomes of the process and next steps will be presented at this meeting.

- The Stop TB Partnership Secretariat to establish an annual award scheme for young researchers with outstanding contribution into the area in order to stimulate the interest of young people for TB research.

No progress

- The Stop TB Partnership Secretariat to encourage the UN Special Envoy for TB to visit heads of agencies that fund health research (e.g. NIH, Ford Foundation, Rockefeller Foundation etc.) in order to request them to fund or increase their commitment to TB research.

The UN Special Envoy for TB visited Washington DC for a series of high level meetings with US agencies and civil society. A meeting with the heads of several global health agencies and think tanks was also held. The Special Envoy also met with the Vice President of the World Bank, Executive Director of the ONE Campaign and the US

Ambassador at Large for Women and Development. The key issues discussed at the meetings were the overarching concerns regarding the changing environment in US foreign aid priorities including the Administrations global health initiative and how the PEPFAR reauthorization vision will be realized.

The Special Envoy also attended the 59th Regional Committee meeting for a special ministerial discussion on tuberculosis, including TB/HIV integrated approach. He highlighted the economic, social and personal burden of tuberculosis in the continent, the threat of MDR-TB in settings of high HIV prevalence, and the special impact of in women. The Special Envoy reported much higher levels of commitment to TB/HIV and MDR-TB scale-up and made field visits with the UNAIDS Executive Director, Michel Sidibe.

7. TB diagnostics for PLHIV

- FIND and the Diagnostic Working Group of the Stop TB Partnership should work towards strengthening the innovation of TB and HIV diagnostics into one platform, whenever possible.

The meeting with FIND showcased new technologies which integrate TB and HIV laboratories being implemented in Ethiopia and Swaziland. Funding gaps were also highlighted and an article was published in the February 2009 edition of the TB/HIV newsletter calling for the funding gap in new technology to be resourced. The integrated laboratory model was presented at a joint implementation working group meeting at the Stop TB Partners Forum in Rio de Janeiro, Brazil in March 2009 as well as the "Catalysing HIV/TB Research: innovation, funding and networking" meeting in July 2009.

- The broader members of the Working Group and the Secretariat to work closely with the Global TB Laboratory Initiative and existing laboratory initiatives of HIV stakeholders in order to support countries to proactively expand the implementation of new technologies through strengthened national laboratory policies.

A meeting with FIND resulted in a recommendation to have a planned meeting with the Assistant Director General HIV, TB, Malaria and Neglected Diseases. This meeting brought together WHO, FIND and PEPFAR to discuss key laboratory issues around integrated approaches. Although discussions are early, the vision is one of an integrated approach to HIV and TB with an emphasis on a tiered national public health framework. The Global Laboratory Initiative (GLI) will move the process forward and a follow up meeting is now being scheduled to map out details and next steps. The GLI meeting held in October 2009 had a session on TB/HIV laboratory strengthening which was very well received. The GLI Roadmap for TB laboratory strengthening within the context of national laboratory strategic plans was launched and again, very well accepted and will now be used by countries to develop laboratory scale-up plans for MDR-TB and TB-HIV.

8. Non-rifampicin rifamycins (rifapentine and rifabutin)

- The Core Group suggest the use of Rifabutin in TB patients who are put on second-line ART.
- Multi-dimensional efforts have to be made in order to enhance the access of rifabutin in resource limited settings to be used in patients who are put on second line ART WHO should accelerate the efforts to include Rifabutin in the essential drug list to be used in patients who are put on second line ART.

Rifabutin has now been included in the WHO Essential Medicines List for those TB patients who also receive second line ART. Further the Clinton Foundation has negotiated a price reduction of rifabutin with some manufacturers resulting in one company offering rifabutin in 10 countries for \$1 per dose, or \$90 for a full course of treatment over six months.

9. Resource mobilization

- The Secretariat to establish a group from the Core Group members to develop a Working Group statement about the mandatory inclusion of TB/HIV in successful TB and HIV proposals of the Global Fund
- The routine advocacy activities of the Secretariat should mainstream the recent decision points of the Board of the Global Fund, the OGAC for Track 1.0 partners and the call of the Coordinating Board of the Stop TB Partnership.

A taskforce comprising Core Group members drafted a statement calling for the mandatory inclusion of TB/HIV in successful Global Fund proposals. However, during the process the Secretariat came to know of other priorities i.e. that there were several different partners who are all working on similar advocacy activities on TB/HIV and the Global Fund. Many of whom also had media coverage around the issue in the run up to the Rio Partners Forum in March 2009. As a result the Secretariat decided not to compete with these statements. Working Group members have also pointed out that the Global Fund Board Decision point is sufficient to enforce TB/HIV component into Global Fund proposals and that a Working Group statement might be a diluting factor.