



Progress note of the recommendations of the 15th TB/HIV Core Group
Meeting Report
November 3-4, 2009, Geneva, Switzerland
May 2010

Recommendations of the meeting

1. Overall global and regional response 2007-2009

Recommendations:

- *The Core Group to develop a position paper that outlines the advantages and disadvantages of various models of integration of TB and HIV services and programme management for debate and dissemination.*

A team composed of the following CG members is already established to develop this position paper for discussion in the next CG meeting (Mean Chi Vun, Ritta Dlodlo, Joseph Sitieni, Jeroen van Gorkom (leader), Haileyesus Getahun). The ongoing systematic reviews by the Secretariat (see below) will inform this position paper.

- *The Secretariat to document and promote good practices of TB and HIV services integration at facility level from different regions.*

Two systematic reviews are currently underway to evaluate evidence regarding TB and HIV service integration. One review aims to define integration of TB and HIV services, to describe the different models of integration and to identify what works and what does not work. The second reviews aims to describe achievement so far in providing TB and HIV services of three different models of service delivery (strengthened referral, partial integration and complete integration) and to describe the requirements and conditions related to each type of service delivery. The reviews are expected to be finalized in the next couple of months.

- *The Secretariat to develop guidance that promote the delivery of ART through TB services and TB prevention and treatment in ART services*

Situation analyses with recommendations for the provision of HIV services, including ART, for HIV-positive TB patients using TB service points were conducted in December 2009 by national consultants in five African countries representing different linguistic areas and levels of HIV prevalence (Cameroun, DRC, Ethiopia, Mali and Zambia). The five reports are currently compiled into one report describing the challenges, opportunities and key recommendations arising from the five situation analyses to provide ART through TB services.

Following the situation analysis in Mali, a national stakeholder meeting including national TB and HIV programs, NGOs, the private sector, civil society, the National Federation of Community Health Centers and UNAIDS was held in Bamako to develop a

model for the decentralized provision of ART to HIV-infected TB patients. The model developed includes operational guidelines, monitoring and evaluation tools and planning to provide HIV services, including ART to HIV-infected TB patients in community health centers and to strengthen TB/HIV collaborative activities, in particular the Three Is in referral health centers. A national working group has been set, the action plan finalized and decentralized health centers to implement the model have been selected. Preparations for a national stakeholders meeting is under way in Kenya and DR Congo.

2. Proposed Activities for 2010-2012: Let's be serious

The Core Group discussed activities that the Working Group should focus on in the coming three years with a theme of "Let's be serious."

Recommendations:

- *The Core Group to prepare a concept paper to stipulate the contribution of collaborative TB/HIV activities to strengthen health systems and highlight what needs to be done.*

A team of CG members involving Amy Bloom, Bill Coggin, Lois Elred (lead) has been established and is ongoing.

- *The Secretariat to organize regional TB/HIV implementation meetings in the European and Caribbean regions to promote exchange of regional experiences and scale up the implementation of activities.*

A meeting to accelerate the implementation of collaborative TB/HIV activities in the WHO European Region will be held July 16-17, 2010 prior to the AIDS 2010 conference in Vienna, and will bring together national AIDS and TB program managers, representatives from Departments of Justice, harm reduction, prisons, donors, NGOs and civil society. The main aim of the meeting is to create an opportunity for the sharing of experiences and best practices for greater political advocacy, resource mobilization and accelerated implementation of collaborative TB/HIV activities within the context of the European region. The meeting will also help countries to ensure the coherent inclusion of key activities including relevant policy and program changes into national strategic and operational plans.

Discussions regarding the next TB/HIV regional Working Group meeting in the Caribbean region are ongoing and likely will be held in the summer of 2011.

3. The implementation of the Three Is

Recommendations:

- *The Secretariat to expedite the finalization of the IPT/ICF guidelines and develop a communication and advocacy plan to disseminate it as a matter of urgency.*

The ICF/IPT guidelines are nearing finalization. The guidelines will be launched at the AIDS 2010 Conference in Vienna, Austria likely with a WHO press event. Copies of the guideline will be distributed at conferences, activist workshops and other trainings held by the Stop TB and HIV Departments (i.e. AIDS 2010 Conference, Workshop with drug user activists-June 2010, activist workshop to build TB/HIV capacity-July 2010, UNION

Conference, Berlin). South Africa, which carries one third of the global estimated HIV infected TB patients have already endorsed the recommendations in their national policy.

- *The Secretariat to develop a synthesized and repackaged version of all policies and guidance relating to the implementation of the Three Is .*

FAQs on the Three I's for HIV/TB is under development and will be made available at the AIDS 2010 Conference in July. A shortened version of the two Three I's for HIV/TB Guidelines that briefly summarizes the IC and IPT/ICF guidelines for HIV service providers (and others) will be available after the conference.

The policy for the TB Infection Control component of the Three Is was developed in 2009, and has been printed and widely disseminated. The TB Infection Control team will work with focal points for the IPT and ICF policies, when they have been finalized, to repackage a version that contains all element, as well as guidance pertaining to the implementation of the Three Is.

- *The Secretariat to explore the buy-in from professional bodies (national and global) for the repackaged guidance on the Three Is.*

Ongoing

- *The Infection Control sub-group to develop a segmented advocacy strategy (out of the overall strategy) to ensure the implementation of the WHO IC policy by HIV stakeholders.*

An advocacy strategy for the adoption and dissemination of the WHO policy on TB infection control has been developed with funding from USAID, and is in final review by the TB Infection Control Subgroup and USAID. The strategy includes advocacy objectives, recommended actions at the international and national levels, and key messages for HIV stakeholders as one of the key target audiences.

4. Monitoring & evaluation

Recommendations:

- *Community representatives of the CG in close collaboration with other stakeholders to explore mechanisms to enhance the engagement of civil society in TB/HIV monitoring and evaluation at country level and report to the Core Group.*

A team composed of Mark Harrington/Javid Syed, Francis Apina, Violeta Ross and Alasdair Reid (lead) was established for this activity and is pending.

- *The Secretariat to develop key advocacy messages on monitoring and evaluation including on recording and reporting and data quality and disseminate for increased awareness among implementers and resource mobilization.*

Internal advocacy conducted at WHO to ensure that all relevant departments are utilizing the new indicators, and training of PEPFAR partners on the integrated patient monitoring system in which TB/HIV is an integral part have been conducted.

5. TB/HIV Research priorities

Recommendations:

- *The Secretariat to finalize the TB/HIV research priorities document through a face to face meeting of key stakeholders (including funding agencies) after a web based consultation.*

Due to numerous meetings scheduled, a face to face meeting could not be organized. The document is now undergoing editing before publication and wider dissemination.

- *The Secretariat to develop a dissemination and advocacy strategy for the prioritized TB/HIV research questions.*

Pending

- *The Secretariat to continue collaborating with the Research Movement to provide inputs for the revision of the research component of the Global Plan to Stop TB .*

The Secretariat participated in a two-day workshop to identify research questions in operational/implementation research for improved TB control in order to update the operational research part of the Global Plan to Stop TB and to contribute to the development of an international TB research agenda.

6. New diagnostics and laboratory strengthening

Recommendations:

- *The Secretariat to work closely with FIND so that the roll out and demonstration studies of all upcoming tools covered people living with HIV and their needs.*

Pending

- *The Secretariat to work closely with the Global Laboratory Initiative to ensure HIV stakeholders included in its activities and the roll out of any new technology particularly to review the value of new technologies in high HIV prevalent settings.*

Pending

- *The Secretariat to explore what needs to be done around sample banks in order to enhance access of specimens for researchers.*

Pending

7. Community mobilization

Recommendations:

- *The Secretariat to commission implementation and social science research to identify the barriers and enablers for meaningful community engagement in countries, the availability of funds permitting.*

- *The Secretariat and UNAIDS representative in the Core Group to explore funding opportunities for community groups at national level to promote the civil society response for TB/HIV in countries and communicate with the community representatives in the CG.*

Pending

8. Administration Issues

Recommendations:

- *The Secretariat to develop a criteria for regional organization for the approval of the Core Group and send out an open invitation for application for membership to the TB/HIV Core Group.*

A call for individual members to join the TB/HIV Core Group was sent out on February 15, 2010. We sought individuals with demonstrated authority and outstanding skills in the international or national policy, program and research response to the dual TB and HIV epidemic; with time and willingness to contribute to the strategic direction and vision of the Core Group through participating in its face to face meetings (up to two per year) and teleconferences as deemed necessary (not more than three per year). Fifty applications were received and the CG will select members for the two slots during the 16th Core Group meeting.

- *The Secretariat and Chair to enhance substantial membership of programme managers of HIV prevalent countries.*

Ongoing