

HIV and TB in the context of Universal Access

what is working and what is not?

August 12-13 , 2006

Holiday Inn on King Hotel, Toronto, Canada

International open consultative meeting co-organized by WHO, UNAIDS, International AIDS Society , Treatment Action Group and Forum for Collaborative HIV Research on behalf of the Global TB/HIV Working Group of the Stop TB Partnership.

Agenda

Background

HIV is the main reason for failure to meet tuberculosis (TB) control targets in HIV prevalent settings. TB is among the leading causes of death among people living with HIV (PLHIV). Sub-Saharan Africa bears the brunt of the HIV-fuelled TB epidemic, although the expanding HIV epidemic in Eastern Europe and many Asian countries will also increase the number of HIV-related TB cases. The TB/HIV Working Group of the Stop TB Partnership, comprised of programme managers, policy makers, researchers and civil society representatives from the HIV and TB communities, has been coordinating the global response to the epidemic since 2001. The Working Group has developed policy and programme guidance, based on the best available evidence, for reducing the impact of HIV-related TB through collaboration between TB and HIV programmes and their partners. It also facilitates the sharing of experience and the dissemination of lessons learnt in order to accelerate the implementation of collaborative TB/HIV activities.

TB programmes can serve as important entry points to the HIV continuum of care and the DOTS model for TB control has provided many lessons for developing a strategy to deliver antiretroviral therapy (ART) in resource limited settings. HIV programmes are becoming important partners in TB control, through intensified TB case finding and provision of TB preventive therapy to PLHIV. By the end of 2004, of all countries in the world, 106 indicated that they were at least starting to implement a policy of offering HIV testing and counseling to all TB patients. The number of countries that had a policy of referring HIV-positive people to TB clinics and carrying out intensified case-finding among PLHIV, and those providing HIV treatment and care, cotrimoxazole preventive therapy and ART for HIV positive TB patients increased two to three fold from 2003 to 2004. Nonetheless, despite such encouraging progress in many countries, the speed of global implementation of collaborative TB/HIV activities particularly in high TB and HIV prevalent countries has been too slow. This calls for much greater commitment from decision-makers in countries and their partner agencies to implement collaborative TB/HIV activities and actively seeking more evidence based innovative and coordinated approaches to mitigate the burden of TB among PLHIV. Country level action and collaboration between the TB and HIV communities including policy makers, programmes, researchers, NGOs and civil society organisations need to be maximised to accelerate the implementation of collaborative TB/HIV activities and meet the needs of those affected by and living with HIV and TB. Furthermore, effective modalities to promote TB prevention, diagnosis and treatment as an important and integral component of the Universal Access to HIV prevention, treatment and care services should be developed and agreed upon.

General objective

To accelerate an effective and joint response to the epidemic of HIV-related TB by facilitating the sharing of information and experiences, networking, and strengthening the partnership between TB and HIV communities in a forum environment.

Specific objectives

1. Present and discuss global achievements and emerging issues, and outline the strategic approaches necessary to maximise the use of existing resources and opportunities particularly for country level implementation of collaborative TB/HIV activities.
2. Review the magnitude of TB among PLHIV, discuss the prevention, diagnosis and treatment challenges, and put forth solutions to effectively meet the needs of co-infected people in the context of Universal Access of HIV prevention, treatment and care services.
3. Promote exchange of global and country level experiences and information and headline success stories that contribute to scale-up of collaborative TB/HIV activities.
4. Review and discuss the progress of the work of the Global TB/HIV Working Group.
5. Review and discuss ongoing basic and operational research efforts and identify existing gaps to further build the evidence base for effective response for the dual TB and HIV epidemic.
6. Review the efforts exerted by the reproductive health community to integrate reproductive health services with HIV prevention, treatment and care services, and identify possible lessons for successful implementation of collaborative TB/HIV activities.

Expected Outcomes

1. Potential remedies and clear strategic directions proposed for accelerated country level implementation of collaborative TB/HIV activities based on experiences exchanged, challenges and constraints identified.
2. Strategic directions explored to promote TB prevention, diagnosis and treatment services as an important and integral component of the Universal Access to HIV prevention, treatment and care services.
3. Innovative ways suggested to maximise global and country level networking of major TB and HIV stakeholders and funding mechanisms so as to effectively meet the needs of co-infected people.
4. Strategies proposed to demonstrate country level success stories and to further build the evidence base through broad based collaboration among stakeholders.
5. Key lessons and experiences of the reproductive health community to integrate services with HIV prevention, treatment and care services harvested.

Process

The meeting will be a forum for exchange of experiences, information, views and opinions among individual participants and partner organizations. **Plenary** presentations followed by discussions will be used for debates to explore and define cross-cutting strategic issues. A partially moderated poster presentation and display (**Marketplace**) will be used for exchange of country and institutional experiences and for identification of challenges and solutions.

DETAILED AGENDA**Saturday, 12 August 2006**

8:30 – 9:00	Registration	
Plenary session: Achievements, challenges and the way ahead Co-Chairs: K. De Cock and E. Madraa Rapporteur: L. Nelson		
9:00 - 9:15	Opening and community voice	
9:15-9:30	Global TB/HIV burden, achievements, challenges and constraints	P. Nunn (WHO)
9:30-9:45	Significance of TB for Universal Access to HIV prevention, treatment, care and support	C. Hankins (UNAIDS)
9:45-10:00	Integrating programmes or services: the TB/HIV dilemma.	S.Abdool Karim (South Africa)
10:00-10:30	Discussion	
10:30-11:00	Tea/coffee break	
Plenary session: Country experiences in implementation Co-Chairs: P. Godfrey-Faussett and B. Miller Rapporteur: D. Cohn		
11:00-11:15	National scale up of collaborative TB/HIV activities in Kenya	J. Chakaya (Kenya)
11:15-11:30	Accelerating implementation of collaborative TB/HIV activities in Myanmar	W. Maung & M. Thwe (Myanmar)
11:30-11:45	Challenges in the implementation of collaborative TB/HIV activities in Russia: NGO perspective	A. Bobrik (Russia)
11:45-12:30	Discussion	
12:30-13:30	Lunch Break	
Market place: Lessons learnt, sharing of experiences and forging networks (Moderator: A. Reid)		
13:30-14:00	Introduction to Marketplace presentations	Presenters
14:00-15:30	Marketplace presentations and discussions	
15:30-16:00	Tea/coffee Break	
Plenary Session: Progress and direction of the Global TB/HIV Working Group of the Stop TB Partnership (Co-chairs: M. Kazatchkine and S.Abdool Karim) Rapporteur: J. van Gorkom		
16:00-16:15	The TB/HIV Working Group Strategic Plan (2006-2015) - milestones and challenges	H. Getahun (WHO)
16:15-16:45	Strengthening the global response to TB/HIV: what can the HIV community add?	J. Kim (USA)
16:45-17:30	Discussion: Accelerating implementation of the TB/HIV Working Group Strategic Plan in the context of Universal Access and strengthening the Working Group	

Sunday August 13, 2006

Plenary Session: Research and related issues Co-chairs: V. Miller and B. Laughon Rapporteur: A. Mwinga		
8:30-8:45	The research priorities for implementation of collaborative TB/HIV activities	S. Swaminathan (India)
8:45-9:00	Drug resistant TB and HIV: is it an emerging threat?	G. Friedland (USA)
9:00-9:15	The pipeline to improve the diagnosis of TB in PLHIV	G. Roscigno (Switzerland)
9:15-9:30	The role of advocacy and activism for TB/HIV research	M. Harrington (USA)
9:30-10:00	Discussion	
10:00-10:30	Tea/coffee break	
Plenary session: Cross fertilisation between reproductive health and TB in integrating services with HIV Co-Chairs: R. Chaisson and I. De Zoysa Rapporteur: L. Corbett		
10:30-10:45	Global experience on the integration of reproductive health and HIV services: lessons for the TB community	K. Agarwal (USA)
10:45-11:00	TB prevention and treatment in PMTCT services: is it a missed opportunity?	N. Martinson (South Africa)
11:00-11:15	Integration of TB/HIV with PMTCT: field experience from Zambia	K. Shanaube (Zambia)
11:15-11:45	Discussion	
Plenary session: Open discussion on next steps and what needs to be done Co-Chairs: K. De Cock and P. Nunn Rapporteur: M. Kimerling		
12:20-12:30	Closing remarks	C. McClure (IAS)