

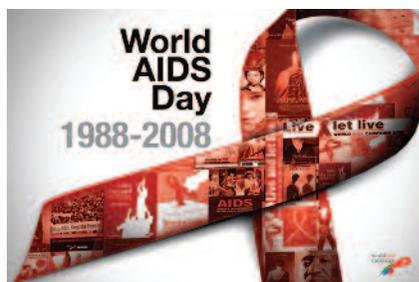
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» About the Stop TB Partnership  
[www.stoptb.org](http://www.stoptb.org)

### Today is World AIDS Day



Today we live in a world where tuberculosis (TB) is the most common presenting illness for people living with HIV. Today, we live in a world where TB is the leading causing of death for people with HIV in many parts of the world.

Today, if you are living with HIV, **demand** that your health care provider screen you for TB and prescribes either TB prevention (IPT) or TB treatment as per national guidelines.

Today, if you are a health professional treating people living with HIV, **screen your patients for TB** and prescribe TB prevention (IPT) or TB treatment as per national guidelines.

Not screening people living with HIV for TB is sub-standard care.

## 14TH MEETING OF THE TB/HIV CORE GROUP CONDUCTED



Participants of the 14th TB/HIV Core Group and workshop to accelerate TB/HIV collaborative activities, Addis Ababa, Ethiopia, November 12, 2008.

The TB/HIV Core Group<sup>1</sup> conducted its 14th meeting in Addis Ababa, Ethiopia from November 11-12, 2008 and was hosted by the HIV/AIDS Prevention and Control Office (HAPCO), Ethiopia. The meeting was officially opened by Dr Kebede Worku, Vice Minister of Health, Ethiopia and was held in the UN Conference Centre. It was also attended by Dr Betru Tekle, Director General of HAPCO who chaired the opening session. The meeting reviewed the global progress, challenges, constraints and regional responses in the implementation of collaborative TB/HIV activities, and discussed several issues of strategic importance for the global response.

The meeting was also attended by national TB and AIDS program managers from 14 African countries who brought diverse perspectives to the proceedings which provided for interesting discussions and solutions. The continued progress and encouraging rate of increase in the implementation of collaborative TB/HIV activities globally and particularly in sub-Saharan Africa was noted. The Core Group reviewed the result of assessment of selected countries which indicated that existing estimates of the global burden of HIV associated TB are in fact underestimates and called for an urgent revisit of the methodology by WHO.

The Core Group also called for all countries to develop national targets for TB/HIV activities in order to ensure nationwide expansion of collaborative TB/HIV activities. It was also found that monitoring and evaluation of TB/HIV activities is the weakest link and the Core Group underlined the importance of one national TB/HIV monitoring and evaluation system owned by Ministries of Health in countries. Technical and donor partner agencies working on TB and HIV should support one monitoring and evaluation system, one national TB/HIV coordinating body and one national plan aimed at scaling up collaborative TB/HIV activities nationwide.

Click here to read the meeting report and see the presentations  
» [http://www.stoptb.org/wg/tb\\_hiv/coregroup.asp](http://www.stoptb.org/wg/tb_hiv/coregroup.asp)

<sup>1</sup> The Core Group (CG) aims to facilitate and accelerate decision making and guide the strategic direction of the TB/HIV Working Group



## Workshop to accelerate nationwide scale-up of collaborative TB/HIV activities in African countries



Participants at the workshop to accelerate TB/HIV collaborative activities, Addis Ababa, Ethiopia, November 13-14, 2008

A two day workshop to accelerate the nationwide implementation of HIV/TB collaborative activities in sub-Saharan Africa followed the 14th TB/HIV Core Group meeting in Addis Ababa, Ethiopia. Participants were primarily HIV and TB program managers, national, regional and global WHO staff and a number of technical agencies, non-governmental organizations, foundations and donors.

In total, more than 70 people attended the workshop which was highly interactive and lively. Countries worked in teams to develop clear roadmaps of priority actions for nationwide scale up of HIV/TB collaborative activities with focus on activities to reduce the burden of TB in people living with HIV. The countries that attended the workshop\* contribute to about half of the global burden of PLHIV with TB and implementation of their roadmaps would have a significant impact in mitigating the global burden. The meeting participants

highlighted the engagement of civil society and affected communities as a crucial component of an effective national response to HIV/TB and suggested that national programs create conducive environments and capacity building to ensure meaningful engagement.

WHO is planning to conduct a similar workshop for Francophone African countries in early 2009.

To see all the presentations from the Core Group and the workshop please see:

» [http://www.stoptb.org/wg/tb\\_hiv/cgd2.asp](http://www.stoptb.org/wg/tb_hiv/cgd2.asp)

Partners who attended included: All Africa Leprosy, Tuberculosis and Rehabilitation Training Centre, Bill & Melinda Gates Foundation, Catholic Relief Services, Centers for Disease Control and Prevention, Family Health International, Foundation for Innovative Diagnostics, German Leprosy and TB Relief Association, Global Fund to Fight AIDS, Tuberculosis and Malaria, Harvard PEPFAR/AIDS Prevention Initiative in Nigeria, International Center for AIDS Care and Treatment Programs, International Union Against Tuberculosis and Lung Disease, KNCV Tuberculosis Foundation, Office of the United States Global AIDS Coordinator, UNAIDS, United States Agency for International Development and the World Bank.

\* Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Sudan, Swaziland, Tanzania, Uganda and Zambia.

## TB PROPOSALS MUST INCLUDE HIV AND HIV MUST INCLUDE TB SAID THE BOARD OF GLOBAL FUND

One of the key decisions made by the Global Fund Board in India recently was a decision point (DP12) calling on all existing and new Global Fund applicants to include HIV in their TB proposals and TB in all HIV proposals. The Global Fund Secretariat is now tasked with reviewing the guidelines for continued funding for tuberculosis or HIV grants to ensure TB/HIV components are included and Country Coordinating Mechanisms (CCMs) must now justify their plans for scale up to universal TB/HIV collaborative services before further support is continued.

The Global Fund Board decision came days after the Stop TB Partnership Coordinating Board also called for the mandatory inclusion of TB and HIV in proposals. The TB/HIV Core Group in its meeting fully endorsed the call of the Coordinating Board and recommended this measure to be implemented as a matter of urgency.

The Global Fund Board urges countries to submit ambitious proposals aimed at achieving universal coverage of TB-HIV collaborative services.

To read the decision point (DP12)

» [http://www.theglobalfund.org/documents/board/18/GF-BM18-DecisionPoints\\_en.pdf](http://www.theglobalfund.org/documents/board/18/GF-BM18-DecisionPoints_en.pdf)

## IAS announces TB/HIV Research Prize



The International AIDS Society (IAS) announced the launch of a TB/HIV research prize at next year's HIV Pathogenesis, Treatment and Prevention Conference to be held in Cape Town, South Africa (July 19-22, 2009). The winner will receive a prize of USD\$2000 for submitting the best TB/HIV abstract. The winner will receive a prize of USD\$2000 for the best abstract on TB/HIV research. All submitted abstracts will go through a blinded peer-review. The top-scoring TB/HIV-related abstracts will then be reviewed by the prize steering committee and a winner chosen.

In conjunction with the IAS 2009 Conference the TB/HIV Working Group will hold a pre-conference meeting on research priorities for TB/HIV. The meeting will redefine the agenda for TB/HIV research priorities in order to advance interest and investment in the huge unmet need of TB/HIV research. Extraordinary actions now need to be carried out by funding agencies, researchers and national governments in order to respond effectively. At the recent TB/HIV Core Group meeting concerns over the dire need for funding for TB/HIV research was expressed and the importance of keeping the pressure on lead funding agencies through tailored and focused strategies emphasised.

Readers are asked to contribute short summaries of their TB/HIV research activities to [tbhiv@who.int](mailto:tbhiv@who.int) in order to develop a list of ongoing TB/HIV research in preparation for the Cape Town TB/HIV research meeting. Readers are also encouraged to submit their abstracts for the 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention by visiting the website [www.ias2009.org/mainpage.aspx?pagelid=334](http://www.ias2009.org/mainpage.aspx?pagelid=334). Deadline of abstract submission is on February 25, 2009.

# Greater TB/HIV visibility at 39th Union Conference

TB/HIV had high visibility at the 39th Union Conference on Lung Disease held in Paris, France from October 17-20, 2008. For the first time the Union sponsored a symposium which brought together national TB and AIDS programs managers together to discuss TB/HIV. The US Global AIDS Coordinator, Ambassador Mark Dybul also delivered a plenary speech on TB/HIV, and there were several TB/HIV sessions such as the workshop on implementing the Three Is (intensified case finding, infection control and isoniazid preventive therapy), and a workshop solely on effective infection control measures and effective measure that can be done now.

Turnout and participation of all who attended the symposium which brought together national TB and AIDS program managers provided thought provoking discussions. The symposium highlighted collaborative activities from TB and AIDS program perspectives and showed how through collaborative action, many challenges to implementation have been overcome.

Involvement of the community was a clear cross-cutting issue and participants agreed that the link between TB and TB/HIV needs to be emphasized, and facilitated by both programs working together. This could be achieved through the

establishment of regular channels of communication between AIDS and TB programs, enabling a trickle-down effect to local structures. There was also agreement that the continued low levels of activism in and by the TB community is no longer acceptable; much more concerted effort is needed to stop TB.

Due to the success of the symposium another one is already being planned for the 40th Union Conference in 2009.

For a full coverage of the conference, please visit: » <http://www.kaisernetwork.org/paris2008/>



"A clear message during the discussion is the fact that TB programs need to let go of isoniazid and leave it in domain of National AIDS Programs."

**Professor A.D Harries, The Union**

"Although the emergence of MDR and XDR-TB is alarming, the effort made to fight the dual epidemic of TB/HIV by high burden countries and experiences gained throughout the world is very encouraging. In order to prevent and control this epidemic in countries like Ethiopia, the concerted global effort and resource mobilization has to continue."

**Dr Mulugeta Workalemahu, Federal HIV/AIDS Prevention and Control Office, Ethiopia**



## THREE IS SYMPOSIUM ALSO A SUCCESS AT UNION CONFERENCE

"This session emphasized the critical need for integration of TB and HIV care into both TB and HIV programs. The session demonstrated well that all elements of TB control including case finding, treatment, prevention and infection control need to be considered in the care and treatment of HIV infected patients to optimally treat patients and protect health care workers."

**Renee Ridzon, Gate Foundation**



"The session presented a rare opportunity for community voices to be heard; thank you for amplifying our voices."

**Cindy Kelemi, Activist, BONELA, Botswana**

**CREATE AWARDED US\$ 32 MILLION SUPPLEMENT FROM BILL & MELINDA GATES FOUNDATION**

On October 14, 2008 officials of the Bill & Melinda Gates Foundation and CREATE announced the award of US\$ 32 million to complete the CREATE studies in South Africa, Zambia and Brazil. The new funding complements the \$50.1 million given previously by the Gates Foundation to support CREATE, considered the largest TB-HIV research effort in the world.

## EFFECTIVE PARTNERSHIPS CAN IMPROVE HIV/TB RESPONSES



**To achieve universal access to prevention, treatment, care and support services, effective country-based information, dialogue and advocacy platforms on HIV and TB must be integral elements of civil society participation and change.**

Without imminent change, the voices of civil society will remain fragmented, discourses on HIV and TB will continue to be dominated by those who have the loudest voices and opportunities, and accountability to the communities directly affected by decisions of those in power will not be achieved.

Country-based information, dialogue and advocacy platforms on HIV and TB strengthen partnerships among disparate groups and provide a set of approaches and tools that can help place civil society at the centre of the response. Such national partnership platform initiatives, led by country-based partners, are in different stages of implementation in different countries in Asia (Thailand, Viet Nam, Cambodia and Malaysia) and Africa (Zambia, Zimbabwe, Uganda).

Strong nationally-owned information, dialogue and advocacy platforms take time and active facilitation. They need to be developed urgently and within the unique context of each country.

In India, at least two, national partnerships for TB care exist now – a national multi-stakeholder partnership for TB care which took shape in November 2008 in Delhi (facilitated by the International Union Against Tuberculosis and Lung Disease (IUATLD)), and an NGO TB Consortium that has been operational in India since March 2007 to complement India's Revised National TB Control Program (RNTCP).

These partnerships in India will now work to mutually complement each other's efforts, and aim for synergies with other existing partnerships on HIV/AIDS. How these partnerships approach this will also impact how best they will contribute to improving TB/HIV responses in the national context.

Recent reports have identified a number of issues impeding responses to TB in India, including limited community awareness, sub-optimal community

participation, issues of TB and HIV co-infection and the emergence of drug-resistant strains of the disease.

Dr LS Chauhan, Deputy Director General for TB, Directorate General of Health Services, Government of India, recently stated that, "Partnerships in TB care and control are not new to India. Since 1995, India has forged partnerships with different sectors to improve TB program performances. Despite the involvement of more than 2500 NGOs, private practitioners, 260 medical colleges and 110 corporate sector hospitals, among others, the impact of TB programmes are not as desired."

"Community participation is essential for effective TB/HIV care in Nepal. Patients who have successfully completed TB treatment were leading district level TB committees to improve TB program performance in many instances," said Dr Dirgh Singh Bam, Secretary, Ministry of Health, Nepal.

The manner in which the people living with HIV (PLHIV) have played a driving role in effectively responding to the AIDS epidemic in some communities (for example in parts of northern Thailand), presents a good case-study for TB programs to consider, as the mandate for collaborative TB and HIV activities go further ahead at different levels. The people living with TB and HIV, particularly those who have successfully completed TB treatment, have a vital role to play in TB/HIV collaborative activities at all levels. They are best placed to inform the TB/HIV programs of the various strengths and challenges, warranting this community knowledge to be well documented, so that the responses can be appropriately improved.

Often people with TB/HIV are left out of the discourses at national and local levels. Mechanisms to engage them genuinely with the programs at all levels, need to be a fundamental part of effective TB/HIV partnerships with national AIDS and TB control programs.

**Bobby Ramakant**  
Key Correspondent,  
Health & Development Networks (HDN, [www.hdnet.org](http://www.hdnet.org))

## AIDS and TB Program managers work together in the Americas



Participants at the TB/HIV workshop, San Jose, Costa Rica

The WHO Americas region held a series of TB and HIV meetings in San José, Costa Rica, in November. The meetings brought together TB and AIDS program managers, counterparts and PAHO's regional advisers and teams who discussed progress in implementing TB/HIV collaborative activities with emphasis on the 3 Is (those measures that reduce the burden of TB in PLHIV). Previously an HIV meeting was held to analyze the challenges and opportunities for the health sector to reach the Universal Access Goals by 2010. A separate meeting of TB managers and heads of health services of correctional facilities to discuss TB in prisons was also held, with a special session on TB/HIV.

TB/HIV collaborative activities have seen advances in implementation in the region, however there are still areas that need to be strengthened, in particular, the Three Is. All who attended the meetings agreed that the Three Is constitute a key priority in the care of people with HIV.

Participants also recommended that chemoprophylaxis with isoniazid (INH) in people living with HIV is a cost-effective and safe (due to low toxicity) form intervention which must be rapidly implemented. They also concluded that Purified Protein Derivative (PPD) is not required for chemoprophylaxis with INH and that IPT should be set up in all cases prior to ruling out TB diseases.

The participants also called for intensified case finding of TB in people living with HIV to be integrated into all activities of the HIV program. Following from this referral systems between TB and HIV services must also be strengthened along with TB laboratory networks in order to provide rapid diagnoses.

Notably, participants also called for civil society representatives to take part in the planning and implementation of TB/HIV collaborative activities.

At the end of the meeting each country discussed, agreed and presented specific next steps to which they committed to strengthen and accelerate the implementation of these activities.

The meeting to address TB and TB/HIV in penitentiaries found that the major challenge was insufficient coordination between the penitentiary system and national TB programs. However, the new regional "Guide for tuberculosis control in incarcerated populations" offers guidance on how to address these challenges and was disseminated at the meeting. Coordination between ministries of health (TB and HIV programs) and ministries of justice, interior or governance (penitentiary system) must be improved to implement TB/HIV collaborative activities. The recommendations of these meetings will be disseminated at upcoming regional and national fora to ensure their full implementation.

Contributed by Rafael Lopez & Paulo Lyra, WHO PAHO

# Upcoming events

Mark your calendars for 2009

## FEBRUARY

### CONFERENCE RETROVIRUSES AND OPPORTUNISTIC INFECTIONS

When: **8 -11**

Where: **Montreal, Canada**

More Information:

[www.retroconference.org/2008/index.asp?page=310](http://www.retroconference.org/2008/index.asp?page=310).

The TB/HIV Working Group in collaboration with CREATE will organize a TB/HIV research meeting to exchange scientific ideas about TB/HIV research with HIV researchers. The meeting will be held on February 8, 2009. If you would like to attend this meeting please send an email to [tbhiv@who.int](mailto:tbhiv@who.int).

## MARCH

### WORLD TB DAY

When: **24**

More Information: <http://www.stoptb.org/>

### STOP TB PARTNERSHIP FORUM

When: **23-25**

Where: **Rio de Janiero, Brazil**

More Information:

[http://www.stoptb.org/events/partners\\_forum/2009/](http://www.stoptb.org/events/partners_forum/2009/)

Plans for the 3rd Stop TB Partners Forum are coming together. Partners who plan to attend the Forum - or those who do not! - are encouraged to visit the website where the agenda is now online. There are opportunities to sign up to organize specific sessions in the thematic tracks. There are also opportunities to register to participate in skills building workshops, site visits and to be a speaker during "Speaker's Corner" debates. Further details on the meetings planned for Rio, civil society engagement opportunities will be available in future editions of this newsletter and online.

### 4TH SA AIDS CONFERENCE: SCALING UP FOR SUCCESS

When: **31-April 4**

Where: **Durban, South Africa**

More Information: Contact Neo Sithole, e-mail:

[neon@foundation.co.za](mailto:neon@foundation.co.za); or access the Web

site: [www.saaids.com/index.php?option=com\\_frontpage&Itemid=1](http://www.saaids.com/index.php?option=com_frontpage&Itemid=1)

## APRIL

### MDR-TB MEETING ON TUBERCULOSIS CARE AND CONTROL: ADDRESSING MDR-TB AND XDR-TB

When: **1-3**

Where: **Beijing, China**

More Information: [www.who.int](http://www.who.int)

## MAY

### UNION EUROPE REGION CONFERENCE

When: **27-30 May 2009**

Where: **Dubrovnik, Croatia**

More Information:

[www.depol.org/iuatld2009](http://www.depol.org/iuatld2009) Please note that the deadline for abstract submission is on 19 January 2009

## JUNE

### PEPFAR HIV IMPLEMENTERS' MEETING

When: **10-14**

Where: **Windhoek, Namibia**

More Information:

[www.hivimplementers.com](http://www.hivimplementers.com)

Please note that abstract submission opens online in December and closes on February 12, 2009.

## JULY

### INTERNATIONAL AIDS SOCIETY HIV PATHOGENESIS, TREATMENT AND PREVENTION CONFERENCE

When: **19-22**

Where: **Cape Town, South Africa**

More Information: <http://www.ias2009.org/>

The deadline for abstract submission is February 25, 2009.

## AUGUST

### TB/HIV ASIA PACIFIC MEETING

When: **8-9**

Where: **Bali, Indonesia**

### 9TH INTERNATIONAL CONGRESS ON AIDS IN ASIA AND THE PACIFIC (ICAAP 9)

When: **9-13**

Where: **Bali, Indonesia**

More Information: <http://new.icaap9.org/>

The deadline for abstract submission is January 31, 2009.

## DECEMBER

### UNION WORLD CONFERENCE 2009

When: **3-7**

Where: **Cancún, Mexico**

More Information:

[cancun2009@theunion.org](mailto:cancun2009@theunion.org)