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CROI 2009 HIV/TB Research Frontiers Meeting

The Stop TB Department of the World Health Organization (WHO) and CREATE (Consortium to Respond Effectively to the AIDS/TB Epidemic), on behalf of the TB/HIV Working Group of the Stop TB Partnership will host the third meeting of the HIV/TB research priorities series at the Conference on Retroviruses and Opportunistic Infections (CROI). The conference will be held in Montreal, Canada from February 8-11, 2009.

The meeting will gather scientists, researchers and other stakeholders to promote high level scientific interchange of ideas and research priorities to build on our understanding of the magnitude and burden of TB (including drug resistant strains) especially in HIV prevalent settings. The meeting will highlight and discuss ongoing research efforts around TB and its management in the context of HIV to stimulate debate and discussion on key research priorities and identify gaps that need urgent attention.

Presentations from the meeting will be available on the TB/HIV Working Group website soon after the meeting and we will report on the outcomes of the meeting in the next edition of the newsletter.

You can read the reports and see the presentations from previous meetings at:

» http://www.stoptb.org/wg/tb_hiv/meetings.asp

EDITORIAL: TB INFECTION CONTROL: THE ESSENTIAL ELEMENT



I am amazed by how much interest has been generated around TB infection control and how much we have accomplished in the past two years. The documentation of transmission of MDR/XDR-TB among HIV-infected patients and staff in a hospital in southern Africa and global concerns about MDR/XDR-TB being spread through the air on airplanes put a spotlight on transmission of TB and the infection prevention and control practices that have been largely ignored. We got the message.

In 2007 and 2008, WHO and partner organizations including KNCV, CDC, USAID, MRC South Africa, and Partners in Health developed and implemented trainings on infection control to over 100 senior level health care workers, as well a few architects and engineers, to serve as infection control consultants to countries starting up and expanding infection control activities. Additional trainings are planned for 2009.

The TB/HIV Working Group of the Stop TB Partnership formed an Infection Control Sub-group, membership to which has grown to over 150 members. In order to make the group more productive, a 15-person Core Team was formed to develop a work plan. The top priorities and key elements of the work plan for 2009 include advocacy, human resource development, guidance on facility planning and utilization, development of a monitoring and evaluation strategy, and development of tools to assist National TB Programs to implement TB infection control programs. We have many additional areas of interest, including identifying and implementing operational research on infection control strategies, developing tools for implementation at facility level, looking at behavior change issues and reducing stigma.

WHO will soon release the revised Policy on TB Infection Control. While the policy builds on previous WHO guidelines, additional emphasis is given to developing organizational structures to provide oversight of infection control activities and to assure ongoing monitoring and evaluation. The importance of community involvement is given much more attention e.g., treatment in the community is encouraged to minimize time spent in health settings and involvement of the community in raising awareness, promoting behavior change, and reducing stigma is promoted. Integrating TB infection control scale-up efforts with general infection control efforts (hand washing, other respiratory disease infection control practices, universal precautions) is recognized as essential to sustainability.

But of course the essential element to scale-up and sustain TB infection control practices is you. You, the health official; you, the health worker; you, the community advocate; you, the prison guard; you, the patient. Because infection control practices are for the most part a group of behaviors, often small things (like covering a cough) that must be promoted, remembered, rewarded every single day. Alone, this is a daunting task. But with YOU involved, there's no stopping us.

Be sure to check our website http://www.stoptb.org/wg/tb_hiv/tbics.asp and please write to me if you have suggestions for the Subgroup or would like to be more active in the group. We welcome your involvement.

Bess Miller, Chair, WHO STOP TB Partnership Infection Control Subgroup Associate Director, TB/HIV Prevention and Care, Global AIDS Program, Centers for Disease Control and Prevention, Atlanta, GA, USA
Email: bim1@cdc.gov



Monitoring and Evaluation for TB/HIV



Recording and reporting registers



As resources for collaborative TB/HIV activities increase, more countries are moving from innovative pilot projects to national scale-up of TB/HIV activities. As a result, there is a growing need to monitor these activities and evaluate their impact in order to inform program activities implementation.

The first version of the monitoring and evaluation guide for collaborative TB/HIV activities was published in 2004. Subsequent field experience and practice have informed updates of existing guides to M&E for both TB programs and HIV programs. Based on these experiences currently efforts are undergoing to revise the guidelines. This revision of the guide reflects further field experience in monitoring TB/HIV activities and to harmonize the indicators with the revisions of the WHO recommended TB and HIV recording and reporting formats.

Key changes include the number of TB/HIV indicators which has fallen from 20 in the previous version of the document to 12 in this update. The guide intends to facilitate the collection of standardized data and help in the interpretation and dissemination of these data for program improvement. It also aims to ensure consistency across all agencies and stakeholders involved in HIV, TB and collaborative TB/HIV activities, avoiding wasteful duplication of effort in data collection by developing a core set of internationally accepted and standardized indicators for monitoring and evaluating programme performance. It is with this in mind that these indicators have been developed in collaboration with UNAIDS and the 2008 PEPFAR revision process of TB/HIV indicators and are also incorporated into the latest Global Fund monitoring and evaluation tool kit (2008 version).

The finalized guidelines will be available very soon.

Expanding high tech tools for resource constrained settings:

Automated TB/MDR detection and HIV viral load measurement on the same molecular technology platform?

In line with the recommendations from the TB/HIV Core Group of the Stop TB Partnership, at the meeting in Addis Abeba, Ethiopia in November 2008, which called for combined innovation of TB and HIV diagnostics into one diagnostic platform, whenever possible, FIND and partners are currently exploring a new molecular diagnostics platform which can be used for TB and HIV.

The tool called GeneXpert® is currently able to do TB identification (including smear negative HIV pulmonary TB in positive patients) and drug resistant TB diagnosis in 90 minutes. There are preliminary indications that the tool can be adapted to enable it to also do viral load testing for HIV. The platform would enable the diagnosis of TB and measurement of HIV viral load to be done at a lower level than a reference laboratory.

However, these efforts entail significant costs for development and evaluation before a wider expansion that will benefit all TB and HIV patients, particularly in resource constrained settings. More funding to fill the gap is crucially needed.

For more information please see:

» <http://www.finddiagnostics.org/>



New TB and HIV platform technology currently in development

Childhood TB: the overlooked epidemic

In 2008, with support from the Stop TB Department of WHO, *hatip* (hiv aids treatment in practice) produced special editions of their newsletter (<http://www.aidsmap.com/cms1283535.aspx>) on TB. The most recent edition is the first part of a two-part clinical review of the management of TB in children with HIV. The most recent article discussed childhood TB.

Childhood TB has been an overlooked area of TB control, but contributes around 15% of the total burden of TB cases worldwide. Infants are at particularly high risk of dying quickly from TB, and children with HIV have up to a tenfold greater risk of dying from TB than children with TB alone. *hatip* also found that most programs seem to be poorly equipped to deal with aspects of TB disease in children. There seems to be uncertainty about the size of the problem, which is directly related to problems diagnosing it — or how to distinguish an infection from a case of progressive active TB with limited diagnostic tools. The articles asks questions about how programs with limited resources find cases or act to prevent them; whether existing treatment regimens are adequate and how should TB care and HIV care be coordinated for HIV-infected children?

Read the full articles at

» http://www.stoptb.org/wg/tb_hiv/documents.asp

ADVOCATES' CORNER: AN OPPORTUNITY TO SHARE VOICES



One of the important ways for activists and others to share information, particularly at international conferences where there is high competition to get your message across is through advocates corners or meet the expert sessions. These sessions normally generate high levels of participation from others attending a conference. By offering participants a chance to speak to experts about the issues and answer their questions you can deliver powerful messages. Many people who might not have the time to read the policy might after having spoken to someone about issue.

An example of successfully getting messages across by advocates was at the Union Conference on Lung Health in Paris, France in October 2008.

Activists and others who attended the Advocates Corner, called for TB doctors and National TB Programmes to accept the role TB patients and affected communities play in TB care and treatment, as much as people living with HIV have been central in the HIV/AIDS response.

For the second consecutive year, the Advocates' Corner, sponsored by the Stop TB Partnership, provided TB advocates attending the annual Lung Union conference with a space to showcase their best practices. This time advocates also used the stand to enter into dialogue with representatives from the HIV/AIDS community about common areas of concern, such as the involvement of TB patients and affected

communities, including people living with HIV, in national TB responses and the urgent nation-wide expansion of TB/HIV collaborative services.

At the "Talk to the Advocate" sessions, both TB and HIV advocates were encouraged to discuss these issues with researchers, policy-makers, donor agencies, community leaders and governmental officials. The informal set-up of these sessions allowed advocates to openly express their opinions, and to give their perspective to the main topics discussed at the conference. Mick Mathews, Senior Civil Society Officer for the Global Fund to Fight AIDS, TB and Malaria, said, "personally, the Advocates Corner was one of the more stimulating aspects of the Conference, as too little opportunities for real discussion is made available at conferences which to some degree renders these large international meetings impotent."

Participants all agreed that TB and AIDS activists must work together to address gaps in the TB response. People living with HIV should play a stronger role in advocacy work around universal access to TB diagnostics, care and treatment, drawing on their experience working on HIV/AIDS issues. As activist Lucy Chesire pointed out, "TB/HIV advocates must be vocal against the excuse of HIV/AIDS clinics not to implement the 3Is (intensified case finding, infection control and provision of isoniazid preventive therapy) due to alleged constraints in TB diagnosis and increased demand for health services while treatment may not be available."

Claire Wingfield from Treatment Action Group also pointed out that patients and affected communities can play a pivotal role in supporting researchers in translating clinical developments into the best practical delivery models, which requires community advocates



Activists come together to share experiences, Paris, France, 2008

and activists to have a clear understanding of clinical issues, such as opportunistic infections and side effects to ART.

"The Advocates' Corner provided an excellent opportunity to continue the important dialogue highlighting the very different approaches between north and south advocacy and facilitated learning far better than sitting comfortably listening to a series of 'Talking Head' presentations," said Mick Matthews.

During a roundtable discussion among researchers and advocates, participants talked about affected communities' engagement in advocacy for increased funding for research & development, but also for the

rapid implementation of new tools once these are available. "Researchers and advocates must raise awareness among the HIV/AIDS community to enable them to embrace TB and TB research with the same sense of urgency as HIV/AIDS response", said Heather Ignatius from TB Alliance.

The high turn-out and lively discussions at the Advocates' Corner highlighted the importance of supporting dialogue among TB and HIV advocates, researchers and other stakeholders from the north and south to strengthen the global TB response. Such forums should be nourished and cherished at all levels.

Contribution by Renato Pinto, TB Alert

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

INTERNATIONAL TB INFECTION CONTROL TRAINING AND WORKSHOPS

When: **February 23-27, 2009**
Where: **Almaty, Kazakhstan**
For more information:
Masoud Dara daram@kncvtbc.nl
and Rose Pray pray@who.int

To strengthen capacity of participating national programs in implementation of adequate TB-IC. Provide participants with the necessary knowledge and skills to conduct TB-IC assessment at facility level and TB-IC situation analysis at program level and facilitate development of the national TB-IC strategic plans.

MARCH

INTERNATIONAL TB INFECTION CONTROL TRAINING AND WORKSHOPS

When: **March 16-21, 2009**
Where: **Jakarta, Indonesia**
For more information:
Masoud Dara daram@kncvtbc.nl
and Rose Pray pray@who.int

To strengthen capacity of participating national programs in implementation of adequate TB-IC. Provide participants with the necessary knowledge and skills to conduct TB-IC assessment at facility level and TB-IC situation analysis at program level and facilitate development of the national TB-IC strategic plans.

WORLD TB DAY - I AM STOPPING TB

When: **24**
More Information: <http://www.stoptb.org/>
Various activities

STOP TB PARTNERSHIP FORUM - SIMPLY, STOPPING TUBERCULOSIS

When: **23-25**
Where: **Rio de Janeiro, Brazil**
More Information:
http://www.stoptb.org/events/partners_forum/2009/

How will you be involved in the Stop TB Partners' Forum? We can stop TB. Simply. We are making strides to stop it now. But we simply must do more, and we can. Between us we have the necessary knowledge and expertise. We simply need to ensure that as individuals each of us plays our part and that we are aligned.

SKILLS BUILDING SESSION

Who: **Treatment Action Group, TB/HIV Working Group of the Stop TB Partnership and UNAIDS**

When: **SUNDAY, March 22**

Where: **Centro de Convenções SulAmérica**

The skills building session will cover topics such as:

- mobilizing resources for the TB and TB/HIV from the Global Fund to Fight AIDS, TB and Malaria;

- monitoring and evaluation - what are objectives and how are they linked to indicators? What is a shadow report and how to collect and analyze data;
- Neglected populations - what are the challenges, what are the solutions;
- Preparation for the Forum - how can I contribute to the recommendations, make my voice heard, what is my role?

Come to the Forum Registration is open
http://stoptb.org/events/partners_forum/2009/participate.asp

Reserve your space at the Marketplace Put up a stand displaying your group's accomplishments, make new acquaintances, organize a performance, share your literature and more... Click here to apply for space at the Marketplace, but don't delay—the deadline for submissions is 15 February.

Speak your mind The Speakers' Corner provides the perfect opportunity for you to share your perspective or idea by giving a five-minute talk. The Speakers' Corner will be dynamic and passionate—expect to be challenged! Complete the form by 15 February 2009.

Visit the Partners' Forum blog

Have your say, at
<http://stoptbforum.wordpress.com/>

4TH SA AIDS CONFERENCE: SCALING UP FOR SUCCESS

When: **31-April 3**
Where: **Durban, South Africa**

More Information: Contact Neo Sithole, e-mail: neon@foundation.co.za; or access the Web site: www.saaids.com/index.php?option=com_frontpage&Itemid=1

APRIL

WHO MINISTERIAL MEETING OF HIGH M/XDR-TB COUNTRIES

When: **1-3**
Where: **Beijing, China**
More Information: www.who.int/tb

MAY

INTERNATIONAL TB INFECTION CONTROL TRAINING AND WORKSHOPS

When: **May 18-22, 2009**
Where: **Tbilisi, Georgia**
For more information:
Masoud Dara daram@kncvtbc.nl
and Rose Pray pray@who.int

To strengthen capacity of participating national programs in implementation of adequate TB-IC. Provide participants with the necessary knowledge and skills to conduct TB-IC assessment at facility level and TB-IC situation analysis at program level and facilitate development of the national TB-IC strategic plans.