Report of the 10th TB/HIV Core Group Meeting
London, UK,30 - 31 March, 2006

The 10th TB/HIV Core Group (CG) meeting started with Professor's Andy Haines, Director of the London School of Hygiene and Tropical Medicine (LSHTM) welcoming participants to the host institution. The Chair of the Core Group then introduced the meeting objectives and agenda.

The following were main conclusions and recommendations of the 10th Core Group meeting:

**1. Developments since the 9th Core Group meeting:**

The CG recognized the commendable achievements in analytical work and policy development; country and regional support; development of guidelines, training materials and tools; advocacy and community mobilization; and steps towards increasing partnership with UNAIDS. The CG also identified the following key topics that need to be addressed: limited human resource development, recording and reporting, the potential for confusion on various guidelines and training materials being developed, and how to operationalize further coordination and collaboration between WHO's TB and HIV departments. An Expert Group established after the call of the Core Group has defined new algorithms and recommendations to improve the diagnosis of smear negative pulmonary and extrapulmonary TB among people living with HIV (PLWH), which will be presented to the Stop TB Strategic and Technical Advisory Group in June 2006 for approval. The Core group has strongly called for expediting the development of responsive approaches to improve the diagnosis of childhood TB by those who are responsible to do so (e.g the childhood TB sub-group of the DOTS expansion WG). Updates on the development of the addendum of prevention of TB transmission in health care setting and on the CDC's training module on diagnostic counseling and testing, were also provided by CG members.

**2. Progress on TB/HIV implementation**

There has been impressive global progress in the implementation of TB/HIV collaborative activities by many countries, but the data have not been well captured. The situation in high TB/HIV prevalence countries, selected African countries, India, Kenya, Tanzania, Thailand, Uganda, PEPFAR and other non-PEPFAR countries were presented and discussed. The CG recognized that some countries were experiencing significant difficulties. Documenting and reporting what happens at facility level was highlighted as essential, and will only happen with sufficient investment both in human resources and infrastructure. Challenges identified were lack of stronger collaboration at all levels, slow mobilization of resources and lack of clarity on how patients are treated and how they are referred between TB and HIV/AIDS services. The WG needs to develop a compelling vision for better recording and reporting of TB/HIV activities, recognising that patients need, ideally, to obtain all the services they require from a single provider, and to include a strategy for further community involvement which is seen as essential to rapid scale up. The challenges posed by the intent to provide rifampcin only under supervision and the urgent need for countries to shift from EH to RH treatment regimen during the continuation phase was raised and discussed. The importance of international guidance on this issue was emphasized. Harmonization and improvement of the monitoring and evaluation systems to report more rapidly what is going on in countries is crucial.

**3. TB/HIV strategic plan implementation 2006-2007**

Despite concerns expressed by some CG members on how ambitious the milestones are for 2007, already some actions are taking place and it was agreed that efforts should be put into place to make this plan a reality. It was requested to the Secretariat to prepare a table for circulation among the CG members summarizing the present situation with respect to each milestone, suggesting possible partners to lead their implementation and identifying gaps. TBCAP offered to discuss this among its partners and USAID was interested in knowing the gaps. It was also suggested not to limit the number of countries targeted to those identified as TB/HIV priority, but also to include the high TB and high HIV countries. The following were identified as important constraints for the implementation of the strategic plan: still insufficient collaboration and engagement of TB and HIV stakeholders, weak health systems including limited human resources where highest co-infection rates are present.; and crucial knowledge and experience gaps to deliver collaborative TB/HIV activities for patients, including the need for new diagnostic tools, and effective approaches to community based care. The chair will present these challenges in the next Coordinating Board meeting of the Stop TB Partnership as key constraints to the sound implementation of the Strategic Plan of the Working Group.

**4. TB/HIV literacy and further engagement of the HIV community on TB/HIV**

After some discussion on conceptual, operational and financial aspects, the CG agreed to support the development of a plan on TB/HIV literacy, not limiting it to treatment aspects, incorporating the suggestions proposed during the discussion. A need to clarify the difference between health literacy and IEC was highlighted by some CG members. Mark Harrington will develop the plan for circulation among sub-group that will review it (H. Getahun, J. van Gorkom, C. Hankins, B. Miller and Y. Mukadi). The final document should be ready before the Toronto meeting in August 2006. Strategies and activities were discussed to enhance the engagement of the HIV community in TB/HIV activities. The importance of the suggested activities was recognized and the Secretariat was requested to prioritize the activities and facilitate for their implementation. It was also recommended to the Secretariat to explore the key reasons for the limited engagement of the HIV community on TB/HIV.

**5. TB/HIV approach to the 16th International AIDS Conference in Toronto**

The CG supported the emphasis on using the opportunity of the conference to attract members of the HIV community into HIV/TB activities and suggested that universal access be prominent with the possible inclusion of case studies on how to promote access to TB/HIV care. It was recommended to include in the proposed pre-conference meetings, an annual meeting of the TB/HIV Working Group plus a more scientific consultative meeting mostly engaging HIV/AIDS community. Some Core Group members offered to propose speakers for the sessions. It was suggested to include in the agenda recent advances, gender and poverty issues as well as the Global Plan to Stop TB, Universal Access and to highlight both progress and difficulties. The Secretariat should consider the proposed changes and circulate the revised agenda to the CG in the coming weeks.

**6. Information sharing on various specific topics**

**6.1 Update on CREATE**

Recent developments on the three CREATE research sites (South Africa, Brazil and Zambia) were presented and discussed. The very large scale of these studies was apparent. The baseline data being generated already should be of use to national programmes and the wider TB community. A retrospective study in Rio shows the incremental benefits of IPT, ART and both in PLWH. Side studies are being added.

### 6.2 Social and behavioural interventions to enhance TB/HIV collaboration

Stigma, adherence to treatment, availability of qualified health staff and social support are aspects to be considered when implementing TB/HIV collaborative activities. Social and behavioural interventions are needed as well as research in this area. These aspects should be considered during TB/HIV training.

### 6.3 Use of the word TB/HIV co-infection

The use of terminologies such as "*TB/HIV co-infection*", "*HIV-associated TB"*, "*TB/HIV*", "*HIV/TB*" has not always been consistent and may not have the same meaning for everyone. Clarification is needed and the Secretariat was requested to develop a glossary of TB/HIV terminologies through broad-based consultation (preferably also including a web-based one) for consideration by the CG. Once agreed the definition can be included in UNAIDS and other official glossaries.

### 6.4 Health workforce crisis

A proposed response to the health workforce crisis and its evolution was discussed. More visibility in the presented framework for decentralisation of services, the involvement of patients, and engagement of community members was suggested. Harmonisation with already existing initiatives such as the HIV human resource development plan ("Treat, Train, Retain") and DFID's human resources work in Malawi is important. The role of governments to address the crisis should be emphasised and individuals' right of movement should also be respected. Gijs Elzinga will incorporate the comments.

### 6.5 Mobilizing resources for the Global Plan to Stop TB

Current funding sources, approaches, tools and coming events where resource mobilization could be conducted were presented. The CG suggested trying other sources of funding, including the private and corporate sectors, resources from country offices of bilateral agencies and from the Global Fund. Ministries of Health in some countries are reducing their budgets when they receive GFATM funds, thus jeopardising smaller programmes. This is partly because of fear of macroeconomic effects and fears of fuelling inflation as a result of inward flows of large amounts of strong currency. UNAIDS is addressing this issue through discussions with the World Bank and IMF while the IMF is preparing country case studies.

### 6.6 Highlights on TB/HIV from the 13th CROI

Increasing attention was paid to TB/IV during the 13th Conference on Retroviruses and Opportunistic Infections in Denver, USA in February 2006 and members of the CG were urged to attend in future.

## 7. Components and functioning of the TB/HIV Core Group

Gijs Elzinga announced his intention to step down as chair before the end of this year owing to other pressing commitments and a search panel for a new chair was created. Dick Chaisson and Jeroen van Gorkom offered to be in it. Other volunteers will join the Panel in due course. It was agreed that by August the new chair should be selected and will start his/her functions during the next Core Group meeting to be held jointly with Core Groups of the DOTS Expansion and DOTS plus for MDR-TB Working Groups in October 2006 in Paris. It was also announced that Haileyesus Getahun takes over Paul Nunn as task manager for the component of the TB/HIV Working Group Secretariat in Stop TB Department with immediate effect. The work of the chair and the task manager for the Secretariat were praised and recognized by the CG members and the Secretariat was asked to arrange a suitable event in Paris to mark the achievements of the Working Group and the Core Group and provide members the opportunity to record their appreciation. Similarly Rafael Lopez was applauded for his hard work and support for the Core Group meetings during the past years now that he will leave the TB/HIV Secretariat. It was decided to postpone discussions on the functioning of the group until a new chair takes over.

RL/PN/HG/RP