



**World Health
Organization**

HIV/AIDS Department

WHO THREE I's MEETING

Intensified Case Finding (ICF), Isoniazid Preventive Therapy (IPT)
and TB Infection Control (IC) for people living with HIV

REPORT OF A JOINT WORLD HEALTH ORGANIZATION
HIV/AIDS AND TB DEPARTMENT MEETING

2-4 APRIL, 2008, GENEVA, SWITZERLAND

Executive Summary

BACKGROUND

As resource-limited countries rapidly expand their HIV/AIDS treatment and care programmes, TB/HIV is now a major public health threat for people living with HIV and the community. Among people living with HIV, TB is the most frequent life-threatening opportunistic disease, even in those receiving antiretrovirals, and it has been shown to be a leading cause of death. Globally, there were 700,000 TB cases among people living with HIV in 2006. An estimated 230,000 people living with HIV will die as a result of TB in 2008 — around 630 people every day — despite the fact that TB is curable.

Prevention and treatment of TB in people living with HIV is an urgent priority for both HIV/AIDS and TB programmes. The Three I's, Isoniazid preventive treatment (IPT), intensified case finding (ICF) for active TB, and TB Infection Control (IC), are key public health strategies to decrease the impact of TB on people living with HIV.

- TB preventive therapy with INH is safe and effective in people living with HIV, reducing the risk of TB by 33–62%
- Screening and diagnosing TB in people living with HIV can be challenging but TB is curable in people living with HIV
- TB infection control is essential to keep vulnerable patients, health care workers and their community safe from getting TB.

MEETING CONCLUSIONS AND CONCRETE ACTIONS

On 2–4 April, 2008 the WHO HTM/HIV/AIDS & HTM/TB Departments, in collaboration with other key partners, convened a meeting of international stakeholders to develop recommendations for WHO and guidance for national programmes and their partners for implementation of the Three I's for people living with HIV. The meeting was an important step on the path towards improved services for people living with HIV and there was clear consensus on several key conclusions and concrete actions:

- TB/HIV is a major public health threat for people living with HIV and the community. TB threatens the significant health benefits achieved with scale-up of HIV care and treatment.
- The Three I's should be a central part of HIV care and treatment and are critical for the continued success of ART scale-up. All people living with or at risk of HIV in areas of high HIV and TB prevalence should be screened for TB and either diagnosed with TB or placed on IPT. Infection control is a key part of the screening process.
- People with HIV, health care workers and the community have a right to a safe clinical environment including immediate implementation of the Three I's including WHO recommended TB infection control.
- Implementation of the Three I's should be "owned by" HIV programmes and seen as indispensable as patient monitoring or cotrimoxazole prophylaxis.
- There is an urgent need to strengthen public health laboratory capacity and referral systems for the timely diagnosis of TB.
- There is an urgent need to strengthen the Three I's supply chain, particularly the development of INH/CTX co-formulation and/or co-packaging.
- Advocacy "Push" and "Pull": Top down and bottom up approach will be necessary to ensure implementation progress. Advocacy should focus on the importance of the Three I's and the need to create community demand for TB screening, IPT and IC as positive actions to fight TB.
- M and E is critical to monitor progress in scaling up the Three I's to people living with HIV and their communities.
- Resource mobilization is essential for success and we will need to mobilize political commitment and resources for Three I's implementation.
- Urgently develop national level policies and operational guidance to implement the Three I's.

Background

The world is in the midst of an unprecedented scale-up of HIV prevention, care and treatment services. Largely by adopting a standardized public health approach, millions of people in resource constrained settings have been enrolled into HIV care and ART has been delivered to millions of people with HIV through health services with fairly limited capacity. But as countries rapidly expand these programmes, it has become increasingly clear that HIV and tuberculosis co-infection (TB/HIV) is a major public health threat to people living with HIV that directly jeopardizes the success of ART scale-up.

Among people living with HIV, TB is the most frequent life-threatening opportunistic disease, even in those receiving antiretrovirals, and the leading cause of death. Since 1990, TB case rates have increased dramatically in areas of the world where HIV and TB epidemics overlap. Around a third of people living with HIV in the world are co-infected with *M. tuberculosis* and approximately, 750 000 people living with HIV will develop TB disease this year, mostly in sub-Saharan Africa.

Antiretroviral therapy (ART) is the single most important way to reduce the incidence of TB in people living with HIV. However, people with HIV on ART remain highly vulnerable to TB.

The emergence of drug resistant TB in countries with a high HIV prevalence poses an additional public health threat, not only to people with HIV but also to the broader community. However, people with HIV are at a much greater risk of mortality from multidrug resistant (MDR)-TB and recent case series, reporting on extensively drug resistant (XDR)-TB in people living with HIV in Africa, suggest a greater than 95% mortality rate.

Urgent action is thus required to prevent, diagnose and treat TB in people living with HIV, their families and communities.

TB is both curable and preventable, so it does not have to be a death sentence for people with HIV — and with the ongoing scale-up of HIV services, it should be possible to address TB/HIV in a manner that is convenient for patients with or at risk of both infections.

TB/HIV Collaborative activities

In 2004 the WHO Stop TB Department and HIV/AIDS Department released basic suggestions for how to better integrate TB and HIV care and treatment in *Policy on Collaborative TB/HIV Activities* (see figure 1 below).

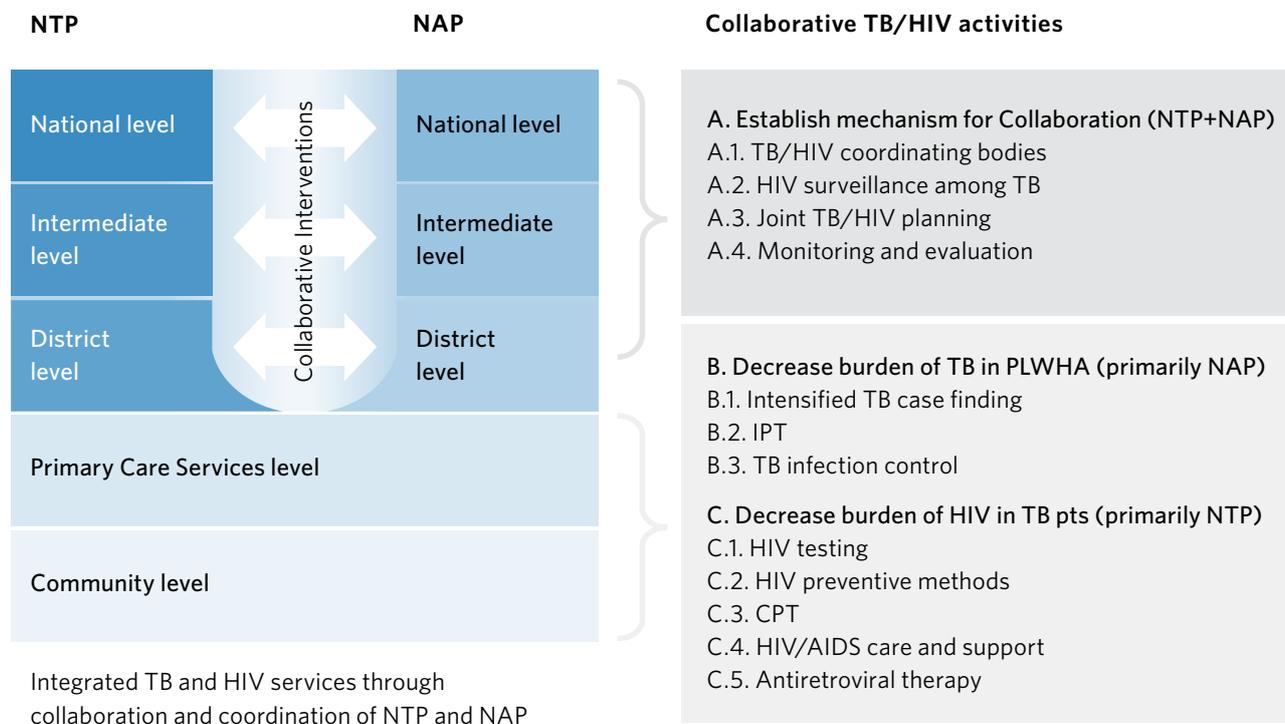


FIGURE 1

The policy recommends twelve key activities divided into four “policy-making level” actions required to set up, plan and monitor TB/HIV programmes collaboration (A1-A4 in Figure 1 above); five activities that TB programme can perform to reduce the burden of HIV disease among people with TB (C1-C5 including providing them with HIV testing and counselling, HIV prevention services, and either directly providing or making certain that people with TB/HIV receive adequate and appropriate HIV care including co-trimoxazole prophylaxis and ART, when necessary). Recently, national TB programme (NTPs) and national AIDS programme (NAP) to a lesser extent have begun to make great strides towards the implementation of these activities. However progress has been more limited for the WHO-recommended activities that are primarily focused on people accessing HIV care and treatment services (B1-B3 above including infection control for TB, IPT, case finding for TB).

The Three I's to reduce the burden of TB disease among people living with HIV

There are three activities, known as the "Three I's," that those providing care to people with HIV should do to protect them from TB infection, help prevent active disease from developing, and to identify active TB disease early and improve the chances of cure:

- **ICF:** Intensified Case Finding for TB means regularly screening all people with or at high risk of HIV or in congregate settings (such as mines, prisons, military barracks) for the symptoms and signs of TB, followed promptly with diagnosis and treatment, and then doing the same for household contacts. Simple questionnaires to screen for TB can be performed when people first seek HIV services (e.g., care, voluntary counselling and testing, etc.) and/or by community based organizations supporting people with HIV. ICF serves as the important gatekeeper for the two other I's (infection control and isoniazid preventive therapy), facilitating rapid identification of TB suspects (allowing for triage and other steps to reduce TB transmission), and acting as the necessary first step for healthcare providers to confidently prescribe IPT to people living with HIV who do not have active TB.
- **IPT:** Isoniazid Preventive Therapy for TB can safely be given to people living with HIV without TB disease, reducing the risk of developing TB by 33–67% for up to 48 months. It is currently recommended for all people living with HIV in areas with a prevalence of latent TB infection >30%, and for all people living with HIV with documented latent TB infection or exposure to an infectious TB case, regardless of where they live. More recently, evidence has shown that the combined use of isoniazid preventive therapy and antiretroviral therapy among people living with HIV significantly reduces the incidence of TB; and the use of IPT in patients who have successfully completed a course of TB therapy has been shown to markedly reduce the risk of subsequent TB cases.
- **IC:** TB Infection Control measures are essential to prevent the spread of *M. tuberculosis* to vulnerable patients, health care workers, the community and those living in congregate settings. Fundamentally, TB infection control is about safety — people receiving or offering HIV care should not have to worry about being exposed to and infected with *M. tuberculosis* in the process. In light of the crisis of drug resistant TB in countries with a high burden of HIV, establishing facilities that are safe from TB has become an emergency situation for health services, prisons and other congregate settings, in general, but especially for HIV programmes.

Despite the considerable benefits, HIV programmes have been slow to implement these TB-reducing services, resulting in missed opportunities to prevent many unnecessary cases of TB and related deaths.

WHO Three I's Meeting

To address the significant gap in progress in scaling up the Three I's, WHO HTM/HIV/AIDS & HTM/TB Departments, in collaboration with other key partners convened a meeting of experts from national HIV programme, implementing partners and academic centres, and the WHO regions. The participants were charged with reviewing the programme experience, available data on IPT, ICF and IC, to develop recommendations for WHO and guidance for national programmes and their partners for implementation of the Three I's for people living with HIV. The meeting provided an opportunity to identify concrete actions that can be undertaken to improve the collaboration between programmes and the implementation of TB/HIV activities such as the Three I's. WHO focused on patient representatives, HIV programme managers, HIV experts, international and national policy makers and HIV CBO/NGO representatives. Approximately 65 participants from the five WHO regions and over 30 countries participated in the three-day meeting.

THE OBJECTIVES OF THE MEETING WERE TO:

- review the programme experience and available data on IPT, ICF and IC to develop operational guidance for national programmes and their partners for implementation of the Three I's and how to deliver comprehensive TB prevention, case finding and care activities for people living with HIV.
- identify concrete actions that can be undertaken to improve the collaboration between programmes and the implementation of the Three I's and other key TB/HIV activities.
- increase advocacy/get the community to take on board the challenges and the risks that TB presents to people with HIV, recognizing that these Three I's are feasible and essential, and should be advocated for and articulated at the country, regional and international levels.

The following sections capture a synthesis of the discussions and the final recommendations.

CHALLENGES TO THE IMPLEMENTATION OF THE THREE I'S

Through a series of presentations and group work, meeting participants came to a number of conclusions regarding the slow implementation progress of Three I's. They concluded that the implementation of the Three I's has been significantly limited by the failure of HIV programme to take ownership of these critical TB/HIV activities — and a failure to see them as integral, essential components of quality HIV care. It was also pointed out that there has been reluctance on the part of some TB programmes to help HIV programmes to assume more responsibility for TB prevention, case finding and care in people with HIV, and to relinquish control of the parts of the TB supply chain (e.g. isoniazid supplies).

Meeting participants also highlighted gaps in policy. There was consensus regarding the need for more clearly articulated policy regarding some aspects of the Three I's, in particular IPT implementation. The lack of technical consensus regarding some aspects of IPT among technical partners and experts was also identified to be a potential obstacle to scale-up. In addition, detailed operational guidance concerning the Three I's implementation would be very helpful and would need to be integrated into HIV/AIDS Department HIV care and ART scale-up guidance. Policy and guidance regarding ICF and IPT in children with HIV is even less clear.

Meeting participants discussed that airborne infection control is a health systems issue that nobody clearly owns; and within public systems there are often multiple or unclear lines of authority to enact and enforce policies and standards. In some settings there may be multiple ministries involved who may be responsible for healthcare facilities. At the facility level, administrative controls are neglected, without dedicated accountable staff. Most of the engineering technical solutions are outside of the area of expertise of most people working in healthcare; and there is a short supply of technical experts, particularly in resource-limited settings. Few countries actually have infection control plans of any kind or any concept or recognition of TB as risk to patients or providers. At the facility level, administrative controls are neglected, without dedicated accountable staff. Other technical issues such as commodity/supply chain issues, waste management, and laboratory biosafety must also be addressed. Perhaps most importantly, it was recognized that health care workers (HCWs) are in scarce supply and that occupational TB infection poses a significant threat to their health and ability to carry out their vital work. Additionally many HCWs are living with HIV rendering them even more vulnerable to the threat of TB. Participants were firm in stating that infection control should be seen as an essential component of health systems strengthening.

Operational guidance is needed for each of the Three I's on appropriate indicators and practices for recording and reporting, monitoring and evaluation (M&E), training and supervision. The development of information, education and communication materials, including how responsibilities for these activities should also be shared or coordinated between HIV and TB programmes.

The HIV and TB community, including people living with HIV, have not "owned" the Three I's agenda. Specifically, HIV and TB activists have only recently begun to engage with international and country-level stakeholders to address the significant TB problem, and more specifically implementation of the Three I's.

OVERALL CONCLUSION

The Three I's meeting was an important step on the path towards improved services for people living with HIV. By its conclusion, there was a clear consensus that the Three I's must be viewed as an integral component of prevention, care and treatment services and an essential part of universal access, as indispensable as patient monitoring, ARVs or co-trimoxazole. At entry or presentation into care, people should be screened for signs and symptoms of TB, both for the purpose of infection control (e.g. triaging those with cough as potentially infectious individuals) and intensified case finding. Those who may have TB should receive prompt and thorough diagnostic evaluation while those without TB should be provided with IPT.

Concrete next steps: Global level

THREE I's POLICY AND IMPLEMENTATION

- The Three I's (ICF, IPT, IC) should be promoted and adopted as an essential part of the HIV treatment and care package just like the provision of co-trimoxazole.
- The WHO 1998 IPT policy should be re-conceptualized and updated by the end of the year to recommend implementation of the Three Is with an emphasis on TB screening using a standardized WHO screening tool for IC, IPT and ICF for TB as an essential part of HIV care. Whenever people with HIV are screened for TB, they should either be identified as someone needing diagnostic evaluation for TB or other HIV-related conditions, or they should get IPT.
- The policy must make it clear that the HIV programme is responsible for the Three I's and in particular IPT and ICF implementation.
- Policies should also be developed for the Three I's in congregate settings, including households, prisons, mines and the community.
- There is an urgent need to network with global stakeholders working on laboratory scale-up, such as the Global TB Laboratory Initiative, to strengthen TB diagnosis at all levels.
- While international and national policies are under development, set up demonstration countries/districts to strengthen evidence base to help prioritize Three I's interventions.
- TB IC is a critical component of health systems strengthening and it is crucial to engage other stakeholders (including those working on other airborne infections) to 1) garner high level commitment and 2) establish lines of authority to implement and enforce policies and standards 3) engage HIV and HIV community groups to take ownership of TB IC in settings providing care to people with HIV and where people with HIV congregate.
- Develop simple concrete guidance —10 essential IC interventions for immediate impact— for facility level guide, including assessment and advice on how to plan and implement, and disseminate within the next two months.
- Accelerate the development of the WHO HIV/AIDS and TB Departments IC framework, providing guidance on the priorities of interventions; assessments; facilities ventilation standards; recommended elements for accreditation or certification and develop standardized indicators for monitoring of administrative measures.
- Advocate for funding partners to direct funding towards Three I's activities, (e.g. IPT scale-up, implementation of IC including renovations and refurbishments, etc.).

ASSURING ACCESS TO THREE I's INTERVENTIONS

- There should be universal access to isoniazid (like ART) for HIV stakeholders.
- Supply chain management for isoniazid and IC related products must be improved including WHO supported efforts to co-package and/or co-formulate isoniazid and co-trimoxazole for adults and children.
- The WHO and stakeholders should engage key supply chain implementers (e.g. GDF, AMDS, GFATM, UNITAID and PEPFAR/SCMS) regarding essential Three I's related commodities (e.g. pooled procurement, long term contracts, etc.).
- The WHO should explore need to develop a UNITAID proposal for isoniazid (see below for IC UNITAID recommendation).
- WHO and stakeholders should revise recommendations regarding the paediatric doses/formulations for isoniazid.
- WHO should develop clear specifications for IC-related procurement (e.g. respirators, masks, etc.) and the WHO Stop TB Department should continue its efforts to develop and put forward a UNITAID IC proposal.

ADVOCACY "PUSH"

- Activism is needed at all levels.
- A Three I's communications strategy should be developed to promote the Three I's agenda. Immediate steps include:
 - Distributing the report on the meeting's outcomes to WHO staff at all levels
 - Discussing the meeting's outcomes at upcoming WHO STAC and STAG meetings
 - Raising the Three I's at WHO regional technical advisory group meetings
 - Plan regional or country level Three I's meetings
 - Stakeholders and meeting participants should continue with current plans to push the Three I's agenda to increase the pace of scale-up
- Meeting outcomes should be discussed at all major upcoming TB/HIV related meetings (PCB, PEPFAR, June 9th UN meeting, World AIDS Conference)
- A WHO Three I's brochure should be developed focusing on existing recommendations on the Three I's, and promoting the dissemination of the existing experiences and best practices from successful projects.
- There must also be scientific advocacy, using existing scientific literature and enlisting major medical journals to promote TB prevention, diagnosis and treatment in general for people living with HIV.
- Technical experts from other agencies should be engaged — champions and critics alike.
- Resource mobilization: there should be a global push from WHO and UNAIDS to generate the pressure and the demand globally for the Three I's and to mobilize resources. The Three I's should be prioritized for the Global Fund (Round 8/9) and for the upcoming PEPFAR country operational plans.

ADVOCACY "PULL"

- Donors and global community groups must work to enable grass roots demand generation for the Three I's. People living with HIV should come to expect TB prevention, screening and treatment as part of their routine care.
- Mobilize people living with HIV groups and train HIV activists to become TB/HIV activists.
- Promote treatment literacy for the Three I's including an understanding of the symptoms of TB, and generate demand for TB screening, prevention and treatment as an essential part of HIV care. Launch massive IEC campaigns for the Three I's.
- Target advocacy to increase awareness of Three I's among key national stakeholders, particularly those against these activities within the national HIV and TB response. Address misconceptions and perceived obstacles to Three I's implementation.
- Make certain that the HIV community is well represented and participates in technical advisory meetings at both the regional and country-level
- Emphasize positive messages that empower individuals and communities in the fight against TB, in order to address the stigma, using the national models and community leaders.
- Mobilize resources to provide sustainable approach to advocacy for the Three I's as standard of care for people living with HIV.

Concrete next steps: Country-level

POLICY AND IMPLEMENTATION

- Use current WHO and national guidelines to begin and/or increase implementation of the Three I's.
- Set national targets to enhance implementation for all the Three I's.
- Improve existing guidelines; develop operations manuals and standard operating procedures.
- National policies should be strengthened to include IPT and a standardized screening tool as part of national HIV/AIDS policy and programme guidance. The policy should emphasize ICF as a gatekeeper for the other I's - for IC and for IPT. ICF elements must be included and highlighted upon the physical examination and follow-up visit checklists for all HIV infected persons.
- Strengthen standardized national TB/HIV M&E by including ICF/IPT in pre-ART and ART registers, and developing indicators for TB IC. ICF/IPT elements should also be included on the patient cards.
- Strengthen the implementation of an integrated public health laboratory network designed to support the rapid diagnosis and management of both HIV and TB including access to culture for *M. tuberculosis*.
- Given high early mortality for TB/HIV patients, expedited diagnosis and management should be based on the WHO recommended smear-negative guidelines.
- Integrate the Three I's into existing pre and post service training activities for health workers and staff, particularly HIV staff. Refresher training for health workers should be conducted to promote implementation.
- Implementation of Three I's should begin immediately by using demonstration districts/provinces to help refine local best practice. However, it is important that these demonstration districts/provinces serve as 'learning centres' demonstrating implementation in common clinical settings rather than "centres of excellence."
- Wherever patients must be referred for diagnosis and treatment, referral mechanisms should be standardized, promoting escorted referral to make sure the clients and the patients reach the other side of the service.
- Community groups and community-based organizations should be engaged in national scale-up efforts at the national, district and health centre levels.
- Training and IEC materials should emphasize that HIV and TB are family diseases. Health providers should ask patients about family members.

Appendix 1:

STAKEHOLDERS IMMEDIATE PLANS

At the conclusion of the meeting, several key stakeholders, funding partners, and WHO announced their immediate plans to advance the Three I's. The following represent statements made by participants (alphabetical order):

GLOBAL FUND AIDS, TUBERCULOSIS AND MALARIA

As a demand driven mechanism, the fund can support Three I's interventions when they are included in proposal coming to the Fund. To increase awareness of the importance of the Three I's, the Fund will direct applicants to technical information on TB/HIV and the Three I's provided by WHO and other partners.

The Fund will also provide Technical Review Panel (TRP) members with background documents and materials, including the report of this meeting, and will address the topic, as part of the regular briefing of the technical review panel session that will take place in August.

Pan American Health Organization/Caribbean office has had a series of meetings looking at TB/HIV collaboration, but plans to promote increased awareness and advocacy around the Three I's. The next step will be to have a regional meeting on the issue, to look at supporting national level implementation.

PEPFAR

PEPFAR considers TB/HIV, including the Three I's, to be a very important part of its portfolio. Each of the 12 key collaborative activities described in the *Interim Policy* framework have been fundable in the scale-up of PEPFAR.

Last year, PEPFAR, The Bill and Melinda Gates Foundation and WHO co-sponsored a key meeting in Washington DC, out of which came \$50 million additional resources that were specifically targeted towards TB/HIV scale-up, including infection control and laboratory strengthening. A follow-up TB/HIV meeting in Kigali Rwanda associated with the Implementers Meeting was held in June 2007. PEPFAR will integrate recommendations on HIV/TB into 2009 country operational plan guidance to make certain that support of the Three I's is well articulated in the FY 09 country operational plans.

An immediate next step will be to discuss with the organizing partners how to get the Three I's on the agenda for the upcoming HIV Implementer's meeting in Kampala.

PEPFAR has been working with one partner, ICAP to scale-up demonstration projects on infection control procedures at the facility level, initially in South Africa, then in Rwanda and Ethiopia. This project will look at all aspects of provider knowledge, attitudes and beliefs, basic practices (including DOTS practices), triage, smear diagnosis (focusing on turn around time). This model will be used to develop a package of best practices that PEPFAR hopes to share with other countries within the next year.

OPEN SOCIETY INSTITUTE

OSI will continue to support and help build the capacity of community groups and activists by supporting treatment literacy efforts with the particular focus on TB/HIV. OSI will also support activity capacity to hold other stakeholders for the many pledges, promises and policies being made regarding the scale-up of TB/HIV activities.

Upcoming opportunities: The 2008 World AIDS Conference in Mexico City will have a TB/HIV plenary, which could offer an opportunity for creative activism that could generate media interest about infection control or other issues.

OSI also has strengths working with prisons and drug using communities who should be engaged in the next series of meetings and implementation.

TREATMENT ACTION CAMPAIGN (TAC)

TAC is adapting treatment literacy materials on TB prevention targeted to the community level. TAC is also launching a project in 12 focus areas across South Africa targeting specific groups, such as informal settlements in rural areas, to implement TB/HIV strategies. Community mobilization will include door-to-door work (support for this programme would be welcome).

Since last year, TAC has been engaged in discussions with the ministry of health in an effort to affect policy, guidance and implementation on TB/HIV. As in the past, one of TAC's most effective strategies to change policy has been litigation, which may also be an option around TB/HIV activities including infection control.

TREATMENT ACTION GROUP (TAG)

TAG plans to expand its work training activists, particularly HIV activists (with an emphasis on Sub-Saharan Africa but also with all of the community representatives from the 7 different "STOP TB" Partnership working groups) on the Three I's and other TB/HIV collaborative activities.

TAG will soon be putting an TB/HIV tool kit on its website, with slides and educational tools that people can use and adapt (and would welcome assistance with any useful materials) with a particular focus on community education and on how different stake holders can work together.

TAG has an extensive network of TB/HIV activists contacts in different countries, and one of TAG's goals is to make certain that all the different stakeholders, including activists, are well represented in national joint TB/HIV coordinating boards — and that they use the Interim Policy to advocate for collaborative activities including the Three I's at the national level.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

USAID funds TBCAP to provide technical assistance to countries in the scale-up of IC. Activities include development of national action plans for infection control, ongoing training to develop a larger cadre of consultants, and training in facility-level assessments and plan development.

WHO/AFRO REGIONAL ACTIVITIES

In March 2008, there was a meeting in Ethiopia involving NTP managers and the AIDS programme managers to discuss the key TB/HIV collaborative activities. In a few weeks, there will be a meeting in Brazzaville with the NTP managers, country level WHO TB staff, where the Three I's meeting outcomes will be used as a lobbying tool.

In November 2007, there was a meeting in Gaborone on infection control looking at scale-up of infection control activities in programmes. Since then there have been training sessions of consultants, engineers and clinicians.

There is an interest in creating a core group in the African region to deal with those issues that involve both HIV and TB programmes and to focus on training core staff in countries.

WORLD HEALTH ORGANIZATION

WHO HEADQUARTERS

For the HIV/AIDS Department, the Three I's will become an essential part of the continuation of ART treatment scale-up, and will be incorporated into the upcoming guidelines on the Essential Package of Prevention and Care Interventions for Adults and Adolescents Living with HIV in Resource-Limited Settings.

There is no time to wait for implementation. WHO has committed to updating and clarifying the current policies that define what must be done in terms of preventive therapy, intensified case finding and infection control. But while WHO refines its guidance on the Three I's, the already existing policies should be used to put these essential activities into operation.

Policy clarification

The 1998 WHO IPT Policy Statement will be updated, strengthened and re-conceptualized to include the Three I's from the perspective of HIV service delivery. In other words IPT, ICF and IC will be addressed as being related activities with a focus on using TB screening as the gateway to IC and IPT for people living with HIV. This effort will include the development of a WHO-recommended tool for intensified TB case finding among people living with HIV.

The 1999 guidelines on IC are currently under revision with a new WHO IC framework expected by fourth quarter of this year. Immediately following the Three I's meeting, the TB/HIV working group/core group will develop simple 10-point IC recommendations that can be put into use immediately. In addition, the infection control subgroup will be strengthened with increased participation of HIV community stakeholders.

Transferring policy into the practice at the country level (advocacy, communication, promotion)

Internal work:

The HIV and Stop TB Departments will review the indicators and set targets for implementation of the Three I's. They are also developing a training curriculum, targeted at national TB and HIV programme managers, but principally focusing on HIV managers to push this for nationwide scale-up.

WHO will make certain that the Three I's meeting outcomes are well understood at all levels of the WHO so that its regional advisers and national programme officers can start discussing the issue in a coordinated way with national TB and HIV programmes. This will include preparation a letter, about the meeting's outcome and next steps, that will go to all the network(s) of the TB and HIV officers working (in) regions and countries, jointly signed by the HIV/AIDS and Stop TB Departments.

The outcomes will also be discussed in the upcoming meetings in the international and regional technical advisory groups (e.g. STAC, STAG, etc.)

Outreach functions

Resource mobilization

WHO will work with PEPFAR (Office of the U.S. Global AIDS Coordinator, Centres for Disease Control, USAID) to define and outline what can be done in practical terms and what can be funded by PEPFAR. The messages from the Three I's meeting should be disseminated quickly and fed into country operational plans for the 2009 funding cycle (due 14 November 2008).

WHO will brief members of the TRP of the Global Fund to Fight AIDS, Tuberculosis and Malaria Global Fund so that it becomes either mandatory or strongly recommended that these TB/HIV interventions be included in any HIV funding proposal, and prioritized in the next funding rounds (Round 8 and 9).

WHO will do similar advocacy and promotion with Gates Foundation, bilateral and other donor partners.

Community outreach

WHO will engage the HIV community and treatment access activists, including inviting them to participate in technical advisory meetings.

WHO will work with the community to help create demand for the Three I's, and also reach out to the community of human rights activists.

Important upcoming events, where the urgency of Three I's agenda should be promoted to secure high-level commitment

The UNAIDS programming coordinating board (PCB) meeting in the end of April, in Chiang-Mai, Thailand will have a full-day thematic session dedicated to TB/HIV issues.

PEPFAR's HIV Implementers Meeting in early June in Kampala Uganda.

The UN meeting on HIV, 9-11 June, which includes a special meeting, called by the special envoy to STOP TB, which will include the Director General of WHO, UNAIDS Executive Director, Global Fund Executive Director, and the Secretary General of the United Nations.

The joint steering committee meeting that involves the TB & HIV/AIDS Departments of WHO, UNAIDS, The Global Fund, The World Bank and possibly the European community.

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