Terms of Reference for the WHO HIV/TB Taskforce

Background

Encouraging progress has been witnessed in the scale-up of collaborative TB/HIV activities since 2004. Recent years have witnessed a number of new scientific advances relating to the powerful combination of early ART and isoniazid in preventing (IPT) TB and early ART in reducing TB mortality, as well as the emergence of new technologies such as Xpert MTB/RIF. Close collaboration between WHO and key partners has fostered joint programming and integrated delivery of services, in particular, through initiatives such as the PEPFAR Blue Print and the Global Fund single TB and HIV concept note. However, TB is still the leading case of HIV mortality, accounting for 360,000 deaths in 2013. Half of all estimated HIV-positive TB cases were not reported in 2013, 30% of detected cases were not started on ART and only 21% of countries reported providing IPT. Much more needs to be done in terms of prevention, earlier identification of HIV-associated TB, coverage and delivery of these life-saving interventions.

To this effect, the Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) and the Strategic and Technical Advisory Committee for HIV/AIDS (STAC/HIV), the two independent bodies advising the WHO Director General on TB and HIV respectively recommend the establishment of a WHO Task Force on HIV/TB to galvanise and intensify WHO’s TB/HIV response. The advisory groups suggested that the Task Force should advise WHO on how to maximise the uptake of the already existing, evidence-based, policy package of interventions to respond to HIV-associated TB with particular emphasis on the following indicative organisational and clinical issues:

- Joint TB and HIV programming
- Integrated service delivery packages (e.g. MCH, PHC and community-based services).
- Tailored approaches for nationwide scale-up in high burden countries
- Multi-sectoral engagement (e.g. prisons, mines)
- Impact assessment of implementation of interventions
- TB preventive therapy and control of infection transmission
- Enhanced detection and early diagnosis of HIV-associated TB (e.g. scale-up of Xpert MTB/RIF)
- Early initiation of ART for all TB patients
- HIV-associated MDR-TB

Mission of the HIV/TB Task Force

To advise WHO at all levels on intensifying the TB/HIV response in order to reduce new HIV-related TB infections, and to eliminate HIV-associated TB deaths in high TB and HIV burden countries and concentrated HIV epidemic settings.
Functions

1. Provide critical analysis of bottlenecks to implementation and identify innovative strategic and tailored approaches to enhance the delivery and scale-up of collaborative TB/HIV activities in all HIV epidemic settings.

2. Ensure the adoption and adaptation of defined options for integrated service delivery that also guarantee equity of access to all, including key populations most at risk of TB and HIV.

3. Define a framework for elimination of TB deaths among people living with HIV including a set of global targets that will enhance the optimal uptake of the collaborative TB/HIV activities.

4. Define a framework to address bottlenecks in adaptation and implementation for current recommendations and new approaches for reduction of new TB infections people living with HIV.

5. Drawing on global and national research plans, identify gaps, and define priorities and next steps in both basic research and development, and implementation research that addresses also issues such as social protection.

Membership

Task Force members are selected based on their individual capacity and expertise with due consideration to geographical and gender representation. Members will be expected to attend virtual and face-to-face meetings as deemed necessary and depending on availability of funding.