

Global  Working Group
Report of the 5th TB/HIV Core Group Meeting
Geneva, 2-3 February, 2004

Host: World Health Organization, HQ – Stop TB Department, THD – TB/HIV group

Initial meeting discussions were centred on the latest health initiatives and their implications for TB/HIV. The 3 by 5 initiative, ISAC (Intensified Support and Action Countries), PEPFAR (Presidential Emergency Plan for AIDS relief) and Global Fund financing were among them. Drs. Jim Yong Kim from WHO's Director's General Office, Dr. Mario Raviglione – Director Stop TB and Dr. Yves Souteyrand from the HIV/AIDS Department participated in this dialogue with Core Group members.

Progress on main recommendations from the previous Core Group meeting were reported and discussed, followed by the selection of the chairperson for the next 3 years. Partners presented their TB/HIV related workplans for 2004 followed by country updates and discussions on how to speed up implementation of collaborative activities. Some WHO staff were invited to present updates on specific subjects. Towards the end of the meeting some topics previously proposed by Group members for discussion were reviewed and finally planning for next Core Group and Working Group meetings was decided upon.

The discussions were held in a receptive and frank, yet warm atmosphere. The main conclusions and recommendations of the meeting by subjects were:

1. Strategic approaches

The Core Group agreed on the need to scale up country level TB/HIV activities as soon as possible.

Rapid progress at country-level would be helped by clearer policy positions on issues in the domain of the WHO HIV/AIDS Department, including CPT, ARV treatment, and HIV testing. The Chair and secretariat was urged to explore ways of encouraging clarification in these relevant areas, through enlisting Dr Thierry Mertens, WHO's Director of Strategic Planning and Innovation in the HTM (HIV/AIDS, TB and Malaria) cluster, and gaining support of Dr Jack Chow (HTM's Assistant Director General) and of Dr Jim Yong Kim.

The current global situation is of constant change and uncertainty. Different countries will need different approaches. The U.S. President's Emergency Plan for AIDS Relief (known as PEPFAR Initiative) is one with which the TB/HIV partners should engage at both global and country level. The Group advised approaches to the senior staff globally by secretariat and Core Group members and at country level through USAID missions, Global AIDS Program (GAP) country directors, and USA embassies.

There are efforts for TB/HIV advocacy in the next International AIDS Conference to be held in Bangkok.

2. TB/HIV collaborative activities

The issue of whether NTPs and NACPs should “merge” operations and in what areas was raised. It was suggested to analyse on the basis of results from more intensive country level implementation; on skills assessment and human resources options analysis (in preparation with WHO’s Human Resource Department); and to define the lessons to be learnt. The concern is not to overburden TB programmes.

There is also a need to have a conceptual analysis of how the various components of special programmes like TB and HIV/AIDS fit in the health system that can accommodate the variations that exist from country to country. This analysis can be linked to the resource options analysis.

The ISAC initiative aimed at accelerating DOTS expansion and reaching the 2005 targets within the global plan to Stop TB was applauded.

The need to advise the GFATM on ways to respond to clear demands for additional resources for technical assistance to countries was expressed.

3. ARV delivery for TB patients

The interactions of rifampicin with anti-retroviral medications are key for the treatment of TB/HIV patients. A complete analysis of existing data on rifampicin-nevirapine interactions is needed to define research studies, with emphasis on finding a safe effective dose of nevirapine that can be used with rifampicin. The data on rifampicin and efavirenz needs to be similarly reviewed. Marco Vitoria from WHO’s HIV/AIDS Department has agreed to draft a paper and circulate for comments from Mark Harrington, Peter Godfrey-Faussett, Naomi Bock and Paul Wiedel (CDC/GAP), and Fabio Scano, and present it in the next Core Group meeting.

4. Isoniazid Preventive Therapy - IPT

The Core Group pointed out that serious implementation of IPT has not been achieved anywhere in high HIV low-income settings and re-iterated its potential to save lives. IPT should be seen as an integral part of the package of care promoted for those with both TB and HIV. The technical concerns about the need for chest X-Rays and LFTs need to be assessed. The secretariat was advised to assemble a small panel of members to address these issues and make recommendations, using the latest evidence on the utility of chest X-ray in excluding active tuberculosis.

5. HIV testing

Some members pleaded strongly for much more assertive action in promoting HIV diagnostic testing in patients seeking medical care, in combination with a "serostatus" public health approach in the general population (paper Lancet Nov 2003). There is a need to clarify the policy on offering routine HIV testing, particularly to patients within the health care system, to increase identification of their HIV status and thus access

further interventions. The Core Group needs to arrive at its position and press for change. This topic will be more fully addressed at the next meeting with input from those working, for instance, on stigma.

6. HIV surveillance

The draft guidelines on HIV surveillance among TB patients are being discussed with UNAIDS. The secretariat should define more clearly the technical discrepancies regarding types of surveillance to be included with senior staff of UNAIDS and arrive at a way forward within the next month, to finalize this important document.

7. Training

The Core Group endorsed the development of WHO's initial TB/HIV training plan. It advised careful co-ordination with other ongoing training efforts, especially under PEPFAR, and collaboration with the World Bank's ARCAN (African Regional Capacity Building Network for HIV/AIDS) project. It also recommended the preparation of a funding TB/HIV training proposal to TBCTA.

8. Prevention of HIV related TB in patients and staff in health facilities

The Core Group advised review of current recommendations of this topic in light of the new TB/HIV policy, assessing the major risks, determining whether any modifications are required to existing practice, and ensuring that best practice is clearly taught in the TB/HIV training courses planned.

9. Information

A large amount of activities are planned and being implemented within the workplans presented by partners. Sharing this information was useful, but raised the question of whether workplans should be more co-ordinated. Certainly partners must ensure that all country level activities are carried out in co-ordination with all stakeholders in that country, but the issue for further analysis and decision is how to improve information flow within partners and from secretariat to Core Group members.

10. Selection of the Chair

Dr Gijs Elzinga was unanimously re-elected to continue as Chair of the Core Group for the following three years.

11. Attendance to the Core Group meeting

The absence of some key members of the Group, especially those from Sub-Saharan Africa, was regretted and raised concern. It was advised to the secretariat to gather the reasons for their absence and to strongly encourage their participation in the future. If not possible, group members not able to attend should be requested to

step down. It was discussed and decided to maintain the membership to the group on a personal basis and not to accept delegates in principle. Special cases would be decided by the secretariat.

12. Next TB/HIV Core Group and Working Group meetings

It was decided that two Core Group meetings should be held yearly. If issues would arise justifying more than two an extra could be convened when required. The next meeting (6th) would be during one of three May dates proposed. Venue and final date to be decided by the secretariat.

The Core Group strongly recommended holding the 4th Working Group meeting during September 2004, not to lose momentum. Possible venues were discussed and the final decision was given to the secretariat.

PN/RL