

Key Conclusions and Recommendations

RESOURCE MOBILIZATION

■ The Stop TB Coordinating Board, the GFATM Board and WHO should prioritize proactive measures to remove the barriers to the rapid flow of money to countries and address barriers to translating money into activities.

■ GFATM's guidelines for proposal should stress the importance of including TB interventions in HIV proposals, and vice versa, as a requirement for successful applications from high-burden TB/HIV countries.

ADVOCACY AND ACTIVISM

■ All partners working on TB/HIV are urged to engage more with community and activist groups, particularly from the HIV community, to accelerate implementation of collaborative TB/HIV activities centred on clients' needs.

■ Partnerships between activists and health-care workers should be strengthened to facilitate joint identification of advocacy challenges, constraints and solutions.

■ Prioritize advocacy for new diagnostics and drugs, especially for TB, and easy, equitable access to an uninterrupted supply of good quality TB and HIV prevention, diagnostic and care services.

HUMAN RESOURCES

■ Competency needs to be developed in existing staff, as well as expansion of the traditional workforce, to include community health workers, lay counsellors and PLWHA for scaling up collaborative TB/HIV activities.

■ Governments should develop strategies to retain, protect and increase the number of health workforce. Other constituencies, such as ministries of finance, should be involved for salary and incentives issues.

■ The International Monetary Fund and the World Bank were urged to remove any constraints to human resource capacity development.

■ TB/HIV WG needs to collaborate with existing human resource capacity development efforts of partners such as WHO/EIP cluster and the Rockefeller Foundation.

COLLABORATION

■ TB and HIV communities should address their differences in a way that will enable their strengths to be shared and weaknesses overcome.

■ All partner organizations should increase collaboration and partnership in particular to strengthen effective utilization of resources and coordination of TB/HIV activities at country level.

■ The HIV/TB task force of the HIV department at WHO HQ is an excellent development that has the potential to strengthen collaboration at all levels.

COUNTRY IMPLEMENTATION

■ All partners should actively promote the implementation of collaborative TB/HIV activities in countries, and technical partners should support countries in monitoring performance.

■ Countries need to urgently establish the systems to regularly and transparently monitor and evaluate their performance and ensure the best results from their TB/HIV activities.

■ Countries will be required to present their progress in addressing the dual epidemics at subsequent meetings of the TB/HIV Working Group.

INTRAVENOUS DRUG USE (IDU) AND MDR-TB

■ Regional efforts to explore the link of IDU and TB/HIV and adaptation of the interim policy to include accepted harm-reduction methods and other issues specific to marginalized groups.

■ The impact of HIV on transmission of MDR-TB, particularly in eastern European countries and other high MDR settings, should be assessed and addressed.

SMEAR-NEGATIVE AND EXTRAPULMONARY TB

■ Improvements in the diagnosis and management of smear-negative and extrapulmonary cases of TB need to be explored and existing guidelines reviewed in the context of emerging new diagnostics.

NEW DIAGNOSTICS AND NEW DRUGS

■ The Stop TB Coordinating Board, the Diagnostics and New Drugs WGs, and the technical agencies must respond to the urgent need for new diagnostics and drugs and to make potential new products rapidly available at affordable prices where they are most needed.

HIV TESTING FOR TB PATIENTS

■ The operational aspects of nationwide scale-up of HIV testing for TB patients and the corresponding stigma issues should be addressed urgently.

RESEARCH PRIORITIES

■ Operational research to accelerate country-level implementation and address interactions between ARV and TB drugs, and the utility of ART in combination with preventive therapies, should be prioritized.

■ Working Group members and partner organizations should solicit for resources to support the TB/HIV research priorities.



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More information about the Global TB/HIV Working Group can be found at www.stoptb.org.

The presentations from the meeting are available from http://www.who.int/docstore/gtb/TBHIV/4thglobalwgmtg/agenda_files/index.htm.

The presentations from the TB/HIV surveillance meeting co-organized with CDC are available from http://www.who.int/docstore/gtb/TBHIV/4thglobalwgmtg/agenda_files/index.htm#wed.

TB/HIV materials can be downloaded from www.who.int/gtb.