

Award scheme for best performing countries

It was recognized that countries with high TB/HIV burdens have different paces and interests to implement collaborative TB/HIV activities. Innovative ways need to be sought to accelerate country-level implementation. A continental or regional award scheme linked with strong advocacy efforts was suggested for countries with established track records of implementation.

Marginalized populations

It was noted that in many regions of the world, such as Asia and eastern Europe, the TB/HIV epidemic is closely linked with intravenous drug use and other marginalized populations who may have special needs in terms of collaborative TB/HIV activities. Considerations such as harm reduction and coinfection with hepatitis need to be addressed.

Improved monitoring and evaluation essential

Monitoring and evaluation (M&E) of TB/HIV activities in countries is essential for demonstrating successes, identifying problems and assessing interventions for improvement. Few countries with a high burden of TB/HIV, and weak M&E systems in place, however, are able to document their progress. Two questionnaires requesting information on collaborative TB/HIV activities in 2002 (as baseline) and 2003 were sent to the 41 highest burden TB/HIV countries, and responses were received from 34 countries. Inclusion of TB/HIV into national policies and plans, and joint planning between the HIV/AIDS and TB con-

trol programmes, are the most common activities. Implementation of TB/HIV activities is progressing, but coverage within countries remains very low. To date, few countries are able to demonstrate the number of people accessing collaborative TB/HIV activities. There is an urgent need to establish recording and reporting systems to be able to capture the newly developed TB/HIV indicators for routine programme monitoring and evaluation. WHO needs to advise on the alterations to the TB registers and reporting forms that are needed to capture TB/HIV activities for effective national and global monitoring, and evaluation. HIV care and treatment registers are being developed that incorporate the capture of information on TB/HIV indicators.

TB/HIV surveillance as an entry point for scale-up

Promoting surveillance of HIV in TB patients can be an important means for scaling up collaborative TB/HIV activities. As part of the US President's Emergency Plan for AIDS Relief (PEPFAR), CDC has developed a TB/HIV Surveillance Initiative, which aims to assist focus countries to develop a national TB/HIV surveillance system as an entry point for scaling up collaborative TB/HIV activities. HIV surveillance among TB patients will focus on promoting a high uptake of routine diagnostic HIV testing in the TB care setting, linked to a package of care for TB patients who are found to be HIV-positive. The HIV data generated by this approach will be used for surveillance purposes. This theme was greatly expanded upon during the



CDC/WHO co-organized TB/HIV surveillance meeting on 22–24 September 2004. Country TB and HIV programme managers and surveillance officers, representatives of partner organizations and in-country CDC staff were in attendance. National TB/HIV surveillance plans were developed to serve as an entry point for scaling up collaborative TB/HIV activities in nine out of the 15 PEPFAR priority countries.

Building the evidence base is a priority

Interactions between ART and TB drugs will add further challenges to collaborative TB/HIV activities in resource-limited settings. Rifampicin reduces the concentration of ARV drugs, especially protease inhibitors, and toxic reactions are much more common when TB and ARVs are used together. Important research questions include when to use both rifampicin and ARVs, whether alternatives to rifampicin (such as rifapentine) can be used to allow earlier use of ARVs in TB patients, how to support adherence, and the effect of ARVs on early TB mortality. The evidence for or against the use of preventive therapies, such as cotrimoxazole and isoniazid, once a patient is on ART is not clear. Studies exploring the interactions between ARV and TB drugs and the

utility of ART in combination with preventive therapies (IPT and CPT), for example, are urgently required. The research currently under way by the Consortium to Respond Effectively to the AIDS/TB Epidemic (CREATE) will go some way to answering many of the questions around IPT. There remains an enormous need, however, for operational research to build the evidence base and accelerate the implementation of collaborative TB/HIV activities. A meeting to set priorities in TB/HIV research is being planned for February 2005 by the Secretariat of the WG.

Marketplace for partners: information exchange

The following partner organizations shared their experience in TB/HIV activities in an interactive marketplace.

AFRICAN SERVICE COMMITTEE (ASC)

■ ASC has provided HIV, STI and TB testing, care, treatment and support for African immigrants in New York City since 1991. ASC has opened a branch in Addis Ababa in 2003, which is providing free VCT, with plans to integrate collaborative TB / HIV activities in 2005.

TB/HIV RESEARCH FOUNDATION – THAILAND

■ Health educational material has been developed in Chiang Rai to enhance adherence to treatment among people with TB and HIV/AIDS, based on social and behavioural studies. Patients' stories were included in the materials as methods of addressing stigma and fatalism.

WHO EASTERN MEDITERRANEAN REGION (EMR)

■ EMRO will start TB/HIV collaboration within the framework of the "3 by 5" initiative, providing VCT and ART for TB patients, and systematic TB screening and DOTS for PLWHA. After planning and training, four pilot projects will start in Sudan, Djibouti, the Islamic Republic of Iran, Morocco and Sudan in April 2005.

KNCV TB FOUNDATION

■ KNCV TB Foundation aims to reduce the burden of TB and HIV in populations affected by both diseases through implementation of country-specific TB/HIV collaborative programme activities, with all KNCV partner countries implementing a national policy of TB/HIV collaborative programme activities by the end of 2005.

NUFFIELD INSTITUTE FOR HEALTH

■ Introducing the "Integrated Management of Adolescent-Adult Illness" (IMAI) guidelines in health centres of Lubombo region (Swaziland) has contributed to a low ARV default rate. Community treatment supporters were the basis of the programme's success.

WHO-HQ

■ Implementation of TB/HIV collaborative activities

requires training of health personnel. The HIV/AIDS and Stop TB departments of WHO headquarters conducted the first TB/HIV consultants training course in early 2004 and are developing a TB /HIV managerial course for national TB and HIV/AIDS programme managers.

WHO WESTERN PACIFIC REGION (WPR)

■ WPRO assists TB/HIV activities in Cambodia and Viet Nam, including TB/HIV surveillance, screening for TB among HIV patients and use of CPT. ARV treatment and IPT are available in Cambodia but not in Viet Nam.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM)

■ GFATM is a funding mechanism to combat the three killer diseases, including the response to abate the TB/HIV epidemic. The GFATM has approved funding for TB/HIV activities in 13 countries

PARTNERS FOR HEALTH REFORM PLUS (PHRPLUS)

■ Working in Cambodia to provide VCT to TB patients with an algorithm for appropriate patient management. Coordination between TB and HIV programmes was most important for the success of this project.

INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE (IUATLD)

■ Planned activities in Cambodia, Democratic Republic of the Congo and Malawi include VCT, CPT, IPT and linkage with community home care and other services.

MANAGEMENT SCIENCES FOR HEALTH (MSH)

■ Management and Organizational Sustainability Tool (MOST) for TB/HIV collaboration brings together stakeholders in both TB and HIV programmes to assess and make concrete plans for more effective collaboration and better use of resources.

