

# Report of the 7<sup>th</sup> **TB:HIV** Core Group Meeting

Addis Ababa, Ethiopia - 21 September, 2004

The meeting started with a brief report from the Secretariat on progress made on the main recommendations from the 6<sup>th</sup> Core Group meeting and latest developments:

- ◆ Core Group members were reminded to support briefing country delegations for next year's World Health Assembly Resolution related to National TB Programme's (NTP) responsibility in ensuring HIV-infected TB patients to receive anti-retroviral (ARV) treatment.
- ◆ Positive developments in advocacy have been Nelson's Mandela statement in the AIDS Conference in Bangkok, the development and publication of the UNAIDS Information package, and the liaison between the TB Partnership and the Massive Effort Campaign for media work around the 4<sup>th</sup> Working Group meeting.
- ◆ Country level collaboration is underway with the Futures Group to mainstream TB/HIV in HIV/AIDS advocacy of people living with HIV/AIDS (PLWHA) groups, which has largely facilitated the involvement of community groups in the activities of the Working Group.
- ◆ Cost requirements for collaborative TB/HIV activities have been finalized.
- ◆ Centres for Disease Prevention and Control (CDC) is taking the lead with WHO to develop a document on TB infection control that will soon be disseminated.
- ◆ The TB/HIV team in WHO is involved in the coming induction of 3 by 5 officers.
- ◆ WHO will host a meeting on TB/HIV research including Isoniazid Preventive Therapy (IPT) and drug interactions on the week of 14 February 2005. It was suggested to hold the next Core Group meeting back to back during that week.

Presentation and discussion on the agenda items followed. The main conclusions and recommendations were:

## **1. Advocacy strategy and coordination with the Advocacy and Communication Working Group**

The Core Group members were informed that Joanne Carter has been selected as the Ad-Interim Chair of the new Advocacy and Communications Working Group of the Stop TB Partnership. This group will address global advocacy and resource mobilization for TB and develop information and communication for affected populations. Form and function of this group is under discussion.

The Core Group highlighted the importance of developing strong links with this new Working Group and proposed:

- ◆ Mark Harrington as the liaison between the two groups, supported by Jeroen van Gorkom and Haileyesus Getahun. Official representations will be decided once the new group's structure is defined.

The Core Group recognizes the positive development of TB/HIV advocacy in the last couple of months and requested to be periodically updated on activities related to TB/HIV advocacy. Increased involvement of community groups was demanded and Mark Harrington offered to provide information on existing PLWA networks. Funds are available for advocacy in countries through a number of agencies. To further support the advocacy work, a small advocacy subgroup from the TB/HIV Working Group will be created:

- ◆ Haileyesus Getahun will develop an update of the TB/HIV advocacy activities to be circulated among Core Group members.

## **2. Plan for Technical Assistance to Countries**

Pierre Yves Norval made a presentation on technical assistance to accelerate TB/HIV activities and presented the list of main TB partner technical agencies per country. Gilles Pomerol complemented with information regarding the selected 3 by 5 countries. The Core Group recognized that technical assistance on TB/HIV is currently being provided by most TB partners, but expressed concern on lack of coordination to provide this assistance to countries.

The Core Group saw the plan presented as a framework that needs more input to take into account all the different activities being done and advised the Secretariat to:

- ◆ Prepare a written plan for provision of TB/HIV technical assistance for countries with a proposed "prioritization" and clear agreement with technical partners on who is responsible for what. This should take into consideration the 3 by 5 strategy, US President's Emergency Plan and coming 5<sup>th</sup> round of the Global Fund for AIDS, TB and Malaria (GFATM), among others.

## **3. Global Plan to Stop TB - Part II**

The Stop TB partnership is interested in updating the Global Plan to Stop TB to link it more with the Millennium Development Goals and in this process the different Working Groups are to be engaged and made accountable for its realization. The Plan will be one of the topics in the coming Board Meeting of the Stop TB Partnership in China. The Core Group:

- ◆ requested more information about content, process and timelines
- ◆ needs clarification concerning the financial information that will be presented in the global plan
- ◆ needs a clear distinct recommendation between
  - a) operating budget of the Working Group
  - b) budget for technical assistance from the Partnership and other organizations to countries
  - c) overall costs of implementation of TB/HIV collaborative activities at country level
- ◆ decided that for the time being the focal point for this work would be the Secretariat coordinating with the Core Group members. This will be further discussed on the next Core Group meeting in February 2005.

There is concern on proliferation of plans and documents. In this sense it was also requested to clarify the relationship between the Global Plan to Stop TB and the Millennium Project led by Jeff Sachs.

#### 4. TB/HIV Working Group's Vice-chair

The Core Group was presented with some modifications to the Form and Function document of the TB/HIV Working Group to accommodate the proposed figure of Vice-chair. The suggested changes were accepted and it was considered selecting the Vice-chair in the next Core Group meeting.

#### 5. Topics for next Core Group Meeting

The Core Group identified some technical issues to be discussed in the next Core Group meeting. These include:

- ◆ smear negative cases - Mark Harrington pointed out some problems with the diagnostic process and the mortality this may lead to before anti TB treatment, especially in smear negative cases.
- ◆ limited use of Isoniazid preventive therapy (IPT)
- ◆ Rifampicin/ARV interactions
- ◆ lessons learned from treatment support for DOTS

For the first issue, four Core Group members working at country level (Saidi Egwaga in Tanzania, Elizabeth Madra in Uganda, Anthony Harries in Malawi, and Peter Godfrey-Faussett in Zambia) were requested to gather country information on how the diagnosis of smear negative cases is conducted. This information will greatly facilitate discussions on this matter.

#### 6. Other Issues discussed

**6.1. Research agenda:** The Core Group expressed concern about a tendency to mostly involve universities in the research agenda, when TB programmes in countries could be involved from the beginning. Research ethics is an issue as papers are being published with no Public Health impact. A suggestion was made to include these topics in the research meeting in February 2005.

**6.2. Coordination with DOTS Expansion Working Group:** More coordination is needed between the TB/HIV and DOTS Expansion Working Groups. A suggestion was made to include one DOTS Expansion Working Group member in the TB/HIV Core Group and vice versa. There is the possibility to conduct merged meetings in 2005.

**6.3. Reflections on the 4<sup>th</sup> Working Group Meeting:** The Core Group members agreed in praising the 4<sup>th</sup> Working Group meeting that had been conducted during the previous two days in Addis Ababa. It was generally perceived as very well organized, with useful methodologies for exchange of information (poster session and marketplace), providing a variety of key issues for interesting discussions and with active participation from the HIV/AIDS community and activists.