Background: HIV is the main reason for failure to meet tuberculosis (TB) control targets in high HIV prevalent settings. TB is among the leading causes of death among people living with HIV. Sub-Saharan Africa bears the brunt of the HIV fuelled TB epidemic. The expanding HIV epidemic in East Europe countries and Asian countries will also increase the number of HIV-related TB cases. The TB/HIV Working Group of the Stop TB Partnership, comprised of programme managers, policy makers, researchers and civil society representatives from the HIV and TB communities, has been coordinating the global response to the epidemic since 2001. The Working Group has coordinated the development of a minimum set of policy and programme guidance, based on the best available evidence, for reducing the impact of HIV related TB through collaboration between TB and HIV programmes and their partners. It also facilitates the sharing of experience and the dissemination of lessons learnt in order to accelerate the implementation of collaborative TB/HIV activities.

WHO, UNAIDS, International AIDS Society, Treatment Action Group and Forum for Collaborative HIV Research are organising a pre-conference open consultative meeting on behalf of the TB/HIV Working Group of the Stop TB Partnership on August 12-13, 2006 in conjunction with the International AIDS conference in Toronto, Canada. The objective of the meeting is to accelerate an effective and joint response to the epidemic of HIV associated TB by facilitating the sharing of information and experiences, networking, and strengthening the partnership of TB and HIV communities in a forum environment. The organisers of the meeting encourages national HIV and TB control programs, Non government organisations (NGOs), community based organisations, community groups and individuals to share their experiences in TB/HIV activities during the meeting.

GUIDE FOR MARKET PLACE PRESENTATIONS

The Market place: The market place session is a lively and interactive forum where meeting participants from any organization can present and promote their experiences, results, views, opinions or other country level findings in a poster (graphic presentation) or display format. The rationale, organization and content of the market place are different from the traditional poster session of scientific conferences. The market place aims to create a conducive environment for sharing of information on country level or international experience in implementing collaborative TB/HIV activities and for maximizing opportunities for networking.

Collaborative TB/HIV activities include mechanisms to establish collaboration between TB and HIV control programs, HIV surveillance among TB patients, community involvement, training, advocacy and communication, and provision of TB services for people living with HIV (PLHIV) and HIV prevention and care services including antiretroviral therapy for TB patients. A full list of TB/HIV activities...

The Market place will be held on August 12, 2006. The presenting participants illustrate their findings or experiences by displaying graphs, photos, diagrams and text on boards in an open area. The poster board will be 4ft (about 120 cm tall) and 8 ft (about 240 cm) wide mounted on stand. The material should be well labeled and legible. Lettering should be bold. If you will be posting typed material, use a large font size (20 to 24 point font) on white, pale yellow or cream-colored non-glossy paper. Use upper and lowercase letters. Participants must mount their display at least 1 hour prior to the scheduled start time.

The introduction for the market place will be held in the plenary room in front of all participants of the meeting. Presenters at the Market place will be given one minute each at the microphone to “market or sell” their poster or display. The presenters will hold discussion of the contents of their posters and display with the meeting participants who are circulating among the poster boards.

**Abstract submission:** Abstract of poster presentations or displays for the Market place with a maximum word count of 200 should be submitted electronically to harropl@who.int not later than July 15, 2006. The structure and format of the abstract is flexible but it should clearly depict the specific TB/HIV activities implemented and the lessons or experiences drawn. The following format is suggested: **Background, Results/Lessons drawn and Conclusions.** Name, affiliation and contact address including email of authors should be clearly put on the abstract. Authors of successful submissions will be contacted in due course after the deadline. To submit abstracts you should be confirmed participants of the meeting. Acceptance of abstract does not mean that the organizers of the meeting will cover the cost of the participation of the author.