

**TB/HIV**  
**Information Circular No. 2**  
**March 2005**

*The information contained in this circular depends upon your contributions. Please send inputs for inclusion to: [francisc@who.int](mailto:francisc@who.int)*

## **1. COORDINATION**

### **1a. Roadmap for global TB control in the next decade**

Significant advances have been made in TB control over the last decade and to take us forward into the next decade the Stop TB Partnership is coordinating the development of the second Global Plan to Stop TB. This exciting development will serve as a roadmap for global TB control for the TB community over the next 10 years (2006-2015) and will build on the first Global Plan to Stop TB. The second Plan will set out the actions needed to reach the Millennium Development Goal (MDG) targets for TB control (to halve TB prevalence and deaths by 2015 in comparison with a baseline of 1990).

This strategic plan will be developed in close consultation with the seven Working Groups (WGs) of the Stop TB Partnership. The development of the Plan is a highly important and relevant process and we will be relying on the vital contributions of all TB/HIV WG members. A draft strategy is being prepared which will be circulated among WG members, your input and comments are essential to ensure a comprehensive and inclusive strategy that will ensure that we achieve the MDG targets. This draft TB/HIV strategic plan will be informed by an analysis of the TB/HIV activities necessary to achieve the 2015 global TB control targets, and their costs. This analysis involves the construction of possible scenarios that consider how the activities of WG could, in combination with those of the other WGs, contribute to reaching the 2015 global TB control targets. The plan will establish the strategic direction of our collaborative approach to controlling TB in high HIV prevalence settings over the next 10 years and will be crucial for advocating for greater political commitment and resources for collaborative TB/HIV activities and TB control in general.

The draft TB/HIV strategic plan will be circulated to all members of the TB/HIV WG in the next few weeks and we look forward to your thoughts, inspirations and contributions to this important global planning process.

For further information visit: <http://www.stoptb.org/GPSTB/default.asp>

### **1b. Calendar of events- 2005**

I am compiling a list of regional and country meetings. Please let me have your 2005 meeting calendar, if you would like WG members to be informed, to attend, or to assist in any way.  
(**Contact:** [francisc@who.int](mailto:francisc@who.int))

### **1c. World TB day planning**

See attachment below.

### **1d. New TB/HIV Website**

We're pleased to announce the launch of the new website on: [http://www.stoptb.org/wg/tb\\_hiv/](http://www.stoptb.org/wg/tb_hiv/)

- It's rather empty at the moment. Comments, suggestions and additions are most welcome. (**Contact:** [francisc@who.int](mailto:francisc@who.int))

## **2. CAPACITY BUILDING**

## **2a. Advocacy and communications**

### **Pump up the volume on TB/HIV - WG members lobby hard**

The G8 Summit in 2005 will be held Gleneagles, UK from 6-8 July this year. Heads of State or Government of the 8 wealthiest nations of the world, together with British ministers and senior officials will meet to discuss Africa and Climate Change.

To raise awareness on TB/HIV many Working Group members have been lobbying hard in the UK and elsewhere. To name just a couple (please send me more examples):

**Lucy Chesire** (Kenyan TB/HIV advocate) has conducted a gruelling media tour of the UK and presented personal letters to no. 10 Downing Street (for Mr Tony Blair, UK Prime Minister) and to no 11 Downing Street (for Mr Gordon Brown, UK Chancellor of the Exchequer) in February 2005. Lucy called on world leaders to take action on the words of Nelson Mandela "You can't fight AIDS unless you do much more to fight TB as well". Her messages to politicians were "TB is curable no one needs to die from that", "Address TB and HIV at the same time", "HIV can be a fact of life, but TB is often a fact of death".

**Winstone Zulu**, (Zambian TB/HIV advocate) in collaboration with TB Alert and Christian Aid has also undertaken a lobbying tour of the UK. In addition, Joanne Carter (Results USA) arranged a 3 day tour of Washington DC for Winstone. He lobbied Congress to increase funding for TB and asked decision-makers to look at broader issues such as the role of the IMF in health care, especially TB treatment. In three days Winstone met eight policy-makers and gave two briefings - one in the Senate and one in the House of Representatives. Winstone will continue his tour, organized by Results USA, with a trip to Tokyo to address Members of Parliament. Well done to all involved!

### **Advocacy and Communications Working Group (ACWG) meeting**

A lively meeting of the Advocacy and Communications Working Group was held from 7-9 February. Joanne Carter, Results, USA, was elected Chair and Dr Roberto Tapia-Conyer (Vice Minister of Health, MOH, Mexico who is also a member of the STB Coordinating Board) was elected Vice Chair. ACWG debates will lead to increased advocacy and communications activities for TB in 2005!

### **TBTV.ORG**

To raise awareness of TB/HIV, **TBTV.ORG** ([www.tbtv.org](http://www.tbtv.org)), an NGO (and member of the ACWG), have issued a call to arms (and feet) to take part in the Paris Marathon on 10 April 2005. (London, NY, Cape Town marathons may be targeted next). Visit their website to see the call to arms, and join Jeannie Mulenga, Champion of Zambia (PLWHA/TB) and a number of the 'Co-infected Co-Active Crew' and others, running in Paris, together for 'Access to Treatment for All' !

### **GET UP AND GO!**

#### **Country-based PLWHA - Trained by the Futures Group**

##### **Kenya**

NEPHAK (the National Empowerment Network of People Living with HIV/AIDS in Kenya) which is led by Inviolata Mmbavi (with TB/HIV activities coordinated by Lucy and Gabriella Amimo) have sensitized PLWHA Provincial and District representatives. NEPHAK will train TB/HIV advocates living with HIV/AIDS to increase advocacy activities in Kenya. (Haileyesus Getahun, WHO/THD, and the Futures Group have trained NEPHAK).

##### **Nepal**

Oxygen Research and Development Forum (ORDF) and the Nava Krian Plus (NKP) have been awarded the Open Society Institute grant for TB/HIV advocacy. Both organizations participated in TB/HIV community advocacy workshop organized by Treatment Advocacy Group (TAG) with

financial assistance from Bill and Melinda Gates Foundation. The groups will lobby for the formation of a national TB/HIV coordinating committee to develop collaborative activities between TB and HIV programmes. (**Contact:** Siddhi Aryal at [ordf@wlink.com.np](mailto:ordf@wlink.com.np) or [nkplus@wlink.com.np](mailto:nkplus@wlink.com.np) for more details.)

## 2b. PROPOSALS

### GFATM - Round 5

Thirty consultants have been trained on the application process for GFATM round 5. These consultants will be deployed to about 34 countries to help CCMs to prepare their applications for GFATM funds. Please note that the TB/HIV component of proposals have been removed as a specific component by the GFATM for Round 5, and that, instead, **all TB proposals in high HIV prevalence settings would be expected to have an HIV component and that HIV proposals would be expected to have a TB component.**

**Deadline for submission of proposals June 10, 2005**

**Board consideration of recommended proposals September 28-30, 2005**

### NGOS - Can you apply for GFATM funds?

Contact your CCM to find out if you can include your activities in country applications for GFATM funds in Round 5. (Check the GFATM website to see examples of proposals that have already been funded <http://www.theglobalfund.org/en/>). (**Contact:** [pennast@who.int](mailto:pennast@who.int) for further information).

### NGOs - Join the GFATM Board!

Below is a letter from Joanne Carter and the Call for Nominations.

## 2c. RESEARCH

### CREATE

The Consortium to Respond Effectively to the AIDS and TB Epidemic (CREATE), Zamstar project was launched in conjunction with the opening of the Desmond Tutu TB Centre. Six hundred people turned out in Kayamandi to see Archbishop Desmond Tutu who declared "...we can fight TB, we can fight HIV/AIDS...we must work together". ([websites:http://www.tbhiv-create.org](http://www.tbhiv-create.org) and [http://academic.sun.ac.za/tb/research\\_studies.htm](http://academic.sun.ac.za/tb/research_studies.htm))



The University of Stellenbosch Medical School in Cape Town will house the Desmond Tutu TB centre and will lead the Zamstar study (carried out in both Zambia and the Western Cape province of South Africa). The study will be a community-randomized trial of two interventions with a factorial design:

Arm 1: (Control) Strengthened DOTS programs and access to clinic-based TB/HIV activities

Arm 2: Same as Arm 1 *plus* community-based improved case finding of TB (ICF).

Arm 3: Same as Arm 1 *plus* household level TB/HIV integrated activities (HH)

Arm 4: Same as 1 *plus* community-based improved case finding of TB *plus* household level TB/HIV integrated activities (ICF+HH)

### **TB/HIV Research Priorities in Resource-Limited Settings WHO, Geneva, Expert Consultation 14-15 February 2005**

A two-day WHO meeting on TB/HIV Research Priorities in Resource-Limited Settings was held a few weeks ago in Geneva and presentations have now been posted on-line at: [http://www.who.int/tb/events/tbhiv\\_research\\_priorities\\_in\\_resourcelimited\\_settings\\_feb05/en/](http://www.who.int/tb/events/tbhiv_research_priorities_in_resourcelimited_settings_feb05/en/).

The meeting included presentations on the state of DOTS, approaches to the TB/HIV research agenda, the HIV operational research agenda; testing for TB patients in the context of ARV scale-up; referral systems; how to approach to human resource gap; delivery of the TB/HIV package to IDUs; MDR-TB; the role of the community in delivering the TB/HIV package; the example of Khayelitsha; issues around isoniazid and cotrimoxazole prophylaxis; ART; immune reconstitution; intensified TB case finding; diagnosis of smear-negative pulmonary TB; and group recommendations for next steps and conclusions.

## **2.d TRAINING**

- The TB/HIV team are collecting existing materials being used for TB/HIV training in countries (**Contact:** [lopezolarter@who.int](mailto:lopezolarter@who.int)) if you would like to share materials.
- The TB/HIV team will follow up the first trained TB/HIV managers to find out how they're putting into place TB/HIV collaborative activities and what support they need from partners, WHO/HQ and regional offices. (**Contact:** [lopezolarter@who.int](mailto:lopezolarter@who.int))
- TB/HIV managerial training courses scheduled by the WHO Collaborating Centre for TB and Lung Diseases planned in Sondalo, Italy are sold out but as demand is high, there may be others. The first TB/HIV Managerial course is from 4-9 April. Another is planned for May 2005. WHO is no longer co-sponsoring the course so the fee for a one-week course is Euro 1000. As another course may be planned for June see contact below to register for future courses (**Contact:** [gmbigliori@fsm.it](mailto:gmbigliori@fsm.it)).
- In collaboration with WHO/HQ, CDC, RIT, Tuberculosis Research Foundation and the government of Thailand, SEARO have developed a two-week capacity building TB/HIV 'Trainer of Trainers'. The course was held in January 2005 in Bangkok with participation of 4 priority countries.
- A one week capacity building course for TB control with a specific focus on TB/HIV was held in February in Montego Bay, Jamaica for 8 English-speaking Caribbean countries. It was jointly organized by AMRO/PAHO, CAREC and WHO/HQ.
- Based on the Addis TB/HIV managerial training courses conducted last year, a TB/HIV training package is being developed with modules for trainees, course directors and facilitators which will enable national TB or HIV programmes to replicate the Addis course. This should be available in Q2 2005.
- **Cours en français**  
Le '32eme cours international en MST et VIH/CIDA' pour les gestionnaires sera conduit à Paris pendant 6 semaine à parti de 1 octobre 2005. Le cours est organisé par Prof Jean-Pierre Coulaud d'IMEA, Paris.
  - a. Le cours inclura: 30% de formation sur un programme de prévention, 40% de partie clinique, 20% de counselling - méthode française - fait par un group de

specialistes: Jean Robert, Université de Montreal, Thierry Troussier, Direction Générale de SIDA/MST, France, et Immanuel Ricard.

- b. Entre 50-60 gens des pays africains francophones, les Antilles: Martinique, Guadeloupe, et des co-locuteurs qui parle français sont bienvenu. (Contact: IMEA)
- TB/HIV team are collaborating with CDC to develop a surveillance course for detecting HIV in TB patients. The first pilot course will address 7 countries, Russia, Ukraine, 3 Baltic States, Kyrgyzstan and Moldova. Participants are TB and HIV technical persons. Participants will learn how to collect routine data and how to conduct periodic surveys, such as sentinel surveys and cross sectional surveys. A course will be held during the last week of May 2005 for one week. This course will be conducted in EURO's Zagreb collaborating centre which specializes in surveillance. For information EURO have established three centres for HIV/AIDS training: a treatment centre in Kiev, a harm reduction centre in Vilnius, Lithuania and a centre for surveillance in Zagreb. (**Contact:** toskini@who.int).
  - In Q3, a CDC course will be held in Botswana (proposed dates 2<sup>nd</sup> or 3<sup>rd</sup> week of July). This surveillance training course will focus on establishing an HIV surveillance system for TB patients. The surveillance system will be based on routine HIV counselling and testing. (**Contact:** toskini@who.int)
  - An Advocacy and Communications training workshop will take place in Moscow from 14-16 March 2005. Participants from 6 CIS countries (Azerbaijan, Georgia, Kazakhstan, Moldova, Russia, Ukraine) will investigate:
    - behaviour and attitudes on TB and TB/HIV; patient-centred communication and health seeking behaviour; elements of a good advocacy and communications campaigns, building partnerships; and conducting a needs assessment. (**Contact:** toskini@who.int)
  - Under discussion and development is a 'How to Approach District TB/HIV training'. TB/HIV team are working on inclusion of TB/HIV content in existing training materials. Availability during 2005. In addition, a TB/HIV district level manager's task analysis tool has been developed for district level managers (from TB or HIV programmes and others) who are organizing the managerial aspects TB/HIV collaborative activities. The purpose of this tool is to clarify what the person does, then outline the training tools available that will match their needs.
  - TB/HIV team are developing a training strategy. Availability early in Q2 2005.

### **3. SURVEILLANCE, MONITORING AND EVALUATION**

This year the ***Guidelines for HIV surveillance among tuberculosis patients*** will be tested in Botswana, Moldova, Myanmar, Paraguay, Russia, Kyrgyzstan, Ukraine, Viet Nam. The guidelines can be found at: <http://www.who.int/tb/hiv/en/> (For hard copies **Contact:** desplobainsm@who.int)

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