



**Report of the 17th Core Group Meeting of the TB/HIV Working Group
of the Stop TB Partnership
Beijing, the People's Republic of China
9th – 11th November, 2011**

The 17th Core Group meeting of the TB/HIV Working Group of the Stop TB Partnership was convened in Beijing, the People's Republic of China from 9th–10th November, 2011. It was the first international TB/HIV meeting hosted by the Ministry of Health of the People's Republic of China and it was organized by the Secretariat of the Working Group, which is managed by the Stop TB Department at WHO Geneva in collaboration with the WHO country office in Beijing and the Centers for Disease Control and Prevention of PR China. The meeting was attended by more than 90 participants, comprising members of the Core Group, TB and HIV programme managers from Cambodia, Papua New Guinea, PR China and Vietnam, which are among the TB/HIV high burden countries of the Western Pacific Region (WPR). The meeting was also attended by key international technical and funding agencies from the region. The overall Chair of the meeting was Dr Diane Havlir, Chair of the TB/HIV Working Group, with Secretariat support from Dr Haileyesus Getahun. The meeting was conducted in a very open and constructive dialogue and highlighted key successes, constraints and next steps.

During the first day, meeting participants were presented with global and regional progress in the scale-up of collaborative TB/HIV activities and the latest evidence on improving the care for people with TB and living with HIV. Examples of successful implementation and scale-up of TB screening and the provision of Isoniazid Preventive Therapy (IPT) were presented from the countries in the region as well as experience from India and Ethiopia. In addition, a session was held on the experience of engagement of civil society organisations and community groups in national TB and HIV responses from other regions. The implementation of the Memorandum of Understanding between the Stop TB Partnership and UNAIDS was also discussed during the meeting.

The second day of the meeting focused exclusively on experiences from PR China and included presentations from national stakeholders and from four high HIV burden provinces of Yunnan, Henan, Guangxi and Sichuan. The provincial presentations focused on the coordination of the TB/HIV response from hospitals (Guangxi province), piloting of IPT (Sichuan province), decentralised and community based TB/HIV care using village doctors (Henan province) and experience implementing collaborative TB/HIV activities which has included the involvement of non-governmental organisations (Yunnan province). The Core Group noted the challenges faced by PR China with the enormity of the population and the growing prevalence of HIV and MDR TB. The heterogeneity of the HIV epidemiology across the nation and within the high HIV burden provinces poses a further challenge for the TB/HIV response.

Presentations from the meeting, the agenda and the list of participants are available at http://www.stoptb.org/wg/tb_hiv/meetings_core.asp. Following the main meeting the Core Group members then held a closed meeting on 11th November 2011 to discuss strategic and administrative issues.

The following are the key challenges and related issues that were discussed by the participants during the meeting together with the recommendations drawn.

1. Progress in scaling up collaborative TB/HIV activities

The Core Group noted the encouraging uptake and scale-up of collaborative TB/HIV activities in the TB/HIV priority countries of the Western Pacific Region and noted the implementation of recommendations of the 2009 Asia Pacific TB/HIV meeting which was organised by WHO and the Working Group and held in Bali, Indonesia. In Cambodia 77% of TB patients knew their HIV status in 2010 and the rapid uptake of the WHO policy on TB screening and IPT has helped to scale-up TB screening and IPT. The number of people living with HIV who received IPT increased from 96 in 2009 (before the implementation of the policy) to 604 only in the first quarter of 2011. Cambodia is now bracing itself for nationwide coverage of TB screening and IPT in 2012. Similarly, Viet Nam has already finalised the revision of its national policy based on the WHO policy on TB screening and IPT. In Viet Nam by the end of 2010, 43% of TB patients were tested for HIV and 1300 people living with HIV received IPT. In PR China, whilst 16% of all TB patients were tested for HIV in 2010 nationwide, the HIV testing rate was 54% (51643/95772) in the 294 high and medium HIV prevalent counties, which account for more than 60% of the HIV burden and where HIV testing is systematically offered to all TB patients. However, it was noted that rapid HIV testing is not widely used in PR China despite having documented positive experiences in some of the provinces. Concern was expressed about the lack of proper documentation and reporting of TB screening among people living with HIV in PR China. Issues around confidentiality in some countries in the region prevent integrated data sharing, resulting in under-reporting or double-reporting. It was also noted that TB infection control interventions are not integrated and scaled up in most countries in the region. With an estimated 120,000 MDR patients every year in PR China and the increasing HIV epidemic, it was noted that adequate attention needs to be given to the linkage between HIV and drug resistant TB. The Core Group noted the slow pace of uptake of molecular TB diagnostic methods in the region and reiterated that they should be expanded in the region to expedite the diagnosis of TB among people living with HIV. With changes in the funding architecture of the Global Fund and also the phasing out of its support particularly in PR China, there is imminent shortage of funding to continue TB/HIV activities.

Recommendations

- *Countries in WPR should expand the access of HIV testing for TB patients and those who presented with signs and symptoms suggestive of TB including those with drug resistant TB.*
- *Countries in WPR should revise national policies to expand the use of rapid HIV testing algorithms according to international recommendations and guidelines.*
- *Countries should strengthen their routine recording and reporting systems, allowing for the integrated sharing of data between TB and HIV programmes including the recording of TB treatment outcomes, disaggregated by HIV status.*
- *Countries to expand the use of Xpert/MTB to expedite the diagnosis of TB among people living with HIV.*
- *Countries in the region should mobilise internal resources to scale-up collaborative TB/HIV activities.*
- *The Ministry of Health of PR China and related provincial authorities to urgently address the imminent lack of funding for maintaining and scaling up collaborative TB/HIV activities in provinces that are affected by the phasing out of Global Fund resources.*

2. Improve coordination and increase HIV stakeholder involvement

Whilst the Core Group was encouraged to hear about the establishment of national TB/HIV collaborating bodies in all countries with improved coordination and collaboration between the TB and HIV programs, a general concern was expressed about the limited involvement of HIV program managers and stakeholders particularly in PR China in the scaling up of collaborative TB/HIV activities. Lack of clarity over the responsibility of the supply and provision of drugs such as ART, cotrimoxazole and isoniazid, and excessive verticality in the management of the programmes leads

to drug outages and discontinuation of treatment. Another common challenge raised was the limited cooperation between partners at all levels and the lack of integration with other line ministries such as the Ministry of Justice.

Recommendations

- *Countries in WPR should evaluate and strengthen the functionality of their collaborating mechanisms at all levels to ensure there is equally active participation from HIV and TB Stakeholders*
- *Strategic frameworks and standard operating procedures that remove the bottlenecks and provide clear roles and responsibilities for key actors should be established, according to international guidelines.*

3. Improve quality of care and reduce mortality

It was noted that there were high mortality rates among people living with HIV who develop TB. Vietnam reported that an estimated 40% of HIV related deaths are due to TB. Findings from a survey in PR China reported 23% mortality among people living with HIV, who developed TB, within the first year of TB diagnosis. This has to be addressed urgently with increased and earlier coverage of ART, co-trimoxazole therapy and treatment for TB. The Core Group expressed its grave concern that not all people living with HIV who develop TB, particularly those with extrapulmonary TB, have access to prompt TB treatment after diagnosis, contributing to the higher mortality rate among people living with HIV. This practice is in contrast to the evidence generated by the CAMELIA study in the region that has provided strong evidence supporting the prompt combined treatment of TB and HIV. It was also noted that the treatment of TB in PR China does not follow international and national evidence based recommendations in large hospitals that do not belong to the national TB control programme scheme, which is also true for other countries in the region.

Recommendations

- *Countries should urgently revise their national policies to ensure prompt combined TB and HIV treatment for people living with HIV. ART should be given to all HIV-positive TB patients as soon as possible within the first 8 weeks of commencing antituberculosis treatment, regardless of CD4 cell-count. Patients diagnosed with both HIV and active TB with profound immunosuppression (e.g. CD4 counts less than 50 cells/mm³) should receive ART immediately, within the first two weeks of initiating TB treatment.*
- *The Ministry of Health of PR China to urgently address barriers to ensure prompt provision of both HIV and TB treatment for people living with HIV, diagnosed with both pulmonary and extrapulmonary TB, including revision of the national TB guidelines in such a way that they ensure equitable service provision for all TB cases (smear positive pulmonary, smear negative pulmonary and extrapulmonary).*
- *Ministries of Health of PR China and of other countries in the region to identify actions to ensure the implementation of evidence based national TB guidelines by large hospitals.*

4. HIV surveillance among TB patients

The Core Group reiterated the importance of conducting HIV surveillance among TB patients in the region according to international guidelines. The Core Group commended the national HIV surveillance system in PR China that covers all 31 provinces, which included TB patients until 2009. It was noted that TB patient cohorts were dropped from the national HIV sentinel surveillance largely because of cost issues and due to the low rates of HIV positivity. Whilst the Core Group commended the use of routine data from the 294 high HIV burden counties for HIV surveillance among TB patients, it expressed its concern about the drop off of TB as part of the HIV sentinel surveillance in low HIV provinces.

Recommendations

- *Countries in WPR are urged to expand HIV surveillance among TB patients through the expanded provider initiated HIV testing to TB patients and documentation through the routine system.*
- *When HIV provider initiated surveillance among TB patients is not feasible through the routine system, sentinel and periodic surveys should be carried out according to international guidelines.*
- *The Core Group recommends the Ministry of Health of PR China reinstate the TB sentinel surveillance in low HIV prevalent provinces as soon as possible. Where this is not possible periodic surveys should be carried out every 2-3 years.*
- *The Core Group recommends that drug susceptibility testing results are disaggregated according to HIV status to assist in surveillance on the association of HIV with Drug-resistant TB.*

5. Implementation of the Three I's for HIV/TB and Early Initiation of ART

The Core Group recognises countries' efforts to increase TB case-finding in people registered for HIV care and initiatives to pilot and scale up of IPT. Although it is reported that 85% of people living with HIV are screened for TB in PR China, including through regular chest X-ray examination, the nationally recommended standard symptom-based TB screening tool is used differently across the provinces and does not quite follow international evidence based standards. It was reported that PR China is piloting IPT among people living with HIV in four counties in Sichuan province and 590 cases were enrolled in 2011. However, overall coverage of the Three I's in the region remains low, with progress on infection control rarely reported. Barriers to IPT implementation so far have included complicated referral systems and not using evidence based standardised tools. It was also noted that guidelines in some countries in the region need to be updated to reflect the latest evidence supporting earlier initiation of ART in people living with HIV with CD4 counts of ≤ 350 cells/mm³ which reduces the incidence of TB.

Recommendations

- *Countries, particularly PR China, should revise their national policies to incorporate the WHO symptom based TB screening algorithm and provide IPT to people living with HIV.*
- *Countries, still piloting IPT, are encouraged to look to others in the region for examples to accelerate beyond pilot stage to scale up the provision of IPT*
- *The Core Group recommends that the MOH PR China document the experience of the IPT piloting and use the information to implement national scale-up.*
- *The Core Group recommends that the Secretariat work together with WHO country offices to support countries to incorporate indicators for TB infection control into their monitoring and evaluation plans according to international guidelines.*
- *Countries to ensure that their national policies and guidelines reflect the latest WHO recommendations and provide ART for all people living with HIV with CD4 counts of ≤ 350 cells/mm³ irrespective of the WHO clinical stage.*

6. Monitoring and Evaluation of collaborative TB/HIV activities

The Core Group noted the advantage of expansion of on-line electronic monitoring and evaluation systems to strengthen monitoring of collaborative TB/HIV activities in the region and in PR China. The standardised TB/HIV indicators need to be incorporated into these systems including TB treatment outcomes.

Recommendation

- *The Core Group recommends that online TB and HIV monitoring systems in all countries include standardised TB indicators, including TB treatment outcomes disaggregated according to HIV status.*

7. Community and civil society organisations engagement

The Core Group noted that the engagement of communities and civil society organisations in the regional TB/HIV response is very limited. It reiterated the importance of community and civil society organisation engagement particularly for reaching the undetected cases in vulnerable sections of society such as migrants, ex-prisoners or intravenous drug users. Such populations are more at risk of both TB and HIV and often mistrust formal healthcare providers. They are likely also to be more complex to manage due to psycho-social needs, drug and alcohol dependence, and/or fear of stigma and discrimination from healthcare workers, all of which can deter initial engagement and interfere with treatment compliance. The global HIV experience in particular, has found that community based organizations, patient groups and peer educators have a clear role in shaping programmes to align them with the more at-risk and vulnerable groups, and ensuring patient-centred care that encourages treatment adherence.

Recommendations

- *The Core Group encourages countries to support and facilitate the engagement of communities and civil society organisations in their national TB/HIV response.*
- *Existing experiences of successful community and civil society organisation engagement need to be documented and shared to inform national and regional scale-up.*

8. Vulnerable groups including migrants and people who use drugs

It was noted that there are 200 million migrant populations in PR China that pose a great challenge for the TB/HIV response. Furthermore, men having sex with men and people who use drugs have special vulnerability for HIV in the region and PR China. Poor adherence to treatment and IPT, and high mortality among people who use drugs was raised as a challenge during the meeting. Whilst ART and TB facilities tend to be based often in one building, the methadone maintenance (MMT) sites are separate, having implications for the provision of quality services. International experience has shown that punitive policies towards marginalised populations such as migrants and people who use drugs and restriction of the rights to access evidence based harm reduction services are critical barriers to TB and HIV prevention and treatment, and removing such barriers should be a public health priority.

Recommendations

- *The Core Group recommends that TB and HIV prevention, diagnosis and treatment services in countries in the region are integrated at MMT and needle exchange sites, and centres that support or accommodate people who use drugs.*
- *Countries in the region are advised to remove legal and structural barriers so as to foster an enabling environment for migrants and people who use drugs to access health services and to continue treatment without fear of legal reprisal.*

9. The UNAIDS-Stop TB Partnership Memorandum of Understanding (MoU)

The meeting participants discussed the evaluation of the UNAIDS-WHO MoU and acknowledged the role played by the MoU to raise the profile of TB within UNAIDS. However, the absence of formalisation and endorsement of the MoU by the Programme Coordinating Board of UNAIDS, and the lack of earmarked funding contribution from both the Stop TB Partnership Secretariat and UNAIDS were mentioned as key weaknesses in the implementation of the activities listed in the MoU. A concern was mentioned that staff of UNAIDS working in the regions were not aware even of the existence of the MoU. The Core Group reiterated the key role UNAIDS is playing in the response to TB/HIV and tools such as the MoU will provide excellent opportunities to scale up its response.

Recommendation

- *The Core Group calls for the renewal of the MoU between UNAIDS and the Stop TB Partnership with formalised endorsement by the respective governing Boards and a clearer financial and technical commitment from both UNAIDS and the Stop TB Partnership Secretariat.*

10. Other issues

The Core Group of the TB/HIV Working Group conducted a separate meeting to discuss administrative and strategic issues. The Core Group reviewed the activities and performance of the current Terms of Reference of the Working Group and discussed external factors that could affect its performance. In addition, the Core Group discussed the ongoing evaluation of the Working Groups by the Board and the Secretariat of the Partnership, for which an agenda item was included in the postponed Coordinating Board meeting scheduled for November 7-10, 2011. The Core Group expressed its concern about the lack of communication made so far about this process to the Chair, Secretariat of the TB/HIV Working Group and to the members of the Core Group. The Core Group members were surprised and dismayed that recent developments within the Stop TB Partnership implied questioning the value of the TB/HIV Working Group, especially as both institutional and individual members serve on a voluntary basis and contribute their substantial time, resources and efforts to the causes of the Working Group. The Core Group rather reiterated the exceptional value and impact of the TB/HIV Working Group for the Stop TB Partnership as a whole and that it has been serving as a gateway to reach out and confer visibility for the Partnership among HIV stakeholders. It also provides critical linkages between TB and HIV programmes as well as funders and technical agencies, and has been an important catalyst for accelerated global scale-up. The Core Group unequivocally underlined the importance of continuing the activities of the Working Group to further respond to the TB and HIV dual epidemic through revising and adjusting its current Terms of Reference, which is due to expire by 2013. The Core Group also discussed membership and the election of the Chair of the Working Group and suggested these changes should reflect the revisions of the Terms of Reference and the new directions that the Working Group will take. Increasing the visibility of TB in the upcoming IAS 2012 was also discussed.

Recommendations

- *The Secretariat of the Working Group to establish a subcommittee of the Core Group to oversee the revision of the TOR of the Working Group taking into consideration external and internal factors. The subcommittee will also serve as a search committee for the next Chair of the TB/HIV Working Group.*
- *The Secretariat to encourage Working Group and Core Group members to apply for skills building workshops, global village and other events during IAS 2012 to raise the profile of TB. The Secretariat to organise a skills building workshop for HIV and TB programme managers on the scale-up of collaborative TB/HIV activities.*