

● TWO DISEASES, ONE PATIENT: TB AND HIV PROGRAMMES COLLABORATE TO SAVE LIVES.

UNAIDS calls for increased investment in TB control

25–27 June 2007, Geneva — The UNAIDS Programme Coordinating Board has called on the international community to significantly increase investment in basic tuberculosis control programmes in line with the World Health Organization and Stop TB Partnership strategies and plans. This is the key to preventing the further development and spread of drug-resistant tuberculosis. The Board also asked for considerable additional resources to fill the long-term global financing gaps for tuberculosis and HIV.

In his speech to the Board at its meeting held 25–27 June 2007 in Geneva, UNAIDS Executive Director Dr Peter Piot acknowledged that tuberculosis was the leading cause of

illness and death in people living with HIV. “We continue to miss valuable opportunities to detect tuberculosis and prevent it spreading among people living with HIV. The emergence of extremely drug-resistant tuberculosis strains is a dramatic wake-up call: if we don’t factor and integrate tuberculosis into HIV treatment programmes, we will get nowhere”, he said. □

- ▶ Read more of Dr Piot’s speech: <http://data.unaids.org/scratch/20070625_sp_20th_pcb_en.pdf>
- ▶ More about the UNAIDS Programme Coordinating Board: <<http://www.unaids.org/en/AboutUNAIDS/Governance/20070625-pcb20.asp>>



“... if we don’t factor and integrate tuberculosis into HIV treatment programmes, we will get nowhere.”

Dr Peter Piot,
UNAIDS Executive Director



UNAIDS Executive Director Dr Peter Piot, pictured left, with Board Chair Dr Mongkol Na Songkhla, Thailand.

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newsletter

of the TB|HIV Working
Group of the
Stop TB Partnership

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PARTNERSHIP
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TB/HIV in the HIV implementers' meeting

Over 1500 people from around the world who work to put HIV prevention, treatment, care and support programmes into action met at the HIV Implementers' Meeting in Kigali, Rwanda, 16–19 June 2007. The Secretariat of the TB/HIV Working Group was instrumental in organizing the TB/HIV sessions of the meeting, which contained plenary, abstract and non-abstract driven sessions. The plenary speech by Dr Chakaya Muhwa of Kenya emphasized the importance of strengthening basic TB control services for optimal HIV and AIDS care and called for TB and HIV programmes to work together. He shared the exemplary experience of Kenya in its nationwide scale-up of collaborative TB/HIV activities. Haiti, Indonesia, and Uganda also shared their experiences and best practices in providing integrated TB and HIV services. The importance of TB infection control in HIV care settings, particularly in the context of extensively drug-resistant (XDR)-TB and



HIV Implementers' Meeting in Kigali, Rwanda, 16–19 June 2007.

laboratory strengthening to expedite the diagnosis of TB in people living with HIV, was emphasized.

Kigali also hosted the follow-up to the Accelerating the Implementation of Collaborative TB/HIV Activities meeting, which took place in March in Washington, DC. The meeting in Kigali was organized by OGAC (the U.S. Office of the Global AIDS Coordinator) and WHO on behalf of the TB/HIV Working Group of the Stop TB Partnership. Participants shared experiences of nationwide scale-up of collaborative TB/HIV activities. The meeting brought together more than 80 participants from 22 countries. Ethiopia, Kenya, Rwanda and Zambia (who attended the March meeting) presented their draft plans for discussion. Round tables identified critical action points for nationwide scale-up of collaborative TB/HIV activities. □

- ▶▶ The session presentations are available at: <http://www.stoptb.org/wg/tb%5Fhiv/>
- ▶▶ See http://www.stoptb.org/wg/tb_hiv/meetings.asp#Kigali for the presentations.
- ▶▶ Read the Conference Highlights on TB/HIV in a report by members of the Core Group: http://www.stoptb.org/wg/tb_hiv/assets/documents/Kigali%20TB%20HIV%20report%20final.pdf
- ▶▶ Kigali also hosted the follow-up to the Accelerating the Implementation of Collaborative TB/HIV Activities meeting, which took place in March in Washington, DC. Read the meeting report at: http://www.stoptb.org/wg/tb_hiv/assets/documents/Meeting%20report.pdf

CREATE receives \$4.4 million from Gates Foundation to expand policy and advocacy activities

The Consortium to Respond Effectively to the AIDS-TB Epidemic (CREATE), based at Johns Hopkins University, has been awarded \$4.4 million in supplemental funding from the Bill and Melinda Gates Foundation to reinforce and expand its studies on innovative techniques for controlling HIV-related TB in countries hard hit by the dual epidemics. The three-year supplemental funding aims to support work towards transforming national and global policies for controlling HIV-related TB through evidence-based advocacy; and to contribute to global advocacy efforts that aim to raise the profile of TB/HIV and address the \$3 billion funding gap for TB/HIV in the Global Plan to Stop TB II (2006–2015). The supplement will greatly enhance the potential of the study results to impact the field

of TB and HIV, and will allow for increased visibility of the studies on a local and national level.

CREATE will continue to work with WHO and its partners and project sites to ensure a smooth translation of positive study results into policy.

The WHO team working on TB/HIV, including advocacy and communications, responded to the news by congratulating Johns Hopkins University and look forward to continuing to work with the expanded CREATE team on advocacy at the global level and ensuring that useful research results are moved as rapidly as possible into policy and practice. □

- ▶▶ For further information contact Lois Eldred at Johns Hopkins University: leldred1@jhmi.edu

Key global leaders call for more action on TB/HIV

TB/HIV was the topic of interest at the opening session of the 13th Stop TB Partnership Coordinating Board meeting held in Geneva, from 18–19 April. Those attending included Dr Margaret Chan, Director-General of WHO; Jorge Sampaio, former president of Portugal and United Nations Special Envoy to Stop TB; Dr Peter Piot, UNAIDS Executive Director; and Dr Michel Kazatchkine, incoming Executive Director of the Global Fund to Fight AIDS, TB and Malaria. In their speeches they all called for concerted action towards coordination and collaboration of TB/HIV activities. Their comments resulted in an impromptu discussion of TB/HIV issues.

Special Envoy Sampaio expressed his commitment to working with donors such as the G8, the European Union and the World Bank to push for “greater, stronger and better support for the fight against TB.” He announced his intention to hold a high-level international meeting on TB/HIV, particularly linked to the United Nations General Assembly Special Session on HIV/AIDS in 2008. Dr Chan declared that “We need to approach scale-up of TB diagnosis and treatment as part of the larger challenge of increasing access to primary health care services. In that context, an integrated service delivery system for TB and HIV services is crucial.” She went on to say that she would be calling for high-level dialogue with other agencies to achieve this goal.

Dr Piot pledged to work with WHO on joint advocacy strategy and plans to ensure that the linkage between TB and HIV was included on the agenda of next year’s UN Special Session on HIV/AIDS (UNGASS).

The support for TB/HIV programme collaboration from such prominent and influential decision-makers means that we are on the road to ensuring that TB/HIV programmes work together. The road ahead is fraught

with difficulty but we must be able to give the person with TB and HIV who walks into a health facility seamless care and treatment for both diseases.

During the meeting the Chair of the TB/HIV Working Group, Dr Diane Havlir, gave a presentation on the progress of the global response to TB/HIV, which was warmly welcomed by the meeting participants. Monitoring and evaluation of collaborative TB/HIV activities began in 2004 collecting retrospective data from 2002. In 2005 key elements of TB/HIV were included in the WHO standard data collection form that goes out to 199 countries. All countries reported on the extent to which TB patients were tested for HIV, assessed for antiretroviral therapy (ART), and provided with ART in 2003.

Among the 199 countries that provided data, 49% had a national policy of offering HIV testing to TB patients and 46 (23%) routinely assessed HIV-positive TB patients for their eligibility for ART (in 2003). The number of countries that reported routine offering of HIV testing to TB patients increased from 7 in 2003 to 92 in 2005. This shows that most countries have only recently begun implementing collaborative TB/HIV activities, though there has been exceptionally rapid progress in some countries, for example Kenya and Rwanda. □

To read more on individual speeches and presentations see the following links:

- ▶▶ Dr Peter Piot: [link to PDF](#)
- ▶▶ Dr Margaret Chan: [link to PDF](#)
- ▶▶ UN Special Envoy Jorge Sampaio: [link to PDF](#)
- ▶▶ Dr Diane Havlir: [presentation](#) and [background document](#)

The lack of clinical trials for TB and HIV co-management

The lack of clinical trials in key areas, such as combined treatment of HIV and TB for people who are HIV positive (and require treatment) and who have TB, is astonishing. The participants at a meeting held in conjunction with the 14th Conference on Retroviruses and Opportunistic Infections (CROI) in February 2007 in Los Angeles came together to discuss ways of promoting a more robust research agenda and funding for TB/HIV. During the meeting it was dismaying to learn that many

of the clinical trials of combined treatment had either stopped or were failing. This is a matter of great concern, as there are many unanswered questions about the effects that combinations of drugs have on people undergoing ART and TB treatment. Answers about the long-term effects of treatments are desperately needed.

Research is also urgently needed in areas such as diagnosis and management of TB and HIV in HIV-prevalent and resource-constrained settings and

extensively drug-resistant TB (XDR-TB). We need to make treatments easier for patients to ensure compliance and prevent further drug resistance. We also need to establish a more systematic way of registering and following up ongoing clinical trials of ART in TB patients. HIV researchers need to take up TB/HIV research issues as critical areas of work.

The interest and enthusiasm of the meeting's participants resulted in a follow-up meeting being organized as a satellite symposium held in conjunction with the International AIDS Society (IAS) Conference on Pathogenesis, Prevention, Treatment and Care in July 2007 in Sydney, Australia.

The symposium, entitled **HIV/TB Co-infection: Meeting the Challenge**, is scheduled for 22 July 2007. It will be co-hosted by the Forum for Collaborative HIV Research, the TB/HIV Working Group of the Stop TB Partnership,

IAS, CREATE and Tibotec, in collaboration with the National Institutes of Health (NIH) and the European and Developing Countries Clinical Trials Partnership Programme (EDCTP).

The symposium will review the progress and challenges of the current research agenda, multidrug-resistant (MDR) and XDR forms of TB, and current and future clinical trials. Urgent priorities include the development and advocacy of a targeted research agenda, and development of a monitoring tool to ensure the implementation of the research priority questions. A panel discussion will be held to explore mechanisms of funding the research and to increase the level of interest of HIV researchers. Panellists will include the Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and directors from the World Bank and WHO. □

● upcoming events

IAS 2007: 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention

Venue: Sydney, Australia

Dates: 22–25 July 2007

For more information: <http://www.ias2007.org/start.aspx>

HIV/TB Co-infection: Meeting the Challenge

TB/HIV Working Group of the Stop TB Partnership, IAS, NIH, CREATE, Tibotec, EDCTP and The Forum for Collaborative HIV Research

Date: 22 July 2007

HIV/TB: An Evolving Epidemic

Form: Non-abstract driven symposium

Venue: Sydney, Australia

Date: 24 July 2007

The HIV/TB session entitled **An Evolving Epidemic** is also chaired by Dr. Diane Havlir. Participants will receive the most recent information on global HIV/TB Co-infection, and milestones of progress made to date. Dr. Getahun of the **TB/HIV Working Group** Secretariat at **WHO** and other leading international HIV/TB experts will inform the audience on different issues including new diagnostics.

International Union Against Tuberculosis & Lung Disease Asia Pacific Region (IUATLD-APR) – First Asia Pacific Region Conference, 2007: Overcoming an Old Scourge with a New Face (HIV/TB Co-infection)

Venue: Kuala Lumpur, Malaysia

Dates: 2–5 August 2007

For more information: www.tibi2007.com/msg_president.html

TB/HIV Collaborative Activities Management Course

Venue: Addis Ababa, Ethiopia

Dates: 13–17 August 2007

For more information contact Monika Hofmann, e-mail: monika.hofmann@dahw.de; Tel: +49 931 7948 111; Fax: +49 931 7948 160; or access website: <http://www.fsm.it> or <http://www.dahw.de>

Effective, targeted interventions for women save lives

Research studies of TB in women conducted in Pakistan and India could signal calls for a shift in national policies.

Discrepancies between the rates of smear-positive results in men and women in Pakistan prompted researchers to assess whether sputum submission instructions for female patients could change the outcomes.

The results showed that if women were given a brief explanation of the difference between saliva and sputum and how to expectorate sputum the detection rates would change. Women in the intervention group were given guidance by a female health worker who explained the differences between saliva and sputum and gave a description of the visual differences between the two. The instructions lasted about two minutes. Women who received instructions were more likely to test smear-positive than those who did not receive instructions. This easy intervention led to a significant improvement in the detection of smear-positive cases in women.

On another front, by following 715 HIV-positive women and their infants for one year after delivery, researchers in India found that women with incident TB and their babies had a 2.2 and 3.4 fold

increased probability of death, respectively, compared to women without active TB and their babies. They noted that the median onset of maternal TB was three months after delivery and found that the early postpartum period was a time of higher risk for women to develop TB. They concluded that screening for active TB and targeted use of isoniazid preventive therapy (IPT) among HIV-infected women must be considered to prevent postpartum maternal TB. These two studies show that by implementing targeted interventions for women many lives can be saved. □

References:

Khan MS *et al.* Improvement of tuberculosis case detection and reduction of discrepancies between men and women by simple sputum-submission instructions: a pragmatic randomized controlled trial. *The Lancet*, 2007; 369: 1955–1960

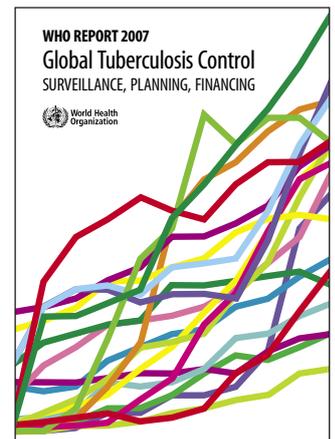
Gupta A *et al.* Postpartum tuberculosis incidence and mortality among HIV-infected women and their infants in Pune, India, 2002–2005. *Clinical Infectious Diseases*, 2007; 45:241–249

The definitive compendium: statistics, trends, challenges and progress

The WHO 2007 global tuberculosis report – Global tuberculosis control: surveillance, planning, financing – provides an overview of the current situation and elucidates barriers such as HIV co-infection and drug-resistant forms of TB. The report points out that though there has been some rapid progress the overall coverage of implementation of collaborative TB/HIV activities is unacceptably low. Globally only 14% of the estimated burden of HIV-positive TB patients were identified by HIV testing in 2005. This figure is only 13% in the African Region, despite it having 80% of the estimated burden of HIV-related TB, though once testing has been done and cases identified the rate of provision of cotrimoxazole preventive therapy (CPT) and ART is very high. In the Americas more than two thirds of the estimated HIV-positive TB cases were detected in 2005.

Screening of people who are HIV positive for TB symptoms and signs and provision of IPT are also very

low. It is important to note that current implementation progress has fallen short of the goals of the Global Plan to Stop TB (2006–2015). The target of the plan was to have 1.6 million TB patients tested for HIV in 2006 and 220,000 started on ART. However, the reality was that in 2005 coverage was only 14% and 11% respectively of the planned 2006 targets. The number of people living with HIV who were screened for TB in 2005 was a dismal 1.7% of the targeted 11 million. Only 2.2% of the 1.2 million people who were supposed to get IPT received it. □



» Full text in English; key findings in Arabic, Chinese, French, Russian, Spanish: http://www.who.int/tb/publications/global_report/en/

Infection Control Sub-group has been established

The TB Infection Control Sub-group housed under the Global TB/HIV Working Group is now up and running. The subgroup was constituted in October 2006. It aims to address the urgent need to reduce the transmission of TB in health care and congregate settings. Special attention is being paid to high or increasing HIV prevalence settings and the emerging MDR and XDR TB context. The issues will be addressed through the development, implementation and evaluation of a global TB infection control strategy.

Dr Bess Miller of the CDC is currently interim chair until a chair can be elected.

Work has already commenced and the subgroup has developed an infection control planning framework that will complement other TB planning frameworks, and is being used to prepare Round 7 Global Fund proposals.

WHO and the subgroup have been working with the U.S. Centers for Disease Control and Prevention (CDC) to develop a list of consultants who can provide technical assistance to countries by helping them review and assess current infection control policies and practices in TB control, draft infection control guidelines and conduct infection control courses.

The subgroup has also been working with the Department of Epidemic and Pandemic Alert and Response at WHO and other departments involved in airborne infection control to ensure consistency of content in infection control guidelines. The WHO interim **Infection prevention and control guidelines for epidemic- and pandemic- prone acute respiratory diseases in health care** developed by the Department of Epidemic and Pandemic Alert and Response has many components that are applicable to the control of TB transmission. The subgroup also provided support for the development of guidelines on natural ventilation in health care settings for airborne pathogens with the Department of Public Health and Environment. □

- ▶ For further information about the subgroup please contact Rose Pray at prayr@who.int Read the report at: http://www.who.int/csr/resources/publications/WHO_CDS_EPR_2007_6c.pdf

upcoming events

TB Infection Control Subgroup meeting

Venue: Tbilisi, Georgia
Dates: 20–22 September 2007

Contact Rose Pray (prayr@who.int) for more information

Infection control courses

Date: August 2007

The South African Medical Research Council (SAMRC) and CDC International Training and Research Centre (ITRC) will start its next cycle of infection control courses in the Fall.

Infection prevention and control guidelines for epidemic- and pandemic-prone acute respiratory diseases in health

Date: August 2007

The WHO interim infection prevention and control guidelines for epidemic- and pandemic- prone acute respiratory diseases in health care developed by the Department of Epidemic and Pandemic Alert and Response has many components that are applicable to the control of TB transmission.
<http://www.who.int/csr/resources/publications/WHO_CDS_EPR_2007_6c.pdf>



WHO guidelines updated...

An addendum to the WHO Guidelines for the prevention of tuberculosis in health care facilities in resource-limited settings, entitled **Tuberculosis infection control in the era of expanding HIV care and treatment**, has been developed by WHO, CDC and key TB implementing partners. The goal of the addendum is to help management and staff minimize the risk of TB transmission at facilities in resource-limited settings.

- ▶ Read the full addendum:
<http://whqlibdoc.who.int/hq/1999/WHO_TB_99.269_ADD_eng.pdf>