TB/HIV — a focus of the HIV battle

In countries with high HIV prevalence, up to 80% of people with TB also test positive for HIV. TB is the most common cause of death among people living with HIV. Therefore, efforts to save lives of people living with HIV need to include efforts to scale up early detection and referral services for TB.

A million and more people were provided with access to HIV antiretroviral therapy during the past two years. At the close of the “3 by 5” initiative, the global community is discussing ways to move towards the achievement of a broader goal — Universal Access to treatment by 2010 through the development and implementation of a package for HIV treatment, care and prevention.

Scaling up of combined TB/HIV activities will be an important part of accelerating HIV treatment and care, as outlined in a recently developed framework document on WHO’s contribution to Universal Access (see http://www.who.int/hiv/universalaccess2010/en/).

The document describes five key strategic directions to be led by WHO in moving towards Universal Access. These are:

1. enabling people to know their HIV status through HIV testing and counselling,
2. accelerating the scale-up of treatment and care,
3. maximizing the health sector’s contribution to HIV prevention,
4. investing in strategic information to guide a more effective response and
5. strengthening and expanding health systems.

WHO is also developing an operational plan for its actions in support of achieving Universal Access.

An international TB/HIV consultative meeting and satellite session, International AIDS Society conference, Toronto, August 2006

WHO, UNAIDS, International AIDS Society, Treatment Action Group and Forum for Collaborative HIV Research are organising a one and half day international pre-conference consultative meeting entitled HIV and TB in the context of Universal Access: what is working and what is not? on behalf of the Global TB/HIV Working Group of the Stop TB Partnership. The meeting will take place on August 12-13, 2006 at Holiday Inn on King Hotel in Toronto, Canada. The meeting is open to international and national programme managers, clinicians, researchers, policy makers and NGO representatives working on HIV/AIDS. The magnitude and challenges of diagnosing TB among PLWHA will be reviewed and successful experiences and best practices from countries implementing TB/HIV activities will be shared and new and innovative strategic approaches to reduce the impact of TB among PLWHA will be explored. WHO will be able to cover only accommodation (not airfare to and from Toronto) costs for the duration of the meeting for limited number of participants from high HIV and TB burden countries.

WHO’s contribution to Universal Access.

For related TB HIV related web sites, see end of newsletter

See TB/HIV Strategic plan here:

BACKGROUND INFORMATION

Two diseases, one patient: TB and HIV programmes collaborate to save lives — read more about the background to collaboration including some key facts: http://www.stoptb.org/tb_hiv/
resource constrained settings. National HIV and TB control programme managers, and civil society organisation representatives from these countries are encouraged to apply. If you would like to attend this meeting or if you want to know more about it please contact before 30 May 2006 francisc@who.int

In addition, the IAS has also agreed to co-sponsor a TB/HIV symposium for half day on 13 August. More later.

Obasanjo, Brown and Gates call on World Leaders to fund new plan to stop tuberculosis

- $31 billion funding increase needed to prevent 14 million tuberculosis deaths by 2015
- Gates Foundation pledges to triple tuberculosis funding over next decade

DAVOS, SWITZERLAND – 27 January 2006, the Stop TB Partnership announced a Global Plan to Stop TB (2006–2015). The plan details the technical resources required for TB programs to achieve the rates of case detect (>70%) and cure (>85%) necessary to decrease the worldwide burden of TB disease by 2015.

Key elements: equitable access to quality TB diagnosis and treatment for an estimated 50 million people, including three million with HIV/TB co-infection and 800,000 with multi-drug resistant TB. Under the plan, a new TB drug will be introduced and diagnostic tests will allow rapid, sensitive and inexpensive detection of active TB by 2010.

By 2015, TB therapy will be shortened to 1-2 months and, by 2012, diagnostic tests will accurately identify people with latent TB infection. By 2015 a new, safe, effective and affordable vaccine will be available.

The Global Plan is estimated to cost $56 billion over the next decade. The Gates Foundation has pledged more than $900 million in support of the plan. Full text and executive summary of the plan are available from the Stop TB Partnership website. http://www.stoptb.org/globalplan/

Call For Nominations: Stop TB Partnership / Kochon Foundation Prize

The Stop TB Partnership is delighted to announce a call for nominations for the first annual Stop TB Partnership/ Kochon Foundation Prize. The prize will be awarded to a person (s), institution(s) or organization(s), exhibiting exceptional commitment, originality and impact in the critical global fight against TB.

Nominations for the Prize may be submitted by any national health administration (of a Member State of WHO) or any Stop TB partner. Typewritten hard-copy nominations, in English, should reach Dr. Marcos Espinal, Executive Secretary of the Stop TB Partnership, by close of business on 24 March 2006.

For more information see: http://www.stoptb.org/bi/kochonmain.asp

To submit a postal nomination, contact:
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UK–NGOs join the fight against HIV related TB

At a packed briefing of UK-based NGOs working with PLWHA around the world, Gareth Thomas, Parliamentary Undersecretary of State for DFID, made a keynote speech on DFID’s commitment to TB control. The NGOs were encouraged to develop a TB/HIV policy (in line with WHO’s) and to work with TB programmes at country level to implement TB/HIV policy and collaborative activities. People living with HIV can die within weeks of developing TB disease. Regular screening of people living with HIV for symptoms of TB can save lives. Among the NGOs present AMREF, Christian Aid, Results (UK), Medecins Sans Frontieres, TB Alert and the UK Consortium on AIDS and International Development presented or chaired the event which, hosted by DFID and WHO. Key NGOs have agreed to roll out similar briefings in G8 and other countries in 2006.
Innovative study of community and household TB/HIV interventions launched in Zambia

ZAMSTAR is one of the studies of the Consortium to Respond Effectively to AIDS/ TB Epidemics (CREATE), Zambia and South Africa TB/AIDS Reduction Study (ZAMSTAR) was launched in Lusaka on 17th December 2005. The study which aims to reduce the prevalence of TB and HIV in the study sites in Zambia and South Africa was launched by Zambian Minister for Education (former Minister for Health). The crowds were kept entertained by the famous Zambian football commentator Dennis Llwewe, a full brass band and a football match between the study team and ex-Zambian National team stars. The study will evaluate the impact of community and household TB/HIV interventions on TB and HIV prevalence. Further information on ZAMSTAR and the other CREATE studies can be found at www.tbhiv-create.org.

TB/HIV collaboration contributes to ART scale-up

Roundtable discussions on the role of TB/HIV collaboration in scaling up access to antiretroviral therapy (ART) under the “3 by 5” were held at the WHO global meeting for HIV staff in Geneva 31 January. Country experiences were shared from Myanmar, Cambodia, Malawi and Brazil followed by animated discussions on the lessons that could be learned for moving forward to universal access. TB programmes were seen as an important entry point to HIV care and treatment. TB and HIV programmes have much to gain from closer collaboration and coordination. The similar programme management needs for both diseases (training, diagnostics, supply management, supportive supervision, recording and reporting, adherence support) mean that there are many potential synergies to be gained through joint planning at all levels.

Civil Society Coalition on HIV/AIDS prepare for UNGASS – get involved!

The UN General Assembly Special Session on HIV/AIDS (UNGASS) review session will take place from 31 May to 1 June 2006. The Civil Society Coalition on HIV/AIDS are involved in preparations so get involved!

The objectives of the Coalition are to:

- Encourage and strengthen active civil society participation in reviewing progress with implementing the 2001 UNGASS Declaration of Commitment (DoC) on HIV/AIDS (and the official UNGASS Review Meeting); and
- Promote transparency and accountability around the UNGASS Review process and meeting.

With more civil society organizations now joining preparations for the UNGASS review, we are able to generate a louder collective voice, more pressure and influence on the process, and speed up our joint responses to key issues as they arise.

Anyone can be part of the Coalition, which is open to all civil society organizations (CSOs) that:

- are committed to and fully support full implementation of the DoC;
- are also committed to the principle of non-discrimination with regard to people living with HIV/AIDS and all groups most vulnerable to the epidemic.

To get involved, CSOs that meet these criteria are encouraged to self-nominate to join one or more of the Coalition’s three working groups (WGs) according to your own interests and strengths. The Working Groups are focused on:

- WGII: HIV/AIDS UNGASS Review Meeting (New York)
- WGII: National-level activities around HIV/AIDS UNGASS
- WGIII: Communications and information dissemination

Get involved today! www.ungasshiv.org

UN General Assembly Special Session on HIV/AIDS (UNGASS) – get involved!

The UN General Assembly Special Session on HIV/AIDS (UNGASS) review session will take place from 31 May – 1 June 2006, followed by the high level meeting on 2 June 2006 which aims to engage world leaders in the global response to HIV/AIDS. As a leading killer of PLWHA TB should be addressed in the review and high level meeting. Country delegations to UNGASS are encouraged to advocate for TB/HIV issues to be included in technical discussions at UNGASS.

**EVENTS**

**1st Eastern European and Central Asian AIDS conference, May 2006**

The first regional conference on AIDS in Eastern Europe and Central Asia is taking place in Moscow, Russian Federation on 15-17 May 2006.

The idea of an Eastern European and Central Asian AIDS conference was first discussed during the International AIDS Conference in Bangkok 2004. The Federal Service for Supervision of Consumers Protection and Welfare in the Russian Federation, the United Nations Joint Programme on HIV/AIDS (UNAIDS), and the International AIDS Society (IAS) joined together to organise the first Eastern European and Central Asian AIDS Conference. The Russian NGO AIDS Infoshare was appointed to host the organisation for the first Eastern European and Central Asian AIDS Conference. The conference, expected to gather around 1500 delegates, will join the first Eastern European and Central Asian AIDS conference. The Russian NGO AIDS Infoshare was appointed to host the organisation for the first Eastern European and Central Asian AIDS Conference. The conference, expected to gather around 1500 delegates, will join the first Eastern European and Central Asian AIDS conference. The Russian NGO AIDS Infoshare was appointed to host the organisation for the first Eastern European and Central Asian AIDS Conference.

For more information, see site for details: www. eecac2006.org

**GFATM Partnership Forum**

The new E-Forum leading up to the 2nd GFATM Partnership Forum is now open for discussions. Discussion themes include:

- **Strategic Positioning** – what is the appropriate role of the Global Fund in the fight against the three diseases as part of national and international efforts?
- **Ensuring Impact** – how do you think the Global Fund can – working with its partners – help support countries to improve their grant performance, in particular by anticipating and addressing implementation challenges?

**Working more efficiently with local and global partners** – how can the Fund work more harmoniously with local and global partners to reduce transaction costs and ensure the lasting impact of the programs it funds?
- e.g., through changes to its financing model and architecture.

**Ensuring Global Fund financial sustainability** – how can the Fund and all its partners further improve and diversify their resource mobilization efforts to secure predictable and sustainable financial support at the country level?

For more information, visit the website: http://forum.theglobalfund.org/

**PEPFAR meeting in June – calls for abstracts**

The President’s Emergency Plan for AIDS Relief (PEPFAR) Annual Meeting entitled Building on Success: Ensuring Long-Term Solutions will be held from June 12-15, 2006 in Durban, South Africa. The call is for Abstracts on the following four tracks:

- Cross-cutting and policy
- Prevention of HIV transmission
- Care of those infected and affected by HIV/AIDS (including orphans and vulnerable children, and HIV counseling and testing)
- Antiretroviral treatment for persons infected with HIV

To attend the meeting, registrants must submit an application – deadline May 5, 2006. Applications are considered on a first-come, first-served basis.

See site for details: www.blsmmeetings.net/ ImplementHIV2006/flyer.cfm

**Thirteenth Conference on Retroviruses and Opportunistic Infections – http://www.retroconference.org/2006/**

**DENVER, FEBRUARY 5-8, 2006**

There were twelve presentations on HIV/TB co-infection at the conference: four oral presentations and eight posters.

There was only one randomized clinical trial of antiretroviral therapy in co-infected individuals. A Randomized Trial of Early versus Delayed Fixed-dose Combination Zidovudine, Lamivudine, and Abacavir in Patients Co-infected with HIV and Tuberculosis: Early Findings of the Tuberculosis and HIV Immune Reconstitution Syndrome Trial http://www. retroconference.org/2006/ Abstracts/26989.HTM

70 patients were randomized to receive either early (2 weeks after commencing anti-TB therapy) versus delayed (8 weeks) initiation of Zidovudine, Lamivudine and Abacavir (fixed-dose combination). The study concluded that the antiretroviral therapy was tolerated in >90% of subjects, and significant increases in CD4 lymphocyte counts were observed over 48 weeks. No viral load data were reported. Interestingly, clinically significant immune restoration syndrome was not reported in this cohort.

There are limited data on the prevalence of HIV/TB co-infection in children. One oral presentation from South Africa examined the Incidence of Tuberculosis in HIV-infected Children: The Influence of HAART http://www. retroconference.org/2006/ Abstracts/26606.HTM

For children receiving HAART, the TB incidence was 8.3/100 person-years compared to 14.4/100 person-years those not receiving HAART.

In another study form South Africa Tuberculosis among HIV-infected Patients Receiving HAART: Long-term Incidence and Risk Factors in a South African Cohort http://www. retroconference.org/2006/ Abstracts/27436.HTM.

The prevalence of TB in 346 adult patients receiving HAART dropped from 3.5/100 person-years in the first year of HAART to 1.01/100 person-years in the fifth year of treatment.
R&D into TB diagnostics for HIV positive individuals

The public private partnership FIND is stepping up programs to accelerate the availability of improved diagnostic tools for the detection of TB in HIV positive individuals. The diagnosis of TB in the setting of HIV-co-infection is difficult; the majority of patients are sputum smear-negative using conventional microscopy, and standard solid media culture is too slow and cumbersome to be widely useful. FIND has two types of projects under way to improve on current tools for detecting TB in HIV. One activity is an effort to improve the sensitivity of conventional microscopy by testing alternative robust fluorescent microscopy methods. Studies of these microscopes are planned in collaboration with the TB/HIV working group in Ethiopia, Bangladesh, Uganda and Gambia. In another effort, FIND has established Demonstration Projects to determine the feasibility and cost-effectiveness of using the MGIT rapid culture system to detect TB in HIV-prevalent communities. In partnership with CREATE and other groups, FIND has established these projects in Zambia, Brazil, Tanzania, and the Republic of South Africa. www.finddiagnostics.org

PUBMED abstract review

• Links to the full text are provided when available without subscription

Immune reconstitution inflammatory syndrome of tuberculosis among HIV-infected patients receiving antituberculous and antiretroviral therapy.
J Infect. 2006 Feb 15 Abstract

Incorporating a Rapid-Impact Package for Neglected Tropical Diseases with Programs for HIV/AIDS, Tuberculosis, and Malaria.

Treatment outcomes by drug resistance and HIV status among tuberculosis patients in Ho Chi Minh City, Vietnam.

Diagnosing smear-negative tuberculosis using case definitions and treatment response in HIV-infected adults.

Efavirenz 600 mg/day versus efavirenz 800 mg/day in HIV-infected patients with tuberculosis receiving rifampicin: 48 weeks results.
AIDS. 2006 Jan 22;20(1):131-2 Abstract

HIV/AIDS in Europe: Moving from death sentence to chronic disease management

The WHO book HIV/AIDS in Europe: Moving from death sentence to chronic disease management tells the story of the epidemic from a broad variety of perspectives: biomedical, social, cultural, economic and political.

The authors describe how, from the first documented cases in 1981 to the present era of antiretroviral management, controlling the human immunodeficiency virus in Europe has proven elusive.

The chapters not only analyse the past and survey the present, but suggest how to move forward towards two fundamental goals: universal treatment and halting the spread of HIV/AIDS. Chapter 10, by Jaap Veen and Joanna Godinho, addresses TB and HIV co-infection.


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