

Proposed activities of the TB/HIV Working Group of the Stop TB Partnership 2008-2009

Background: The TB/HIV Working Group (WG) of the Stop TB Partnership works to reduce the global burden of HIV-related TB through effective collaboration between TB and HIV programmes and communities, and establishing policies, targets, and monitoring and evaluation systems for evidence-based collaborative TB/HIV activities. The WG also facilitates the sharing of experience and disseminates lessons learnt in order to accelerate the implementation of these collaborative TB/HIV activities. It has also developed its strategic plan as part of the Global Plan to Stop TB (2006-2015) based on the principles of universal access for HIV services. The WG has been instrumental in creating favourable global and national policy environments and the exchange of best practices and experiences to catalyse the scaled-up implementation of collaborative TB/HIV activities.

The monitoring of nationwide implementation of collaborative TB/HIV activities was started in 2003, and has shown a steady and impressive increase over time.

- The number of countries that reported routine offer of HIV testing to TB patients increased from 7 in 2003 to 92 in 2005.
- The number of countries with national plans and bodies to coordinate the TB/HIV response increased threefold between 2003 and 2005.
- The number of TB patients tested for HIV and eligible TB patients that received ART increased 18-fold and 19-fold respectively between 2003 and 2005.

There has also been exceptional nationwide scale-up in some countries. For example in Kenya, in the last quarter of 2006, 67 % of TB patients were tested for HIV, nearly 30% of the HIV positive TB patients were put on ART and 85% on co-trimoxazole preventive treatment (CPT). Likewise 75% of TB patients were tested for HIV in Rwanda in 2006 and a third of the HIV positives were put on ART. The number of approved Global Fund TB and HIV proposals with TB/HIV components has been significantly increasing.

However, despite this rapid recent progress the overall coverage of implementation of collaborative TB/HIV activities is unacceptably low. Globally only 14% of the estimated HIV positive TB patients were identified by HIV testing in 2005. This figure is 13% in the African region despite carrying 80% of the estimated burden of HIV related TB. The coverage of those activities that need to be carried out by HIV service deliverers such as screening of HIV positives for TB and provision of Isoniazid Preventive Therapy (IPT) is very low. For example in 2005 only 0.5% of people living with HIV were screened for TB and only about 25,000 were started on IPT. This calls for an urgent attention as TB is now the commonest presenting illness among People living with HIV (PLHIV) who are

on ART. It is also important to note that the current progress of the implementation of collaborative TB/HIV activities is far short of what has been laid out in the Global Plan to Stop TB (2006-2015).

The key specific challenges for accelerated implementation of collaborative TB/HIV activities include: limited HIV testing and counselling services; lack of collaboration and coordination between TB and AIDS control programs; lack of conducive national policy environments for TB/HIV; limited engagement of civil society (including community groups, NGOs and Faith Based Organizations) weak diagnostic capacity and available technology, non existent infection control measures, and unmet research needs. Moreover, the implementation is also limited by other general health system issues such as weak infrastructures and lack of trained and competent health workforce particularly in those resource limited settings where HIV is prevalent. Therefore, in the next two years (2008-2009) the WG will focus on overcoming these key challenges by catalysing the accelerated implementation of collaborative TB/HIV activities and increasing universal access to TB/HIV services. The overall objective of the activities will be to ensure integrated quality TB and HIV prevention, diagnosis and treatment service delivery for patients co-infected with TB and HIV. Furthermore, TB infection control, prevention and treatment of multidrug resistant (MDR) and extensive drug resistant (XDR) TB, particularly in HIV services, will be prioritized.

The following are proposed activities for 2008 and 2009 with their roughly estimated cost that the Working Group will carry out in close collaboration with the relevant key HIV and TB stakeholders:

Objective 1: Catalysing the implementation of collaborative TB/HIV activities by supporting national level actions and enhancing the engagement of HIV and TB stakeholders.

- **Regional TB/HIV implementation meetings:** The WG has so far garnered enough experience in conducting successful action oriented implementation meetings. The meetings will be tailored according to regional variations and priorities and will serve as fora to facilitate and strengthen linkages between implementers and funding agencies and will have regional priorities. The critical activities that will be prioritized include enhancing access to HIV testing for TB patients, intensified TB case finding among PLHIV and prevention of TB infection particularly in HIV settings.

- **Products**

- Asia Pacific TB/HIV Implementation Meeting during Q1 2008 (estimated cost \$ 100,000).
- Africa Regional TB/HIV Implementation Meeting in 2009 (estimated cost \$ 150,000).

Total estimated budget = \$ 250,000

- **TB/HIV training for national AIDS and TB programme managers:** The little evidence that is available suggests that there is increased implementation of TB/HIV activities in those countries with trained NTP and/or AIDS managers and national staff (e.g. China, Ghana, Sierra Leone, Thailand, Indonesia, DRC). Organizing regional TB/HIV trainings for AIDS and TB programme managers of high TB/HIV burden countries would be useful not only to arm the managers with the needed technical skills but also to enhance communication and discussion between them. These regional training workshops will particularly emphasize on how to introduce TB/HIV components (including TB infection control) into Global Fund proposals particularly HIV/AIDS ones and development of national health sector medium term national plans. They will also focus in catalysing the implementation of already funded activities such as through the Global Fund.
 - **Products:** two regional training workshops will be organized over the two years (estimated cost \$ 200,000)

- **Enhance the engagement of AIDS programmes and partners in reducing the burden of TB among people living with HIV:** Implementation of TB screening, infection control and IPT is less advanced than the activities to reduce the burden of HIV among TB patients. Extra effort is required to advocate for implementation of these activities by National AIDS programmes; and UNAIDS, the Joint UN teams on AIDS and partners at country level.
 - **Products:**
 - TB/HIV sessions featured in regional WHO AIDS programme managers meetings and UNAIDS regional management meetings. (estimated costs \$50,000)
 - TB/HIV masterclass for AIDS programme managers held in conjunction with regional AIDS conferences (ICASA, ICAAP). (estimated costs \$50,000)

Total estimated budget = \$ 100,000

- **Improve and harmonize TB/HIV data collection:** Global monitoring of the implementation of collaborative TB/HIV activities is done since 2003 through the WHO standard data collection form sent to Ministries of Health. Due to technical and logistic reasons, there is a delay of more than a year between the actual year of documentation of the activities and the year of the release of the Global Report. As a result these rapidly expanding activities fail to be captured in time to inform global policy and advocacy activities. Moreover, there are indications that activities (particularly those implemented by partner organizations) in priority countries are not captured by the routine system in countries. The WG will facilitate a freely accessible web-based collection and sharing of data and information on implementation of collaborative TB/HIV

activities. An email forum for continuous dialogue between partner organizations and national authorities to improve and harmonize data collection will be established.

- **Product:** A web-based data collection, sharing and dissemination system, with a forum for bi-directional exchange of data and information between key implementing agencies established and maintained. (estimated cost \$ 50,000)

Total estimated budget for objective 1 = \$ 600,000

Objective 2: Promote TB/HIV research priorities and their uptake particularly by HIV researchers

- **Regular satellite meetings on TB/HIV priority research issues** with HIV treatment and prevention network researchers in conjunction with key HIV conferences. The objective of these meetings will be to further build on ongoing efforts to enhance the inclusion of key HIV/TB research issues into the mainstream of HIV treatment and prevention research. The meetings will be conducted in conjunction with the 15th and 16th Conference on Retroviruses and Opportunistic Infections (CROI 2008 and 2009); International AIDS Conference 2008 and the 5th IAS Conference on HIV pathogenesis, treatment and prevention (IAS 2009).
 - **Products:** TB/HIV satellite meetings with HIV researchers conducted in 2008-2009 (estimated cost \$200,000)

Total estimated budget for objective 2 = \$200,000

Objective 3: Enhance the engagement of leading NGOs in TB/HIV and community mobilization

- **Engage leading HIV/AIDS NGOs in TB/HIV:** Several NGOs and faith based organizations are already working on HIV/AIDS and there is a great need to enhance the engagement of those HIV/AIDS NGOs, including faith based organizations in order to seize the opportunity to ensure TB is included in their work. The Working Group will organize an international TB/HIV implementation meeting of the leading NGOs. Expanding TB screening and provision of preventive therapy for PLHIV and TB infection control, including in PMTCT services will be emphasized. Organizations will be identified based on their HIV/AIDS portfolio and will include: Catholic Relief Services, CARE, Health Alliance International, OXFAM, Christian AID, Action AID, MSF, Red Cross, CARITAS, Save the Children, EngenderHealth, IPPF and others such as PEPFAR grantees.

- **Product:** An international TB/HIV implementation meeting among key HIV/AIDS NGOs will be conducted (estimated cost \$200,000)

- **Expand and strengthen community mobilization for TB/HIV:** The Working Group will work towards enhancing the engagement of community groups and affected communities as extremely important partners and under-utilised resources for the implementation of collaborative TB/HIV activities and the provision of quality care. Technical assistance and capacity building activities will be provided for community groups and networks to work on TB/HIV. Support will be provided for the development of generic treatment and health literacy materials and regional TB/HIV training workshops for leading HIV advocacy and community groups. The training manual that is already developed by the Secretariat of the Working Group on TB/HIV advocacy will be used and networking and partnerships will be established with ongoing efforts. The focus of the trainings will be to arm community groups with the necessary skills to catalyse national level implementation of collaborative TB/HIV activities, including TB infection control and prevention of MDR and XDR TB and will be done in close collaboration with existing networks such as Treatment Action Group and ITPC.
 - **Products:** generic treatment and health literacy materials will be developed and regional training workshops for selected national champions will be organized over the two years (estimated cost \$ 150,000)

Total estimated budget for objective 3 = \$350,000

Objective 4: Promote effective communication and coordination among Working Group members

Effective coordination and communication among the partners of the Working Group and strengthening the Secretariat of the Working Group.

- **Recruitment of Working Group Officer at the Secretariat of the WG:** A Working Group officer to coordinate functions and activities among partner organizations and to overlook the aforementioned activities will be recruited for two years. Particular emphasis will be given in the follow-up of the mainstreaming of TB/HIV activities into the work of leading HIV NGOs.
 - **Product:** A WG officer recruited (estimated cost \$ 300,000)

- **TB/HIV communication maintained and strengthened:** communication among members of the WG and other stakeholders will be maintained and strengthened. Visibility of TB/HIV will also be promoted in international and national media outlets.

- **Product:** TB/HIV newsletter produced regularly and TB/HIV public service announcements and media items developed in leading international and regional media outlets(estimated cost \$ 50,000)

Total estimated budget for objective 4 = \$350,000

Total requested estimated budget for 2008-2009 = \$ 1,500,000