

SUMMARY SHEET			
Agenda Nr. 1.08- 8.0	Subject	TB-HIV ON THE INTERNATIONAL AGENDA	
For Information	For Discussion		For Decision 🖂

### Rationale

The HIV pandemic represents a massive challenge to the global control of TB at all levels. Most countries are not offering the essential diagnostics and treatment services needed for patients with HIV-associated TB. Though there have been encouraging gains since 2005, milestones for scale-up outlined in the Global Plan to Stop TB for 2006 are not being reached. The political commitment needed to ensure quality services to HIV and TB co-infected patients is still missing. In particular, the HIV community needs to be further engaged and committed to measures that cut the number of people, living with HIV, dying of TB.

<u>Background</u> - The latest Global TB Report 2008 shows there were an estimated 709,000 HIV positive TB patients globally in 2006. Almost 700,000 of notified TB patients were tested for HIV and 78% and 41% of those who tested positive were started on co-trimoxazole preventive therapy (CPT) and antiretroviral treatment (ART) respectively. Between 2001-2006 there was a significant increase in the numbers of TB patients tested for HIV and also having access to CPT and ARV. Likewise the number of countries reporting HIV testing for TB patients increased from 9 in 2002 to 112 in 2006. In Africa 22% of all notified TB patients were tested for HIV in 2006. But only 310,000 PLHIV were screened for TB and a mere 0.08% (27,000) of estimated PLHIV were put on IPT globally in 2006, (0.1% of the estimated 33.2 million PLHIV).

# **Summary**

The strategy of the TB-HIV Working Group is to engage major HIV/AIDS stakeholders including civil society, service providers and implementers to work together strategically and systematically to accelerate scale-up and implementation of collaborative TB-HIV activities. The inclusion of TB-HIV in all policy processes and meetings, particularly at the highest political levels, is crucial. There is a need for unprecedented action from both global donors and national authorities to ensure scale-up of collaborative TB-HIV activities. Four events in 2008, have been identified as critical to addressing the gap in political leadership:

#### Completed:

The Board will be briefed on the results and implications of two significant TB HIV activities that were been completed in April 2008.

- Three I's Meeting organized jointly with the WHO HIV Department, this meeting emphasized those interventions that reduce the burden of TB in people living with HIV; in particular the provision of isoniazid preventive therapy, intensified case finding and infection control.
- The UNAIDS Program Coordinating Board held a one day thematic session on TB-HIV during its meeting in Chang Mai, Thailand aimed at raising awareness of TB-HIV within UNAIDS and ensuring that future recommendations with regard to universal access include TB.

#### **Going Forward:**

3. The most pressing event, of crucial importance to the Partnership, is the upcoming **HIV-TB Global Leaders' Forum** to be held on the 9<sup>th</sup> June 2008, at the United Nations in New York. The meeting is being jointly organized by the UN Special Envoy for TB with WHO, UNAIDS, the Global Fund, the World Bank and the European Commission. The



meeting enjoys the endorsement of the UN Secretary General. The Secretariat function for the meeting is being provided by the Stop TB Partnership and WHO.

Participants at the HIV TB Global Leaders' Forum will be called on to demonstrate bold leadership and commitment to addressing HIV-TB. It is proposed to ask participants - national delegations, global health leaders, donors etc - to endorse a "Call for Action". A draft "Call for Action" and agenda for the meeting is included in background papers for consideration by the Board (DOC: 1.08-8.3 and DOC: 1.08-8.2 respectively). The results of the HIV-TB Global Leaders' Forum will be reported back to the UN High Level Meeting on AIDS (June 10-11).

4. TB-HIV is now one of the International AIDS Society's (IAS) priority areas. At the International AIDS conference in Mexico City in August 2008, the Partnership will need to ensure the profile of TB-HIV remains high despite significant competing priorities. It is proposed that Partners engage key HIV stakeholders by promoting the 3Is approach through a plenary session on TB-HIV, a TB-HIV satellite Symposium, presence in the Global Village and scientific abstracts.

## **Decisions requested (from the Stop TB Coordinating Board)**

- To endorse the "Call for Action" on HIV-TB to be presented to participants at the HIV-TB Global Leaders' Forum;
- To endorse advocacy around the 3Is at upcoming events such as the IAS Conference in Mexico.
- To call on Partners to undertake advocacy for the inclusion of TB prevention in all national HIV action plans, frameworks and strategies (and vice versa);
- To call on all Partners to ensure mainstreaming of TB-HIV activities, in particular the 3Is approach, into their work plans

### **Implications** (political/financial/staffing etc):

- Staffing A Secretariat staff member will be seconded to the WHO Liaison office to the United Nations in New York for one month prior to the HIV-TB Global Leaders' Forum.
- The total budget for the HIV-TB Global Leaders' Forum (of approximately US\$ 100, 000) is largely being funded by the Secretariat/WHO with a significant financial contribution from UNAIDS and logistics, administrative and communications support from WHO, Global Fund and the World Bank.
- Other advocacy activities are budgeted and staffed according to the TB HIV Working Group work plan.

### **NEXT STEPS**

### **Action Required:**

- Facilitate national leadership and engagement in HIV-TB Global Leaders' Forum. (Partners)
- Facilitate TB-HIV engagement at the IAS conference (TB-HIV WG)

Focal Point: TB/HIV Working Group / Partners/Secretariat

Timeframe: 2008