



## **HIV-TB Co-Infection: Meeting the Challenge**

Sunday July 22, 2007 12:30-14:30, Hall B

*A satellite symposium organized by the TB/HIV Working Group of the Stop TB Partnership and Forum for Collaborative HIV Research in collaboration with Agence nationale de recherches sur le sida (ANRS), Bill and Melinda Gates Foundation, Consortium to Respond Effectively to the AIDS/TB Epidemic (CREATE), the European and Developing Countries Clinical Trials Partnership Programme (EDCTP) International AIDS Society, National Institutes of Health and Tibotec in conjunction with the 4<sup>th</sup> IAS Conference on HIV Pathogenesis, treatment and prevention.*

### **AGENDA**

Chairs: Diane Havlir, Soumya Swaminathan

**12:30-12:40** Research Priorities in HIV/TB, *Stephen Lawn (South Africa)*

**12:40-12:50** MDR-XDR TB, *Gerald Friedland (USA)*

**12:50-13:00** Paediatric populations: what is the research agenda? *Mark Cotton (South Africa)*

**13:00-13:10** Update on current & planned clinical trials: where is the momentum? *Xavier Blanc (France)*

**13:10-14:30** Panel discussion: agencies and sponsors will highlight how their programs provide opportunities to support and/or fund research to address the gaps identified during the previous talks. Panellist will include

Michel Kazatchkine (GFATM)  
Debrework Zewdie (World Bank)  
Charles Mgone (EDCTP)  
Xavier Blanc (ANRS)

Michel Sidibe (UNAIDS)  
Kevin DeCock (WHO)  
Renee Ridzon (Gates Foundation)  
Barbara Laughon (NIH)

**The Forum for Collaborative HIV Research** is a public-private partnership that facilitates discussion on emerging issues in HIV treatment and prevention research and works to translate research results into patient care. Members of the Forum include government agencies, the pharmaceutical and diagnostic industry, HIV researchers and clinicians, foundations and other donor organizations and the HIV patient advocacy community. By encouraging coordination among key stakeholders, the Forum allows studies performed by various research entities to begin faster; reduces duplication of effort; enhances patient enrollment and retention; allows the costs of answering critical questions to be shared; and allows research results to be used more effectively and more expeditiously. [www.hivforum.org](http://www.hivforum.org)

*See the back page about the TB/HIV Working Group of the Stop TB Partnership*



## **The Global TB/HIV Working Group of the Stop TB Partnership**

### **What is the TB/HIV Working Group?**

The Global TB/HIV Working Group was established in April 2001 to coordinate the global response to the dual TB and HIV epidemic. It is one of the seven Working Groups of the Stop TB Partnership, which is a coalition of more than 500 organisations engaged in the global fight to eliminate TB as a public health problem. The Working Group has a 20-member Core Group, which is its decision making body that sets the strategic directions of the Working Group and the global response to the TB and HIV dual epidemic.

### **Who are its members ?**

The Working Group is comprised of international and national programme managers, policy makers, researchers and civil society and organization representatives from the HIV and TB communities. To date it has more than 230 members. The World Health Organization serve as the Secretariat of the TB/HIV Working Group. Dr Diane Havlir from University of California in San Francisco is its current chair.

### **What is its goal?**

The goal of the Working Group is to reduce the burden of TB in high HIV prevalence populations and to coordinate the global response to the dual TB and HIV epidemic through strengthening collaboration and partnership between the TB and HIV communities.

### **What are its key achievements?**

The Working Group has developed the minimum policy and programme guidance, based on the best available evidence, for reducing the impact of the dual TB and HIV epidemic. It has enhanced collaboration between TB and HIV programmes and communities, nurtured the evidence base and promoted experience sharing for the provision of optimal patient centred care where it is needed. The global visibility of the dual TB and HIV epidemic has been raised, although a lot has to be done. The number of countries implementing collaborative TB/HIV activities has increased particularly in the last few years. However, the global number of dually infected patients getting the services are unacceptably low. In 2005, only 13% of the estimated HIV positive TB patients were detected; only 7% of notified TB patients were tested for HIV and 0.5% of people living with HIV were screened for TB.

### **What are the priority countries for the Working Group?**

There are 63 priority countries for the Working Group, which are countries with an adult HIV prevalence  $\geq 1\%$  according to the 2006 UNAIDS estimates and five additional countries (Brazil, China, India, Indonesia and Viet Nam), which together make up 98% of the global TB/ HIV burden.

### **What benefits would I get by becoming a member?**

You will be part of a global family that coordinates the global response to the dual TB and HIV epidemic, sets policies and programmes to tackle the problem. You will be abreast with the scientific and programmatic developments in HIV/TB through a regular newsletter and meetings.

### **Do you want to join the TB/HIV Working Group?**

Membership is voluntary and free. Please send an email to [tbhiv@who.int](mailto:tbhiv@who.int).