Session N.00313


Thursday, 30 October 2014, 08:00 - 10:00

Description

The current TB drug development pipeline holds a large number of new and existing TB drugs. Groups involved in the late stages of drug development include the TB Alliance; the commercial pharmaceutical, not-for-profit, and academic sectors; Panacea and EDCTP; Inter-TB at St. George’s Hospital; the TBTC and CDC; the HIV networks of NIAID and the trials of DMID, both at the U.S. NIH; the NIRT in Chennai, India; MSF; and the MRCs in United Kingdom and in South Africa. They seek to optimise existing drugs and develop novel compounds. This session presents emerging data from leading groups.

Target audience

TB clinicians and health care workers, TB programme managers, TB researchers, infectious disease clinicians, TB programme staff, epidemiologists and others involved in clinical trials, pharmacologists, drug developers.

Objectives

1. Present information on recent phase 2 & 3 trials of new TB drugs and regimens targeting drug-sensitive TB
2. Describe challenges confronting development of new TB therapies through presentation of practical experiences
3. Inform the target audience on safety of drugs
4. Assess the utility of new or imminently available TB drugs and regimens
5. Assess programmatic implications of emerging data from clinical trials

Keywords

Drug; treatment; clinical trial; regimen; therapy

Coordinator(s)

Andrew Vernon (USA), Gavin Churchyard (South Africa)

Presentations

08:00 - 08:15 The role of fluoroquinolones in treatment of drug-sensitive TB: what have we learnt from recent phase 2 and phase 3 trials

08:20 - 08:35 High Dose Rifamycins: the promise of increased efficacy

08:40 - 08:55 High Dose Rifamycins: insights into kinetics, adverse effects and drug interactions

09:00 - 09:15 The potential impact of 3-and 4-month regimens: insights from modelling

09:20 - 09:35 Rifamycins for latent TB: perspectives from settings of low-and high-incidence

09:40 - 09:55 Clofazimine as an anti-tuberculosis drug
02. Preparing frontline health workers for community-led change

Thursday, 30 October 2014, 08:00 - 10:00

Type: Symposium
Track: Nurses and Allied Professionals (TB, HIV, Tobacco and Lung Health)
Topic: Human capacity development, education and training

Description: If care for people affected by TB is going to be truly patient-centred, TB services will have to be demand driven and communities will need to be actively involved in the planning and implementation of care. While there has been a significant acknowledgement and discussion about this at a strategic level, it is necessary to consider how front-line healthcare workers need to be prepared, in practical terms, for this fundamental change in approach. This symposium will consider issues which need to be addressed across health and community organisations to achieve this change.

Target audience: Programme managers, donors, community representatives, civil society representatives, health care workers.

Objectives:
1. To highlight working conditions required for healthcare workers to provide demand-driven services
2. To explore how front-line services can identify and work with different resources in the local community
3. To present best practice examples of collaborative working across health and community services
4. To appreciate the perspective of community groups and patients who can contribute to care provision

Keywords: Community, patient-centred care, healthcare workers, demand-driven services

Coordinator(s): Netty Kamp (Netherlands)

Chair(s):

Presentations:
08:00 - 08:15 The link between working conditions and the quality of care
08:20 - 08:35 Improving TB services through local health teams at district and health centre level
08:40 - 08:55 Using innovative means to improve communication between communities and providers
09:00 - 09:15 Developing a model to respond more effectively to the needs of people affected by TB
09:20 - 09:35 Teaching health care workers a patient-centred mindset in a technical world
09:40 - 10:00 Discussion
# Session N.00182

## 03. How multi-sectoral approach and community engagement may strengthen programmatic management of TB in prisons

**Thursday, 30 October 2014, 08:00 - 10:00**

**Type**  
Symposium

**Track**  
Tuberculosis

**Topic**  
TB in special populations and institutions

**Description**  
Prisons face more concentrated TB epidemics which if not properly addressed may contribute to its amplification and spread in population at large. This requires increased awareness from all partners confronting TB, to have comprehensive approach for prison interventions and the period after release. This symposia will examine policies, practices and support of multisectoral TB control measures within different international organisations and share strategies demonstrating progress in collaboration among state and non-state entities contributing to sustainable TB control measures. Related challenges will also be addressed.

**Target audience**  
Policy-makers, TB programme managers, civil society, development agencies, human right activists, researchers, academicians, health care providers, private companies

**Objectives**

1. To describe multi-sectoral collaboration experiences in prison TB and HIV programmes
2. To discuss the impact of close treatment environments of correctional settings
3. To explore successful interventions demonstrating progress towards TB control in prisons and after release
4. To discuss the role of communities and broader society involvement for strengthening prison health systems

**Keywords**

TB in prisons; TB treatment after release; resource-limiting settings; multi-sectoral collaboration

**Coordinator(s)**

Fuad Mirzayev (Switzerland), Rafael Mekhdiyev (Azerbaijan)

**Chair(s)**

**Presentations**

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<td>Continuity of care: collaboration of the MOJ of Azerbaijan with NGOs to ensure treatment follow up after release from prison</td>
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<tr>
<td>08:20 - 08:35</td>
<td>Supporting TB and HIV patients released from prisons of Moldova: a joint effort of prison administration, NTP and civil society</td>
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<tr>
<td>08:40 - 08:55</td>
<td>Assisting TB programmes in prisons: multi-country experience of the ICRC</td>
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<tr>
<td>09:00 - 09:15</td>
<td>Bottlenecks to improve TB control in Zambian prisons: what are the solutions?</td>
</tr>
<tr>
<td>09:20 - 09:35</td>
<td>TB screening and health care in Haitian prisons</td>
</tr>
<tr>
<td>09:40 - 09:55</td>
<td>Interagency collaboration between civilian and penitentiary TB control services in Tomsk region of the Russian Federation</td>
</tr>
</tbody>
</table>
# 04. Tuberculosis and diabetes: from evidence to action

**Thursday, 30 October 2014, 08:00 - 10:00**

## Description
The alarming growth of type 2 diabetes poses a serious threat to tuberculosis (TB) management worldwide. People with diabetes have three times the risk of developing active TB compared with the non-diabetic population. There is an urgent need for basic knowledge to help understand and control the intertwined epidemics of TB and diabetes. This session will provide an overview of possible mechanisms underlying the association between TB and diabetes, clinical guidance to manage the two conditions, updates on bi-directional screening in a range of settings and a discussion on TB-diabetes policy.

## Target audience
National TB programme managers, clinicians, policy-makers, scientists, nurses, public health administrators interested in TB management and collaboration with diabetes programmes, TB researchers, non-communicable disease programme managers

## Objectives
1. To provide an overview of TB-diabetes collaborative activities and their implementation in several settings
2. To discuss the possible mechanisms that underlie an increased susceptibility of patients with diabetes to TB
3. To provide information on field studies on TB and diabetes in four sites as part of the TANDEM project
4. To discuss the latest evidence on the clinical management of TB and diabetes
5. To discuss progress in implementation of TB-diabetes standards in the Pacific Islands setting

## Keywords
Tuberculosis; diabetes mellitus; bi-directional screening, basic science, clinical management

## Coordinator(s)
Kerri Viney (Australia), Richard Brostrom (USA)

## Chair(s)

## Presentations
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<td>TB-diabetes collaborative activities- from evidence to action</td>
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<tr>
<td>08:15-08:30</td>
<td>Possible mechanisms underlying increased susceptibility of diabetes patients to TB</td>
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<tr>
<td>08:30-08:45</td>
<td>TANDEM; field studies on TB and diabetes mellitus in Peru, South Africa, Romania and Indonesia</td>
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<tr>
<td>08:45-09:00</td>
<td>TB-diabetes collaborative activities in China</td>
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<td>09:00-09:15</td>
<td>TB-diabetes collaborative activities in India</td>
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<tr>
<td>09:15-09:30</td>
<td>Beyond screening: clinical management of concurrent TB and diabetes</td>
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<tr>
<td>09:30-09:45</td>
<td>Progress in implementation of the TB-diabetes standards in the Pacific Islands</td>
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<td>09:45-10:00</td>
<td>Discussion</td>
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</tbody>
</table>
Session N.00120

05. Next generation of eHealth for TB: systems that communicate

Thursday, 30 October 2014, 08:00 - 10:00

Type
Symposium

Track
Tuberculosis

Topic
Other

Description
Electronic health information systems are abundant but oftentimes isolated and do not communicate with each other. This challenge occurs at various levels of health care, in the public and private sectors, and within the community. This symposium uses lessons learned from different settings to illustrate innovative solutions to make eHealth systems ‘talk together’ and provide users with comprehensive information for decision making. National staff and experts from TB and HIV fields will share how they overcome barriers related to interoperability of eHealth systems.

Target audience
Policy-makers, staff of national TB and HIV programmes, academia, physicians, allied health professionals, IT-specialists, civil society, agencies providing technical support, corporate sector and donors.

Objectives
1. To share experiences of different settings and approaches to deal with challenges met in interoperability
2. To show how unique identifiers can be established and be used in exchanging patient data between systems
3. The implementation of unique patient identifiers using innovative solutions in low-resource settings presented
4. Scaling up health information systems for improved decision-making in TB care discussed

Keywords
interoperability; unique identifiers; barcodes; eHealth; mHealth; mobile phones; tuberculosis care; lung health; research; innovation; scale-up; patient outcomes; decision-making; drugs; TB/HIV

Coordinator(s)
Job Van Rest (Netherlands), Dennis Falzon (Switzerland)

Chair(s)

Presentations
08:00 - 08:15 Interoperability challenges and solutions from HIV systems in South Africa
08:15 - 08:30 TB data exchange with private sector providers using eHealth solutions in Pakistan
08:30 - 08:45 Unique identifiers and the linking of Vitimes and eTB manager in Vietnam
08:45 - 09:00 From data collection to data analysis: a fully digital TB prevalence survey in Zambia using barcode scanning for identification
09:00 - 09:15 Linking of TIBU with MDR-TB data and in the future laboratory results in Kenya
09:15 - 09:30 Harnessing the power of information systems for strategic decision-making: summary from five diverse countries
09:30 - 09:45 Video-Directly Observed therapy (VDOT): a solution for monitoring TB treatment adherence
09:45 - 10:00 Discussion
Empirical TB treatment (i.e. starting TB treatment without bacteriological confirmation) is widely practiced, particularly for HIV-positive people, among whom traditional diagnostic tests have inadequate sensitivity. However, the evidence base to define conditions under which the benefits of empirical treatment outweigh the risks is lacking. Several trials are underway to address this question. In this symposium we will discuss the relevance of empirical treatment, outline studies in progress which address this question and discuss implications for policy and practice.

Target audience
Clinicians, researchers, policy-makers and advocates with interests in TB treatment among people with HIV.

Objectives
1. To discuss the role of empirical TB treatment for HIV-positive people in the context of new diagnostic tests
2. To report progress with trials investigating the conditions under which empirical TB treatment improves patient outcomes, and highlight methodological and operational challenges
3. To give civil society perspectives on empirical TB treatment trials

Keywords
HIV; empirical TB treatment; clinical trials

Coordinator(s)
Alison Grant (UK), Salome Charalambous (South Africa)

Chair(s)

Presentations
08:00 - 08:15 Overview: why does empirical TB treatment matter?
08:20 - 08:35 Reducing early mortality and early morbidity by empiric tuberculosis treatment regimens: the REMEMBER trial
08:40 - 08:55 Prevention of early mortality by presumptive tuberculosis treatment: the PROMPT trial
09:00 - 09:15 The STATIS trial
09:20 - 09:35 The TB Fast Track trial
09:40 - 09:55 Civil society perspectives on empirical TB treatment trials
**Description**
The integration of palliative care into mainstream DR-TB services is enhanced through increased community participation. Palliative care programmes are most effective when they are rooted in the communities they serve and people are more engaged in the care of seriously ill TB patients. How this can be achieved is through increased family support and through increased volunteerism and home-based care worker involvement. Examples of community-based organisations that have succeeded in doing this will be presented.

**Target audience**
Managers of TB programmes, clinicians, community organisers, community-based organisations.

**Objectives**
1. To identify strategies for increasing community involvement in TB care and relief of suffering
2. To understand how to modify existing TB programmes to better engage community members
3. To describe how palliative care can complement DR-TB care
4. To understand how the use of home-based care workers and volunteers can be enhanced in DR-TB care

**Keywords**
Suffering; MDR-TB; XDR-TB; palliative care; community; volunteers; home-based care workers

**Presentations**

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<thead>
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<th>Time</th>
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<tr>
<td>08:00 - 08:10</td>
<td>Palliative care in drug-resistant TB: guiding principles</td>
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<tr>
<td>08:15 - 08:30</td>
<td>Community-based palliative care and TB care in the Nairobi slum communities</td>
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<td>08:35 - 08:50</td>
<td>Community-based care for DR-TB patients in South Africa</td>
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<td>08:55 - 09:10</td>
<td>Community engagement in a mainstream TB programme: how palliative care enhances community involvement</td>
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<tr>
<td>09:15 - 09:25</td>
<td>The inseparable work of caring and curing: a community-based model of integrated TB treatment</td>
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<td>09:30 - 09:45</td>
<td>Community involvement in DR-TB care in Viet Nam</td>
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<td>09:50 - 10:00</td>
<td>Discussion</td>
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Session N.00162

08. Child pneumonia: innovative solutions for the next generation

Thursday, 30 October 2014, 08:00 - 10:00

Type: Symposium
Track: Adult and Child Lung Health
Topic: Acute respiratory infection, asthma and pneumonia

Description:
Pneumonia remains the most common cause of morbidity and mortality in children. Almost all deaths occur in low-and middle-income countries. Pneumonia is due to a wide range of pathogens. Current multi-site studies are providing recent epidemiological data. The potential of interventions from pneumococcal vaccines to improved community-based care and management of hypoxia are recognised, but not yet realised, thus requiring innovative solutions. Rapid and accurate diagnosis of aetiology and co-morbidities has the potential to improve effectiveness of case-management.

Target audience:
Child health workers; respiratory and infectious disease physicians; public health; disease control programmes

Objectives:
1. To provide an update of child pneumonia epidemiology
2. To provide an update on challenges for child pneumonia
3. To present progress and potential innovative solutions

Keywords:
child; pneumonia; epidemiology; vaccines; pneumococcus; hypoxia; case management

Coordinator(s):
Steve M Graham (Australia), Amy Ginsburg (USA)

Chair(s):

Presentations:
08:00 - 08:15 The burden of child pneumonia: an update
08:15 - 08:30 PERCH: causes of child pneumonia in high burden settings
08:30 - 08:45 Integrated community case-management of child pneumonia
08:45 - 09:00 Innovative solutions for management of hypoxia
09:00 - 09:15 Biomarkers: towards point of care diagnosis
09:15 - 09:30 Why does child pneumonia continue to be so neglected? An ethical dilemma requiring innovative solutions
09:30 - 09:45 Why does child pneumonia continue to be so neglected? An ethical dilemma requiring innovative solutions
09:45 - 10:00 Discussion
Tobacco use is one of the most significant health risk factors in public health, and in particular for the global TB epidemic. However, Tobacco Control (TC) strategies have not been fully incorporated into national TB programmes. The two programmes need to jointly face the challenges of cigarettes and other forms of tobacco use, and formulate a national TC research strategy in TB programmes. The symposium aims to present community-based TC experiences in TB control in different countries and how these approaches may be incorporated into national strategies.

Target audience
Doctors, nurses, allied health workers, policy-makers, and researchers in tobacco control and tuberculosis control programmes.

Objectives
1. To report a wide range of country experiences on the implementation of TC strategies in TB control programmes
2. To share experiences of partnership among TC and TB programmes in different countries
3. To discuss barriers and challenges for integrated TC/TB programmes
4. To provide a platform for discussion on the how to form national TC strategies among TB control programmes

Keywords
Community-based tobacco control; integrated strategies; TB programmes

Coordinator(s)
Xiaolin Wei (Hong Kong)

Chair(s)

Presentations
08:00 - 08:15 TB and tobacco: joint community-driven intervention and evaluation needs for two global epidemics
08:15 - 08:30 Community-based interventions of intensive TB case finding among high-risk smokers in a poor province in China
08:30 - 08:45 Building local initiative to facilitate integration of tobacco cessation intervention into national TB programme in China
08:45 - 09:00 Integrating tobacco control with community based TB services in improving TB cure rates and tobacco quit rates in Peri-urban centres in Bangladesh
09:00 - 09:15 Successful models of tobacco control strategies among TB patients in Pakistan
09:15 - 09:30 Developing capacity for integrating tobacco dependence treatment with TB treatment in primary care facilities: the South African experience
09:30 - 09:45 Community-driven research in tobacco and TB control: models for research funding
09:45 - 10:00 Discussion
10. Shortened treatment regimens for MDR-TB: results from the field and future direction

Thursday, 30 October 2014, 14:30 - 16:30

Since early reports from Bangladesh of a promising, shorter and more tolerable and successful treatment regimen for MDR-TB, there has been great interest in the development and future direction of this revolutionary treatment approach. This session will provide an update of the original pilot population, as well as several additional pilot sites that have implemented the 'Bangladesh' regimen. The session will also highlight a global clinical trial on the shortened regimen, community involvement in regimen implementation and future direction of the regimen in light of new treatment options.

1. To review the experiences/data to date on shortened MDR-TB regimens in multiple settings
2. To update the status and future direction of a global multi-country clinical trial evaluating the regimen
3. To review the role of the community in the implementation of the shortened regimen
4. To consider the future of the shortened regimen in light of new treatment options

Keywords: MDR-TB; clinical research; community care; new drugs

Coordinator(s): I. D. Rusen (Canada), Tara Ornstein (USA)

Presentations:
- 14:30 - 14:45 Shortened MDR-TB treatment in Bangladesh: a decade of results
- 14:50 - 15:05 Expanding shortened MDR-TB treatment: the West African experience
- 15:30 - 15:45 Community involvement in shortened MDR-TB regimen implementation
- 15:50 - 16:05 Future direction for shortened MDR-TB regimens with access to new medicines
- 16:10 - 16:30 Discussion
Can we reach the post-2015 WHO global TB targets?

Thursday, 30 October 2014, 14:30 - 16:30

Pending ratification at the World Health Assembly, the post-2015 WHO Global TB Programme ‘End TB strategy 2016-2035’ has the goal of ‘Ending the Global TB Epidemic’ by 2035. These new targets were said to be ambitious to drive innovation and resource mobilisation, whilst feasible. But how achievable are they at country level? TB MAC and partners will start to explore this question in detail in China, South Africa and India using a multi-model analysis, grounded in data and country expertise.

Target audience
Global health policy-makers, government health programme and health policy staff, academic researchers, non-governmental organisations, mathematical modellers, epidemiologists

Objectives
1. Describe the post-2015 Global TB targets, Global Plan and current status
2. Describe analyses exploring whether we can reach the post-2015 targets in China, South Africa and India
3. Discuss country and community perspectives

Keywords
Post-2015 WHO Global TB Programme Strategy; End TB strategy 2016-2035; Global Plan to Stop TB; Ending the Global TB Epidemic; 2025; 2035;

Coordinator(s)
Richard White (UK), Anna Vassall (Netherlands)

Chair(s)

Presentations
14:30 - 14:40 Introduction
14:45 - 14:55 Can we reach the post-2015 Targets in China, South Africa and India?
15:00 - 15:10 What are the required resources and the cost-effectiveness of strategies to get towards the post-2015 targets in China, South Africa and India?
15:30 - 15:40 Country perspectives: China
15:45 - 15:55 Country perspectives: India
16:00 - 16:10 What does this all mean for people suffering from TB?
16:15 - 16:30 Summary
12. Exploring the intersection between TB and maternal and neonatal health: from research to implementation

Thursday, 30 October 2014, 14:30 - 16:30

**Type**
Symposium

**Track**
Tuberculosis

**Topic**
TB in special populations and institutions

**Description**
Maternal and childhood TB can only be effectively addressed through collaboration between communities, health systems, service delivery providers and researchers. It is essential that the needs of pregnant women and their newborns, within the context of their communities, be considered when developing research agendas and determining healthcare priorities. This symposium will provide insight into current research and practice of TB control in mothers and their newborns, outlining what evidence exists and where the global community needs to focus to get to zero TB deaths.

**Target audience**
TB programme implementers, health care professionals, advocates, educators, and government representatives interested in the intersection of TB and maternal and newborn health.

**Objectives**
1. To provide an overview of current evidence and research opportunities in maternal and neonatal TB
2. To provide examples of programmatic implementation and provider readiness for integrated TB control

**Keywords**
TB; maternal health; neonate; education; outcomes; HIV; pregnancy

**Coordinator(s)**
Stacie C Stender (South Africa)

**Chair(s)**

**Presentations**

14:30 - 14:45 Maternal and infant outcomes from a study in Cape Town, South Africa

14:50 - 15:05 Diagnosing and treating tuberculosis in pregnant women: current practices and research opportunities

15:10 - 15:25 The effects of maternal TB on neonatal outcomes

15:30 - 15:45 TB/HIV treatment during pregnancy: does drug metabolism change?

15:50 - 16:05 Education and performance of nurses and midwives in essential TB tasks in Lesotho: results from a task analysis

16:10 - 16:25 Integration of TB detection in the focused antenatal care setting in Karonga District in Malawi
**13. Innovations in airborne infection control**

**Thursday, 30 October 2014, 14:30 - 16:30**

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<td>Track</td>
<td>Tuberculosis</td>
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<tr>
<td>Topic</td>
<td>Infection control</td>
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**Description**

Outbreaks of highly drug resistant TB, SARS, and the threat of pandemic influenza have stimulated renewed interest in airborne infection control. That interest has led to funding for innovative approaches to reduce risk. This session focuses on innovations aimed primarily at airborne TB, but with implications for other airborne infections.

**Target audience**

Physicians, nurses, industrial hygienists, administrators, architects, and engineers.

**Objectives**

1. To introduce innovations in building design for airborne infection control  
2. To describe new, more efficient approaches to upper room germicidal UV air disinfection  
3. To consider inhaled antibiotics to reduce TB transmission  
4. New approaches to evaluating indoor risk of airborne transmission  
5. To review chemical approaches to airborne infection control

**Keywords**

airborne; building design; ultraviolet; glycols; CO2

**Coordinator(s)**

Amie Shao (USA), Edward Nardell (USA)

**Chair(s)**

**Presentations**

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<td>Innovations in hospital design to prevent airborne infections</td>
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<tr>
<td>14:50 - 15:05</td>
<td>New approaches to upper room germicidal UV air disinfection</td>
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<td>15:10 - 15:25</td>
<td>Inhaled antibiotics to prevent TB transmission</td>
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<td>15:30 - 15:45</td>
<td>New approaches to estimating risk of airborne infection: CO2 monitoring</td>
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<tr>
<td>15:50 - 16:05</td>
<td>Chemical air disinfection: what is old is new again</td>
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**45th Union World Conference on Lung Health**

**Barcelona, Spain**

**26 October - 1 November 2014**

**www.worldlunghealth.org**

International Union Against Tuberculosis and Lung Disease
14. Progress and lessons learnt from national TB prevalence surveys

Thursday, 30 October 2014, 14:30 - 16:30

Sponsored Core Symposium

Track
Tuberculosis

Topic
Epidemiology

Organised by
World Health Organization, WHO Global Task Force on TB Impact Measurement

Description
The Global Task Force on TB Impact Measurement’s strategy is to strengthen the measurement of the burden of TB disease. The scope of work includes the conduct of TB disease prevalence surveys in a set of global focus countries that meet epidemiological and other criteria. There has been unprecedented progress in the implementation of national TB prevalence surveys since 2008 for which a rich source of data to inform programme policy and strategy have been obtained. This symposium will describe the current progress and key lessons learnt from recent national surveys from Asia and Africa.

Target audience
TB programme managers, TB programme staff, public health specialists, epidemiologists, TB researchers, policy-makers and funders of TB care and control.

Objectives
1. To describe the current global status of national TB prevalence surveys
2. To share the latest results from recently completed national TB prevalence surveys from Africa and Asia
3. To discuss the implications of survey results for national TB programmes
4. To understand how survey results impact on TB burden estimation
5. To discuss the introduction of new technologies for community-based surveys

Keywords
Epidemiology; national TB prevalence surveys; TB surveillance; TB impact measurement

Coordinator(s)
Ikushi Onozaki (Switzerland), Marina Tadolini (Italy)

Chair(s)

Presentations
14:30 - 14:45 Overview, progress and the current standard design of national TB prevalence surveys

14:50 - 15:05 Results from the national TB prevalence survey of Malawi

15:10 - 15:25 Results from the national TB prevalence survey of Ghana

15:30 - 15:45 Results from the national TB prevalence survey of Indonesia

15:50 - 16:05 How have survey results changed TB burden estimate?

16:10 - 16:25 Can we seek new and simpler methods for post-2015 surveys?
### 15. Systematic screening for active TB: from guideline to implementation

**Thursday, 30 October 2014, 14:30 - 16:30**

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<tbody>
<tr>
<td>Track</td>
<td>Tuberculosis</td>
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<tr>
<td>Topic</td>
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**Description**
In 2013, WHO issued guidelines on systematic screening for active TB that stressed the need for country adaptation and prioritisation based on national and local situation assessments. Several countries have started to operationalise those guidelines, developed draft national screening strategies and implementing screening in selected risk groups. In this symposium, selected country case studies will be presented. A web-based tool to help prioritise risk groups for screening and help choose screening algorithms will also be presented, as well as a draft operational manual.

**Target audience**
National TB programmes, health care workers, public health experts, researchers and policy-makers

**Objectives**
1. To share country experiences of the process to develop national TB screening strategies
2. To present early results from the implementation of national TB screening strategies in selected countries
3. To present tools for the planning and implementation of systematic TB screening

**Keywords**
Tuberculosis; screening; risk groups

**Coordinator(s)**
Knut Lonnroth (Switzerland)

**Chair(s)**

**Presentations**

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<tr>
<td>14:50 - 15:05</td>
<td>Screening for TB in risk groups in Myanmar</td>
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<td>15:10 - 15:25</td>
<td>Screening for TB in risk groups in Uzbekistan</td>
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<td>15:30 - 15:45</td>
<td>Screening for TB in risk groups in Ghana</td>
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<tr>
<td>15:50 - 16:05</td>
<td>Tool for screening prioritisation</td>
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<tr>
<td>16:10 - 16:25</td>
<td>Operational guide for systematic TB screening</td>
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Community as partner: creating successful collaborations in TB control

Thursday, 30 October 2014, 14:30 - 16:30

Type: Symposium
Track: Civil Society
Topic: Partnerships

Description: Community-NTP collaborations are essential to TB control, but can be challenging for both sides. This symposium will share different models used to engage community based organisations (CBOs); community success stories and key contributing factors; and challenges communities and NTPs face in trying to work together. Presenters from both CBOs and NTPs will offer alternative suggestions for improving this critical collaboration and discuss how these might be applied in practice.

Target audience: This session is targeted to all conference-goers: patient representatives, community-based organisation representatives, NTP staff, technical partner organisations, and donors.

Objectives:
1. Describe the approaches countries use in engaging CBOs in health programming, and explore alternatives.
2. Present results of successful CBO contributions and examine key elements of their success.
3. Discuss challenges CBOs face in working in TB and how they might be overcome.
4. Discuss challenges NTPs face in collaborating with CBOs and how they can be addressed.

Keywords: community-based organisations; TB control; partnerships

Coordinator(s): D’Arcy Richardson (USA), Hara Mihalea (Thailand)
Chair(s):

Presentations:

14:30 - 14:45 Lost in translation: the challenges of creating a shared vision for TB control
14:50 - 15:05 Speaking from experience: patient contributions to TB control
15:10 - 15:25 Reclaiming the human dimension of TB control: CBOs on the frontlines
15:30 - 15:45 Integrating TB/HIV: the role of HIV NGOs and other civil society organisations
15:50 - 16:05 The NTP perspective: overcoming challenges to community partnerships
16:10 - 16:30 Discussion
### Community-based approaches to address lung health

**Thursday, 30 October 2014, 14:30 - 16:30**

<table>
<thead>
<tr>
<th>Type</th>
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<tr>
<td>Track</td>
<td>Adult and Child Lung Health</td>
</tr>
<tr>
<td>Topic</td>
<td>Community participation in lung health</td>
</tr>
<tr>
<td>Description</td>
<td>Community-based structures complement the health system, and increase access for difficult to reach and marginalised populations. The community’s role in improving access and impact of lung health (LH) interventions is central. Strengthening equity and welfare concepts require early involvement of local communities at planning stages, throughout the service delivery, technology utilisation, and the monitoring and evaluation. Acclimatisation of lung health interventions in a systematic and scientific manner are the way forward to support positive outcomes and ensure sustainability.</td>
</tr>
<tr>
<td>Target audience</td>
<td>Policy-makers, CSOs, CBOs, public health specialists, health activists, epidemiologists, development partners, allied professions, researchers.</td>
</tr>
</tbody>
</table>
| Objectives | 1. To emphasise the need for community involvement in addressing tuberculosis and lung health  
2. To promote knowledge and experience sharing on community involvement in lung health projects  
3. To highlight the role of community-health services for approaching childhood TB as a family-disease  
4. To share experiences from appropriate technology use in community based interventions for lung health |
| Keywords | Community; family-centered care; integration; involvement; access; equity; lung health; tuberculosis; sustainability. |
| Coordinator(s) | Anne Detjen (USA), Asma El Sony (Sudan) |
| Chair(s) | |

#### Presentations

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<td>14:30 - 14:45</td>
<td>Community involvement and linkage to health service: accelerating the move towards prevention and control at community level</td>
</tr>
<tr>
<td>14:50 - 15:05</td>
<td>An evaluation of community-based child TB contact management in Indonesia</td>
</tr>
<tr>
<td>15:10 - 15:25</td>
<td>Community-based TB care in Rwanda</td>
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<tr>
<td>15:30 - 15:45</td>
<td>Asthma standard case management: the early involvement of local communities and preserving the social value</td>
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<tr>
<td>15:50 - 16:10</td>
<td>Sustainable use of technologies to improve community-based lung health screening and treatment processes and outcomes</td>
</tr>
<tr>
<td>16:15 - 16:30</td>
<td>Integrated community based-action: maximising impact</td>
</tr>
</tbody>
</table>
## 18. Non-tuberculous mycobacterial infections: diagnosis and management

**Thursday, 30 October 2014, 14:30 - 16:30**

### Type
Symposium

### Track
TB Bacteriology and Immunology

### Topic
Other

### Description
The frequency of non-tuberculous mycobacterial (NTM) infections especially pulmonary disease has been increasing. NTM infections are increasingly being reported from both immunocompromised and immunocompetent patients. Optimum diagnosis and management of these infections is challenging especially in resource limited settings. This difficulty highlights the need of increased communication between clinicians and laboratory scientists for better clinical outcomes.

### Target audience
Medical microbiologists, clinicians, laboratory scientists, infectious diseases specialists

### Objectives
1. To evaluate importance/significance of NTM in high TB endemic areas
2. To discuss diagnostic options of NTM appropriate for all settings
3. To discuss management strategies of NTM infections

### Keywords
Non-tuberculous mycobacterial infection; diagnosis; management

### Coordinator(s)
Kauser Jabeen (Pakistan)

### Chair(s)

### Presentations

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>14:30 - 14:45</td>
<td>Epidemiology of non-tuberculous mycobacteria pulmonary disease: data and trends</td>
</tr>
<tr>
<td>14:50 - 15:05</td>
<td>Treatment of pulmonary non-tuberculous mycobacterial infections</td>
</tr>
<tr>
<td>15:10 - 15:25</td>
<td>Antimicrobial susceptibility testing of non-tuberculous mycobacteria; how useful it is for a clinician</td>
</tr>
<tr>
<td>15:30 - 15:45</td>
<td>Pulmonary non-tuberculous mycobacterial isolate: is it a contaminant in high TB endemic setting?</td>
</tr>
<tr>
<td>15:50 - 16:05</td>
<td>Molecular diagnosis and genetic diversity of non-tuberculous mycobacteria</td>
</tr>
<tr>
<td>16:10 - 16:25</td>
<td>Diagnosis and identification of non-tuberculous mycobacterial infection: challenges in a resource-limited setting</td>
</tr>
</tbody>
</table>
20. Community-driven psychosocial support: don’t forget medication counselling!

Friday, 31 October 2014, 08:00 - 10:00

Type: Symposium

Track: Nurses and Allied Professionals (TB, HIV, Tobacco and Lung Health)

Topic: Treatment adherence

Description: Psychosocial support has been shown to improve outcomes and treatment adherence, yet TB programmes under-emphasise patient counselling. Not just as recipients of care, patients can become engaged in their treatment and those who successfully complete treatment can become skilled patient counsellors. Moreover, the term counselling may encompass various dimensions (i.e., emotional, social support, motivation, treatment literacy, medication counselling) but not be well aligned to local realities. The symposium will address this topic from diverse geographical and programmatic settings.

Target audience: Patients, civil society, doctors, nurses, social workers, pharmacists, health care providers, NTP programmes, MDR-TB programmes, Stop TB DOTS working group.

Objectives:
1. Recognise opportunities in the design and implementation of counselling and psychosocial support programmes
2. Describe the importance of patient experiences and inputs on counselling services offered
3. Identify the tools needed by health care providers, communities and patient groups for promoting adherence
4. Share lessons learnt from diverse settings with recommendations on programmatic aspects of counselling
5. Discuss various dimensions of counselling, options for prioritising interventions and research needs

Keywords: Patient counselling; psychosocial support; adherence; compliance; loss to follow-up; medication counselling; treatment literacy; medicines use review

Coordinator(s): Niranjan Konduri (USA), Antonia Kwiecien (USA)

Chair(s):

Presentations:
08:00 - 08:15 Psychosocial patient support as essential element for management of DR-TB cases
08:20 - 08:35 Patient perspective on treatment literacy, counselling and adherence
08:40 - 08:55 Counselling and adherence to an arduous treatment: lessons learnt from an HIV programme
09:00 - 09:15 Merging mental health and medication counselling
09:20 - 09:35 Medication counselling and psychosocial support as part of MDR-TB control strategy
09:40 - 09:55 Multiple dimensions of counselling and options for prioritisation and intervention
21. Practical considerations for successful contact tracing and linkage to care in low- and middle-income countries

Friday, 31 October 2014, 08:00 - 10:00

Type: Symposium

Track: Tuberculosis

Topic: TB in special populations and institutions

Description: The WHO recently developed recommendations for investigating contacts of persons with infectious tuberculosis in low- and middle-income countries. The WHO TB REACH programme aims to achieve early and increased TB case detection using innovative approaches in populations that are poor and vulnerable and have limited access to care. This symposium provides new insight into projects targeting vulnerable populations to enhance case detection, linkage to care, and uptake of preventive treatment. Program outcomes including time to detection and linkage of contacts to IPT services will be discussed.

Target audience: Epidemiologists, programme managers, clinicians and other health care workers, academia and researchers

Objectives:
1. To describe the WHO Household Contact tracing guidelines and highlight strengths, and limitations
2. To highlight the WHO TB REACH initiative, programme priorities and outcomes
3. To present contact tracing strategies aimed at enhanced TB case detection in unique target populations
4. To discuss practical implementation challenges of HHC tracing and linkage to IPT services
5. To review effectiveness of varying IPT delivery strategies

Keywords: TB; household contact; contact tracing; linkage to care; IPT; prevention; TB REACH; WHO; vulnerable populations

Coordinator(s): E Jane Carter (USA), Anna Mandalakas (USA)

Chair(s):

Presentations:

08:00 - 08:15 An overview of the WHO Household contact tracing guidelines

08:15 - 08:30 The TB REACH Initiative: driving global case finding in vulnerable populations

08:30 - 08:45 TB REACH in Kenya: linking patients to care through nontraditional contact tracing

08:45 - 09:00 TB REACH finding TB cases in the aftermath of civil war in Sierra Leone

09:00 - 09:15 TB REACH enhanced case finding among miners returning to Lesotho

09:15 - 09:30 TB REACH optimising traditional and reverse contact tracing among children in Swaziland

09:30 - 09:45 TB CARE: a systematic overview of IPT delivery strategies comparing uptake, usage and completion

09:45 - 10:00 Discussion
22. Countries’ experience in decentralising PMDT: community-based MDR-/XDR-TB care

Friday, 31 October 2014, 08:00 - 10:00

Type: Symposium
Track: Tuberculosis
Topic: Medical management of TB and drug resistant TB

Description:
The scale-up of programmatic management of drug-resistant TB is well under way in many countries. While increasing numbers of patients with MDR are diagnosed and starting treatment, patients and health workers struggle to make treatment a success. This symposium demonstrates and shares how countries build their capacity for quality of M/XDR-TB care for scale-up and decentralisation through outpatient care, involving communities and different providers. The session speakers will share experiences and lessons learnt for scale-up from Africa and East and Central Asia.

Target audience:
Staff of national TB and HIV programmes, physicians, allied health professionals, civil society organisations, agencies providing technical support, policy makers, donor organisations, health care professionals involved in organisation and delivery of outpatient M/XDR-TB services.

Objectives:
1. To share experiences on implementation of community based M/XDR-TB care and how countries ensure quality of M/XDR care during scale-up
2. To propose solutions for rapid expansion of community based PMDT in high-burden MDR-TB countries
3. To disseminate potential innovative strategies increasing successful treatment of M/XDR-TB patients

Keywords:
MDR-TB; XDR-TB; PMDT scale-up; ambulatory treatment; community-based care; patient-centred care; country experience; quality of treatment.

Coordinator(s):
Agnes Gebhard (Netherlands), Alexander Golubkov (USA)

Chair(s):

Presentations:

08:00 - 08:15 Experiences in geographical scale-up/decentralization of MDR-TB management

08:15 - 08:30 Experience with scale-up of community-based XDR-TB program in South Africa

08:30 - 08:45 A network of treatment councils, ensuring quality of care in decentralised, mainly ambulatory management of drug-resistant TB in Ethiopia

08:45 - 09:00 Developing country ownership and expanding PMDT through engaging communities: experience from Bangladesh

09:00 - 09:20 Patients information needs and multimedia solutions in support of integrated out-patient care in Pakistan

09:20 - 09:35 Transition from hospital-based care to ambulatory care for MDR-TB: Kazakhstan experience

09:35 - 09:50 Developing a model for community-PMDT: the China experience in Yunnan

09:50 - 10:00 Discussion
### Type
Symposium

### Track
TB Bacteriology and Immunology

### Topic
TB laboratories: quality management and TB laboratories’ network

### Description
The improvement of the quality of services in public laboratories is actually high priority in many countries. The Stepwise Laboratory Improving Process Towards Accreditation (SLIPTA) framework, aimed at achieving the ISO 15189 standards, was implemented in Public Health laboratories in WHO regions, leading to laboratory accreditation and certification and promoting country ownership and sustainability of the laboratory Quality Management System (QMS). To compliment this framework targeting TB Lab networks, The Global Laboratory Initiative (GLI) has developed a QMS to guide TB laboratories.

### Target audience
The laboratorians interested in the implementation of innovative tools (SLMTA, GLI – QMS for quality management of TB laboratories.

### Objectives
1. Share experiences in the process of accreditation of TB laboratories
2. Platform to showcase countries’ experiences
3. Provide solutions to attendants
4. Accreditation and its pivotal role in strengthening TB treatment and control efforts

### Keywords
Quality Management System; accreditation; quality assurance.

### Coordinator(s)
Stella Van Beers (Netherlands), Heidemarie Albert (South Africa)

### Chair(s)

### Presentations

- **08:00 - 08:15** SLIPTA programme, SLMTA, and GLI TB tools complementarity in strengthening laboratory management system
- **08:15 - 08:30** SLMTA Programme: transforming the laboratory landscape in developing countries and customisation for TB laboratories
- **08:30 - 08:45** Implementation of quality management system towards accreditation: the SLIPTA experience
- **08:45 - 09:00** GLI/ QMS tool : updates and uptake
- **09:00 - 09:15** Practical issues and challenges in implementation QMS for TB laboratories in Central Asian Republics
- **09:15 - 09:30** Process of accreditation of TB laboratories in Kazakhstan
- **09:30 - 09:45** The road to achievement of ISO 15189 accreditation
- **09:45 - 10:00** Discussion
TB has been classically studied from different points of view, with most efforts devoted to clinical, epidemiological or microbiologic aspects of the infection and the disease. However, several researchers have been recently focusing on tuberculosis using mathematical approaches. These studies are often poorly understood by biological or medical scientists, even though the models proposed could be essential to understand some of the mechanisms underlying infection, disease development, transmission or even microbiological cultures.

Target audience
Basic researchers, students, clinicians, epidemiologists, drug and vaccine developers.

Objectives
1. To present mathematical models to better understand TB natural history, the disease course and transmission
2. To make clinicians and basic researchers aware of mathematical tools to design better diagnostic approaches
3. To make drug and vaccine developers aware of mathematical tools to design better therapeutic approaches
4. To teach about mathematical resources to be used in research

Keywords
Tuberculosis; mathematical models; transmission; disease development; natural history of TB; drug and vaccine development; risk factors.

Coordinator(s)
Cris Vilaplana (Spain), Pere-joan Cardona (Spain)

Presentations
08:00 - 08:15 Modelling granulomas
08:20 - 08:40 The bubble model: mathematically explaining how active TB is possible
08:45 - 09:00 Spatiotemporal analysis of tuberculosis and its risk factors
09:05 - 09:20 A model for tuberculosis exogenous reinfection
09:25 - 09:40 Mathematical models to understand transmission and to improve case detection
09:45 - 10:00 Mathematical modelling of the epidemiology of tuberculosis
International treaties establish a role for governments in ensuring the conditions for human health. Alternatively, international trade agreements prioritize the rights of corporations over health/human rights. The tobacco industry has a history of using international trade agreements to force open new markets in LMICs, sharply increasing tobacco use and the death/disease it causes. Tobacco companies are also challenging measures to reduce tobacco use as violations of trade and investment agreements, threatening the authority of nations to protect the health and wellbeing of their citizens.

Target audience: Policy-makers, public health professionals, advocates and researchers interested in lung health and/or tobacco control, donors, students.

Objectives:
1. Discuss how international trade agreements are threatening existing TC policies and international treaties
2. Share experience of tobacco industry tactics and global best practices on how these can be eliminated

Keywords: Tobacco; smoking; policy; industry; trade; international treaties; human rights; children; youth

Coordinator(s): Pranay Lal (India)

Chair(s):

08:00 - 08:15 Trade and bilateral agreements: an emerging issue

08:20 - 08:35 Global experience in tobacco buyouts and quota-based restrictions of crops

08:40 - 08:55 Eliminating subsidies and investments

09:00 - 09:15 International treaties and tobacco control: an emerging issue

09:20 - 09:35 Children and young people are the primary victims of tobacco in the 21st Century: A human rights issue?

09:40 - 09:55 The illicit trade in tobacco products as part of the FCTC
Childhood tuberculosis is receiving increasing attention - and providing many challenges. A fundamental need is to “know your epidemic” globally and nationally - important for a wide range of reasons from improved ability to monitor and evaluate progress in tuberculosis control in children to development and procurement of suitable treatments. Barriers include current poor case-finding and reporting along with lack of accurate diagnostics that confirm disease. There are data potentially available that could be better used but innovative solutions are also required.
27. What practical steps are needed to achieve a patient-centered continuum of care in TB control?

Friday, 31 October 2014, 08:00 - 10:00

**Type** Symposium

**Track** Civil Society

**Topic** Partnerships

**Description** Patient-centeredness is a state of mind and shared responsibility. It will be discussed as the continuum of care which starts in the patient’s home, continues to the health facility and finishes back in the patient’s home. Health services, communities and patients must work as partners for care to be patient-centered at every stage. TB CARE’s package offers practical approaches that help achieve this. Patient, provider and management perspectives will present examples of what is required to ensure that patient-centered care is not a luxury but an essential component of every TB programme.

**Target audience** Physicians, nurses, patient representatives, community and civil society representatives, managers, laboratory personnel, policy-makers

**Objectives**
1. To outline the commitment required for patient-centred approach to planning, funding and implementation
2. To enable people to identify and strengthen linkages to improve the continuum of care they provide
3. To demonstrate the value of investment in the full TB care continuum to reduce future costs
4. Share practical experiences to apply a patient-centered approach at country level.

**Keywords** patient-centred care; continuum; community linkages; partnership

**Coordinator(s)** Virginia Williams (Switzerland), Sara Massaut (Netherlands)

**Chair(s)**

**Presentations**

08:00 - 08:15 Patient-centeredness: a realist inquiry

08:20 - 08:35 A patient-centered continuum of care: what is it and can we afford not to do it?

08:40 - 08:55 Patient Centeredness and the Reputation of the Providers: Zambia experience

09:00 - 09:15 Quality of Care from Patient Perspective: Indonesia experience

09:20 - 09:35 Establishing a strong continuum of care for people with MDR-TB

09:40 - 09:55 Establishing a programmatic approach to integrated patient centered care
Adolescents with TB typically present with adult-type disease, but represent a vulnerable population that falls between child and adult TB control efforts. They face unique challenges of TB exposure, adherence, retention and support, and also face the risk of MDR-TB and TB/HIV coinfection. Efforts are needed to understand the epidemiology, disease manifestations and best means of treating and supporting this vulnerable population.

Target audience
Policymakers, clinicians, TB and HIV programme managers, civil society and community stakeholders.

Objectives
1. To highlight the needs and experiences with this vulnerable population
2. To share new guidance and best practices related to adolescents
3. To disseminate research findings and highlight the need for greater study in this population

Keywords
Adolescents; TB; HIV; MDR-TB

Coordinator(s)
Lisa Nelson (Switzerland)

Presentations
14:30 - 14:45 What do adolescents need from the TB and HIV communities?
14:50 - 15:05 Epidemiology of TB, HIV, TB/HIV and MDR-TB in adolescents: what is the extent of the problem?
15:30 - 15:45 Adolescents who are also key populations: implications for effective programming
15:50 - 16:05 Successful strategies to engage adolescents in their care
16:10 - 16:25 Treatment of adolescents with MDR-TB
**29. Management of latent tuberculosis infection: from evidence to policy**

**Friday, 31 October 2014, 14:30 - 16:30**

**Type** | Symposium
---|---
**Track** | Tuberculosis
**Topic** | Public policy

**Description**
Latent TB infection (LTBI) is responsible for most TB cases in low incidence countries. Reactivation TB significantly contributes to transmission in high burden countries. Diagnosis and treatment of LTBI decreases the overall TB burden, it is one of the key activities in low incidence countries and included in the post 2015 Global TB Strategy. WHO and ECDC are developing policy guidance, based on evidence, to position management of LTBI as a key intervention for TB elimination. The symposium will discuss the results and process of the policy development and debate their advanced utility.

**Target audience**
Clinicians and public health practitioners working on TB, and policy makers responsible for national TB control activities

**Objectives**
1. To highlighting LTBI significance particularly in the context of post 2015 Global TB Strategy
2. To present and discuss the process and results of WHO and ECDC policy on LTBI
3. To summarize the research gaps for LTBI management and highlight research questions and hypothesis

**Keywords**
Latent tuberculosis infection; policy; high risk populations; TST/IGRAs; preventive therapy

**Coordinator(s)**
Alberto Matteelli (Italy), Andreas Sandgren (Sweden)

**Chair(s)**

**Presentations**

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<td>Latent tuberculosis infection beyond HIV positives: why is it important?</td>
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<tr>
<td>14:50 - 15:05</td>
<td>The missing tools: filling the research gap</td>
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<tr>
<td>15:10 - 15:25</td>
<td>Who will benefit from LTBI management?</td>
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<td>15:30 - 15:45</td>
<td>WHO Policy guidance on LTBI management</td>
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<tr>
<td>15:50 - 16:05</td>
<td>From evidence to policy: Development of the ECDC Policy Guidance on LTBI management</td>
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<tr>
<td>16:10 - 16:30</td>
<td>Discussion</td>
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30. TB in Europe: MDR-/XDR-TB control and challenges of high risk groups

Friday, 31 October 2014, 14:30 - 16:30

Type: Symposium

Track: Tuberculosis

Topic: TB in special populations and institutions

Description: The control of drug resistant tuberculosis is a high priority identified in the post 2015 strategy for TB control. Success of concerted action within Europe to tackle drug resistance is critical to the global effort. Prevention and control of TB among high risk groups is an important part of preventing the spread of M/XDR TB in Europe. This symposium would assess the overall progress with implementing the action plan including in the diagnosis and measures to curb transmission of M/XDR TB in Europe and of treatment and innovation in service delivery in high burden settings.

Target audience: A joint session by WHO Europe, ECDC and Urban TB in Europe group targeting national programme managers, TB clinicians and nurses, epidemiologists, public health specialists, laboratory specialists, surveillance experts, civil society organisations

Objectives:
1. To review progress and share country experiences with the implementation of the MDR TB action plan
2. To identify specific lessons from the European context with relevance to the wider global MDR TB epidemic
3. To review the state of the art in progress towards the control and eventual elimination of TB in European

Keywords: MDR TB; Consolidated Action Plan; TB control

Coordinator(s): Dominik Zenner (UK), Andrei Dadu (Moldova)

Chair(s):

Presentations:
14:30 - 14:45 Epidemiology of TB in the EU/EEA: recent trends in demographic, clinical and laboratory characteristics and implications for control

14:50 - 15:05 Epidemiology and control of MDR TB burden in Russia.

15:10 - 15:25 MDR-TB in Belarus, the role of psychosocial care.

15:30 - 15:45 The Rotterdam case study: Challenges after controlling an outbreak in an urban setting

15:50 - 16:05 Future perspectives: progress with the implementation of the action plan to date and where next?

16:10 - 16:30 Discussion
31. Implementing "FAST": a re-focused approach to institutional TB transmission control

Friday, 31 October 2014, 14:30 - 16:30

**Sponsored Core Symposium**

**Track**

Tuberculosis

**Topic**

Infection control

**Organised by**

University Research Co., LLC

**Description**

The traditional hierarchy of TB IC interventions is perceived as complex and difficult to implement in high-burden settings. Although administrative controls are said to be the most effective and least expensive, they are less well defined compared to engineering controls and respiratory protection. This symposium presents the implementation of a re-focused set of administrative controls called FAST, finding cases actively through cough surveillance and molecular testing, temporary separation to reduce risk, and rapid start of effective treatment based on molecular drug susceptibility testing.

**Target audience**

Physicians, nurses, infection control practitioners, health care system administrators.

**Objectives**

1. To define FAST and explain its scientific rationale
2. To detail the essential components of FAST
3. To learn from recent experiences implementing FAST
4. To discuss how the impact of FAST might be measured

**Keywords**

Algorithm; triage; rapid diagnostics; transmission; infection control

**Coordinator(s)**

Edward Nardell (USA)

**Chair(s)**

Edward Nardell (USA)

**Presentations**

14:30 - 14:45 What is FAST and why do we need it?

14:45 - 15:00 FAST in Bangladesh

15:00 - 15:15 FAST in Zambia

15:15 - 15:30 FAST in Russia

15:30 - 15:45 FAST in Peru

15:45 - 16:00 FAST in Viet Nam

16:00 - 16:15 Panel Discussion: FAST Forward - the Future of FAST. Lessons learnt

16:15 - 16:30 Discussion
32. Changing the status quo in TB drug and regimen R&D

Friday, 31 October 2014, 14:30 - 16:30

Type: Symposium
Track: Tuberculosis
Topic: Other

Description:
The ultimate goal in TB treatment is the development of drug combinations to effectively, safely and quickly treat all forms of TB. In order for these new combinations to be developed it is vital that there is a healthy TB drug pipeline with a number of compounds in all phases of development, which is not the case currently. The market for TB regimens is not lucrative and TB R&D is chronically underfunded which translates into slow or stalled scientific progress. A range of stakeholders will examine the current system and look for ways to improve the drug and regimen pipeline.

Target audience:
Researchers in early and late phase drug development, researchers in new regimen development, pharmaceutical companies and funders of drug development.

Objectives:
1. Outline the current barriers and issues with TB R&D in TB drug and regimen development
2. Examine weaknesses at various stages of the TB drug pipeline
3. Outline funding trends and gaps
4. Discuss potential novel mechanisms to stimulate a healthier drug pipeline

Keywords:
New drugs; TB research and development; new regimens; drug development; clinical trials

Coordinator(s):
Grania Brigden (France)

Chair(s):

Presentations:

14:30 - 14:45 Barriers in early drug development

14:50 - 15:05 Eli Lilly perspective on issues with TB drug and regimen development

15:10 - 15:25 Barriers for combination trials

15:30 - 15:45 Existing funding mechanisms for TB R&D

15:50 - 16:05 A novel solution to the current R&D problem

16:10 - 16:30 Discussion
33. TB patients: learning from the experience of those personally affected

Friday, 31 October 2014, 14:30 - 16:30

This first ever symposium of TB patients will feature former TB patients who will share their stories and experience with diagnosis, treatment and care, and also share their perspectives on health systems, issues of access, and other challenges faced by patients. The road to sustainable community-driven solutions needs to begin by listening to these experiences and learning from those with first-hand understanding of what the gaps and challenges are and working with them to find the most appropriate patient-centered solutions.

Target audience
- Community and global advocates
- Country-level implementers and health care providers
- NTP staff
- Civil society organisations (NGOs, CBOs, FBOs)
- Donor agencies
- Staff from multilateral organisations
- Key affected populations
- Former patients

Objectives
1. To understand, from a TB patient perspective, challenges in patient advocacy and in accessing TB care
2. To discuss what patients feel are the biggest challenges and possible solutions

Keywords
- Patients
- Community
- Awareness raising
- People-centered care
- Civil society organisations
- Community-driven interventions
- Tuberculosis
- Key affected populations
- Access
- Challenges

Coordinator(s)
- Victoria Garland (USA)
- Jenniffer Dietrich (Switzerland)

Chair(s)

Presentations
14:30 - 14:45 South African experience with occupational TB
14:50 - 15:05 Take That TB: online platform for patients, created by patients to address information gap
15:10 - 15:25 Living with disability after wrong diagnosis and adverse side effects of medicine
15:30 - 15:45 Patient perspectives from Indonesia
15:50 - 16:05 Dual experience from nurse and former TB patient
16:10 - 16:25 Experience of doctor with MDR-TB in Mexico
34. Supervision or support? A debate panel on challenges around DOT and patient-centered care

Friday, 31 October 2014, 14:30 - 16:30

Type: Symposium

Track: Nurses and Allied Professionals (TB, HIV, Tobacco and Lung Health)

Topic: Treatment adherence

Description: Directly observed treatment might be understood as directly observing patients taking their drugs. But we also know that treatment support demands more than treatment supervision. The variety of concepts discussed in theory and strategies applied in the daily basis of health services and communities need to be brought to light. This symposium aims to raise a debate on strategies of treatment support for TB patients, clarifying concepts around DOT, adherence, social protection and comprehensive care.

Target audience: Nurses, social workers, medical doctors, health educators, TB programme managers, community groups, civil society representatives, researchers and policymakers.

Objectives:
1. To clarify issues regarding treatment adherence strategies under a patient-centered care perspective
2. To engage professionals in a debate on the challenges of translating policies into practices
3. To empower nurses, social workers and other professionals in achieving comprehensive care for TB patients

Keywords: Patient-centered care; directly observed therapy; primary health care; nurses and allied professionals

Coordinator(s): Tiemi Arakawa (Brazil)

Chair(s)

Presentations:
14:30 - 14:50 Treatment support in South Africa: TB/HIV Care Association experiences
14:55 - 15:10 An ethical reflection on DOT: supervision X support
15:15 - 15:30 Engaging communities: BRAC innovative strategies to TB treatment in Bangladesh
15:35 - 15:50 Delivering TB treatment in the Rocinha community, Rio de Janeiro: nurses´ perspective on DOT in Brazil
15:55 - 16:10 A patient´s voice on TB-MDR treatment: a long path to the cure
16:15 - 16:30 WHO perspective on treatment support strategies
35. Biosafety for TB laboratories: involving local professional associations in practical sustainable approaches

Friday, 31 October 2014, 14:30 - 16:30

**Description**

Many TB laboratories lack adequate biosafety practices and infrastructure. The International Federation of Biosafety Association’s global network of local NGOs is implementing practical and cost-effective biosafety and TB laboratory design solutions including natural ventilation. IFBA’s local members understand local challenges in operating safe TB laboratories and are well placed to implement simple yet effective and sustainable biosafety solutions. The IFBA, a member of Stop TB Partnership, is also advocating for national authorities to work with biosafety associations.

**Target audience**

Government TB policymakers, TB laboratorians, architects/engineers who design and build TB laboratories, and other stakeholders with an interest in strengthening TB biosafety programmes and laboratories.

**Objectives**

1. To demonstrate how local NGO partnerships can identify practical and sustainable TB biosafety approaches
2. To present simple and practical risk-based solutions to TB biosafety practices, equipment and infrastructure
3. To show how local NGOs are providing a valuable contribution to national TB control strategies
4. To present a cost-effective modular approach to TB laboratories in a low resource setting
5. To present natural ventilation approaches for TB laboratories

**Keywords**

TB Laboratories; biosafety; biocontainment; natural ventilation laboratories; non-governmental professional associations

**Coordinator(s)**

Maureen Ellis (Canada)

**Presentations**

14:30 - 14:45 The Role of Non-Governmental Biosafety Professional Associations in Implementing Practical Approaches to TB Biosafety

14:50 - 15:10 Natural ventilation approaches for TB laboratories

15:15 - 15:30 The African Biological Safety Association and Nigeria’s National TB Programme

15:35 - 15:50 A locally driven modular approach to TB Laboratory in Haiti

15:55 - 16:10 Locally practical and sustainable approaches to TB laboratory biosafety in Asia-Pacific

16:15 - 16:30 Discussion
Session N.00444

36. Tobacco, poverty and possible solutions: health promotion funding models

Friday, 31 October 2014, 14:30 - 16:30

Type: Symposium  
Track: Tobacco  
Topic: Other

Description: This session intends to draw lessons from global perspectives and country studies on how to progress tobacco control policies addressing poverty, inequalities, and development issues. The focus will be on tobacco and establishing and delivering a dedicated tobacco control fund, and will also cover variations to this model (e.g. where some other health promotion priorities are addressed as well as tobacco). The session will also cover the fundamental considerations of HPFs, including legislation, scope, governance, and the different challenges.

Target audience: Policymakers, public health professionals, advocates and researchers interested in lung health and/or tobacco control, donors, and students

Objectives:
1. Provide a global perspective on how to analyse the relationship between tobacco and poverty
2. Discuss sustainable funding models for tobacco control and the fundamental considerations

Keywords: tobacco; smoking; poverty; development; sustainable funding; health promotion; legislation; policy

Coordinator(s): Kayleigh Bleymann (UK), Jonathan Romo (Mexico)

Chair(s): 

Presentations:

14:30 - 14:45 Global perspective on tobacco and poverty
14:50 - 15:05 Health promotion funding models: How they can contribute toward universal healthcare and poverty reduction
15:10 - 15:25 Legislative frameworks for health promotion funding models
15:30 - 15:45 Health promotion funding models: experiences and lessons
15:50 - 16:05 Sub-national tobacco tax: an initiative to build and sustain tobacco control in Indonesia
16:10 - 16:25 Taxation as a tobacco control policy to reduce inequalities in Mexico
38. Outstanding issues in HIV/AIDS

Saturday, 01 November 2014, 09:15 - 11:15

**Type**
Symposium

**Track**
HIV

**Topic**
HIV-TB programme linkages

**Description**
Despite World Health Organization’s recommendation about the use of Xpert MTB/RIF as the initial diagnostic test among people living with HIV/AIDS, many national programmes continue to include sputum smear microscopy in the TB diagnostic algorithm for PLHIV. Despite the limited protective effect against development of TB, WHO recommends 6 months of IPT among PLHIV with no clear recommendation about repeat course of IPT. WHO provisionally recommends longer duration of IPT among PLHIV. These two issues remain outstanding at the programme level and will be discussed extensively at this symposium.

**Target audience**
People affected by HIV, activists, National TB and HIV programme managers, TB and HIV clinicians, epidemiologists, international tuberculosis consultants, laboratory scientists, microbiologists

**Objectives**
1. To raise two outstanding issues in HIV and TB to prompt discussion of key issues among experts
2. Topic 1: Is there a role for sputum smear microscopy for TB diagnosis among PLHIV?
3. Topic 2: Does 6 months of IPT among PLHIV have an impact at the programme level?

**Keywords**
PLHIV; Xpert MTB/RIF; IPT, Diagnosis; TB

**Coordinator(s)**
Anand Date (USA)

**Chair(s)**

**Presentations**

09:15 - 09:30 Performance and cost effectiveness of Xpert MTB/RIF in TB diagnosis among PLHIV.

09:35 - 09:50 Sputum smear microscopy should not be used prior to or in parallel to Xpert MTB/RIF among PLHIV.

09:55 - 10:10 Xpert MTB/RIF should be performed among PLHIV with presumptive TB with negative sputum smear.

10:15 - 10:30 Benefit of isoniazid preventive therapy among PLHIV.

10:35 - 10:50 HIV programmes should scale up 6 months of IPT among PLHIV, despite its limited protective effect.

10:55 - 11:10 PLHIV should be given longer duration of IPT to achieve an impact at the programmatic level.
39. Engaging communities of special risk groups in conflict affected communities

Saturday, 01 November 2014, 09:15 - 11:15

Type: Sponsored Core Symposium
Track: Tuberculosis
Topic: TB in special populations and institutions
Organised by: HLSP (Mott MacDonald Group) and KIT (Amsterdam) acting as the independent M&E agency for TBREACH

Description: During conflict situations such as war or extensive social turmoil, essential survival resources are lacking, basic services are disrupted and social and community networks are affected by fear and hatred. Specific TB affected groups, either pre-existing or created by the conflict, such as minorities, displaced, refugees or people in congregate settings, including armed personnel and factories, are even more affected. Opportunities to engage communities in TB control present specific challenges and adopt specific forms in time of conflict or immediately after.

Target audience: Clinicians, NTP staff and managers, voluntary workers with experience (or interest) in TB control in conflict zones, international officials and media staff covering conflicts

Objectives:
1. To present results of programmes focused on engaging key TB affected populations under conflict.
2. To identify lessons learned from TB activities in conflict zones while engaging high risk population.
3. To enhance the understanding of how conflict and its aftermath affects the deployment of services.

Keywords: Conflict zones; Fragile states; war; social conflict; deployment of TB activities.

Coordinator(s): Oriol Ramis (Spain), Lucie Blok (Netherlands)

Chair(s):

Presentations:
09:15 - 09:30 How could TB control be organised within an open conflict?
09:35 - 09:50 When the problems explode. How to continue TB control?
09:55 - 10:10 Beliefs within armed forces during open conflict affecting TB control. The case of DRC
10:15 - 10:30 Challenges and opportunities of building tuberculosis control in a newly defined health system after over 20 years of civil war
10:35 - 10:50 A Step towards universal access to TB services in a tribal area
10:55 - 11:15 TB control in conflict affected communities: The case of Sierra Leone and Ivory Coast
40. Tuberculosis infection control and occupational TB among health care workers: a time for action

Saturday, 01 November 2014, 09:15 - 11:15

Type: Symposium
Track: Tuberculosis
Topic: Infection control

Description:
Since the resurgence of interest in TB infection control (IC), much has been accomplished. Partners developed a framework to measure TB among health care workers (HCWs); however, HCWs continue to die from occupationally acquired TB. HCWs are at increased risk for hospital-associated acquisition of TB due to poor IC practices and the amounts of time spent with known or undiagnosed TB patients in health care facilities. This session will address the occupational risk of TB, protecting and caring for HCWs, and to present new IC tools and ways to measure implementation processes.

Target audience:
TB researchers, national TB programme managers, policy-makers, hospital and health facility managers, health care workers, physicians, nurses, occupational health, infection control practitioners and health educators.

Objectives:
1. To highlight importance of partnerships in improving occupational health and IC in health care settings
2. To promote the need for safe work environments and occupational health in resource-limited settings
3. To promote the need for surveillance data on TB among HCWs
4. To review barriers to implementation and ways to overcome the barriers
5. To look at new and emerging tools to measure effectiveness of TB infection control

Keywords:
Tuberculosis; infection control; efficacy; health care workers; occupational health, control measures; mechanical ventilation; air exchanges per hour (ACH); TB/HIV; triage; cough hygiene

Coordinator(s):
Carrie Tudor (USA), Rose Pray (USA)

Chair(s):

Presentations:
09:15 - 09:30 TB among nursing and medical students; a measure of nosocomial transmission
09:35 - 09:50 Personal experience of TB from a health care worker perspective: Am I a patient or a nurse?
09:55 - 10:10 Caring for the carers: Occupational health in resource-limited settings
10:15 - 10:30 Role of unions in the protection of health care workers
10:35 - 10:50 A revolutionary tool to measure barriers to TB infection control implementation
10:55 - 11:10 MDR TB treatment in community hospice settings; infection control considerations
# 41. Moving the next generation of TB diagnostics for drug resistance closer to patients: data sharing

**Saturday, 01 November 2014, 09:15 - 11:15**

<table>
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<th><strong>Type</strong></th>
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**Description**

Molecular tools have the potential to increase accuracy, decrease test result turnaround time, and expand access to testing. New high-throughput sequencing technologies require immediate expansion of collaborations across all global partners to develop a unified system and provide wider access to comprehensive data. The NDWG and CPTR are collaborating to accelerate development of new diagnostics by providing a roadmap to comprehensive and standardised genome sequence data that represent the full array of known molecular markers for drug resistance.

**Target audience**

Molecular biologists, microbiologists, laboratory directors, clinicians, programme managers, policy-makers, and donors

**Objectives**

1. Inform on the next generation of technology for DR detection
2. Inform on the process and requirements for sharing molecular sequence and phenotypic
3. Inform on new standards for quality data
4. Inform on how to share and access data for diagnosis and surveillance
5. Inform on how to infer molecular epidemiological information and transmission from sequence data.

**Keywords**

Tuberculosis; diagnostics; sequencing; standards; data sharing

**Coordinator(s)**

John Ridderhof (USA), Siva Danaviah (South Africa)

**Chair(s)**

**Presentations**

- **09:15 - 09:30** Requirements for managing “big data”: a global database of DR molecular sequence data
- **09:35 - 09:50** Overview/intersection of advanced molecular methods and analyses
- **09:55 - 10:10** Genotype and phenotype analysis to understand pathogen success in Mycobacterial strains
- **10:15 - 10:30** Data standards for interoperability and sharing
- **10:35 - 10:50** A WGS approach to investigate the evolution of drug resistance in the Western Cape
- **10:55 - 11:10** Population genomics of the M. tuberculosis complex
Session N.00146

42. Emerging perspectives in the treatment of paediatric MDR-TB

Saturday, 01 November 2014, 09:15 - 11:15

**Type**  Symposium

**Track**  Adult and Child Lung Health

**Topic**  Other

**Description**  MDR-TB in children is a globally emerging problem. Current regimens are long, toxic and typically require long hospital admission. Data on the optimal use of 2nd line drugs and novel treatment strategies are urgently needed for children. This symposium aims to address practical aspects of the management of children and adolescents with DR-TB from geographically diverse settings. Emerging data on the pharmacokinetics and safety of existing 2nd-line drugs and novel TB drugs will be shared. Qualitative data on children's experience of MDR-TB treatment will be presented.

**Target audience**  Intended target audience: NTP personnel, paediatric TB care providers, clinical researchers, regulatory, funders and pharma.

**Objectives**

1. To provide evidence on management and treatment outcomes in paediatric-MDR-TB from diverse settings
2. To provide new evidence on the optimal use of existing 2nd-line TB drugs in children with MDR-TB
3. To share early experiences in the clinical evaluation of novel TB drugs in children with MDR-TB
4. To provide data on the psychosocial impact of MDR-TB in children

**Keywords**  MDR-TB; children; adolescents; treatment; drugs; PK, safety; novel; evaluation; psychosocial

**Coordinator(s)**  Anneke Hesseling (South Africa), James Seddon (UK)

**Chair(s)**

**Presentations**

09:15 - 09:30 Patient and caregiver perspectives of MDR-TB treatment in children

09:35 - 09:50 Treatment outcomes in children with paediatric MDR-TB in Georgia

09:55 - 10:10 Experiences in treating children with MDR-TB in India

10:15 - 10:35 Emerging data on the pharmacokinetics and safety of secondline line TB drugs in children: Moxifloxacin vs. Ofloxacin and Amikacin

10:40 - 10:55 Early experiences in the evaluation of a novel TB drug in children

11:00 - 11:15 Discussion
43. Magic bullet? Data-driven insights on the impact of community workers on case detection and treatment outcomes

Saturday, 01 November 2014, 09:15 - 11:15

Type: Symposium

Track: Nurses and Allied Professionals (TB, HIV, Tobacco and Lung Health)

Topic: Strategies to improve patient care and treatment services

Description:
Community workers are often invoked as a solution to expand the reach of cash-strapped TB programmes world-wide. In the age of active case finding, armies of volunteers, minimally remunerated community activists and village liaisons are being trained in a wide range of TB tasks. The resources invested in scaling-up CBDOTs are significant, but discerning the results has been more challenging. This session delves into the yield from 7 different programmes and offers powerful insights into what does and doesn’t work.

Target audience:
TB programme staff, donors, technical agencies, activists and civil society.

Objectives:
1. To invite critical reflection on the effectiveness of volunteers and community outreach workers
2. To report on rigorously conducted evaluations in 4 countries
3. To understand the methodological challenges to disentangling attribution
4. To learn best practices for unpacking the added-value (if any) of community workers

Keywords:
Community volunteers; cost effectiveness; yield; DOTS; return on investment; evaluation

Coordinator(s):
Ellen H Mitchell (Netherlands)

Chair(s):

Presentations:
09:15 - 09:40 Assessment of cost-effectiveness of community-based TB care in Namibia

09:45 - 10:05 Time trend analysis of the impact of CB DOTS on case detection in Mozambique 2009-2013

10:10 - 10:30 Comparison of the effectiveness of Global Fund, TB REACH and TBCARE community volunteer models for boosting case detection in Nigeria

10:35 - 10:50 Methodological challenges in measuring the impact of community volunteers and extension workers on case detection

10:55 - 11:15 3. Results of an RCT to boost the effectiveness of CDOTS watchers referral and case detection in Cambodia
The available evidence suggest that other members of the Mycobacterium tuberculosis complex (different than M. tb) including M. bovis (the causal agent of bovine TB), M. caprae, M. microti, M. africanum, and also non-tuberculous mycobacteria are significantly under-represented as causal agents of extra-pulmonary and pulmonary TB diagnoses among humans, especially in rural regions at the ‘human-animal’ interface. This symposium will discuss the socio-economic impact of zoonotic TB and the different approaches from various countries to address the challenges posed by this disease.

Target audience
Physicians, nurses, microbiologists, epidemiologists, public health specialists, pneumologists, veterinarians, professors of human and veterinary medicine, policy-makers, civil society organisations and donors.

Objectives
1. To discuss the socio-economic impact of zoonotic tuberculosis
2. To create awareness of zoonotic tuberculosis and its impact to public health
3. To discuss different approaches to address the challenges posed by zoonotic tuberculosis
4. To present the progress in tuberculosis diagnostics and vaccine development

Keywords
Zoonoses; tuberculosis; public health; zoonotic TB; socio-economic

Coordinator(s)
Adrian Muwonge (Uganda)

Chair(s)

Presentations
09:15 - 09:30 Prevalence of multidrug-resistant Mycobacterium bovis in bovines of eastern India: an emerging threat to human health.
09:30 - 09:45 Diagnostics challenges of Mycobacterium tuberculosis complex in Cameroon.
09:45 - 10:00 A one health approach to controlling Zoonotic TB: the Michigan (USA) experience
10:00 - 10:15 Combining human and veterinary medicine expertise for the development of human and cattle TB vaccines
10:15 - 10:30 Socio-economic impact of bovine tuberculosis in Ireland
10:30 - 10:45 An abattoir and field estimate of bovine tuberculosis in Cameroonian cattle.
10:45 - 11:00 The transmission, control and politics of bovine tuberculosis in Great Britain
11:00 - 11:15 Infection of great apes and a zoo keeper with the same Mycobacterium tuberculosis spoligotype.
45. Partnerships: working for community-driven impact to ensure quality care for persons affected by TB

Saturday, 01 November 2014, 09:15 - 11:15

**Type**  
Symposium

**Track**  
Civil Society

**Topic**  
Partnerships

**Description**  
This Symposium highlights the vital role of TB activists, community networks/coalitions, and community driven strategies to bring about policy change and to engage communities including patients, family members and civil society organisations to help reduce the burden of TB, MDR-TB and TB-HIV. Presenters will share initiatives and strategies that have amplified TB efforts at global, regional and national levels and help identify, reduce and remove barriers to timely detection and to improve access to comprehensive services, ensuring adherence and treatment completion.

**Target audience**  
People affected by TB, Community and global advocates, activists, NTP staff, civil society organisations (NGOs, CBOs, and FBOs), donor agencies, health care professionals, policy-makers.

**Objectives**  
1. To promote discussion, exchange experience, and highlight best practices of different strategic coalitions.  
2. To highlight community approaches that reduce barriers to detection, diagnosis & treatment.

**Keywords**  
Networks; coalitions; partnerships; NGOs/CSOs; advocacy; activism; community-based interventions; sustainable; reducing barriers; treatment adherence support; patient support; MDR-TB; TB-HIV; Central Asia; Africa

**Coordinator(s)**  
Thomas Mohr (Kazakhstan), Jenniffer Dietrich (Switzerland)

**Chair(s)**

**Presentations**

09:15 - 09:30 Global Coalition of TB Activists: uniting all networks and coalitions for concerted action

09:35 - 09:50 Francophone Forum Against TB: Focus on francophone countries in Africa

09:55 - 10:10 Community systems strengthening: why is it important and how can it be applied to networks and coalitions?

10:15 - 10:35 Building better frameworks for community engagement: developing national strategies and guidelines in Central Asia

10:40 - 10:55 Involving NGOs in community-based MDR-TB treatment support in Tajikistan

11:00 - 11:15 The keystone to improve TB control: involving community volunteers and community HIV support groups in Malawi
46. Innovative solutions in surveillance of drug-resistant TB: from phenotypic to molecular testing

Saturday, 01 November 2014, 14:00 - 16:00

**Description**

Drug-resistant tuberculosis (DR-TB) is a major global health care problem. Understanding the burden is essential to the success of control programmes, especially with the advent of new molecular technologies which allow faster patient diagnosis and more frequent monitoring of DR-TB. This symposium will discuss performance of molecular approaches to the diagnosis of DR-TB and their applications in surveillance of DR-TB. Testing for resistance to fluoroquinolones and pyrazinamide and the role of routine surveillance vs surveys will also be discussed.

**Target audience**

Government health programme and health policy staff, epidemiologists, laboratory experts and academic researchers with interests in surveillance of drug resistance in TB.

**Objectives**

1. To present data from settings using different molecular technologies to identify drug resistance
2. To share results of a surveillance project to assess pyrazinamide and fluoroquinolone resistance
3. To demonstrate how sequencing technologies can be used for surveillance of drug resistance in TB
4. To critically appraise the use of surveys versus routine surveillance for DR-TB control programmes

**Keywords**

New diagnostic tools; Xpert MTB/RIF; line probe assays; sequencing technologies; surveillance; drug resistance in TB

**Coordinator(s)**

Ananta Nanoo (South Africa), Alaine Umubyeyi Nyaruhirira (South Africa)

**Chair(s)**

**Presentations**

14:00 - 14:15 Performance of rapid rifampicin testing: experiences from multiple settings

14:20 - 14:35 Resistance to pyrazinamide and fluoroquinolones: results from a multi-country surveillance project

14:40 - 14:55 Surveillance of drug resistance in Central Asia

15:00 - 15:15 Whole genome sequencing for drug resistance surveillance: experience from a large scale drug resistance survey in South Africa

15:20 - 15:35 From facility to finding drug resistance mutations, the drug resistance survey in Nigeria

15:40 - 15:55 Xpert MTB/RIF as a screening tool in the national drug resistance survey of Pakistan
47. Engaging communities in the fight against TB and HIV

Saturday, 01 November 2014, 14:00 - 16:00

**Type**  Symposium

**Track**  Civil Society

**Topic**  Community outreach

**Description**  Community engagement is a critical component in reducing stigma, raising awareness, and facilitating access to services for TB and HIV. This symposium will unite national TB programmes, researchers, and civil society to identify effective community-driven strategies to fight TB and HIV at local, national, and international levels. The presentations will highlight lessons being learned from innovative models to engage new community actors in TB control efforts, with an emphasis on reaching populations with inadequate access to TB services.

**Target audience**  National TB programme staff, policy-makers, civil society organisations, donors, and health care professionals, national and international partners.

**Objectives**
1. Share community participation in TB control in limited resources settings and hard to reach populations.
2. Highlight key components and complexity of community involvement in TB control in targeted environments.
3. To learn about best practices for building coalitions to fight TB and HIV at both local and global levels.
4. To bring together civil society, government, and researchers to address opportunities for collaboration.

**Keywords**  community; tuberculosis; resource-constrained; ACSM; civil society.

**Coordinator(s)**  Mandy Slutsker (USA), Alisha Smith-Arthur (USA)

**Chair(s)**

**Presentations**

14:00 - 14:15  Involvement of workers' unions to augment TB control efforts in Swaziland

14:20 - 14:35  Effective TB services for remote and hard-to-reach populations in Botswana

14:40 - 14:55  The experience of the Small Grants Programme for NGOs in South Africa

15:00 - 15:15  Empowering communities in the clinical trial process: the TB Alliance model

15:20 - 15:35  Engaging policymakers and communities through north/south collaboration: MP delegation to Benin

15:40 - 16:00  Discussion
48. Multi-faceted regional response to tuberculosis in the mining sector in Southern Africa

Saturday, 01 November 2014, 14:00 - 16:00

Type: Symposium
Track: Tuberculosis
Topic: TB in special populations and institutions

Description:
This symposium provides lessons from an initiative driven by governments in South Africa, Lesotho, Mozambique, and Swaziland to develop a regional multi-sector approach to addressing the 100 year-old TB challenge associated with the mining industry. Lifestyle, environmental and occupational factors elevate mineworkers' risks of contracting TB. Incidence rate of TB among mineworkers is 10 times the threshold for a TB emergency. Migration of mineworkers across provincial and national borders extends this elevated risk of TB to communities around the mines and those from labor sending areas.

Target audience:
The symposium is relevant for policy-makers, health planners, mining and other private sector companies, civil society, development partners, and academics.

Objectives:
1. Share estimates of costs/benefits of comprehensively addressing TB in mines and affected communities
2. Share lessons learned and key issues around harmonizing TB management in the four countries
4. Share experience of community-centered approach to sharing profits from mining to alleviate poverty
5. Lessons learned from innovative approaches meet health service needs of TB patients in communities

Keywords:
Tuberculosis; mining; migration; communities; poverty alleviation

Coordinator(s):
Okore Okorafor (South Africa), M. Thulani Mbatha (South Africa)

Chair(s):

Presentations:
14:00 - 14:15 Economic impact of a comprehensive TB intervention in mines, mining communities and labor sending areas
14:20 - 14:40 Harmonisation of TB management in Southern Africa
14:45 - 15:00 Public-private partnership in managing TB
15:05 - 15:20 Strategies for meeting service delivery needs of TB patients in Southern African communities
15:25 - 15:45 Managing the cross-border challenges of TB in Southern African communities
15:50 - 16:00 Discussion
**49. Developing a roadmap for integration of TB-HIV activities in maternal and child health settings**

**Saturday, 01 November 2014, 14:00 - 16:00**

**Type**  
Symposium

**Track**  
HIV

**Topic**  
HIV-TB programme linkages

**Description**  
TB is a leading cause of death for women worldwide in their childbearing years. Maternal TB leads to poor outcome for the mother and child, especially when the mother is infected with HIV. Intensified case finding, isoniazid preventive therapy, and infection control (“3 Is”) are the cornerstones of TB/HIV collaborative activities, but have not been systematically integrated into maternal and child health (MCH) settings. This session will summarise the epidemiology, importance, strategies, current practice and challenges to integrating TB-HIV services in MCH settings.

**Target audience**  
Health policy-makers; public health researchers; managers of national TB and HIV programmes and other public health officials; clinical staff caring for women and children in TB clinics, ANC/PMTCT clinics, paediatric HIV clinics, and other MCH clinics.

**Objectives**

1. To review the epidemiology and current knowledge about TB-HIV in women and children
2. To describe the need for integration of TB screening, care and prevention into routine MCH services
3. To discuss strategies for TB intensified case finding and isoniazid preventive therapy in MCH settings
4. To describe effective TB infection control measures in MCH settings
5. To identify gaps in services and highlight operational research needs for TB/HIV integration in MCH settings

**Keywords**

Tuberculosis; HIV; integration; women; mothers; children

**Coordinator(s)**

Surbhi Modi (USA), Anna Mandalakas (USA)

**Chair(s)**

**Presentations**

14:00 - 14:15 Reviewing the need for integration of TB-HIV services in MCH settings

14:20 - 14:35 Yield of TB case finding among women attending prevention of mother-to-child HIV transmission (PMTCT) services in Tanzania

14:40 - 14:55 Tuberculosis in Pregnancy Study (TiPS): detecting active and latent TB in HIV-infected pregnant women in Kenya

15:00 - 15:15 Implementing TB case finding and infection control activities for families with HIV in Lesotho

15:20 - 15:35 TB symptom screening among HIV-infected pregnant women receiving antenatal care services

15:40 - 15:55 Defining an agenda for programme implementation and operational research for the 3Is in MCH settings
Incentives, enablers and formal social protection initiatives to support TB and particularly M/XDR-TB-affected patients are becoming essential in order to improve quality of TB programs. To make them integral components of the post-2015 TB control strategy it will be essential to: 1) share best practices especially from countries experiencing high M/XDR-TB rates; 2) assess their sustainability and acceptability among affected communities; and 3) explore innovative evaluation strategies. To this scope, a wide range of experiences from Asia, Eastern Europe and Latin America will be presented.

Strategic direction:

1. To share best practices, impact and operational evidence from the field, including communities acceptability
2. To present special projects focusing on high-risk DR-TB patients and discuss how they can be scaled-up
3. To discuss the main data gaps and the need for innovative implementation and evaluation strategies

- **Keywords:** TB; MDR-TB; XDR-TB; high-risk groups; social determinants; social protection; incentives; enablers; evaluation

**Coordinator(s):** Delia Boccia (UK), Alexander Golubkov (USA)

**Chair(s):**

**Presentations**

- **14:00 - 14:15** The CRESIPT project: community feedback and practical challenges of conditional cash transfers for TB-affected families in Peru
- **14:15 - 14:30** The national monetary incentive programme for TB patients in Ecuador: community acceptance and operational aspects
- **14:30 - 14:45** Prevention of default among high risk TB/MDR-TB patients: experience from six Russian regions
- **14:45 - 15:00** Opioid substitution therapy and TB/MDR-TB: example of daily DOT, experience of integration and motivation
- **15:00 - 15:15** Implementation of patient support programme to improve treatment adherence for MDR TB patients in Kazakhstan
- **15:15 - 15:30** Bangladesh experience in implementation of electronic tools and cell phones for PMDT program to improve adherence
- **15:30 - 15:45** Innovative evaluation strategies for the future: the potential contribution of mathematical modeling
- **15:45 - 16:00** Impact of social protection on TB incidence and treatment outcomes in Brazilian municipalities: implications for the national TB control programme
Chronic obstructive pulmonary disease (COPD) is prevalent in low- and middle-income countries, with most patients remaining undiagnosed. This symposium will address the difficulties related to diagnosis, in particular the varying definition of COPD and the limitations inherent to low-resource settings. Therapeutic challenges include avoidance of risk factors, primarily smoking, and access to appropriate drugs. Finally, the control of chronic respiratory disease in resource-limited settings will be addressed globally.

Target audience: Physicians, nurses, programme managers in respiratory health care, and other health care practitioners involved in managing respiratory diseases.

Objectives:
1. To present propositions to improve recognition of patients with COPD
2. To discuss therapeutic challenges in low- and middle-income countries
3. To open new avenues to improve the global management of chronic respiratory diseases

Keywords: COPD; chronic respiratory diseases; diagnosis; tobacco; drug therapy; low-and middle-income countries

Coordinator(s): Jean-William Fitting (Switzerland)

Presentations:
14:00 - 14:15 Despite a high disease burden and financial cost, why does COPD continue to be so neglected?
14:20 - 14:35 Diagnosing COPD in resource limited-settings
14:40 - 14:55 Targeting smoking cessation in patients with chronic respiratory diseases
15:00 - 15:15 Choice of drugs for COPD patients
15:20 - 15:35 Access to non-communicable disease essential medicines
15:40 - 15:55 Control of chronic respiratory diseases in resource limited settings
52. Reaching the unreached through new civil society initiatives integrating community-based TB activities

Saturday, 01 November 2014, 14:00 - 16:00

Type: Symposium
Track: Civil Society
Topic: Partnerships

Description:
1/3 of all TB cases are still not detected or reported. Communities affected by TB are often marginalised and face challenges securing TB services from facilities. The strength of NGOs is their reach, spread and ability to engage communities. Many work in areas such as MNCH, HIV, WASH and education but not on TB. Experience shows that when NTPs engage NGOs to integrate community-based TB activities into their work, TB outcomes improve. Symposium will share experiences of NGOs integrating community-based TB services into their work and recommend mechanisms for NTP-NGO collaboration.

Target audience: TB and HIV programme staff, civil society organisations, service providers, and different agencies working on TB, HIV, or other health and development themes.

Objectives:
1. To promote the integration of community-based TB activities into the work of NGOs and other CSOs.
2. To share experiences and best practices in the integration of community TB activities into the work of NGOs.

Keywords: TB; integration; HIV; community-based intervention; civil society; partnership; CSO; NGO; health promotion; advocacy.

Coordinator(s): Petra Stankard (USA), Thomas Joseph (India)

Chair(s):

Presentations:
14:00 - 14:15 Integrating community-based TB services: WHO ENGAGE-TB guidance and experience
14:20 - 14:35 Integrating TB and livelihoods experience: BRAC experience Bangladesh
14:40 - 14:55 Integrating TB and child survival experience: PSI experience
15:00 - 15:15 Reaching out to unengaged NGOs to integrate TB services: NTLP Kenya
15:20 - 16:00 Discussion
We have a fair understanding of the kind of strategies (often deceitful) used by the tobacco industry to boost the sales of cigarettes. On the other hand, there is much less direct evidence that can shed some light into the nature of the promotional strategies used by the food and beverage industry and the alcohol industry. Available evidence suggests that when it comes to the promotion of their products, the food, alcohol, and tobacco industries use very similar strategies. It becomes important for public health professionals working in one of the fields to learn from others.

Target audience
Policy-makers, public health professionals, advocates and researchers interested in lung health and/or tobacco control, donors, students.

Objectives
1. Facilitate the experience sharing among public health professionals from different fields of NCD prevention
2. To share experiences and discuss development of regulatory measures to control industry APS

Keywords
Non-communicable disease (NCD); tobacco; smoking; food and beverages; obesity; alcohol; advertising; promotion; sponsorship; corporate interest.

Coordinator(s)
Gan Quan (China)

Presentations
14:00 - 14:15 Regulatory instruments to restrict corporate advertising, promotion, and sponsorship and voluntary codes by the industry
14:20 - 14:35 Tobacco control as a risk factor is NCD debate: approaches and consequences
14:40 - 14:55 Advertising, promotion and sponsorship of NCD risk factors in relation to the NCD Summit political statement and the Millennium Development Goals
15:00 - 15:15 Corporate tactics to promote products that kill: tobacco, alcohol and energy dense foods
15:20 - 15:35 Industry supported research under the framework of corporate social responsibility initiatives
15:40 - 16:00 Discussion